

A SHORT HISTORY OF U.S. POLICY: FAMILIES AND CHILDREN

Introduction

Policy affects every aspect of human life—social, economic, and political. Policy helps to determine how well people live by providing societal guidelines for the treatment of people and the types and degree of government intervention in their lives. Therefore, the principles that guide society’s social policy and program design and implementation also provide a litmus test for how well a society provides for, regulates, and treats seriously the safety, health, and wellbeing of all its population. This is especially so, concerning how well a society cares for and protects its most vulnerable populations: e.g., low-income families, children, and their communities. It is important to know that at different times in our nation’s history, federal, state, and local policies have lessened inequities and poverty; at other times, however, federal, state, and local policies have deepened inequities and poverty. Understanding the past trajectories of social policy development and implementation, and the past ideas upon which they are based in the United States (U.S.), is critical. It is key to interpreting ideas and dynamic forces that presently shape policy and policy impacts on families, children, and their communities.

Policy does not make itself. People make policy; they do so based on their specific world views. Historical studies show a continuum of underlying ideas and forces like religion, culture, catastrophic events, perceptions of those in need, racial stereotypes, racism, and politics (to name a few) that have shaped U.S. policy for decades (See Bruce S. Jansson 2009). Examining some of the above policy processes in relation to those populations that have been pushed to the margins of U.S. society is the heart of this present paper. For purposes of better understanding what “being pushed into the margins of society” means, the circumstances of African Americans are prominent in this brief history.

The following history (17th Century to Present) includes a concise examination of select policies and programs that impact families and children in categories that determine health and wellbeing. These are categories like the environment, healthcare, medical insurance, education,

wealth, housing, safety, criminal justice, and public assistance. [A note to the reader: African American is used interchangeably with Black throughout the paper.]

Background to Early Ideas That Shaped U.S. Social Policy

One prominent thread present in U.S. social policy is based on policy and implementation principles from the 17th Century. This was a time when British colonists established settlements in Colonial America on Indigenous /Native American lands. At that time, the basis for American colonial policy was British Pauper Laws (1601). These laws were designed and implemented by the British Monarchy and Parliament. Understanding how British Pauper Laws worked helps us to understand the evolution of the ideas and attitudes that gave shape to policy making at that time and throughout U.S. history. British Pauper Laws functioned to prevent starvation among impoverished people while controlling their movements and labor. The Pauper Laws emphasized certain rules for designing and implementing programs for the impoverished. Impoverished individuals and their families were subjected to a litany of eligibility requirements. Some of these included:

1. Paupers are the responsibility of their families. Any public assistance is obtainable only when families cannot take financial obligation for relatives.
2. Local government should implement programs and policy for those in need and fund them through local taxes.
3. Local residency must be verified before a person can receive aid.
4. Assistance to the needy should never exceed the lowest wage.
5. People who needed assistance were placed into categories such as dependent children, those able to work, and the helpless pauper (Warde 2022, 27; Bruce S. Jansson 2009).

Impoverished people who could not take care of themselves were for the most part viewed as somehow lacking in moral character, intelligence, and often perceived as lazy. Further distinctions were made between impoverished people who were deserving and those who were not deserving. Each category received different treatment. The people viewed as undeserving got little help. They were punished for their life circumstances, often ending up in prison or the

Poorhouse. Persons considered deserving received better treatment, and were transitioned out from local government run and funded institutions and into neighbor homes. Important here is that extreme poverty was criminalized, and only specific categories of people merited society's assistance based on age, gender, and class. Too, the requirements for obtaining aid were generally demeaning and dehumanizing and kept poor people deprived. These categories, in Britain, were later complicated by Anglo Saxon attitudes towards Irish peasants and laborers who were considered an "inferior race" (See Cedric J. Robinson 1983, 2000, 36-39).

Contextual History

From the 1660s, the above notions about how to develop and implement social welfare policy were well in place in Colonial America. As in England, social welfare policy and implementation for the poor were designed by people who had little in common with those in poverty. Usually, members of privileged groups in local governing bodies organized social programs and distributed social assistance. However, this was not before creating sharp contrasts between individuals and groups they judged as deserving or not deserving of assistance.

Among Whites in positions of authority, good Christian war veterans, widows, dependent children, the aged, and those in chronic bad health were considered deserving. Mirroring British solutions to impoverishment, they were given housing (usually with townspeople) and work. Those perceived by society as non-deserving were single mothers or unmarried women with children, non-Christians, men who could work but chose not to work, and vagrants, etc. These lower groups or classes were further pushed to the fringes of society, largely neglected, and penalized. As undesirables, members from these lower groups often ended up confined to workhouses or sent to work on farms or in businesses as unpaid laborers via Vagrancy Laws. These ideas and practices that stigmatized the poor as criminals were carry-overs from British Pauper Laws.

A version of the Pauper Laws was designed to help all needy White members of the colony. Once indenture ended for most servants, they found themselves destitute with no place to live and no means for making a living. Many white indentures who had ended their service were

able to take advantage of these welfare programs. The welfare services helped them transition into “free” colonial settler white society.

In contrast, Indigenous/Native Americans (whose lands had been taken and people massacred) and Africans (free, indentured, or enslaved) and their families and communities were not included in the benefits of the social contract. Indigenous/Native Americans in 1790 were made non-citizens on their ancestral lands, and by 1830 the Indian Removal Act facilitated their removal from those lands. They lost family and community as their land was appropriated. Displaced and without land, whole communities died from starvation. White settlers encroached on millions of acres of Indigenous/Native American land and took the natural resources. Other white settlers acquired lands by means of the Homestead Act of 1862 (U.S. National Archives, Homestead Act of 1862 <https://www.archives.gov/education/lessons/homestead-act>). The Dawes Act 1887 prohibited communally held land, thereby forcing individual ownership—contrary to Indigenous ways—on parcels of sometimes uninhabitable and isolated reservations for Indigenous peoples (U.S. National Archives, *Dawes Act 1887*, <https://www.archives.gov/milestone-documents/dawes-act>).

A set of myths and stereotypes were developed. These were used to dehumanize and justify acts of white violence. Indigenous/Native Americans were labeled “heathens” and “savages” because they defended their people, their land (the basis of their economy), their language and culture (the basis of their identity), and their spiritual beliefs (their worldview). Indigenous/Native American people were, in essence, harmed and dehumanized for protecting the autonomy of their families, children and communities, and their spiritual role as protectors of the land, natural resources, and environment.

Free, indentured, and enslaved Africans, their families, and children, like Indigenous/Native Americans, were locked out of the safety social net system whether they were Christian or not. A few free Africans, however, managed to build homes, obtain land, and were educated prior to the influx of enslaved African laborers into the colonies. To add to this social complexity in the early colonial period, enslaved Africans grasped opportunities to buy their freedom and the freedom of their families and children. This changed with the transition from a

mercantile economy to a plantation-based economy that required a larger workforce. The colonies, already heavily involved in slave trading, looked to Africa for their free labor force.

Enslavement: Race and Class

As the society began to rely more heavily on the labor of enslaved African people, a body of laws were enacted that made sharper distinctions between not only class, but also race. As early as 1663, a Maryland Act of 1663 placed enslaved African people in *perpetual servitude*. In Virginia, a 1661 law relegated all Africans or other slaves in the colony and those to be imported after 1663 to be slaves for life “durante vita” (Sanders Redding 1950, *They Came in Chains*, 24). In this way, an entire people became stigmatized as inferior to Whites and pushed to the margins of society. African families and children imported into the colonies were exploited unpaid laborers. As chattel (i.e. movable personal property like furniture or cattle), African families and children were used as capital to be sold and borrowed against to create and build generational wealth for their White owners. Enslaved African women were used for their labor as producers, and as reproducers of the labor force. Enslaved African families and children were treated as though they had no social, political, or human rights to be respected by white people: e.g., no rights over their own bodies, their own children, to have a childhood, to protect themselves from cruelty and harm, or to the products from their own labor. With such constraints firmly in place, white people increasingly associated black skin, culture, and people with social, mental, and moral inferiority.

The presence of larger numbers of enslaved African people (families and children) in the colonies created another, deeper, layer of social schisms and oppression within American society. We begin to see distinct social and economic divisions materialize in language and laws that isolated and separated African people (indentured, enslaved, or free) as well as Indigenous/Native Americans from White populations. This was regardless of class. While these laws clearly controlled the labor, movements, and behavior of Africans and People of Color—they also circumscribed the labor, movements, and behavior of White people.

In 1663, for example, Maryland passed a Miscegenation Law meant to keep free English women from marrying enslaved African men and creating families. The law specified that any free English woman in a marital relationship with an enslaved person “... shall serve the master of such slave during the life of her husband...” The law further stated that any children born from that marriage would be born as slaves (Redding, 25-26). In Virginia (in 1662) a similar Act was passed declaring that the children of any Englishman and an African woman would not take the status of their father. Instead, all children born in the colony from such unions would be free or bonded according to the status of the mother. In no law enacted in the colonies was a White man enslaved because he married an African woman. The 1662 Act was a response to British settlers’ questions about whether the children of Englishmen and enslaved African women should be considered free.

Hundreds of controlling and restrictive race-based laws were enacted throughout the colonial period and well into the nineteenth and twentieth centuries in the U.S. Most important, these types of laws not only separated White colonists from Black people physically, but also acted to psychologically elevate the social status of all Whites in relation to African (Black) and other People of Color (Ignatiev 1995). These laws operated to anchor African people, their families, and communities in the lowest rungs of wider human society: socially, economically, and politically. Later, laws such as Virginia’s Manumission Law of 1691 made it illegal to free enslaved Black people. This literally closed the door on any possibility for enslaved African people to live, work, and create families as free human beings. Attached to this law was a stipulation that forced any manumitted Black person to leave the colony altogether: as the presence of free Black people was viewed as a threat to the established race-based slave economy and social order. The effects were that manumitted Black people were intimidated and forced into leaving behind family, children, friends, and home.

Such laws also created another level of insecurity for free African people (roughly 10% of the African American population at any given time). Since skin color was a visual way to determine slave status, Black people—free or not—were viewed to be slaves by most White colonists. As such, they were subject to being treated as slaves (e.g., terrorized, maimed, or killed) and being deprived of their liberty at any time. Increasingly, free African Americans were

restricted in where they could go, live, and what they could own. This was especially true for Black people (free or enslaved) in Virginia, when White law makers decided to pass the Act of 1672 that vindicated anyone for “running down and killing belligerent,” run-away enslaved African people and their families (Redding, 31). The essential meaning of this law was that those in positions of authority, by creating these types of race-based laws and the guidelines for their implementation, planted seeds that rooted and spread in the psyche of White American society: it gave acceptability for any White citizen to hunt down and murder other human-beings.

Consider a contemporary example that took place three hundred years after the 1672 Act justifying the maiming and murdering of human beings for trying to escape. In 1974, an unarmed fifteen-year-old African American child, Edward Garner, *accused* of theft was shot in the head by Tennessee police officers for trying to run away. Garner’s father filed a suit in a United States District Court in Tennessee asserting that his son’s constitutional rights were violated: the officers had used deadly force against an unarmed child who posed no threat. The Tennessee court ruled in favor of the police officers that shot the fifteen-year-old in the head. The decision was based on common law that was established hundreds of years earlier. That would have been the final decision, if Edward Garner’s father had not pressed the justice system to recognize the humanity and citizenship rights of his 15-year-old son in a higher court. The case reached the United States Supreme Court of Appeals for the Sixth Circuit in 1984, ten years later. The Sixth Circuit Appeals Court ruled that Edward Garner’s civil rights had been violated according to the Fourth Amendment to the Constitution. The decision was confirmed by the United States Supreme Court that Garner’s Fourth Amendment rights had been violated (John H. Blume, "Deadly Force in Memphis: Tennessee v. Garner" (1984). *Cornell Law Faculty Publications*. 273. <https://scholarship.law.cornell.edu/facpub/273> Accessed September 5, 2022). Some analyses suggest that had it not been for the composition of the Warren court in 1984, Edward Garner’s father most likely would have lost his case.

A prominent judge disagreed with the Supreme Court ruling on the Garner Case. He commented with no mention that an unarmed Black child was killed:

“Any rule permitting the use of deadly force to stop a fleeing suspect must rest on the general principle that the state is justified in using whatever force is necessary to enforce its laws. Assuming that a fleeing felony suspect is entirely rational ... what he is saying in effect is: “Kill me or allow me to escape ...” (Margaret Talbot 2022).

How African American/Black, Indigenous/Native Americans, and other People of Color, their families and their children are treated within the present-day criminal justice system has roots in past policies and practices that have disproportionately targeted these populations. References to these past laws continue to have degrees of influence today.

Listed below are a few additional laws. Within the span of four centuries in the U.S., there have been hundreds of race-related laws. These existed at federal, state, regional, city/townships, and at job sites, schools, and within other institutions. They affected every aspect of life for harmed populations. This list provides only a few examples of the depth and breadth of laws that institutionalized racial discrimination and negatively impacted the lives of Black families and children and other People of Color:

1646

In Virginia and Maryland, Ruling on Baptism of Slaves (1646), courts decided that even if baptized as a Christian the status of an enslaved African could not be changed to the status of a free person.

1680

Castration Laws made castration or mutilation legal and was solely used as a punishment for Black men.

1682

Act For the Better Preventing Insurrections by Negroes made it illegal for enslaved people to assemble in groups.

1691

Statute Banning Inter-ethnic Marriage in Virginia. The statute states that marriage between a White man or woman to “a negro, mulatto, or Indian...bond or free” would result in the banishment of that individual from Virginia colony. This law was challenged 276 years later and in a unanimous decision struck down by the United States Supreme Court in 1967. The *Loving v. Virginia*, 388 U.S. 1 (1967) was a landmark case because it was struck down on the basis that to deny marriage solely based on race was a violation of Due Process and Equal Protection Clauses of the Fourteenth Amendment to the Constitution. This case would make possible the passage of *Obergefell v. Hodges* (2015) making same-sex marriage legal in all 50 states.

1712

British Parliament forbids the enforcement of laws prohibiting slave trading in Pennsylvania. This law protected and reinforced the economic interests of Britain and other merchant classes trafficking in human beings in the colonies: an action taken in response to the Society of Friends (Quakers) who agitated against the institution of slavery in 1688, 1693, and 1696.

1723

Virginia Law of 1723 disenfranchised “free Negroes” for fear they would attempt to pass laws that would benefit enslaved African people.

1757

Denied “free” Africans and mixed Africans the right to bear arms in the militia.

1787

Enslaved human beings were counted as three-fifths of a person for state political representation and tax purposes. (U.S. Constitution, Article 1, Section 2, Clause 3) This meant that 5 enslaved persons counted as 3 people, which gave an enlarged advantage to slave holding states in terms of representation, i.e. how many people a state could have in Congress.

1790

First Federal Immigration Law that formally denied naturalized citizenship to people who were not White.

1793

Fugitive Slave Act of 1793 forced states in which slavery was prohibited to return “run-away slaves” to their owners. It made it illegal to harbor, hamper the return or capture of human beings escaping slavery and imposed large fines on any person who disobeyed this law.

1832

Louisiana Codes Noir set of laws made it illegal for a free person of color to insult, strike, or think themselves equal to a white person. Instead, free persons of color were expected to defer to Whites in speech and attitude or they would be imprisoned.

1834

South Carolina Prohibits Teaching Slaves to Read or Write. Anyone teaching or assisting an enslaved Black person to learn to read or write or getting someone else to teach an enslaved person to read or write was committing a crime. Type and severity of punishment was race-based: a free White person would be fined \$100 and imprisoned not more than six months. Free People of Color got fifty lashes and fined \$50, but an enslaved Black person received not more than fifty lashes. The public was elicited to act as informers through inducements like receiving one half of fines. Not surprising that since the overturn of Roe v Wade 1973, recent 2021 gender laws in some U.S. states give bounty payments up to \$10,000 to anyone (e.g., taxi driver, clergy, bus driver, teacher, parent, unknow individual) who brings a lawsuit against a pregnant person seeking an abortion or anyone aiding a pregnant person to terminate their pregnancy (<https://www.bmj.com/content/374/bmj.n1801>).

1850

Fugitive Slave Act passed as a part of the Compromise of 1850 required the Federal government to aid in the return, prosecution in courts, and re-enslavement of formerly enslaved Black people, their families and children who had escaped from slave holding states. During trials, captured Black people were not allowed to speak on their own behalf. This law made it

easy for any White person to claim that a free Black person was their escaped property. Free as well as formerly enslaved Black people lived in a constant state of terror, fearing capture and re-enslavement. It was illegal to help Black people escaping slavery and re-enslavement. Those who did try to help were committing a crime and were prosecuted.

1857

Dred Scott v Sanford or The Dred Scott Decision was brought before the U.S. Supreme Court on behalf of an enslaved man. The owner of Dred Scott took Scott and Scott's wife to a non-slave holding territory. The U.S. Supreme Court Justice Roger Taney ruled that enslaved people were not citizens of the United States and not protected by the Constitution. Further that Congress could not exercise legitimate control over Federal Territories.

1861

Georgia Civil Code stated that any "free" person of color had no rights of citizenship; only those rights specified by law. This law further stated that all the laws applicable to slaves were also applicable to "free" persons of color.

1863

Emancipation Proclamation freed only enslaved African people in Southern states that had seceded from the Union prior to and during the Civil War.

1864/65

Freedman's Bureau established to assist poor Whites and newly freed African Americans in areas of education, healthcare, employment, and housing.

1865

Thirteenth Amendment to the Constitution ended legal slavery in the United States.

1865

Mississippi Black Code, a penal code that made it illegal for any “freedman, free Negro, or mulatto” to possess a gun, ammunition, or Bowie knife. Also made it illegal for African Americans to drink alcohol.

1868

Fourteenth Amendment to the Constitution gave citizenship and “equal protection” to those born or naturalized in the United States.

1870

Fifteenth Amendment to the Constitution (voting rights act) granted voting rights to **all** male citizens regardless of race, color, or previous condition of enslavement.

1870/71

Enforcement Act also called the Ku Klux Klan Act (KKK) gave the Federal Government the right to enforce the equal protection laws under the Fourteenth Amendment. The law was a direct response to KKK and White violence against Black families and children and other People of Color as well as anyone aiding them.

1877

Compromise of 1877 ended the political friction between Republicans and southern Democrats. The government withdrawing the army from the South, not enforcing the Reconstruction laws, and allowing southern elites to quickly reverse all social, political, and economic rights that African Americans had gained.

1896

Plessy v Ferguson U.S. Supreme Court ruled that segregation was legal if the services were equal. This ruling upheld state Jim Crow laws that separated African Americans in public places such as theaters, public transportation, hotels, and public schools etc. It struck down the Civil Rights Act of 1875 that made it unconstitutional to deny a person the above rights.

Emancipation and Reconstruction, 1865-1877

Looking at a snapshot of how social and economic policy was designed and implemented during the Emancipation and Reconstruction (1865-1877) eras helps to illustrate some of the complex, convoluting, and contradictory policy processes. These early policy actions set the stage for societal patterns that have underscored inequitable and racialized policy development and implementation in the U.S.: making it difficult, and sometimes impossible, for African American and other People of Color, their families, and children to access goods and services and to receive equitable treatment.

After the Civil War ended in 1865, the Bureau of Refugees, Freedmen and Abandoned Lands Bill (the Freedmen's Bureau) was signed by Lincoln. However, not until after Lincoln's assassination was the Civil Rights Bill of 1866 passed into law and the Freedmen's Bureau became operational. It was a hastily set-up and not well-designed federal program established to help dislocated southerners and newly emancipated African Americans transition during and after the War. Like many present-day public programs, it was designed to function for a brief period, two years, 1865-1867. But, the Department managed to last four years longer than expected, until 1871/1872. Its failure was partially due to limited funding and bad management. If we look at the political and social climate around the bureau it becomes clear that it was set-up to fail.

First, it was placed in the hands of a government agency that had no real experience in administering social programs, namely, the War Department. This department was the least likely to have experience with programs responsible for benefitting the social welfare of thousands of previously enslaved African people and their families. Second, from its inception, there was debate within the administration about the legitimacy of the program, especially its land policy. Third, a key issue was that few African Americans were involved in the design and implementation of the program. Fourth, after Lincoln's assassination, the new president had no intention to continue the reconstruction agenda Lincoln's party had put in place.

Sympathetic to southern elites, President Andrew Johnson intentionally undermined the Freedman's Bureau from the start, believing it infringed on state's rights. He immediately

attempted to veto the Civil Rights Act of 1866, although Congress passed it over his veto (See Huggins et al, 1971, 16). Using his political power, Johnson systematically created the above conditions for its failure. In tandem with the above actions, he made policy directives that ensured the return of state control (social, economic, and political) to ex-Confederate southern elites. Johnson then quickly ordered the confiscated and abandoned confederate lands to be returned to their original owners (U.S. Archives, Records of the Assistant Commissioner for the State of Mississippi, *Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1869*, Record Group 105, p 6). In a series of calculated political actions by President Johnson, the land program that would have given African Americans an opportunity to support their families and create financial security was eliminated (DeCanio 1979).

Further, the Federal government withdrew the Army that had initially protected Black people from former slave holders as African American/Black families and children were transitioning from slavery to freedom. Taking advantage of the opportunity as the army retreated, former slave-holding state policy makers immediately enacted Black Codes and Vagrancy Laws, beginning with Mississippi in 1865. Black Codes strictly curtailed the freedom, labor, and movements of African Americans, their families, and their children.

In response to states enacting Black Codes, Vagrancy Laws, other statutes, and rules curtailing African American rights, Field Officers alerted federal authorities to no avail. As described earlier in this paper these laws made it illegal for African Americans to own land in certain areas, be unemployed, carry a weapon of any kind, or congregate in groups. States exacted punishments under the Black codes that included imprisonment, fines, and being forced to work on chain gangs as free labor on plantations through the Convict Lease system. African American children were taken from parents who were unable to care for them or if orphaned placed into unpaid labor arrangements sometimes under the control of their former owners (U.S. Archives, Records of the Field Offices for the State of Alabama, *Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1872*, Record Group 5, 4-5).

Another action that undermined Reconstruction was the government recruiting agents having little knowledge or experience with Black people to implement the Bureau's programs.

These agents vaguely understood the hardships and trauma that African American families and children had undergone during 246 years of enslavement. (This is nearly 10 generations, if one uses 25 years to represent one generation. Black people in the U.S. were enslaved longer than they have been free.) Many agents viewed African Americans and their culture through the same stereotypical lens (e.g., lazy, inferior to whites, ignorant, lacking in morals) as did white southerners. Too, some Bureau agents were former slave owners. Unfortunate for the newly freed African American families and children, many Bureau agents looked to racist white southerners as cultural interpreters of Black culture.

Other Bureau agents worked uphill to enforce the Constitutional laws 13th abolished slavery (1865), 14th equal protection (1868), and the 15th that granted Black men the right to vote (1870), and the Civil Rights Act of 1866 which gave citizenship to all those born in the United States (except Indigenous/Native Americans). These rights included: a right to self-determination, equal protection, and in the case of Black men, participation in the country's political institutions and voting. These Bureau agents understood that it would take Armed soldiers stationed in the South to protect terrorized African American families and children from white groups determined to take back political and social control of the South and block African American citizenship rights. Bureau agents too enthusiastic about protecting the rights of African Americans were quickly removed from the Bureau. The sum of these obstructive practices virtually eliminated any hope that African Americans had for receiving the freedom and security that citizenship rights and fighting in the Civil War should have ensured.

In this context, Bureau agents were mandated by the government to assist in allocating land and providing healthcare, education, clothing, housing, and food assistance to displaced white and Black people. African Americans were not solely dependent on the larger society to aid them in their transition to freedom: many African Americans collaborated with Bureau agents to distribute information and resources. African Americans focused their attention on education, healthcare, and housing understanding these were critical to their survival. They had early developed a tradition of self-help. For example, they organized orphanages, schools, clinics, and housing for freed Black people and their families and children (Henry Louis Gates, Jr., 2017, 37-39). African American men took the opportunity to become legislators helping to

create laws that benefited the entire society in areas of health and education, for instance. Historically Black Colleges like Hampton Institute, Fisk, and Howard University were established during this period.

While all the above efforts were crucial to the survival of Black families and children, it was also critically important to Black people that they receive help legalizing their unions through marriage and in locating family members: persons who had once been enslaved property, sold, mortgaged, or inherited away. The Bureau legalized and registered thousands of marriages for formerly enslaved African Americans. Kinship/lineage was very important to African American/Black people, yet under the slave codes legal marriages had been denied to them. Although their families had been torn apart, they made great efforts to maintain kinship bonds across time and space. An integral aspect of the African cultures from which they had been taken was the use of storytelling and oral history to recount the past. In this way, emancipated African Americans were able to construct accurate genealogies for the agents to help locate their loved ones and rebuild their family structures (Reginald Washington, 2005). African American families and children faced anti-Black racism daily in every public institution across this nation (Gates and Oliver Eds., 1999, pp 74-88).

As the Reconstruction gains came to an end with the Compromise of 1877, and the Supreme Court ruled the Constitutional legality of Jim Crow and racial segregation in Plessy v Ferguson decision in 1896, African Americans and other People of Color understood that the promise of equal protection under the law was not extended to them. Jim Crow laws strictly limited or blocked their access to education, housing, jobs, hospitals, voting and other resources and services needed for any type of social wellbeing and socio-economic mobility and served to deepen racial inequities.

Civil Rights Era Laws

1954

Brown v. Topeka School Board the Supreme Court under Chief Justice Warren overruled Plessy v. Ferguson (“separate but equal”) the 1896 law that constitutionally sanctioned segregation in the U.S. The 1954 Supreme Court decision effectively ended school segregation.

1964/5

Voting Rights Act of 1965 Article 24 of the Constitution was passed after Selma, Alabama police attacked peaceful mainly African American citizens. Police used whips, tear gas, mass incarceration, and other military like tactics against the marchers for advocating for their right to vote. The federal law made it illegal for states to obstruct African Americans from registering and voting through various tactics such as poll taxes, grandfather clauses, and literacy tests.

1964

Civil Rights Act Title VII prohibited discrimination in employment based on race, religion, sex, or national origin.

1971

Griggs v. Duke Power case in which the Supreme Court upheld Title VII of the Civil Rights Act of 1964 making it illegal for employers to discriminate in the workplace based on race. The court argued that not just overt discrimination but also practices that had “disparate impact” because they may be “...fair in form but discriminatory in operation (National Defense Fund, Economic Justice, 2022).”

Contemporary Issues

African Americans and other People of Color in U.S. society continue to experience contemporary impacts from historical racial disparities. These disparities include but are not limited to housing, wealth accumulation, education, health, and poverty.

Housing

Racial disparities in finances impact housing. As reported in 2007, nearly one quarter of African Americans (23.5%) and one in five Latinos (19.6%) experience housing hardship; these figures compare to one in ten Whites (10%) experience housing hardship (Smith, 2007, p. 238). Whites experienced lower rents, more home ownership, were half as likely to be turned down for

a home improvement or mortgage loan and have more choices in housing: “60 to 90 percent of housing units shown to whites are not made available to blacks (Smith, 2007, p. 239).”

Wealth

By 1973, African American families had accumulated significantly less wealth than did White families—approximately one fifth the wealth of White families. This holds true for any observed income level (Franklin & Resnik 1973 pp 52-54). Also, income in African American families generally supported more people, was earned by the labor of more persons, and was often spent on higher-priced (i.e. over-priced) goods and services, etc. (Franklin & Resnik 1973, footnote 17). More recent income gap data shows that in 2018, “the median Black household earned...59 cents for every dollar...the median White household earned (Wilson and Williams 2019).”

The ability to build wealth:

“... is one indicator of material disparity that captures the historical legacy of low wages, personal and organizational discrimination, and institutionalized racism. The levels of wealth accumulation evidenced by current generations of black Americans best represent the position of black in the stratificational order of American society (Oliver and Shapiro 1997 p 50).”

In the early 2000s, figures indicated stark racial disparities in inheritance of wealth in the U.S.:

“...the current baby-boomer generation of whites is currently in the process of inheriting between \$7-10 trillion in assets from their parent and grandparents—property handed down by those who were able to accumulate assets at a time when people of color by and large could not. To place this in the proper perspective, we should note that this amount of money is more than all the outstanding mortgage debt, all the credit card debt, all the savings account asses, all the money in IRAs and 401K retirement plans, all the

annual profits for U.S. manufacturers, and our entire merchandise trade deficit combined (Wise 2003 p1).”

Poverty

Contemporary poverty rates for African Americans and other People of Color show that they experience higher poverty compared to Whites. According to a 2020 census report, the official poverty rate in 2020 was 11.4%. The poverty rates for White, Hispanic/Latinx, and Asian populations in 2020 were 8.2%, 17.0%, and 8.1% respectively. African Americans had the highest rate of poverty as compared to any racial/ethnic group in 2020 at 19.5%. (Shrider et al 2020, Report Number P60-273).

According to a study conducted by the Center on Poverty & Social Policy in the 1970s Black children were living in poverty at a rate “3 times higher than White children,” over 50 years Black children are still “nearly 3 times” more likely than White children to live in poverty (Center On Poverty & Social Policy 2022). They also found that no matter [g]overnment transfers or tax credits, racism in socioeconomic systems perpetuate the poverty gap between Black and White children (Ibid).

Health

Throughout the 400 years that Black people have been in the U.S., their health has never been on par with White Americans. For example, from 1880s to 1900s, White life expectancy was 49.5 years while Black people could expect to live 30 to 32 years (Byrd & Clayton 2002 p 80). In slavery and freedom their health status has been determined by the environmental conditions in which they have been forced to live. Living in racially segregated neighborhoods with high levels of toxic, hazardous chemicals in the air they breathe, polluted water, the absence of quality food, lack of job opportunities, transportation etc. has severe impacts on Black people’s health outcomes (Krieger, Nancy 2020 et al). For example, Black women and their infants experience racial disparities in health at higher rates as compared to white mothers and infants. In 2017, Black mothers were 2 to 3 times more likely to die in childbirth than White

mothers (Sheela Nimishakavi 2017). 100 years earlier, in 1920, Black mothers were dying in childbirth at the rate of 3 to 4 times higher than white mothers (Byrd & Clayton 2002 p18).

National and State Policy Efforts: Families and Children

National, state, and local policies and the programs used to implement them often have uneven impact on families and children. While policies and program implementation have undergone changes throughout the years, the core principles upon which they were first established remain the same: They remain hierarchical, often inequitable, and based on ideas that place human beings into categories of worthy or unworthy according to class, race, ethnicity, gender, sexual orientation, age, and disability (mental or physical), and housed or unhoused. On the national level, policy implementation has been often left to individual states. Like in so many policy processes, state-level policy makers influence the design and pass laws that fit closely with the state's political culture. The above history makes it possible to understand how this process operates in more contemporary times. Discussed below are a few of the myriad policies and programs designed and implemented to impact families and children in the U.S., either directly or indirectly. More than not, these policies were designed to create and sustain white middle-class valuing and did not well serve the needs of the most vulnerable in this society.

Social Security 1935, Medicare, Medicaid, CHIP, and the Affordable Care Act

The New Deal (1930s) ushered in an era of state sponsored social and economic concern for the wellbeing of U.S. financial markets and working people devastated by the global financial crisis of 1929. By 1933, the unemployment rate had reached 25% (Bureau of Labor Statistics , “Graph of U.S. Unemployment Rate, 1930-1945,” *SHEC: Resources for Teachers*, <https://shec.ashp.cuny.edu/items/show/1510>). The planned recovery included the creation and implementation of government policies, benefits, and service programs designed to buffer and prevent future problems associated with global economic crises. Setting aside the idea that government is *not* responsible for the life circumstances of its people most in need, the U.S. government went to work building a system of social welfare protections. However, the older ideas and values that shaped the “pauper” laws provided the pattern for social welfare policy and

implementation as it evolved. Some policy makers in FDR's government equated White race with deserving accessibility to resources and services. Therefore, Indigenous/Native American, African Americans, new immigrants, and other People of Color were often overlooked, excluded, or deemed unworthy of the New Deal benefits.

Even though the Social Security Act of 1935 made it possible for mainly White males and some Black males 65 and older to receive an income once retired, it was restricted to urban commerce and industrial workers' jobs. It disqualified agricultural and domestic workers from the retirement program. The exclusion of agricultural and domestic workers, two labor areas in which African American and other People of Color dominated because of laws that cemented them into low-skilled menial work shows a discrete pattern of racial discrimination. DeWitt (2010), a public historian for the U.S. Social Security Administration, argued that policymakers had *not* intentionally meant to exclude African Americans from the social security benefit system. DeWitt admitted that 65% of African American workers would be negatively affected by these policy decisions (Ibid, DeWitt).

In addition, the Federal Government left New Deal relief efforts to the states for implementation. In similar ways to what it had done during Reconstruction. There were no enforcement regulations or penalties for blocking African American access to programs. For southern African Americans (90% in rural populations in the South), this meant they would once again be left at the mercy of White southern racial segregationists to make policy decisions that would have major impacts in their communities. Consequently, the majority of African Americans in the rural South were in effect barred from New Deal benefits like social security, minimum wage, unemployment insurance, or the right to participate in unions throughout the southern states. Black and other People of Color in no way benefitted as Whites did from New Deal social and economic programs like social security (Katznelson, I. 2005).

Residential segregation contributed to Black and other People of Color being pushed into ghettos and deeper levels of poverty. The Homeowners Loan Corporation (1933), and the National Housing Act of 1934 (a New Deal policy) were put into place with the idea of creating a middle-class and promoting home ownership. The Federal Housing Administration (FHA)

placed decisions in the hands of openly racist private realtors, appraisers, and finance companies. Included in the FHA policy were state sanctioned restrictive covenants, and an actual roadmap (red lining) for excluding African American and other People of Color from getting federally insured loans, credit, and mortgage insurance for obtaining land and homes in certain areas. The inability to own homes in areas other than the most resource- scarce and environmentally polluted areas meant less opportunities for African American and other People of Color, their families, and their children to build generational wealth. It reduced opportunities for accessing decent paying jobs, maintaining good health, and attending quality schools, as compared to White families and children (Massey and Denton 1993).

Health Insurance

Activism in the Civil Rights Era encouraged the passage of more progressive aspects of social policy. In 1960, the Kerrs-Mills Act was passed. It gave funding support to state programs that offered medical care to the elderly and the impoverished. It is considered a predecessor to the Medicare and Medicaid program. Both Medicare and Medicaid (Title XVIII and Title XIX amendments of the Social Security Act 1935) were established as national programs in 1965. The Medicare program has provided comprehensive healthcare to adults 65-years and older who have paid into the system as workers. This program has lasted for over half a century. As an entitlement program, it is based in part on the principle that people 65-years-old and older, if they have paid into Social Security, *deserve these benefits*. According to the Public Policy Institute (2022), today Medicare covers 6.2 million disabled and aged people in California (<https://www.ppic.org/wp-content/uploads/public-health-insurance-in-california.pdf>).

Initially, the federal Medicaid program assisted states to cover long-term care for people with disabilities. It also provided health insurance for pregnant woman, families, and children who received state income assistance, all of whom were thought to be deserving of society's help. Medicaid programs differed from state to state in substance and delivery. In 2014, for example, the Affordable Care Act, 2010 (ACA) granted states power to expand Medicaid eligibility to adult individuals under age 65 living in families with incomes below 133% Federal Poverty Level (FPL). In addition, ACA made affordable health care accessible to a wider population, especially to many who could not afford insurance or had underlying preconditions.

It also had provisions for protecting lactating working mothers in the workplace and public spaces. The ACA also provided health insurance to babies born into families with no health coverage (See U.S. Ways and Means Committee, *Affordable Health Care For America Act: Implementation Timeline*, 2010). It is interesting to note that if legislation is not made secure by law and has built-in enforcement guides, it is susceptible to political and cultural whims of policy makers. For instance, the ACA under a new political administration and new Congress was vulnerable to repeal and replace. However, the Supreme Court decided against these efforts to repeal.

The rules for determining eligibility and providing benefits through Medicaid, Children's Health Insurance Program (CHIP), and the health insurance Marketplace were streamlined and made somewhat uniform through the ACA. While the ACA was a highly politicized health care policy, a recent study conducted by the U.S. Department of Health and Human Services reported that since its implementation the uninsured rate for African Americans has dropped by 40% (New HHS Report Highlights 40% decline in Uninsured Rate Among Black Americans Since Implementation of the Affordable Care Act 2022 1-3). Although the ACA helped to narrow the accessibility gap for people with pre-existing conditions, many low-income or no income people, African Americans, Indigenous Native Americans, and other People of Color continue to have among the worst health care and quality of life outcomes.

HHS reported that the Biden-Harris administration through the American Rescue Plan Act 2021, expanded Medicaid, subsidies, and outreach to African American families. This was, in part, an effort to close the quality health care- and equity gap. The full recovery plan is a comprehensive program of social and economic strategies for addressing the negative impacts of the COVID-19 pandemic (See U.S. Department of Treasury, *Coronavirus State and Local Fiscal Recovery Fund*, 2021, Federal Registry Vol. 86, No. 93, Monday, May 17, Rules and Regulations, 26786-26824). According to the Administrator of the Centers for Medicaid and Medicare Services, "[a]dvancing health equity is one of my top priorities, and, in pursuit of this goal CMS invested in significant outreach to the Black community during this recent Open Enrollment..." (New HHS Report...2022 1-2).

The HHS report also highlighted the high percentage of uninsured African Americans, families, and children living in the twelve states that chose not to expand Medicaid to adults under 65 years i.e., Mississippi, Alabama, Kansas, and Texas to name a few. These happen to be states that have historically maintained social, political, and economic race-based structures that have excluded African Americans and other People of Color from access to social supports for decades, if not centuries. Because these and the other eight states would not extend Medicaid, the HHS has estimated that 957,000 African Americans are without coverage in those combined 12 states. Research has shown that throughout the different phases of the COVID-19 crisis, not having access to medical insurance or adequate medical coverage and the combined effects of structural racism have meant less positive health outcomes and more death for low-income African Americans and other People of Color (See Carol R. Oladele, PhD, MPH et al, *THE STATE OF Black AMERICA...* 2022).

Like many other policies and programs, political concessions were made from the beginning of the policy making process. While 20 million more people were covered by ACA, the out-of-pocket costs were still beyond the reach of many low-income and no-income people in 2020. Twelve years into the program, HHS admits that large segments of the society were not able to benefit from programs associated with ACA. Additionally, from July 2009 when the idea was first introduced as HR3962 (Affordable Health Care for America), the Affordable Care Act went through numerous changes to appease profit focused health care entities and other powerful interest groups before it passed in March 2010 (See Molly Ball 2020; Shanoor Seeral, 2020).

The CHIP program signed into law in 1997 had an end date of 2019, when children would be transitioned into their parents' insurance plans, nationally. The program covered children in families with low-incomes and moderate incomes too high to qualify for Medicaid but not able to afford private coverage. CHIP is supported with matching funds from the Federal Government to the states sponsoring this program. These programs are based on Federal Poverty Level income eligibility requirements. Regardless of programs like Medicaid, CHIP, and the Affordable Care Act, glaring disparities exist in health, particularly among low-income African Americans, and other People of Color, their children, and families (Ibid, Carol R. Oladele, PhD, MPH et al, 2022, *THE STATE OF Black AMERICA...*).

Advancing and Improving Medi-Cal (CalAIM) January 2022 -2027

CalAIM is a post-COVID-19 five-year public health plan. It was launched in January 2022 and will continue through 2027. As of this writing, CalAIM has been in existence for just shy of 10 months. According to the California Health Care Foundation, CalAIM is a coordinated, equitable, and human-centered health care delivery system.

(<https://www.chcf.org/publication/calaim-explained-five-year-plan-transform-medi-cal/#timeline-for-implementation>). CalAIM is a state policy framework for overhauling the existing Medi-Cal managed care system. It proposes to do this by providing guides for implementing Enhanced Medical Care (EMC). The plan includes novel features that combine earlier services logic from Whole Person Care and Home Health Program with Community Supports or In Lieu of Services supports. These supports are not mandated for use by Medi-Cal managed care providers or members. Community supports are “optional” and left up to Managed Care Providers and members to determine whether they will be used. This can translate into providers having a tremendous amount of influence over the direction these services will take and how much impact they will, or will not, have in vulnerable communities.

CalAIM is designed to:

- Proactively reach low-income individuals with compound “medical and non-medical” needs
- Build infrastructure for managed care plans to provide medical care while also addressing social determinants: e.g., housing (unsafe or unstable), environment, food insecurity, transportation, etc., that affect the health and wellbeing of patients. All these services will be reimbursed through Medi-Cal
- Coordinate plans and provide “incentives” to public health systems that provide sensitive, equitable, culturally appropriate care, and outcome-driven care
- Implement changes that base payments to physical and mental healthcare providers on health outcomes rather than pay for service

- Focus on equitable distribution of health resources and services by ensuring that populations in most need are connected to appropriate health and wellbeing services at the time they need them
- Make Medi-Cal managed care plans accountable by encouraging them to collaborate and partner with local community-based organizations and counties to coordinate patient access to services
- Increase health assistance through justice involved services

CalAIM plans to reach:

- People experiencing serious behavioral issues: including substance use disorder, severe emotional stress, and mental illness
- Seniors and other people with disabilities
- Human beings experiencing homelessness who have complex physical or behavioral health needs
- People transitioning from incarceration (jail or prison) returning to the community and who have complex physical or behavioral health needs
- Children with complicated medical conditions like cancer, diabetes, epilepsy, or serious heart disease
- Children and youth in foster care (<https://www.dhcs.ca.gov/calaim>)

The CalAIM program was put in place as a means for promoting wellness and prevention. Enhanced Medical Care (EMC) is a component of CalAIM. It provides health care focusing on the whole person using global life supports: e.g., providing housing deposits, respite services, short-term housing after being discharged from the hospital, community transition services, transition to home from nursing facility, home modifications to accommodate accessibility, centers for helping people with substance dependence, medically supportive foods/meals that are fitted to medical needs, etc.

As described, CalAIM (2022) is probably one of the medical programs that has change-potential in the state of California and LA County. An important aspect of this policy is that it is

multi-layered. This may move Medi-Cal closer to a more humane delivery system, but not closer to a single-payer health system. CalAIM and its associated complex of partners and collaborators are dependent on Medi-Cal Managed Care programs to implement its health strategies and will fund investment in local community organizations. CalAIM targets vulnerable unhoused individuals, families and children, children in foster care system, and low-income or unhoused seniors who have generally been neglected within the traditional healthcare delivery system. DHCS has included in CalAIM a disaggregated data collection, evaluation, and technology component for sharing data and determining how effective these new policies are at producing whole person care results. The policy directives include language about equity, community, and transformation. However, so much will depend on the intentions, or not, of health insurance companies to carry out these ideals.

SB 1338 Community Assistance Recovery and Empowerment Court (CARE Court)

September 14, 2022, Governor Newsom signed into law the SB 1338 Community Assistance Recovery and Empowerment Court (Care Court). The bill makes clear that it authorizes medical and county professionals, police, a roommate, a family member, for example, to petition courts for a CARE plan to force a person with serious mental health disabilities into housing and mental health treatment programs for one-year. If the individual does not cooperate or graduate out of treatment, they are subject to conservatorship. Counties would be fined \$1000 if they do not comply with providing SB 1338 authorizations. The SB 1338 had no powerful monied interests opposing it and was sponsored by California's governor. It passed without problems through the Assembly and the Senate. The CARE Court will begin for some counties as early as October 1, 2023, others will come online in December 2024.

The plan was opposed by several different organizations (<https://trackbill.com/s3/bills/CA/2021/SB/1338/analyses/senate-judiciary.pdf>). Human Rights Watch, ACLU California Action, County Welfare Directors of California, the Western Center on Law and Poverty among other advocacy groups for mental health and the unhoused believe there may be serious civil rights violations built into this policy: the state can take a person's agency from them and have them institutionalized and/or placed in conservatorship. A related

question/concern is who and how many people living with mental health issues were consulted to give input into the planning, design, and implementation of SB 1338?

The CARE Court poses other potential red flags for low-income, African Americans and other People of Color and their families and children. Some view the new court procedures as re-traumatizing for people experiencing mental illness. Other opponents see it as a way for state and county officials to handle their homeless problem without really having the housing and mental health infrastructure in place to deal with implementation. There are further questions, as well. For example, in January 2022, in LA County there was an estimated total of 69,144 unhoused including families with children (Christopher Yee 2022). Are the CARE Courts just another means of criminalizing unhoused and mentally ill people? What about funding for housing, training, and the staffing of facilities?

Family Medical Leave Act (1993) and Paid Family Leave

The struggle to pass the Family Medical Leave Act (FMLA) took nine years (from 1984 to 1993) before it became federal law. In 1978, an earlier act the Pregnancy Discrimination Act (PDA) was passed in Congress as an amendment to Title VII of the 1964 Civil Rights Act. While the PDA protected pregnant women from discrimination in the workforce due to pregnancy, birth or illness related to pregnancy, it did not give women work-leave safeguards other than for pregnancy (<https://www.eeoc.gov/statutes/pregnancy-discrimination-act-1978>). The PDA was not a national policy, and it was left up to states and businesses whether they would implement the policy.

The Family Medical Leave Act (FMLA Bill) was first introduced as the Parental and Disability Leave Act (PDLA) in 1985. It had 18 weeks of *unpaid* leave for new parents, and 26 weeks for a sick child or one's own disability. In 1986, PDLA was renamed the Family Medical Leave Act (FMLA). It expanded to broaden its reach to include the care of ill parents, children, or spouses. Once passed, FMLA provided gender-neutral job security and *unpaid* medical leave for: an employee birthing and caring for a newborn child, placement of an adopted or foster care child with an employee, the care of a seriously ill family member such as a child, parent, or

spouse. FMLA also guaranteed *unpaid* medical leave for a working person's own serious health problems. It also included eligibility requirements that some workers had difficulty satisfying :

- Be in a job for 12 months and 1,250 hours of work during the 12-month "immediately" preceding the leave.
- Expected to work in a private or public agency with at least 50 workers within a 75-mile distance.
- Working for a covered employer (www.dol.gov/general/topic/benefits-leave/fmla).

The FMLA basically ensured solidly middle-class working people who qualified could take time off to care for their families and children without the fear of being fired. Yet, because of the nature of the requirements, many low-income families, especially Black women (80% of whom are the sole or major breadwinner for their families), and other women working in low-paying, minimum wage service jobs with no medical insurance, could not afford to take leave that was *unpaid* (Jessica Milli et al 2022).

The policy making process for any bill is a difficult one. It is especially difficult to get progressive human centered and family-work related policy passed in a highly politicized environment. Conservative sentiments in the legislative body meant proponents of FMLA had to build coalitions in the Congress, do community- and state-level organizing, and lobby through media with family values type messaging. Even so, the text of the bill was changed several times between 1986 and 1990. In 1990, the Senate passed the bill. However, one month later it was vetoed by President H.W. Bush. It took pushing when a window of opportunity opened, a new Congress, new President, and a willing political party to get FMLA passed in 1993 under President Clinton (<https://www.nationalpartnership.org/our-work/resources/economic-justice/fmla/fmla-case-study-lenhoff-bell.pdf>).

Although, family medical leave laws have been passed by many state governments, they generally have not changed the levels of benefit from the original law. A few states offer paid leave to state employees. California, for instance, has a paid leave plan for most workers who pay into its paid leave fund. California employees pay into the fund which functions like an insurance leave plan that employees can use while they are not working. In 2016, San Francisco enacted the first city-wide Paid Parental Leave Ordinance in the U.S. and required employers to

pay a portion of the costs for its Paid Parental Leave Plan (<https://sfgov.org/olse/paid-parental-leave-ordinance>). A question here is why don't we have a national policy of Paid Family Medical Leave?

LA County Environmental Policy

SB 1137 Oil and gas: operations: location restrictions: notice of intention: health protection zone: sensitive receptors passed and was signed by the governor in September 2022 to be effective by 2025. Senate Bill 1137 prohibits new oil and gas operations from operating within 3,200 ft. (less than a mile) of fence line properties such as homes, schools, nursing facilities, hospitals, living facilities etc. The plan includes health protections zones that require operating oil and gas companies, or anyone buying lands with abandoned oil and gas operations to monitor and plug toxic leaks, emissions, and install alarm warning systems. The opposition (oil and gas industry and the State Chamber of Commerce) called the bill a "job killer" (California State, Legislative Information, Senate Bill 1137).

The bill that has provisions that require oil and gas operations to limit noise and odor pollution. This bill does not adequately address "fracking," a process that endangers ground water supplies. SB 1137 states that it addresses health equity issues that affect "... frontline communities that have been most polluted by the fossil fuel industry by cleaning up pollution, remediating negative health impacts, and building resilient infrastructure to prepare for the unavoidable impacts of climate change." In California about 3 million people live within 3,200 ft of the oil and gas wells operations. These frontline or "fence line" low-income communities of Indigenous/Native American, African American, and other People of Color, who sometimes live on the oil and gas wells' "fence line" suffer disparities in health disproportionate to more affluent White communities. There are much higher rates of asthma, upper respiratory diseases, skin rashes, and cancers in Black and other communities of color.

In LA County, high level oil and gas polluters are concentrated in areas such as South Los Angeles, Compton, and in Wilmington where there are at least four refineries, and several freeway systems within a 10-mile radius. This area is considered "the most polluted place in

America,” a “hotspot” of environmental injustice (Julie Cart 2017 p 2). In 2006, SB 905, the cap-and-trade policy was put in place to theoretically reduce greenhouse emissions and improve the quality of air in fence line communities of color (ibid, p 4).

Fence line communities of color continue to experience the negative health effects of poisonous vapor emissions. Instead of improving the air quality, the health situation is worsening for communities of color. The output of hazardous carcinogens into their environment has not stopped (Cart 2017 p 4). This is a serious issue of environmental racism. Continued patterns of residential segregation and isolation force low-income Black and other People of Color in low paying service jobs into areas where their health and wellbeing are daily compromised. Yet, the system allows profit driven industries to pollute and lobby against sustainable solutions to problems they create. The toxic environment that low-income and marginalized Black and other people of color endure daily is well known to policy makers. Cart (2017) reported that one Senator who voted for cap and trade admitted, “If we are just solving for carbon, those communities are not better off” (Cart 2017 p 6).

To further illustrate, in 2014, the LA County Public Health Department reported that African American children 0-17 had the highest rate of asthma in the county at 24.9%, 3 times higher than White (7.2 %), Latinx (8.0 %) , or Asian (4.1 %) children; 64% of African American children miss daycare or school due to asthma related causes as compared to White (30.3 %) children. Children living in poverty in LA County had the highest rates of asthma at 10.3 %. Children in Antelope Valley (12.2%) and South Bay (11.5 %) had the highest rates of asthma. The lowest rates were in the West (4.8 %) and Metro (4.3%) Service Planning Areas in LA County. In 2014, the LA County Health Department assessed that the situation was bad enough to warrant sounding the alarm to policy makers (County of Los Angeles Public Health, “Breathing Easy? Child Asthma in Los Angeles County,” 2014 pp 1-8). SB11 (2022) does not solve the severe negative health impacts of environmental racism in segregated low-income Black and other communities of color living on the gas and oil operations fence line.

Conclusion

The above history uncovers older repeating patterns that show up in present policy development and implementation. Perhaps the most significant pattern is ideological: the value framework that informs social policy decision making. In the United States, historical patterns of exclusion have been based on race, class, gender, disability, age, as well as other categories of marginalized populations. This value framework of exclusion, e.g., racial exclusion, subtle and not so subtle, leaks into every social, economic, and political institution even those designed to provide for the safety, health, and wellbeing of this society's people. For nearly 400 years, African American people have lived under the full weight of these patterns of racial discrimination and racial exclusion. Because of these types of patterns, African Americans have among the worst health outcomes, have a disproportionately large percentage of unhoused, and experience shocking rates of maternal and infant mortality, diabetes, asthma, and heart disease. They are over-represented in low-wage, low-skill service jobs, and inherit minimal wealth compared to Whites in the society.

As expressed in the introduction, the principles that guide a society's social policy and program design and implementation are a litmus test for how well a society provides for, regulates, and treats seriously the safety, health, and wellbeing of its most vulnerable populations. If we are to do better, we should understand that these older patterns and frameworks that undergird present policy design and implementation have taught us one truth i.e., often they do not work for those populations pushed to the margins.

Some of the repeating negative patterns that are reflected in processes of social policy, program design, implementation, monitoring and evaluation commonly include:

- deep stereotypic attitudes and assumptions
- limited perspective-taking about issues (e.g., primarily from the point of view of institutions and systems)
- exclusion of representation from the populations/cultures/classes intended to be served
- restrictive requirements for marginalized populations to be able to fully participate
- stigmatizing of certain populations/groups
- not addressing the institutional racism, sexism, classism, etc. that marginalized people/families experience

- underfunding of needed and working programs
- time constraints
- very limited real opportunities for marginalized individuals/families to climb out of poverty
- insensitivity to complex social conditions in which marginalized communities/families/children live
- failure to ensure that when there are attempts at building equity, justice, fairness, etc. into policies that there are protections built into the policy—holding others accountable for following through on the attempts at equity, justice, fairness.

Political will to change, is paramount; it is the energy for change. Knowledge of the history and context are the substance of beneficial change. The people most affected by policy planning, design, and implementation need to have a serious role in making policies that affect the health of their communities. Without that participation, positive life affirming solutions to the conditions of marginalized communities are highly unlikely.

AUTHOR'S NOTES

This project was challenging for the following reasons:

- The absence of dates on documents, articles, and other data concerned with design and implementation of policies. Due to convoluted and complex processes involved in planning, designing, and implementing policy, having dates would have helped to place those policies into accurate historical time frames.
- Policy once presented goes through several dense processes. For example: undergo several write overs, edits, or have totally unrelated legislation attached (usually the price for getting it passed). Bills may linger in a committee for days, weeks, even months. A bill may pass Assembly and Senate; then be killed or vetoed. The same bill may be resurrected with a new title and certain conciliations or compromises made year after

year until it is finally passed. For example, the Family Medical Leave Act (FMLA) took nine years of organizing, media campaigns, collaboration, and many compromises before it was finally passed. Following this process for several bills or other pieces of legislation was more than a challenge.

An example of this complicated policy-making process is how California Assembly bill AB 110 became law. AB 110 titled the “In-home supportive services provider wages: emergency caregiver payments to foster care: civil immigration detainees: recording fees” bill went through several iterations and committee actions before it was passed. It went through a long chain of 28 separate actions, one committee action after another, within the Budget and Fiscal Review (B & FR) Committee, the Assembly, and the Senate. AB 110 was amended and re-read several times, then re-referred to B & FR while being ping-ponged here and there. At one point it was ordered to an inactive file by one Senator. There were several postponed hearings on the bill. Subsequently, the bill went to the Assembly and the Senate to be passed along to the Governor’s desk for a signature. This all occurred over a period beginning January 1, 2017, and ending March 13, 2018, when it was finally approved by the Governor.

- Difficulty determining time frames, and involvement of community organizations, in planning, designing, and implementing policies and programs that affect them. This is a critical area of omission in policy making.
- There was no one place that I could get a user-friendly complete history of the policy making processes for specific policies. For example, there were challenges in trying to get clarity on how bills crash. For instance, trying to get information on AB 11 Early Screening... (EPSDT) 2018, which would have benefited low-income children of color, mainly Black children, who often go undiagnosed for developmental disabilities because their parents don’t have the quality of health insurance that would pay for early testing. It passed the Senate and Assembly, then was vetoed by the governor who felt this service was covered under the Medi-Cal state plan. Seeking more information on the bill, I posted a message to the website of the California Assembly person who sponsored the

bill asking about what finally happened with the bill. Once I'd completed and sent the message, it was immediately erased. An automatic response popped up saying that I was not in the Assembly person's district and therefore, could not leave a message.

- It is a challenge to find contextual information about how programs impact Black- and other People of Color and their communities, families, and children especially those on the margins of society. To focus on deeper issues of patterns of discrimination in policy planning, designing, and implementation in historical perspective it takes delving into tons of raw data e.g., official state, national, and local government websites, archives, and reports; videos, newspaper articles, blogs etc. which takes hundreds of hours to research and analyze.
- Awareness of the historical contexts and conditions, as well as the voices of the human beings that are the beneficiaries of policies and implementation programs are important. Human voices bring texture, context, and concrete reality to historical inquiries. Not having these human voices to contextualize this work is a limitation.

The people most affected by policy planning, design, and implementation need to have a serious role in making policies that affect the health of their communities. Without that participation, positive life affirming solutions to the conditions of marginalized communities are highly unlikely.

The people most affected by policy planning, design, and implementation need to have a serious role in making policies that affect the health of their communities. Without that participation, positive life affirming solutions to the conditions of marginalized communities are highly unlikely.

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