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USA and Canada

1. Introduction

This entry considers development within United States of America and Canada. Indigenous peoples and their nations are also featured. Canada and USA are both characterized by the UN Development Program as maintaining very high human development. The two countries are developing, nevertheless. Such a claim could be taken as a truism, but addressable weaknesses are evident when performance is compared, for example, with OECD member nations, a group that is dominated by European nations of a similar development profile. USA and Canada have also expressed explicit development commitments to the UN Sustainable Development Goals (SDGs). All parties to the SDG agreement pledge to national improvements for 2015-2030, and so USA and Canada have numerous targets that include the following:

Reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national dimensions ... Implement nationally appropriate social protection systems and measures for all ... end all forms of malnutrition ... ensure inclusive and equitable quality education for all ... Strengthen the prevention and treatment of substance abuse ... reduce inequality ... Significantly reduce all forms of violence and related death rates... (UNICEF, 2017)

One or both nations show particular weakness in each of these targets.

This entry focuses upon political institutions (section 2) and attendant social inequality in the areas of social welfare (3), education (4) and health (5). It cannot also provide a comprehensive picture of development concerns that pertain to gender inequality, employment opportunities, racial prejudice, nutrition and food insecurity, environmental injustice, and much more. Section 6 concludes that an array of cultural shifts and legislative decisions over the span of the past half-century has displaced the ethos of social responsibility that USA has shared with Canada in the past, replacing it with one of self-reliance that has led to missed opportunities, backsliding and maldevelopment. For the sake of simplicity, “America” and “American” are used here to refer to USA, despite that other nations of the continent may sensibly lay equal claim to these terms.

2. Development shortcomings and horizontal inequalities

Politicians of both nations acknowledge development successes and failings, and recent political rhetoric shows diverging plans for improvement. US President Donald Trump acknowledged losses to development in his 2017 Inaugural address, referring to an “American carnage” of drug addiction, crime, poverty, superannuated factories, unemployment, and failures of educational policy. Canadian Prime Minister Justin Trudeau, addressing the UN General Assembly several months earlier, acknowledged Canada’s continuing gender inequality, marginalization of indigenous peoples, and insufficient support of the elderly and youth. Trudeau articulated a vision to improve a “strong, diverse and resilient” country through acceptance of immigrant and refugee populations, engaging them to “build a strong middle class” and so reduce “citizens’ anxiety” (Trudeau 2016). Trump indicated a different path, reinforcing border controls so that “every decision on trade, on taxes, on immigration, on foreign affairs will be made to benefit American workers and American families.” (Trump 2017)

Immigration, both historic and ongoing, is central to both ethos and demographic within these nations. USA has, in past, presented the incorporation of cultures as an assimilatory process (a “fresh start” or a “melting pot”). That ideal has faded over the past half-century, perhaps because it contradicts persistent intergenerational group inequalities; particularly in the experiences of indigenous peoples and the descendants of captured and transported Africans, now 150 years after the abolition of slavery in 1865 (Stewart 2009; Coates 2014). African Americans, who represented about a tenth of the nation’s population in the mid-20th Century, pressed their continuing concerns in the Civil Rights and Black Power protest movements. Their efforts produced the Civil Rights Act of 1964, the Voting Rights Act of 1965, and formal removal of racial segregation where it had remained in business and governance institutions, primarily in Southern states. Group inequalities have persisted, however, across the whole of the national map in many dimensions that will be indicated below, particularly for indigenous, African American (henceforth also referred to by the census category “Black”) and Hispanic populations, with recently increasing bias against those perceived to be of Muslim faith. USA’s official characterization of groups is a blend of racial and ethnic categories: White non-hispanic (henceforth “White”) reflect 77% of the population; Hispanic 17%; Black 13%; Asian 7%, American Indian, Alaska Native and Pacific Islander (including Hawaii) 2%; and two or more races 3%. Immigrants born in another country account for 13% of the legally recognized population, as of 2016 (US Census 2017).

Canada’s cultural ideal is of multiple non-assimilated cultures (multiculturalism) and its governance system is consequently more complex. Canadian thinkers continue to develop the ideal: Will Kymlicka argues for the embrace of “ambivalent identifications and contested commitments” to state and to sub-state national, ethnic and linguistic groups and he holds that “citizenship agendas must promote a distinctly multinational conception of citizenship if they are to be fair and effective.” (Kymlicka 2011, 283) Nineteen percent of Canada’s population characterize themselves as “visible minority,” with South Asian (5%),

Chinese (4%), Aboriginal (Indigenous) (4%) and Black (3%) the major groups, as of 2011. Twenty-one percent of Canada's population was born in another country; the majority of recent immigrants are from Asia (Statistics Canada 2017).

Multiculturalism makes for complexity in governance. Canada is a Westminster parliamentary democracy built upon plurinational political relations for three cultural groups. English Canada is the majority. French Canada, which reflects 24% of households, has a distinctive status, including official language status. The French majority province of Quebec has a distinctive civil law system, undertakes distinct cultural prerogatives, and holds designated provincial representation on the Supreme Court of Canada. Indigenous and Métis peoples have "inherent right of self-government" in Canada with "aboriginal and treaty rights" explicitly recognized in 1982 amendments to the Constitution. Indigenous "First Nations" retain significant claims to land not subject to treaty, particularly within the region of British Columbia (Indigenous & Northern Affairs 2017).

3. Internal development policy, social welfare and financial poverty

USA's national system for human financial security, or welfare, has origins in the mid-1930s as a response to the Great Depression (the "New Deal" of the Franklin Roosevelt administration). Canada's welfare and health systems were conceived in the same era from socialist political currents; they developed more slowly and they have remained more stable. In the final quarter of the 20th Century, USA and Canada began with similar poverty rates (if calculated as <50% of median income). After taxes and transfers, these rates would diverge by the mid 1980's: Canada's rate dropped by one third, to 10%, and USA's rose one tenth, to 18%. Rates are currently at 13% and 17% (Zuberi 2006, 21; OECD 2017).

Political history illuminates American strategies for development. In 1965, late in the era of the Civil Rights Movement, US assistant secretary in the Department of Labor Daniel Patrick Moynihan authored *The Negro Family: The case*

for national action. His report documented rising crime and unemployment within black communities and stated:

[T]he Negro family in the urban ghettos is crumbling. A middle-class group has managed to save itself, but for vast numbers of the unskilled, poorly educated city working class the fabric of conventional social relationships has all but disintegrated. ... So long as this situation persists, the cycle of poverty and disadvantage will continue to repeat itself. ... Measures that have worked in the past, or would work for most groups in the present, will not work here. A national effort is required that will give a unity of purpose to the many activities of the Federal government in this area, directed to a new kind of national goal: the establishment of a stable Negro family structure. (Moynihan 1965)

The Moynihan report was intended as a progressive clarion call as part of the “War on Poverty” of President Johnson’s administration. Anthropologist Susan Greenbaum reflects that, “although Moynihan did assert that joblessness was the major problem facing African Americans, his focus was not on measures to expand employment, but on the psychological effects of male unemployment.” (Greenbaum 2015, 3; c.f. Coates 2015) Demographer William Julius Wilson suggests that the report effectively racialized American discussion of poverty reduction, stalled progressive programs, and opened space for politically conservative accounts focused upon promotion of individual responsibility as a remedy for problems that were framed as a “culture of poverty” and welfare dependence (Wilson 2012, 6). Following the election of Ronald Reagan as President in 1981 conservative agendas consolidated within policy and in social analysis. Charles Murray argued that public assistance both fostered the creation of the “welfare mother” and encouraged men to avoid parental responsibilities (Murray 1984, 231).

The welfare system has since contracted. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 reduced a previous focus on training within welfare-to-work programs of the late 1960s. Temporary Assistance for Needy Families (TANF), which limited assistance to low-income families to five years in a parent’s lifetime, replaced traditional federally funded welfare. Welfare benefits are now comparable between USA and Canada, with the following exceptions: Canada does not keep a clock for eligibility, part-time earnings are largely retained by the underemployed in Canada (3/4 retained vs. 1/4), Canada

has more extensive opportunities for retraining and further training for the unemployed, Canada provides more systematically for language training, and, though USA provides small tax credits for the poorest that increase for families with dependent children, Canada's financial benefits expand greatly for families with children (Zuberi 2006, 87, 95-6).

In USA, poverty is not in decline, but aid to families, especially to children, is in decline: TANF rolls have reduced greatly since 1996. Modest increases in median family income have been slight for poor families and near to zero for single parent families (US Census 2016a, Table F-10). In 2015, children represented less than 1/4 of the population and yet were 1/3 of the population living below the national poverty line. Two-thirds of families with children in poverty were single-parent households (US Census 2016b, 14-18).

Philosopher Iris Marion Young argues that the US welfare policy shift of 1996 reflects a re-conception of responsibility within American culture that dates from the Reagan era. Rhetoric of "personal responsibility" and "independence," has been cast as "family values," replacing the New Deal era view that all members of society are responsible for the social conditions that affect everyone. Social responsibility has been transfigured to blaming the poor, regardless of differences in ability, cyclical failings such as recessions, and continuing injustice reflected in horizontal inequalities. The shift has reduced the burden of social services provided by the state in "the triumph of a more individualist understanding of social relations that weakens or even destroys [the] idea of collective responsibility." (Young 2011, 7-10; c.f. Greenbaum 2015, 14-15, 112)

4. Education: horizontal inequalities and social mobility

Shortly following WWII, in 1950, USA held the highest graduation rate among large, very high development nations, at about 50%. An 82% graduation rate for 2014 places USA 3% lower than the average of OECD member nations. Canada exceeds

that average by 4% (OECD 2016 Table A2.1). “Baseline competency” at age 15 for mathematics, science, and reading as measured by the Programme for International Student Assessment (PISA survey) is about average among highest-performing nations for US students. Canadian students are among the best (UNICEF 2017, Figure 4.1).

Inequality of outcome by race and socioeconomic status contributes to continued horizontal inequality in USA. Above 88% of both White and Asian students graduate; they lead the Hispanic group by 10% and further lead other assessed groups: Economically Disadvantaged (76%), Black (75%), Native American (72%), Limited English Proficiency (65%), and Students with Disabilities (65%) (USNCES 2016). For many of these groups, then, 1/4 or more of children will not graduate high school.

Comparison of university achievement of adult children to that of their own parents also indicates an unpromising future for social mobility in USA and an especially promising one for Canada. Upward mobility reflected in education is meager in USA: children with parents lacking high school degrees themselves graduate university at an 8% rate. This compares with 42% in Canada, which is a rate much higher than the average of 22% for OECD nations. Comparison of US children of foreign-born parents who lack high-school education with children of similarly educated parents born within USA shows that the former group are twice as likely to themselves achieve college graduation as the latter group. At 9% and 5% these figures lag greatly behind the OECD averages (23% and 22%). Canada is again a leader: similar groups rate at 51% and 33% respectively. (OECD 2016 Table A4.4, A4.1, A.4.3)

Elizabeth Anderson offers structural explanations for horizontal inequality perpetuated by the public education system of USA, particularly for African American and disabled students (Anderson 2012). Higher suspension and expulsion rates for these groups indicate that “outcome” based standards of distributive justice, rather than the prevalent “opportunity” based standards, would be needed

to produce a fair educational system. Though “fair opportunity” ideals resonate, especially with the US culture of individual responsibility noted in Young’s writing, those ideals serve to privilege socially dominant White and Asian groups that subscribe to values largely shared by teachers. So, Anderson argues, “middle class” values and cultural practices that these groups share serve as “cultural capital” that creates a less inclusive environment and curriculum. Lower-class values and styles of parenting yield reduced opportunity in this setting, even though these values and strategies are not obviously in themselves of less value for equipping children for life: the strategies may reflect sensible adaptation to insecure circumstances and may display these parents’ unfamiliarity with an educational system that had not served them well (112, 115-16). Anderson argues that a system that does not achieve proportional success rates for all groups reproduces group inequalities and low mobility for the younger generation, and so, ultimately reproduces economic and social injustice.

5. Health outcomes

Health outcomes should be distinguished from provision of health care. Health care and genetics have substantial effects upon health outcomes, but “social determinants of health” – material, behavioral and psychosocial factors – may play even greater roles. Health outcomes are greatly influenced by: home, social and working environment; exercise and sleep; diet, especially salt and saturated fat; smoking, drugs and alcohol; and social hierarchy and economic status that influence the physiological correlates of stress (Marmot 2015, Brunner & Marmot 2006).

Health care spending is a very large portion of expenditures within all developed countries. Expenditures have increased as a portion of GDP in USA, from 10.5 to 17.5% over the period of 1987-2011 (Barr, Figure 1.1). Canada’s current expenditure is in line with most European countries, at 2/3 the portion for USA. Since USA has perhaps 20% greater GDP per person, costs nearly double those within Canada. There is general consensus that expenses for administration of the

hybrid private/public health system in USA accounts for much of the extra expense: estimates for such costs reach as high as 30% (Zuberi 2006, 70). Canada produces superior outcomes across many indicators: for example, 20% lower infant mortality and two more years life expectancy, at 78 and 83 years, for men and women born in 2013 (Barr 2015, Table 1.1). Life expectancies are similar to Canada's for US populations that are Hispanic (79, 84) and White (76, 81); these expectancies greatly lead Black (72, 78) and Native American (73, combined measurement) (Kunitz & Pesis-Katz 2005, 7; Centers for Disease Control 2017, Table 15; Indian Health Service, 2017).

Health care access has been universal since the 1970s in Canada's Medicare/Assurance-Maladie national insurance and care system. It is administered at the level of territories and provinces. This produces some inequities in quality and access related to wealth and policy as well as regional inequities suffered by rural populations. Care for indigenous populations located on both ancestral lands and in urban areas produces inferior outcomes. Many, especially the elderly, express dissatisfaction with the physician's gatekeeping role and with lengthy queues for some procedures (Romanow 2002, 218-222; 16-20). The waits also unduly increase morbidity (disease, or long-term reduction in health). A few with resources may opt for private clinics; very few will visit USA or other nations for care.

Access in USA is varied (US Census 2015). About half the population receives private insurance through plans involving cost-sharing with employers on a multi-payer (multiple-insurer), multi-provider open market. Special government service providers exist for military veterans and for indigenous populations within reserve lands. Medicaid, a single-payer federal system administered and supplemented at the level of individual states, covers individuals with disabilities, some low-income adults, and children not otherwise covered. Medicare, a single-payer federal system paying most costs, is available to all over age 65 who can document legal residency for the five years before application. Elderly assisted living services are largely assured through personal expenditure and private insurance, but many rely on a

social safety net administered at the state level that is uneven and requires a prior reduction of the individual to indigence.

Legislation towards creating universal health coverage in USA that is coordinated with open markets — “Obamacare,” or the Patient Protection and Affordable Care Act – was enacted in 2010. Late in 2016, a tenth of Americans under age 65 went uninsured, a historic low that halved the percentage in 2010. Proposed changes would almost certainly lead to a rise in the rate of uninsured (Luhby 2017).

Socioeconomic status and race are especially significant factors in health outcomes worldwide (Kunitz & Pesis-Katz 2005; Marmot 2015; Barr 2015). The effects of both are complex in USA, with universal coverage for those over age 65 and access to health care linked to employment status for about half the population. In a much-discussed paper of late 2015, Ann Case and Angus Deaton argued that both morbidity and mortality at midlife (ages 45-54) for White Americans had risen consistently since 1995, very nearly matching historically higher rates for African Americans. They found the increase to be confined to the one specific racial and age grouping, though they now note a similar rise over a shorter term among African Americans. These declines reverse and cancel improvements to be found over the previous twenty years in the US population generally; the reversal is not seen in similar populations in Canada and Western Europe. The authors account for these increases as the results of drug overdose, suicide, and alcohol poisoning: such “deaths of despair come from a long-standing process of cumulative disadvantage for those with less than a college degree.” They find contributing factors to be increasing precarity for workers, a culture of disdain for economic safety nets, and decreasing social support in the forms found in traditional institutions of marriage and religion. Case and Deaton lay blame specifically upon an American culture of individual responsibility in which one’s lack of success is perceived as an individual moral failing, producing a “Durkheim-like recipe for suicide.” (2017, 29ff.)

Similar concerns arise for indigenous youth and adults globally and within both countries (King, Smith & Gracey, 2009). Suicide rates in Canada among indigenous

people are three or more times the national average, they are five or more times the average among youth, and are of overwhelming concern within some geographically isolated communities (Marmot 2015, Ch. 8; Canadian Press 2017). The government acknowledges that Indigenous child welfare programs are underfunded and “the legacy of colonialism in Canada” and its remedy were central to Prime Minister Trudeau’s UN address for 2017 (Murphy 2016, Trudeau 2017). Similar concerns have garnered less attention in USA recently, despite that President Obama had acknowledged longstanding inequity (McGreal 2010).

6. Conclusion: outcomes and amelioration

This entry has highlighted development failures: horizontal inequalities related especially to race and religion, low social mobility, rising within-nation inequality, declining educational access and achievement, inefficient and disparate health care access, and uneven health outcomes. Canada’s superior language and settlement services for immigrants, its health care system and its superior education and social welfare programs may account for some aspects of development that compare well against conditions in USA. Alongside policy, culture is important: the multicultural ethos that Canadian politicians continue to support may buffer it from USA’s turn to isolationism, to oppositional politics, and to a culture of individualism that hazards disregard for structural causes of inequality. A dwindling culture of social responsibility may have fueled USA’s increasing inequality within education and its reduction in social welfare programs since the 1980s. Though Canada’s economic productivity is less, the nations nevertheless rank about equally on the Human Development Index. In the final analysis, then, it is not evident that USA’s high productivity has paid off well in terms of development. Canada is by many measures a more equal society, but it shares many development shortcomings with USA: continued failings in development for aboriginal populations is one among these, as well as vulnerability and despair for that group and for others.

References

Anderson, Elizabeth (2012). "Race, culture and educational opportunity." *Theory and Research In Education*, 10(2) 105-129.

Barr, Donald (2014). *Health Disparities in the United States*. 2nd ed. USA: Johns Hopkins.

Brunner, Eric & Michael Marmot (2006). "Social organization, stress and health," in Michael Marmot & Richard G. Wilkinson, eds. *Social Determinants of Health 2/ed*. Oxford: Oxford.

Canada [Government of], Indigenous and Northern Affairs (2017). Treaties and agreements.

<https://www.aadnc-aandc.gc.ca/eng/1100100028568/1100100028572>.

Canadian Press and Globe Staff (2017). "Attawaapiskat: Four things to help understand the suicide crisis." *The Globe and Mail* [Toronto][web], January 5 <https://www.theglobeandmail.com/news/national/attawapiskat-four-things-to-help-understand-the-suicidecrisis/article29583059/>.

Case, Anne and Angus Deaton. "Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st Century." *PNAS* v. 112 no. 49, December 8, 2015. <http://www.pnas.org/content/112/49/15078.full.pdf>.

Center For Disease Control [USA] (2017). Health, United States, 2016. <https://www.cdc.gov/nchs/data/abus/abus16.pdf>.

Coates, Ta-Nehisi (2015). "The Black Family in the Age of Mass Incarceration." *The Atlantic*, November. <https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>.

Coates, Ta-Nehisi (2014). "The Case for Reparations." *The Atlantic*, June. <https://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>.

Greenbaum, Susan (2015). *Blaming the poor: the long shadow of the Moynihan Report on cruel images about poverty*. USA: Rutgers.

Indian Health Service [USA] (2017). Indian Health Disparities. April.
<https://www.ihs.gov/newsroom/factsheets/disparities/>.

Jencks, Christopher (2016). "Why the very poor have become poorer,"

King, Malcolm; Alexandra Smith; Michael Gracey. (2009). "Indigenous health part 2: the underlying causes of the health gap." *The Lancet* (British edition) V.374 Issue 9683. 76-85.

Kunitz, Stephen and Irena Pesis-Katz (2005). "Mortality of White Americans, African Americans, and Canadians: The Causes and Consequences for Health of Welfare State Institutions and Policies." *The Millbank Quarterly*, 83:1, 5-39.

Kymlicka, Will (2011). Multicultural citizenship within multination states.
Ethnicities 11:3, 281-302.

Luhby, Tami (2017). "The truth about the uninsured rate in America." CNN Money, 14 March. <http://money.cnn.com/2017/03/13/news/economy/uninsured-rate-obamacare/index.html>.

Marmot, Michael (2015). *The Health Gap*. USA: Bloomsbury.

McGreal, Chris. "Obama's Indian Problem." *The Guardian*, 10 January.
<https://www.theguardian.com/global/2010/jan/11/native-americans-reservations-poverty-obama>.

Moynihan, Patrick (1965). "The Negro Family: the case for national action." US Department of Labor. <https://www.dol.gov/oasam/programs/history/webid-meynihan.htm>.

Murphy, Jessica (2016). "Canada pledge to overhaul broken welfare program for indigenous children." *The Guardian*, 26 January.

<https://www.theguardian.com/world/2016/jan/26/canada-discriminated-against-indigenous-children-welfare-services>.

OECD (2017). Poverty Rate. OECD Data. <https://data.oecd.org/inequality/poverty-rate.htm>.

OECD (2016). "Education at a glance 2016." *OECD Indicators*.
<http://www.oecd.org/edu/education-at-a-glance-19991487.htm>

Romanow, Roy (2002). *Building on Values: The future of health care in Canada*.
Commission on the future of health care in Canada.
<http://qspace.library.queensu.ca/bitstream/handle/1974/6882/BuildingOnValues.pdf>

Statistics Canada (2016). Immigration and Ethnocultural Diversity in Canada. Dated 15 September 2016. <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm>.

Stewart, Frances (2009). "Horizontal Inequality: Two types of traps," in *Journal of Human Development and Capabilities*, 10:3, 315-340, DOI: 10.1080/19452820903041824

Trudeau, Justin (2016). Prime Minister Justin Trudeau's Address to the 71st Session of the United Nations General Assembly.
<http://pm.gc.ca/eng/news/2016/09/20/prime-minister-justin-trudeaus-address-71st-session-united-nations-general-assembly>.

Trudeau, Justin (2017). Prime Minister Justin Trudeau's Address to the 72th Session of the United Nations General Assembly.
<http://pm.gc.ca/eng/news/2017/09/21/prime-minister-justin-trudeaus-address-72th-session-united-nations-general-assembly>.

Trump, Donald (2017). Inaugural Address. <https://www.whitehouse.gov/inaugural-address>.

UNICEF (2017). Building the Future: Children and the Sustainable Development Goals in Rich Countries (Innocenti report card 14). https://www.unicef-irc.org/publications/pdf/RC14_eng.pdf.

US Census Bureau (2017). Quick Facts [Estimates dated July 1 2016]. <https://www.census.gov/quickfacts/>.

US Census Bureau (2016a). Income and Poverty in the United States: 2015. <https://www.census.gov/library/publications/2016/demo/p60-256.html>.

US Census Bureau (2016b). Historical Income Tables: Families [September 13, 2016]. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-families.html>.

US Census Bureau (2015). "HI-01 Health insurance coverage status and type of coverage by selected characteristics." <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi/hi-01.html>.

US National Center for Education Statistics, (2016) "Common Core of Data, Table 1," (https://nces.ed.gov/ccd/tables/ACGR_RE_and_characteristics_2014-15.asp).

Wilson, William Julius (2012). *The Truly Disadvantaged: The inner city the underclass, and public policy*. 2/ed. Chicago: University of Chicago Press.

Young, Iris Marion (2011). *Responsibility for Justice*. USA: Oxford University Press.

Zuberi, Dan (2006). *Differences that Matter: Social Policy and the Working Poor in the United States and Canada*. New York: Cornell University Press.