

# ECONOMIC INEQUALITY: THE AFFIRMATIVE

Resolved: The United States federal government should substantially increase fiscal redistribution in the United States by adopting a federal jobs guarantee, expanding Social Security, and/or providing a basic income .

## A Look at Possible Affirmative Cases

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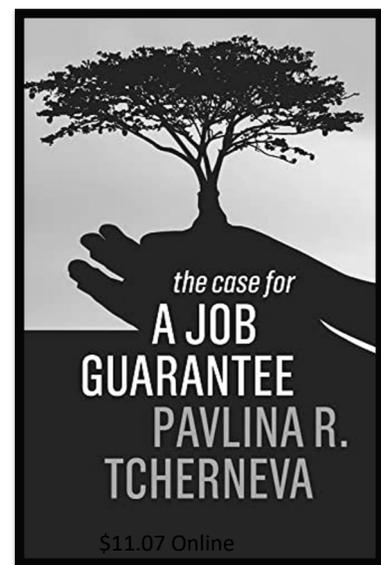
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## UNIVERSAL FEDERAL JOBS GUARANTEE

**Harm:** Unemployment is extensive and harmful, especially for minorities. Official statistics mask the number of discouraged workers and employed people who remain in poverty.

**Inherency:** Federal Reserve Board policy perpetuates unemployment (NAIRU)= Non-Accelerating Inflation Rate of Unemployment

**Solvency:** A federal jobs guarantee solves for employment-based racial inequality, generally empowers workers, and creates an automatic economic stabilizer.



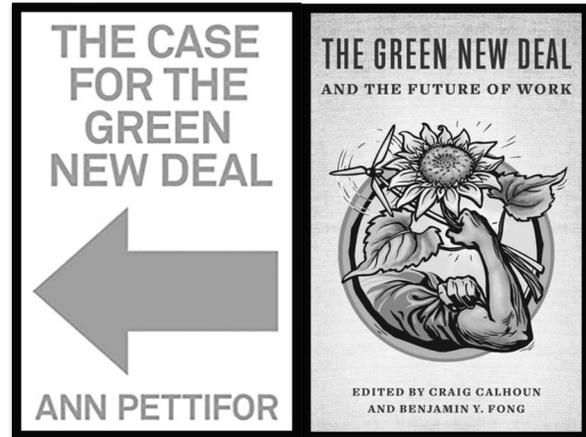
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# GREEN NEW DEAL

**Harm:** Climate change is destroying the planet

**Inherency:** Fossil fuel production is incentivized in the present system

**Solvency:** A green jobs guarantee would boost the renewable transition and promote energy conservation projects.



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\$35 Online

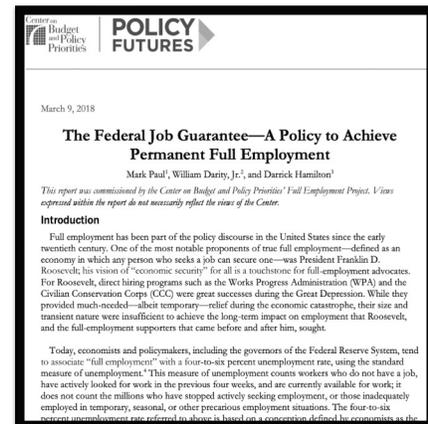
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# NATIONAL INVESTMENT EMPLOYMENT CORPS (NIEC)

**Harm:** Tens of millions of discouraged workers have given up looking for work, leaving families in poverty.

**Inherency:** The free enterprise system is incapable of meeting employment needs.

**Solvency:** The NIEC is the jobs guarantee proposal of the Center on Budget and Policy Priorities; It would create an infrastructure bank that would provide a job, at non-poverty wages, for all citizens above the age of 18 that sought one.



March 9, 2018

## The Federal Job Guarantee—A Policy to Achieve Permanent Full Employment

Mark Paul, William Darity, Jr., and Darrick Hamilton

*This report was commissioned by the Center on Budget and Policy Priorities' Full Employment Project. Views expressed within the report do not necessarily reflect the views of the Center.*

### Introduction

Full employment has been part of the policy discourse in the United States since the early twentieth century. One of the most notable proponents of true full employment—defined as an economy in which any person who seeks a job can secure one—was President Franklin D. Roosevelt, his vision of “economic security” for all is a touchstone for full-employment advocates. For Roosevelt, direct hiring programs such as the Works Progress Administration (WPA) and the Civilian Conservation Corps (CCC) were great successes during the Great Depression. While they provided much-needed—albeit temporary—relief during the economic catastrophe, their size and transient nature were insufficient to achieve the long-term impact on employment that Roosevelt, and the full-employment supporters that came before and after him, sought.

Today, economists and policymakers, including the governors of the Federal Reserve System, tend to associate “full employment” with a four-to-six percent unemployment rate, using the standard measure of unemployment.<sup>1</sup> This measure of unemployment counts workers who do not have a job, have actively looked for work in the previous four weeks, and are currently available for work; it does not count the millions who have stopped actively seeking employment, or those inadequately employed in temporary, seasonal, or other precarious employment situations. The four-to-six percent unemployment rate referred to above is based on a conception defined by economists as the

<https://socialequity.duke.edu/wp-content/uploads/2019/10/CBPP-Federal-Job-Guarantee.pdf>

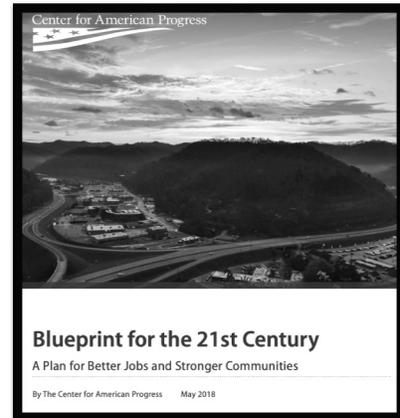
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# CENTER FOR AMERICAN PROGRESS PLAN TO SAVE DEPRESSED AREAS

**Harm:** While the economy is doing well overall, pockets of abject poverty remain, especially disadvantaging minorities.

**Inherency:** Current tax schemes to assist depressed regions serve little purpose than to give tax breaks to the wealthy.

**Solvency:** The Blueprint for the 21st Century would create federal jobs in the bottom 10% of counties throughout the U.S. experiencing economic distress.



<https://www.americanprogress.org/wp-content/uploads/sites/2/2018/06/jobsBlueprint-report1.pdf>

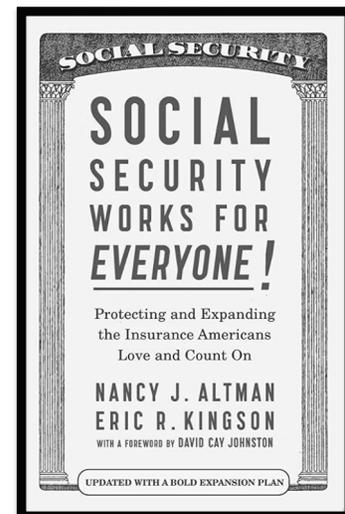
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# RETIREMENT SECURITY

**Harm:** Too many seniors still live in poverty; caregivers – primarily women – are discriminated against in the current Social Security retirement system.

**Inherency:** Social Security taxation favors the rich

**Solvency:** Expanding Social Security will bring elderly recipients out of poverty. The “All Generations Plan” would provide fairness in retirement for women and for persons who took a break in their working years to provide unpaid caregiving for children, spouses, or parents.



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## WHAT IS INCLUDED IN “SOCIAL SECURITY?”

**Official Website of Social Security:** [https://www.ssa.gov/OP\\_Home/ssact/ssact-toc.htm](https://www.ssa.gov/OP_Home/ssact/ssact-toc.htm)

**Entitled: “Compilation of the Social Security Laws”**

**Title II:** Federal Old-Age, Survivors, and Disability Insurance Benefits (OASDI)

**Title X:** Grants to States for Aid to the Blind

**Title XIV:** Grants to States for Aid to the Permanently and Totally Disabled

**Title XVI:** Supplemental Security Income for the Aged, Blind, and Disabled (SSI)

**Title XVIII:** Health Insurance for the Aged and Disabled (Medicare)

**Title XIX:** Grants to States for Medical Assistance Programs (Medicaid)

**Title XXI:** State Children’s Health Insurance Program (CHIP)

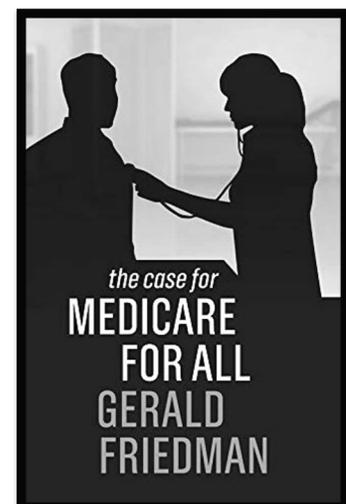
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## MEDICARE FOR ALL

**Harm:** Americans spend more on health care and get less in return than residents in most other advanced nations. Uninsured people avoid needed health care.

**Inherency:** The current employment-based health insurance system is defective and totally fails during economic downturns or pandemics when people are losing their jobs; private insurance overhead costs are too high.

**Solvency:** Medicare for All would cover all currently uninsured persons; quality would increase, and cost would decrease. Administrative cost would be tiny compared to private insurance costs.



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# SUPPLEMENTAL SECURITY INCOME (SSI)

**Harm:** Persons with disabilities are too often denied coverage and even those who qualify have benefit levels that are too low.

**Inherency:** Asset limits have not been updated for decades; the \$2,000 asset limit excludes many worthy persons with disabilities.

**Solvency:** Expanding Title XVI of the Social Security Act would provide needed benefits for persons with disabilities.



<https://www.cbpp.org/research/social-security/policymakers-should-expand-and-simplify-supplemental-security-income>

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# MEDICAID EXPANSION

**Harm:** Failure to expand Medicaid in the 10 non-expansion states results in thousands of deaths due to inadequate access to health care.

**Inherency:** The 2012 Supreme Court Decision in *NFIB v. Sebelius* prevents Medicaid expansion.

**Solvency:** Expanding Medicaid will save tens of thousands of lives.



<https://www.theatlantic.com/ideas/archive/2019/07/medicaid-saves-lives/595096/>

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# CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) FOR IMMIGRANTS

**Harm:** Immigrants, many of whom are children, are uninsured and lack adequate health care

**Inherency:** Immigrant children are currently blocked from participation in CHIP in most states.

**Solvency:** Health Equity and Access under Law (HEAL) would provide CHIP coverage for immigrant children.

Supporting Health Equity and Affordable Health Coverage for Immigrant Populations: CHIP Coverage Option for Pregnant Immigrants and their Children  
 Authored by Harriet Health

STATE Health & Value STRATEGIES  
 Driving Innovation Across States  
 A grantee of the Robert Wood Johnson Foundation

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**Introduction**  
 Access to affordable health coverage and healthcare is critical for pregnant individuals and translates to better outcomes for their children. Immigrants who are subject to Medicaid's five-year bar or who are undocumented are less likely than U.S. citizens or those with a legal status to have health coverage, including adequate prenatal care, in part due to more limited interactions with the healthcare system as a result of previous public charge and other exclusionary immigration policies. Healthcare for all immigrants is imperative to advancing health equity and reducing disparities between immigrant and U.S. born individuals.

Under federal regulations, states may provide pregnancy-related care through the Children's Health Insurance Program (CHIP) states plan to targeted low-income children from conception to birth (the so-called " unborn child" option). This option-referred to in this brief as the CHIP coverage option for pregnant immigrants and their children-enables states to provide prenatal, labor and delivery, and postpartum services to pregnant individuals, regardless of immigration status. As of January 2021, approximately 10-in-101 of states had pursued this coverage mechanism, meaning many more states could still elect to draw down available federal funding to strengthen access to care for their pregnant residents and prioritize the health of children who will become U.S. citizens at birth. This issue brief-the second in a series, "Supporting Health Equity and Affordable Health Coverage for Immigrant Populations"-offers considerations for policymakers around the CHIP coverage option for pregnant immigrants and their children, regardless of immigration status.

**Considerations Related to the CHIP Coverage Option for Pregnant Immigrants and their Children**  
 We describe below key considerations for policymakers as they consider whether to pursue the CHIP coverage option for pregnant immigrants and their children. For states that have already implemented this option, we include considerations related to programmatic changes that may expand coverage and access (e.g., covering individuals at higher income levels, providing more robust benefits, or extending the postpartum period).

<https://www.shvs.org/wp-content/uploads/2022/01/Supporting-Health-Equity-and-Affordable-Health-Coverage-for-Immigrant-Populations-CHIP-Coverage-Option-for-Pregnant-Immigrants-and-their-Children.pdf>

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# MENTAL HEALTH CARE IN SOCIAL SECURITY

**Harm:** Mental health and substance abuse disorders are serious problems for the elderly population.

**Inherency:** Coverage limits in Medicare make appropriate mental health care impossible.

**Solvency:** Increasing coverage for mental health issues and removal of the 190-day lifetime limit will substantially improve health care for the elderly.

Issue Brief #1:  
 What Do the Data Tell Us?

*In recognition of the essential role mental health plays in overall health, the Healthy Aging Program at the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD) are releasing this issue brief focused on the mental health of older adults in the United States.*

*This first issue brief reviews existing data and lays the foundation for understanding key issues related to mental health in adults over 50. The second brief will focus on depression, an important and emerging public health issue. Future public health efforts to develop, test, and disseminate programs that address depression in older adults have led to essential information on this topic; the second issue brief will examine interventions to address depression that communities can use to improve the mental health and quality of life of older Americans.*

**The State of Mental Health and Aging in America**



**Why is Mental Health a Public Health Issue?**

The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (1). Because mental health is essential to overall health and well-being, it must be recognized and treated in all Americans, including older adults, with the same urgency as physical health. For this reason, mental health is becoming an increasingly important part of the public health mission. In fact, the mental health of older Americans has been identified as a priority by the Healthy People 2010 objectives (2), the 2005 White House Conference on

[https://www.cdc.gov/aging/pdf/mental\\_health.pdf](https://www.cdc.gov/aging/pdf/mental_health.pdf)

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# SUPPLEMENTAL SECURITY INCOME IN THE U.S. TERRITORIES

**Harm:** Persons with disabilities in the U.S. territories, such as Puerto Rico, do not receive the vital assistance available to other U.S. citizens.

**Inherency:** Supreme Court case in U.S. Vaello-Madero ruled that Congress didn't intend SSI to go to the territories.

**Solvency:** Adopt H.R. 245 extending SSI disability benefits to citizens in the U.S. territories.



<https://www.pacificislandtimes.com/post/ssi-benefits-for-us-territories-proposed>

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# EXPAND UNEMPLOYMENT INSURANCE

**Harm:** There are now huge numbers of gig workers in the U.S. because companies have found they can save money by defining their workers as independent contractors, rather than as employees with benefits.

**Inherency:** Unemployment insurance for gig workers, provided during the pandemic, has now reverted to no coverage.

**Solvency:** Provide unemployment insurance for gig workers.



<https://hbr.org/2020/07/gig-workers-are-here-to-stay-its-time-to-give-them-benefits>

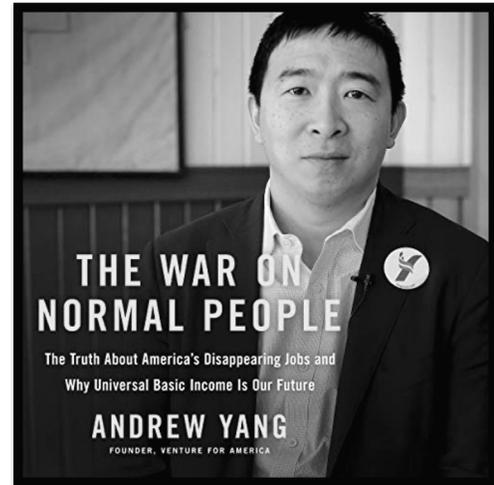
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## UNIVERSAL BASIC INCOME

**Harm:** AI and automation will eliminate half of U.S. jobs, creating dramatic societal dislocations.

**Inherency:** Current federal taxation structure incentivizes conversion of labor to AI-based replacements.

**Solvency:** Give everyone money so that they can be safe from unemployment and freed to do what they want to do.



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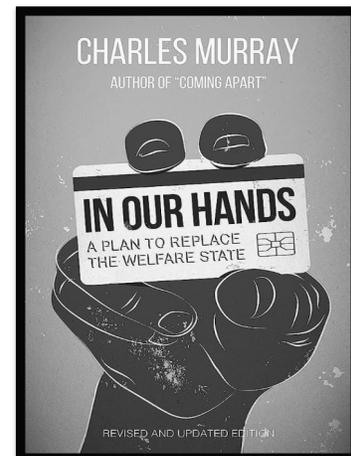
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## A UNIVERSAL BASIC INCOME: THE CONSERVATIVE CASE

**Harm:** The bureaucracy required to sustain the current “means-testing” structure of welfare wastes money – money doesn’t get to the poor. Means-testing is also demeaning; it also gives the government far too much power over peoples’ lives.

**Inherency:** All current welfare systems require means-testing.

**Solvency:** Eliminate the current means-testing welfare system and just give everyone money.



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