Social Policies and Families Through an Ecological Lens

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Bethany L. Letiecq, Elaine A. Anderson, and Alfred L. Joseph

Introduction

Since the last Handbook was published a decade ago, the United States (U.S.) has experienced numerous challenges—all of which have social policy consequences for families. Perhaps the most profound issues to date are the two wars waged after the September 11, 2001 attacks, and the ensuing economic downturn. The banking industry's misuse of subprime loans, the bursting housing bubble, and the resulting foreclosures across the U.S. have also left many families economically insecure. Moreover, due to the dismantling of federal social safety nets, many families have been left to fend for themselves during a time when unemployment rates have been on the rise. Needless to say, there is great unease as we write this chapter and consider the ways social policies affect families.

B.L. Letiecq, PhD (✉)
Department of Health & Human Development, Montana State University, 316 Herrick Hall, Bozeman, MT 59717, USA
e-mail: bletiecq@montana.edu

E.A. Anderson, PhD
Department of Family Science, University of Maryland, College Park, School of Public Health, 1204 Marie Mount Hall, MD 20742, USA
e-mail: eanders@umd.edu

A.L. Joseph, PhD
Department of Family Studies and Social Work, Miami University, McGuffey Hall 101, Oxford, OH 45056, USA
e-mail: josepha@muohio.edu

The wars in Afghanistan and Iraq have cost families here in the U.S. and abroad in immeasurable ways. As this chapter goes to press, the U.S. Department of Defense (2012) reports 1,992 U.S. servicemen and women have lost their lives in Afghanistan and 4,422 soldiers have died in Iraq. Nearly 50,000 soldiers have been wounded, many losing limbs and suffering traumatic brain injuries, with many thousands more suffering from post-traumatic stress disorder. Families in Iraq and Afghanistan have also suffered the effects of wars fought on their soil. Those killed and wounded and their families have endured the most direct effects of the U.S. policymakers' decisions.

Yet, the wars have also affected families in indirect ways. For example, the economic costs of the wars—which have been estimated at over $1 trillion—transformed a Clinton era budget surplus of $710 billion into a $1.6 trillion deficit during the George W. Bush Administration, a swing of $2.3 trillion (Congressional Budget Office, 2009). The deficit is not only the result of two costly wars but is also a product of key deregulation policies during the Clinton Administration and tax cuts passed during the Bush Administration, which largely benefited the wealthiest Americans. Ettlinger and Linden (2009) estimated that the tax cuts reduced government revenue collections by $231 billion in 2009 alone. These economic costs, coupled with the banking and housing crises, have resulted in one of the most significant recessions in history (Elliott & Baily, 2009).

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Indeed, some have likened the current economic recession to the Great Depression. An examination of economic data reveals that wealth disparity—the gap between the wealthiest and the poorest—is the largest it has been since 1929. As Di (2007) reports, in 2004, the top quartile of the U.S. households held 87% of the net wealth distribution (defined as all assets minus all debts) or $43.6 trillion, while the bottom quartile had no wealth accumulated at all. In 2006, the top 0.01% of our population averaged 976 times more income than the bottom 90% (The Nation, 2008). In 2008, the official poverty rate was 13.2%, comprising 39.8 million people. That same year, the poverty rate for children under 18 years of age was 19.0%, where nearly 1 in 5 children experienced poverty (DeNavas-Walt, Proctor, & Smith, 2009).

A Decade of Shifting Ideologies, Political Polarization, and Dismantled Social Policies

But the two wars, economic woes, and tax policies were not the only transformative factors influencing the U.S. social policy over the last decade. We have also seen a significant shift in cultural ideology resulting in a polarization of communities and dramatic changes in social policies affecting families. When the Bush Administration took office, they ushered in a "compassionate conservativism" favoring marriage promotion, abstinence-only sex education, faith-based initiatives, and deep cuts to social programs in order to promote individual responsibility and familism. The Administration also favored partnering with private companies, charities, and religious institutions to address such social problems as poverty. As Bush speechwriter Michael Gerson stated, "Compassionate conservatism is the theory that the government should encourage the effective provision of social services without providing the service itself" (Riley, 2006).

During this time, proponents of the two wars and shrinking "big government" also fought to increase government regulation over family life, especially among poor and nontraditional families. Government involvement in promoting marriage among the poor while denying marriage to same-sex couples was often justified through moral arguments, religious directives, and Christian doctrine (Cahill, 2005). This commingling of church and state was the source of significant criticism, mainly among progressives (Hardisty, 2008). However, the Bush Administration's legislative actions also drew fire from conservatives as the Administration veered away from traditional conservative bedrock principles and grew government during its two terms (Viguerie, 2006). Policies, such as the Medicare Prescription Drug, Improvement, and Modernization Act, increased the size of Medicare by more than $500 billion. As noted by the Heritage Foundation, a conservative think-tank, the prescription drug bill was one of the largest expansions of entitlement programs in the U.S. history (John & Moffit, 2006). Indeed, federal spending rose 19.2% in President Bush's first term, compared to 4.7% in President Clinton's first term, and 3.7% in Clinton's second term (Viguerie, 2006).

In 2008, Barack Obama was elected President and vowed to set a new course for the nation. Obama's platform included ending the two wars, imposing new banking regulations, overhauling health care, and overturning the Defense of Marriage Act (DOMA). To date, the Obama Administration has succeeded in passing health care reform and has made progress toward its other goals; however, it is too early to tell if the U.S. is moving in a new policy direction. What we do know is that families will be affected both directly and indirectly by policymakers' decisions at all levels of government.

The Purpose of This Chapter

The purpose of this chapter is to examine how policymakers' decisions have influenced families—all families—and their ability to carry out their functions within a diverse society. Throughout the chapter, we explore our history, cultural values, and political practices. We focus on three issues—family poverty, family formation, and family health—to better understand the genesis of certain social policies and how they have influenced families over time. We draw

upon an ecological perspective to structure our analysis, considering the ways in which social policies promote family well-being among some while hindering the very survival of others (Bubolz & Sontag, 1993; Trzcinski, 1995). We conclude with a call for a new policy direction that accounts for and values all families under the law (Polikoff, 2008). To contextualize this policy discourse, we begin with a brief overview of the historical roots of social policies affecting families. (For more in-depth reviews, see Kamerman & Kahn, 1997; Mason, 1994; and Skocpol, 1992, 1995).

Historical Roots of Social Policies and Families: Individualism Trumps Family Focus

As reflected in the Declaration of Independence and the Constitution, the very beginnings of the U.S. social policy reveal an adherence to "family as private" ideology, the separation of church and state, and natural rights individualism (Bogenschneider, 2006). Indeed, the word "family" is absent from the Constitution, which upholds and protects individual liberties against the "tyranny of the state" (Kamerman & Kahn, 2001, p. 77). These founding documents espousing individual rights, coupled with Puritan and Protestant religious teachings of individual responsibility and a strict work ethic, have made it difficult for the U.S. to implement an explicit family policy agenda or a coherent package of social policies aimed at promoting the well-being and functioning of all children and their families (Bogenschneider, 2006; Kamerman & Kahn, 2001). Instead, the U.S. has limited policies targeting specific subgroups of the population. These social policies are not comprehensive, and in total, comprise less than 1% of the U.S. gross domestic product (Gornick & Meyers, 2003). In contrast, the U.S. spends over $650 billion in military expenditures (approximately 4% of GDP, excluding spending for the wars in Iraq and Afghanistan, Homeland Security, and Veteran's Affairs; Stalenheim, Kelly, Perdomo, Perlo-Freeman, & Skons, 2009). The U.S. invests a much smaller share of GDP in families than any other industrialized nation (Kamerman & Kahn, 2001).

Such a lack of investment in family life has proven to be quite costly in the U.S. As mentioned, nearly 20% of the U.S. children are living in families with incomes below the federal poverty line, and children of color are particularly at risk (U.S. Census Bureau, 2009). This rate of child poverty is significantly higher than poverty rates of any other industrialized nation in the world (Rodgers & Payne, 2007). A cross-national comparison of other outcomes quickly paints a gloomy U.S. picture. For example, the U.S. holds the highest percentage of low-birthweight babies and the highest rate of infant mortality and young-child mortality when compared to the richest nations (UNICEF, 2008). U.S. teen pregnancy, birth rates, and abortion rates are also among the highest of all developed countries (Singh & Darroch, 2000). In terms of parental leave, the U.S. is the only industrialized nation that does not offer paid maternity leave. U.S. workers work longer hours than any other industrialized nation, yet work does not guarantee a living wage. Indeed, among two-parent families in which both parents are employed, 8% have incomes at or below one-half of the median income. The picture is grimmer for single-parent families in which the parent is employed. Nearly one-half of employed single parents in the U.S. are poor, despite their attachment to the labor market (Gornick & Meyers, 2003).

Perhaps because of our failure to implement an explicit, national family policy agenda, the U.S. has developed a complex web of state and federal policies to address the needs of families. Historically, under the Tenth Amendment to the U.S. Constitution, powers not assigned to the federal government were delegated to the states (Mason, Fine, & Carnochan, 2001). Issues traditionally considered the purview of the family such as marriage, divorce, property distribution, and child welfare were relegated to the states. Thus, state laws and judicial actions, differing from state to state, created the structure that regulated families and were, in effect, the first family policies.

Most of these policies remain "solidly within states' jurisdiction" (Mason et al., p. 860).

However, the federal government also plays a role. When state regulation fails to resolve certain family-based challenges, the federal government has stepped in (Bogenschneider, 2006). For example, the federal government has assumed responsibility for the care of children and dependents who could not be cared for properly by their own families, but the guiding norm for this intervention has focused on the individual rather than the family unit. Federal policies have also been enacted to accommodate such family trends as women entering the workplace, the need for child care, and the growth of elderly dependents (Gornick & Meyers, 2003). In 1980, the White House Conference on Families was one of the first federal efforts to focus specific attention on the relationship between government and family life, yet this conference, stymied by efforts to define "family," also failed to establish a clear U.S. family policy agenda (Bogenschneider, 2006).

The Cultural War over "Family Values"

Although the 1980s did not witness the development of any cohesive and comprehensive family policy, political dialogue increasingly included discussion of the potential impact of proposed legislation on family life (Ooms, 1995). And it was during this time that the "neo-family values campaign" erupted (Stacey, 1996). Social conservatives and "family communitarians" concerned about the changing family landscape began to argue that the ill-effects of women entering the labor market, high divorce rates, decreasing fertility, and out-of-wedlock births, particularly among teenagers, were destabilizing the family and threatening the well-being of society (Popenoe, 1993; Struening, 2002). These themes were echoed in the White House, as Dan Quayle critiqued a fictional TV character—Murphy Brown—for having a child out of wedlock (Whitehead, 1993). Numbers of evangelical organizations joined in the debate and gained prominence for their traditional family values and anti-gay platform (Cahill, 2005; Coltrane, 2001).

At the heart of the "family in decline" critique was the argument that individuals had lost their moral compass and had become irresponsible and self-centered—choosing to meet their own needs of personal fulfillment rather than sacrificing for their families (Bogenschneider, 2006; Struening, 2002; Whitehead, 1993). This argument, according to Hays (2003), blamed the individual and ignored systemic and structural inequalities based on race, social class, gender, and family structure (among other variables). Thus, individual moral failings explained the decline of the nuclear family rather than changes in the economic landscape or social policies that failed to address racial, social class, and gender inequalities and the emergent needs of working mothers.

Myths, Scapegoating, and the Cultural Divide

Powerful myths, such as the myth of meritocracy, were frequently promulgated by proponents of individual responsibility, private market solutions, and Reagan-era "trickle-down" economic policies that favored the wealthy and large corporations (McNamee & Miller, 2009). These myths provided social conservatives a rationale for the Reagan Administration's dismantling of many "New Deal" and "Great Society" welfare programs developed to eradicate poverty. President Reagan himself frequently conjured up images of "the welfare queen," a powerful image of a poor African American mother of illegitimate children who drove a Cadillac while she was defrauding the government (and tax payers) by abusing welfare programs (Douglas, 2005). Demonizing welfare mothers, labeling their values and behaviors as immoral and deviant (and thus distinct from the American "mainstream") provided the perfect scapegoat for the social, cultural, and economic troubles of the times (Douglas, 2005; Hays, 2003; Heath, 2009). This racial and class-based scapegoating allowed policymakers and pundits to shift the blame to the individual level and justify more punitive policy

measures against the poor, immigrants, and non-traditional families.

These overly-simplistic tactics and media sound-bites only grew in popularity during the Clinton and George W. Bush years (Collins, 2000). Other scapegoats—teen parents, absent fathers, gays and lesbians, undocumented immigrants—all served to characterize the genesis of social problems related to family life. To address these social problems, conservative policymakers and rightist think-tanks in the 1980s through the 2000s looked to "remoralize" wayward and deviant Americans (Coltrane & Adams, 2003). Thus, as European and Scandinavian countries implemented universal social welfare policies, including universal health care, paid leave, child allowances, and early childhood education and care (Gornick & Meyers, 2003), the U.S. dismantled the welfare system and instituted abstinence-only, marriage promotion, and responsible fatherhood policies. Such policies moved poor single mothers with young children off of welfare and into the workforce, encouraged young adults to be sexually chaste until marriage, and promoted heterosexual, two-parent married families as "best" for children and for society (Cahill, 2005; Mink, 2003).

While progressives attempted to reframe the "family values" discourse, the war of ideologies only fueled the growing culture clash (Stacey, 1996; Struening, 2002). Today, the U.S. continues to experience a deep cultural divide and this polarization is now institutionalized in the policymaking arena (Coltrane & Adams, 2003). Marriage, divorce, child custody, reproductive technologies, embryonic research, adoption, family leave, health care, abortion, and immigration policies (among others) have come under scrutiny in the current culture clash (Polikoff, 2008). As Hays (2003) asserts, this war over family values is meaningful as a nation's values dictate its laws. Indeed, the policymaking process relies on the values discourse more than scientific discovery (Bogenschneider, 2006). Thus, laws targeting the poor, minority groups, women, and children reflect American majority cultural values and reinforce a system of beliefs about how we should behave.

Our Guiding Framework: An Ecological Perspective on Family Policy

From an ecological perspective, a limitation of the arguments made by "family values" ideologues is the failure to consider the ways in which individuals and families are situated within and influenced by other ecologies or social systems (Trzcinski, 1995). The myth of meritocracy is a myth precisely because individuals cannot control all the external forces bearing down on them. As McNamee and Miller (2009) discuss, individuals are not independent "self-made" actors pulling themselves up from their proverbial bootstraps. In reality, how hard (or smart) one works will not guarantee one's success in a capitalistic economy. Individuals are also affected by—and differentially privileged by—inheritance, social capital (or who they know), cultural capital (or how well they fit in to the majority culture), luck, unequal access to education, and discrimination (McNamee & Miller). Moreover, individuals are located within a "matrix of domination," where race, social class, gender, and other socially constructed variables intersect, resulting in disparate experiences that privilege some and disadvantage others (Andersen & Collins, 2007).

The ecological perspective defined by Trzcinski (1995) recognizes that policies are human-derived (and thus value-laden) rules that shape social structures and institutions that influence well-being. These human-derived rules create conditions that affect how easy or difficult it is for individuals and families to live and survive. When policymakers ignore the interrelationships among humans and other social systems or assume that absolutes exist for what families are or should be, policy solutions often become exclusionary and fail to account for the realities of *all* families (Trzcinski). Thus, policies create intended and unintended consequences which disparately support healthy functioning among some families while hindering the very survival of others.

As we have learned from anthropologists and family historians (Coontz, 1992, 2005), families are not unchanging. They adapt across time,

space, culture, and region to survive within environments that pose both opportunities and constraints for family members. These adaptations result in different societal conceptions about family life and the ways individuals "do" family (Trzcinski, 1995). As family scholars, we understand that families exist within complex systems, and when families interact with larger systems, family outcomes will undoubtedly vary as a function of a family's social location or their "situatedness" (Marsiglio, Roy, & Fox, 2005).

Given that families change and adapt to survive within complex social systems and environments that produce disparate outcomes, we recognize that the structure and functions of families are not given and fixed but that they emerge in conjunction with the family's ecological system (Trzcinski, 1995). From this perspective, there should be no ideological requirement that families must be formed in a certain way or perform all functions traditionally considered within the realm of families to be classified as families. Indeed, and contrary to notions that one family form is best for all, the ecological perspective suggests that a wide range of families must exist to ensure the health and very survival of individuals within families within larger, interrelated ecosystems. Moreover, Trzcinski asserts that humans must be free to define and construct their families to meet their diverse needs in diverse environments. Policymakers can err by either failing to pass policies that facilitate the adaptation of diverse families or implement policies to control and punish some families. These policymakers can go astray by promoting a singular family form as best while marginalizing all other nonconforming families.

Throughout the U.S. history, policymakers have relied on ideologies and family values that are narrow and exclusive rather than universal or inclusive. Based on emergent cultural values, policymakers have determined which family form is best for society and which family forms are deviant and should be punished or eradicated (Hays, 2003). Likewise, policymakers have determined who deserves social aid and who does not, who should be included in legally sanctioned marriages and who should not, and who should be able to access health care and who should not. An ecological perspective, on the other hand, calls for policies that are supportive of rather than antagonistic toward the healthy development and functioning of all families (Trzcinski, 1995).

Three Case Studies Shed Light on American Family Values

Given the history of the U.S. social policymaking and the current clash of cultures, perhaps it is no surprise to find the country in its current discordant state. However, a closer examination of our social policy roots reveals how entrenched and cyclical American ideology is in the policymaking world. The next three sections of this chapter examine in some detail the histories of three social issues—family poverty, family formation, and family health—and the policies that have emerged over time as social movements propelled certain values to be in favor or to fall out of favor. In the first case study, we tackle the history of welfare and its reform. Second, we examine the institution of marriage and policymakers' focus on marriage promotion as a solution to family poverty. We contrast marriage promotion policies with contradictory marriage "exclusion" policies, which ban same-sex marriage. In the third case study, we examine briefly the U.S. health care system, with special attention paid to children's health care, immigrant health, mental health, and traumatic brain injuries, and how these issues affect family well-being. Following each case study, we draw upon an ecological perspective to critique various aspects of the U.S. social policymaking related to family life. Through an ecological lens, we discuss future policymaking opportunities where all families—especially those historically marginalized—are valued under the law.

Case Study 1: Family Poverty

The Undeserving Poor and Government's Role from Colonial Times to Present

Colonial America often conjures up images of horses and buggies, powdered wigs, and women in flowing dresses. Except for the "savage"

Indians and African Americans entrapped in slavery, most others appeared, on the surface at least, to be members of the upper or middle classes. What we do not see are images of indentured servants, poor farmers, or poor workers struggling to eke out a living (Katz, 1996). Then, like now, significant segments of the population had a very difficult time trying to make a living and survive. As Abramovitz (1996) describes:

> Poverty was a problem for the colonial social order. In the harsh and isolated wilderness, where survival and success depended on the strength and productivity of each individual and family unit, the presence of poverty threatened the structure of work, family life, and the general welfare (p. 77).

Without resources, men, women, and children become vulnerable to powerful social, political, and economic forces that oftentimes determine the quality and length of their lives. In some cases these forces can determine if they live or die. As former vice-president Hubert H. Humphrey stated in 1977, "…the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life, the sick, the needy and the handicapped" (MEDART, 2006, p. 3). A detailed look at the history of policymakers' responses to family poverty is beyond the scope of this chapter; however, we review the salient policies that shape the way America responds to poor families.

Colonial Poor Laws

The early English settlers brought with them a hope for a new life—one that fostered both religious tolerance and democracy. They hoped that the poverty and oppression of the Europe they left behind would give way to a life where hard work would be rewarded and political rights would make them equal to those with more resources. However, as Takaki (2008) writes, "the reality of life in the colonies left many white colonists (along with black indentured servants) frustrated and feeling that they had been duped into coming to America" (p. 58). As Trattner (1999) relates:

> Once in America, life was so severe, so full of hardship…that many were forced to live in poverty or so close to it that any misfortune might reduce them to that state. As a result, despite favorable chances for acquiring land or for earning a living in other ways in the New World, they did not escape poverty and many of the other social ills that plagued them in the Old World (p. 15–16).

In response to these dire conditions, colonial leaders drew upon their experiences from the Old World, their heritage, and their traditions to address the pressing social problems and to avoid serious social unrest (Amrosino, Hefferman, Shuttlesworth, & Amrosino, 2005; Takaki, 2008). Derived from the Elizabethan Poor Laws, the authorities put forth the Colonial Poor Laws.

These laws were founded on four basic ideas: (1) the poor were to be the responsibility of local authorities who would appoint people to "oversee" them; (2) assistance would be determined by local officials who would focus on people who resided in a specific area (outsiders seeking assistance would not be welcomed); (3) people were required to look after family members, thus poor citizens with mothers, fathers, adult children, grandchildren or grandparents would not be eligible for assistance; and (4) overseers would be allowed to remove children from homes deemed inappropriate and place them with artisans or farmers where they would be apprenticed (Katz, 1996). Colonial leaders were concerned about the potential for instability caused by growing poverty. Impoverished people were not viewed as productive and, in the New World, productivity was seen as crucial for survival. It was believed that the male-headed household was key to an orderly productive society. Abramovitz (1996) writes that the "colonial poor laws supported the formation of white families, stable households, and disciplined home life" and that male dominated families were seen as the linchpins for "community well-being and governance" (p. 78).

For those unwilling or unable to meet the dictates and expectations of colonial America in terms of family life and productive behavior, the Poor Laws categorized them into one of two categories: (1) the unfortunate, the handicapped, and others worthy of assistance; and (2) the poor who were unworthy of assistance (Blakemore & Griggs, 2007; Kamerman & Kahn, 2001).

The worthy group, consisting of widows, children and infants, the elderly, and the disabled, were aided by Outdoor Relief. This type of assistance, in the form of money, food, clothing or goods, was provided to alleviate poverty without the requirement that the recipient enter an institution—thus, it was designed to help people in their homes. Private homes and families were "considered to be the foundation of the social order" (Trattner, 1999). The unworthy poor, people seen to be out of compliance with societal norms, were treated more harshly through Indoor Relief, where they were required to enter poor houses and work houses. Children were often sent to orphanages.

Women especially were under scrutiny for their compliance with what Abramovitz (1996) calls the "colonial family ethic." Women were to be engaged in productive activity in the home under the supervision of her husband. Poor unmarried women were at "high risk of being declared 'unfit' and losing the right to take care of her children…some women voluntarily indentured or apprenticed her children" (Abramovitz, p. 92). The message was forthright: poor people and their families were going to be judged and treated differently based on their ability to be productive and on their conformity to community standards of behavior and morality. During this time, a growing voluntary middle-class charitable movement was evolving, where private charities and churches attempted to address the limitations of the poor laws and provide aid to those deemed most deserving and "salvageable" (Kamerman & Kahn, 2001). The Colonial Poor Laws left a lasting impression on the way this country viewed and still views poor men, women and children.

Progressive Era

The Progressive Era (approximately 1895–1920) brought forth federal legislation to protect citizens from the abuses of big business, to provide for the education of African Americans, and to address the needs of the poor. This era also saw U.S. women gaining a more public presence. Post the Civil War, middle class white women were afforded the leisure to tend to child rearing and the home. As Kamerman and Kahn (2001) note, many of these women helped shape reform efforts at all levels of policymaking, creating state legislation protecting female workers and "social policy reforms affecting families and children" (p. 79). Referred to as the "maternalist welfare state," reform efforts resulted in kindergartens, Juvenile Court, maternal and child health programs, child labor laws, and the U.S. Children's Bureau (Kamerman & Kahn, 2001; Skocpol, 1992).

During this period, the Eugenics movement grew in size and influence and was felt in a number of arenas, including immigration (Duster, 1990). Followers successfully lobbied the federal government to restrict the number of immigrants originating from southern and Eastern Europe coming to America. It was believed that people from that part of the world possessed undesirable traits that would weaken the native genetic stock of the U.S. In fact, upon signing the Immigration and Restriction Act of 1924, President Coolidge commented that "America must be kept American," that is, free of contaminants (Duster, p. 12). The Eugenics movement also influenced society's response to poverty. Katz (1996) claims "eugenics supplied a scientific basis with which to write the old distinction between the worthy and unworthy poor into social policy" (p. 188).

The distinction between worthy and unworthy can be seen in the Progressive Era "pensions" for widows and their children; by 1920, at least 40 states had them in place. These programs were essentially limited to single women who were white, had been married and who were seen by the authorities as exhibiting proper behavior (Day, 2009). Opposition to these programs came from many quarters, including social workers, who claimed pensions "would spread the contagion of pauperism to the next generation" (Day, p. 262). Initially, wives and mothers who had been abandoned by their husbands were excluded from pensions for fear that abandonment would only increase with payments. Yet over time coverage was expanded to include those destitute families with fathers who were incapacitated, imprisoned, or mentally ill (Day). Like relief in the colonial period, recipients of aid were closely monitored by officials. Eugenics clearly laid out

the rationale for this approach. Katz (1996) reports that a leading eugenics supporter of the early twentieth century stated "the story of the poor is best read in the annals of cases of mental defect, affective deviation and all the other psychopathic reactions of conduct" (p. 191). In other words, these people are poor, defective and in need of close supervision, especially in light of the fact that public money was used to assist them. With the passage of time, these sentiments showed little signs of waning.

A New Deal: Aid to Dependent Children

The Great Depression exposed how vulnerable most Americans were in times of economic duress and led to the establishment of social reforms, social services, and regulatory activity. This "minimalist welfare state" created by the New Deal included social insurance programs, survivors' benefits, unemployment insurance, and a "partial safety net" for the poor elderly, the blind, and the disabled (Kamerman & Kahn, 2001, p. 79). However, as reflected throughout U.S. history, policies providing aid to poor women and children continued to be divisive. Of the many programs created by the Roosevelt administration, by far the most controversial was Aid to Dependent Children (ADC)—commonly referred to as "welfare." The passage of time did not weaken the fears, the myths, and the anger associated with policies aimed at assisting poor families, especially those headed by "unworthy" women. The reluctance to aid the poor that characterized the Colonial and Progressive Eras, was very much present in the 1930s. While other groups, such as labor and the elderly, had support and/or sympathy among the general population, poor women and children had neither. Except for some of the leaders of the U.S. Children's Bureau, women and children lacked constituency, support, and political "voice." Goldberg and Collins (2001) believe that "ADC rode into the Social Security Act on the coattails of popular movements of the elderly and the unemployed" (p. 30). Indeed, while much of Europe began implementing child allowances and universal health care, the U.S. continued its targeted, limited social welfare programs.

While it would be a mistake to equate Mothers' Pensions with ADC, the two programs did retain some similarities. The racism that so characterized previous helping efforts, also found a home in the ADC program. Neubeck and Cazenave (2001) are quite explicit about this issue. They write, "as was true of mothers pensions programs, the ADC program did not challenge the existing system of white racial hegemony" (p. 46). Goldberg and Collins (2001) suggest that prior to the creation of ADC, black families in 1931 headed by single mothers received only 3% of the resources spent nationally on mothers' pensions. In the south they report that in some counties and in some states, no black families received assistance. This percentage jumped to 14% shortly after the passage of the Social Security Act of 1935 (Goldberg & Collins).

Another similarity with the Mothers' Pensions was the time spent on trying to determine if the woman designated to receive aid was indeed worthy of assistance. The perceived morality of the mother could oftentimes determine if her family would receive help or not. A concept that was common to both ADC and Mothers' Pensions was the "suitable home" (Abramovitz, 1996). Unmarried mothers, almost by definition were labeled as unsuitable and found it very difficult to secure assistance. Federal policy did not explicitly prohibit the use of morality as a factor in determining eligibility for aid. Many states, particularly in the south, used "local standards" to decide who would be covered. Abramovitz notes how this "interpretation" allowed states to limit the number of non-white families, especially black families, receiving assistance. This practice of exclusion characterized the program from its inception in 1935 to the early 1960s. Though black families experienced much higher rates of poverty, they continued to find barriers that impeded their efforts to seek relief.

The War on Poverty

The 1960s Great Society reforms under the Johnson Administration lead to significant changes, especially for children. Head Start and the Elementary and Secondary Education Act were passed. Youth employment programs were

expanded. Medical insurance for both the elderly (Medicare) and the poor (Medicaid) were implemented, as was the Food Stamp program. The 1960s also saw substantial changes in ADC, including a name change to Aid to Families with Dependent Children (AFDC) in 1962. Unfortunately, AFDC would soon find itself under more intense scrutiny as the number of African Americans sought and were granted assistance because of the social activism of welfare rights organizations, civil rights activism, and the growth of black families in urban centers (Abramovitz, 1996; Goldberg & Collins, 2001). As the Reagan and Bush Administrations took office in the 1980s, opposition to AFDC, which had been growing for years, finally had a foothold and momentum in the Conservative party. The promulgation of stereotypes, such as the "welfare queen," had become so ubiquitous that the War on Poverty era gave way to welfare reform.

The Era of Welfare Reform

Clinton won the presidency in November of 1992. Throughout the campaign he ran as a "new kind of Democrat." Reese (2005) states that during the election of 1992 Clinton ran on the platform of the Democratic Leadership Council (DLC), which favored an end to AFDC. The sole purpose of the DLC, organized by Clinton in 1985 with other Democratic moderates, was to win elections by moving the Democratic Party to the right (Jansson, 2009). If there was any confusion about what that would mean for poor families, all would become clear with the passage of the 1996 Personal Responsibility and Work Opportunity Act (PRWORA). This law did change welfare "as we knew it," striking down a 60-year-old entitlement program. To many, this was "the most dramatic restructuring of federal aid to mothers and children since its beginnings in the Great Depression of 1929" (Weikart, 2005, p. 416).

PRWORA dismantled AFDC and created The Temporary Assistance for Needy Families (TANF) program, funded by block grants. TANF limited the assistance (except in special circumstances) one could receive to a total of 5 years. States may impose lower limits, but they cannot use federal dollars to offer more than 5 years of aid. The program also was characterized by stiffer work requirements, harsher penalties for noncompliance with rules and regulations, and severe limits to higher education access (Cherlin, Frogner, Ribar, & Moffitt, 2009; Goldberg & Collins, 2001; Weikart, 2005). Proponents of TANF, like earlier anti-poverty programs, focus on the behaviors of those being "helped." Thus, PRWORA goals include preventing and reducing out-of-wedlock pregnancies while at the same time encouraging the formation of two-parent families (Slack et al., 2007). Welfare reform was seen by some as a form of "tough love" for those who were "trapped" in a heartless system (Reese, 2005). Many on the right and left believed entry into the labor force was the surest way out of poverty (Neubeck, 2006). Blakemore and Griggs (2007), commenting on the importance of official work in the U.S., state, "this deep rooted idea, that it is only through being in paid work that one can fully demonstrate responsibility as a citizen, is still evident in the aims and values that underlie the policies of workfare" (p. 42).

Critique of the Modern Welfare State Through an Ecological Lens

It has now been over 10 years since the implementation of PRWORA and supporters of the bill are quick to claim success. Neubeck (2006) reports that "since the passage of PRWORA…political elites have regularly trumpeted the success of welfare reform" (p. 45). They focus primarily on two facts: (1) the dramatic decrease in the number of people receiving TANF assistance; and (2) large numbers of former recipients in the labor market (Cherlin et al., 2009; Rodgers, Payne, & Chervachidze, 2006; Seefeldt & Orzol, 2005). Once employed, proponents contend that "welfare-leavers" will acquire habits and skills that will lead to self-sufficiency. They point to the economic downturn early in the twenty-first century that saw depressed welfare participation. It is thought that these women, now with a job, would rather seek other employment than rely on TANF (Neubeck, 2006).

On closer examination, such claims of "success" may at best be a little premature and, at worst, misleading. Wood, Moore, and Rangarajan (2008), who examined TANF recipients over a 5-year span, report that "in spite of this

progress…average income levels for sample members remain fairly low (about $20,000 per year) at the end of the follow-up period. Almost half [of former recipients] have incomes below the poverty line" (p. 24). Price (2005) writes "in sum, welfare reform has moved poor women into the workforce without bringing about a significant improvement in their economic status" (p. 86). Cherlin et al. (2009), looking at African American and Hispanic families, find that African American families fared the worst, as they experienced "at best a modest decline in poverty, depending on the measure of poverty that is used, and a modest increase in household income" (p. 196).

In 2007, before the Subcommittee on Income Security and Family Support, Father Larry Snyder, president of Catholic Charities USA, painted a rather bleak picture for former TANF recipients. Rev. Snyder, commenting on how responsibility for the poor has shifted from the federal government to the states to local communities and private charities (much like Colonial times), echoed many findings about the "success" of welfare reform: "As the number of individuals on welfare declined, the number of individuals accessing emergency services at agencies like Catholic Charities has steadily increased. In 2005, our agencies experienced a 14 percent increase" (p. 21).

As Joseph (2006) notes, compassionate conservatives are committed to the notion that private markets and faith-based charities are the solutions to poverty and oppose any collective solution using public money. Yet, with the weakened economy, Loprest (2002) has found fewer employed TANF "leavers" and more leavers returning to TANF or disconnecting from government aid altogether. With a national unemployment rate of nearly 10% (U.S. Department of Labor, 2009), states will likely have to do more to support poor mothers' connections to the labor market.

Guided by an ecological perspective, we question, however, if more support and services will flow to poor women and children, who are disproportionately minorities. As earlier in history, today's poor families lack the necessary political support and voice in the current policymaking climate, resulting in their continued marginalization and grave unintended policy consequences (Trzcinski, 1995). For example, while the federal government has failed to extend and expand TANF benefits to poor women and their children who are unlikely to transition from welfare to work in the current employment context, it continues to extend unemployment insurance to laid-off workers (U.S. Department of Labor, 2009). Indeed, current debates about health care and economic reforms suggest—as in the past—that the elderly and the unemployed are valued constituencies "worthy" of support, while poor families and others deemed unworthy can only hope to eke out some assistance.

Moreover, researchers continue to note the intersections of race, class, and gender in their research findings on welfare reform (e.g., Schram, Soss, & Fording, 2003). For example, several researchers have found the disconcerting trend that states with higher African American populations and higher rates of family poverty spend less per capita on TANF and other welfare programs, adopt the most restrictive rules and shortest time limits, apply harsher sanctions, and provide the least generous benefits than states with fewer poor black women and children seeking assistance (Gais & Weaver, 2002; Rodgers & Payne, 2007; Schram et al., 2003).

Case Study 2: Family Formation

Marriage Promotion for the Poor; Marriage Denial for Same-Sex Couples

A major component of welfare reform under Clinton and a major thrust of anti-poverty programming under Bush was marriage promotion. In fact, three of the four TANF provisions include either directly or indirectly the promotion of marriage as a goal for welfare recipients (Greenberg et al., 2002). At the same time that champions of welfare reform were promoting the value of marriage, federal and state governments were arguing against the merits of marriage among same-sex couples. To fully understand what type of marriage was being promoted on the one hand and denied on the other, we provide a brief history of marriage.

A Brief History of the Institution of Marriage

Critics of marriage promotion note that supporters often describe the institutions of marriage and "the family" as if static and monolithic (Struening, 2002). Yet, historians argue that marriages and families have been changing for centuries (Cherlin, 2004; Coontz, 2005). As Coontz (1992) reminds us, the revered traditional nuclear model of the 1950s was not the historical norm or the utopian experience. Indeed, women's rights within marriage have only recently changed *by law* to accord women more equal standing to men. For hundreds of years, marriage followed the Doctrine of Coverture, where a wife had no independent legal identity (Mason et al., 2001).

Patriarchal Marriage Model

The long-standing patriarchal marriage model assumed that men were heads of households and women and children were property owned by the husband (Cott, 2000; Ferree, 2004). Under Coverture, a woman could not sign a contract, own property or money, or file a lawsuit (Polikoff, 2008). Upon marriage, a woman gained her husband's surname and often lost her job and control over her body. Polikoff writes that a husband could legally rape his wife because her consent to marry him included "consent to sexual intercourse on his terms" (p. 12). Any injury to his wife caused by a third party was also legally considered injury to him; thus, under loss of consortium, he could sue for the loss of his wife's services (Polikoff). Spouses could not testify against each other in court, which held troubling consequences for victims of domestic violence, as a wife could not sue her husband for injuries incurred as a result his battery (*Ennis v. Donovan,* 1960).

During the first women's rights convention in 1848, the focus was largely on a woman's right to vote; however, the convention also recognized that women's legal status in marriage affected the rights of all women (Polikoff, 2008). Indeed, unmarried women seeking professional careers could be denied on the basis of "the natural and proper timidity and delicacy" of women which made them unfit for civil occupations and relegated them to the domestic sphere (*Bradwell v. Illinois*, 1873). Women's struggles for emancipation were viewed as threats to patriarchal marriage. Social conservatives and religious leaders argued that giving women the right to vote, own property, and earn a living would undermine a man's authority over his family and destroy the institution of marriage (Cott, 2000). And with industrialization and women's suffrage, patriarchal marriage did succumb to a new form of marriage—that of the traditional nuclear model.

Traditional Nuclear Marriage Model

As the production of goods and services moved out of the home and women gained more legal rights, a "separate but equal" division of labor became the legal basis for a new kind of marriage—that of husband as provider and wife as homemaker and child care provider (Cott, 2000; Ferree, 2004). Within this formation, both men and women were expected to work in concert to advance the man's critical bread-winning role and laws sanctioned these gendered efforts. Thus, the wife legally owed her husband domestic support and the husband owed his family financial support, and would pay alimony to the wife upon divorce (Mason et al., 2001; Polikoff, 2008).

This marriage model was securely in place until the second wave of the Women's Movement began to challenge the separate but equal characteristics of the traditional nuclear model. In 1963, Betty Friedan famously published *The Feminine Mystique*, where she identified the general discontent of white, educated, stay-at-home housewives. In 1966, the National Organization for Women was founded, and began fighting for legal equality between women and men and passage of the Equal Rights Amendment (ERA), a Constitutional amendment stating that "equality of rights under the law shall not be denied or abridged by the U.S. or any state on account of sex." Although the ERA passed Congress, it failed to be ratified by the required 38 states (by 1974, 33 states had ratified). Yet, as Polikoff (2008) notes, "attacking the radically gendered law of marriage…proved fertile grounds for advancing women's equality" (p. 16).

During the 1960s and 1970s, there were seismic shifts in American culture that were reflected in changes to marriage and family laws. In 1963,

under the Equal Pay Act, it became illegal to pay women less than men for equal work (Mason et al., 2001). It also became illegal to fire a woman upon her entry into marriage (Ferree, 2004). The once socially-condemned behaviors of nonmarital sex and out of wedlock childbirth gave way to a growing acceptance of cohabitation and single-parenthood. Several legal cases, including *King v. Smith* (1968), *Eisenstadt v. Baird* (1972), and *U.S. Department of Agriculture v. Moreno* (1973), demonstrated the Supreme Court's refusal to uphold laws "reflecting disapproval of sex outside marriage" (Polikoff, 2008, p. 31). During this period, the legal distinction between children born to a married mother vs. those born to an unmarried mother was abolished. Thus, "illegitimate" children could no longer be denied inheritance, death benefits, and child support (Polikoff). Divorce laws also shifted from fault-based to no-fault, allowing married couples to legally exit their union without establishing fault (Carbone, 1994). In 1976, husbands were granted the right to collect Social Security based on their wives earnings, and the Equal Credit Act defined both wives and husbands as participating equally in money management. Significantly, nearly all states rewrote family and employment laws to reflect the equal standing now shared by couples (Mason et al., 2001).

The Women's Movement, which played a significant role in shifting marriage models from that of patriarchal to breadwinner-homemaker, was once again uprooting the institution of marriage. For hundreds of years, wives were not the legal equals of their husbands (Mason et al., 2001). Yet within 2 decades, women gained an independent legal voice which changed the very foundation of marriage and family life. These changes are exemplified in *Roe v. Wade* (1973), which empowered women to make independent reproductive choices. The Women's Movement was essential to moving from a dependent marriage model to the current partnership model.

Partnership Model of Marriage Based on Gender Equality Under the Law

Over the past 40 years, a partnership model has emerged where marriage is legally framed as a contractual relationship between two individuals who enter the relationship by personal choice (Mason et al., 2001). This new marriage model enforces the rights and responsibilities of both partners while respecting their independent legal identities. Thus, support obligations and responsibility for a spouse's debts are now placed equally on men and women. Upon divorce, assets are often split 50-50 and custody of children is typically shared jointly by parents (Carbone, 1994).

Gender roles within family life have also shifted, along with social norms and mores (Cherlin, 2004). No longer does the labor market support a man's "family wage." As corporations moved their operations overseas in the 1980s to find cheaper labor and fewer labor restrictions, real hourly wages in the U.S. dropped by as much as 6% (Fernandez-Kelly, 2008). While middle and upper class women were lured into the labor market "as a culmination of yearnings for emancipation," working-class women entered the workplace out of necessity to enhance family earnings depleted by the decline in men's wages (Fernandez-Kelly, p. 389). By 1988, a majority of single mothers, mothers in dual-parent families, and mothers of young children were in the labor market (Hayghe, 1997). Such employment patterns continued to grow in the 1990s, challenging women (and men) to balance the joint demands of earning and caring (Gornick & Meyers, 2003; Hochschild & Machung, 2003). Such shifts culminated in changed expectations about women's domestic and reproductive responsibilities and calls for men to participate more fully in the rearing of children. As Fernandez-Kelly notes, "People of both sexes now expect everyone to be at least potentially able to support himself or herself and make substantial contributions to the household" (p. 390). And while today's laws reflect gender equality and societal expectations based on gender have changed in work-family spheres, disparities by gender remain. Men continue to earn more (on average) than women in the labor market and women continue to perform the lion's share of domestic and child rearing duties (Fernandez-Kelly, 2008; Gornick & Meyers, 2003).

A New Marriage Movement

With the changes in legal marriage and shifts in marital roles and social mores, we have also seen significant changes in family life—sharp rises in female labor force participation, divorce, and single-parent headed households—triggering concerns about "broken families," "father absence," and the "deinstitutionalization" of marriage (Cherlin, 2004; Waite & Gallagher, 2000; Whitehead, 1993). Such concerns about "family decline" have been met with a new marriage movement, largely promoted by some conservatives. These conservative interests tend to advance a pro-marriage agenda by advocating a return to the traditional nuclear marriage model. According to this viewpoint, marriage is defined as being an institution involving one man and one woman as husband and wife and roles within marriage that are clearly gendered (Polikoff, 2008). Inspired by the Christian Right (Coltrane, 2001), this movement has been adopted by many social liberals who argue that marriage promotion is akin to promoting healthy relationships (Heath, 2009). Now led by a coalition of religious and civic leaders, public officials, family therapists, educators, researchers and others, the pro-marriage movement has gained widespread support among advocates seeking to reduce the rate of divorce and single parenting, especially among the poor and communities of color (Heath).

Marriage Promotion Among the Poor and Communities of Color

In proclaiming National Family Week in 2001, President Bush stated that the promotion of marriage would be a focus of his administration (Administration for Children and Families, n.d.):

> My Administration is committed to strengthening the American family. Many one-parent families are also a source of comfort and reassurance, yet a family with a mom and dad who are committed to marriage…helps provide children a sound foundation for success. Government can support families by promoting policies that help strengthen the institution of marriage and help parents rear their children in positive and healthy environments.

As noted by the ACF "Healthy Marriage" website, the promotion of heterosexual marriage is based on their analysis of empirical research, which suggests that "children who grow up in healthy married, two-parent families do better on a host of outcomes than those who do not." Further, ACF concludes that married couples, on average, appear to build more wealth than single parents or cohabiting couples, "thus decreasing the likelihood that their children will grow up in poverty."

Under Bush (and Obama), the federal government has committed $150 million per year in funding to promote heterosexual marriage as a means to ending poverty. Activities include marriage education, marriage-skills training, advertising campaigns, educational programs, and marriage mentoring programs (Pate, 2010). At least 250 organizations—from faith-based organizations and non-profits to academic institutions—have received federal grants to promote marriage (Administration for Children and Families, n.d.). Marriage promotion policies have not just targeted the poor; they have also focused on communities of color, including African American, Hispanic, Asian/Pacific Islander, and Native American communities. These initiatives are inextricably linked to fatherhood programs (Administration for Children and Families, 2005).

Paternity Establishment, Fatherhood Initiatives, and Child Support Enforcement

In partnership with marriage promotion efforts, we saw the implementation of paternity establishment programs and Responsible Fatherhood Initiatives (Mink, 2003). Under the Healthy Marriages and Responsible Fathers Act of 2004, which was included in the 2005 Deficit Reduction Act, Congress allocated $50 million annually for fiscal years 2006–2010 for fatherhood programs (Pate, 2010). These initiatives have two purposes: (1) to connect fathers with their children to promote father involvement, and (2) to encourage and/or sanction fathers to financially support their children (Anderson, Kohler, & Letiecq, 2002). Many fatherhood initiatives also support participants' economic viability by providing educational programming and job training.

Under welfare reform, child support efforts were also revamped. PRWORA revised rules governing the distribution of child support collection

among federal and state governments and welfare families, required states to establish an automated registry of child support cases, and required states to provide information to a federal parent locator service (Lockie, 2009). PRWORA also required states to adopt the Uniform Interstate Family Support Act, which requires all welfare recipients to cooperate with state child support enforcement orders and to hand over their child support rights to the state. Under the new laws, enforcers of child support now have the option to implement harsher penalties, such as jail time, for fathers who refuse to pay child support (Lockie).

The Battle over Same-Sex Marriage

At the same time that the government was changing the rules of welfare, and promoting marriage and responsible fatherhood among the poor and communities of color, it simultaneously moved to ban same-sex marriage. The gay liberation movement had been growing for several decades (alongside the civil rights and women's movements) and with the emergence of partnership marriage, where gender roles within marriage were no longer sanctioned by law, the gay community saw an opening to pursue marriage rights (Polikoff, 2008). Indeed, in the early 1990s, three same-sex couples filed a lawsuit (*Baehr v. Lewin*, 1993) against the state of Hawaii challenging the constitutionality of a "heterosexuals-only" marriage law (Koppelman, 1997). After the Supreme Court of Hawaii found an early ruling in the case to be unconstitutional on the basis of sexual discrimination, the nation waited to see if Hawaii would be the first state to recognize same-sex marriage (Oswald & Kuvalanka, 2008).

With the possibility of gay marriage being legalized at the state-level, Congress began debating the DOMA (Zimmerman, 2001). At the federal level, DOMA defined marriage as exclusively heterosexual, that is, between one man and one woman as husband and wife. DOMA also declared, contrary to the Full Faith and Credit Clause (Article IV Section 1 of the U.S. Constitution), that states are not required to recognize same-sex marriages performed in other states. Proponents of same-sex marriage relied mainly on constitutional arguments (e.g., DOMA violates the Due Process Clause and the Equal Protection Clause of the 14th Amendment, Full Faith and Credit, and the separation of church and state), legal arguments (based on *Loving v. Virginia, Lawrence v. Texas, Brown v. Board of Education),* arguments focused on the rights and benefits of children and families, and social justice and human rights arguments (Croghan & Letiecq, 2009). Opponents employed mainly values-based and religious arguments, including: heterosexual marriage is best for children and society; marriage is a sacred institution sanctioned by a higher authority; marriage was created for procreative purposes; same-sex couples are sinners and thus not deserving of the rights and benefits bestowed upon marriage; same-sex marriage will destroy society; legalizing same-sex marriage will result in other legal forms of marriage, including polygamy; and legalizing same-sex marriage goes against the people's will, given the majority of citizens appear to be anti-gay marriage (Croghan & Letiecq, 2009; Zimmerman, 2001).

After these fierce debates, Congress passed and President Clinton signed DOMA into law. States quickly followed suit passing their own versions of mini-DOMAs. Since the mid-1990s, 40 of the 50 states passed laws banning same-sex marriage and 15 states "adopted even more restrictive laws that threaten or would ban more limited forms of partner recognition, such as domestic partner health benefits and hospital visitation rights" (Cahill, 2005, p. 179). In contrast, gay marriage is now legal in six states and the District of Columbia (2009): Massachusetts (2004), Connecticut (2008), Iowa (2009), Vermont (2009), New Hampshire (2010), and New York (2012). Legislation passed in Washington and Maryland in February 2012 allowing same-sex marriages, but those laws have not yet taken effect as of this chapter's publication and may face ballot initiatives to overturn them in November (National Conference of State Legislatures [NCSL], 2012). In California, a federal appeals court found that state's restriction on same-sex marriage was invalid, but has postponed enforcement pending appeal (NCSL). Voters struck down the legal marriage of same-sex

couples in Maine. In the six states and the District currently recognizing gay marriage, the laws took effect after legislation or court order (NCSL).

Many states (including California, Nevada, Oregon, and Washington) now provide the equivalent of state-level spousal rights to same-sex couples (e.g.,domestic partnerships; NCSL, 2012). Delaware, Hawaii, Illinois, New Jersey, and Rhode Island allow civil unions for same-sex couples, and both New York and the District recognize out-of-state marriages of gay partners (Human Rights Campaign, 2009). While some are encouraged by the state-level rights granted same-sex couples, Oswald and Kuvalanka (2008) remind us that even if same-sex couples are granted state-level marriage rights, under DOMA, they are not protected by federal laws and not eligible for federal benefits. The U.S. Government Accountability Office (2004) identified 1,138 federal statutory provisions within the U.S. Code where marital status is a factor in determining benefits, rights, and privileges (e.g., death benefits, filing joint tax returns, hospital visitation). It is anticipated that further change is likely as federal and state governments, courts, and voters debate the issues and attitudes change. While a majority of Americans polled in 2009 opposed full marriage rights for same-sex couples, those margins appear to be narrowing (Vestal, 2009). Indeed, in 2012 President Obama and Vice President Biden came out in favor of gay marriage, signaling that an ideological shift may be occurring nationwide.

Critique of the Heterosexual Marriage Movement Through an Ecological Lens

As we discuss, the institution of marriage has seen multiple shifts throughout history—shifts that were sanctioned by laws, or what Trzcinski (1995) calls "human-derived rules." Marriage rules, such as the Doctrine of Coverture, historically had the intentional goal of promoting male domination and control within a patriarchal society. This marriage model left women particularly vulnerable, especially if they existed outside the institution of marriage. However, as modern marriages emerged in the twentieth century, we saw new laws or rules which intentionally promoted the independent legal identities of both men and women within marriage and society (e.g., Equal Pay Act, no-fault divorce, abortion laws). This modern marriage model allowed women to exercise their free will to adapt to their circumstances and location within society as independent entities. Women no longer had to tolerate abusive husbands, or husbands seeking to thwart their career and family goals, and they could now exit their marriages to pursue more satisfactory lives (Carbone, 1994).

However, women's increased and sustained labor force participation coupled with increased rates of divorce and social acceptance of cohabitation, single-parenting, and children born out of wedlock had a destabilizing effect on the institution of marriage (Cherlin, 2004). During the 1980s and 1990s, we saw a growing "feminization of poverty" particularly among single women with children and disproportionately among women of color (Starrels, Bould, & Nicholas, 1994). From an ecological perspective, even though the laws and policies at the time intended to promote gender equity, the realities of the labor market and home life rendered women unequal to men in pay and child care responsibilities (Carbone, 1994; Starrels et al., 1994). It is at this moment historically that policymakers had a choice to make. Like our European counterparts, policymakers could have opted to address the gender (and race and class) inequalities systemically institutionalized and perpetuated in both private and public spheres by implementing child allowances, child care subsidies, paid maternity leave, and use-or-lose paternity leave policies, among others (Cahill, 2005; Gornick & Meyers, 2003). However, U.S. policymakers opted instead to focus their efforts on re-stabilizing the institution of marriage by promoting marriage, especially among the most vulnerable. The intended consequences of these efforts were to reduce divorce rates, single-parenting, and poverty. However, the unintended consequences of diverting funds away from established anti-poverty programs to promote marriage have been persistent poverty rates, especially among women and children, with little evidence, to date, that marriage promotion efforts work at all to stabilize relationships

(Administration for Children and Families, 2005; Pate, 2010).

Moreover, critics of marriage promotion policies question which marriage model is being promoted—a partnership model based on gender equality or a heterosexual, traditional nuclear model (Cahill, 2005; Hardisty, 2008; Heath, 2009; Mink, 2003; Polikoff, 2008). Coupling marriage promotion with paternity establishment, responsible fatherhood initiatives, and child support enforcement paints a complicated picture. On the one hand, proponents argue that these policies are supported by empirical evidence linking heterosexual marriage to positive child outcomes and are thus in the best interests of children (Blankenhorn, 2007; Waite & Gallagher, 2000; Whitehead, 1993). However, others argue that these policies are a step backwards—perhaps even a backlash against gender equality—because they favor a traditional nuclear marriage model where men are the breadwinners and women the caregivers of their children and dependent upon men for their economic well-being (Ferree, 2004; Heath, 2009; Polikoff, 2008).

Critics of marriage promotion also question the assumptions underlying the policy initiatives, especially the assumption that a heterosexual, two-parent marriage is best for children (Biblarz & Stacey, 2010; Coltrane, 2001). Critics have argued that correlational data linking child outcomes to family structure variables were interpreted as if cause and effect relationships were established—in other words, that single-parenthood "caused" poverty or that marriage "caused" the acquisition of wealth (Hardisty, 2008). Moreover, policymakers assumed that the reasons poor single mothers were not entering the institution of marriage were based on father absence, cultural deviance, immorality or loose sexual values (Edin & Reed, 2005). However, some researchers questioned policymakers' assumptions that single mothers are not attached to a male (or female) partner. For example, Letiecq (2010) and others (Bzostek, Carlson, & McLanahan, 2007; King, 2006) have reported the existence of "social fathers" in many low-income families, where men take up the family and child care responsibilities when biological fathers are not present or unavailable. Edin and Reed also found in their study of low-income women with children that these women truly valued marriage; however, their economic insecurity, coupled with their male partners' economic challenges, were obstacles to entering the institution. Marriage promotion efforts do little to address the structural and systematic barriers to economic self-sufficiency experienced by low-income families, who are disproportionately families of color (Pate, 2010; Trzcinski, 1995). Nor do these policies address the institutionalized sexism, racism, and classism that persist to delegitimize the status of and disenfranchise low-income families of color (Heath, 2009).

Over the past decade, the same logic used to promote marriage among the poor and communities of color was also applied to deny marriage rights among same-sex couples. As we note, arguments against same-sex marriage do not deal with civil rights or liberties guaranteed by the Constitution. DOMA supporters base their arguments on their faith and their values (Croghan & Letiecq, 2009), and offer little empirical evidence to support claims that legitimizing gay couples will destroy the institution of marriage or that same-sex parents will harm their children (Crowl, Ahn, & Baker, 2008; Meezan & Rauch, 2005; Polikoff, 2008). Indeed, results from Crowl et al.'s study suggest that children raised by same-sex parents fare equally well to children raised by heterosexual parents. As Biblarz and Stacey (2010) note, "At this point no research supports the widely held conviction that the gender of parents matters for child well-being…We predict that even 'ideal' research designs will find instead that ideal parenting comes in many different genres and genders" (p. 17). Thus, we argue here (as does Ferree, 2004, and Polikoff, 2008) that legalizing same-sex marriage is a logical next step in the era of partnership marriage, where couples choose the roles they will perform in marriage and family life regardless of their gender. Consistent with an ecological perspective, this model values self-determinism and family diversity and supports broader social goals of gender equality and justice for all.

Case Study 3: U.S. Health Care for the Privileged, But Not for All

The U.S. spends more per capita on health care and as a percentage of GDP (projected to rise to around 20% by 2015) than any other developed nation, but our life expectancy and infant mortality rates (among other outcomes) remain among the poorest of those comparison countries (McLaughlin & McLaughlin, 2008). In 2000, the U.S. Department of Health and Human Services (DHHS) published Healthy People 2010, with goals of increasing the healthy lifespan, reducing health disparities, and achieving access to preventive services for all Americans. However, to date, we continue to fall short of meeting those goals. African Americans, Hispanics, Native Americans, and Asian/Pacific Islanders, who represent 25% of the U.S. population, continue to experience striking health disparities, including shorter life expectancy and higher rates of diabetes, cancer, heart disease, stroke, substance abuse, infant mortality and low birth weight than whites (Williams & Dilworth-Anderson, 2006; Zsembik, 2006). These poor health outcomes also have social class and gender determinants (McLaughlin & McLaughlin, 2008). To understand how we have missed the mark so profoundly in health care today, we first review briefly the history of U.S. health care.

A Brief History of the American Health Care System

Today's U.S. health care system grew out of a variety of policy initiatives introduced and passed over the past 100 years. A major shift in U.S. health care occurred during the Great Depression in 1929, when health insurance systems emerged to stabilize the cash flows of providers (McLaughlin & McLaughlin, 2008). Health insurance systems grew during World War II, and a series of reforms followed, including the Hill-Burton Act of 1946, which expanded hospital facilities. As noted by McLaughlin and McLaughlin, the political "give and take" in the development of health care policy over the decades has left us with an incredibly complex system of "federally-financed programs, each of which has its own often-changing sets of regulations" (p. 39). For this chapter, we have identified several health policy initiatives particularly relevant to families (including Medicare and Medicaid) to illustrate where we have come from, where we are now, and where health care reforms, recently passed under the Obama Administration, are taking us. The selected policies cover both ends of the age spectrum and focus on three emerging at-risk groups: immigrants and their children, the mentally ill, and those with traumatic brain injury (TBI).

Medicare and Long-Term Care

The history of our health care system reflects a focus on individual health rather than the health of family systems or communities. An early example of an individual focus on health care was Medicare, a health policy initiative established under the Johnson Administration with the passage of the Social Security Amendments of 1965 (Ford, 1989; Kerschner & Hirschfield, 1975). Medicare, which mirrored the structure of health insurance in the private sector, was designed to benefit the well-being of the elderly, yet lacked adequate coverage for prevention and long-term care. With 59% the elderly in the U.S. needing long-term care (e.g., assistance with daily living skills; Scanlon, 1991), and 75% of these people receiving this care from family, the burden on families has been extensive. Not surprisingly, family stress arising from long-term caregiving is evident. For example, depression and other mental health symptoms are higher among those caring for the elderly than for the general population (Shields, 1992). In addition, families must respond when long-term care services, such as respite care or home health care assistance, are inaccessible, either because no services exist in the community or because of exorbitant cost.

The legislative framework for policies on elders' long-term care has predominately been based on a crisis approach. Today, long-term care is funded by multiple federal programs, including Medicare and Medicaid, that provide cash, in-kind transfers such as housing and transportation, and/or goods and services (O'Shaughnessy, Price,

& Griffiths, 1987). Family continues to be the mainstay behind policies on elder long-term care. Thus, if one is not privileged with family who can obtain or provide necessary services, disparities may result in elder and family well-being.

One provision of Obama's health care reform under The Patient Protection and Affordable Care Act (PPACA) is the Community Living Assistance Services and Supports (CLASS) Act. This Act, originally introduced by the late Senator Ted Kennedy, establishes a national voluntary long-term care payroll deduction insurance program for employed individuals. Workers pay premiums, and when eligible, receive benefits averaging $50 a day to purchase home and community long-term care assistance (Wiener, Hanley, Clark, & Van Nostrand, 1990). This program allows all workers to become vested after 5 years, regardless of pre-existing conditions. The Act attempts to make long-term care financially accessible to more individuals by having automatic enrollment for workers 18 and older, although employees and employers can choose not to participate. Both low-income individuals and full-time students who are working can pay a monthly premium of only $5 to be in the program. However, from an equity perspective, the provision does not provide for non-working spouses or other non-working individuals. As with the majority of U.S. health care policies, the CLASS Act is tied to an employment-based health-care system that is exclusionary and discounts coverage for those who are unemployed (McLaughlin & McLaughlin, 2008).

Medicaid and the Children's Health Insurance Program

In addition to policies focused on the elderly, legislation has also attempted to address the health needs of low-income children. The Medicaid program instigated in 1965 (Title XIX of the Social Security Act) was enacted to provide health care for poor children. Families with children whose incomes fall below the federal poverty line, which by 2009 was a little over $22,000 for a family of four (Federal Register, 2009), were eligible for this assistance. This was a joint federal-state program, predominantly funded by the federal government and implemented by the states.

By the late 1990s, policymakers recognized that millions of low-income children remained uncovered under Medicaid. Thus, in 1997 the State Children's Health Insurance Program (SCHIP), now known as CHIP (Children's Health Insurance Program), was created. This program was to build on Medicaid by providing federal matching funds to states to provide health insurance coverage for children whose families are not Medicaid eligible and cannot afford insurance (Kenney & Cook, 2007). In the first 6 years of the program, about 3.9 million low-income children were enrolled to receive CHIP (Selden, Hudson, & Banthin, 2004), but the recent economic downturn has produced an enrollment flattening. As a result, the percentage of uninsured low-income children dropped from 22.3 to 14.9%, and despite the initial gains, about nine million children under age 19 remained uninsured (Seldin et al.) On the positive, the insured children received more preventive care and also had fewer asthma-related attacks with significant quality of care improvements (Lambrew, 2007). In addition, their parents reported better access to care and increased communication with providers. Although the health coverage originally was designated for children, a few states have opted to also provide health care for parents, recognizing the potential for greater health equity across family members. However, family care coverage remains sparse under the program and, as monies have become more restricted, parental coverage has not been expanded and in some cases, has disappeared altogether (Artiga & Mann, 2007).

Under health care reform, funding for CHIP has been extended through 2015 and the program has been authorized through 2019, meaning that states will not be able to cut children from the program for most of the next decade. Additionally, legislation prohibits exclusion of coverage from children with pre-existing health conditions, and newly covered benefits include wellness preventive health services such as immunizations for infants, children, and adolescents (Ernst, 2010). Other expanded coverage options are included for children under 24 who were in foster care when they turned 18, and legal child aliens (Kaiser Family Foundation, 2010).

Immigrants and Health Care Access

Children of immigrants comprise a large share of the young child population—in fact, they are the fastest growing component of this population and are at significant risk for health disparities (Hernandez, 1999). Yet, immigrant children still are not adequately covered under CHIP. Because documented and undocumented immigrant parents may be fearful of using health-based services, the children of these immigrants also use public benefits less often (Fix & Zimmerman, 1999). Lower benefit usage for noncitizen children is due to ineligibility for such programs as food stamps or Medicaid. Noncitizen children who are undocumented are ineligible for all benefits except emergency Medicaid (Rodriguez, Hagan, & Capps, 2004).

Immigrant children are more likely to have fair or poor health and to lack health insurance or any usual source of health care than native born children. Children of immigrants are twice as likely to be uninsured despite an increase in coverage through Medicaid between 1999 and 2002 (Kaiser Family Foundation, 2003) and their health is reported to be fair or poor at twice the rate of children of natives (Ku & Blaney, 2000). In 2005, more than 3.2 million Latino children had no access to health coverage (Huang, Yu, & Ledsky, 2006), facing obstacles to accessing both Medicaid and CHIP (Ku, 2007). Federal laws restrict most noncitizens, including children, arriving in the U.S. after 1996 from accessing health programs for the first 5 years they reside here. These deterrents prompted then Senator Hillary Clinton to introduce the "Legal Immigrant Children's Health Improvement Act of 2007"; however, the legislation did not make it out of committee.

Current immigration policy on children's health care access is a perfect example of the social injustice of an element of our health care system that determines one's eligibility or merit for receipt of health care based upon the timeframe within which one entered the country. Few systems of universal health care worldwide determine one's worthiness of receiving health care assistance utilizing a situated place in time determinant. A positive outcome of health care reform is the eradication of a time restriction for children's health care receipt. States can now opt to use federal funds to make Medicaid and CHIP available to otherwise eligible legal immigrant children and all children born in the U.S. even if their parents are undocumented, regardless of their date of entry.

Mental Health Parity

Discussion about health care policy disproportionately focuses on physical health care services and does not attend to mental health care coverage. A debate in the health care arena in recent years has been about mental health care parity, providing the same amount of insurance coverage for mental health benefits as are allowed for medical/surgical benefits. Mental health coverage is important given one-half of the leading causes of disability worldwide are mental disorders and nearly 30% of the U.S. adult population is affected by at least one mental illness during any given year (National Institute of Mental Health, 2009). About 33% of mental illnesses are classified as severe (e.g., schizophrenia, eating disorders, PTSD) and often these illnesses include substance abuse. Severe illnesses tend to be excluded from health benefits because they typically require expensive, long-term treatment (Friedman, n.d.). Mental health coverage becomes a family-centered health policy issue because over 20% of adult Americans provide informal care for a family member with a mental illness (Guarnaccia & Parra, 1996). Further, the mortality rate for some of these disorders such as schizophrenia and eating disorders is much higher than the national average, bringing devastating consequences for many affected families.

Prior to 1996, families did not have equal access to health and mental health care. For medical/surgical benefits there was no annual cap on the amount of coverage that could be provided and there was a $1 million lifetime benefit cap. In contrast, for mental health benefits, there was a $5,000 annual cap on the amount of coverage and a $50,000 lifetime cap on benefits. If one was diagnosed with a severe mental illness, it is possible one could use all their lifetime benefit coverage in 1 year (U.S. Department of Health and

Human Services, 1999). In 1996, the first mental health parity legislation was introduced into Congress and, in 1997, the Mental Health Parity Act of 1996 was signed into law (Centers for Medicare and Medicaid Services, 1997). Passage of this legislation forced states to revise existing laws or create new parity laws. For the first time, families began to receive assistance with increased inpatient treatment days and more coverage for outpatient treatment and hospitalization. However, employers could choose whether or not to offer mental health benefits, not all mental illnesses were covered, many programs such as Medicare and Medicaid were not required to provide benefits, and great variation remained on the amount, duration, or scope of allowed treatment. Over the ensuing 10 years, Congress introduced revised parity legislation addressing many such shortcomings.

Finally, in 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act effective January 2010 (Pear, 2008). The Act prohibits employer health plans from imposing caps or limitations on mental health and substance abuse benefits that also are not applied to medical/surgical benefits. For those businesses with 50 or more employees that provide mental health coverage, parity is required. Co-payments, deductibles and number of visits or frequency of treatment limitations can also be no more restrictive on mental health and substance abuse benefits than those imposed on medical and surgical benefits. Under the PPACA reform, mental health benefits are now a mandatory part of basic care and insurance companies are required to provide coverage that is equal to coverage provided for any other medical condition.

Traumatic Brain Injury

Referred to as the "silent epidemic," TBI is an emergent health care problem (Centers for Disease Control and Prevention, 1999). Although not a newly discovered problem, TBI has gained more visibility as the signature wound of the Iraq war. Advances in body armor and emergency medical care have allowed thousands of U.S. soldiers to survive bomb blasts that have devastated their brains. It has been estimated that 50% of injured soldiers returning from Iraq and Afghanistan have TBI (Taber, Warren, Hurley, & Hayman, 2006). According to the CDC, every 21 s one person in the U.S. sustains a TBI, and about 5.3 million people currently live with disabilities resulting from a TBI (Langlois, Rutland-Brown, & Thomas, 2004). The cost of TBIs in the U.S. is estimated at $56.3 billion annually, with many of those expenses not covered by insurance (Langlois et al.).

The impact of TBI on the family is well documented. Individuals suffering from TBI are being discharged from hospital and rehabilitative care quicker and sicker (Connors, 2006) and family members are taking on the brunt of long-term caregiving (Gan, Campbell, Gemeinhardt, & McFadden, 2006). Despite the impacts of TBI on individuals and families, the TBI Act of 1996 is the only legislation passed by Congress specifically to fund TBI initiatives. The Act allocated funds to provide services to those injured and their families and has allowed for more family intervention including respite care, assisted living, medical assistance, and vocational rehabilitation (Kreutzer, Serio, & Bergquist, 1994). Although the reauthorization of the TBI Act of 2008 improves access and coordination of services for survivors and their families, funding for TBI remains scarce.

Several provisions in health care reform also will assist the TBI family. Many with insurance find their expenses are not covered when they experience a TBI, even after they have paid premiums for years. The PPACA legislation bans denial of coverage based on pre-existing conditions. Further under health care reform, patients who reach their lifetime insurance cap after a catastrophic injury or illness will be able to continue treatment in order to regain functionality and have a better chance of returning to work or school. The bill eliminates lifetime insurance limits. These reforms begin to address a consequence of our insurance system that may have marginalized individuals with a TBI and resulted in disparate coverage of their health care needs.

Critique of the Health Care System Through an Ecological Lens

From an ecological perspective, we recognize that there are intended and unintended consequences of U.S. health care policy that have perpetuated health care inequalities and health disparities. However, we also recognize that much of our health is the result of social determinants, such as housing, education, social capital, and the natural and built environment around us (McLaughlin & McLaughlin, 2008). Taken together, social policy decisions have not brought health justice to all, but rather have privileged some groups and disadvantaged others. Indeed, our brief analysis of health care policy over time reveals that individuals and families across the lifespan face myriad challenges in meeting their health care needs, even while the U.S. invests the largest share of GDP in health care of all industrialized nations (McLaughlin & McLaugjhlin). From inadequate policy attention and funding for preventative care, prescription drugs and long-term care needs of elders to denying care coverage to immigrant children (regardless of their status), our health care system has any number of cracks for individuals and families to fall through. These cracks mean that too many of us will suffer poor health consequences and too many of us will face premature death. And even with greater attention paid to health disparities disproportionately felt by low-income communities and communities of color, the U.S. continues to fail to meet the needs of our most vulnerable members. Indeed, U.S. health care remains a privilege and not a human right.

As family scholars, we acknowledge Wilson's (2006) critique of U.S. health policy analysis, which predominately focuses on individuals and their selective health problems such as presence of diabetes, cholesterol levels, one's body mass index, or presence of other health diseases. Wilson suggests that a focus on family systems and their health related behaviors does not yet exist in the scientific literature when discussing health policy analysis. Health policy texts also often do not attend to families and the ways in which family health influences and is influenced by larger social and economic forces (Longest, 2002; Patel & Rushefsky, 1999). Such lack of attention on the family unit is evident in the major health legislation passed in the last few decades. Thus, we reflect on how our health care system might be different if policymakers shifted their lens from the individual-level to that of the family. What if Healthy People 2010 (U.S. Department of Health and Human Services, 2000) was titled Healthy Families 2010, such that health policies were considered and health goals set within the context of familial and larger social systems?

The National Council on Family Relations was headed in this direction when the organization published, in 1993, *Vision 2010: Families & Health Care*, where they argued "taking the family perspective is essential" and "health care reform must be designed with family considerations" (Price & Elliott, 1993, p. ii). More recently, scholars have begun to advocate for health policies that address five components of family well-being that can be influenced—both directly and indirectly—by policy change (Anderson & Feldman, 1993; Committee on Hospital Care, 2003; Shelton & Stepanek, 1994). These components are family structure, family function, family support, partnership and empowerment, and family diversity. Family structure speaks to who is a family member, while recognizing structure and ensuing family health needs may differ dramatically between families. Family functions focus on the tasks and roles in which families engage to meet the needs of the members. Some of these functions are performed in order to protect vulnerable family members or to promote their physical and mental well-being. Family support emphasizes the notion that the policy strengthens the family but does not undermine a family's responsibilities. A family health partnership respects and trusts families when providing services and empowers families to make informed family health decisions. Finally, family health policy recognizes and addresses the role of family diversity in providing care. All of these family-centered policy elements are consistent with an ecological lens suggesting that health care reform must address barriers to care for all family members.

While the latest round of health care reforms failed to integrate an explicit family focus, we are heartened that many of the reforms will likely better support a family's ability to meet the health care needs of its members. Moreover, during the health care debates, many articulated the basic tenets of an ecological frame (Trzcinski, 1996)—that we are all interconnected, and not only are the most vulnerable uninsured in our health system disadvantaged, but those with health care coverage also are negatively impacted when some among us do not have access to care. Although health care reforms have yet to be implemented nationwide, the reforms hold the potential to equalize some of the health care disadvantages, bring more health power to all, and address some of the extant health disparities and inequalities in the U.S. However, health care reforms that continue to be individually-focused will likely miss the mark in ameliorating our long-standing health care challenges. So too will reforms that do not address the unintended consequences of policies that disparately affect the functioning of families and their ability to care for their members. Guided by an ecological perspective, it is critical that health care policymakers consider a family-centered model of health care, but perhaps more importantly, establish an equitable system benefited by all.

Conclusion

To write a chapter on social policies and families is a daunting task. There are myriad social policies that affect U.S. family life both directly and indirectly (Bogenschneider & Corbett, 2010), including marriage, divorce, reproductive technologies, adoption, foster care, early childhood education, child care, paid leave, child custody, visitation, stepparent rights, domestic violence, housing, unemployment, and, as we noted in our opening paragraphs, a nation's decision to enter war. Which policies are most meaningful and most salient to highlight in a review about American families? Clearly, we could not adequately address all policies affecting families. Thus, we chose to take a different tack: to focus on a three connected topics—poverty, family formation, and health—and examine policies relevant to these topics through an ecological lens (Trzcinski, 1995).

Using an ecological perspective challenged us in at least three ways. First, we were challenged to consider the historical, cultural and value roots undergirding current and emerging social policies. Our analysis suggests that, when it comes to families, policy decisions are rooted in strongly-held U.S. values of individualism, a Puritan-inspired work ethic based on meritocracy, and a moral code that determines who is and who is not worthy of government assistance and the rights, protections and benefits granted under the law (Kamerman & Kahn, 2001). Throughout history, when confronted with family poverty, for example, policymakers have often responded with individually-based solutions requiring individuals to change their behaviors to accord to the accepted standards of the majority culture rather than addressing the systemic and structural inequalities that exist based on race, social class, and gender, among others (Hays, 2003). Today's welfare system, now aptly referred to as workfare, requires recipients with young children to work for government assistance rather than stay at home as caregivers. While some argue this system teaches poor mothers, disproportionately women of color, the value of hard work and the dignity of self-sufficiency (Neubeck, 2006), others critique the system as punitive, unjust, and falling far short of addressing extant inequalities and lifting women and children out of poverty (Mink, 2003).

Secondly, thinking ecologically challenged us to consider the interconnectedness of individuals and families to other institutions and social systems. The interconnections occur in ways through which these systems disparately exert forces on families, resulting in different levels of opportunity, social capital, cultural capital, luck, access to education, and discrimination (McNamee & Miller, 2009). When policymakers implement family policies (or human-derived rules), it is not surprising that such policies differentially affect families, privileging some while disadvantaging others. Trzcinski (1995) posits that, in order to

adapt and survive, individuals must be free to define and construct their families to meet their needs within diverse environments. From this standpoint, we wonder how future family policies could be shaped. What if policymakers found value in and supported the different family structures that have emerged over time—for example, the "single" mother partnered with a "social father" to raise their collective children outside the institution of marriage?

When policymakers fail to facilitate the positive adaptation of all families, and promote a singular family form as best—in our culture, the heterosexual traditional nuclear model—they effectively marginalize non-conforming families (Trzcinski, 1995). Under marriage promotion and responsible fatherhood initiatives, there is little to no support or funding for alternative families who wish to form and structure their families in unique ways to best meet the needs of their members. Indeed, heterosexual couples choosing to create non-marital committed unions with or without children surrender many of their rights for the financial and legal protections and benefits offered through marriage (Polikoff, 2008). Same-sex couples wishing to enter the institution of marriage are likewise denied these rights and protections (in most states and at the federal level) on values-based ideology upholding heterosexual marriage as the only structure worthy of social recognition and privilege (Cahill, 2005). In each case, family diversity in structure and function is trumped by policies and laws that attempt to control family life and rebuke non-conformity (Polikoff).

Lastly, employing Trzcinski's (1995) ecological perspective on family policy, we were challenged to examine how U.S. policies and laws, that are narrowly defined and exclusive rather than universal or inclusive, have influenced the well-being of all families. Based on emergent cultural values, policymakers determine who deserves to fully participate in social systems, such as our health care system, and who does not. Researchers have found that such policy decisions, in conjunction with other social determinants of health, are linked to persistent health disparities in the U.S. that disproportionately affect low-income communities and communities of color (McLaughlin & McLaughlin, 2008). While recently passed health care reforms may ameliorate some of these disparities, an ecological frame suggests that our failure to implement universal health care will likely result in a perpetuation of health disparities, where those less privileged will continue to experience shorter, less healthy life spans. As we conclude, it is our hope that our review of social policies and families using an ecological perspective encourages the future development and implementation of laws and policies that value all families. As Polikoff writes (2008), "It remains part of imagining the U.S. as a place of both equality and justice for all" (p. 214).

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