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April 30, 2008

Dear Readers:

The Society for the Study of Social Problems is pleased to send you the enclosed publication, **Agenda for Social Justice, Solutions 2008**. It represents an effort by our professional association to nourish a more “public sociology” that will be easily accessible and useful to policy makers. It is also a way to give something back to the people and institutions that support our scholarly endeavors. We hope that you find it helpful in your challenging work of crafting successful solutions to contemporary social problems.

Sincerely,

A handwritten signature in cursive script that reads "Nancy A. Naples".

Nancy A. Naples, University of Connecticut
SSSP President, 2007-08

Enclosure

AGENDA FOR SOCIAL JUSTICE: SOLUTIONS 2008

Robert Perrucci, Kathleen Ferraro, JoAnn Miller and Glenn Muschert, eds.

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The Victimization and Vulnerabilities of Immigrant Children: The Importance of English Proficiency

by
Anthony A. Peguero, Ph.D.

The Problem

The social, economic, and political debate on U.S. immigration policy is heated and controversial. Although the debate concerns a complex social issue, often discussed with biased views as well as conflicting information, there are some data which are certain.

Although much of this debate focuses on the 12 million “illegal” immigrants, there are currently over 19 million documented immigrants in the United States. Mostly left out of this debate are the 15 million children living in immigrant families. Many live with undocumented parents, but an estimated 10 million immigrant children are U.S. born citizens. As U.S. citizens, immigrant children are entitled to public services, aid, and assistance; however, their undocumented parents typically do not interact with public agencies for fear of deportation.

Nevertheless, immigrant children, especially the Latino/a and Asian-American population, like their parents, are greatly impacted, often detrimentally, by this controversial political and social issue. Twenty percent of the child or adolescent population in the United States is represented by Latinos and Asian-Americans. This proportion of Latino/a and Asian-American children in our nation is expected to rise to thirty three percent by the year 2050. Three out of five Latino children and four out of five Asian-American children live in families that have at least one parent who is a first-generation immigrant. In other words, about sixty percent of Latino/a and eighty percent of Asian-American children are, or have a parent, that is a non-native English speaker.

Because of recent immigration trends, children with immigrant parents—whether documented or not—are the fastest growing segment of the nation’s population. The well-being of immigrant children is clearly influenced not only by the legal status of their parents, but also by the family income and structure, parental work patterns, educational attainment, and level of English proficiency. However, the role of immigration-related characteristics, such as English proficiency, needs further attention. Although there is no official language in the United States, language is at the core of the social and policy debate over immigrants’ impact on American culture. In turn, many of the factors associated with the victimization and vulnerability of immigrant children are associated with English proficiency.

Limited English proficiency is linked to the adverse treatment and experiences of immigrant children and their families in many social domains such as education, criminal justice, manmade and natural disasters, and public health. In educational institutions, immigrant children with low English speaking capabilities are often subjected to negative and detrimental treatment by all members of the school community. In the criminal justice domain, immigrant children and their families are more vulnerable to crime for fear of approaching the law enforcement authorities. In the area of disaster research, in the wake of hurricanes Andrew and Katrina, language barrier problems arose in the simple process of filling out FEMA assistance forms, which furthered the

delay of disaster relief for immigrant children. In the public health domain, the lack of English proficiency is linked to restricted access to health care, services, treatment, and medication. As a result, immigrant children are vulnerable to discrimination, and potentially victimized, due to their limited English proficiency.

The Research Evidence

The lack of English proficiency for immigrant children is associated with a number of detrimental social and institutional experiences within the United States.

Education and the vulnerabilities of immigrant children

Within the last decade, there has been an estimated twelve percent increase in the overall student population in our nation. However, there has been an eighty-four percent increase in the limited English proficiency (LEP) immigrant student population within the same time frame. Since 1970, the number of children K-12 who speak Spanish at home doubled from 3.5 to 7 million, while the number of children speaking Asian languages tripled from 0.5 to 1.5 million.

In the daily experiences of immigrant children, English proficiency is associated with a number of student experiences within U.S. schools. Immigrant children with thick or heavy accents and low English speaking capabilities are often subjected to negative treatment such as discrimination, ridicule, and harassment from other students, teachers, and school administrators. LEP students are often placed in classes or academic tracks far from the mainstream classes. Their parents are less able and likely to effectively help children with homework and participate in school activities. In addition, English proficiency acts as a barrier for participation in some school-based extracurricular activities. Teachers are less likely to communicate with LEP immigrant children's parents for exemplary or problem behavior. The grade assignment and placement of LEP students are often based on grouping students with LEP in the same class to serve as interpreters for each other which often results in immigrant students intentionally being assigned to the wrong grade.

Most researchers have indicated that the U.S. educational system is not providing adequate resources to effectively educate immigrant children. In addition, only one sixth of higher education institutions prepare teacher candidates to effectively meet the educational needs of LEP students. There are some educational policies and programs that have attempted to address the needs of immigrant students, such as offering English to speakers of other languages (ESOL) programs and teachers and bilingual education, but ESOL programs are not found to be effective. It usually takes five years for immigrant children to learn "academic English." However, most ESOL programs are only offered for two or three years. This suggests that most immigrant students are only attaining "conversational" English speaking skills in American schools. As a result, LEP children are disadvantaged and setup for failure in the U.S. educational system. LEP students have more hurdles and barriers to overcome in their pursuit of educational access and success.

Criminal justice and the vulnerabilities of immigrant children

Although in August 2000, President Clinton issued Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, a number of findings reveal the vulnerabilities of the LEP immigrant community in terms of their contact with the criminal justice system. Immigrant victims are turned away when they try to report a crime at a police precinct because of their limited English proficiency. Trials are often delayed, especially in jurisdictions where immigrants represent a relatively smaller percent of the community, because a qualified interpreter cannot be found for a witness or defendant with LEP. Criminal justice agents and representatives such as police officers, lawyers, intake officers, and others indicate that they spend much less time and effort with the LEP immigrant population because of their frustration with the language barrier. The immigrant victim's privacy is usually compromised because police officers often include neighbors or family members to interpret the victim's case.

The lack of English proficiency increases the vulnerability of crime for immigrants in three prominent ways. First, immigrant children and their families may not have the ability to communicate their concerns or fears to legal authorities because of their insecurity or lack of the language skills necessary for such communication. Second, immigrant children believe that their LEP could be interpreted as an indicator of their legal residential status. In other words, both immigrant children and adults often do not report a crime to legal authorities, or to the police, for fear it would complicate legal and citizenship matters for themselves and their families. Third, immigrant children, as victims and offenders, who have LEP receive inadequate and inefficient service, attention, and assistance in comparison to native English speakers. Language barriers make it much harder to build trust with victims and clients who come into contact with the criminal justice system. It is difficult for immigrant parents with limited English skills to advocate for their children. As a result, immigrant children and their families who do not speak English proficiently may be more vulnerable to crime, violence, and injustice.

Manmade and natural disasters and the vulnerabilities of immigrant children

The White House, the U.S. Congress, and state and local governments have made emergency preparedness one of their highest priorities. However, most of the governmental and public agencies that are responsible for ensuring the safety of all human life have made insufficient efforts to address the LEP families and their children. Studies find that only one-third of the agencies offer information on emergency preparedness, mitigation, evacuation, and recovery in languages other than English.

Immigrant parents and families are not obtaining accurate and reliable information across the emergency management spectrum of mitigation, preparedness, response, and recovery which is essential for surviving disasters and emergencies. In the wake of Hurricane Andrew, many migrant workers and immigrants could not fill out Federal Emergency Management Authority (FEMA) assistance forms because the documents issued were in English. In addition, few federal agents sent to assist South Florida victims with their recovery spoke Spanish while no agents spoke Haitian Creole. FEMA's inability to provide forms and assistance in different languages to non-English speaking applicants in South Florida resulted in serious complications in FEMA disaster relief services to immigrant families and children.

Immigrants are rendered more vulnerable to the negative effects of disasters due to language based communication problems. In the disaster response stage, limited English language skills are found to delay or disable emergency response processes for the immigrant population. Latinos and Asian Americans faced barriers during Hurricanes Andrew and Katrina, compounded by issues of language, culture, and their status as undocumented or uninsured residents. Subsequently, delays in governmental disaster assistance and relief services seriously hindered the disaster recovery of immigrant children and their families.

Public health and the vulnerabilities of immigrant children

A number of findings indicate limited English proficiency increases vulnerabilities to the well-being and health of immigrant children. Researchers find that LEP immigrant children are at greater risk of intubation when they have asthma, have longer waits for emergency care, and they are more likely to experience an adverse medication reaction resulting from problems in understanding instructions that are written only in English.

Often immigrant children and their parents do not have the English language proficiency to read or to complete many of the necessary forms and documents in order to receive health care attention, assistance, and services. Immigrant children and their parents might not understand outreach health and safety messages, be aware of public insurance programs and prevention programs, or be able to complete an application for Medicaid. Furthermore, immigrants with LEP are often less acculturated and have poorer educational backgrounds than those with stronger English language skills. Limited English-speaking immigrant parents report that communication with their child's physician is often complicated by language barriers.

Recommendations and Solutions

Most of the immigrant children in the United States are legal residents and citizens regardless of their parents' legal status. As a society, we must recognize the rights and entitlements of these children as U.S. residents and citizens of our nation. Because there is no official language in the United States, we must be inclusive of residents who are foreign-born as well as those whose native languages are other than English. In order to deal with the social problems linked to immigrant children and English proficiency, we must address the inadequacies and inequities in many of our social institutions by offering services, assistance, and care to children whose first language may not be English. Most importantly, it is imperative for policymakers, educators, and administrators to acknowledge immigrant children's vulnerabilities to victimization, exploitation, and discrimination in the institutional domains of education, criminal justice, disaster and emergency management, and health in order to appropriately care for immigrant children in our society.

Public and private agencies (schools, juvenile and family court systems, law enforcement, medical care providers, and social services) that are responsible for educating, protecting, and providing care must acknowledge the vulnerability of the immigrant children they serve. Administrators and civil servants must act with the knowledge that immigrant children are

apprehensive about expressing their ills and problems for fear of placing themselves or their families in “trouble,” regardless of the children’s legal status.

The following are policy recommendations which are applicable for many social institutions that come into contact with any LEP child within the immigrant population. Principals, teachers, police and intake officers, judges, criminal prosecutors, disaster and emergency managers, and health care providers can initiate and sustain a strategic planning process for overcoming language barriers that is appropriate for the children that they serve. The resulting policy should be documented in a language access plan, which includes institutional or agency policy, methods for overcoming language barriers, training for staff, and outreach to the LEP community and immigrant population.

Education

- Establish access and resources for schools to hire qualified and bilingual staff to coordinate policy matters, monitor, report problems and provide technical assistance needed to serve the needs of LEP immigrant students and their families.
- Require staff development and training for staff at the school district and school site levels related to addressing the needs of LEP students.
- Extend additional financial resources to schools to better support and effectively manage ESOL programs.
- Acquire cultural sensitivity training and investigate how to handle language barriers and cultural differences in regards to testing, curriculum, instruction, and parent and school relations.
- Provide access to interpreters for teachers and staff in order to communicate with immigrant students’ parents about educational opportunities and advancement.
- Require all school districts to offer all essential documentation and forms in multiple languages.

Criminal Justice System

- Implement a language access plan, which includes agency policy, methods for overcoming language barriers, training for staff, and outreach to the LEP community.
- Ensure professional standards in criminal justice agencies that hire interpreters by testing, training, and monitoring their employees on a regular basis.
- Provide written notices of legal and human rights in multiple languages.
- Provide additional resources to hire qualified bilingual staff to coordinate policy matters, monitor, report problems and provide technical assistance needed to serve the needs of LEP immigrant families with their legal cases.
- Legal and court documents such as notifications, warrants, tickets, subpoenas, and the like also need to be issued in the native languages of the immigrant child and his or her parents.
- Technology should be used to overcome language barriers in the field for police and probation officers.
- Pool resources across agencies to lower costs and improve the quality of translation and interpretation services.

Manmade and Natural Disasters

- Hazard and emergency warnings and other notifications must be disseminated in the native languages of the community members that emergency managers serve.
- Emergency managers must offer information about emergency and disaster preparedness, mitigation, evacuation, and recovery in languages other than English.
- Emergency managers should incorporate bilingual staff to establish community.
- First responders must have access to either interpreters or at least personal digital translators in order to effectively communicate, aid, and assist survivors of a disaster.

Public Health

- Health care providers can be trained and taught fundamental phrases and terms in order to communicate with their immigrant children patients and parents.
- Health insurance and medical forms and drug prescription labels and directions should have translations in immigrant children's and parents' native language.
- Society should invest in the medical education of bilingual people and offer financial incentives such as additional pay for bilingual staff members.
- Community based outreach health care centers should be established, with bilingual staff, in order to ensure immigrant children's participation in health insurance programs.
- Health care institutions and hospitals can offer training for community members to become qualified medical interpreters in order to assist their neighbors, colleagues, and friends who are LEP immigrant children through a medical crisis.
- Outreach workers and organizations should promote access to health care that includes education about the availability of language assistance.

Key Resources

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Labor Rights and Social Justice for Migrant Workers – Prospects and Priorities for the 21st Century

by
Mark Thomas, Ph.D.

The Problem

While the term “globalization” is often associated with increasing levels of transnational trade and investment, increased labor migration is also a central component of an integrated world economy.

Current estimates by the International Organization for Migration (IOM) and the International Labour Organization (ILO) indicate that approximately 175 million people live outside their country of origin, with 86 million of these economically active migrant and immigrant workers. In the United States, over 21,000,000 workers are foreign or foreign-born, constituting approximately 15 percent of the total labor force. Over 2.2 million of these workers are migrants on temporary work permits. Furthermore, estimates indicate that there are approximately 12 million undocumented immigrants currently in the United States, with over seven million working in a wide range of service and industrial jobs.

As workers without permanent residency status in the society within which they work, migrant workers often face extreme conditions of social, economic, and political marginalization. Thus, migration processes have been accompanied by calls for strategies to improve the economic and political rights of migrants in many industrialized societies. The goal of combining an open labor market with social protection for the growing numbers of migrant workers has emerged as a key social policy imperative for the 21st century.

In the United States, migration has been the subject of an intense social policy debate in recent years. These debates have been advanced by: (i) policy proposals to expand the size and scope of existing temporary foreign worker programs; and (ii) growing awareness of the conditions of marginalization many of these workers experience. In 2004-05, the George W. Bush Administration introduced proposals for an expanded “guestworker” program, framing the proposals as a solution to two main concerns. First, the proposed program was presented as a means to improve border security to control the growing numbers of undocumented migrants crossing the United States-Mexican border. Second, the program was characterized as a means to secure a labor force to fill hundreds of thousands of low-wage, low-security jobs in agriculture, private sector services, labor-intensive manufacturing, and construction. Legal status through the program would last for three years and be renewable for another three. Upon completion of a six year term, workers would be required to return permanently to their country of origin.

In direct contrast to an expanded “guestworker” program that would reproduce the marginalization of migrant workers through temporary work permits and residency status, there has been growing pressure from social justice organizations to develop strategies to protect and advance the social and economic rights of migrant workers. At the heart of these strategies lies the aim of promoting social inclusion and eliminating the differential treatment that emerges through the “guestworker” model. From this perspective, migrants should not be prevented from settling in the society within which they work, and should have access to processes that lead to

the same social, political, and economic rights as citizens.

Taking this perspective, this chapter identifies the need to address the labor rights of migrant workers as a key social policy challenge for the 21st century. An agenda for social justice must include strategies to promote the social and economic rights of migrants, and foster stronger mechanisms for social inclusion of migrant workers and their families. The chapter first elaborates on some of the conditions of marginalization experienced by migrant workers, and then offers recommendations and strategies to address these conditions.

The Research Evidence

Contemporary migration patterns are connected to what the ILO terms a ‘global jobs crisis,’ whereby currently over one billion people are un/underemployed.

In this context, the International Organization for Migration has identified South to North migration as the fastest growing migration path, with the top ten emigration countries in the global South and approximately 60 percent of migrants residing in industrialized countries in the North. These patterns are also connected to economic restructuring experienced within many industrialized economies in response to the economic downturn of the early 1970s, processes that have produced growing demands for workers in a wide range of low-wage occupational categories. Growing numbers of immigrant and migrant workers perform many important but often invisible forms of labor in the major cities of the global economy, in both service and manufacturing sectors. Overall, while migrant labor ranges across occupational categories, including both ‘high-skill’ and ‘low-skill’ occupations, the United Nations has found that workers in ‘low-skill’, low-security occupations continue to be the majority of migrants. In the United States, labor market data indicate that foreign workers are employed as follows:

Sector	Employment of Foreign Workers (Percentage of Total Foreign Employment, 2001-02)
Agriculture and fishing	3
Mining, manufacturing and energy	17
Construction	6
Wholesale and Retail Trade	20
Hotel and Restaurant	10
Education	6
Health and Community Services	11
Households	1
Other Services	23

Academic research on the experiences of migrant workers in the United States has documented multi-faceted conditions of marginalization and social exclusion. Migrants commonly experience multiple forms of discrimination in employment, including limited access to jobs and vocational training. They may also experience a lack of protection from labor laws (health and safety, minimum labor standards, freedom of association) due to employment in either informal economies or occupations where there are legislative exemptions, such as agriculture.

“Guestworker” programs - like the H-2A program in the agricultural sector - that tie migrants to a particular occupation and prevent permanent settlement have contributed to the construction of racialized underclasses of workers, as these migrants are often restricted to jobs that are characterized by low status and employment insecurity, and that are subject to high fluctuations in demand. In the case of undocumented migrant workers in ‘informal’/‘underground’ economies, wages are substantially below the native born, while employment security and access to social benefits are nonexistent. Moreover, migrant women workers experience heightened conditions of marginalization due to the intensification of gendered wage inequalities that occurs through employment in informal service economies and private households as caregivers.

Migrant workers in both “guestworker” programs and informal economies play a key role in filling labor market demands. Yet many migrants experience regular conditions of unpaid and substandard wages, hours of work well in excess of legal maximums, frequent workplace injuries and an absence of health and safety protection, and an overall lack of enforcement of applicable workplace laws. These factors are all compounded by the constant threat of deportation, making migrants unlikely to report labor rights violations. These types of processes have the effect of creating a particular form of social exclusion, whereby migrants are granted access to the labor market (formally or informally), but not to other social supports and forms of social protection.

Policy Recommendations and Solutions

The persistence of these conditions indicates that the need to address the marginalization and social exclusion of migrant workers constitutes a key social policy challenge for the 21st century.

Migration is a transnational process; yet, addressing the conditions of marginalization experienced by migrant workers requires national and local solutions, as federal, state and local governments remain the key mechanism through which legal rights are established and enforced. This chapter identifies six specific recommendations to advance the rights of migrant workers as part of an agenda for social justice. These strategies focus on education and outreach, legal enforcement, and promoting equal treatment of migrants with nationals in employment conditions and opportunities. Moving beyond the national level, there are transnational and international instruments designed to protect the human rights of migrants. Strengthening and effectively implementing these instruments is also a central component to a broader agenda for social justice for migrant workers.

1. Expand education and outreach about basic labor rights

While a lack of labor rights information is not the primary reason why migrants experience economic marginalization, improving access to such information would constitute an important step in a broader agenda for social justice. Labor rights information includes information about legislated standards (minimum wages, maximum hours of work, etc), freedom of association rights, and information about how to register complaints regarding employer non-compliance. This information should be made available to employers, with mandatory requirements to post labor rights information in the first language of migrant workers in all workplaces.

2. Ensure that minimum labor standards are applied and enforced

A key aspect of the marginalization and differential treatment experienced by many migrant workers lies in insufficient coverage and enforcement of basic labor standards, including minimum wage, maximum hours of work, overtime protections, health and safety, and freedom of association. This is a particularly pressing problem in agricultural work, as there are many exemptions from legislated standards in this sector. Expanding the coverage of existing labor standards legislation to currently exempted employees is thus essential.

For those who are covered by labor legislation, employer non-compliance with existing standards plays a key role in creating and sustaining conditions of labor market vulnerability. In addition to expanding legislative coverage, improving compliance to existing standards is also imperative. Improving compliance could be achieved through improving education about minimum labor standards for employers, increasing fines for violations, increasing the number and frequency of workplace inspections, and increasing the funding directed towards enforcement activities. Increasing proactive workplace inspections would also have the effect of reducing the onus on individual workers to initiate complaints, a process they may be reluctant to do for fear of reprisal, as they may be in a very vulnerable position vis-à-vis their employer.

3. Create work visas that permit labor market mobility

Lack of labor market mobility is produced through either temporary work visas that tie migrants to a specific employer, or through undocumented status, which restricts labor market participation to informal employment arrangements in the ‘underground’ economy. The lack of labor market mobility reinforces conditions of marginalization as, without access to employment alternatives, migrants are placed in a heightened condition of vulnerability vis-à-vis their employer. This increases the likelihood of substandard wages and the propensity for labor rights violations. Creating access to work visas that would permit labor market mobility is thus key to eliminating the labor rights ‘trap’ created through the inability to seek alternative employment. In conjunction with this strategy, steps should be taken to improve access to vocational training to further facilitate labor market mobility.

4. Provide a process for migrant workers and their families to gain permanent residency, including the legalization of status for those who are undocumented.

Lack of labor market mobility is compounded by lack of access to permanent residency. Without settlement rights, migrant workers are in a permanent state of dislocation, with the constant threat of repatriation/deportation. For those in temporary “guestworker” arrangements, this becomes immanent upon the completion of the employment contract. For those who are undocumented, this remains a daily threat. The lack of residency rights heightens conditions of exploitation experienced in the workplace as fear of repatriation/deportation further reduces the likelihood of registering complaints regarding employer violations of basic labor rights. Lack of residency rights also exacerbates broader conditions of social and economic marginalization, as those without permanent status are unable to access social benefits provided by the state. Thus, like work visas that would allow for labor market mobility, a process to enable access to residency rights should be developed for migrant workers and their families.

5. Work with Mexican and Canadian governments to strengthen the enforcement capacities of the North American Agreement on Labor Cooperation (NAALC).

The principles of non-discrimination and equal treatment of migrants are contained in the North American Agreement on Labor Cooperation, the labor standards side agreement to NAFTA. The agreement includes a commitment to the promotion of guiding principles in the area of labor standards, subject to each country's domestic laws, including providing migrant workers with the same legal protection as nationals in terms of working conditions. The capacities of the NAALC to protect migrant workers in the NAFTA region are limited, however, as the agency responsible for administering the NAALC – the North American Commission for Labor Cooperation - has very little power to ensure compliance, deferring the role of labor law enforcement to each respective nation-state. In the case of migrant workers, this simply reinforces the lack of labor rights regulation discussed above. Enhancing the enforcement capacities of the NAALC would thereby constitute an important step in improving the labor rights protections for migrant workers.

6. Work with international bodies to adopt and implement UN and ILO conventions concerning migrant workers

There are three major international conventions that pertain to the rights of migrant workers. At the heart of each of the conventions is the aim of eliminating discrimination against migrant workers, promoting equal treatment with nationals, and ensuring coverage by minimum labor standards:

- UN Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
- International Labour Organization Convention Concerning Migration for Employment (No. 97, Revised), 1949
- International Labour Organization Convention Concerning Migrant Workers (No. 143) (Supplementary Provisions), 1975

The United Nations convention was adopted in 1990 and entered into force in 2003. The convention aims to eliminate the exploitation of migrant workers through a set of international standards that address the treatment of documented and undocumented migrants and that define obligations and responsibilities of sending and receiving states. In particular, the convention stipulates that migrant workers should receive equal treatment to nationals in terms of pay, conditions of work, and terms of employment. ILO Convention 97 aims to ensure assistance to migrants in the employment context. It calls on ratifying states to provide accurate employment information to other member states, to eliminate misleading information, and to assist migrants in the migration-for-employment process. It also requires ratifying states to ensure that migrants receive treatment equal to nationals regarding laws and regulations that shape working conditions, and that they do not experience discrimination on the bases of nationality, race, religion or sex. Finally, ILO Convention 143 aims to both alleviate abusive situations in employment and to promote equality of opportunity and treatment. States that ratify the convention are expected to respect the human rights of migrant workers and to promote equal

treatment to nationals in employment conditions, social security, and trade union and cultural rights.

While international labor standards such as those developed through the ILO lack effective enforcement mechanisms, these conventions nonetheless serve a normative and educative role, providing principles against which labor rights implementation strategies can be measured. As these conventions have yet to be adopted by the United States, their ratification and implementation would constitute another important step in a social justice agenda for migrant workers.

Moving beyond the specific strategies presented in this chapter, a broader agenda for social justice for migrant workers would include strategies to more fully promote social inclusion by facilitating involvement in political decision-making processes, increasing access to affordable housing, and combating racism in all forms and at all levels of society. In effect, this means developing a human rights-based approach that promotes processes for permanent settlement, family unity, and quality of life. As a beginning point, social policy models are needed whereby migrant workers are ensured equal rights and equal treatment as nationals and where membership in a national community is eliminated as a means through which to intensify labor exploitation.

INTERNET RESOURCES

- Global Forum on Migration and Development: www.gfmd-fmmd.org
- International Labour Organization: www.ilo.org
- International Organization for Migration: www.iom.int
- Human Rights Watch: www.hrw.org
- Migration Policy Institute: www.migrationpolicy.org
- North American Commission for Labor Cooperation: www.naalc.org
- Southern Poverty Law Center Immigrant Justice Project: www.splcenter.org/legal/ijp.jsp
- United Nations: www.un.org

Key Resources

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The New Left in Latin America and the Opportunity for a New U.S. Foreign Policy
by
Jon Shefner, Ph.D.

The Problem

The foreign policy of the United States regarding Latin America has had two sources: doctrines that privilege the United States at the expense of other nations, and past geopolitical struggles. Both the passage of time and political changes in Latin America make policy based in these perspectives and historical moments untenable.

United States – Latin American relations were initially shaped by economic and political interests expressed in the Monroe Doctrine, which articulated our nation’s desire to see the Americas free from economic and political intervention by the great powers of the 19th century. As U.S. power increased, that doctrine transformed into political efforts that prioritized U.S. economic, political, and military interests over those of Latin America. After World War II, foreign policy focused on maintaining a bulwark against communism. That policy became focused on free flows of trade and capital, the hallmarks of neoliberal economics, during the early 1980s. These policies shared a common view of Latin America: that these nations are to be controlled, as immature junior partners, and that pursuing U.S. interests will provide benefits for both continents. These views, and the policies they inspired, have incurred devastating economic and political consequences in Latin America.

The prioritization of neoliberal policy over other alternatives has elicited clear political responses in Latin America. Since 1998, the citizens of Venezuela, Chile, Brazil, Argentina, Uruguay, Bolivia, Ecuador, and Nicaragua have all elected governments representing parties of the center-left to left. The significance of this shift is not to be underestimated. First, this means that of the economic giants of Latin America, only Mexico is not governed by leftist governments. Second, close to 60 percent of Latin America’s 527 million people live in these nations. Finally, many of the new left governments in Latin America are actively looking outside their traditional economic affiliations with the United States to forge trade with competitors and emerging powers such as China, India, and Iran. Clearly there is now a new Latin America. This change requires the formation of a new U.S. foreign policy. This paper discusses some of the archaic policies and their costs, and suggests new policy possibilities.

The Research Evidence

U.S. foreign policy in Latin America has ranged from overthrow of democratically elected governments that are interpreted as threatening to U.S. business interests, to support of authoritarian regimes, to brief periods when human rights were nurtured and problem-solving was coordinated.

The following examples of interventions in Guatemala, and Chile, as well as the ‘Washington Consensus’ illustrate how the United States has pursued its own interests to great detriment of Latin American nations. The final examples, FDR’s Good Neighbor Policy, JFK’s Alliance for

Progress, and Jimmy Carter's pursuit of human rights provide a foundation for the design of alternative policies.

Guatemala. For most of the first half of the 20th century, United Fruit Company was the largest landowner, exporter, and employer in Guatemala. In 1945, after violent and bitter struggles forced then-dictator General Jorge Ubico from office, Guatemalans elected President Juan Jose Arevalo. Arevalo came into office intent on building modern political parties and expanding suffrage, and advocated reforms such as limiting the workweek, increasing wages, and legalizing unions. Arevalo's successes led to the election of Colonel Jacobo Arbenz, who still confronted great social inequities. At the time of Arbenz's 1950 election, annual income per capita of agricultural workers was \$87, while 2.2 percent of landowners owned 70 percent of cultivable land. United Fruit possessed overwhelming power, employing more than the whole industrial sector of the nation. A 1950 World Bank study on Guatemala advocated higher wages, regulation of foreign industries, and government spending on education and health care, as well as on infrastructure for transportation and communication. Indeed, these were the same policies the Arbenz government intended to implement.

The Eisenhower administration saw these nationalist reforms through Cold War anticommunist lenses, as well as recognizing threats to the United Fruit Company. Not coincidentally, Secretary of State John Foster Dulles and his brother, Allen Dulles, then Director of the CIA, had been legal counselors for United Fruit, and both owned substantial amounts of stock in that company. Other large stockholders in the Eisenhower administration included: John Moors Cabot (Assistant Secretary of State for Inter-American Affairs), Thomas Dudley Cabot (Director of International Security Affairs for the State Dept and ex-United Fruit president), and General Robert Cutler (head of the National Security Council and former United Fruit board chairman).

The Central Intelligence Agency created, funded, and trained a small army, strategizing that once the army established a minimal presence in Guatemala, the U.S. government would recognize the leader of that coup as the new president. The proxy army attacked Guatemala and the Arbenz administration resigned. Within weeks, the progressive legislation of the Arevalo-Arbenz period was eliminated. The aftermath of this coup was four decades of elite rule and repression that left hundreds of thousands of Guatemalans dead, and millions displaced.

Chile. Since 1932, Chile had been a stable democracy. During the 1964 elections, the CIA intervened at President Johnson's order by channeling three million dollars to presidential candidate Eduardo Frei, who narrowly defeated Salvador Allende Gossens, the leftist candidate. Frei pursued important political and social reforms, but also tried to nurture industrialization by attracting foreign investment. Resentment from active labor unions and leftist parties brought Allende to the presidency in 1970. Again, the CIA sent money to influence the elections against Allende. Clear links existed between corporate interests and U.S. government policy: International Telephone and Telegraph, Chase Manhattan Bank and other corporations worked with the CIA to fund an anti-Allende propaganda campaign.

On September 15, 1970, then Ambassador Korry was sent a message from the State Department "giving him the green light to move in the name of President Nixon, to do all possible, short of a Dominican Republic style invasion, to keep Allende from taking power." Despite U.S. efforts such as planting articles in Chilean newspapers and attempting to foment a military coup,

Allende won office. Inheriting a nation with serious economic problems, Allende froze prices, instituted public works programs, and nationalized the copper industry and other foreign owned businesses. Such policies led to continued CIA efforts to destabilize Allende. U.S. corporations joined the destabilization efforts through coordinated office closings, delayed payments, slowing deliveries, and credit denial. Allende's government was overthrown and Allende killed in a military coup on September 11, 1973.

The examples of Chile and Guatemala are neither anomalous nor the most dramatic of U.S. interventions in Latin America. Nicaragua and El Salvador provide other cases of U.S. intervention as well as support for right-wing military regimes in nations like Argentina, Brazil, and Paraguay.

Foreign policy since the early 1980s has also been consistent with neoliberal economics. Briefly, structural adjustment, or austerity policies are imposed as part of debt renegotiations between individual nations and the International Monetary Fund and World Bank. These policies sought to remove governments from their roles as regulators and service providers, and stripped consumer subsidies and domestic industry protections in the name of free trade. Such policies have had hugely negative impacts on Latin America, with decreases in wages, employment, and social service spending, and increases in poverty and inequality.

Three brief policy moments contrasted with the United States' more consistent efforts of domination. Roosevelt's Good Neighbor initiative, Kennedy's Alliance for Progress, and Carter's focus on human rights provide examples of enlightened self-interest, and offer some foundation for alternative policy design.

Good Neighbors. Franklin Delano Roosevelt's Good Neighbor policy recognized the unhappy history of United States-Latin American relations. The new policy advocated abandoning intervention, a just and objective government recognition policy, and hemispheric solidarity and cooperation. FDR's administration put this policy into play by withdrawing Marines from Haiti, and renegotiating the treaty with Cuba. The initiation of the Good Neighbor policy signaled the possibility of different relations between the United States and Latin America based on recognition of mutual needs and benefits.

The Alliance for Progress. John Kennedy's administration recognized that Latin America's young population was growing rapidly and fast approaching working age in economies that were weak and had few employment prospects. Impoverishment of the countryside drove mass migration, leading to urban sprawl and slums. Illiteracy was high, and low agricultural production was forcing more food imports. These conditions led policy makers to design the Alliance for Progress, a partnership with Latin American nations, mixing industrial aid and social policies to reduce persistent inequalities. The Alliance granted large sums to build industrial infrastructure such as dams, roads, and ports. Policies such as agrarian reform, increasing credit availability to small farmers, creating equitable tax systems, and providing greater access to health care, education, and housing would join public and private investment to stimulate economic development and growth. In general, the policy resulted in economic growth without social development. Despite the lack of success the Alliance created a foundation for multilateral policy design and action.

Human Rights. Jimmy Carter's human rights policy emphasized nonintervention, except when U.S. interests were demonstrably threatened. In a short period, President Carter negotiated the return of the Panama Canal, instituted a North – South dialog in which Latin American democracies were asked to cooperate in setting an agenda for better relations, asked U.S. business to be more flexible in their dealings with Latin America, and tried to improve relations with Cuba. Under Carter, human rights were central elements of negotiation, and aid budgets were reduced because of documented human rights violations. These policies were important to demonstrate that economic considerations need not be the sole foundation for foreign policy.

Policy Recommendations and Solutions

New foundations for United States-Latin American relations can be found in elements of the Roosevelt, Kennedy, and Carter policies, as well as current geopolitical concerns.

Emphasize multilateralism. If the United States is to find new foundations for foreign policy in Latin America, multilateral policymaking must substitute for our tendency to forge policy alone. There are a multitude of existing organizations with which the United States may work, as well as emerging venues. The Organization of American States (OAS) must be embraced as the policy-making arbiter of the American continents. It is the only venue in which there is the possibility of national voices being heard equally. Yet in addition to equal articulation of needs, the OAS has to be seen as a place of policy origin, and as a coordinator of even those policies that it does not originate. One way to define the new role of the OAS would be to convene a conference of American nations to re-define the meaning of democracy and security. Democracy continues to be understood through limited lenses of electoral institutions and constitutional structures that are a legacy of the Cold War; surely there are new conversations to be joined about what variants of democracy might look like, and what roles may be played to foment them. Similarly, notions of international security transformed almost seamlessly from Cold War concerns to the 'global war on terror,' both of which are discussions defined by the United States. In examining decades of destabilizing economic policies, Latin American nations are likely to have a very different notion of security. Convening a conference to articulate views that might lead to re-thinking of these issues would be an important step to multilateral policy-making.

One outcome of such exchange might be an OAS-U.S. Fund for Democratic Development. Such a fund might have two uses. First, it could fund projects designed by the United States and the OAS that address economic inequality, as during the FDR and JFK programs, but add oversight by an institution with interests other than the United States' as a priority. Second, such a fund could be used to support new policy ideas from governmental and nongovernmental proposals alike.

Prioritizing multilateralism also requires the United States to actively recognize past unilateralism and take active steps to ensure we will not return to such a policy position. One policy is to pledge that the United States will refrain from intervening in the Americas, through either military or propaganda means. If we are to act in real partnership, the United States will have to wean itself from unilateral military and political action against those that we fear.

Another symbolic, yet very important action would be to abolish the National Endowment for Democracy. This organization has been the organ of non-military U.S. destabilization efforts since the 1980s. The abolition of the NED would be a symbolic movement away from unilateralism.

Multilateralism also requires respect for institutions not created by the United States. Current efforts to develop alternative market institutions in Latin America, such as ALBA and the Bank of the South, do not have to be perceived as threats by U.S. policymakers. If we can reconceive international relations as a realm by which economic security is the route to national security, indigenous institutions can achieve goals which are shared by Latin America and the United States alike.

Democratic development. Prioritizing multilateralism will lead to new notions of democratic development. Democratic development not only recognizes the need for rule of law, free and fair elections, and representative government, but would assess democracy by economic outcomes as well. Equitable growth is crucial to Latin America, as the continent with the greatest level of economic inequality. Democratic development would prioritize ideas, projects, and relations that maintain production while decreasing inequality. Investing in democratic development would require the United States to increase its foreign aid budgets in accord with the Millennium Development Goals, and the UN 20-20 process. Further resources that could be directed toward democratic development could come within Latin America, especially through debt relief.

Debt relief. Currently, the massive amount of resources spent on debt payments are monies made unavailable to address human or infrastructural needs. Devoting these resources to debt payment has resulted in lower physical quality of life and greater inequality for Latin Americans. Various powerful Western institutions have championed limited debt relief, including the World Bank HIPC program, the Paris Club, and others. Social movements such as Jubilee Network, Eurodad, and PRS Watch advocate for even more significant cancellation of debt. Research consistently demonstrates that the resources needed to achieve poverty reduction and social capital investment could easily be provided by a combination of increased foreign aid from developed nations and debt reduction. Finally, harmful economic conditions which bring foreign aid only at the expense of draconian cuts in national budgets for health, education, employment, and housing must be eliminated. The presence of economically secure actors can only increase the security of the United States by reducing poverty, narco-trafficking, and immigration.

Immigration. Any discussion of changed foreign policy towards Latin America must take immigration into account. The numbers of documented and undocumented migrants from Latin America, especially Mexico, have soared over the past decade. Any policy design must understand that the flow of immigration has increased simultaneously with globalization. Strategies of global integration, such as the NAFTA and CAFTA trade pacts, and increases in foreign direct investment have not limited immigration, as was part of the rationale behind these accords. Lifting trade barriers, expanding trade zones, and increased foreign investment has increased migratory flows. Further, any comprehensive immigration policy must carefully examine the benefits and costs to the United States of current immigration flows. Precise policy recommendations for immigration reform are beyond the scope of this essay; it must be

recognized, however, that this issue is indeed part and parcel of U.S. foreign policy relations with Latin America. Similarly, and as this essay demonstrates, we must conceive of foundations of that policy through lenses of human rights as much as economic gain.

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Useful Websites Include:

EuroDad(European Network on Debt and Development): For issues related to debt, development finance and poverty reduction. <http://www.eurodad.org/>

Jubilee Research Online: A discussion of debt relief. <http://www.jubilee2000uk.org/>

The Longview Institute: Articulates and promotes a vision of our nation based on a moral economy and a just society.<http://www.longviewinstitute.org/>

National Security Archive: An independent non-governmental research institute and library located at The George Washington University. The Archive collects and publishes declassified documents obtained through the Freedom of Information Act. http://www.gwu.edu/~nsarchiv/nsa/the_archive.html

New America Foundation: Bringing promising new voices and new ideas to the fore of our nation's public discourse. <http://www.newamerica.net/about/mission>

United Nations Millennium Goals: <http://www.un.org/millenniumgoals/>

World Policy Institute: A project for global democracy and human rights. <http://www.worldpolicy.org/globalrights/>

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“Natural” Disasters are Social Problems: Learning from Katrina

by

A. Kathryn Stout, Ph.D. and Richard A. Dello Buono, Ph.D.

The Problem

Natural disasters provide textbook examples of how the cumulative effects of discrimination and social *injustice*, particularly in social service delivery, leave people unprotected, unassisted and unaccounted for in the event of a sudden system breakdown.

Disasters tend to intensify pre-existing inequalities and social problems, and most experts agree that seemingly “unpredictable” disasters resulting from natural causes are in fact *very* foreseeable.

Illustrative is the 2005 “double disaster” of Hurricane Katrina and the resulting floods, followed by an equally devastating but avoidable blow delivered in the form of botched relief and reconstruction efforts. Many victims belonging to previously disenfranchised lower class and ethnic minority statuses were ultimately displaced in the aftermath, making participation in the recovery process practically impossible. The whole world watched as poor planning, neglect, and incompetence compounded the suffering of those left behind after the evacuations, most of whom were poor, African American, elderly or people with disabilities. With the basic infrastructure of New Orleans destroyed, shipping from its major port came to a halt, an aging public transportation system stalled, government functions evaporated, public records floated in contaminated waters, and health care facilities were no longer operative.

A critical historical juncture arises out of the ashes of disasters like Katrina that presents opportunities for positive changes that can unfold through the reconstruction process. If informed by a vision of social justice and participatory democracy, the social welfare of the most vulnerable sectors can be maximized, allowing for a more rapid transition out of the emergency and shelter stage towards recovery, reconstruction and more equitable development. Such positive change requires dedicated effort by all levels of government to break with “business as usual,” using an approach that incorporates the principles of participatory democracy and community-based development. In the rebuilding process of New Orleans and surrounding Gulf Coast areas, significant strides toward rebuilding the region on a more just and inclusive basis would have required the organization, empowerment and very fullest participation of area residents, including the over 110,000 citizens who remained displaced from the area well over two years later.

In contrast, the essential thrust of government sponsored plans, policies, and programs of recovery and reconstruction tended to favor the interests of big business and the wealthy. Documented studies by the Government Accountability Office (GAO) and a U.S. House of Representatives report point to widespread corruption and mismanagement in the awarding of demolition and reconstruction contracts. Throughout the Katrina aftermath, the media highlighted, among other things, the heroism, compassion, and generosity of area residents and voluntary organizations helping to meet the needs of those most afflicted. Less talked about was the valiant struggle of such organizations to exert influence over the recovery process. There

should be renewed efforts to draw upon the sponsored urban redesign models that include a multitude of religious, civic, bi-partisan, and neighborhood groups and organizations that are eager to work with government and local businesses to restore the distinctive character of New Orleans and to rebuild the Gulf Coast under conditions of dignity and justice. Two key questions have shaped the contested terrain: Whose vision will guide the reconstruction of New Orleans and the Gulf Coast? Who will do the rebuilding?

The Research Evidence

Studies have concluded that key governmental agencies reaching up to the Federal executive branch failed to heed warnings about the probable catastrophic consequences should a major storm pass precisely through the path taken by Katrina.

For decades, the Army Corps of Engineers argued that the existing antiquated levee system would not protect the area from a direct hit by a major hurricane. FEMA's "Hurricane Pam" simulation forecasted the catastrophe. The frequent path of hurricanes tracking Northward through the Caribbean Islands essentially made this occurrence inevitable.

The human costs and suffering were exacerbated by the lack of a coherent and effective response plan. The media initially focused on FEMA and Homeland Security, both of which struggled to define their respective jurisdictions while little immediate aid was delivered. For its part, the State of Louisiana quickly found its resources being stretched thin. Those emergency response plans that were in place faltered because of the failure to properly execute them. One telling example was the provision in Louisiana's emergency plan that specified that the State's Transportation Secretary was responsible for evacuating all nursing homes in the area. The failure to do so contributed to numerous deaths including a highly publicized case in which 35 residents drowned in a single nursing home in St. Bernard Parish.

Meanwhile, the City of New Orleans also lacked a coherent plan to evacuate the large numbers of people being affected. Most people without the personal resources needed to escape were left behind to fend for themselves. For the first few days, the local police and fire personnel were the only visible representatives of government in the area. Understaffed and otherwise ill-equipped to handle the crisis, they made numerous errors in judgment that undermined their legitimacy, further exacerbated by various instances of corruption and theft. Following exaggerated reports of social unrest, military forces were called in, ultimately heightening tensions within a highly distressed population.

In the aftermath of the storm, approximately 20,000 residents received federal or state support for housing. Seventy-seven thousand rental units were destroyed and the more than half of the residents of New Orleans who were renters now make up the majority of those who are still displaced. Rents in the area have increased by 40-50 percent, putting the average apartment out of reach for low wage earning families. Two years after the disaster, only about 21 percent of low to mid-income rental units were being covered by government rebuilding programs.

There are now over 12,000 estimated homeless people living in New Orleans. A class action lawsuit was required to halt the government's destruction of entire neighborhoods without

adequate owner notification or compensation. Federal agency reconstruction plans continue to impose a homogeneous, suburban configuration onto a historically diverse, multilayered urban landscape.

The Federal Department of Housing and Urban Development (HUD) plans to demolish 3,000 public housing units, replacing them with only 1,000 units designed for mixed income residents. A major struggle waged by former public housing residents and supporters failed to deter these plans. This will disproportionately affect the city's African American communities. Most former public housing residents are still displaced and denied the opportunity to retrieve any remaining personal belongings even from those units that escaped flood damage. Plans to raze public housing projects and replace them with smaller, "mixed income" neighborhoods simply do not adequately address the housing needs of all those who were affected by the disaster.

Widespread complaints from area residents indicated that insurance companies issued lower than expected settlements, rejected the claims of many policyholders, and have still not settled many pending claims. In defiance of state law, many major companies have in fact cancelled the policies of long term customers. Official investigations of the industry are now underway to assess the veracity of allegations that insurance companies colluded in fixing prices and systematically orchestrated low damage assessments. If true, these might indicate deliberate attempts to shift the burden from the insurance companies back onto the taxpayers who provide compensation through federal flood insurance and subsidized rebuilding programs.

Policy Recommendations and Solutions

For the immediate area affected by Katrina

- Reconstruction policies should make local social and economic development their highest priority. Without local development at its core, the result of the process will be to continue the historic dependency of the area on federal and state sponsored relief funds. Louisiana is ranked among the lowest in fiscal capacity, thereby limiting the state government's ability to provide direct aid to the poor.
- Federal program payouts must be streamlined to circumvent the red tape associated with chronic delays. While Federal agencies have agreed to pay at least \$2.3 billion for rebuilding Louisiana public works like schools, sewers and police stations, only about 28 percent (\$650 million) of that money has been allocated.
- Central to the Katrina recovery process is the availability of affordable housing for middle and low income residents and displaced families. New Orleans is desperate for the return of its former workers, particularly in the low wage sectors of the tourist and construction industries. But these people cannot return to New Orleans without the availability of affordable housing.
- Long term solutions to the housing problem must include economic development programs directly aimed at the poor sectors of the area. While immediate attention must be given to avoid the destruction of historically established African American communities in the course of short-term rebuilding efforts, direct participation of the residents and the displaced is vital to developing a successful and more sustainable housing reconstruction plan. Government

should work assertively with the private sector to guarantee the availability of affordable and subsidized housing for low income residents.

- Additional Federal and State funding should be made available for studies. It is essential to better understand how deeply rooted class and racial conflicts specifically manifest themselves in disaster situations and can lead to potentially explosive social outcomes. State funding for research should give special priority to initiatives proposed by universities located in affected and surrounding areas. Katrina reconstruction constitutes an important case study for deeper exploration into the torn fabric of the U.S. social safety net.

More General Recommendations Based on the Lessons of Katrina:

- Coordinated efforts at all levels of government must develop genuine mechanisms for community and citizen participation in emergency prevention and response plans. Communities at risk of disaster must be involved in all preventive planning. FEMA's organizational structure should be redesigned to include the active participation of state and local resident groups in emergency response planning.
- Comprehensive rebuilding must take historical social inequalities into account when forming reactivation plans for essential social services. The break in "business as usual" that occurs in the context of major disasters presents an exceptional opportunity to correct stubborn patterns of structural discrimination. The needs of the least powerful social groups must be made a top priority. Basic and universal human rights to housing, employment, safety, freedom from discrimination and the right to return must be protected. Katrina taught the difficult lesson that all social sectors have a critical role to play in pre-disaster prevention and post-disaster reconstruction. The goal is not simply to return to the *status quo ante* but rather to ensure better access to critical social services in the rebuilding of a better society.

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Useful Web Sites

Brookings Institute. The Brookings Institution is a nonprofit public policy organization based in Washington, DC. www.brookings.edu/

Disaster Research Center, University of Delaware. Contains an extensive collection of articles and analyses on the social and behavioral aspects of disasters.
<http://www.udel.edu/DRC/publications.html>

Greater New Orleans Community Data Center (GNOCDC) is a product of Greater New Orleans Nonprofit Knowledge Works. The Data Center provides sustainable sources of data and information to support nonprofit planning in a rapidly changing post-catastrophe environment.
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Bullying in Our Nation's Schools: Where Do We Go From Here?

by
Daniel G. Renfrow, Ph.D.

The Problem

Bullying is a widespread social problem affecting young people in our schools. Approximately one in five elementary school students and one in ten middle school students in the United States are bullied regularly. Estimates suggest that 1.6 million students are bullied at least once a week. Bullying causes victims psychosocial harm and seriously impairs the mission of our schools.

Bullying is characterized by repeated aggressive behaviors that are intended to cause distress or harm another's person, property, reputation or social acceptance. Bullying involves an imbalance of social power or physical strength between aggressor and victim. Bullying behaviors generally occur in three distinct forms:

- 1) *Direct physical bullying* includes assault to one's person or damage to one's property.
- 2) *Direct verbal bullying* includes name calling and teasing.
- 3) *Indirect verbal bullying*, the most difficult to identify, includes actions such as spreading rumors, encouraging others to exclude one, or damaging one's reputation.

Regardless of the form bullying takes, victimization is typically associated with a young person's ethnicity, physical differences, resistance to conform to pressure from peers, high achievement, being new to the school, sexual orientation, or socioeconomic background. Distinguishing bullying from normal childhood behaviors is an imperative but complicated task, as many children and adults normalize aggressive behaviors among children as being both expected and accepted. Occasional teasing is often playful and does not constitute bullying, as it is not concerted, collective and repetitive. Bullying, on the other hand, is not normal and should not be tolerated.

The Research Evidence

Determining the prevalence of bullying in the United States is problematic because estimates rely largely on self-reports from victims. Current data likely do not accurately reflect the actual amount of bullying occurring within the general student population.

The actual prevalence of bullying in our schools is likely to be higher than the estimates generated from our data sources. Like other types of victims, those who experience bullying may not report their experiences to adults because they perceive more risk than benefit from telling or because they hold low expectations for adult interventions. Furthermore, some victims may not report their experiences, either to adults or on surveys, because they have normalized such behaviors and have not defined them as instances of bullying. Nevertheless, current reports suggest the following trends:

- Approximately 30 percent of school children within a given semester in the United States, or roughly 5.7 million students, are involved in bullying incidents as either a bully or a victim.

- Children from families with low socioeconomic status, divorce or separation, harsh home environments, or child abuse may be at higher risk for both bullying and victimization.
- Bullying and victimization are not exclusive categories, but rather, they form a continuum of experience such that many students are both victim and bully.
- Studies of sex differences find that boys most often engage in direct bullying, whereas girls more often engage in indirect methods.
- Longitudinal studies following children's movement from elementary school to college link one's experiences as either a bully or victim early in one's school experience with future experience as either a bully or victim later in one's school experience.
- Empirical studies indicate that direct physical bullying increases as students progress through elementary school, peaks in middle school, and declines throughout high school. Direct verbal bullying, on the other hand, remains constant.
- Recent studies indicate that 88 percent of junior high and high school students have witnessed bullying in their schools. While they do not initiate the bullying event, bystanders are an important part of the bullying situation because bullies often derive power from the public display, and the inaction of bystanders makes victims feel isolated and rejected.
- Bullying is often cloaked in fear and secrecy, so it remains unknown to parents, teachers, and other adults.

Gender and Sexuality Related Bullying

Social scientists have identified gender and sexuality related bullying as a serious social problem. Research indicates that the most common insults used while bullying are about a peer's perceived sexual orientation. Many conceptualize this form of bullying as a juvenile hate crime. In recent years, concern for the well being of gay, lesbian, bisexual, transgender and questioning (GLBTQ) students has prompted policymakers to pass legislation prohibiting discrimination in public schools on the basis of sexual orientation. In 1999 the U.S. Department of Education incorporated sexual orientation into a comprehensive guide for school districts on protecting students from harassment. Despite these initiatives, studies clearly indicate that the fear of verbal and physical harassment continues to impact the lives of GLBTQ students:

- A national study finds that 24 percent of GLBTQ students under the age of 18 have been physically attacked by peers, 44 percent have been verbally attacked by peers, and 40 percent of these attacks have taken place in schools.
- A recent study of 300 schools finds that 82 percent of schools are aware of homophobic bullying and 26 percent are aware of homophobic violence.
- A recent survey of GLBTQ students finds that 90 percent of students report that their schools do not discuss sexuality in a positive light, and 80 percent of homophobic incidents at their schools have been ignored or received only a light reprimand.
- GLBTQ students are three times more likely than non-GLBTQ students to say they do not feel safe at school.
- The National Education Association finds that many parents consider speculation and taunting associated with peers' sexual orientation so common among children that they neglect to talk to their own children about the harm associated with it.

Taken together, the empirical research indicates that youth who are sexual minorities are the most powerless students when it comes to stopping bullying because they often do not get support from peers or teachers.

Cyber-bullying

With technological advancements in communications (e.g., mobile phones, text messaging, chatrooms, blogs, etc.) and the proliferation of social networking communities (e.g., Facebook, MySpace, etc.), cyber-bullying has emerged as a recent social problem. Cyber-bullying occurs when an individual is harassed, humiliated or threatened by a peer using technology. The physical and emotional distance between bully and victim provided by virtual interactions facilitates bullying because individuals feel invisible, anonymous and less responsible for virtual actions.

- A recent survey of middle school children finds that 65 percent of students between the ages of 8 and 14 years have been either directly or indirectly involved in a cyber-bullying incident as bully, victim, or bystander.
- A national study finds that 35 percent of youths have been threatened online.
- Recent studies indicate that cyber-bullying is a common way of retaliating for victims of other forms of bullying.
- Empirical research concludes that 58 percent of youth have not told their parents or an adult about something mean or hurtful that has happened to them online.

Cyber-bullying is a complicated issue for school authorities to address because it often extends outside of the classroom. Moreover, it raises unique issues of school liability because students often use school technology to engage in the behavior, and when confronted, bullies often invoke the right to free speech to legitimize their behavior.

The Known Consequences of Bullying

Exposure to bullying of any type leads to negative consequences for victims, bystanders and schools.

Victims. Exposure to bullying may lead the victim to experience somatic symptoms such as sleep difficulties, bed-wetting, headaches, stomachaches, and fatigue. In addition, bullying may seriously impair the victim's psychosocial well-being, leading to increased rates of depression, feelings of isolation, anxiety disorders, and at the extreme, suicidal ideation. Individuals may suffer from the consequences long after the bullying has ceased.

Bystanders. Research indicates that bystanders may be present in as much as 85 percent of bullying incidents, yet only a minority of peers offer to help the victim. Those who witness an incident but do nothing may feel guilt. To cope with this guilt, students often justify the situation and their inaction by blaming the victim. Consequently, research indicates that a majority of peers feel that bullying victims are at least partly to blame for bullying, and in fact, they claim bullying may be a useful tool for teaching others appropriate behaviors.

Schools. The presence of bullying seriously impairs the mission of our schools. Being bullied negatively influences a student's ability to learn, his/her sense of belonging in school, his/her academic performance, and his/her educational aspirations. Students at schools with negative environments (i.e., lack of supportive administration, lack of policy and protocol regarding bullying) and who experience harassment or bullying have lower academic success than students who do not have these experiences. The fear of being bullied leads students to avoid public areas such as the cafeteria and restrooms, and approximately 160,000 students stay home each day to avoid bullies. Students who are bullied are more likely to drop out of school or display disruptive behaviors while at school than those who are not. More importantly, students who are bullied are more likely to engage in self-endangering and risky behaviors such as drug abuse, retaliation, or carrying weapons to school.

Policy Recommendations and Solutions

Only in recent years has bullying garnered serious public attention. Bullying became a central issue for school personnel, the general public, and policymakers once it was linked to 71 percent of the school shootings that occurred between 1974 and 2000. Despite repeated attempts to pass federal legislation regarding bullying in our schools, legislators have been unsuccessful. Efforts to curb bullying in our nation's schools remain primarily at the state and local levels. Fifteen states have passed laws addressing bullying within schools, and several others are considering similar legislation. Definitions of what constitutes bullying, however, vary from state to state.

Where do we go from here?

Recent reports assessing general and localized intervention strategies from countries around the globe offer three principles to guide our continued efforts at reducing bullying in our schools:

- 1) Intervention is better than no intervention. Across experiments, rates of bullying are consistently higher in control groups than in treatment groups.
- 2) Interventions tend to be more successful when they are implemented in the early years of schooling rather than when added in the later school years.
- 3) The level of school commitment and staff involvement in the intervention is directly related to the success of the intervention. School officials and staff must show explicit commitment to and involvement in the anti-bullying agenda to achieve a significant reduction in bullying behaviors.

While we are beginning to build our knowledge, write policy and implement intervention agendas, substantial needs remain at the national, school, classroom and individual levels to effectively deal with this important issue.

Lawmakers should:

- Implement federal legislation identifying bullying as a national social problem, defining which behaviors constitute bullying, and obligating individual schools and teachers to enforce this policy.

- Allocate funds to ensure that individual schools can provide the necessary professional development for staff, programming for students, and community outreach to combat bullying in our schools.
- Provide incentives for schools to self-evaluate their success in reducing bullying and to proactively develop innovative intervention strategies.

School administrators should:

- Foster the sense of a caring majority and appreciation for diversity through both official policy and everyday practice.
- Establish clear policies defining bullying and outlining sanctions for those who engage in or fail to report bullying incidents.
- Design clear complaint and disciplinary protocols regarding bullying incidents.
- Disseminate policy information annually to parents, students, and staff.
- Develop curriculum, programming, and professional development aimed at educating students and staff about how to effectively reduce bullying in schools.
- Utilize social surveys to assess the incidence of and social climate toward bullying in their institution, as this needs assessment will direct professional development, programming, and community outreach efforts.

Classrooms should:

- Establish clear rules against bullying and identify the mechanisms for filing complaints that are consistent with institutional policy.
- Establish clear rules regarding the appropriate use of technology.

Individual educators should:

- Engage in serious talks about diversity and bullying with students as part of curriculum and informal discussions.
- Uphold a zero-tolerance approach to bullying by intervening during incidents of bullying, reporting the incident to administrators, providing support to victims, and encouraging others to intervene.
- Build strong collaborative relationships with parents through regular meetings.

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Online Resources

<http://www.stopbullyingnow.hrsa.gov/>

<http://www.schoolsecurity.org/>

<http://www.bullyonline.org/>

<http://www.bullypolice.org/>

<http://www.popcenter.org/problems/problem-bullying.htm>

About the Author

Daniel G. Renfrow is an Assistant Professor of Sociology at Pacific Lutheran University. He earned his Ph.D. in Sociology from the University of Washington (2005). His current research examines the emergence of gender and sexuality related inequalities in small group interactions. He regularly teaches courses on men and masculinities, gender and sexuality, and social stratification, and he is actively involved with the PLU Women's Center and Men Against Violence group. In 2008 he will join the faculty of Wells College in Aurora, New York.

The College Connection: Educational Solutions for Low-Income Parents

by

A. Fiona Pearson, Ph.D.

The Problem

Concerned about the future of their families, many low-income parents have attempted to attain college degrees with the hope of increasing their household earnings. However, many heads of low-income households, a large percentage of whom are women, are prohibited from pursuing postsecondary degrees that would allow them to provide sufficiently for their families.

In recent years, the educational opportunities of low-income parents have been negatively affected by 1) recent policy changes to the Temporary Assistance to Needy Families (TANF) program that restrict college attendance, 2) steadily decreasing amounts of available financial aid, and 3) a lack of high-quality and affordable child care resources available for students.

The national problem of familial poverty has been amply documented by a number of scientific researchers. According to 2006 U.S. Census data, nearly one in five children, 12.8 million, were living in poverty. One in ten families in this country are living below the poverty line and single-parent households are most at risk of experiencing poverty. Although the causes of poverty are multifold and complex, researchers generally agree on one point: self-sufficiency is more likely to be achieved as an individual's educational level increases. Although most U.S. Americans would agree that higher education is valuable and worthy of pursuing, current federal policies and recent budget cuts to financial aid and childcare assistance programs are preventing many educationally-qualified, low-income parents from attending college.

In order to improve the likelihood of economically poor parents achieving self-sufficiency and improving the well-being of their family, policymakers need to simultaneously address three areas of concern. First, recent changes to TANF policy restrict welfare participants from using college education to fulfill their work activity requirements. These changes were implemented as a part of TANF's reauthorization in December of 2005. A number of researchers and high-profile politicians, both Democratic and Republican, have publicly lamented these changes, arguing that eliminating educational options limits the earning potential of parents eager to provide for their families and unnecessarily restricts states that had previously implemented successful educational programs. Second, in order to pay for college related expenses, including tuition, many economically poor parents rely on grants, most notably federal Pell Grants. However, research demonstrates that the real monetary value of these grants is not keeping up with college costs, resulting in students not being able to afford a college education. Finally, student parents are in need of reliable and safe child care resources so they can devote time to their studies. Although a number of colleges provide such resources, many economically poor parents cannot afford those resources and the available slots for children of students are limited. Further, funding for child care facilities on college campuses has been significantly reduced since 2001. Collectively, these policy changes and budget cuts have negatively impacted the ability of parents to attend college. Policymakers must address these areas of concern if they are

serious about meeting the needs of student parents and solving the larger problem of familial poverty.

The Research Evidence

Researchers in economics, education and sociology have long documented the positive correlation between education level and income.

Attaining a college degree not only increases parents' likelihood of achieving self-sufficiency but also has been shown to improve the well being of their children. Over the years, policymakers have responded to the problem of familial poverty by seeking to improve the wages of service-sector jobs and by offering a variety of federal and/or state level tax credits. The comprehensive effectiveness of these measures has long been debated, but researchers agree that poverty rates remain high. Further, researchers have consistently documented positive correlations between educational levels and income. According to 2006 U.S. Census Bureau data, a man with a high school degree can expect to earn on average \$26,123 and a woman can expect to earn \$20,650. These figures are barely above the 2006 poverty guidelines, which defined a family of four earning \$20,000 or less as poor and eligible for select public assistance programs. Women with a college degree, however, earn on average \$36,875; men with a college degree earn on average \$55,446. Although attaining a college degree does not guarantee an increased income, it clearly improves a family's likelihood of achieving self-sufficiency. Furthermore, researchers have found that taking a few college classes, even if a degree is not earned, is likely to increase an individual's earning power. For every year that students attend college, they can expect to see their income increase by five to eight percent. Any level of college attendance has been found to be beneficial.

Not only is earning potential enhanced, but researchers have found that when parents attend college, the likelihood that their children will attend college is increased—such findings exist for all income brackets. Additionally, parents' attitudes towards higher education have been found to significantly influence the likelihood that their children will finish high school and attend college. Other research has drawn links between parents' own classroom experiences and the experiences of their children. Parents who are spending time in a college classroom have been found to engage in parenting and teaching styles that positively affect the cognitive and social development of their children. Finally, parents who learn to become comfortable on a college campus are likely to feel more comfortable in their children's schooling environment and are, therefore, more likely to become involved at their children's schools.

Despite research evidence demonstrating the positive effects of parents' increasing their educational levels, policymakers have in recent years steadily limited or disinvested in educational resources available for economically poor parents. If familial poverty is to be reduced and familial well-being is to be increased, policymakers must challenge these decisions and consider solutions that improve parents' access to college.

Policy Recommendations and Solutions

To reduce levels of familial poverty, policymakers need to redress elements of current TANF policy that effectively limit a student’s ability to attend school and restore funding to necessary financial and childcare assistance programs that enable the long-term success of students who are parents.

Most U.S. Americans agree that an educated citizenry and workforce are necessary to ensure the long-term success of individuals, families, and the nation as a whole. Below is a brief list of specific ways policymakers can work to improve college access for economically poor students, thereby increasing parents’ likelihood of achieving long-term financial stability and improving the well-being of their family.

1. First, changes over the past ten years to U.S. welfare programs have effectively resulted in thousands of welfare participants dropping out of college programs. In 1996, TANF replaced the Aid to Families with Dependent Children (AFDC) program as a part of welfare reform, which required participants to work in the formal economy (paid or volunteer) in exchange for public assistance. When TANF was initially implemented, states were free to allow students to use postsecondary education to fulfill a portion of their work activity requirement in exchange for public assistance. A number of states subsequently created or refined programs servicing college students who were struggling to balance family, work and school. In 2002, 19 states and the District of Columbia allowed participants to pursue a college degree for over 24 months in order to fulfill their weekly work requirements.

However, when TANF was reauthorized in 2005, the Department of Health and Human Services (DHHS) eliminated most college educational options. DHHS administrators argued that TANF was not a scholarship but a work program. As a result of these changes to federal policy, a number of highly successful state-level educational programs servicing low-income parents (including California’s CALWORK collaboration with community colleges and Hawaii’s *Bridges to Hope* and Maine’s *Parents as Scholars* programs) have been challenged to locate funding elsewhere or risk having to dismantle their college programs.

Supporters of college educational programs concede that, in the past, it has proven problematic to recommend to parents that they pursue college degrees because welfare reform in 1996 also resulted in the implementation of a federally-imposed five year lifetime limit for an individual receiving public assistance. Most baccalaureate degrees require a minimum of four years of attendance; as a result, TANF administrators and case managers have been hesitant to recommend that parents pursue a college education and instead steered them to low-wage, service-sector jobs. Because students are demonstrating their long-term commitment to their education in order to achieve self-sufficiency and improve the well-being of their family, we believe that the state and federal governments should in good faith support those efforts. In order to rectify the problems incurred as a result of current TANF policies, the following actions are recommended:

- Reinstatement of education as an approved “work activity” for TANF participants.

- Exempt parents who are actively engaged in training or educational activities that will increase their likelihood of attaining long-term self-sufficiency from TANF's five year lifetime limit.

2. Second, although college costs have increased over the past ten years—since 1996 tuition and fees costs have increased 52 percent—the value of available Pell Grant dollars has stagnated. The maximum Pell Grant amount that students could receive, \$4,050, remained the same for four consecutive years between the fall of 2003 and spring of 2007. The total monetary amount allocated by the federal government to the Pell Grant program has indeed increased over the years, but it has not kept up with rising tuition costs nor has it kept up with rising numbers of applicants, which have likewise steadily increased. Further, the percent of Pell Grant recipients who were age 26 or older has steadily increased to 37 percent, indicating that more and more older students, many of them parents, are hoping to take advantage of the benefits that a college education can afford. It is clear that demand is increasing, particularly among older students, and financial support is not. To aid low income students in financing their education, the following action is recommended:

- Increase levels of Pell Grant funding, both in terms of number of students served and amount of funds provided per student.

3. Finally, funding for child care resources that was made available through the federal Child Care Means Parents in School (CCAMPIS) program has been cut by nearly 40 percent since 2001. The CCAMPIS program was implemented in 1998 as a result of amendments made to the Higher Education Act of 1965. The amendments called for the development of a childcare program that would improve low-income parents' access to college. Funds allocated for CCAMPIS by the federal government have steadily decreased despite the escalating costs of childcare over the past ten years. To assist low-income parent students with childcare needs the following actions are recommended:

- Increase levels of funding for the CCAMPIS program.
- Provide incentives to colleges/universities to create facilities serving students' childcare needs.

Collectively the recent public policy changes and budgetary cuts described above have made pursuing a college education prohibitive for many low-income parents. These changes and cutbacks should draw the concern of any policymaker who understands the vital importance of acquiring a college education in order to secure future success. The recommendations provided are a reasonable and justifiable means of redressing long-term familial poverty.

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About the Author

A. Fiona Pearson is an Assistant Professor of Sociology at Central Connecticut State University. Her recent publications analyze the effects of social welfare policy and educational inequalities. She is a board member of CCSU's Early Learning Program and is currently researching the available resources and well-being of postsecondary students who are parents.

Gender Responsive Programming for Female Offenders

by

Alana Van Gundy-Yoder, Ph.D.

The Problem

Female offenders evidence differences from male offenders in their journey into the criminal justice system, their risks and needs within the system, and reentry into society. Despite evidence supporting critical gender differences in criminal behavior, the criminal justice system has failed to provide gender responsive programs addressing the distinct needs of females.

Women constitute the fastest growing segment of the incarcerated offender population, although they represent only seven percent of the total population. Female offenders are portrayed within the media as violent, predatory, and aggressive, leading the general public to view this new type of offender as more “masculine” in nature. In reality, the majority of females that are incarcerated have been convicted of nonviolent offenses, drug offenses, or as an accessory to a crime. In contrast, incarcerated males are more likely to have been convicted of violent offenses and multiple charges. Males are also more likely to be a major dealer in a drug enterprise, more likely to have used a gun or weapon, and are more often the lead perpetrator in crime commission in comparison to female offenders.

Despite these differences in criminal pathways, risk assessment tools, best practices, and treatment programs created for male offenders are utilized to respond to female offenders. As of 2001, almost 75 percent of all states continued to use a male risk assessment instrument in order to classify female offenders’ risk levels. As a result of incorrect classification, female offenders are placed in higher security prisons than necessary, are not provided gender responsive treatment, and are submitted to unsuccessful, ill-fitting procedures and processes.

Inferior classification assessments and male models of incarceration have resulted in largely ineffective programs and treatments for female offenders. Multiple levels of research have suggested that gender responsive programming is key to addressing this rapid increase of females in corrections. These programs must include components focusing on needs specific to female offenders.

The lack of gender responsive programming and treatment makes transition and reentry an increasing challenge to female offenders. Female offenders reentering the community often face significantly different gender related barriers than male offenders. As a result of the neglect of gender differences in criminal behavior and treatment needs, females often lack successful coping mechanisms and skill sets with which to reenter society.

The Research Evidence

Research by criminologists and sociologists have identified key differences between male and female offenders.

These findings concern the etiology of criminal behavior, characteristics of offenders, and specific programming needs. Addressing these differences improves treatment programs, services, and success upon reentry.

Female offenders face issues specific to their gender. These often include histories of childhood and adult physical and sexual abuse, and ongoing primary caregiving responsibilities. Incarcerated females are three times as likely to have been the victim of physical or sexual abuse as incarcerated males. Female offenders are less likely to have a criminal history, commit murder, or a violent offense against a stranger. Their crimes are often relationally oriented or committed against someone with whom they previously had a relationship.

Three fourths of incarcerated females have a drug or substance abuse problem. They also evidence high rates of trauma and physical and mental health issues. As they are often of marginal social status, they come to incarceration facilities with depression, posttraumatic stress disorder, poor nutrition habits, reproductive issues, and high-risk pregnancies. As a result of sexual and physical abuse, they often have symptoms of psychological trauma such as low self-esteem, panic attacks, and flashbacks. They are also fifty percent more likely to be HIV positive than male offenders and are at increased risk for breast cancer, cervical cancer, and heart disease. The disproportionate incarceration rates of women of color also mandates programming that addresses the diverse needs of socially marginalized racial and ethnic groups.

Without gender responsive classification systems, these life circumstances are neglected and female inmates are inaccurately classified and assessed. Female offenders' issues often accelerate in incarceration facilities as a result of placement in inappropriate security classifications (women are over-classified based upon a male model), inaccurate assessments of their life histories, and unsuitable treatment programs.

A national survey sponsored by the National Institute of Justice found that administrators have also identified numerous concerns related to female offenders. State, prison, and jail administrators report that classification, screening, and assessment tools used within the facilities are not adapted to women and are inadequate at matching women to an appropriate treatment program. They also cite the need for a management style that responds to the emotional needs of offenders, including active listening techniques, awareness of emotion, and patience in explaining rules and regulations. Administrators note the need for interagency contracting and programming and the utilization of programs that focus on specific elements of females' lives, such as substance abuse, violence and abuse, lack of job skills, and the inability to form and maintain appropriate relationships. The rapid increases in female incarceration, due to policy changes, have led to severe overcrowding of facilities and attendant problems. Correctional administrators, as well as social scientists, strongly recommend the use of alternatives to incarceration for nonviolent female offenders.

Research shows that appropriate classification methods and gender responsive screening will result in numerous benefits for correctional facilities and possibly reduced recidivism rates. These benefits include a better understanding of the following: offender demographics, reasons for female criminality, gender role implications, the importance of parenting and parenting skills

within the lives of female offenders, psychological and developmental differences, implications of prior victimization, the healing process for females with regards to substance abuse and trauma, and physical and mental health issues.

In other countries, gender responsive strategies designed exclusively for females have been highly successful. One example is the Real Women Acquisitive Offender Programme in the United Kingdom. This pilot program was designed by the National Probation Directorate and focused on the following objectives: helping female offenders understand anti-social thoughts and criminal motives, reevaluate consequences of criminal behavior, and develop the skill sets to find alternative, pro-social behavior. These objectives were obtained through the utilization of all female workgroups focusing on abuse and victimization, cognitive-behavioral therapy, and emotive behavioral therapy. They focused on offenders' relationships, roles, duties, self-esteem and problem solving skills. Evaluation of this program found that the all female groups worked together as a social support network, the large majority of the program participants and tutors felt the program had a positive impact on them, and offenders identified improvements in their relationships, decision-making capabilities, social interaction, and sense of empowerment.

Correctional facilities in Canada have also implemented gender responsive programs to address female criminality. These programs were implemented in all Canadian incarceration facilities that house females. Program components include Women Offender Substance Abuse Programming (WOSAP), educational and employability programs, programs for survivors of abuse and trauma, mother-children programs, parenting programs, and a social integration program for women. These community based programs aim to address female criminality in its totality, covering each aspect of the women's lives.

Gender responsive programming within correctional facilities can assist women in successful reentry to their communities. However, the long term success of women depends on the transformation of conditions that contribute to criminality, including neighborhood development, public policy reform, and social change.

Policy Recommendations and Solutions

Only with the implementation of gender responsive programming will the female offender population stop increasing.

It is not enough to apply or adapt programs designed for incarcerated males to incarcerated females. It is crucial that programs are built and designed around the central needs, life trajectories, and victimization histories of women.

Despite repeated warnings, government and policy makers have chosen to provide little to no funding or support for gender responsive programs. While progress has been made, few states have researched, studied, or implemented gender responsive programs for this rapidly increasing correctional population. Those that have were unable to sustain the programs due to lack of funding support.

The following recommendations are suggested:

- **Examine and implement alternatives to incarceration.** Female offenders do not pose the same risk or danger as male offenders. Female incarceration facilities are rapidly becoming overcrowded with nonviolent offenders. Halfway houses, pre-release centers, day supervision, work-release programs, and community corrections could provide alternatives for female offenders. Other alternatives may include electronic monitoring, substance abuse treatment programs, day reporting, or work furloughs. Funding must be redirected from incarceration facilities and placed into alternatives to incarceration for a population that poses less danger to society. Alternative sanctioning that focuses on gender responsive programming and gender responsive needs will provide the opportunity to offer services and treatments for at-risk females outside of the incarceration facilities. Statutory and policy changes should reflect an emphasis on alternatives to incarceration through the decreased utilization or removal of mandatory sentencing for nonviolent offenses.
- **Dedicate at least seven percent of government research funding to researching female offenders' histories, social and cultural factors contributing to criminality, and pathways to crime.** Current literature clearly illustrates that female offenders have different criminological pathways. Although females are seven percent of the corrections population, the population is rising at a faster rate than males. Government funding and support must be available to continue identifying females' risk predictors, gender responsive issues and history, and the intersection of race, gender, and crime. Identification of these risk predictors will provide critical information about this rapidly increasing correctional population and suggest appropriate avenues for treatment.
- **Create a National Coalition or Task Force with the sole purpose of designing a successful, sustainable gender responsive program model.** This National Coalition or Task Force should be made up of criminal justice officials, government officials, academics and community advocates. Members of this group must identify risk predictors specific to females, research current gender responsive programs, compile recommendations for a successful program model and complete a comprehensive examination of current literature. Gender responsive programming is a new avenue for the field of criminal justice (in the United States) and the Coalition or Task Force must consult with countries that have already implemented gender responsive programming for increased sustainability of the new model. The model should address classification and assessment instruments, programs and treatment within incarceration facilities, and community based treatment models for post release.
- **Establish a federal government position to monitor correctional facilities to investigate, evaluate, and implement appropriate gender responsive programs.** Government support is crucial for the success of gender responsive programming. The government must designate a position for an individual that specializes in investigating current gender responsive models in female facilities, evaluates the execution and effectiveness of existing programs and treatment, and implements components of the successful programs and models. The individual must travel to female facilities within

the United States in order to maintain consistency, support for these new programs, and for evaluation purposes.

- **Fund the utilization of gender responsive assessment and treatment within incarceration facilities, community corrections and post release.** Gender responsive assessment and treatment is promising. Programs explicitly designed for females evidence successful results, yet when criminal justice administration attempts to implement these programs, funding is unavailable. The government must provide more than just verbal support. Funding for gender responsive classification, assessment, and treatment is critical. Commitment and funding must accurately reflect the need for programming while the offender is incarcerated as well as post release. Funding should sustain numerous community partnerships with substance abuse treatment facilities, victimization and trauma services, psychological counseling, and employment/education services in order to make additional services available to women in community corrections.
- **Create and sustain educational programs to increase the awareness of government officials, employees of the criminal justice system, and the general public.** The National Coalition/Task Force and the government specialist designated to concentrate on female offenders must educate society in order to make these efforts successful. Educational programs focusing on gender specific risk predictors, the importance of gender responsive programs and models, and the successes and failures of these programs must be offered. These educational programs should be offered in conference, seminar, or workshop format and will serve numerous purposes. They will educate government officials on the importance of funding and supporting gender responsive programming, provide criminal justice employees a new and more appropriate venue for managing female offenders, offer society a better understanding of female risk predictors (for prevention) and treatment (community support for post release) and will incite a collective will to support gender responsive programming. Dissemination of this information and societal support for these offenders is critical for the success and sustainability of gender responsive programming.

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AIDS in the United States: A Secret Epidemic

by

Renée T. White, Ph.D. and Aimee Van Wagenen, Ph.D.

The Problem

AIDS has, unfortunately and increasingly, become a “secret epidemic” in the United States even as it continues to claim lives, compromise and complicate health. It disproportionately affects already marginalized and stigmatized groups and further stigmatizes and marginalizes these groups.

Many in the United States have been made aware of the devastating assault of the global AIDS pandemic on the populations of developing nations. Celebrities, non-governmental organizations and politicians have taken up the cause for global AIDS awareness and made crucial commitments of funds towards the achievement of global justice and the improvement of health for all. These important global campaigns have had an unfortunate and unintended consequence, however. AIDS has come to be seen as a problem that others face “over there” and its toll right here at home has been slipping under the radar screen.

The Research Evidence

As reported in 2007 by the Centers for Disease Control and Prevention (CDC), over 421,000 people in the United States are living with AIDS.

These 421,000 represent only the known and diagnosed cases of people with infections that have progressed to AIDS. Hundreds of thousands more are living with HIV/AIDS and do not know it or have HIV infection but not AIDS. HIV continues to spread in the United States at an alarming rate; the Washington Post has recently reported that the CDC is upping its estimate of the number of new HIV infections acquired in the United States each year from 40,000 to 55,000-60,000. The predicted end of AIDS in America has not come to pass. Americans are still becoming newly infected, still progressing to AIDS and still dying in large numbers.

There certainly is some good news for those in the United States living with AIDS. AIDS is beginning to seem like a chronic, but manageable disease for many. But this doesn't tell the whole story of AIDS in America. Although life expectancy after an HIV positive diagnosis has improved dramatically in the United States in the last decades, AIDS is still ending lives early; life expectancy after an HIV positive diagnosis today is estimated at around 24 years. The increase in life expectancy has been due largely to improvements in antiretroviral therapies (ARVs). But even for those who can afford or find coverage for the very high lifetime cost of the drugs (estimated at over \$450,000), many are battling debilitating side effects of the medicines, struggling with the complications of co-infections like Hepatitis C, and finding the virus resistant to the treatment over time.

As a matter of justice, particularly of concern to us is the impact of the epidemic on already marginalized groups. Those who are most affected by the virus are members of marginalized populations. Amongst the hardest hit are African American and Latino men (over half of men

with AIDS), men who have sex with men (2/3 of men with AIDS), injection drug users (21 percent of people with HIV/AIDS), and African American women (2/3 of new AIDS cases among women). These populations overlap; many with HIV/AIDS are members of more than one of these groups and are made marginal through the intersection of these categories. For example, race and same-gender sexual behavior interact to make African American men who have sex with men a particularly marginalized group. A prevalence surveillance study conducted by the CDC in five U.S. cities in 2004-2005 found that an astonishing 46 percent of African American men who have sex with men were HIV positive—twice the prevalence rate than that for white men who have sex with men.

Further, some groups are doing better than others when it comes to receiving treatment and extending their lives. Despite the advances in treatment and extension of life made possible by ARVs, HIV infection is the leading cause of death for African American women aged 25-34. Two thirds of deaths of persons with AIDS are African American or Hispanic. Among racial groups, survival after an AIDS diagnosis is lowest for African Americans. Among transmission categories, survival after an AIDS diagnosis is lowest for injection drug users. We are clearly failing to address the disproportionate impact on already marginalized groups, thereby only furthering marginalization and injustice.

Why haven't we come to the end of AIDS in America? For one, as attention to the real global problem of AIDS has grown, a general lack of attention to and knowledge about HIV/AIDS as a pressing issue of pandemic proportions in the United States has set in. Our political leaders share this lack of knowledge. Particularly important is misinformation and confusion about the most affected groups in the United States. Spending on the services that work in treatment and prevention of HIV/AIDS has not kept pace with the increases in AIDS cases, treatment costs and new infections. Funding of ineffective abstinence-only prevention programming has diverted scarce resources from the programs that are known to work.

What we know about gaps in HIV/AIDS knowledge in the United States

There continues to be a gap in knowledge between researchers on the one hand and political leadership and the general public. For example, during the 2004 debate between the vice presidential candidates, Mr. Cheney was unaware that HIV was the leading cause of death for young African American women and both he and Mr. Edwards struggled to focus their comments on the domestic AIDS crisis. But to be fair, this incident reflected a general lack of awareness about the U.S. AIDS crisis among the public at large. According to a 2003 Kaiser Family Foundation study, an increase in attention to the global pandemic occurred alongside a decrease in domestic coverage. There has been relatively little focus on those marginalized populations most affected by the epidemic within the United States. Since 61 percent of adults obtain their HIV/AIDS knowledge from the media, it is not surprising to find that there is limited public awareness of what HIV and AIDS are and on the extent of the domestic AIDS situation.

A 2006 public opinion survey conducted by the Kaiser Family Foundation measured attitudes and knowledge about HIV/AIDS in America. The survey found that 43 percent of adults held at least one of the following erroneous beliefs: that HIV could be contracted by kissing, sharing a drinking glass, or via toilet seats. Further, respondents were most likely to associate

homosexuals and injection drug users with HIV and were unaware of the risks faced by people of color. More than fifty percent were unaware that having an STD increases one's vulnerability to HIV infection. The survey results indicate the continuing need for education that targets all adults, but that also especially targets those with less than a high school education and those over fifty years of age. While the survey revealed startling shortcomings in Americans' HIV/AIDS knowledge, we find promise in some of its results. Encouragingly, the survey showed Americans support the kinds of programs that have been shown to be most effective. For example, adults believe that children would benefit from comprehensive sex education (which includes abstinence as one of a series of possible options). Also, most adults support increased domestic funding for HIV/AIDS prevention and testing.

What we know about gaps in AIDS treatment in the United States

We know that ARVs work to extend life and keep people with AIDS healthy. We also know that for the uninsured and underinsured, even when discounted, the cost of ARVs is unaffordable. Since 1990, medications have been provided to people in need in the United States through state-run AIDS Drug Assistance Programs (ADAPs), partially funded through a federal grant under the Ryan White Program. ADAPs are the "payers of last resort," serving low-income people with little other means of access to ARVs. ADAP funding has not kept up with client demand. Waiting lists have amassed in several states. A one-time influx of additional funds for ADAP from President George W. Bush in 2004 and a shift in coverage of some clients to Medicare Part D beginning in 2006 has decreased and even eliminated waiting lists in some states. Still, waiting lists remain in four states. States have increasingly been called upon to pick up the burden and make up for the shortages in their federal ADAP earmarks. States have not been equally successful in doing so. Income eligibility and comprehensiveness of drug coverage vary considerably from state-to-state, creating geographic inequalities in HIV/AIDS care.

What we know about what works and what doesn't in HIV prevention

Twenty-five years into the epidemic, we know a lot about what works in HIV prevention. Successes in prevention came early; in the 1980s, prevention devised by and carried out through gay community activism significantly slowed the tide of the AIDS epidemic. These early efforts are widely regarded as amongst the most successful public health education projects ever undertaken. These early successes have taught us that programs that work come from the perspective, standpoint and values of affected groups. Drawing upon those early successes and working in conjunction with affected communities, public health professionals have continued to develop innovations in HIV prevention programming and have subjected these programs to rigorous evidence-based assessments. The CDC has been working to ensure its funding continues to go to HIV prevention programming that works.

In addition to learning about programs that worked, we've learned a lot about what doesn't work. With more than ten years of federal level sponsorship of abstinence-only education programming for youth, the data evaluating these programs are in and they show these programs aren't working. The most recent research shows that these programs are ineffective in changing sexual risk behaviors, ineffective in delaying the age of first sexual activity, and ineffective at preventing STDs and pregnancy. To date, Congress has spent 1.5 billion on such programs. Not

a single one has been shown to be effective in a scientific evaluation published in a peer-reviewed journal. This 1.5 billion could go a long way if spent on programming that works.

Policy Recommendations and Solutions

An end to the secret AIDS epidemic in America is possible. The good news is that we know a lot about what it would take to get us there. Solutions along these three fronts would go a long way towards this goal:

1. We must seek to address concerns of social justice by providing services to the socially, economically and racially marginalized groups affected.
2. We must refuse HIV prevention and treatment policy that is guided by anti-sex moralizing and demand that policy be guided by evidence and historically effective public health practice. If morality is to play a role in HIV prevention policy, it must be rooted in principles of justice, equity and sexual autonomy.
3. We must institute a program to re-educate the general public on HIV and AIDS in America. Ignorance and complacency must be challenged, as the secret epidemic is brought to light.

Specifically we recommend:

- *Increase funding for domestic treatment programs, through ADAP or other means.* At minimum, we must eliminate waiting lists for AIDS drugs under ADAP. As states seek to cut costs in their ADAP programs by limiting enrollment, restricting eligibility, or cutting back on covered drugs, we must ensure that ARVs are reaching those in need. Beyond the minimum goal of eliminating ADAP waiting lists, we must also look toward increasing the number of people receiving ARVs.
- *Cease funding for abstinence-only based programs; shift to and more fully fund comprehensive and harm reduction programs, appropriate to audience.* Research reveals that Americans support comprehensive sexuality education—an approach that includes the teaching of abstinence as one valid and effective option. Programs must be appropriate and specifically tailored to audience, considering dimensions such as age, sexual identity, culture, language, education, and community context and setting. Where appropriate, harm reduction strategies, such as needle exchange and stepwise sexual risk reduction should be valued. Harm reduction approaches recognize a continuum of risk behaviors and advocate non-judgmental interventions to support any and all reductions in harmful behavior, both small and large. In contrast with abstinence-based strategies, harm reduction hopes to create step-by-step reductions in risk, assisting people with behavior changes that move on a continuum towards safety.
- *Repeal the Helms Amendment so that local content review boards decide appropriateness standards.* The time has come to revise and eliminate the 1988 Jesse Helms Amendment requiring that federally-funded AIDS education materials must not encourage or promote drug use or sexual activity. This rule has allowed intrusive and politicized federal-level reviews of locally appropriate HIV prevention programming. Local content review boards must be fully empowered to determine the cultural appropriateness for their communities. Local control is crucial for the development of innovative programs specifically tailored to

the unique, ever-changing and locally diverse at-risk populations dispersed throughout the U.S.

- *Continue targeted prevention programming to disproportionately at-risk groups and at the same time, reinvigorate a broader sexual health education program.* All Americans should be educated about the impact and contours of the epidemic in the United States, about how HIV is transmitted and about who is most at risk. This broader program must be guided by the principle of sexual autonomy and should recognize that most everyone is at one point in their lives at risk of acquiring HIV or another STD. It is important to recognize that sexual identity and behavior changes over the life course and those at low risk today may become high risk in the future. Such a general program would also help to reduce STD and AIDS stigma—one of the underlying causes for the continuing spread of HIV.
- *Rededicate to the development of innovative media and education campaigns.* Our education campaigns are outdated and do not take advantage of new technologies. We must find ways to utilize the internet, text messaging, music videos, and targeted cable channels, such as Logo, BET, and TV One towards the production of a reinvigorated AIDS education platform.
- *Establish a centralized domestic networking mechanism to systematically provide for information sharing and policy development.* We propose the creation of a network that would connect researchers, private foundations, advocates, and “on the ground” providers from the local through the national level. Throughout the three decade history of the global AIDS pandemic, the open exchange of information has been an essential component of many of the documented successes. The Office of HIV/AIDS Policy is mandated to manage the National HIV Testing Mobilization Campaign, the AIDS.gov information portal, and The Leadership Campaign on AIDS (TLCA). TLCA is specifically focused on targeting marginalized and vulnerable communities of color; but while essential, this focus still excludes some vulnerable communities. The network we propose would be expansive enough to both target all known vulnerable communities and coordinate public-private AIDS partnerships.

Conclusion: Learning Lessons from the International Context

International shifts in how AIDS is both understood and addressed reveals that the kinds of changes we suggest here are feasible. Several of these international shifts might be informative for the U.S. crisis; these include an ideological shift, a new way to facilitate information sharing, renewed commitment to research funding, and protection of the scientific integrity of governmental agencies. For at least the past decade, HIV/AIDS has been seen as symptomatic of broader social justice crises. AIDS is now understood as a human rights issue. As such, strategies employed to protect people’s right to economic security, accessible health care, physical safety, and political enfranchisement are essential for the success of any AIDS-specific policies. Importing such a rationale to a U.S.-specific context would involve an ideological shift that has already occurred among many U.S. AIDS activists and researchers. Researchers now understand that the risk of HIV transmission involves both individual high risk behavior *and* social vulnerabilities such as poverty, racism, gender bias and homophobia. Reducing the risk of HIV transmission requires interpersonal, institutional, and societal means to sustain behavior change.

Monies already earmarked for the AIDS crisis have been redirected for other budgetary needs. This results in delayed or slower implementation of proven interventions. For example, congressional re-authorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act has traditionally been characterized by the threat of de-funding or underfunding. The Ryan White CARE Act is the largest federally funded program specifically geared to HIV/AIDS and it provides needed support for many underserved communities in the United States. It includes the AIDS Drug Assistance Program, which provides medical and drug assistance for low-income, underinsured, and uninsured people living with HIV/AIDS in the United States; AIDS Education and Training Center Programs, which facilitate continued multidisciplinary training for providers; Title IV, a series of family oriented programs that benefit mostly minority women with children; and Special Projects of National Significance, which funds initiatives that target hard to reach at-risk populations. Given the scope and effectiveness of this program, such financial tenuousness is problematic. Instead, this series of initiatives could and should receive increased funding which could be utilized to target those populations most immediately affected by HIV/AIDS.

There is a growing body of evidence-based scholarship that has identified what can facilitate the reduction in HIV/AIDS. Therefore, we already know what works: aggressive, community and population-specific education initiatives, top-down governmental support for innovative prevention efforts, sophisticated media campaigns coupled with ones that are age-appropriate and accessible for low-literacy individuals, comprehensive school based sexuality education, easily available barrier methods (male and female condoms plus dental dams), and harm reduction programs such as needle exchange. Above all, what is imperative is the harnessing of public will and the recognition that being a legitimate international voice in the battle to control the AIDS pandemic requires a re-dedication to our own domestic crisis.

Key Terms

AIDS Acquired Immune Deficiency Syndrome
ADAP AIDS Drug Assistance Programs
ARV Antiretroviral Medications
CARE The Ryan White Comprehensive AIDS Resources Emergency Act
CDC Centers for Disease Control and Prevention
HIV Human Immunodeficiency Virus
STD Sexually Transmitted Disease
TLCA The Leadership Campaign on AIDS

Key Resources

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Renée T. White is Professor of Sociology and Co-Director of Black Studies at Fairfield University. Dr. White is co-editor of the *Journal of HIV/AIDS Prevention in Children & Youth* (Haworth Press). She has authored or co-edited 4 books including *Putting Risk in Perspective: Black Teenage Lives in the Era of AIDS* (Rowman & Littlefield) and the forthcoming anthology *HIV/AIDS: Global Frontiers in Prevention/Intervention* (Routledge). In addition to HIV/AIDS she has published on health disparities, reproductive rights, and race theory.

Abstinence Only Education: A Barrier to Healthy Sexual Development

by

Sandra E. Schroer, Ph.D. and Dana Atwood-Harvey, Ph.D.

The Problem

Pressing social problems currently identified by medical and social scholars in the field of human sexuality revolve around social policies on sex education.

Abstinence Only education in the United States is a significant barrier to the healthy sexual development of adolescents and future adults. In order to be healthy, it is imperative for individuals to develop a personal sexual philosophy that respects one's position in a social context and promotes sexual health, both physically and mentally. According to the World Association for Sexology, sexual health and well-being are widely recognized as fundamental human rights. Sexual well-being is necessary for individual development as well as societal development, and is obtainable through the interaction of the individual with social structures. Those structures include, but are not limited to, sex education, the development of scientific evidence, moral and ethical considerations and health care. Sexual well-being is a concept which recognizes the role of the state as well as the role of the individual within a society.

Regarding the role of the state, the North American Federation of Sexuality Organizations (NAFSO) defines eight characteristics of a sexually healthy society. They include a commitment from the government to promote sexual health and the recognition that sexual health is a human right which should be supported by policies that direct agencies in the implementation of health related programs. A sexually healthy society will include legislation for the protection of sexual rights for all citizens. It will also provide universal access to sexuality education and create an infrastructure of services that treat sexual concerns through the professional care and training of future professionals. Furthermore, a sexually healthy society supports scientific research in all disciplines, provides adequate assessment of the nation's sexual concerns and problems, and promotes a culture of openness and tolerance.

Citizens need to understand issues relating to human sexuality in order to participate intelligently in whatever controversy may arise. Developing a personal sexual philosophy relies heavily on an open flow of information and the pursuit of knowledge. All sexual philosophies, whether they are homosexual or heterosexual, religious or secular, male-oriented or female-oriented, benefit from the distribution of knowledge and evidence. Yet, in the United States, barriers exist that restrict the flow of information, distort facts and even omit them entirely. Policies that support such action affect all people, on many levels, and at all stages of life.

In 1981, Congress passed the Adolescent Family Life Act (AFLA) with the intention of reducing teen pregnancy by encouraging abstinence and self-discipline. In 1996, the subject was revisited as a component of welfare reform. President Clinton's policy changes followed the assumption that welfare policy devalued marriage and encouraged out-of-wedlock births. Changes were codified under the existing Title V Section 510 of the Social Security Act to allocate fifty million dollars a year for ten years toward abstinence education. No funding was made available for public sex education of any other variety. In order to receive this grant, states had to agree to

“match every \$4 in federal funds with \$3 in state or local funds,” bringing the total expenditure to \$87.5 million annually. Under President George W. Bush, support increased to \$170 million between the years 2001 and 2005. In 2005, President Bush proposed \$270 million through the same three federal programs: The AFSA of 1981, Section 510 of the 1996 Welfare Reform Act and Special Programs of Regional and National Significance (SPRANS). The grants are available to any state, local or faith based agency administering a sex education program, provided they adhere to their “exclusive purpose” which is to promote abstinence only. That means that the program must focus on the “social, psychological, and health gains to be realized by abstaining from sexual activity.” Programs are to stress that “abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.” These programs must also seek to convince students that a “mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity.” This means that the program must stress that “sexual activity outside the context of marriage is likely to have harmful psychological and physical effects” and that “bearing children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society.”

To date, eight states have rejected funding, including Ohio, California, Maine, New Jersey and Wisconsin. They argue that they cannot accept the federal government’s narrow perspective on sexuality education as it is outlined in the definition of Abstinence Education for Title V. Many argue that the restrictions required to obtain such grants can have detrimental outcomes and are ineffective in challenging the problems that the policy is meant to address.

Organizations have scrutinized the use of the term “abstinence” and concluded that there is no definition that can be agreed upon. In fact, research on teen sexual behavior supports how problematic this can be when youth disregard oral or anal sex as actually “having sex.” Without information on protecting oneself from sexually transmitted infections (STIs), these young people are unknowingly participating in high risk behaviors in order to maintain abstinence and virginity. These same high risk behaviors are capable of transmitting sexual infections.

Research Evidence

The most recent research conducted by Mathematica Policy Research Inc., on behalf of the Department of Health and Human Services, reveals that abstinence education is ineffective in increasing the rates of sexual abstinence-until-marriage, ineffective in raising the age of first time consensual sex, and ineffective in decreasing the number of sexual partners teens experience. Furthermore, while so-called sex education programs focus on abstinence-until-marriage, they ignore vital health information such as family planning options and protection against STIs. At the same time, research has revealed that most Americans have sex before marriage, in part because the average American is waiting until later in life to marry. Furthermore, the difference between the average age of marriage and the onset of menses and spermenses (fertility, age 12.5 for females and age 14 for males) means that the average person is living as a capable sexual being for thirteen years before marrying. Living thirteen years without sex appears to be an unrealistic expectation for the majority of Americans. With current educational restrictions, those who choose to abstain from sex until marriage will be completely uninformed on their wedding night.

Given that adherence to grant regulations also requires programs to promote marriage as the only moral access to a sexual experience, these restrictions support the marginalization of individual students and their families. America is a diverse population with many familial structures. Homosexuals, adolescents who are already sexually active (either by choice, coercion or force), children of single parents, and other non-traditional families are not served by being told that their experience fails to meet social expectations. The potential positive impact that their families have on them may be eroded by such marginalization.

An additional concern associated with abstinence only programs includes the absence of discussions on alternative sexualities and sexual orientations. The study of these topics is important to the development of a well rounded understanding of the composition of one's community and it encourages tolerance of diversity and self acceptance. If maintained, abstinence policies will produce a generation of Americans who are uninformed, unprepared and yet still influenced by the prevailing social norms. Informed consent and informed choice will not be available to this generation.

The United States is the only developed nation that applies abstinence policies as its only sex education programming. Given that the United States prides itself on freedom, diversity, and growth, one must wonder at the purpose behind such restrictions imposed on funding the sexual education of its youth. These restrictions lend themselves to the promotion of a one-sided moralistic indoctrination of children's sexual experience and understanding. This limited view of sexuality education fails in the eyes of the parents who are supporting such funding with their tax dollars. The restrictions also support the stigmatization and marginalization of large segments of our diverse population. Any education ought to be about enhancing our children's critical thinking skills through the presentation of various schools of thought that are developed from scientific evidence. It is through the critical understanding of sexuality that our youth will make sound decisions. It is not that abstinence as a behavior is scientifically unhealthy; it is that abstinence ONLY education presents a barrier to children's healthy sexual development.

Policy Recommendations and Solutions

Public policy, health and education officials must be responsive to their constituents. These constituents, according to research, overwhelmingly support comprehensive sex education programs.

- Congress must move to require medical and scientific accuracy in educational materials. According to one study, "over 80% of the abstinence-only curricula, used by over two thirds of SPRANS grantees in 2003, contained false, misleading or distorted information about reproductive health." These inaccuracies included false statements about the effectiveness of contraceptives and incorrect scientific information. Blatant inaccuracies in education are unacceptable, especially when funded through tax dollars.
- State governors must take a stand in rejecting federal funding for abstinence only education, just as Ohio and seven other states have.
- Because school districts must follow state education codes, state departments of education must outline official curriculum guidelines for comprehensive sexuality education and mandate training for sexuality education instructors.

- Local advocacy groups must work with the public to educate parents, school board administrators, and public health and education organizations on the benefits of comprehensive sexuality education.
- Concerned citizens (including parents, teachers, and local advocacy groups) must put pressure on their legislative officials to be responsive to their voice and the needs of children. This means that these citizens must encourage legislation that will financially support responsible, comprehensive sex education in schools, based on scientifically and medically accurate information that is age appropriate and includes information on sexually transmitted infections, abstinence, contraception, and diversity in sexual orientation and family structure.

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Welfare Reform and Adoption Policy: Unfinished Business

by

Irma J. Gibson, Ph.D.

The Problem

The stated intent of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), commonly referred to as welfare reform, was to decrease reliance on welfare and increase the economic independence of poor families. However, welfare reform and changes in adoption policies have made it more difficult for families to reunite. This is particularly the case when a parent has substance abuse or other health challenges.

Over half a million children and adolescents are placed in some form of out-of-home care resulting in families and children's exposure to the child welfare system. This number has been increasing in recent years, apparently as a result of cuts in federal funds for preventive services, in addition to dramatic increases in parental substance abuse, homelessness, and unemployment, especially among racial and ethnic minorities. Studies have also shown that the field of child welfare has been hindered by federal and state funding policies that have rewarded the "wrong" program emphases, for example completing child abuse investigations rather than preventing the need for new ones. Adequate support for authentic preventive programs has been largely lacking at the federal and state governmental levels.

The Adoption and Safe Families Act (ASFA), the third and most recent major change in federal policy related to foster care, was implemented to promote safety, permanence and well-being for children. It also was intended to reduce barriers that inhibit the termination of parental rights (TPR) by creating a stable home for children, and by making such decisions "without delay." Support for families and adoption promotion are key components of the latter policy. Although these two pieces of legislation were created to address the changing needs of child welfare, research has shown that the good intentions of the aforementioned legislation have created unfair challenges and barriers to successful reunification for the children and families who are being served by Child Protective Services (CPS).

The PRWORA legislation replaced the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program, eliminated entitlements to cash benefits, and imposed a number of limitations on benefits, including a five-year time limit, work requirements, and benefit reductions or terminations for noncompliance. PRWORA mandates that families receiving welfare benefits have work requirements of twentyfour months and receive welfare benefits for no more than sixty months over a lifetime, limiting access to cash assistance and creating challenges for families and for case workers. Under PRWORA, states have been given significant discretion in designing and implementing welfare policies. They vary in the generosity of their cash benefits, the percentage of their poor who receive assistance, time limits, sanctioning policies, quality of support services, and earning decisions. States with the largest African American populations and the highest rates of welfare

use by African Americans tend to adopt the most restrictive rules and provide the least generous welfare benefits and support services.

Before passing ASFA, Congress convened hearings on barriers to adoption, which highlighted the need to move children expeditiously out of foster care and into an adoptive family. The enactment of ASFA placed greater emphasis on permanency planning and adoption instead of family preservation. There is a complication: ASFA timelines are challenging because permanency decisions about children in placement must be made within twelve months and TPR is sought after children are in placement fifteen out of 22 months.

Consequently, parents with substance abuse and mental health problems may not be provided with sufficient time and resources needed for successful reunification with their children. Another complication is that ASFA provides financial incentives for agencies that move children into adoptive homes and allocates resources for technical assistance used to expedite adoption which can inadvertently become the main focus, while ignoring the problems that families are experiencing. Under ASFA, the best interests of the child tends to focus on child maltreatment without exploring other confounding issues such as addiction, poverty, domestic violence, mental health challenges, and other family risk factors.

Research Evidence

Evidence suggests that minority, poor and rural children, and children of substance abusers (who frequently are themselves former foster children) are most likely to be separated from their biological families under welfare reform and new adoption policies.

In 2002, 12.1 million children under the age of 18 lived in families with incomes below the federal poverty level. Under the new welfare system, the rural poor are those who live in socially, economically, and spatially disadvantaged communities. More residents in these communities are likely to need TANF, are least likely to leave TANF by finding employment, and their community organizations are more likely to have limited resources to help TANF recipients.

More than half of agency administrators in one study perceived an increase in the number of child welfare cases handled by the agency following TANF implementation. This finding would seem to reinforce the widespread concern regarding the potentially negative effects of PRWORA for the most troubled families. The low funding of TANF by many states, the frequent adoption of harsh policies, and the unexceptional quality of many state plans are reminders that the flexibility states were given under the PRWORA has both positive and negative consequences. Women in conservative states, or states with high minority enrollments, are more likely to face poorly funded programs, tougher work requirements, stricter time limits, family caps, and harsher sanctions.

Welfare parents who lack feasible and realistic support may be prone to ongoing or future involvement with CPS. An estimated 872,000 children were victims of maltreatment in 2004. Since there is a strong association between poverty and child maltreatment, poor children are overrepresented in child welfare. While poverty does not cause maltreatment, the effects of poverty appear to interact with other risk factors (depression, isolation, teenage pregnancy,

unemployment, substance abuse, and domestic violence) to increase the likelihood of maltreatment. Additionally, more than half of the 500,000 children in foster care in America come from racial or ethnic minority families although minority children constitute less than half the children in the United States.

One reason that minority children come to the attention of child welfare authorities is because of substance abuse issues. In the United States today, substance abuse has become an alarming reality. When parents abuse drugs or alcohol the impact on their children is profound. Over 13 million children live with a parent who has used illicit and addictive drugs in the past year. Addicted parents come from all socioeconomic levels, but it is often the additional factor of poverty that brings them to the attention of child welfare agencies. Therefore, substance abuse programs that offer services to child welfare populations are particularly important. However, experts have suggested that a number of required timelines in various social service agencies need to be considered when working with families in which substance abuse is a factor. The increased speed by which permanency decisions are mandated is troubling because of the lengthy recovery period associated with drug and alcohol addiction that is not accounted for in the time limits imposed by ASFA.

Research has shown that co-morbidity between mental health, substance abuse, and poverty, is another layer to be considered. Many of the parents are themselves products of the foster care system experiencing multiple problems including years of unaddressed mental health challenges, developmental deficits, illiteracy, lack of vocational skills and addictions. The current timeline is not effective. A blended perspective on the effects of timelines indicates that although service expediency is a benefit, the problems produced by poverty and substance abuse require more than quick, accessible service. They also require intensive intervention that often extends for a longer time period.

Policy Recommendations and Solutions

The most important task for welfare advocates and those who are concerned about social injustices is to lobby diligently policy makers on all levels (federal, state and local) regarding changes in already existing policies and/or in support of newly developed policies that are more realistic in addressing the root of the problems.

Considering parental mental health in context, with the knowledge that there is a limited amount of time in which parents can demonstrate improvement, can be an initial step toward reducing the many barriers to successful family reunification. Advocates are not suggesting parents have an unlimited amount of time to work toward accomplishment of their case plans while their children grow up in foster care. Instead, advocates are stressing how important it is that policy makers consider the holistic needs of these at-risk families via feedback from the experts. Social workers, family therapists and other advocates who have conducted studies can provide valuable feedback and information regarding what can realistically be accomplished within the limited time frame allotted by ASFA. Many policies mandate specific criteria to which the agencies must adhere if funding is to be maintained. Without funding, programs and service delivery are thwarted, and without sufficient services and specialized treatment programs, the battle of protecting our most precious resource via child welfare is a losing one. Many times CPS workers

are struggling with providing quality services for both parents and children, while working to comply with national policies that often don't support best practices on the local levels.

Policy Review

Policies at the state and local level must be reevaluated to determine the impact of major directives and stipulations on the well-being of children and their families.

- The permanency focus of ASFA and the provisions that may prompt swifter action by the courts to terminate parental rights are creating serious challenges for troubled families and should be determined on a case by case basis, leaving flexibility in those situations where the parents are truly complying with their CPS case plans. Removing children with a deemphasis on family preservation can be detrimental. Research has shown that the focus on “quick adoptions” has resulted in poorly handled adoptions and poorly placed children. Adoptions are pushed through too quickly and disruptions after placement are numerous.
- Policy should be amended to reflect minimal or no penalties for those states who fail to meet the present mandate to expeditiously place children in foster care but who otherwise demonstrate responsibility and accountability. For example, child welfare and social workers should be allowed the freedom to advocate for quality assurances in adoption practice without fear of being penalized. Clinical content should be incorporated in decision-making versus a strict adherence to timeframes and stated numerical goals. Fiscal incentives to states for expeditiously removing children from foster care and placing them in permanent settings should be reevaluated. Utilizing qualified clinical staff to partner with child welfare workers and to serve as communicators to the courts about treatment issues should be a best practice.
- Policies should be amended to reflect more financial and supportive services for those foster care providers who meet the criteria of “kinship” caregivers, thereby providing the child with the familiarity and surroundings of a dependable relative. This would ease the pressure of time constraints that presently exist for the states to expedite placement decisions while allowing the biological parents to address their issues and successfully work toward completing the goals of their case plan. Although there are advantages in keeping children within the context of their families of origin, present policy creates problems regarding supportive funding for those extended family members who may be willing to be caregivers but who are already too stressed financially.

Improvements to Existing Policies

Policy changes at the national level that will allow states more discretion and autonomy in the process of service delivery (without punitive measures) are necessary. Many of the quality substance abuse rehabilitation treatment facilities are developed with the sole purpose of providing holistic treatment sometimes lasting from eighteen months to two years. The requirements of the treatment facilities clash with the timelines that are created by ASFA and PRWORA. For those parents who are serious about becoming productive and responsible citizens and/or reunification with their children, adherence to the strict timeline can be a tremendous challenge.

- The amendment of social policy toward a more supportive nature in regard to the courts and their challenges and in the achievement of the CPS goals and objectives is critical. The activities of child welfare agencies are often delayed by the courts as a result of the

policy mandates. Quality assurances in adoption practice and permanent placement of children are necessities, and clinical context should be incorporated in decision making rather than the strict adherence to timeframes and stated numerical goals. More critical and effective monitoring and evaluation of statewide placement practices and service delivery protocols are needed, and policy amendments should reflect this notion both financially and strategically.

- States are now told to simultaneously plan for adoption (i.e., identify, recruit, process, and approve an adoptive parent on behalf of any child) and make reasonable efforts to reunify a child with the existing family unit. This is termed concurrent planning for children and, by ASFA mandates, must be established early in the judiciary process. The amount of time parents have to regain custody of their children before hearings are initiated to terminate parental rights is currently reduced to the first year of a child's placement in foster care unless parents effectively demonstrate that they are working to improve the situation that led to the removal of their children. What determines effectiveness? Most of the time, these are legal decisions that are made at the state level where there is pressure to reduce the foster care numbers. An evaluation of concurrent planning should be pursued to determine its feasibility and impact on cases in the child protective service system.

Prevention and Intervention Strategies

Policies need to be developed and/or revamped with the focus on addressing and supporting prevention and early intervention strategies in an effort to assist child welfare agencies. Many CPS cases are already in a later stage of intervention when the CPS investigators become involved, despite the interest in and need for prevention and early intervention.

- New funding arrangements at the local, state, and national levels to support primary prevention efforts via the use of innovative programs are a necessity. Some programs already exist within the child and family welfare system. However, they are underemphasized due to contradictory ASFA mandates. Evaluative studies indicate that these program innovations are effective in promoting children's development, especially if the programs are adequately funded and if practitioners and their supervisors are fully trained and supported in their work.
- Prioritize sufficient funding and policy support of "front-end" services and programs including education and other interventions (before CPS becomes involved) that support the efforts of all families to care for their children. When children are cared for by parents with substance abuse issues, they are exposed to many risks including maltreatment. Primary and secondary prevention efforts should address these and other issues such as the initiation of treatment prior to a CPS investigation, home visitation, education about lowering the teen birth rate, abandonment which leaves children with a single or no parent, improving child support from absent parents, and improving the education of low-income parents. Increased community partnerships amongst child welfare workers, other professionals including educators, hospital social workers, and mental health practitioners, public health workers and law enforcement can work collaboratively to improve the future of children and families.
- Fund innovative CPS programs such as "safety planning," which is the integration of child welfare agencies with community, neighborhood, school-based services and other supportive measures. It empowers child welfare agencies to play a stronger role in

influencing economic, educational, mental health, housing, vocational, educational, and other resources for assistance in achieving the shared outcomes they have created for children and their families. The objectives of safety planning are to protect the child as well as other family members and to provide every child with a “stable home” through family preservation, reunification, termination of parental rights and adoption, or long-term foster care with guardianship, in that order of priority.

- Revamp CPS family preservation programs to go beyond the present focus of child protection and to also address the root of many family problems including substance abuse, unemployment, housing and the health and mental health needs. It is crucial to recognize that many struggling parents are second and third generational foster care children themselves. Sufficient funding of programs geared toward enabling mothers or fathers to be effective parents while learning to adapt and maintain a sober lifestyle is of utmost importance.
- Additional funding and policy changes are needed to support efforts to create and develop an individualized response to families who are affected by the PRWORA. Many of these families are those who have entered the CPS system or those families who don't fit this profile in its entirety. Challenges and barriers to avoid returning to the “welfare rolls” still exist, and the policy doesn't account for the fact that many of the recipients may be former childhood welfare recipients, illiterate, delayed developmentally, have a large number of children and live in poverty or distressed neighborhoods. The PRWORA was designed to match policies to the unique needs of each state or regions within a state. However this flexibility means that those in need of assistance may be treated differently depending on the state in which they live, or sometimes even the area of the state in which they reside.
- Families in need may be helped by expansions in the childcare subsidy, extension of cash benefits and a reduction or delay in work requirements on a case by case basis. The mandate of transitioning from welfare to work does not account for unaddressed mental health issues, transportation issues, childcare challenges, minimum wage issues or insufficient income. This is an injustice and increases the likelihood of returning to welfare dependence. More research is needed about the vital relationship between mental health and welfare to work policies. Prior findings suggest that employment can possibly increase the stress levels of current or former welfare recipients without prior work experience to the point where they are prone to child rearing mistakes that can result in a CPS investigation. Outcome evaluation is crucial to the development of primary and secondary prevention efforts for vulnerable families.

Current child welfare programs reflect the influence of a number of significant historical factors, including diverse ideological views, contradicting political forces, volatile economic trends, divergent laws, and widespread changes in child-rearing practices. Crucial to addressing the issues of children and families in need is a combination of supportive multidisciplinary treatment planning, professional training in skills and competencies, and most of all funds to support direct services, preventive services, ongoing needs assessments and research. Failure to address the superficial ideology of these policies via these avenues will result in an ongoing cycle that will continue to be detrimental to the children and the families being served by the child welfare system.

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Irma J. Gibson completed a Ph.D. in Social Work from Clark-Atlanta University. She is an Assistant Professor in the Department of Social Work at Savannah State University where she provides instruction on the Master's level. She teaches a variety of courses on the topics of child and family welfare, social welfare policy, direct practice, social administration and crisis intervention. She brings 21 years of direct social work practice experience to academia. Her research interests include child and family welfare, issues of poverty, substance abuse and homelessness, post traumatic stress disorder among veterans and service learning.

Silence and Stigma: The Hepatitis C Virus (HCV) Epidemic

by

Alicia E. Suarez, Ph.D. and Ann A. Shindo, Ph.D.

The Problem

The Hepatitis C virus (HCV) is the most common, chronic blood borne disease in the United States, far surpassing HIV in prevalence, yet is largely culturally invisible. Over four million Americans and approximately 250 million people worldwide are chronically infected with this potentially life threatening virus. Despite the magnitude of the catastrophic social and health consequences of HCV, we have done little to address the issue, largely due to an association of HCV with injection drug use. While persons who inject drugs (PWID) are a high risk group for acquisition of this virus, the stigmatization associated with this particular route of transmission taints the socio-political perspective of this disease as a whole, which enables public health and policy-makers to largely ignore a growing epidemic.

Persons with HCV experience a significant stigmatization and reduction in quality of life for both physical and mental health. The health conditions related to chronic HCV infection range from mild symptoms to significant extra-hepatic symptoms including liver disease and hepatocellular carcinoma. Liver disease associated with chronic HCV is the number one predisposing factor for liver transplants in the United States. The mortality associated with HCV-related liver disease is approximately 12,000 per year, rapidly approaching yearly deaths due to HIV/AIDS in the United States. By 2019 these numbers will triple, costing an estimated \$10.7 billion in direct medical expenses. Given these dire socioeconomic and health consequences, we ask: Why is the social problem of HCV virtually ignored, limiting public and private funding for HCV research, education, and treatment, and hindering diagnosis and disease prevention?

The Research Evidence

The largest groups of persons affected by HCV are disadvantaged and marginalized populations, including homeless people, PWID, people of color, and those who are incarcerated. Imprisoned populations experience a 30 percent prevalence of HCV, while services are meager and potentially stigmatizing. People commonly assume that HCV infected inmates entered prison already infected despite a lack of research regarding incarceration-based transmission (for example, prison-based tattooing).

While HCV does affect a variety of persons in the United States, the prevalence rate of chronic infection is significantly higher among persons of color than among whites. PWID are particularly susceptible to HCV infection due to direct percutaneous exposure to infected blood. Transmission of HCV is ten fold more efficient than HIV. Consequently, rates of HCV among PWID are estimated at 90 percent in those who have been using IV drugs for at least five years. PWID are stigmatized by both the general public and non-injection drug users. In sociological terms this *double failure* to conform to societal norms disenfranchises individuals who are in an addictive process that is already marginalizing and dehumanizing. It is the marginalization and dehumanization of PWID, and the misperception that all persons living with HCV have engaged

in injection drug use, that perpetuates insufficient public health funding and poor policy-making regarding the HCV epidemic.

Numerous studies indicate persons infected with HCV experience discrimination in healthcare and employment. The perception that all persons who have HCV have contracted this disease through injection drug use suggests that all persons living with HCV are medically high-risk. Indeed, health care providers may not take on HCV+ patients as they are afraid they will “sink their practices” or be too multi-need in nature. In addition, persons diagnosed with HCV often undergo profound detrimental changes in their personal identities and social interactions. The stigma surrounding HCV is related to confusion with HIV/AIDS, correct or incorrect presumptions of illicit drug use, promiscuity, and general fear of communicable disease transmission.

Perpetuating ignorance in relation to this social problem exacerbates the stigmatization and fear of the issue. It is abundantly clear that awareness about HCV is low across various sectors of the population. Researchers find that knowledge about HCV among PWID is much lower than knowledge concerning HIV, an especially alarming finding considering the significantly higher rates and ease of transmission of HCV in the population. Even those who provide professional services to at-risk populations may have inadequate knowledge. More than half of employees at several U.S. drug treatment programs could not correctly answer one quarter of the questions regarding HCV knowledge, suggesting systematic misinformation. In addition, only slightly more than half of primary care residents surveyed knew how to properly treat HCV. Sixty-six percent of primary care residents recommended vaccinations for uninfected persons; yet, no vaccine exists for HCV.

Because HCV is stigmatized due to perceived routes of transmission, there is a lack of overt political will behind this disease. State and federal policy makers largely ignore the epidemic, which leads to limited federal funding for HCV detection, prevention, treatment, and education. Congress appropriated a paltry \$17.6 million for fiscal year 2007 to the Centers for Disease Control’s Division of Viral Hepatitis to prevent and track all viral hepatitis in the United States (not only HCV). Federal legislation to address this epidemic has failed in Congress three years running. The scant funds that are provided to support Adult Viral Hepatitis Coordinators in most states and a few large cities do not support testing or educational programs.

In the 21st century, no one in the United States should have to die of HCV-related liver disease. Projections suggest that by 2019 approximately 22,000 people will die annually from liver disease if more is not done to ameliorate the spread of the HCV virus. Stigma, transmission-related myths, and ignorance perpetuate insufficient knowledge of HCV. Inadequate health care policies maintain poor HCV related health outcomes among the most marginalized in society. Social justice cannot be served until this public health epidemic is addressed with equal economic, political, and policy rigor to that of purported threats, such as the avian flu, SARS, West Nile Virus and other unrealized U.S. epidemics.

Recommendations and Solutions

Social and health services, including prevention, education, management, and research are expensive. Yet, the CDC estimated in 1998 that more than \$600 million was spent that year to support the health of persons who are acutely and chronically impacted by HCV. A decade later, the monetary and human suffering costs of societal neglect, which has led to an increase in these medical and social expenditures, far outweighs the monetary costs of taking action. In order to adequately address this pressing social issue, the following recommendations are proposed.

Research

It is clear that HCV is under studied, and there is a need for further research in biology, social science, and treatment. The following are policy suggestions to improve the state of HCV research.

- Research endeavors to understand patterns and trends related to HCV transmission are needed.
- Epidemiological and social science research that accurately estimates the prevalence of HCV and the intricacies of risk behaviors among potentially hidden populations will provide intervention specialists with more information to develop targeted primary and secondary prevention programs.
- Research agendas in the behavioral sciences must begin to address important behavioral issues.
- Research must assess social drug and sex networks that may exacerbate risk for HCV.
- Researchers should evaluate best practices regarding HCV acquisition among persons who are newly initiated into injection drug use.
- Researchers must investigate the transition from experimentation with drugs to injection drug use among youth. They should evaluate syringe exchange programs and their effectiveness in deterring the transmission of blood borne pathogens.
- Secondary prevention strategies are needed to support healthful living with HCV for marginalized persons who may not gain appropriate access to medical care.
- Drug treatment facilities should be studied as secondary HCV prevention/intervention sites.
- The efficacy of peer-education models for prevention of HCV transmission among the extremely marginalized should be explored.

Prevention

The majority of people living with chronic HCV do not know of their infection. A lack of knowledge perpetuates transmission and decreases the opportunity for individuals to take liver health preventive measures necessary to decrease the likelihood of severe liver disease. While there is no magic bullet for most blood borne pathogens, harm reduction programs that acknowledge people's current social circumstances may reduce drug and sex-related harms and can support positive health choices for marginalized persons. The following policy recommendations may help to prevent the spread of HCV.

- Testing should be accessible to all high risk persons, especially PWID, those who are incarcerated, and all persons at high risk for HCV infection.

- A new harm reduction approach to drug use and safer injection practices among PWID is needed.
- Safe syringe access and disposal programs should be available in all communities nationwide to decrease the likelihood that HCV is transmitted through sharing injection drugs.
- More accessible treatment options are necessary to prevent the health complications of HCV disease.

Education

Political disenfranchisement of PWID in the United States maintains the isolationist policies that exacerbate the HCV epidemic. It is suggested that through efforts to educate all strata of our society including medical providers, allied health care, social service providers, and the public, that a destigmatization may occur such that people infected with HCV will no longer have to die in the shadows of our communities. The following recommendations can help with HCV education.

- Launch extensive and comprehensive education programs designed for target audiences including educational messages regarding disease transmission, risk assessment, behavior modification, treatment options, and harm reduction strategies.
- Develop specific programs for healthcare providers, dentists and oral hygienists, pharmacists, persons working in substance abuse and mental health, corrections staff, and others working in social services for disadvantaged persons.
- Develop basic educational programs aimed toward the general public.
- Evaluate and assess information given to persons diagnosed with HCV to ensure persons have the appropriate knowledge to make decisions about their health.

Management

While HCV is an equal opportunity infectious disease, it is the subpopulations that are marginalized socioeconomically and morally in our society that will have the worst outcomes. Those most likely to progress with HCV-related liver disease are people on the fringes of society. People who may be infected with HIV, HBV, who consume significant amounts of alcohol, and who are marginally housed, are all less likely to be linked to a medical care system and thus, more likely to progress with HCV related liver disease. The following are policy suggestions that will help manage HCV more effectively.

- Provide access to basic health care.
- Facilitate alcohol and drug treatment (when necessary).
- Administer viral hepatitis A and B vaccines to high-risk adults.
- Make treatment for HCV available for all persons, but especially persons who are incarcerated and PWID.
- Provide accessible and integrated care structures for persons with HCV.

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Internet Resources

HCV Advocate: <http://www.hcvadvocate.org/>

Hepatitis Education Project: <http://www.hepeducation.org/>

CDC Viral Hepatitis: <http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

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The **Society for the Study of Social Problems** was formed in 1951 by social scientists interested in using social research to help in the solution of persistent social problems. This report—**Agenda for Social Justice: Solutions 2008**—is designed to inform policy makers and the public-at-large about some of the nation’s most pressing social problems and to propose policy responses to those problems.

Copies of the **Agenda for Social Justice** can be downloaded directly from the website of the SSSP (http://www.sssp1.org/File/Agenda_For_Social_Justice_2008.pdf). In addition to the booklet, individual chapters and one-page summaries may be downloaded and distributed (<http://www.sssp1.org/index.cfm/m/323>). We hope that you find the **Agenda for Social Justice** publications to be useful resources as you work to create a more just society.

We urge you to consider joining SSSP. Academics across various social science fields, applied researchers, and policy makers make up its international membership. Students are especially encouraged to join. The SSSP website (<http://www.sssp1.org>) includes membership information.



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