

The 20 Million Lives Question: How and Why U.S. Housing and Health Policy Are Not as Equitable?

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Abstract: The equitable character of a policy determines if it is progressive or not. Yet, some domestic policies are more equitable than others. How and why? That question is addressed by studying federal housing and health policies in the United States, a critical case known for its rampant inequalities in both sectors. Although social equity is a fundamental aspect of welfare provision, explaining differences in coverage and government support among policy areas remains a soft spot in the literature. This comparative historical analysis shows that both housing assistance and health care suffered from inequities almost as early as their inception. But a progressive reform took shape with the Affordable Care Act (ACA) and extended coverage to 20 million people formerly uninsured. This essay tackles an unsolved puzzle: Why such grand reform never took place in the policy area of housing where more than 20 million people are eligible for assistance but do not receive help? We found that housing distinctiveness with regard to historic underfunding, weak constituency and low public concern largely explain it. We conclude with the analytical payoffs of studying social equity, both for political scientists and observers of social affairs.

The word *equity* is loaded and carries different meanings (Young 1995). Understood as social equity, synonym of fairness and social justice, it speaks to large audiences beyond academic circles. Yet, equity remains very attractive to those studying social policies given their stated objective to mitigate inequalities. Broadly speaking, a policy is considered progressive if it is equitable, both being closely related notions (see for example Musgrave 1959). Equity appeared in the early writings on the welfare state (Titmuss 1976, 34-55), however, its intellectual appeal eroded over the last decades. Social equity discussions engaging ‘real life’ differences between actual and potential claimants were largely superseded by newer, broader debates on gender and/or intergenerational equity (Hemerijck 2017). But even then, equity is merely considered as a normative and vague objective amongst others (i.e. improving living conditions).

To be sure, some authors address equity issues in their work. On the one hand, there are health economists who study equity, but the research output often translates into formal evaluations derived from behavioural economics (see Fleurbaey and Schokkaert 2011). On the other hand, public administration scholars have either focused on street-level

bureaucrats' application of fairness in specific contexts (e.g. education sector, Maynard-Moody and Musheno 2012) or on much higher-level debates pertaining to equity in law, employment, procurement, etc. in public service (Frederickson 2015). Yet, these literatures suffer from a very limited analytical leverage when it comes to explaining the *actual* distinctive patterns of social equity among policy areas. That is a serious omission impacting our understanding of differences in coverage and government support, all of which, more importantly, affect the daily lives of millions of citizens.

This essay asks: How and why some social policies are more equitable than others? Put differently, what explains the particular patterns of equity and the prospects for reform? We address this issue by conducting a comparison between two pivotal US federal policies safeguarding basic human needs: housing and health. The two axes of equity are examined from a policy perspective: (1) vertical equity, that is a stronger support to citizens at the lowest social stratum; and (2) horizontal equity, that is an equal support to citizens with equal needs and conditions (Barr 2012, 366-9). While they may be related to a certain extent,¹ housing and health policy will be treated separately, at opposite ends in the universe of social policy. Health care has a very broad coverage affecting a large number of citizens through a variety of public and private (employer-sponsored) schemes. On the other hand, rental housing assistance is rather exclusive, mostly considered as a 'welfare program' supporting a thin portion of eligible households.

The United States is a critical case known for its rampant housing and health inequalities. Those have been researched in the past, sometimes all together (for example Krieger and Higgins 2002), but mostly through discussions synthesizing evidence stemmed from behavioural studies. Other researchers such as Crossley (2018) explore the joint benefit of health and housing programs for vulnerable populations as well as financing mechanisms. While Currie's (2006) policy-focused study also compares housing and health policies in respect to coverage and target groups, our addresses the issue of who benefits from assistance using the lens of equity. More importantly, our comparative historical analysis explains why the distinctiveness of housing assistance made it less amenable to a sweeping reform achieving greater social equity, such as the Affordable Care Act (ACA) also known as 'Obamacare.' Several papers have been written on the latter and the resulting 20 million new beneficiaries of health insurance. However, this essay stands out by explaining why a comparable impulse to expand the coverage to the 20 million households eligible for housing assistance but not receiving it never took place and is rather unlikely. The main reasons pertain, we argue, to historic low levels of funding, housing assistance's weak constituency and public concern.

The remainder of the essay is structured as follows. First, we compare major subsidized housing programs with Medicare and Medicaid to develop our key claims about the different distributive patterns embedded in the structure of each policy or sector. The

¹ The quality of housing impacts the health of an individual. For the vast number of health determinants including housing, see Marmot et al. (2008).

non-entitlement nature of housing assistance, as opposed to the entitlement character of health insurance, will be analyzed. Second, we examine the reasons why a large-scale provision in the form of housing voucher entitlement has never materialized and is quite improbable. Third, we discuss the broader implications of our argument and insist on the payoffs for social scientists to integrate equity in their analysis of government, the welfare state and its variety of policy areas.

1. Distributive Imbalances: How They Appeared?

The main distributive distinctions between the two policies can be summarized as follows: (1) The non-entitlement nature of housing programs generates long waiting lists undermining horizontal equity where households with equal needs are not treated similarly. Yet, the federal housing programs generally support the least well-off citizens, who find themselves at the top of the waiting list. (2) Contrariwise, health policy has had a vertical equity problem for decades by denying coverage to millions of lower-income Americans before the introduction of the ACA. Health care entitlement programs originally covered seniors and low-income non-elders. However, many non-elders whose employers do not provide insurance plans and who are a little ‘too rich’ to receive Medicaid were excluded. Hence, the main thrust of the ACA was to fill the gap in health coverage. This subsection explores how these distributive imbalances appeared.

Housing

According to long-time housing experts, about 7 million low-income households benefit from the major affordable housing programs. This represents approximately one quarter of all eligible renters across the country (Schwartz 2015, 413; Kingsley 2017, 2-7). In turn, it also means that over 20 million eligible Americans receive no housing assistance whatsoever. This represents a pressing distributive issue considering that “[r]ent-burdened families often face eviction, which has been linked to a wide array of negative outcomes, from homelessness and residential instability to material hardship and depression.” (Desmond and Perkins 2016, 138)

Given the limitation of financial resources dedicated to public housing, especially compared to the scale of needs, funds were always primarily directed towards the destitute. This results from conservative and real estate² opposition to a more comprehensive approach, yet later research has shown that several compromises were made among Progressives themselves (Hunt 2005). Enacted during Roosevelt’s New Deal and supported by a coalition of progressive figures and related organizations (e.g. labor unions), the 1937 Housing Act carried the ambitious goal to offer affordable, safe and sanitary dwellings to families (von Hoffman 2012, 326-8). But as Hays (2012, 98) writes: “it was assumed from the beginning that only the very lowest income persons, those so desperately poor as to have no chance of obtaining housing on the private market, should be served.” He adds: “Such a policy satisfied vertical equity, in that those with the greatest need had

² Real estate organizations considered public housing as a competitor to private housing (Schwartz 2015, 415).

the highest priority for help. This principle has been defended vigorously by liberals as the only fair way to distribute the typically slender resources allocated to social welfare programs.” (Hays 2012, 98)

Yet, the other axis of distributive justice was very problematic right from the outset: horizontal equity. That is illustrated by lengthy waiting lists. Even before the enactment of the 1937 public housing bill, Senator David I. Walsh (D-MA) expressed concerns. He explicitly referred to the horizontal equity problem, given the anticipated supply shortfall:

“The [housing] problem is tremendously broad and expansive when we stop to think that 40% of all the workers in this country have a net income of less than \$1k a year; and all of them, if we enter the field of housing for them, have equal right to government aid. If the government is going into the business of building houses to rent to persons of low income, there is no limit, and I see no ultimate end, except some form of socialism, namely the government absorption and ownership of all the rental properties in the country.” (Congressional Record, June 16, 1936, 9558, quoted in Hunt 2005, 204, footnote 52)

Republicans promoted the use of rental assistance alternatives in the 1960s and 1970s. They proposed the introduction of vouchers, a demand side measure, to be used on existing private accommodations in the rental market. Democrats made them an important component of US housing policy ever since (see Johnson 2016). As policy and politics evolved, older distinctions became blurred, but new ones appeared: “Politically, the question of supply vs. demand side approaches is far less divisive than before. Although liberals now see merits in both types of assistance, conservatives are now mostly opposed to all forms of low-income housing subsidy—whether demand or supply side—just as they are against most other social-welfare expenditures.” (Schwartz 2015, 424) The Housing Choice Voucher program is now the largest federal rental subsidy to assist low-income families as well as the elderly and the disabled. Households enjoy a much-expanded choice about possible dwellings as long as those meet basic quality standards, because the assistance is attached to the people and not the units.

The same issue related to horizontal inequities observed for public housing allocation are also visible in the case of housing vouchers. Local housing authorities manage both programs and waiting lists can be up to several years, some of them being closed. The United States Department of Housing and Urban Development’s (US HUD) addresses the problem frankly: “Since the demand for housing assistance often exceeds the limited resources available to HUD and the local housing agencies, long waiting periods are common. In fact, a PHA [public housing agency] may close its waiting list when it has more families on the list than can be assisted in the near future.” (US HUD 2019) Quigley (2011, 149) is one of many scholars who expressed fierce criticisms: “Most authorities adopt some sensible procedure for granting priorities, but selection onto the waiting list and selection from the waiting list has many of the characteristics of winning the sweepstakes [...] The only form of welfare assistance that is awarded under the sweepstakes model, rather than the eligibility model, is rental housing.” Many others share his views, such as Currie (2006, 111):

The system has the flavor of a lottery in which a few lucky families “win big,” while most are left out in the cold. Nevertheless, the system could be greatly improved by building on some of its existing elements, in particular, the housing voucher program. A rational housing policy would begin by eliminating construction subsidy programs and projects in favor of voucher programs that served *everyone* below a given income level. Future policymakers could then argue about whether this target income level should be moved up or down. The current policy of providing big subsidies to some families while others cannot even get on waiting lists is indefensible.

The policy proposal of massively expanding housing vouchers (or an equivalent demand side program) in order to make it an entitlement has been reflected upon for a long time by researchers in academia, bureaucracy and think tanks (see especially Weicher 2013, chap. 9; Solomon 1974). Brookings Institution economist Anthony Downs (1990, 76) once wrote: “By reducing homeownership tax benefits less than 20 percent and taking almost all of that reduction from high-income households the United States government could probably pay for a housing voucher entitlement program serving all eligible very-low-income renter households who applied.” The debate about the merits and downsides of housing voucher is not over yet (Galster 1997; Schwartz 2015, 425-7), but nonetheless the historic shortcoming in the coverage of eligible households is unanimously condemned. While switching government funds from a supply to a demand side program, as suggested by Currie, would probably be more feasible than Down’s solution of drawing resources from tax breaks—which will very likely trigger homeowners and real estate industry’s resistance (Dreier 2006, 123-4)—political will is largely absent anyhow.

The main supply side program currently subsidizing for-profit and non-profit developers creating new affordable housing units, the Low Income Housing Tax Credit (LIHTC),³ is described as successful both with state and local politicians as well as builders (Quigley 2011, 153). Compared with the traditional public housing formula, LIHTC is given credit for fostering partnerships and networks among different stakeholders (public and private), leveraging resources and producing better homes. Notwithstanding these improvements, also including better management as well as less segregating and stigmatizing environments than earlier public housing, distributive issues remain. “The number of subsidized apartments met only a fraction of the need” wrote Erickson (2009-10, 25). That supportive critic of the LIHTC program added: “the network grew in sophistication, became politically active, and lobbied successfully for more federal resources,” but “lacked the resources to build what was necessary for most of America’s lowest-income families.” (Erickson 2009-10, 27) Again, the supply deficit and unavoidable waiting lists create a situation where the majority of households in need are not served by this program, reflecting horizontal inequities. Moreover, LIHTC is faring worse than aforementioned programs with regard to vertical equity: “The units built since 1986 were not for tenants who were as poor as those in projects built during the Great

³ LIHTC is administered by the Internal Revenue Service, not the US HUD. Each state is allocated a per capita tax credit for which private developers and some non-profit compete. Once they obtain them, these developers typically sell them to corporate investors. The proceeds are then used to build new housing projects. To qualify for these tax breaks, a certain percentage of the units must be occupied by renters earning less than the area median income (Quigley 2011, 153).

Society but instead targeted to the working poor (tenants who earned less than 50 or 60 percent of the median income in their area).” (Erickson 2009-10, 27; for detailed comparisons see O’Regan and Horn 2013, 599)

For most academics and analysts, the political climate has not been favorable to enact major housing policy reform. In the 1990s, Dreier (1997, 273) wrote: “The political constituency for housing policy is weaker and more fragmented now than it has been in decades.” A decade later, his opinion had not changed: “As a result of housing’s weak constituency, Congress has not put low-income housing programs high on its priority list.” (Dreier 2006, 105). Others who published more recent analysis share his views. For instance, Hays (2012, 293) notes: “the Obama administration has not attached a high priority to housing issues,” underlining that “while deep retrenchment is unlikely, a serious expansion of federal housing efforts is even more unlikely.” Then and now, a housing voucher entitlement is not a prime political or public issue (Johnson 2016, 87).

One could wonder if Obama did not initiate a significant housing policy change, then who would? Housing advocates could reasonably have expectations from the first African-American in the Oval Office with a community organizer background in Chicago, a city well-known for its low-income housing challenges (Popkin 2016). But housing scholar von Hoffman (2012, 324) rightfully argued: “Anyone who has called on the Obama administration to repeat the accomplishments of the New Deal should consider the stark contrast in the relative standing of the political parties in the two eras.” One the other hand, Obama succeeded in passing a major bill that made the health care system more equitable and socially just, as discussed next.

Health

Public health care entitlement programs Medicare (for seniors) and Medicaid (for low-income women, children and disabled persons) are horizontally equitable given that they serve citizens in similar conditions the same way. However, they leave many people open to tremendous risk. Around the time of ACA’s enactment, long-time health care experts reported: “[T]he U.S. is the only rich democracy where a substantial portion of its residents lacks health insurance coverage. Fifty-one million Americans (nearly 17% of the population) go without health insurance at any given time.” (Marmor and Oberlander 2011, 125) What’s more, about twenty-five million adults were considered ‘underinsured,’ meaning that their insurance policies do not protect them sufficiently against all medical expenses. Yet, if one only focuses on the uninsured, the American health care system exhibits an obvious weakness with regard to distributive justice. The poorer of the poor are covered through Medicaid, but the fact that a large segment of the ‘working poor’ population is not points to a serious vertical equity problem. This subsection explores the reasons and late transformations.

The disparities in coverage as well as the large number of American people exposed to health insecurities are nothing new. By nature, Medicaid was a residual, means-tested program (Olson 2010). As a supplement to Medicare, health care legislators targeted

Medicaid's benefits only to 'worthy groups' with a thoughtful intention in mind. "In the eyes of Wilbur Mills⁴, it was yet another means of "building a fence" around Medicare, by undercutting future demands to expand the social security insurance program to cover all income groups." (Marmor 2000, 60) To be sure, Medicare's early and late proponents thought of the program as a first step toward a national health insurance plan. Yet, regardless of several attempts in that direction, the policy proposal never materialized for different reasons, including cost control and politically divided views on service access improvement (Marmor and Sullivan 2015). Instead, it is the Medicaid program which has been expanded in terms of target groups and subsidized services. That happened in reaction to the limited scope of Medicare and other factors, as Grogan and Andrews (2015, 350) contextualize the political process around the ACA reform:

[I]t is really the larger health-care system in the United States—a narrow Medicare program and an eroding employer-based health insurance system—that has always left a sizable group of uninsured, as well as older and disabled Americans knocking on states' doors. These demands, not only from the public but also from the providers who serve them, along with a federal matching rate that provides significant incentives for states to leverage Medicaid funds, have repeatedly pushed states toward Medicaid [...] The ACA continues Medicaid's expansionary pattern by allowing states to eliminate categorical distinctions, increasing eligibility standards, and increasing the financing of social services⁵. By almost any accounting, the ACA will further expand middle-class presence in Medicaid.

Unlike rental housing assistance though, health risks and inequities have caught the attention of American presidents of different stripes at least since Theodore Roosevelt's presidential campaign in 1912. "Both Eisenhower and Nixon offered the nation a Republican vision for making a flawed health care system more equitable and efficient." (Blumenthal and Morone 2009, 343) Democrat President Carter was straightforward in his declaration: "We have an abominable system in this country for the delivery of health care, with gross inequities toward the poor—particularly the working poor—and profiteering by many hospitals and some medical doctors, who prey on the vulnerability of the ill." (quoted in Blumenthal and Morone 2009, 252) While Democrat Clinton's health plan had the ambition of providing high-quality care and containing costs, he insisted on the "right to affordable health care" for all, presenting it as "a right that is the cornerstone of my plan," he wrote (Clinton 1992, 806). Yet, no matter how serious their efforts were—especially Carter and Clinton—, none of these presidents were capable of radically changing the face of health care in the United States.

Democrat Obama broke with a long history of defeat in reforming health insurance. He is the first president since Johnson—father of Medicare and Medicaid—to finally succeed

⁴ Wilbur Mills was chairman of the House Ways and Means Committee. He is considered as one of the main architects behind the 1965 legislation that gave birth to Medicare and Medicaid.

⁵ State Medicaid programs now include several services such as long-term care, nursing homes, home and community-based services, intermediate care for mental illness, substance abuse treatment, child and foster care, school-based services as well as supported employment (Olson 2010; Grogan and Andrews 2015; Crossley 2018).

in passing a major legislation in 2010 that significantly increases health coverage. Other objectives also included controlling health budget expenditures, transforming payment and delivery methods of medical care, etc. Notwithstanding Trump's efforts to repeal ACA and the states controlled by Republican governors which resisted Medicaid expansion, "more than 20 million Americans have gained insurance coverage since ACA's enactment, representing a sizable constituency of beneficiaries of Medicaid expansion and subsidized marketplace insurance." (Oberlander 2017, 2) Many scholars have studied the factors explaining Obama's successful efforts in passing the bill (Lawrence and Skocpol 2016; Hacker 2011; Marmor and Oberlander 2011). Admittedly, these analyses bring into comparison Obama's triumph with Clinton's mistakes. They generally emphasize the standing of the Democratic Party after the election, Obama's strategies in dealing with the Congress and Senate, public interest or concern supporting government action as indicated by the polls, and so on. Oberlander (2017, 3) points to another important ingredient which has often been lacking in the past: "Much of the health care industry supported the ACA as part of a broader coalition that included consumer groups."

2. Major Progressive Reform: Why Health and Not Housing?

A few decades ago, Hecló (1995, 87) wrote: "Policy history offers no cookbook recipe for successful policy reform." However, the factors and conditions allowing the ACA are instructive to figure out why a sweeping progressive reform in housing assistance, such as creating a housing voucher entitlement, never took place. Politicians in Washington pay far less attention to housing affordability than access to health care, and they have few incentives to think otherwise. But why is that the case? We group the main reasons into four categories which speak to the political, social and moral underpinnings at the root of the major distinction between the two policy areas.

Historic Underfunding

Compared to other sectors, federal government's spending on rent subsidies has historically been miserly, making it virtually impossible to fully address the housing needs of poor Americans. And this goes back to the first public housing outlays. Yet, very long or even closed waiting lists for rental housing assistance are the consequences of political decisions. Federal politicians' decision not to invest more resources is political as shown by other OECD governments which have taken other paths. The policy idea of creating a housing voucher accessible to all eligible citizens, in other words to make it an entitlement, has been implemented for decades in the UK (housing benefits) and in France (*Aide personnalisée au logement* and *Allocation de logement sociale*). The Canadian federal government recently launched its first national housing strategy planning to develop a housing benefit with the provinces effective in 2020 (Canada 2017, 15). Nevertheless, the recommendations of funding an American housing voucher entitlement—whether through affordable housing construction programs' funds or by reducing homeownership tax benefits and use the money—were never fully embraced by Congress. Neither was the proposal of expanding the actual voucher program with new money. Generally, given that

direct federal subsidies to low-income renters represent about 1% of the national budget (around \$40 billion), reforming the sector appears to be less of a priority compared to more important ones in terms of government spending such as health or social security. Put differently, housing assistance always remained small, stingy which partly explains why it is not a likely target for major restructuring efforts. Its marginalization in the social policy landscape might discourage, at least to a certain extent, policy entrepreneurship.

Weak Constituency

Housing's constituency is too weak to convince government investing significant amounts of money in order to embark on a massive reform such as creating a housing voucher entitlement. To be clear, for-profit and non-profit builders benefiting from capital subsidies did lobby government to increase their production of housing units, notably through the LIHTC. Yet, in addition to traditional housing advocates or activists, it is the impoverished citizens, working poor and related organizations (e.g. labor unions) that would need to form a strong movement or coalition. Such coalition existed in the decades following WWI and propelled public housing. However, an organized mobilization sustained by powerful actors in favour of a housing voucher entitlement has yet to be seen. The very residual nature of housing assistance is a factor undermining political action. “[S]ince HUD programs are neither an entitlement for the poor nor are available to many working- and lower-middle-class people, many families who are not well served by the private housing market still fall between the cracks of HUD’s programs—a recipe for resentment and weak political support.” (Dreier 2006, 117) In short, many potential claimants do not even feel concerned which, in turn, negatively impacts their chances of engagement in politics across sites and over a significant period of time. And yet, American social policy history provides many examples where “appeals to social solidarity, altruism, and other noble ends have made little headway unless linked to concrete and politically weighty beneficiary groups.” (Hecl 1995, 89) In comparison, the previous section ended by stressing the importance of the wide societal support in favor of a meaningful change in the American health care system that ACA eventually brought up.

Low Public Concern

Rental housing assistance is rather low in the hierarchy of public concerns, resulting in a low political salience especially at federal elections. To be sure, home affordability and rental choice are a daily preoccupation of many Americans. However, the shared expectation of personally finding affordable housing does not translate into electoral preferences or issues, even more so at the federal level. Low-income housing is not a policy area that, in itself, attracts the attention of the median voter, national media or politicians in Washington. Public opinion research shows: “People get the importance of home, but do not often think about affordable housing unless they have a personal connection. In most markets that have been polled, affordable housing does not rank among the top three public concerns.” (Center for Community Change 2019) In a nutshell, the notion of a *home*, construed as a basic need, central to human stability and well-being, is somewhat disconnected to the notion of *housing units*. The latter are, to a certain extent, reduced to an inferior level of commodities like cars are. To increase the American population's

sensitivity and support towards investments in affordable housing, the issue must be connected to broader community concerns such as education, health, childhood development, schools, transportation, available workforce and opportunities (Center for Community Change 2019) On the other hand, “Health care is a leading concern of Americans, consistently at or near the top of private financial worries and less consistently but still quite frequently one of the major problems that Americans say face the nation” wrote Hacker (2009, 16). He added: “As it rises as a concern, political efforts to address it amplify public identification of the issue as a major national priority, transforming private worries into a top-tier public issue. Americans are generally supportive of covering the uninsured—even if doing so requires additional resources.” (Hacker 2009, 16) In sum, housing never achieved the permanent passage from a private worry to a top public concern thus justifying strong government interventions.

Less Defensible on Moral Grounds

Connected to the previous third point, the moral defense for comprehensive housing assistance is sound and valid although not as strong as for health care. This echoes a long-time debate in the political philosophy literature on social justice. It speaks to the distinction between *need* (objective necessity for human life) and *desert* (personal effort, contribution, etc.). Social policy-making inevitably entails the ordering of priorities in spending scarce government resources. And there is a large consensus that sickness or health-related issues are considered as legitimate needs, over which the ill only has a limited control. Therefore, the government provision or financing of health care is perceived as socially just, because it is meant to help those who find themselves in a bad situation, but through no (or minimal) fault of their own. It is considered as a matter of human dignity. Adversely, there is less of a perceived obligation of social justice to deliver housing assistance to all tenants coping with high rent burdens. The selection of a home (price, characteristics, location, etc.) is a personal responsibility or decision that is largely determined by the earning capacity and preferences of an individual. But such earning capacity results, to a large extent, from personal efforts or deserts, usually through education and then performance in the workforce. In other words, it depends on specific criteria and activities on which one is considered to have a higher level of control (Miller 1999, chap. 4). Housing is mostly construed as a market commodity with low- and high-end options to suit the needs of all, even if that may imply to move to a cheaper place inside or outside a local market. Homeownership is, after all, the iconic reward associated to the American dream, ‘supposed’ to be accessible to those who work hard enough. Hence housing policy-makers’ efforts mostly focus on bringing the housing market to a minimal functioning, but might refrain from intervening “once absolute shortages of decent housing had been largely overcome.” (Pierson 1994, 74) In brief, the moral conception of the fair distribution of goods may differ between health and housing, because social justice is context specific and varies from one sphere to another (Walzer 1983).

All in all, contrasting housing with health care illuminates important aspects of welfare provision and possibilities for change. Both policies suffered from inequities, differently for sure, but health insurance received much more attention. Eventually, the ACA mitigated the vertical inequities which left millions of Americans open to health risks for decades.

Housing assistance's distinctiveness with regard to historic underfunding, weak constituency and low public concern partly due to fragile moral grounds helps us to understand why no grand reform ever took place to eliminate horizontal inequities, for example by implementing a housing voucher entitlement which is wait-list free. At the moment, and given the political and fiscal climate, it is very likely that millions of Americans will lack protection against financial hardship and continue to cope with housing unaffordability issues.

Implications of Studying Equity: Variety of Policy Areas

Skeptical political scientists might ask: Why does equity matter? The answer we provide is the following: Equity matters because if politics is about who gets what, when and how (Lasswell 1936), then equity and its two dimensions (vertical, horizontal) remain the best tools to appraise *who* gets the benefits from a perspective of fairness and social justice. As this research pointed out, equity matters a great deal because 20 million lives were improved thanks to Obamacare, but politicians never established an entitlement housing voucher system that could permanently resolve a fundamental flaw in America's housing governance. Such policy development would help families with children, seniors and people with disabilities to rise out of poverty and achieve a better life (see Fischer 2014). These are significant payoffs, both for academics and observers of social affairs who take a keen interest in social policy. All of them should pay attention to equity for an obvious reason: that is what social policy is all about. Indeed, correcting distributive imbalances was inherently tied to the welfare state's original mission in tackling the five Beveridgian problems: want, disease, ignorance, squalor and idleness (Beveridge 1942).

Many political scientists before us observed that governments care about the distributive consequences of their actions, at least to a certain extent (Stone 2012, 39-62; Wilson 1989, 326-7; Derthick and Quirk 1985, 117-8). Yet, from this essay we must draw a conclusion that needs to be reaffirmed: we cannot assume that domestic social policies are fundamentally equitable, on their own or compared to each other. There is a variety of policy areas and each one has its internal structure and dynamics, which, in the end, have a profound impact on who benefits or not from government assistance. In the American case, one has good reasons to believe that health insecurities are considered more a priority by politicians and electors than housing insecurities. Even against the massive evidence demonstrating that heavy rent burdened families are subject to eviction, homelessness, displacement, etc. (Desmond and Gershenson 2017) But regardless of the genuine and tragic housing needs, there are structural biases working against the prospects of a far-reaching reform in the field of housing assistance that would advance social justice.

All aspiring reformers face constraints: limited financial and time resources, pressure from interest groups, obstruction from politicians outside and even inside their party given that reforms do not only create winners and imply burdens, etc. (see Patashnik 2008). However, the key difference between health and housing are the political incentives. Obama's administration devoted enough importance to health care by making it one of his main policy proposals and eventually legacy. His administration surely had incentives on several grounds, would it be morally for human dignity, politically in accordance with the

Democratic Party's platform, or potentially for electoral gains. Listing all the drivers of health care policy-making is no easy task. On the other hand, it is safe to say that there were fewer incentives to embark on a massive reform in the low-income housing sector. The fact that a housing voucher entitlement has never been seriously proposed by high-profile politicians in Washington proves this lack of incentives, despite the scale of needs and long-time claims by housing advocates. In comparison, several attempts were initiated over the past half-century in the policy area of health insurance, notably Clinton's health plan. While it is hard to avoid the conclusion that even left-leaning politicians wishing to reduce disparities are rather 'picky' in their battles, explaining this difference with the housing sector remained a soft spot in the literature.

Supporting all the households eligible for rental housing assistance would involve a substantial increase in federal government's spending. Given that resources are scarce, especially in the contemporary fiscal climate, this would require a strong justification and influential proponents. And yet, the affordable housing constituency is rather weak. Mobilization campaigns for the right to (affordable) housing are not organized by powerful actors or networks. In addition, the low public concern for *subsidized* housing renders this policy area uninteresting for most politicians. It must be connected to broader issues such as health or education to become relevant to larger parts of the electorate. In other words, *subsidized* housing must be linked to issues that the middle-class care about. More generally, the characteristics of housing make it less appealing and salient as a prime public issue. Housing is mostly regarded as a commodity privately chosen and purchased according to personal means and tastes, a bit like food or cars are. Citizens are expected to be self-reliant and apart from ensuring basic regulations, government's role is kept minimal in what constitutes consumers' liberty. A housing shortage following a natural disaster is a first-order public issue commanding political action, everyday housing unaffordability is not. By no means does this change the fact that millions of households are having a hard time trying to make ends meet. But governments' agendas are full of other priorities and housing unaffordability is so common among poor American renters it is comparable to back pain: they became accustomed to live with it.

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