The Abortion Battlefield

Marcia Angell JUNE 22, 2017 ISSUE

Women Against Abortion: Inside the Largest Moral Reform Movement of the Twentieth Century

by Karissa Haugeberg

University of Illinois Press, 220 pp., $95.00; $24.95 (paper)

About Abortion: Terminating Pregnancy in Twenty-First-Century America

by Carol Sanger

Belknap Press/Harvard University Press, 304 pp., $29.95

Ken Light/Contact Press Images

The Women’s March, Washington, D.C., January 2017

If anyone thought that Donald Trump’s manifold inconsistencies might more or less randomly offer women some protection from the Mike Pence wing of the Republican Party—after all, Trump once said of himself, “I’m very pro-choice”—they were wrong. Trump, who was once in thrall to his resident misogynist Steve Bannon, remains dependent on Pence, his omnipresent minder, and women’s reproductive rights are in his sights.

Women have always been subject to male domination, sometimes almost completely. Even in as enlightened a country as the United States, men created the laws under which women lived well into the twentieth century, and they ensured that women had an inferior status. Shirley Chisholm, the African-American congresswoman who ran for president in 1972, famously said that of her two handicaps—being black and being a woman—“I have certainly met much more discrimination in terms of being a woman than being black, in the field of politics.”

Women couldn’t vote in the United States until 1920 (fifty years after African-American men), and until 1936 they could lose their citizenship if they married a foreigner and lived abroad. As for their children, citizenship was conferred by the father, not the mother. Until 1968, job ads could specify whether men or women would be hired, and that year women were paid on average 58 cents for every dollar earned by men. Remarkably, women could be denied credit without a man’s signature until 1974, and until 1978 they could be fired from their jobs if they became pregnant.

Not surprisingly, controlling sexuality and reproduction was central to keeping women in their place. For most of the country’s history, motherhood was considered women’s highest calling. They were expected to submit to their husbands sexually, and marital rape did not become a crime in all states until 1993. Abortion was illegal in most of the country for most of its history. Desperate women would take various folk remedies to end a pregnancy, try to end it themselves with some contrived implement, or find an illegal abortionist—all risky. There are no reliable figures for how many women died from illegal abortions but almost certainly there were many.

Until 1960, abstinence was expected for single women, and if that didn’t suit them, they were pretty much on their own. Getting fitted for a diaphragm was a ritual mainly for women engaged to be married. The only other forms of contraception were withdrawal, abstinence during the likely time of ovulation, and condoms; late menstrual periods could be terrifying. If a single woman did become pregnant, then what? Single motherhood was seldom contemplated, at least for a middle-class woman. Instead she might hope that her partner would marry her quickly, or she might try to get an illegal abortion. (The language of those days was appropriately evocative—“back-alley abortions” and “shotgun marriages.”) Often, she would be sent to a “home for unwed mothers,” where she would stay until her baby was born, maybe under cover of some story about going away for a few months to care for a sick relative in a distant town. After the baby was born, it would usually be given up for adoption. (Many of these places ran lucrative adoption businesses.)

Everything changed in 1960 when the first birth control pill, Enovid, came on the market. The impact can hardly be overstated. Despite the fact that a prescription was required, which could be embarrassing and even difficult for single women to get from paternalistic doctors, within a few years millions of women were “on the pill.” For the first time, they had access to a reliable means of contraception that they controlled, and so were free to plan their own lives to an extent not possible earlier. Later, implantable contraceptives, intrauterine devices, and the “morning after” pill, known as Plan B (now available without a prescription), added new ways to prevent pregnancy. Nevertheless, many pregnancies continued to be unplanned, and still are.

In 1973 the Supreme Court, in the case of Roe v. Wade, took the next step. It found by a 7–2 majority that women had a constitutional right to end a pregnancy. The right was close to absolute in the first trimester, could be regulated by the states in the second trimester only to protect the woman’s health, and in the third trimester could be further regulated or even banned to protect “potential life,” unless the woman’s health or life were at stake. Legal abortions rapidly became common. According to the Guttmacher Institute (a research institution that gathers data on reproductive health in the US), about 3 percent of women in the United States had legal abortions in 1980 (one of the peak years), and it was later estimated that roughly a third of American women would obtain an abortion at some time in their lives.

Almost immediately, Roe v. Wade became a moral and political—and sometimes a literal—battlefield, and it remains so. Two excellent books, Women Against Abortion: Inside the Largest Moral Reform Movement of the Twentieth Century, by Karissa Haugeberg, and About Abortion: Terminating Pregnancy in Twenty-First-Century America, by Carol Sanger, tell the story. Both authors support abortion rights, but they also present the opposition to abortion fairly and, in the case of Haugeberg, sometimes sympathetically.

Some of the most vociferous and effective opponents of abortion have been women, and Haugeberg focuses on them. Through their eyes we see what moved them, and through their activities, the increasing violence of the movement. Sanger’s book is broader and more philosophical. She is interested in the whole panoply of issues around abortion—its history and the laws regulating it, who has abortions and why, how state legislatures and the courts are eroding its availability, the rights (if any) of pregnant minors and of fathers, and, perhaps most interesting, why a perfectly legal procedure is still in the shadows. Her observations are nearly always insightful and often nicely trenchant. She writes, for example, that a prohibition against abortion that makes exceptions for rape or incest “produces a rather sharp inequality among fetuses.”

According to Haugeberg, the initial public opposition to abortion, which began even before Roe v. Wade, came from priests and bishops in the Catholic Church, as well as Catholic women, often nuns, whose opposition frequently grew out of their general reverence for life (many had been involved in antiwar activities in the 1960s). It was only later that the term “pro-life” became more a political label than a statement of purpose, since it tended no longer to encompass the loss of life from wars or executions.

In addition, antiabortion organizations were formed, such as the National Right to Life Committee (NRLC), which had millions of members and chapters in every state by the late 1970s. Like the Catholic Church, their focus was on protecting the embryo (defined as less than eight weeks’ gestation) or fetus—both usually referred to as the “unborn child”—through legal and legislative strategies.

But beginning in the late 1970s, there was an ideological shift. Instead of emphasizing only the protection of the fetus, the focus changed to include the protection of pregnant women. In essence, they were seen as potential victims of heartless abortionists, as much at risk as their fetuses. A new psychological illness, called the postabortion syndrome, was invented, marked by lifelong guilt and remorse after an abortion. (According to Sanger, the most commonly reported feeling after an abortion is actually relief.) Justice Anthony Kennedy’s majority decision, when the Supreme Court upheld a law against certain late-term abortions in 2007, echoed that notion:

While we find no reliable data to measure the phenomenon, it seems unexceptionable to conclude that some women come to regret their choice to abort…. Severe depression and loss of self-esteem can follow.

He offered no evidence, nor did he address the possibility of severe depression or loss of self-esteem from having to continue an unwanted pregnancy.

This shift gave new importance to facilities that had emerged in the 1960s called crisis pregnancy centers (CPCs). According to Haugeberg, these “were a uniquely woman-dominated sector of the antiabortion movement.” Often located near abortion clinics, they were designed to look like them. But instead of providing abortions, CPCs offered free pregnancy tests, then tried to dissuade pregnant women from obtaining abortions. They rapidly became the major form of activism, writes Haugeberg, and by 2009, there were 3,200 of these facilities, with a combined staff of 40,000, and they saw about one million pregnant women each year. After 1995, CPCs became partially federally funded.

By the 1980s, the antiabortion movement had undergone another major shift. It became dominated not by Catholics but, over time, by evangelical Protestants, and its methods increasingly included direct confrontations at abortion clinics to block access. The movement also became increasingly associated with the right wing of the Republican Party, which as far back as the Eisenhower administration had set out to win over religious and social conservatives. The 1980 Republican platform called for a constitutional amendment to protect the life of the unborn, and the new president, Ronald Reagan, who, like Trump, had once favored abortion, now, like Trump, opposed it.

Richard Kalvar/Magnum Photos

A supporter of abortion rights at the Democratic National Convention, New York City, July 1976

In 1986 an evangelical Protestant minister, Randall Terry, started an organization called Operation Rescue, which advocated stopping abortions by nearly any means possible, including firebombing clinics and harassing and threatening clinic doctors and staff and their families. There were more than 60,000 arrests at Operation Rescue actions, according to Haugeberg, and the organization went bankrupt within a few years because of the mounting number of lawsuits. But the turn toward violence continued. There were “Wanted” leaflets posted for Dr. David Gunn, for example, describing him as a “circuit riding abortionist,” and giving his address, car make, and license number, other personal details, and the address of his clinic—where he “kills children.” Gunn was murdered in 1993 by an antiabortion activist named Michael Griffin. One of Griffin’s apologists said, “Defending Michael Griffin’s action came naturally to me. Babies were not murdered on the day David Gunn was shot and a serial killer would never kill again.”

One problem was the lax attitude toward law enforcement at abortion clinics. Firebombing and arson were treated as isolated incidents, and the perpetrators were lightly punished, sometimes again and again. One repeat offender was Shelley Shannon, who was eventually sentenced to eleven years in prison for the attempted first-degree murder of Dr. George Tiller, an abortion provider, but in the five years before that, according to Haugeberg, she had been “arrested nearly fifty times and charged with a crime thirty-five times, usually trespassing. When she was found guilty, she was typically sentenced to perform community service or serve up to thirty days in jail and to pay nominal fines.”

The murder of Dr. Gunn prompted Congress to pass the Freedom of Access to Clinic Entrances (FACE) Act in 1994. President Clinton, the first president to support abortion rights unambivalently, directed his cabinet to investigate and prosecute activists who interfered with the provision of abortion services. His attorney general, Janet Reno, authorized the FBI to investigate whether Shannon had assistance when she firebombed clinics, and directed federal marshals to protect endangered clinics after two more abortion providers were murdered in 1994.

Haugeberg devotes most of a chapter in her book to Shannon—a sobering account of how an unexceptional young woman became an increasingly violent fanatic. Her motivation, as she said repeatedly, was to save the lives of “unborn children.” In her trial for attempted murder, she explained it this way:

I believe there are occasions when a person becomes so evil and perhaps to stop the crimes they’re causing or to stop them from murdering all kinds of other people, such as in the case of Hitler…it may take something like their death to stop what they’re doing.

But there was also a grisly aspect to her. Haugeberg writes:

Shannon and her comrades encouraged pro-lifers to exact physical pain and suffering on abortion providers “by removing their hands, or at least their thumbs below the second digit.”

Shannon, still in prison and a heroine to the extreme wing of the pro-life movement, was intensely devoted to her network of fellow zealots, which seems to have been dominated by men.

When it became more difficult to confront doctors at their clinics because of better protection, antiabortion extremists found them at their homes and churches. After Shannon’s attempt on his life, George Tiller was later murdered in his church by a friend of Shannon’s. Another doctor, Barnett Slepian, wrote about the intimidation he experienced:

The members of the local non-violent pro-life community may continue to picket my home wearing large “Slepian Kills Children” buttons, which they did on July 25. They may also display the six-foot banner…. They may continue to scream that I am a murderer and a killer when I enter the clinics at which they “peacefully” exercise their First Amendment Right of freedom of speech…. But please don’t feign surprise, dismay and certainly not innocence when a more volatile and less restrained member of the group decides to react to their inflammatory rhetoric by shooting an abortion provider. They all share the blame.

Four years later, Slepian was murdered at his home. The total count between 1978 and 2015, writes Haugeberg, was eleven murders (nine of them physicians), twenty-six attempted murders, 185 arsons, forty-two bombings, and 1,534 vandalizations of clinics.

The attention of antiabortion advocates also turned to legislative efforts to restrict the right to abortion, with the hope of regulating it out of existence. Many states, particularly Republican strongholds, began to pass legislation that put onerous and often humiliating conditions on women seeking abortions and on the doctors providing them. In the 1992 case of Planned Parenthood v. Casey, the Supreme Court considered a challenge to the Pennsylvania Abortion Control Act, which set a twenty-four-hour waiting period for women seeking abortions, and required doctors to provide them with information designed to dissuade them from their decision. Although the Court affirmed a constitutional right to abortion, which could not face an “undue burden,” it eroded that right substantially. As Sanger writes:

The Court announced that Roe had undervalued the state’s interest in potential unborn life, an interest which Casey now fixed at the moment of conception. States were now within their rights to persuade pregnant women against abortion from the start.

The trimester system of Roe v. Wade, in which fetal interests came into play only in the third trimester, was gone.

Since then, and particularly since Republicans have gained control of most state governments, states have rushed to pass new laws that treat pregnant women like errant children. According to Haugeberg, “Between the 2010 midterm elections and 2015, states adopted 231 new restrictions on abortion.”

Consider Alabama’s Women’s Right to Know Act. It requires a twenty-four-hour waiting period prior to an abortion. Before the procedure, the physician must first perform an ultrasound examination of the fetus, and must ask the woman if she would like to see the image. After the procedure, she must complete a form acknowledging either that she looked at the image of her fetus or that she was “offered the opportunity and rejected it.” Ten states have enacted similar legislation. Some include a requirement that the physician describe the fetus in detail to the woman.

Texas went even further. It added two more requirements to its already daunting restrictions. The first required all abortion providers to have admitting privileges at a local hospital, and the second required all abortion clinics to be licensed as “ambulatory surgical centers,” essentially mini-hospitals. These requirements would put many abortion clinics out of business, as the legislators well knew—and intended. The case eventually reached the Supreme Court, which held in Whole Women’s Health v. Hellerstedt (2016) that these additional requirements put an “undue burden” on the exercise of a constitutional right—one of the few pieces of good news in recent years for defenders of abortion rights.

Still, about half the abortion clinics in Texas have had to close, as have many in other states. According to the Guttmacher Institute, 95 percent of abortions are performed in freestanding clinics, not in hospitals or doctors’ offices, so widespread closures have an enormous impact. Sanger is strong in her denunciation of the state restrictions. She points out that life-changing decisions are made every day without the requirement for waiting periods, and that to require them here implies that pregnant women are impulsive and don’t know their own minds. She also opposes the requirement for ultrasound examinations—“should women be made to offer up the content of their bodies in the form of an image for inspection before the law permits them to end a pregnancy?”—and for doctors to impart state-specified information to their patients.

Most telling, Sanger highlights the failure of those who favor the restrictions, ostensibly because of the harms abortion causes, to consider the harms of not being able to obtain one. For many women, an unwanted pregnancy can be disastrous—emotionally, financially, or even physically (the mortality rate from childbirth is about ten times that of an abortion), and there are now concerns about a resurgence of self-induced abortions in regions where abortion clinics have closed. Moreover, there has been almost no consideration of the possible harms to children whose mothers didn’t want them.

The latest figures from the Guttmacher Institute are for 2014. They show a rapid drop in abortions to the lowest level since Roe v. Wade, about half the frequency from the peak in 1980. The decline probably reflects better methods of contraception, but it is likely that it also reflects the growing difficulties in obtaining abortions.

The reasons most women gave the researchers for choosing an abortion were concern for someone else, inability to afford raising a child, and the belief that having a baby would interfere with work, school, or the ability to care for dependents. The great majority had incomes of less than 200 percent of the federal poverty level, and nearly 60 percent already had given birth to at least one child. About half were single. In 1977, Congress barred Medicaid from using federal funds to pay for abortion services, but fifteen states permit state funds to be used. Still, most women in 2014 paid for the procedure out-of-pocket.

As for the ages of women who had abortions, 61 percent were in their twenties, 8 percent were eighteen or nineteen, 3 percent were fifteen to seventeen, and 0.2 percent were younger than fifteen. Depending on the state, girls under age eighteen must either notify or get consent from their parents for an abortion, or, alternatively, petition a judge to get permission. The judge’s task in these hearings is to determine if the minor is sufficiently mature and well informed to make her own decision. If so, she may get an abortion without her parents’ consent or knowledge. But if not, then what? Presumably, as Sanger writes, this immature and uninformed girl “marches on to motherhood,” depending on the judge.

An important new development is the growing use of medical abortions performed using two drugs, mifepristone (Mifeprex) and misoprostal, given two days apart, that induce a miscarriage. Although mifepristone was approved by the FDA in 2000 for early abortions, the agency attached a number of restrictions to its dispensation, ostensibly for safety reasons. For example, it can be dispensed only by a specially certified prescriber in clinics, medical offices, or hospitals. Nevertheless, about 30 percent of abortions are no longer surgical, but medical—that is, performed using these drugs. Medical abortions will almost certainly become more important as surgical procedures continue to decline. Moreover, a recent article in The New England Journal of Medicine by experts in the field—the Mifeprex REMS Study Group—argues convincingly that the restrictions on the dispensation of the drugs are unnecessary and should be lifted.1

Sanger is at her best and most original in discussing the secrecy surrounding abortions, which she sees as the biggest obstacle to public acceptance. Her argument is that even though abortion is legal, women who have an abortion tend to behave as though it weren’t. They keep it a secret even from their friends in a way that goes beyond privacy, and suggests fear of recrimination. The fact that clinics are isolated from the medical facilities that provide most other health care adds to the furtiveness, as does the fact that courts use pseudonyms (as in Roe2) in abortion cases, which Sanger, quoting one court decision, notes is permitted only when there is “some social stigma or the threat of physical harm to the plaintiffs….”

She believes women should talk openly about having had an abortion, in the same way that other once-closeted subjects, such as depression, being gay, getting divorced, miscarriage and stillbirth, even breast cancer, were normalized through both private and public disclosure. “The absence of private discussion distorts the nature of public debate, which in turn distorts the political discourse that informs legislative processes,” Sanger writes, and further, “secrecy hides potential solidarity or resolution.”

A Pew poll in October 2016 showed that 59 percent of Americans think abortion should be legal in all or most cases, while 37 percent think it should be illegal in all or most cases. (This is one of a number of contentious issues about which the public is very far removed from its Republican-dominated government.) It seems to me that much of the argumentation about abortion hinges on the use of loaded words, in particular the word “life.” If life is defined as beginning at conception, then it is often assumed that abortion should therefore be illegal. But that doesn’t necessarily follow. Most abortions occur before eight weeks of pregnancy, before the embryo is even mature enough to be called a fetus, and although it is technically alive, it is a very primitive form of life. Whether the argument for its preservation outweighs the concerns of the pregnant woman may be a reasonable question, but the moral argument would go better without the notion that the answer follows from the word.

The Trump administration has made it clear that it, along with the Republican Congress, will do everything possible to bring an end to abortion. Consider the omens: one of Trump’s first executive orders was to stop funding for overseas medical facilities that even mention abortion as an option. His attorney general, Jeff Sessions, referred to Roe v. Wade as “one of the worst, colossally erroneous Supreme Court decisions of all time.” The new Congress is poised to eliminate federal funding for Planned Parenthood, the largest provider of reproductive health care services in the United States—which includes cancer screening and contraception as well as abortions. As governor of Indiana, Vice President Pence signed one of the most restrictive of the state abortion laws. “I long for the day,” he has said, “that Roe v. Wade is sent to the ash heap of history.” If Neil Gorsuch, Trump’s addition to the Supreme Court, is in agreement, which is likely, Roe v. Wade could be overturned or further eroded if a relevant case comes before the Court.

In the past half-century, women have made giant strides toward equality, and there is no question that a major reason is the availability of reliable contraception and safe and legal abortions. Women now earn more undergraduate and graduate degrees than men and are closing the income gap (from 58 cents to a man’s dollar in 1968 to 78 cents in 2013). But they have not reached parity, and there is still a glass ceiling. Moreover, further progress is not inevitable, and change does not move in only one direction. We can go backward as well as forward—something Iranian women experienced in 1979, and Afghan women in the 1990s. It will take awareness of the fragility of progress, as well as political action, to stop the Trump administration from turning back the clock.

-----America: The Forgotten Poor

Jeff Madrick JUNE 22, 2017 ISSUE

The Financial Diaries: How American Families Cope in a World of Uncertainty

by Jonathan Morduch and Rachel Schneider

Princeton University Press, 233 pp., $27.95

Happiness for All?: Unequal Hopes and Lives in Pursuit of the American Dream

by Carol Graham

Princeton University Press, 192 pp., $29.95

Barbara Grover

Virginia, who used to have a middle-class income but has been struggling to support herself and five grandchildren on disability benefits and food stamps since debilitating neuropathy took her out of the workforce, rural Louisiana, 2013; photograph by Barbara Grover from ‘This Is Hunger,’ a multimedia installation created by MAZON that is traveling from state to state by truck through July 2017

President Trump’s first federal budget proposal, unveiled in March, was a direct assault on the lives of millions of Americans. By sharply cutting or eliminating essential social programs to help pay for a dramatic increase in military spending, it would likely push many people into poverty and have damaging effects on many others who usually manage to stay above the official poverty line. The ten-year budget proposal Trump made public in late May is far harsher and calls for cutting hundreds of billions of dollars from anti-poverty programs like Medicaid, food stamps, and child insurance programs.

The extent to which changes in the job market have already led to unstable earnings for low- and even middle-income families is not well understood, in part because measures of poverty are inadequate. Meanwhile, too little attention is being paid to new analyses showing that people of all racial and ethnic groups are losing confidence in the core American principle that hard work is a means to upward mobility. This will have long-term economic costs as low-income Americans increasingly see few benefits of education or hard work for themselves and their children.

The most widely followed indicator of poverty in the US is the official poverty measure (OPM), published by the Census Bureau once a year. In 2015, the last year for which data are available, 43.1 million people—13.5 percent of the population—were considered to be in poverty, defined as falling below an annual income threshold of $24,257 for a family of four. The poverty rate has been as low as 11.1 percent, in the 1970s; it rose under Ronald Reagan to approximately 15 percent and then fell to about 13 percent before rising again, then fell again under Bill Clinton to 11.3 percent before rising in the 2000s. But the OPM is a deficient measure in almost every way. It tells the public little about how materially deprived the poor are, how much income they actually have, how reduced their children’s chances are of developing skills for climbing into the middle class, or, most important, how many truly poor there are in America.

When the OPM was developed in the 1960s, the poverty threshold was set at slightly higher than a mere subsistence budget, but even then many, including its principal designer, a Social Security analyst named Mollie Orshansky, believed that this was too low. Today the OPM, though updated for inflation, still uses the same methods it did in the 1960s. It doesn’t take into account the effects of major federal programs started after President Lyndon Johnson’s War on Poverty, including food stamps, now known as the Supplemental Nutritional Assistance Program (SNAP), and refundable tax credits, the largest of which is the Earned Income Tax Credit (EITC). It also is not adjusted for a rising standard of living over time.

In 2011, the Census Bureau introduced a supplemental poverty measure (SPM) that includes these sources of income in determining the poverty rate. But the new measure also adjusts for other factors that reduce the income of the poor, such as medical and work-related expenses. Whereas Orshansky had set the poverty threshold at three times the cost of a minimal food budget, the SPM is based on roughly one third of actual family expenditures over the most recent five-year span.

Concerns that the OPM, when adjusted for inflation, overstates poverty are basically eliminated by this method. But the new measure, despite the addition of income from antipoverty programs, has consistently found higher levels of poverty than the original measure does. According to the SPM, 14.3 percent of Americans were below the poverty line in 2015, some 2.6 million more people than the OPM identified, yet the OPM remains the official US government standard. The annual poverty threshold under the SPM for a family of four with a mortgage is almost $2,000 higher than the OPM’s.

Both ways of measuring poverty can be analyzed further to tell us, among other things, how many people subsist on less than half the income that defines the poverty line, which analysts call deep poverty, and how many children live in poverty. The child poverty rate under the SPM is in fact lower than under the OPM because the SPM takes account of newer social programs that directly help families with children.

But these Census Bureau measures tell us nothing useful about the growing number of people whose average incomes are above the poverty line but who often fall under it for several months of the year. According to one sample, 94 percent of those who earn between 100 and 150 percent of the poverty line are officially poor for at least one month, for example. The government measures also tell us nothing about the long-term psychological effects of low incomes and rising inequality, which are undermining the belief that hard work pays off. Scholars have found a measurable relationship between this loss of faith and the declining interest many Americans now show in seeking a better future through education and job performance.

Two new books, The Financial Diaries: How American Families Cope in a World of Uncertainty and Happiness For All?: Unequal Hopes and Lives in Pursuit of the American Dream, fill in these gaps and broaden our understanding of poverty in a rapidly changing economy. They also show that the same problems that afflict those officially deemed poor in America are increasingly affecting those whose incomes are considerably higher. According to Federal Reserve surveys, fully one third of Americans say they are “just getting by.” Thirty-eight percent could not pay for a $400 emergency without selling an asset or borrowing; 14 percent couldn’t pay at all. These levels of economic distress may very well have made possible the election of Donald Trump, who consistently emphasized the lack of good jobs in America and promised, however simplistically, to create many more. The two books also imply that America is even more unequal than the conventional measures of income suggest.

The Financial Diaries examines the increasing volatility of earnings for workers in America, as documented in income surveys by, among others, the University of Michigan, the Pew Charitable Trusts, and the federal government. The authors, Jonathan Morduch, a professor at New York University, and Rachel Schneider, a senior officer at the Center for Financial Services Innovation, organized a team of ten researchers to follow week by week the cash flows of 235 households in 2012 and 2013. Their goal was to gather information on how people actually cope with low and, in particular, inconsistent earnings—information that the federal government does not adequately collect. About one fourth of the households had annual incomes below the SPM. Another third were “near-poor,” with annual incomes between 100 and 150 percent of the SPM. In total, three quarters had annual incomes below twice the poverty line as measured by the SPM, and all shared similar frustrations.

For Morduch and Schneider, there has been a “great job shift,” leading to stagnating and volatile earnings. The decline of manufacturing in the US, which once provided well-paid, often unionized jobs for about 18 percent of American workers and now employs less than 10 percent of them, has significantly reduced average wages and made steady work less secure. Technological change has enabled major companies to contract work to part-time and freelance workers—the new so-called contingent workers—or to services companies that pay their workers less. Even in manufacturing, 8 to 10 percent of jobs are temporary.

Morduch and Schneider’s main focus is the growing insecurity that many Americans have experienced in recent decades, largely as a result of volatile incomes. This is clear from analyses of long-term data, particularly by the University of Michigan’s Panel Study of Income Dynamics, which has followed the finances of individual families since the 1960s. The Yale political scientist Jacob Hacker was among the first to point out the sharp increase in earnings volatility, in his 2006 book, The Great Risk Shift.

Among Morduch and Schneider’s most important findings is that this volatility was not primarily caused by losing or changing jobs. Citing research based on the records of Chase Bank account holders, they write, “Nearly all of the income volatility experienced by the households in their study (86 percent) could be explained by variation in pay for a given job.” Unsteady and unpredictable hours, especially for young workers, have also contributed to volatility. And it has affected the life chances of children: studies show they do worse in school when their parents’ income is unstable. In the authors’ sample, the poor had more frequent and deeper dips in income than others.

The spending required to meet basic needs has also risen sharply. The median household, Pew reports, spends twice what it did in 1996 on health care—some $2,500 a year, adjusted for inflation. Housing costs for the lower third of the population have increased by 50 percent since the mid-1990s. Low- and middle-income families spend about one third of their income on housing. The cost of a bachelor’s degree from a public college rose 34 percent between 2003 and 2014.

As a result, many more people are falling into poverty for part of the year. Indeed, the concept of poverty itself is probably misunderstood, Morduch and Schneider argue. Even Michael Harrington’s pathbreaking book The Other America (1962), which concluded that up to 25 percent of Americans lived in poverty, implied incorrectly that the poor were mostly members of well-defined social groups who found it hard to break through a culture of poverty. Yet at any given time, many people are counted as poor who usually live above the poverty line. The number of poor today as measured by the SPM is somewhat lower than it was when Harrington was writing, but recent data show that almost one third of Americans, some 90 million people, were officially poor for two months or more between 2009 and 2011.

Though a lack of jobs and inadequate social programs leave far too many persistently poor, about two thirds of the “poverty spells” mentioned above lasted fewer than eight months. As a research report cited by Morduch and Schneider put it:

We speak easily of “the poor” as if they were an ever-present and unchanging group. Indeed, the way we conceptualize “the poverty problem,” the “underclass problem” or “the welfare problem” seems to presume the permanent existence of well-defined groups within American society.

Barbara Grover

A corner liquor store in a poverty-stricken neighborhood of New Orleans that lacks a grocery store with fresh food, 2013; photograph by Barbara Grover from ‘This Is Hunger’

Misunderstanding the data reinforces common prejudices and patronizing attitudes. During the failed effort to repeal the Affordable Care Act in March, Kansas congressman Roger Marshall, citing scripture, said, “The poor will always be with us,” in defense of the Republican proposal to replace Obamacare, which the Congressional Budget Office found would deprive 24 million Americans of health insurance. “There is a group of people that just don’t want health care and aren’t going to take care of themselves,” he went on. Utah congressman Jason Chaffetz put it this way on CNN: “And so, maybe, rather than getting that new iPhone that they just love and they want to go spend hundreds of dollars on that, maybe they should invest it in their own health care.”

Morduch and Schneider tell many stories about people whose finances have been buffeted by a changed economy. Taisha Blake, the mother of a seven-year-old, trained for sixteen weeks to become a nurse’s aide after her son was born. For a while, she was doing moderately well and picking up more shifts that offered extra pay. But the hospital had a budget crisis, and her hours and extra pay incentives were cut. Even with the EITC, food stamps, and a housing allowance, she wound up with a total income of $15,000 for the year, well below the SPM poverty line.

Becky and Jeremy Moore’s annual income of nearly $40,000 put them well above the SPM poverty line. But Jeremy repaired trucks on commission and his income was unsteady. In an earlier period, he almost certainly would have had a full-time job with one of the manufacturing companies in southern Ohio, like GM. No such jobs were now available, and the couple spent as much as six months of the year below the poverty line. Becky hesitantly signed up for food stamps and got some aid for her children’s health insurance. But workers become ineligible for such programs when their incomes temporarily rise above the poverty line, and if their incomes fall again, they must reapply, which can be difficult.

Morduch and Schneider find that struggling and insecure Americans have developed a range of coping strategies. Many of them do save, but usually for specific goals like a down payment for a car or a child’s wedding. The same is true of Individual Retirement Accounts. Many savers withdraw the funds long before retirement, even though this is subject to a tax penalty. Only about half of all American families now have retirement savings, despite the tax advantages of IRAs and similar accounts.

But low-income Americans also try to save in innovative ways. Some have formed savings clubs, whose members each agree to meet a weekly or monthly target. Working on such goals collectively makes it easier to save. Others have formed sharing groups, where they agree to help one another out when financial trouble appears. Notably, the authors find few instances of reckless spending.

Public policy is slow to catch up with the episodic poverty and general volatility of incomes in this economy. It is difficult to qualify for programs such as food stamps and Medicaid on a short-term basis. Better regulation of credit providers to protect borrowers is also needed. Lending terms need to be clearer, and abusive interest rates controlled. The Consumer Financial Protection Bureau, originally proposed by Senator Elizabeth Warren when she was still a Harvard Law School professor, has made notable progress on these issues, but the authors argue that much more needs to be done.

In the end, of course, better jobs are the answer. Laws mandating higher minimum wages and regulations to implement them will help. Legislation has also been proposed in several states to require businesses to provide more predictable hours for their employees.

Happiness For All? presents recent research on the psychological consequences of low and stagnating incomes and outright poverty. The author, Carol Graham, a professor at the University of Maryland and a fellow at the Brookings Institution, makes a convincing case that perceptions of well-being, including factors like stress and a sense of the value of one’s life, have become far more negative for poorer Americans since 2007. Most interestingly, this has affected attitudes toward work, education, and ultimately the future of their children.

By recent measures, America is no longer superior to other nations in income mobility—how far people move up the income ladder from their starting place. American mobility ranks among the lowest of rich nations just as its income inequality is now among the highest of those nations. The Princeton economist Alan Krueger has demonstrated, in a formula he calls the Great Gatsby Curve, that the more privileged parents are, the more likely their children will be upwardly mobile. The rest are left behind, and the gap is widening.

According to a 2014 Pew survey, 62 percent of Americans believe that their children will be economically worse off than they are. Some 61 percent of Americans think the economy favors the wealthy. The Aspen Institute and The Atlantic found in 2015 that 75 percent of Americans believed the American dream was “suffering.” Graham’s own findings show that poor whites are the most pessimistic of racial groups. African-Americans and Hispanics are generally more optimistic; this does not mean their incomes are adequate, but more likely that their expectations have not been so badly undermined. In 2015 the Princeton researchers Ann Case and Angus Deaton made the stunning discovery that since 1999 life expectancy for whites in midlife has actually fallen due to drug addiction and suicide—it seems fair to conclude that despair at the lack of good steady jobs has contributed to this. The growing frustration of poor whites was one of the things Donald Trump exploited during his campaign in promising more and better jobs in the nation’s rust belts.

The most significant, and incontrovertible, of Graham’s conclusions is that low-income Americans’ beliefs about economic opportunity detrimentally influence their behavior. “It is abundantly clear,” she writes, “that without hope and faith in the future, individuals will fail to take up incentives and interventions even in instances where policy changes make them available.”

Understanding the psychological effects of poverty, Graham argues, should encourage more generous social programs. These effects are not the result of a “poverty culture” but are due to economic and social disadvantages that can mostly be corrected. In my view—not hers—minimal cash allowances for poor children should be a first step toward recognizing that the nation is not solving its poverty problem. Even as some programs have helped children, the rates of child poverty in America are significantly higher than those of almost all rich nations.

A consensus has developed among poverty researchers that no single level of income, no matter how carefully drawn, can adequately define poverty. Neither the OPM nor the SPM considers whether the poor have sufficient access to the educational and social connections that can help them rise into the middle class or lead a full life. Yet social exclusion is commonly studied in England and much of Europe. In Europe, the poverty line is considered 60 percent of the median disposable income—typical family income after taxes—in an attempt to adjust for such factors. The OPM in America is only 30 percent of disposable income. The SPM, which adjusts, if only partially, to a rising standard of living, is somewhat higher but not nearly at the European level. The poverty researchers David Johnson and Tim Smeeding say that the OPM would have to be up to 50 percent higher to equal European poverty lines.

Graham would like to see the federal government publish measures of well-being to broaden ideas about social policies. Similarly, Morduch and Schneider make a strong case for policies that recognize the effects of volatile incomes and seek to reduce the pressures they cause. At the least, these books show that as the economy has changed, more attention, not less, should be paid to new and expanded social policies, including more financial support for children under five, more generous housing subsidies, and easier access to Medicaid. They reveal that America has become even more unequal than has been widely reported. There is little reason to think this will soon be reversed.

It is apparent that economic growth has not been an adequate means of reducing poverty. In light of a continuing high poverty rate, the budget President Trump has proposed (not to mention Republican proposals to cut Medicaid sharply) is both incomprehensibly harsh toward the poor and bound to fail to help struggling regions of the nation develop economically. Housing assistance would be cut, as well as community development and student aid programs, to name just a few. Trump’s budget would slash a total of $54 billion from social programs in fiscal year 2018 and funnel the money into defense spending. His proposed cuts in coming years would be far deeper. Many of these cuts are unlikely to get through Congress, but Trump’s budget makes clear that neglecting the poor is now a presidential priority.