

# PRAXIS

WHERE REFLECTION &  
PRACTICE MEET

Volume 20

# PRAXIS

Where Reflection & Practice Meet

## VOLUME 20

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### *Social Accountability: Giving Voice To The Voiceless*

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The School of Social Work at Loyola University Chicago created Praxis: Where Reflection & Practice Meet to provide a platform for the scholarly work of students and alumni. Our mission is to encourage and support the development of social work knowledge that will enhance the lives of the clients we serve, embody the humanistic values of our profession, and promote social justice and care for vulnerable populations. Praxis respects and welcomes all viewpoints

#### **Editorial Policy**

Praxis is published by students in the School of Social Work at Loyola University Chicago. The editorial board is composed of masters and doctoral social work students. The board encourages students and alumni of the School of Social Work to submit papers that provide insight into clinical, policy, research, education and other areas relevant to social work practice. Submissions are accepted throughout the year. Articles should be no longer than 20 double-spaced pages and submitted as a Microsoft Word document file (.doc or .docx). All identifying information, including contact information, should be on a separate page. Responsibility for accuracy of information contained in written submissions rests solely with the authors. Opinions expressed in the journal are those of the authors and do not necessarily reflect the views of the School of Social Work or the Editorial Board.

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## Editorial

### *Social Accountability: Giving Voice To The Voiceless*

Advocacy has been a fundamental principle in the age old profession of social work with the focus on dismantling oppressive and iniquitous systems. Social workers have often been on the front line of major societal issues, playing a pivotal role in spearheading initiatives for change on a micro, mezo and macro level. Whether impacting change through the implementation of interventions, provision of resources, or lobbying political figures, social workers bridge the gap between disadvantaged populations and influential sources of power.

Though it is often overlooked, social workers demonstrate an immense commitment to social accountability in regard to their role in engaging government officials, professionals of various disciplines and other stakeholders to citizens and communities that are disenfranchised or marginalized.

Social accountability and advocacy are themes that are echoed throughout this volume of Praxis with each article raising attention to serious social issues and prompting a call to action. Environmental concerns such as the ramifications of climate change and its impact on access to food, the lasting impact of the Flint water crisis on residents several years later and Chicago youth activists engaging in human rights work to combat oppressive structures in their marginalized communities are among the pressing topics that are explored.

Racial and gender inequities are also addressed in regard to health care and chronic diseases with implications to the social work practice. In addition, juvenile justice with adolescents in Florida and

inhumane processes and treatment of immigrants by law enforcement in the United States are also given a critical analysis. An intriguing approach to group work with adolescents that offers a different perspective and innovative treatment modality is introduced as well. After delving into the works of these featured authors, you will be challenged to consider the transformative actions necessary to restructure a deeply flawed and complex system.

On behalf of the Co-Editors-in-Chief, we would like to give special praise to the editorial board members and their dedication to Praxis despite a year full of challenges. We would also like to recognize our publication editor, Tiera McGary, who has worked tirelessly to ensure great quality in the production and publication of Praxis. An abundance of gratitude is extended to our faculty advisor, Dr. Nathan Perkins, his judgment in appointing Heather Watson as Co-Editor-in-Chief and for Sarah Kelly's dutiful service.

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Heather Watson, LCSW  
Sarah Kelly, LSW, CADC

## Social Work, Food, and Climate Change: Impact on Children Today and Beyond

Cassandra Greenwald, MSW

### Abstract

*This paper explores the societal issue of climate change with respect to its effects on individuals, especially children, in the present day as well as in future generations. Presented herein are a summary of scientific evidence of climate change, as well as its critics, and a discussion of the profession of social work and its perspective on climate change, including opinions on the need for social workers to do more to address the harmful effects of climate change and its exacerbation of social injustice. As part of an examination of social inequality, this paper offers an overview of the Supplemental Nutrition Assistance Program (SNAP) and briefly analyzes SNAP's effectiveness. The final section contains an advocacy letter to a United States senator with a call to action to remove work requirements from SNAP to help those living in poverty in Illinois.*

*Keywords: climate change, environment, children, social work, food insecurity, Supplemental Nutrition Assistance Program, SNAP, social welfare policy, social justice.*

### Section I: Climate Change and Children Climate Change Overview: Science and Denial

According to the National Aeronautics and Space Administration (NASA), 97% of scientists working in the field of climate agree that the Earth has been growing hotter for the last century and will continue to do so (NASA, 2008a). The planet has cycled through many shifts in climate, both warming and cooling, but these scientists in particular say the current situation is unique because it is anthropogenic, or created by human activity (2008). Scientists have been able to use ancient recordings of climate found in tree rings and rock sediment, for example, to determine that the rate of the planet's warming occurring now is approximately 10 times faster than the average rate of recovery from previous ice ages (2008).

What happens when the Earth's temperature rises? NASA's Climate Change: Evidence (2008b) lists numerous results documented already by scientists, such as warmer oceans, shrunken ice sheets, and an increasing frequency of extreme weather events.

These events, described further by NASA, include drastic changes in patterns of precipitation, a greater number of heat waves and droughts, and an increase in the intensity and strength of hurricanes (NASA, 2008a). Discussed below and in a subsequent section of this paper are three categories of undesirable social conditions resulting from climate change.

**Exacerbation of social injustice.**

Climate change certainly is not the catalyst or original source of many of the world's current undesirable social conditions, but social work researchers such as Alston (2015) state that the problems of poverty, social inequality, and food and water insecurity are exacerbated by climate change.

**Migration.** Extreme weather events (e.g., hurricanes, droughts) can cause the loss of land as a source of income in agriculture-based societies around the world, which forces many people to leave their homes by migrating to urban areas for work or resettling in camps, similar to refugees (Alston, 2015; McKinnon, 2008).

**Violence.** The high temperatures associated with climate change can increase the occurrence of interpersonal violence (e.g., murder, physical abuse) as well as larger-scale conflict (e.g., war) (McKinnon, 2008;

Oppenheimer & Anttila-Hughes, 2016).

It is important to note, however, that a large faction of so-called climate deniers do not believe that climate change is a problem and disagree with the peer-reviewed and evidence-based literature supporting the science. Writing on the proliferation of Internet blogs related to a vehement denial of climate change, Harvey et al. (2018, p. 282) describe how the voices from these blogs “form a large echo chamber” because of an insular yet formidable network of cross-linking. Indeed, one prominent blog in this network is headed by a writer, described by others as a climate expert, who in fact has not performed any research and has not been published in peer-reviewed journals; the work of this writer outside of the blog comes primarily through a conservative think tank (2018).

Because of the large body of scientific evidence confirming that climate change is a real problem on a global scale, Harvey et al. (2018) argue that the deniers of climate change face an impossible task of debunking the evidence on their blogs. Instead of making an attempt to refute scientific evidence, which would be out of the scope of these blogs because they are not coming from scientist and are not based in research,

these writers concentrate on “showy” topics that will generate high emotions and lead to more clicking and linking to other blog posts in the previously discussed echo chamber (2018, p. 282).

### **Problem of Climate Change with Regard to Children**

The aforementioned 97% of climate scientists are not the only voices issuing a call to action to address the harmful impact of climate change on people living in industrialized nations as well as—and especially so—underprivileged and marginalized populations, in both developed countries and developing areas. Politicians and world leaders, economists, and, increasingly in the last 10 years, social workers (McKinnon, 2008) have attempted to rally the support of their colleagues and the general public to address the problem of climate change.

In 2012, then Secretary-General of the United Nations Ban-Ki Moon called on assembled leaders to take action, saying that climate change was “[a] threat to us all. Our economies. Our security. And the well-being of our children and those who will come after” (Ki-Moon, 2012, [para. 6](#) ). Children, by their very nature, rely on their caregivers for care, shelter, support, and the basic necessities of living. According to

Kousky (2016), approximately half of the individuals impacted by natural disasters are children. Climate change will not necessarily be a direct cause of all disasters; however, this figure can be an important starting point for a consideration of the impact of climate change on children.

As previously discussed, one area that climate change appears to have a drastic effect is its exacerbation of social injustice that is already present in the world, and this stark reality is experienced by developing countries. Leaders of developing nations have been frustrated during talks regarding climate change with industrialized nations—the high emitters of greenhouse gases, which contribute to the harmful results of climate change (Alston, 2015). The heavy contribution of industrialized nations and, more importantly, the continued lack of steps taken to address the situation, and the unequal burden shouldered by the developing world have made for tense relations (2015). Alston (2015) highlights the “distressing divide” between “the inactions of the developed nations and the outcomes for vulnerable developing nations” (p.356). Specifically regarding children, climate-related natural disasters in developing countries can necessitate that families divert cost

meant for children's education and healthcare to recovering from the disaster itself (Kousky, 2016). Furthermore, the children themselves may be forced to forgo schooling and enter the labor force to start earning income for the family (2016). As previously mentioned, in agriculture-based societies, droughts and fluctuations in precipitation can be even more devastating to families in the developing world as compared to industrialized nations. These effects can also be subtle and not necessarily overtly seen. Maccini and Yang (2009) found that women in rural Indonesia who were born during a dry rainy season were shorter in height, had poorer health, and received less education when compared to their peers who were born in a wet rainy season.

As previously discussed, climate scientists have data showing that Earth is becoming hotter and hotter: since 2010, the planet has seen the five warmest years on record (NASA, 2008b). Akresh (2016) notes findings on high temperatures and violence or conflict, such as the link between higher temperatures in East Africa and more local violence. Similar to the effects on children seen in rural Indonesia in terms of health and education mentioned above, Akresh (2016) describes the relationship between

conflict and climate: "deviations from normal rainfall and temperature increase the occurrence of conflicts" (p.55).

### **View of Social Work Profession on Climate Change**

Social workers advocate for disenfranchised and marginalized groups, including older adults, women, racial and ethnic minorities, and (chiefly relevant to this paper's focus) children. In discussions of the *environment*, the field of social work typically means sociocultural considerations, not necessarily the natural world (McKinnon, 2008). The profession, however, has not ignored climate change and recognizes its importance at the micro, mezzo, and macro levels. Social workers noted in the journal *Social Work Today* (Jackson, 2017) point to a consideration of climate change and the environment as a critical issue of public health.

In addition, oppressed groups often are denied access to resources (for example, funds for energy-efficient home upgrades) that can potentially alleviate the harmful effects of climate change, and social workers must approach climate change with an interdisciplinary view working together with others in the fields of engineering, public health, biology, etc., to create meaningful solutions (Jackson, 2017).



The social workers consulted for the *Social Work Today* piece (Jackson, 2017) also emphasized the need to move beyond a focus on the resiliency of individual clients and into the roles of educators and organizers of a collective movement. Furthermore, these endeavors specifically must address the agenda and efforts of climate deniers, and social workers need to be engaged and confront climate deniers in a healthy and productive dialogue (2017).

### **Social Workers and Climate Change: Why Knowledge of Issue Is Important**

Alston (2015) argues that a focus on the scientific or technological aspects of climate change, including possible solutions, detracts from the concentration needed on the crux of the matter, especially for social workers: climate change will continue to widen the gap between the haves and the have-nots, increasing social inequality already present and furthering the violation of human rights around the globe. If social workers intend to empower marginalized and oppressed individuals and groups, advocate for social change, and help people foster positive relationships in the lives of their clients, social workers must confront the idea that many of the world's populations will not be able to take part in this type of work be-

cause the havoc from natural disasters and other elements of climate change will deny them access to food and clean water, shelter, education, healthcare, etc.

McKinnon (2008) reviewed literature and states that social work academics in Scandinavia and Germany have been actively discussing the environment (e.g., the natural world, not sociocultural factors), but there has been limited conversation from North American social workers. In addition, ethics codes for social work in India, Chile, and El Salvador (i.e., non-Western countries) show the perspective of environmental social work as a meaningful endeavor (2008).

Furthermore, the field of social work needs to consider and incorporate the natural world in social work practice because human survival depends on a functioning environment, specifically clean air, water, and healthy soil (McKinnon, 2008). McKinnon (2008) goes on to draw a parallel between economics and social work: social workers do not necessarily need to be trained in economics to understand that income, or lack thereof, affects the lives and livelihood of their clients. In discussing the education of social workers, McKinnon (2008, p. 264) states:

The natural environment must be treated the same way in the curriculum—not as an attempt to turn social workers into environmental scientists, but to engage through theory and practice with the social consequences of environmental issues, particularly as those issues impact on the lives of those with whom social workers work (p. 264).

### **Summary: Description of Social Problem of Children and Climate Change**

World leaders and climate scientists both have called for action to address the multifaceted problem of climate change and its harmful effects on people throughout the world, including those living in developing countries and, especially, children. Climate change itself may not be the direct cause of social conditions such as interpersonal violence and food insecurity, but researchers in social work as well as other fields agree that the problem of climate change continues to exacerbate existing social inequality and the uneven distribution of resources to poor, marginalized, and oppressed people. Social workers must engage with professionals in all fields and work at the micro, mezzo, and macro levels to help individuals and families, including children, to empower them to cre-

ate a better world, now and for future generations.

### **Section II: Supplemental Nutrition Assistance Program—Policy Description**

One element of social justice, for children and adults, that can be impacted by climate change is the issue of food insecurity and hunger. The Supplemental Nutrition Assistance Program (SNAP) is not directly related to climate change; however, it is an existing policy in the United States that could be used to offer assistance and resources to children and their families who have been impacted by natural disasters and other related elements of climate change.

The original Food Stamp Program of 1939 was created to combine existing food surpluses with a focus on the needs of poor people following the Great Depression (Caswell, Yaktine, & the Institute of Medicine [IOM], 2013). Over the decades, the program has evolved. Today, the United States Department of Agriculture (USDA) is the administrator of SNAP, but the federal government and states equally split the administrative costs of the program (Karger & Stoesz, 2018). When legislators have been concerned with the size and cost of SNAP, such as in the 1980s, they set new parameters (Institute of Medicine and National

Research Council, 2013). Some eligibility requirements, such as those regarding employment for able-bodied adults without dependents, are waived in certain states (for a discussion regarding waivers and a current proposal from the federal government, see Elejalde-Ruiz, 2019).

It is noteworthy to this paper's discussion of climate change and children that according to the USDA (2012), nearly half of all SNAP participants are children. In addition, of all SNAP benefits, 71% go to households with children (2012).

### **Section III: Supplemental Nutrition Assistance Program—Policy Assessment**

Of particular note to the field of social work, Karger and Stoesz (2018, p. 361) describe hunger in the United States as “crossing age, race, and gender lines,” impacting many marginalized groups, including children, single-parent families, people with disabilities, and those experiencing homelessness. Related to hunger, food insecurity is a situation in which someone in a household, and often more than one household member, reduces their food intake or otherwise disrupts their eating patterns because of a lack of access to food. According to the USDA (2012), SNAP is available to practically anyone who has low income and meets the pro-

gram's qualifications, creating a safety net throughout the country and helping to prevent food insecurity.

However, Karger and Stoesz (2018) state that in 2014, 17.4 million households in the United States experienced food insecurity, and 8.3% of households with children had one or more of their children at some point in the year experiencing food insecurity. In writing on climate change and conflict (e.g., war), Akresh (2016) explains that these experiences of children in the early stages of their lives “have been shown to be especially harmful because they not only affect health in the short term but also may influence health, education, and socioeconomic well-being in adulthood” (p.52). The same can be applied to children's experiences of food insecurity as Karger and Stoesz (2018) also emphasize the risk of undernourishment and its effects on children's physical health, school attendance, cognitive impairment, and other factors.

Without SNAP, it is reasonable to state that even more households, including children, would be hungry and food insecure. SNAP recipients do obtain valuable benefits through the programs, and participants who also take part in nutrition education focused on purchasing and preparation

do appear to maximize their SNAP allotments (Caswell, Yaktine, & IOM, 2013).

However, one critique of SNAP is that its national safety net is not what helps American households meet their needs for access to food; it is often food pantries and emergency (soup) kitchens (Karger & Stoesz, 2018). Furthermore, in their findings, Caswell, Yaktine, and IOM (2013) highlight many of the gaps inherent in the federal program, such as SNAP's assumption, through its allotment and related Thrifty Food Program, that households will purchase the inexpensive, unprocessed building blocks of healthy meals and take the time to prepare these foods. In reality, at all income levels, most members of SNAP households, especially single parents of children, lack the valuable resource of time to cook these types of meals (2013). This assumption of time for food preparation, state Caswell, Yaktine, and IOM (2013), can mean that "the current value of the SNAP allotment substantially limits the flexibility and purchasing power of SNAP benefits" (p. 177).

In addition, two areas that SNAP currently does not address which could improve food insecurity and the overall well-being of SNAP recipients are geographic variations in

the cost of food (except for adjustments made by the program for Alaska and Hawaii) and the lack of access to healthy options (e.g., fresh fruits and vegetables) for minority and low-income populations (Caswell, Yaktine, & IOM, 2013). Money for food can go only so far if in areas known as food deserts key building blocks to a healthy diet, such as fresh produce and a wide variety of food choices, are not available. Karger and Stoesz (2018) make the connection between healthcare costs and obesity in the United States, and they state that often the food that is the least expensive is also the least nutritious. The goals of a policy such as SNAP (indeed, any social welfare policy) should be to help individuals thrive, not merely survive. It is with this idea in mind that this paper will shift to the advocacy letter presented in the next section.

## Section IV: Advocacy Letter

March 31, 2019

The Honorable Tammy Duckworth  
United States Senate  
524 Hart Senate Office Building  
Washington, DC 20510

Dear Senator Duckworth:

I am writing to you as a citizen of Illinois and a graduate student who is studying social work. Like you, I am deeply committed to issues of social justice and helping those who need it most. Two weeks ago, I read an article in the *Chicago Tribune* by Alexia Elejalde-Ruiz that described a recent proposal from the federal government that directly affects low-income people living in Illinois. This proposal intends to impose work requirements on recipients of the Supplemental Nutrition Assistance Program (SNAP), commonly referred to as food stamps. If it is put into practice, the proposal will have devastating effects on thousands of people in Illinois. I urge you to take a stand and implore your fellow senators to pass legislation to thwart this proposal, which *does not* require approval from Congress.

Approximately 1.8 million people in Illinois receive SNAP benefits. Of those, roughly 162,000 can be classified as able-bodied adults without dependents (some estimates put the number at 400,000, in consideration of people who cycle on and off the program). These are individuals who, according to the current administration, should work and therefore have limited access to SNAP. The reality is that many of these people *do* work and perhaps are unable to obtain sufficient hours or a high enough wage to keep themselves fed and healthy.

When I was a case manager for people experiencing homelessness, I worked with many individuals without dependents who technically fit the able-bodied criteria but were unable to work. Often people were applying for disability benefits, a long and grueling process that in and of itself could be considered a job. Some of my clients sold plasma for cash to supplement their SNAP allotment, especially toward the end of the month. No one should have to resort to such measures to eat. Food is a basic human right, and the current administration's proposed restrictions are a step toward denying that right. I urge you to join together with other senators to rectify this situation through legislation.

With so much happening in our country today, I know your time is extremely valuable. I appreciate your consideration of my letter. If you have questions, concerns, or feedback for me, please do not hesitate to email me at [cgreenwald@luc.edu](mailto:cgreenwald@luc.edu) or call me at 773-414-5336.

Best,

Cassandra Greenwald

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# An Analysis of Florida's Juvenile Civil Citation Statute

Emily Robinson

## Florida's Juvenile Civil Citation Statute

Over the course of United States history, a variety of policies have been implemented and amended to address juvenile delinquency. Prominent issues of discussion surrounding these juvenile justice policies include the permanency of juvenile records for a misdemeanor offense, whether or not juveniles should be tried as adults, and how to mitigate future involvement with the US criminal justice system. The Juvenile Justice System was created to address these issues and provide alternative arrest and sentencing options including juvenile specific detention centers, diversion programs, and civil citations. This paper will explore the history of juvenile procedures and address the creation and utilization of juvenile civil citations through Florida Statute (FS) 985.12 and evaluate outcomes of its implementation to better inform policy creation in other states.

### Florida Statute 985.12

In the State of Florida, when a juvenile commits a delinquent act and comes in contact with a law enforcement officer, there are various procedural options available other than arrest.



Civil citations are alternatives to arrest that can be issued when a juvenile admits to committing an offense and allows for their record to be expunged after the completion of recommended services (Civil Citation Network, n.d.). Florida Statute 985.12 Civil Citations, details possible alternatives to arrest which include; providing a warning to the juvenile and their guardian or parent, issuing a civil citation, or requiring participation in a diversion program, with up to 50 community service hours (Criminal Procedure and Corrections, 2017). Along with these measures, participation in intervention services such as behavioral health counseling, are determined through an assessment of the juvenile's individual needs. Civil citations and or diversion programs are available to be implemented at local levels, with the assistance of the department of juvenile

justice and concurrence of the state attorney, public defender's office, and involved law enforcement departments (Criminal Procedure and Corrections, 2017). An important stipulation of civil citations is that, "a civil citation or diversion program is not limited to first-time misdemeanors, and may be used in up to two subsequent misdemeanors" (Criminal Procedure and Corrections, 2017). If an arrest is made for a misdemeanor or offense that is civil citation eligible, the law enforcement officer must provide documentation of why the arrest was necessary. Essentially, this statute was created as an alternative to arrest for juveniles, with the goal of ultimately decreasing the number of juveniles involved in court systems.

#### **Issues Addressed by FS 935.12**

An estimated 1,470,000 juvenile arrests were made in 2011 across the US (Puzzanchera, 2013) and 87,000 of those arrests occurred in the State of Florida (Florida Department of Law Enforcement, 2012). Civil citation measures were created to address the arrest rates of juveniles in the state of Florida as well as the social consequences of arrest for the individuals arrested, the criminal justice system, and the taxpayer. Social effects for the arrested individ-

ual are most severe, including stigma of being involved in the system, and loss of opportunity that follows a criminal record.

These social consequences have been well documented in research and include difficulty obtaining adequate housing or employment, rejection when applying to universities and ineligibility for federal aid if accepted, rejection or high interest rates when applying for financial loans, and the inability to serve in the military (The News Service of Florida, 2016). These limitations on future opportunities emphasize the need for alternative sentencing for juveniles, and organizations including the National Association of Social Workers (NASW) have advocated for this change. NASW (2017) recognizes a criminal record as a strong barrier to client success and believes that mistakes made as a youth should not incur longstanding loss of opportunity. Individual consequences affect the greater community as well, including court systems and community and social service agencies that engage with the criminal justice involved population.

Civil citation and similar diversion programs were also designed to address the issue of transfers to adult court systems and reduce the number of juveniles being tried



as adults. Research indicates that adolescents transferred into the adult system may be at risk for disruptions in identity formation and personality development, relationships, learning abilities, and positive movement into adult status (Mulvey & Schubert, 2012). These disruptions are a result of adult jail and prison environments “Youth who associate with more antisocial peers resume antisocial activity more quickly and are rearrested more quickly than those who have more positive social relationships.” (Mulvey & Schubert, 2012). Further issue with juveniles being transferred to adult systems has been identified when considering the neurodevelopmental aspect of adolescence and decision making capabilities. According to adolescence expert Laurence Steinberg, adolescents are biologically more impulsive and reward focused than adults (2015). Adolescents understand consequences of actions, but are so motivated by immediate reward they often make risky decisions (Steinberg, 2015) in addition, it is neurodevelopmentally relevant to recognize that pre-frontal cortex regions mediating concrete and future thinking processes, are not fully developed until around age twenty five (Candy, 2011). This research is signifi-

cant and indicates that decision-making abilities of juveniles are not fully developed, which calls into question if a non-violent offense as a juvenile should create a permanent criminal record, or warrants trial in adult court systems that assume one has sufficiently developed decision making capabilities. This research as well as the numerous negative social outcomes that accompany an arrest, are the problems that encouraged the creation of civil citations and similar diversion programs.

#### **Statistical Relevance of Issues Addressed**

The issues detailed above affect many individuals including the juvenile offenders themselves, their families, peers, local and state court systems, as well as communities and taxpayers. In Florida, between 2004 and 2005, during the height of no-tolerance policies in schools, over 95,254 juveniles were processed through the Juvenile Justice System, approximately 27,000 of these cases were strictly school-related offenses (American Bar Association, 2012). The cost to process an arrest through the court system is paid by the taxpayer at an average of \$5,000 per juvenile (American Bar Association, 2012). This leaves the financial burden

of the court system as a problem for the taxpayer, community, and state. A cost which civil citations were designed to negate by reducing the amount of offenses processed through community court systems (Civil Citation Network, n.d.). Minority youth are disproportionately affected by arrests as a juvenile. In the same 2004-2005 school year, it was found that “46% of police referrals were for African American juveniles, although these youth only made up 22.8% of the student population,” (American



Bar Association, 2012). This indicates that African American juveniles face the aforementioned consequences and loss of opportunity from an arrest at a greater rate than other races, implying further social justice concerns.

### **Research and Theoretical Background**

FS 935.12 Civil Citations was formed from a theoretical background of social learning theory, and current empirical re-

search regarding cognitive and social development, and recidivism. The basis of the policy is to involve the offender in their community, provide needed resources and support, and ultimately leave the justice system without a permanent record. These goals are supported by social learning theory, which maintains that individuals learn from their surroundings and learn from the actions and consequences of those around them (Hutchison, 2015). Essentially, if a juvenile is surrounded by delinquent peers, they are likely to learn and repeat those actions. In the usage of civil citation procedures the individual is faced with the consequences of their actions, yet they are allowed to stay with their family, maintain positive relationships, as well as have a case manager or counselor assisting in the development of positive, pro-social behaviors (Civil Citation Network, n.d.). An additional theoretical concept applied to the framework of civil citation policies is rational choice theory. Rational choice theory assumes that people are hedonistic and will make choices that maximize rewards and minimize costs or risks (Popple & Leighninger, 2014). This is the basis behind many criminal justice law and procedures, as severe punishments are

designed to deter an individual from committing a crime. Civil citation statutes take this into account by maintaining emphasis on individual responsibility, while implicating current research on neurodevelopment and the decision making capabilities of adolescents. Social learning theory, life-long consequences of a criminal record, and current research on adolescent behavior emphasized the need for alternatives to arrest and established the framework for civil citation statutes.

### **Historical Analysis**

#### **Previous Programs and Policies**

How juveniles should be treated in the US Criminal Justice System has long been a conversation of debate. A movement began in 1825 in cities of New York and Chicago, and the first Houses of Refuge were opened for juvenile delinquents (Juvenile Justice History, 2020). Houses of refuge promoted positive growth in a special facility for troubled juveniles and as they became more common, reformers began to organize and center their efforts on rehabilitation to prevent future offenses, and the separation of juveniles from adult offenders (Juvenile Justice History, 2020). It was not until 1899 that the first Juvenile Court was introduced in Cook

County, Illinois. The concerns that started the initial movement for creation of the Juvenile Justice System are similar to concerns shared today about how juvenile offenders are processed and treated in the system. Some of these concerns were addressed in *In re Gault*, the 1967 landmark US Supreme Court Case that extended the rights of Due Process Law to juveniles in court proceedings (Juvenile Justice History, 2020). Due Process Law entails that one is entitled to their constitutional rights and that one's rights shall not be infringed upon, including sixth amendment rights that an individual has a right to a an impartial jury, right to legal representation, and legal processes should proceed without unnecessary delay (Cornell Law School, n.d.). Other movements for juvenile rights included the call to end the use of Capital Punishment for juveniles who commit violent and serious crimes. In 1972, *Furman v Georgia* ruled that Capital Punishment sentences were being imposed so "freakishly" that they were in violation of the Eighth Amendment, which forbids the use of cruel and unusual punishment. However new legislation was crafted and in 1976 *Gregg v Georgia* rejected that Capital Punishment was cruel and unusual for any age

group (Juvenile Justice History, 2020). In 2005, the US Supreme Court ruled in *Roper v Simmons* that Capital Punishment was unconstitutional for anyone under the age of eighteen. This was an important ruling in distinguishing how juveniles and adults should be sentenced differently in the justice system. Those in support of rehabilitation measures utilized the momentum from this ruling to continue to advocate for alternate legal processes for juveniles. In 2011, Florida Statue 935.12 was passed and created the option for counties to implement a civil citation or similar diversion program.

### **Development over Time**

The premise of civil citation statutes follows some of the early goals of the Houses of Refuge such as promoting social relationships and encouraging the use of special facilities away from adult offenders (Juvenile Justice History, 2020). The initial Florida Statute 935.12 regarding civil citations has been amended over time to concur with current research and reach desired goals. In 2015, an additional option was written in, allowing for only a warning to be administered to the juvenile and their guardian. Other major changes included allowing the civil citation or similar diversion program to be utilized in up to

two misdemeanors instead of strictly first-time offenders as originally written (Criminal Procedures and Corrections, 2017). Recent legislation titled HB 489: Juvenile Civil Citations and Similar Diversion Programs sought to amend the current policy by adding a requirement for counties to establish civil citation and similar diversion programs and have at least one deferment program run by each county. HB 489 also included amendments that only major violent offenses such as murder, could be prosecuted in adult court systems (National Association of Social Workers, 2017). This legislation did not pass, however in 2018 SB 1392 was passed allotting one million seventy five thousand dollars in funding to encourage the implementation of pre-arrest diversion and citation programs in each county, and increased reporting requirements for recidivism rates (The Florida Senate).

### **Political Analysis**

#### **Stakeholders**

FS 935.12 Civil Citations, has far reaching effects and many involved stakeholders. Relevant parties include juveniles in the state of Florida, their peers, their parents, law enforcement officers, communities as a whole, taxpayers, and the entire criminal justice system at both local and state levels.

Others that have interest in the policy are counselors, social service programs, investors in private prisons, legislators, advocacy groups, children's rights groups, and employers. A vast variety of individuals and organizations were involved in the creation of this policy and have been impacted by its implementation. The following data surrounding involved parties and stakeholders are relevant to other states and policy makers considering implementation of civil citation statutes, as the arguments both for and against FS 935.12 have been well documented.

Those in opposition to the policy include companies that own and manage privatized prison and detention centers and have monetary influence. These corporations, such as the Corrections Corporation of America (CCA) and GEO Group, have long-standing lobbying roots in advocating against decriminalization. The CCA spends more than one million dollars each year and GEO Group of Florida over five hundred thousand dollars each year, lobbying against bills aimed at decriminalization (Baccellieri, 2016). This extends further to the those who have investments in GEO Group shares, including Representatives Buddy Carter of Georgia, and Kenny Marchant of

Texas. Other legislators who invest personal wealth in CCA are Republican Senator Susan Collins of Maine, and Republican Representative of Arkansas Bruce Westerman (Baccellieri, 2016). Overall, the private prison industry has a goal to fill the beds in their facilities and make a profit, which is in direct opposition of the goals of FS 935.12 and other similar citation statutes.

Some law enforcement officials have been skeptical or opposed to the more recent amendments of civil citations as it restricts officer discretion. Florida Police Chiefs Association voiced a concern that "When they feel they may need to remove a juvenile offender from a dangerous situation, a civil citation may not give them the opportunity to do that" (The News Service of Florida, 2016). However, other law enforcement officers support civil citations such as Pinellas County Sheriff Bob Gualtieri, who stated in 2017 "It's something that is good for kids and good for the community" (Sullivan, 2017). Others in support of FS 935.12 are friends and family of juveniles who have been through the system and are members of advocacy groups around the state of Florida such as Sarasota United for Responsibility and Equity (SURE). SURE is an

interfaith group consisting of 19 religious congregations that come together each year and select an issue in the community to research, advocate for, and change for the better. SURE has been invested in the issue of Civil Citation Statutes since 2014 when they discovered that Sarasota county did not utilize civil citation statutes (Anderson, 2017). SURE informs and rallies community members, and communicates the needs of their community with law enforcement officials and legislators. SURE and other agencies, organizations, and advocacy groups like NASW represent the community element of these policies, and have been influential in further implementation (Anderson, 2017).

### **Evaluation of Intended Goals**

#### **Outcomes**

The outcomes of FS 935.12 can be evaluated by the goals for its creation, including reducing the number of juveniles arrested for misdemeanor offenses, reducing recidivism rates among the juvenile population, and decreasing the cost of processing a juvenile offender. The policy has met its intended goals of reducing the number of juveniles in the criminal justice system and their recidivism rates. In its first years of implementation, 2012 data shows that the civil

citation process has a 4% recidivism rate while arrest has a 13% recidivism rate (Roberts, 2015). In Sarasota, after the previously mentioned SURE advocacy group aided the implementation of civil citation statutes in 2015, there has been a 61% decrease in juvenile arrests, a statistic the city says is beneficial in many ways, including an increase in labor force participation (Anderson, 2017). Studies by Caruthers Institute (2017b), a leader in civil citation analysis, also conclude that a positive correlation among high utilization rates, meaning frequent or mandated use of civil citations, and low recidivism rates exists as, “counties that arrest youth rather than issue juvenile civil citations, create more reoffenders who generate more crime”. This was also indicated in 2013-2014 data gathered by the Florida Department of Juvenile Justice on the use of civil citations, reporting that cities utilizing civil citation statutes had recidivism rates of 0% in some counties, with an average of 5% recidivism statewide (Roberts, 2015). Due to the cost of processing an individual through the court system, lower recidivism rates can also be viewed as future cost savings.

Some unintended costs and outcomes of FS 935.12 include the potential loss

of jobs in the Florida Department of Corrections. As the policy keeps potential repeat offenders out of a detention center, and effectively reduces recidivism rates; the population of detainees in the system will decrease, ultimately lowering the demand for correctional staff. However, other professions in the community and state-wide will grow due to usage of civil citations such as social workers, counselors, community educators, and behavioral health specialists (Caruthers, 2017b).

#### **Cost Effectiveness**

FS 935.12 has been proven cost effective for the counties that utilize the statute, largely because civil citations are low cost procedures. The costs associated with civil citations and similar diversion programs are the costs of assessment, case management, and additional services. The cost of a needs assessment and referrals to additional services costs around \$368 (Caruthers, 2017a). This cost can be compared to costs of detention, which averages \$300 per day per juvenile in Broward County (Florida Department of Juvenile Justice). On average statewide, there is a \$5,000 cost of processing one youth offender through law enforcement officers, state attorney, the public

defender, juvenile probation and other needed systems (Florida Department of Juvenile Justice). In the first year of implementation in 2012, the Florida Department of Juvenile Justice estimated a possible savings of \$32 million.

As previously stated, there is a positive correlation between increased utilization and decreased recidivism, as well as increased utilization and decreased costs. This is correlation and overall effectiveness of civil citations is well depicted in Pinellas County. Under Sherriff Bob Gualtieri, Pinellas county has a 94% utilization rate of civil citation statues and recidivism rates of 5% (Caruthers, 2017b). Caruthers Institute (2017b) also noted that as a result of cost savings from using civil citations, Pinellas county increased public safety resources by \$3.8 million dollars to target more serious and violent felony acts. Polk county is located about an hour away from Pinellas county, and has a 0% utilization rate. Caruthers Institute (2017b) states that if Polk county was to adapt to the same utilization rates of Pinellas county, they would have saved between \$1.2 and \$3.7 million dollars over a four year period from 2012-2016. Finally, cost effectiveness has also demonstrated in Broward County, which has

a 70% utilization rate. Since civil citation policy implementation in 2012, Broward county has estimated \$13.6 million dollars in cost savings (Caruthers, 2017b). Considering this data, when civil citation statutes are implemented at high utilization rates, recidivism rates decrease, and taxpayer dollars are saved.

### Conclusion

Civil citations are a recent measure in the history of juvenile justice, and were created and implemented with an overarching goal of providing an alternative to arrest for juveniles, with latent goals of reducing arrest rates for juveniles, decreasing cost to the taxpayer, and decreasing recidivism rates. FS 935.12 civil citations and similar diversion programs has addressed the areas of need it was created to impact by demonstrating a significant reduction of juvenile arrests, lower recidivism rates, and allowed for law enforcement to allot resources to more serious offenses. The cost effectiveness of civil citations is evident in the data collected by both government and external sources including state wide, and county level statistics. Overall, an analysis of FS 935.12 concludes that civil citations are effective and have far reaching benefits for juveniles,

their families, communities affected, and court systems. This data is relevant to other states and the US as a whole as implementation and high levels of utilization of civil citations reduces arrest rates, lowers recidivism rates, and is cost effective, which suggests that other states and their juvenile population would benefit from adopting similar policies.

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# Needs Based Assessment Following Water Crisis in Flint, MI

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## Introduction

Environmental changes can cause issues not only for the environment, but also for those that live within the path of destruction. The deterioration of an environment is caused by one of two ways: pollution and depletion of resources. Pollution occurs when toxic substances are released into the environment. As a result, the quality of life and the health of the people living in the environment decrease (Bates, 2002). Lifelong health problems become more prevalent in individuals living in polluted environments. Moreover, the deterioration of one's environment can be the result of resource depletion. When this occurs, individuals must find ways to compensate for the lost resource (Bates, 2002). Some resources that can potentially be depleted in an environment include fertile soil, clean water, air quality, etc. If these resources are unable to be replaced, individuals living in the environment will move to a new environment with better opportunities.

The contamination of the drinking water in Flint, MI resulted in drastic environ-

mental changes. Residents in Flint who chose to flee are classified as environmental migrants. There are a variety of classifications for environmental migrants. The International Organization for Migration (IOM) describes environmental migrants in the context of having individuals leave their homes and communities due to some environmental disaster that makes it impossible for them to stay (Powers et al., 2018; UNHCR, 2020). The effects of deterioration filter through the economy, affecting the most vulnerable such as low-income households and children (Bates, 2002). These individuals continue to live in the deteriorating community due to lack of financial stability and demand direct change to their environment (Bates, 2002). This research proposal will focus on the residents in Flint who continue to reside in the community after the occurrence of the water crisis.

## Literature Review

### History of the Flint Water Crisis

Environmental challenges plague communities across the world. Though some

environmental disasters such as; extreme weather events occur spontaneously, many environmental challenges do not strike spontaneously. In fact, they are not random at all. Environmental injustice, specifically builds up over the years in locations that often follow a pattern, namely by a community's socioeconomic status and race (Butler et al., 2016). However, the problems and their consequences can feel sudden. Like climate change, this lack of an immediate, acute action or a delay in response, eventually creates a need for emergency help. The crisis plaguing Flint and the pollution in the Flint River, has its roots in poor decision making beginning in the 1930's when the automakers of Michigan, Ford and GM began injecting lead into gasoline (Rosner, 2016). Despite the lead and pollutants having been introduced to the environment decades ago, the most horrific of choices by governmental officials in recent memory has caused this public health crisis to reach its climax which we know today as the Flint Water Crisis (FWC).

The FWC has left the community in shambles. The first act that sparked the crisis occurred in 2011, when the city was administered an emergency manager by the

governor to handle financial hardship (Boufides et al., 2019; Krings et al., 2018). This additional role was introduced for the sole purpose of cutting costs in the city's budget. In 2014, the city's contract with the Great Lakes Water Authority, the city's source of water since 1967, was set to end and the emergency manager proposed a switch to the Karegnondi Water Authority (Krings et al., 2018). However, this change would take time, as the pipeline had not finished construction. The city needed an interim source of water after the expiration of the old contract and before the completion of the new pipeline. Thus, the decision was made to source the city's water from the Flint River, an already polluted body of water. In April of 2015, city officials celebrated the switch to the Flint River by raising a glass of murky water from the Flint River. (Krings et al., 2018). This was the first day of the FWC, a dire situation that would go on to make national and international headlines, but has been left unresolved, four and a half years later.

### **Environmental Justice and Environmental Racism**

Environmental racism and environmental

justice often interrelate with one another. To begin, environmental racism has its roots in a 1987 study, *Wastes and Race in the United States*, by Charles Lee. When controlled for mean income, mean housing values and racial composition, it was found that racial composition of a neighborhood was still the best indicator of which communities contained commercially hazardous waste facilities (Mohai, 2018). Charles Lee found that minority communities, namely communities of color, contained commercial hazardous waste facilities to the tune of two and three times that of white communities (Mohai, 2018). As clearly demonstrated in Flint, hazardous waste in a community can lead to an increased risk of cancer and myriad of poisoning and other diseases that occur as a result of exposure to these hazardous chemicals at the community level (Moahi, 2018). The pattern of environmental racism produces vastly different outcomes that affect people of color differently from white people. According to the U.S Census Bureau Quick Facts (2018) there is an estimated 102,000 people who live in Flint. Of this number, 39% of people are white and 53% are African American. Thus, Flint is composed of a population made up of racial mi-

norities. In Flint, the median income of residents is \$27, 717 (US Census Bureau Quick Facts, 2018). On the opposing end, residents in Lake Fenton, a white-dominated Michigan suburb, have a median income of \$80,000 (U.S Census Quick Facts, 2018). Due to this racial and financial disparity, there are discrepancies between the protections given to Lake Fenton residents, and their Flint neighbors.



There are major discrepancies shown between Lake Fenton and Flint. To start, the water quality is different, considering residents of Lake Fenton have not experienced a water crisis like the one in Flint. For instance, Lake Fenton water is piped from the four groundwater wells to a local treatment plant that is cleaned with aquifers and residents have the resources and protections at hand (Times, 2013). Flint has the second highest poverty rate in the nation and did not have the money or resources to end the

water crisis on their own (Adams, 2017; Boyce, 2019), so they struggled independently to get what they could and to this day most of their needs are still unmet.

Flint has had trouble obtaining resources and funding to help the city through the water crisis. According to Lawrence Summers, former chief economist at the World Bank, cost-benefit calculations influence environmental policy (Boyce, 2019). The cost of health impairing pollution depends on the “forgone earnings from increased morbidity and mortality” (Boyce, 2019). In other words, pollution is created in areas with the lowest cost, which also happens to be the areas with the lowest wages. Those who are in positions of power shape public policy based on this cost-benefit calculation. Summers believes that when those at the receiving end of environmental policies are poor, their interests often count for less. (Boyce, 2019). This was evident on how the lack of justice was implemented to assist less privileged families in Flint.

On the other hand, at the core of environmental justice is the belief that each individual should be allotted the same protections in their environment. This belief is backed with inclusions of many characteristics

set forth by the Environmental Protection Agency (EPA), including race and color (Butler, 2016; Mohai, 2018). The EPA defines the full extent of environmental protections given to individuals within all communities. However, despite the EPA definition of environmental justice, individuals from environmental issues and disasters can still be left unprotected.

Environmental justice activists argue that all people, regardless of race, ethnicity or income should enjoy access to a safe and healthy environment (Turner, 2002). Although this may be ethically correct, those demands are not always practiced and implemented. Flint is a great example of the above. With the second highest poverty rate in the U.S., and half the population being African American (Adams, 2017; Boyce, 2019), the circumstances are ripe for further egregious injustice and exploitation. State, city, and even federal officials ignored the unhealthy water supply of Flint residents. They even reported false narratives about the water being drinkable, the death toll of people that died from the water crisis, and both statistics and situations of lead poisoning (Krings et al., 2018). The deaths that have occurred as a result of the lead poisoning have been horrific.

However, the problem grew. State health officials in Michigan set the death toll at 12 people, when it was discovered that there were 115 people that died from legionnaires' disease (Bellware, 2019). The lack of clarity of the death toll is only a portion of the many issues that resulted from the FWC.

The FWC transcended beyond the quality of water and became an issue of how people of color were treated, and continue to be treated, during the disaster. According to Krings et al. (2018), many Flint residents, primarily African American, advocated for themselves during the beginning of FWC, while the government officials refused to listen to their concerns. The public outcry of the victims in this crisis is overwhelming due to residents lacking certain protections guaranteed by law. For example, many of these same residents have not received the environmental protections they are lawfully given, which resulted in further environmental racism and the injustices included (Mohai, 2018). This shows how environmental racism and environmental injustice have damaged not only the health but the trust of Flint residents.

### **Community Opinion**

Residents of Flint continue to be subjected to the serious consequences of the FWC, causing them to express dissatisfaction towards the delivery of services, specifically the Department of Health and Human Services (HHS). Residents have shared personal stories such as poor communication with the HHS staff with some recalling that the HHS staff failed to provide the paperwork needed to apply for assistance. (Public Policy and Associates, 2016). In other words, the poor communication from the HHS affected how assistance was delivered to the residents who were in need of services.

Poor communication skills can open the door to further trust issues. Due to ongoing issues that Flint residents experienced, they have lost trust for professionals and other human service experts. According to Public Policy and Associates (2016), it has been reported that nearly one sixth of residents who contacted the 211 helpline for services did not receive assistance. This further perpetuates the loss of trust many residents experienced during the water crisis. Moreover, the loss of trust between city and state officials and the residents has become a serious issue. For instance, many of Flint's government officials did not take

responsibility over the fact that lead was found in the drinking water and blamed the structure of resident's homes as the reason that lead was found (Krings et al., 20018). The health and trust of these residents have truly been affected by the water crisis and the government and other city officials who have not yet resolved the crisis. This factors into community opinion, as city leaders have failed to take into account the concerns of the public, and resorted to blaming rather than taking responsibility.

### **Importance of community-centered practices**

When environmental challenges occur, it can be difficult to rebuild and move on from the disaster. National media began reporting on Flint, MI in January 2016 after a state of emergency was declared (Robbins, 2016). As a result, Flint began receiving aid from outside of state in monetary and water donations (Krings et al., 2018). Outside resources are quick to provide aid, but leave after time or when another disaster strikes. Communities like Flint, MI need to rebuild within in order to maintain growth from the water crisis and its devastation. If communities solely rely on outside resources, these communities will fall again when the outside



supports leave. There is a clear need for community-centered practices, which should provide the communities with realistic help and stem away from false hope.

Community-centered practices are beneficial when working with marginalized populations and communities. Community-centered practices are defined as “holistic, multi-pronged, and inclusive of migrants’ voices and strengths...creating the space for individual and collective healing” (Powers et al., 2018, p. 1029). Social workers have the skills to work in a community-centered capacity by promoting community healing and working with urban planners on environmental issues that may affect community residents in the future (Powers et al., 2018). In Flint, many social workers collaborate with government officials, similar to emergency managers, in order to find a more ethical way to make important public health decisions for the city and communities.

Understanding a community and its needs is crucial in order to further explore and connect with community members and to effectively intervene with the issues that continue to prevail. Specifically, failing to understand can make it difficult for city officials to connect with the community members and implement a plan and intervention. One way to start understanding what is needed in Flint is to gain a general idea of the community's strengths and challenges. That is, obtaining attitudes and opinions of the residents in Flint can help begin on a plan and intervention. Additionally, resources that residents have found useful or not useful should be explored. Exploring the areas in which residents' needs are not being met can help city officials understand what unresolved issues must be targeted.

### **Reported Problems**

When researching the FWC, available data suggests that there are still issues affecting the residents but are not clear about what the precise, current needs are. Some reported issues residents are facing are health concerns from the water contamination, including twelve deaths from Legionnaires disease (Denchak, 2018). According to the Natural Resources Defense Council,

early reports within 18 months of water contamination show complaints of hair loss, skin rashes, and itchy skin (Denchak, 2018). Of great concern, later studies indicated residents' blood lead levels doubled and tripled in 2015 compared to 2014 (Denchak, 2018). Recent studies have also reported an increase in children with learning disabilities, stunted growth, and other developmental health concerns (Denchak, 2018). Another prominent concern for residents is the damage to lead pipes in their homes from the water crisis. Damage to the lead pipes has contributed to lead contamination in the water used at home. The city has launched a multitude of projects aimed at removing and replacing some of the lead pipes, but has been largely unsuccessful in recent years (Madrigal, 2019). The city admits that they do not have accurate measurements of what homes need new pipes, and continues to recruit outside corporations to assess where pipe replacement is necessary and implement construction (Madrigal, 2019). The inconsistency in replacing lead pipes is an example of how the city has managed the entirety of the water crisis with lack of consideration for residents through hiring outside agencies,



corporations and hiring emergency city managers.

### **Programs and Services**

Various organizations in Flint have created programs aimed at helping the community move forward from the disastrous event. One major program that was created as a result of the FWC was the Flint Registry. Headed by Michigan State University, the Flint Registry connects residents to community resources they may need, such as limiting the amount of lead they are exposed to and emphasize their health and wellness throughout the process (Flint Registry, n.d). The registry only focuses on providing healthcare resources for individuals who wish to receive treatment for lead exposure. Another organization, Flint Cares, is devoted to providing Flint residents with information regarding the water crisis. This organization has partnerships with one-hundred and twenty grassroot organizations and Michigan based nonprofits including the American Red Cross, Greater Flint Health Coalition, and Hurley Medical Center and aim to provide residents with new and accurate information related to the water crisis (Recovery Group, 2019). Unfortunately, many individuals are not aware of the disas-

trous event that is still taking place and are therefore unable to help to promote change. The Flint Water Study organization created an online directory to report facts and address misinformation surrounding the water crisis (Virginia Tech, 2016). In times of crisis, it is critical to provide accurate information to the public as a way to lessen the severity of the crisis and its impact.

The community of Flint has faced many hardships due to the FWC. While there are many programs that have aimed to help mitigate the issues residents have experienced, there is still more that needs to be done. These researchers propose that a needs assessment is essential for residents in Flint, MI who have been directly affected by the water crisis. Need assessments have been done in Flint before, but it has been five years since the start of the FWC. Today, Flint's drinking water system is one of the most closely monitored water systems in the country (Winowiecki, 2019). Since 2017, Flint's lead levels have tested well below the federal action level for lead in drinking water. (Winowiecki, 2019). Thus, residents of Flint are no longer in need of a clean water supply. These researchers hypothesize that the needs of Flint residents

have changed and a new needs assessment is required.

With this research proposal, focus groups will be used in order to conduct a needs assessment for Flint residents. The results of the needs assessment will give local organizations and agencies insight about the resources residents currently need access to. Topics that may help guide the focus groups include healthcare, the environment, damages to resident's homes, and resident trust in government and other community organizations. The focus groups will allow us to understand the needs that Flint residents still have and how to best provide help and care to the community. We hope this research proposal will help rebuild Flint and provide realistic, necessary change for the community.

### **Theoretical Frameworks Used**

Theoretical frameworks are used to interpret the information collected by the researchers. It also helps describe the theory being used, which explains why the research problem exists. In this study, the researchers will use the theoretical frameworks of person-in-environment (PIE) and systems theory. The following section will explore how each of these theoretical

frameworks apply to the current study.

### **Person-in-Environment Theory**

An important theoretical framework that may help understand the issue of environmental pollution, migration, and the FWC is person-in-environment theory. PIE is a theoretical framework that can help individuals understand how pollution and migration is viewed as a social justice issue and the many social barriers involved in the issue. To start, PIE theory describes how an individual is linked to their environment (Kondrat, 2013). PIE theory may be used to study the topics of pollution and migration, as it will guide how individuals contribute to the pollution of our natural resources, how the environment reacts, and how individuals ultimately end up migrating elsewhere. For the community participants, we may use PIE theory to view a timeline of events that started the water crisis, and how residents chose to leave their hometown.

### **Systems Theory**

According to systems theory, behavior is influenced by a variety of factors that work together (Bates, 2002). Based on earlier research, it is known that environmental change impacts vulnerable populations greater than other populations (Bates, 2002).

Systems theory explains why vulnerable populations are impacted the most. Social factors such as income, transportation, and housing act as a barrier for this population. Meanwhile, these same social factors act as a support for other populations. As a result, vulnerable populations like children and low-income families are negatively impacted by environmental changes at higher rates.

### **Developing Research Question**

The following research question was developed after a primary evaluation on the current state of the water crisis in Flint, MI: What are the current needs of Flint residents caused by residual effects of the water crisis?

## **Methodology**

### **Introduction**

This section briefly describes the research methodology; the population, sample, research design, and the data collection instrument is presented. The research will be carried out using a qualitative, descriptive approach and purposive, cluster sample. Researchers will conduct a needs based assessment to understand and explore the unmet needs of Flint residents who are undergoing the water crisis. The instrumentation for this study will be composed from audio rec-

orded focus groups and notes taken from researchers. Focus groups will be facilitated by a trained moderator whom will conduct a person centered focus group with 180 residents, held in the nine wards in Flint, of ten participants each week for two hours in the evening. Hence, audio recording during the focus groups is needed as well as notes taken from researchers.

### **Participants**

The participants in this study will be gathered using a purposive, cluster sample. Researchers will be targeting participants who continue to reside in Flint, and apply the findings from the research in the same communities the participants reside in. Participants must be over 18 and must have resided in Flint since at least March 1st, 2014; a year before the FWC began. Additionally, residents must currently reside in the ward of the meeting they are attending. The city of Flint, MI is composed of a total of nine wards. Two focus groups will be conducted in each of the nine wards for a total of eighteen focus groups. With ten participants per focus group, there will be a total of 180 participants in the study. Participants will be recruited using ads on social media, radio stations, and flyers in their

ward.

Once the advertisements have been created and dispersed, individuals that choose to participate will call the number listed on the advertisements for a screening interview prior to the focus group date. The screening interviewer will ask participants for information such as age, place of residence, and the duration of residence in Flint. The screening interview will also inform potential participants of their IRB rights and ask participants to complete a consent form for their agreement to participate in the focus groups. Identifying information, except ward numbers, will not be used in all research materials in order to protect the identity of participants. Participants will be identified using a unique identification number. Furthermore, participants will have the right to leave the focus group at any time. The screening process and the participation in the focus group is a long process for both the participants and the research team. Researchers will provide compensation to participants, due to the valuable time participants are providing by attending each focus group (Rubin and Babbie, 2011). All participants will be compensated for their time with a \$20 gift card provided by the re-

search team.

### **Process for Data Gathering and Analysis**

Researchers will conduct eighteen focus groups in total, conducting two sets of nine focus groups, one for each of the city's nine wards (City of Flint, 2016). Conducting focus groups will take the research team approximately six weeks to complete. Each week, the research team will host three focus groups. Each focus group is expected to run for two hours in the evening from 7:00pm to 9:00pm. Ten participants will participate in each focus group. Participants will not be able to attend more than one focus group within their community.

A moderator, from the University of Michigan - Flint, will be invited to facilitate each focus group. Using a moderator from the local university will help build trust between the research team and Flint residents. The job of the moderator is to initiate discussion among the participants and to facilitate the flow of responses (Monette et al., 2014). Including a moderator in focus groups helps with facilitation and organization of topics and questions. Moreover, the moderator will direct the group discussion by starting with general topics and move to

more specific topics towards the end of the group (Monette et al., 2014). The moderator will go through a three hour training a week prior to running focus groups. At the training, moderators will be given questions for the focus groups in order to become familiar with the content.

During each focus group, audio recordings will be taken in order to collect information. Before participating in the focus group, participants will be required to sign an IRB consent form and audio consent form, as discussed in the screening interview process. The IRB consent form provides respondents with information related to what types of information the research team will gather and use for the assessment. Finally, the moderator will also be able to assist with any trauma responses that may come up and provide attendees with community mental health resources.

Focus groups can provide researchers as well as participants with a wealth of knowledge. However, in order to facilitate an effective focus group, researchers have to take into account how to accommodate residents. Researchers have to incorporate issues participants may face, such as childcare and transportation arrangements to the fo-

cus group setting (Rubin and Babbie, 2011, pp.112-113). For this reason, researchers will hold the focus groups in a local community center that provides childcare and transportation.

### **Focus Group Questions**

Researchers will be conducting focus groups with the residents of Flint. The main topics that will be discussed in the focus groups include the health of residents, the needs of their home such as any repairs needed, the environment, the trust residents have in the governing bodies, and the trust residents have regarding community organizations, mental health issues, and trauma resulting from the water crisis. The researchers and moderators will ask questions that fall into each of the topic areas. Appendix A has a list of potential questions the moderator will ask during the focus groups.

### **Data Analysis**

After the focus groups have been conducted, Boyatzis' approach to thematic analysis will be used. Thematic analysis is a process for encoding qualitative data into quantitative data (Boyatzis, 1998). Researchers will use the information gathered from the audio recordings to categorize themes and commonalities from the quotes. In doing so, we

can best understand what needs are still present, and ultimately quantifiably deduce priorities of Flint based off of the amount of participants who reported needs. Following Boyatzis' (1998) outline for codebooks under thematic analysis, coded categories will include needs within the community, satisfaction with availability of resources, opinions on city officials (positive and negative) and opinions of community change (positive and negative). The codebook will be finalized once the research team has received the audio recordings of each focus group, and found themes with the data to incorporate in the codebook.

Moreover, researchers will summarize the information in a narrative form, incorporating the opinions expressed by each ward through using quotes from focus group participants (Monette et al., 2014). The summaries will help researchers conclude on needs present within the Flint community. The information from the focus group audio recordings will be included in a report, which will summarize the findings, and present conclusions and implications from the narrative data (Monette et al., 2014). Once the report is completed, the report will be shared with social service agencies and Flint

city officials so they can be informed about current needs of the residents in Flint. Expectantly, the information will be reflected in the services provided by social service agencies.

### **Budget**

The Flint Needs Assessment proposed budget includes direct costs that will be directed at the focus groups. Some direct costs include transportation, childcare services, cost of moderators, a program manager, and social media advertisements. The advertisements will be designed by a design agency in Flint, which includes social media and radio ads. See Appendix B for further information and costs.

### **Conclusion**

Following a primary assessment of the status of the ongoing water crisis in Flint, Michigan, it is apparent from the outside that the community is still in need of repair. Despite no longer being hot on the media's concerns, the water crisis remains ongoing. In creating a research proposal for a needs-based assessment in the form of focus groups, it is our intention to understand the needs of the community. Following this assessment, we hope to best understand the community's needs through a

series of analyses culminating in a paper with facts and identifiable informational posters that will be easily deliverable to the proper media and stakeholder coalitions, who will be able to provide relief for the citizens in need.

Moreover, it is our intention to emphasize a high need for community-centered practices in times of crisis. In Flint, multiple monetary donations and donations of clean water were received when the events in Flint became publicized across the country in January 2016 (Krings et al, 2018; Robbins, 2016). This helped to address some of the challenges residents of Flint were facing. As news outlets began reporting less on Flint, donations slowed and Flint residents were struggling once more without outside support (Krings et al., 2018). Outside resources and support are great for an immediate response to crises. However, in order to produce effective and long-lasting change, the community needs to be able to support itself independently through community-centered practices.

Furthermore, it is our hope that this research proposal will draw attention to the changes needed in environmental policy. The cost-benefit calculation for pollution puts

already vulnerable populations at a higher risk for poor health and perpetuates economic disparity (Boyce, 2019). Additionally, the EPA clearly outlines protections given to all individuals under environmental justice (Butler, 2016; Mohai, 2018). In Flint, these protections were not enforced due to false reports given about the level of toxic lead in the water. The number of deaths from the water crisis was underreported as well (Krings et al., 2018) leaving organizations like the EPA to believe all was well in Flint. The actions by those in power were unethical and they failed to act in the interest of the Flint residents. The case in Flint, MI highlights the shortcomings of environmental policy such as a delayed federal response, unclear role and responsibility of the EPA, and adhering to the rules of Michigan's water system (US Environmental Protection Agency, 2018). We need to learn from these shortcomings and amend environmental policies in order to prevent situations like Flint from again.

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## APPENDIX A

### FOCUS GROUP QUESTIONS

#### Opening Questions

1. *What neighborhood are you from?*
  2. *Why did you decide to participate in our focus group today?*
- Is this your first time participating in a focus group?*

#### Introductory Questions

4. *What feelings come to mind when you hear the phrase “Flint water crisis”?*
- What has your experience been like since the onset of the water crisis?*

#### Transition Questions

6. *How did you feel during the worst of the crisis?*
- How are you feeling about the water crisis now?*

#### Key Questions

8. *What types of services have you sought as a result of the water crisis? Where? In what ways have they helped? Please explain.*
  9. *Is your home currently suffering any damages related to the water crisis?*
  10. *What do you currently need most because of the water crisis?*
  11. *How has the water crisis impacted your sense of safety and comfort in Flint? Has it changed or stayed the same?*
  12. *Has the health of you or a member of your household been impacted since the water crisis began?*
  13. *Do you feel that community agencies have advocated for your community? Please explain.*
  14. *In what ways do you feel that the resources offered fell short in helping you reach your needs as we tailor services?*
  15. *What are your opinions about city officials currently? Do you feel as if they were of any help during the worst of the water crisis?*
  16. *How has your community changed since the flint water crisis?*
  17. *What are your primary concerns currently?*
  18. *Do you drink from your tap water? Why or why not?*
  19. *Have you or a loved one sought mental health support as a result of the water crisis?*
- Have you or a loved one been prescribed medication as a result of the water crisis?*

#### Ending Questions

21. *Is there anything we haven't touched on today that you'd like us to know?*
- How are you feeling after this discussion?*

## APPENDIX B

## BUDGET

<b>PERSONNEL</b>		
Project Manager	\$6,000.00	\$1,000 / week
Data Analyst - no fringe benefits	\$2,800.00	\$35/hr at 80 hrs
Focus Group Moderators	\$1,080.00	\$30/hr at 36 hrs
Focus Group Moderators Preptime/Training	\$90.00	\$30/hr for 3 hrs
<b>TOTAL</b>	<b>\$9,970.00</b>	
<b>OTHER DIRECT COSTS</b>		
Office Supplies		
Filers	\$600.00	
Water/food	\$540.00	\$30 / Meeting at 18 meetings
Gift Cards for Participants	\$3,600.00	\$20/person at 180 people
Community Center Meeting Space	-	Spaces in community libraries provided at no cost
Staff Travel	\$300.00	.30/mile
<b>TOTAL</b>	<b>\$5,040.00</b>	
<b>PURCHASED SERVICES</b>		
Data Analysis Agency	\$198.00	Atlas TI, 2 months
Child Care Services	\$1,296.00	\$18/hr at 36 hrs for 2 childcare providers
Recording Devices	\$219.00	H4N Zoom
Radio Advertisement	\$657.00	\$219/ recorder at 3 recordersH4N Zoom
Social Media Advertisement	\$200.00	Instagram and Facebook
Participant Transportation	\$8,100.00	\$150/hr for 54 hrs
AD Design Agency	\$250.00	One-sided design template
<b>TOTAL</b>	<b>\$10,920.00</b>	
<b>GRAND TOTAL</b>	<b>\$25,930.00</b>	

## A Reflection on Cruelty and the Culture of Othering in American Immigration Enforcement

Marcus Campbell

During the border immersion experience offered by the Loyola University Chicago School of Social Work in Arizona and Mexico in the Spring of 2019, one of the most present themes on display was that of a manner of enforcing the law based in cruelty and a negation of human rights and dignity. The entire process of entering the United States as an undocumented person or asylum seeker, from the point of crossing into the United States, through capture, detention, and removal has been designed from the ground up to be as painful, agonizing, and dehumanizing as possible. Even some of us who are already aware of the callousness of immigration policy may still naively believe that the harm caused by these policies is an unintended side effect. Little do we know that this is the intention. The most effective way to paint a picture of the challenges and dangers of the border crossing experience is to examine the migrant experience chronologically, beginning with travelling through Mexico, to the U.S. border crossing, to the pursuit by the U.S. Border Patrol, to the detention and prosecution by Immigration

and Customs Enforcement, all the way through the removal process.



The dangerous journey of those seeking to escape violence, poverty, and crime in Central America by fleeing to the United States begins before the U.S. border is even in sight. One of the most common methods of reaching the United States is a train commonly called “La Bestia” or “El Tren de la Muerte.” These names, “The Beast” and “The Train of Death,” give a morbid but accurate description of this conveyance. La Bestia is a network of freight trains traveling from Central America, through Mexico, and into the United States. At least half a million migrants are estimated to travel to the United States via “La Bestia” each year (Dominguez Villegas, 2014).

In the film, “Who is Dayani Cristal?” a documentary filmmaker retraces the dangerous journey of a previously unidentified man whose remains were found in the southern Arizona desert bearing only a tattoo that said, “Dayani Cristal” (Silver, 2014). This man’s journey included a ride atop “La Bestia” through Mexico. In the documentary, refugees who are also aboard the train describe the dangers of the journey. They share that the trip can take several days, and between the need to sleep and the crowded conditions on top of train cars, it is easy to fall off the train and be run over as the train moves past. It is not unheard of for people to also fall trying to jump onto the moving train and be seriously or fatally injured.

To humanize this experience even further, a YouTube video by NowThis News (2018) documents the stories of Edna and Jose Luis, two Honduran refugees escaping the violence in their country by fleeing to the United States on “La Bestia”. During their journeys, both of them fell off the train and were run over by the train’s wheels. Edna lost her left leg, and Jose Luis lost his right leg and right arm and seriously mangled his left hand. Thankfully, both were seen by bystanders and rushed to hospitals

and treated but were eventually deported to Honduras by Mexican authorities. Falling from the train is not the only danger faced by “La Bestia’s” passengers; “at each stage of the journey, migrants are subject to extortion, theft, rape, and even murder if they fail to pay ‘protection’ and other fees established by these groups [and] gang members have been known to push migrants off moving trains if they are unable to pay” (Dominguez Villegas, 2014).

The NowThis News video goes on to describe the conditions from which Honduran refugees are escaping. Due to the drug war in Central America, crime in Honduras is rampant. As a result, Honduras and El Salvador held first and second place worldwide in homicides per capita in 2014 (NowThis News, 2018). Violence against women is especially problematic as, according to the NowThis News video, a woman reports a sexual assault in Honduras every three hours, and in 2016, a Honduran woman was killed every 18 hours (2018). Despite the dangers of the journey and incredibly frightening odds against their success, refugees still make the daunting journey to the United States every day. The next major stage of the journey into the United States

is crossing the border itself. National borders present an element of liminality that gives context to how nations legislate and enforce immigration policies. As Dr. Reingard Nischik (2013) explained in a presentation at the University of Wurzburg, “Crossing international borders does not only indicate crossing a physical borderline, but also cultural, mythological, imaginary, political, sometimes linguistic boundaries, which may exert a strong influence on the border crossing individual”. Dr. Maria Vidal de Haymes (personal communication, 2019) elaborated, saying that liminal spaces mark the point “Where I end, and you begin”. The U.S.-Mexico border is the point where beyond which lies “them,” and within which lies “us.” It is with this mentality and using this framework that our society justifies human rights abuses and physical, psychological, and structural violence against undocumented immigrants and asylum seekers.

United States citizens, particularly those espousing strong nationalist beliefs, see people fleeing danger into our country not as people reasonably seeking sanctuary from violence, but as invaders: pillagers who threaten “our” way of life and leech onto “our” resources. The most physical embodi-

ment of this conceptualization is the system of fences and hostile geography that make up the southern border of the United States. It is a common assumption that the southern border of the United States is just one continuous fence, but that is not entirely accurate.

The United States’ southern border is composed *mostly* of fencing, except in areas too remote or too geographically challenging to have one. Recent developments have made this border far more treacherous than in the past. During the immersion experience, the class had the chance to observe newly installed concertina wire along the border fence in Nogales, AZ. This wire is razor sharp and densely coiled. Whereas barbed wire is designed to catch onto clothes and prevent grasping, concertina wire is designed to shred human flesh. The wire sits atop the fencing, and flows down the fence, meaning even if someone were to get over the top, they would still fall 30-40 feet onto the razor-sharp wire. An article in the Washington post recounts the mayor of Nogales, Arizona, Arturo Garino’s first sight of the wire, where he remarked that “Row after row of razor wire had been strung on the fence so that it covered nearly the

entire surface in parts. Photographs show as many of six separate coils of wire — typically made from steel and studded with hundreds of razor-like barbs — covering portions of the fence, lending it the appearance of a war zone or a high-security prison” (Rosenberg, 2019). This wire has been installed in multiple major border cities by United States troops deployed to the border.

The use of this wire in urban areas is a continuation of a strategy for border enforcement dating back to the 1990s. The Colibri Center, an immigration advocacy organization, describes in detail the 1994 U.S. Border Patrol Strategic Plan. This plan marks a critical shift in Border Patrol tactics that has jumpstarted the crisis of immigrant deaths seen today. Essentially, the new strategy sought to “harden” the southern border in densely populated urban areas through more fencing, increased patrols, and other means in order to force any border crossing to occur in remote stretches of the border in the vast deserts of the American Southwest. According to the Colibri Center, which included quotes from the Strategic Plan itself, “The militarization of traditional crossing points pushed people to cross in

areas where ‘mountains, deserts, lakes, rivers and valleys form natural barriers to passage.’” The Strategic Plan also spoke about ‘the searing heat of the southern border’ and admitted that “[people] crossing through remote, uninhabited expanses of land and sea along the border can find themselves in mortal danger” (Colibri Center for Human Rights, n.d.).

The U.S. Border Patrol hoped that the increased risks posed by desert crossings would lead to a decrease in Undocumented Border Crossers (UBCs), however, that did not turn out to be the case. People continued to cross the border to escape a fate far worse in their home countries. The consequences of these “prevention through deterrence” strategies have instead proved quite deadly. According to the Colibri Center, the average annual number of migrant deaths in the Arizona desert rose from 12 between 1990 and 1999 to 157 from 2000 to 2017 (n.d.). In that same time span, the average number of migrant deaths for the entire border was around 372 people annually. The numbers do not do the effects of these policies justice. During the immersion, our class visited the Pima County Medical Examiner and observed the remains of deceased

migrants in person, their flesh petrified by weeks and months of exposure to the desert sun, their bones gnawed at and removed by animals. This shocking and inhumane treatment of human beings is enabled by the United States governments' characterization of the border as a liminal space: on the other side of that line is the *other*, and anyone who breaches that line deserves whatever befalls them.

The stark divide between *us* and *them* was sharpened during a class visit to the U.S. Border Patrol at their Nogales station. While the social work and medical students present viewed the situation through a humanitarian and social-justice-oriented framework with focus on minimizing harm and maximizing quality of life, it was clear that the Border Patrol employs a lens of enforcement. Their mindset is exemplary of Kohlberg's fourth Stage of Moral Development, in which individuals believe "that rules and laws maintain social order that is worth preserving" (Sanders, 2019). This is in contrast to Kohlberg's more advanced stages of post-conventional moral development, where decisions are made and evaluated based on social contracts promoting mutual benefit and universal principles that trans-

end mutual benefit, both of which analyze morality beyond purely whether an act is legal or illegal. In these later stages of moral development there is opportunity to engage in nuanced debates that go beyond a rigid understanding of "right" and "wrong". Unfortunately for those attempting to seek refuge in the United States, the Border Patrol uses a more rudimentary understanding of morality that reduces human beings to inconveniences.

The agent speaking with the class made it quite clear how the Border Patrol views people: there are those who break the law by entering the United States illegally, and there are those who uphold it as members of the various agencies within the Department of Homeland Security. Peoples' reasons and motivations for crossing the border are immaterial; they are criminals by definition. The Border Patrol and other immigration officials commonly refer to undocumented immigrants and asylum seekers as "aliens," a term that reinforces the otherness of these people. It is understandable to feel anger towards the Border Patrol's agents, not as personally flawed individuals, but as representatives of a cruel and unjust agency. The Border Patrol's legacy is one

fraught with violence and abuses. No Mas Muertes and La Coalicion de Derechos Humanos, two organizations dedicated to ending deaths and promoting human rights in the desert border region of southern Arizona, have painstakingly documented the culture of cruelty within the U.S. Border Patrol. In the 2016 report “Disappeared,” the two organizations argue that the United States’ “Prevention and Deterrence” strategy is a failure in that it forces the most desperate of migrants to make dangerous desert crossings increasing their risk of death and disappearance. The report states in its introduction that, “If the Border Patrol’s goal of prevention is an illusion, then the means of contemporary border policy amounts to a campaign of state violence against migrating peoples” (No Mas Muertes & La Coalicion de Derechos Humanos, 2016).

The first part of “Disappeared” examines the Border Patrol’s pursuit tactics and use of force in capturing and detaining migrants. Alarming, one of the Border Patrol’s most common tactics is to scatter large groups of migrants. In doing this, using helicopters, ground vehicles, horses, and dogs, those who are not captured are likely

to become separated from their guides and lost during the encounter, left to the mercy of the notoriously unmerciful desert. The report contains horrifying stories from migrants who have spoken out about their experience, such as one who was run over by a Border Patrol ATV while lying in the grass. When the ATV’s driver noticed the migrant lying there, he shouted, “Shit, Mexicans!”, and backed over the migrant again. The migrant suffered serious injury (No Mas Muertes & La Coalicion de Derechos Humanos, 2016).



In another report, “A Culture of Cruelty,” No Mas Muertes (2011) further documents the culture of physically and psychologically abusive behavior by Border Patrol agents both in the field and in detention centers. These encounters are just as horrifying. For example, Jose Miguel was thrown around so violently in the back of a Border Patrol vehicle that the agent driving flipped the



vehicle. Valeria was driven around in circles for an hour to make her and others in the vehicle dizzy (No Mas Muertes, 2011). Denial of medical care and legal representation and separation of families are also common in Border Patrol custody.

In 2012, the Border Patrol's ability to enact state violence with impunity was on display on the international stage when Agent Lonnie Swartz shot 16-year old Jose Antonio Elena Rodriguez, who was entirely on the Mexican side of the border, through the border fence. Agent Swartz claims that Rodriguez and other teens were throwing rocks over the fence at them, and that he feared for his life. Despite it being quite unlikely that a 16-year old boy would be able to throw rocks the size alleged the more than 100 feet from the low elevation of the Nogales, SN street to the top of and over the American fence, "the agent fired 14 to 30 shots and 10 of those bullets hit the teen" (Chavez, 2018). A Guardian article states that eight of the ten shots wound up in Rodriguez's back and two in his head (Carroll, 2018). A memorial to Jose Antonio Elena Rodriguez was erected at the spot where he died, and his likeness is painted in memoriam under the fence through which

he was shot. Agent Swartz was found not guilty of involuntary manslaughter in federal court, and a verdict could not be reached on a charge of voluntary manslaughter. To this day, he has not been found guilty of any crimes, and cannot be indicted by Mexican authorities without an extradition from the United States.

Those that survive the ordeal of crossing into the U.S. and encounters with Border Patrol then face diverging paths depending on whether they are applying for asylum or are judged to have crossed the border illegally by the U.S. Government. Those who apply for asylum face a long and difficult journey. The process contains many steps and many artificial barriers. The first of these barriers is *metering*, a policy first begun at California's San Ysidro port of entry where "U.S. Customs and Border Protection (CBP) limits the number of individuals who are permitted to access the asylum process each day at ports of entry across the border" (American Immigration Council, 2020). Because of these limits, many asylum applicants reach the border and are forced to wait in Mexico until it is their turn to request asylum at the border. Their place in line is recorded on an unofficial waitlist

maintained by volunteers in each border town. Those who are lucky are able to stay at shelters such as La Roca in Nogales, Sonora—a shelter in Mexico visited by our class that hosts asylum seekers waiting for their turn to request asylum at the border—where they are able to stay in relative safety be fed. The unlucky must sleep on the streets of dangerous border towns, where they are subject to robbery, assault, and shakedowns by both criminals and police alike. Even if found to have a credible fear for their safety during their hearing with an immigration officer, under President Trump’s Migration Protection Protocol begun in 2018, asylum seekers may be returned to Mexico to await immigration court dates and required to present to a specific port of entry on a specific day for their hearing, sometimes far away from where they initially presented (American Immigration Council, 2020).

An article in the *Texas Observer* details how asylum seekers are turned back to Mexico at the border until their day in court and how theoretically, there should be mechanisms in place to ensure people who fear for their safety are detained or released into the U.S., but these mechanisms often

fail (Bova, 2019). In one chilling account, Mario Rodriguez was attacked and beaten with a wrench by a taxi driver and threatened with delivery to the Gulf Cartel in Matamoros—one of Mexico’s border towns in the state of Tampico—after being recognized as a foreigner. Bloody and bruised, Rodriguez managed to escape the taxi and run to the border where he pleaded with Customs and Border Protection officers to be allowed into the United States. According to Rodriguez, “the agents just confiscated the bloody wrench from him and turned him away” (Bova, 2019). Two weeks later when it was his turn to request asylum, he told officers how afraid he was of Mexico and was told that there was nothing that could be done. He was returned to Matamoros to await his court date.

In these policies, we see yet another form of structural and institutionalized violence against migrants and asylum seekers on the part of the United States. While it may not be green-shirted, jack-booted agents with American flag patches on their sleeve hitting people over the head with wrenches, American policies create a situation where people seeking safety are put into dangerous situations with callous disregard for their

wellbeing and human rights. Despite the fact that these people are not the ‘bad guys’—the traffickers and drug lords President Trump and others before him emphasize as significant threats to national security and the American way of life—our cultural narrative lumps them in with everything negative we associate with Mexico and Central America and calls for us to keep “them” out.

For those who are not seeking asylum, or do not qualify for it, the situation is even more bleak. During the immersion trip, our class was given the opportunity to observe the immigration court project known as Operation Streamline in the U.S. District Court for the District of Arizona. In Operation Streamline, adults and young adults who are caught repeatedly crossing the border after having already been deported by the Border Patrol’s Tucson Sector are tried and sentenced en masse through large mass trials. Men are marched into the courtroom in groups of about 30 and charged, arraigned, pled out, and sentenced within seconds each. This process railroads migrants into taking guilty pleas for a reduced sentence with minimal legal representation or opportunity to share situational factors. Operation Streamline is designed to deter border

crossings by prosecuting border crossers and sentencing them to prison time in the U.S. Previously—and currently in other federal districts—migrants were simply deported without charge in civil court since the government saw it as less costly than criminal prosecution and prison sentences. In Operation Streamline, migrants are charged with illegal entry or illegal reentry and are forced to either accept pleas that would bar them from ever going through the immigration process legally or to plead not guilty and risk losing with a penalty of five to twenty years in prison before deportation.

Customs and Border Protection also utilizes a process called lateral deportation, officially termed the Alien Transfer Exit Program. In this process, male deportees are deported in a different geographical sector from which they entered, sometimes as far as hundreds of miles away. By deporting people in different locations from where they entered the U.S., they are denied access to the same supports that may have helped them cross initially. Therefore, deportees will not have support for repeated attempts to cross following deportation (Washington Office on Latin America, 2013).

In practice, lateral deportation means that people are deported with little more than the clothes on their backs and dropped into areas where they have no social supports, no family, no money, no documents, and no resources (WOLA, 2013). With so little support, these people face the final challenge in their attempt to reach the United States: their vulnerability to attack and exploitation by cartels, street gangs, and corrupt law enforcement officers upon their return to Mexico.

The practices of the U.S. Customs and Border Protection are consistent with the United States' border enforcement program, which is designed to make the experience of coming to the U.S. as arduous and as discouraging as humanly possible. As demonstrated in the aforementioned Border Patrol Strategic Plan memo and expanded upon in statements by the Trump administration, the U.S. immigration system wants immigrants to suffer for the offense of seeking a better life. The expectation is that this suffering will deter people from making the journey, but the circumstances and violence these people are escaping are so dire that any uncertainties and risks are still outweighed by the chance, no matter how neg-

ligible, of a better, safer life in the United States.

The reason this process must be so difficult, the reason United States citizens take such great offense to people seeking refuge in our nation, goes back to the idea of the border as a liminal space. Immigrants and asylum seekers are not part of our culture and our community, and thus, they are unwelcome alien invaders. This cruel mindset forms the foundation of our immigration system. It is easy to dehumanize that which we consider *other*.

In order to move forward, we must break down the metaphysical borders we have created, in addition to the physical ones. As social workers, our greatest strength is our use of systems and ecological theories. Dismantling the system of cruelty perpetrated against immigrants cannot be done from any single point. We must take a broader view that addresses the myriad systems migrants encounter: the criminal justice system, the healthcare system, the legislative arena, and the social service system among others. Chang-Muy and Congress (2016) argue that "ecological theory illuminates the significant role of goodness of fit among system needs...and environmental

resources and adaptive coping that is required for optimal functioning by all-size systems such as immigrants and their families and communities” (p. 99).



Social work is also uniquely positioned by its use of oppression and empowerment theories and frameworks. These frameworks “[address] the role of social power; [normalize] difference; and [occur] on personal, interpersonal, and political levels that encompass power relations” (Chang-Muy & Congress, 2016, p. 94). Social work is inherently political, and we as social workers must advocate for laws that respect immigrants, refugees, and asylum seekers as human beings, recognize and build on their strengths, and empower them in their efforts to seek security and stability. We must recognize the impact of United States policies and trade deals in creating the violence and poverty in Central America, such as NAFTA and the failed Reaganite War on Drugs, and work to rectify it. We must sup-

port organizations such as Colibri, Casa Mariposa, The Florence Project, and No Mas Muertes that advocate for the rights of undocumented immigrants and collaborate with immigrant communities. In all of this, we cannot forget the intersections of identity, an understanding of which is crucial to connecting communities in revolutionary ways. Betty Hun (2015) argues that:

Connecting parts of oneself—race, gender, immigration status, sexuality, class, and other facets of identity—opens a window into connecting communities, in boundary-crossing ways, and shifts the power dynamic so that there is mutual recognition that one’s liberation is bound with the liberation of another.

Most importantly, it is our responsibility to be allies to the undocumented community. We must use our privilege to speak where it isn’t safe for the undocumented to do so, to fight against and resist immigration authorities including ICE, CBP, and USCIS. Through the actions and voices of the undocumented and allies, we can and will change the prevailing narrative.

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## HIV/ AIDS Disparities Concerning African Americans

Mariah Riley

The problem that this paper will discuss is the lack of availability and quality of care for African Americans with HIV/AIDS in the United States. The lack of care for individuals with HIV/AIDS can lead to death and others contracting the viruses. A social problem is defined by researchers Fuller and Myers (1941) as “a condition which is defined by a considerable number of persons as a deviation from some social norm which they cherish” (p. 320). Social problems differ from current norms, values, beliefs, and laws. Because social problems are seen as deviations to norms within a society, people may not want to change their beliefs to help them. Fuller and Myers (1941) explained this phenomenon: “Cultural values obstruct solutions to conditions defined as social problems because people are unwilling to endorse programs of amelioration which prejudice or require abandonment of their cherished beliefs and institutions” (p. 320).

Research has shown that though they are an ethnic minority, American Americans contract HIV/AIDS more than any other racial group. “Fifty-one percent of HIV/AIDS cases

diagnosed during 2001-2004 were among blacks” (Epidemiology of HIV/AIDS, 2006). Aronson et al. (2013) explained: “Among those who are African American/black and diagnosed with HIV, more than 70% are males” (p. 377).



The CDC (Center for Disease Control and Prevention) has outlined statistics regarding HIV/AIDS cases and disparities. Additionally, journal articles have discussed factors that may explain the reasoning behind these disparities. Research has described the detrimental effects African American populations with HIV/AIDS may experience due to the lack of availability and quality of healthcare (Hrostowski & Camp, 2015; Taylor et al., 2014).

Research has also explained that access to resources and care is a factor in these disparities, as well as gender differences: “increasing proportions of new AIDS diagnoses among African-American women may reflect disparities in testing behaviors, whether and how African-American women seek healthcare, differential effects of HIV anti-retroviral therapy, and lack of early access to medical care and drug therapies” (Amutah, 2012, p. 1). Also, African American women are more likely to die from HIV/AIDS than women from other races and ethnicities (Amutah, 2012). Taylor et al. (2014) explained how African American men are affected by this disparity as well: “Because of the lack of resources, services and materials targeted to heterosexual men, heterosexual Black men have limited access to services that meet their needs” (p. 20).

One’s physical location is also a factor in accessing and receiving care. This is seen within Mississippi: “Specifically, Mississippi has the highest rates of new infection, the most AIDS deaths, the greatest number of people living with HIV/AIDS, and the fewest resources” (Hrostowski & Camp, 2015, p. 474). According to Hrostowski and Camp

(2015), “Half of all people with HIV in Mississippi are not in care due to lack of access to services, denial of their status, fear, and stigma” (p. 475). Furthermore, they receive less medical funding for HIV/AIDS than other states do: “On average, the Deep South states receive \$3,990 per AIDS case in 2004 and the U.S. average without the Deep South states was \$4,529” (Hrostowski & Camp, 2015, p. 476).

Conspiracy beliefs regarding HIV/AIDS, such as “HIV/AIDS is a man-made virus that the federal government made to kill and wipe out black people” (Klonoff & Landrine, 1999, p. 451) may be a contributing factor to African Americans not seeking care and prevention. Bogart and Thorburn (2005) described the role that HIV/AIDS conspiracies may have amongst African Americans: “HIV/AIDS conspiracy beliefs may be a barrier to HIV prevention efforts, particularly for black men. Conspiracy beliefs may be a manifestation of some African Americans’ mistrust of the US government and health system” (p. 217). Researchers have discussed the importance of addressing conspiracy beliefs in prevention programs, to restore trust towards health professionals (Bogart & Thorburn, 2005).



Research has shown that many African American communities' needs are not being met with regard to HIV/AIDS care and prevention. Therefore, it does not seem that African Americans' health, values, and interests are deemed significant by current policymakers. Taylor et al. (2014) explained the need for culturally competent prevention efforts and programs for African American men:

HIV prevention intervention development for Black heterosexual men needs to capitalize on men's strengths, building on men's positive roles in their communities and avoiding reinforcing stereotypes ... there exists a gap between the prevention needs of heterosexual non-Hispanic black men and the number and quality of programs to meet those needs (p. 20).

In addition to addressing African American communities' culture and values, there is a need for policies to take accessibility into account. Walcott, Kempf, Merlin, and Turan (2016) explained the need for providers to have an understanding of ecological factors of women with HIV/AIDS:

structural aspects (transportation challenges, unemployment, limited access to healthcare, stigma, access to drugs, etc.) of the commu-

nities in which the women lived may directly or indirectly influence women's health seeking behaviour and ultimately their ability to engage in care. These findings underscore the need for healthcare providers to consider the context in which women live when prescribing antiretroviral medication and helping women to engage in HIV care (p. 691-692).

There is a consensus that poverty is a significant factor when discussing one's possibility of contracting HIV/AIDS, as substantial research points to poverty and the inaccessibility of care within many low-income and/or African American communities.

There have been multiple policies created to provide care to low-income people living with HIV/AIDS. Specifically, the Ryan White HIV/AIDS program was implemented in 1990 to aid low-income people with HIV/AIDS. Mandsager et al. (2018) outlined the program's components:

The RWHAP [Ryan White HIV/AIDS Program] has successfully created effective patient-centered services to support strong provider-patient relationships. The RWHAP funds grants to cities or countries,

,states, and local community-based organizations to coordinate and deliver efficient and effective HIV care, treatment, medication, and support services for low-income PLWH [people living with HIV] (p. S246).

According to Reisch (2019), social control contains “mechanisms ... that perpetuate an unequal or unjust status quo” (p. 8). Social control is an aspect of the Ryan White HIV/AIDS program because it seems to address concerns for low-income people who need to receive care. However, care is not distributed fairly to people who may need it. As mentioned earlier in this paper, southern states do not receive as much funding from the Ryan White HIV/AIDS program as other states do even though they may need more resources (Hrostowski & Camp, 2015). Therefore, this program does permit inequality and unfairness. Reisch (2019) explained that social reproduction uses “societal institutions to replicate and perpetuate dominant cultural values and norms” (p. 9). The idea that low-income people do not deserve affordable care is perpetuated since the Ryan White HIV/AIDS program allows inequality and unfairness to continue.

When HIV/AIDS was first introduced to the public in the 1980s and 1990s, it was associated with immorality, ungodliness, drugs, and gay male sexual contact (McCrea & Gotter, 2017). Because of this, the public associated stigma with HIV/AIDS, but these beliefs have diminished with more knowledge about HIV/AIDS coming forth (McCrea & Gotter, 2017). The Center for American Progress spoke poignantly about the issue: “We cannot talk seriously about preventing and combating the HIV epidemic in poor neighborhoods without substantial investments in antipoverty programs that connect those at risk to greater economic opportunity, education, and quality health care” (Cawthorne, 2010, para. 8). The proposed solution from this article is focused on tackling poverty and inequality, similar to the proposed solutions in research that were outlined earlier. This HIV/AIDS inequity should be addressed holistically, addressing poverty and people’s inability access to care while implementing culturally competent programs.

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## Gaming for Change: Using Role Playing Games in Group Work with Children and Adolescents

Scott Kupferschmidt

### Abstract

*The goal of a Roleplaying Game Therapy Group is to engage clients in a pro-social, collaborative environment where they can be provided opportunities to develop and refine social skills. The group uses a Table Top Roleplaying Game as the mode of delivery to facilitate an intentional, directive intervention on individual and group levels. The game encourages engagement of clients in the therapeutic process by adding a layer of fun and play to the group therapy modality.*

### **Gaming for Change: Using Role Playing Games in Group Work with Children and Adolescents**

The purpose of this paper is to outline the theoretical foundations and practical details of a therapeutic group aimed at increasing social skills among 10- to 14-year-old in-clinic clients of Loyola Community and Family Services. The group will use a table top roleplaying game (TTRPG) as the primary modality. As part of this pilot, ongoing assessment will be utilized to provide qualita-

tive evidence as to the impact of the intervention. The group's aim is to provide an arena for common group therapeutic factors to occur concurrent with individual growth in social skills, executive functioning, and identity formation.

### Agency/Institution Context

The proposed group will take place at Loyola Community and Family Services (LCFS), a community mental health clinic that serves children and their families in the Rogers Park and Edgewater areas. LCFS functions under the umbrella of Loyola University Chicago. The clinic employs four full time, licensed clinical staff and one office manager. It serves as a teaching clinic primarily and currently employs five master of social work interns and two doctoral of psychology interns.

The clinic is located on the third floor of a mixed-use building at Loyola's Lakeshore campus. The office contains private rooms for each staff member and three additional meeting spaces for conducting services. The clinic's (LCFS, 2020) mission

states, “Loyola Community and Family Services collaborates with residents and community partners to strengthen and enhance quality of life through holistic, culturally relevant and interdisciplinary services that support family, community and social justice.” LCFS offers individual and family therapy as well as clinical assessment for youth between 5 and 22 that live in the immediate area. The clinic also provides school-based individual therapy to referred students enrolled in elementary and high schools in the same area. Interns and supervisors facilitate groups in nearby schools that address a wide range of challenges including bullying, trauma recovery, and psychoeducation. The most common mental health issues treated among clients treated include anxiety, depression, attention deficit/hyperactivity disorder.

### **Reason for Selection of Proposal Topic**

Often during therapy, some of the clinic’s clients will discuss the video games or card games they play. Working with clinicians familiar with gaming and geek culture may help establish quickly the therapeutic alliance. A current intern at the clinic has prior experience facilitating a Dungeons & Dragons game for a group of 12-year-olds boys. During the game, the intern reported

a surprising change occurring in the group dynamic as they played the game. The roles some of the boys took on during typical social interactions changed significantly as they engaged in the game. Observing these role shifts and how the boys pushed themselves into unfamiliar territory prompted the intern to wonder if there was therapeutic value in a structured, intentional application of similar games in therapy.



### **Literature Regarding Proposed Group**

The earliest reference to using TTRPGs in therapy is Zayas & Lewis’ (1986) study of eight boys, aged eight and nine years old, who played Dungeons & Dragons as the primary component of a therapeutic group. The article describes both the facilitators’ experience running the game and their assessments of participants. It also provides observations of member interactions, observed changes in group dynamics and individual behavior, and an overall qualitative

assessment is a qualitative assessment of the group members' experience including examples of session content. Additionally, Zayas & Lewis offer their insight into the game's potential in facilitating therapeutic factors. The authors report the game's "value lay not in that it was therapeutic per se but that the game, as a medium of exchange (Shulman, 1971). 61-62).

Another foundational reference for the use of TTRPGs in therapy comes from Blackmon's (1994) case report of Fred, a 19-year-old male diagnosed with schizophrenia. Blackmon begins his work with Fred after the client attempted death by suicide. The clinician identifies a significant level of depression and feelings of loneliness in the client. Throughout early treatment Fred's interest in fantasy and TTRPGs became a frequent topic during interviewing. Blackmon learned what he could of the game and used Fred's interests to better form their therapeutic alliance. Moreover, Blackmon was able to aid and encourage Fred to engage socially. Blackmon observed significant improvement in Fred's mental health as a result of participation in weekly gaming sessions. Most significantly, Blackmon found great therapeutic value in further exploring

Fred's experience of the game and his character. "The use of this material in therapy, the questioning of motives and emotions allowed these underlying unconscious thoughts to come to awareness and be worked through," (p. 629). Blackmon concludes by stating, "A process whereby fantasy is used to overcome the inability of obsessives, schizoids, borderlines, adolescents, and alexithymics to work toward emotional change may have considerable merit," (p.631).

#### **Literature Discussing Population/ Problem**

Youth have a variety of developmental goals, including decision making skills, impulse control, identity formation, establishment of trusting relationships, relief from emotional turmoil, general social skills, and a sense of belonging among peers (Laser & Nicotera, 2010; Steinberg, 2013;). In terms of play, a series of milestones spans across youths' development, with progressively more structure and grounding in reality (Gallo-Lopez & Schaefer, 2010). The use of games as a general therapeutic tool is well established both in individual and group work with children and families (Lederer, 2002; Swank, 2008). Games are ideally

suiting to facilitate youths' growth of necessary developmental skills and can accelerate early stages of group cohesion and the creation of the therapeutic alliance (Blackmon, 1994; Gallo-Lopez & Schaefer, 2010; Goldingay et al., 2013; Lederer 2002; Zayas & Lewis, 1986; Swank, 2008;; ).

Considering the typical development (socioemotional, play, physical) and the roles games can take in this, it is surprising to look closer at some of the clients at LCFS. Some of them return home from school and disconnect from the world and the challenges they faced during the day. The clients immerse themselves in video games, experiencing a fantasy world so vivid that they can lose all sense of time and place. However, they report gaining no relief from the emotional turmoil that resulted from their day. At best, they gain a reprieve. When they finally stop playing, everything that they felt is still there waiting for them. These clients can have, as part of their treatment, goals regarding improving coping skills and increasing social engagement.

#### **Literature Discussing Groups Similar Groups Conducted**

Goldingay et al. (2013) piloted an intervention utilizing a series of activities

based on pretend play with a group of five adolescents diagnosed with Autism Spectrum Disorder. The intervention's goal was to increase "flexible thinking, self-regulation, developing a narrative... and understanding of character," (p. 123) as measured by administering established, evidenced-based pre- and post-tests (Associate Fluency Test, Social Skills Improvement System, and The Animated Movie Test). The researchers acknowledged their small sample size but indicated that results showed "a large improvement in self-regulation... and medium size effects in empathy, cooperation and flexible thinking," (p. 129). While Goldingay et al. did not use TTRPGs for their activities, the skills they list align almost exactly with those targeted by the therapeutic application of TTRPGs.

Racine and Sevigny (2008) used an intervention based on board games to engage residents of a women's homeless shelter in Montreal, Canada. Their goal was to facilitate the group members' exploration of personal narratives. The facilitators used the game *Careers* to specifically discuss the women's strategies for dealing with different problems they experienced throughout their lives. The open-membership group was

conducted once per month over the course of a year. Researchers reported the women experienced “the chance to talk... [and] be heard and understood by others,” (p. 30). Racine and Sevigny also describe pervasive examples of mutual aid: “During all the game activities, many examples were evident of interactions where concern for the other was palpable,” (p.31). In their concluding remarks, Racine & Sevigny point out that the process of the early group phase “was made easier by the fact that the game was based on pooling the players’ experiences,” (p. 32).

### **Purpose of Group**

The purpose of the group is to provide a group setting where youth can develop social skills, decision-making and executive functioning skills, collaborative problem-solving skills, and explore their identity and self-awareness. The group will also address individual clients’ treatment goals where possible, incorporating those goals into weekly sessions. The group’s primary mode of delivery is an ongoing TTRPG, such as Dungeons & Dragons.

### **Methods Utilized to Identify Need for Group**

Staff and interns at LCFS will use their best judgement to identify clients who

would benefit from the group. Treatment goals can be used as a reference to help identify needs. A BASQ-3 assessment could be used to identify clients who struggle specifically with social challenges.

### **Goals for the Group**

The group’s goal is to facilitate members’ growth in social, executive functioning, and problem-solving skills. An additional goal is to provide members with an alternative experience to compare against their isolating coping mechanisms. Ideally, the group would facilitate an increase in members’ direct social engagement with peers.

### **Verbatim Statement of Purpose**

LCFS’ Gaming Group is a weekly therapeutic group where members will play Dungeons & Dragons and develop and refine skills related to socializing, perspective-taking, collaborative problem-solving, and decision making. Members will have the opportunity to explore their sense of self through engaging in the creation of a character and that character’s experience of a fantasy world.

### **Leader/Worker Considerations**

Two facilitators are needed according to the group’s format. One (content) will run the game while the other (process) will help guide the group members through both



internal, inter-group, and game conflicts. Both facilitators should be comfortable working with young people in groups. Both should also be creative and able to improvise, as the game requires a great deal of storytelling and on-the-fly adjustment. Facilitators should be able to identify client needs and integrate them into an elaborate story that engages and challenges clients.

Because I am the only clinician at LCFS that plays TTRPGs, I will be the content facilitator. LCFS' preferred strategy is to have one staff and one intern facilitate the group. However, another student as co-facilitator would also be acceptable, though not considered ideal by LCFS staff. Having one staff and intern allows the staff to better monitor the group and respond to challenges in the moment. The second facilitator would see value in using games in a therapeutic context and have at least passing familiarity with TTRPGs conceptually. Ideally, the other therapist will have played TTRPGs at some point or engaged previously with a roleplaying video game. This would help provide context for the process and allow the second facilitator to feel more comfortable during initial sessions.

### **Assessment of Potential Agency/ Community Sponsorship**

LCFS does not typically conduct groups in-clinic. In the 2018-2019 academic year a pilot group was run successfully, and that experience emboldened the staff to try more. Based on an early draft of this proposal LCFS is interested in moving forward with this group. The agency has many youth that meet inclusion criteria. Based on this pool of possible candidates, the staff of LCFS believe the facilitators can recruit enough members for a pilot of this group.

All that is required to run the group is a set of game rules that are distributed freely by its publisher, paper, pens/pencils, dice, and a space large enough to seat up to eight people. The clinic has an excellent conference room with tables that can accommodate 14 people, plenty of office supplies and the facilitator has plenty of dice that can be used for this group. As such, sponsorship is not required to facilitate the group.

### **Methods of Recruitment**

Facilitators will recruit from existing clinic clients per demographic details in the section below titled: Criteria for member inclusion/exclusion.

### **Criteria for Member Inclusion/ Exclusion**

Inclusion criteria are as follows: existing clients of LCFS ages 10 to 14 who need to reinforce social skills and/or engage more in cohort/peer development due to isolationist tendencies/coping strategies

### **Composition and Structure**

The facilitators will meet individually with each member and develop goals related to the group (such as: gain more comfort in engaging others in social settings, learn how to advocate for myself, reinforce turn-taking and empathy skills). Additionally, members will develop a therapeutic avatar (Player Character or PC) for use during group sessions. Each week facilitators will create a story plot wherein the clients can engage with each other and facilitators in collaborative storytelling. The clients will use their PCs to explore the game world and plot that facilitators have designed. Facilitators, in turn, will challenge the PCs within the context of the game rules and previously identified individual and group challenges. A ten-minute check in will start each session, during which group members will have an opportunity to discuss briefly their current state of wellness and address any issues or

questions from the prior session. A 15-minute check out will close each session, during which clients will discuss what their PCs learned and what the client learned during the session.

Once members are identified and commit to participation, facilitators will meet with clients for an hour each to identify goals during the group and create characters.

During the first group session facilitators will re-explain the group's purpose and goals. Members will take turns introducing themselves and their characters. The initial session's main goal is to provide the players with a simple challenge in-game that their characters must work together to overcome. The therapeutic goal of this session is to achieve what Yalom (2005) calls "initial member engagement and affiliation," (p. 310). In game terms, the goal is for the group adventurers to see themselves as an adventuring party. Some storytelling goals include clarifying how the party might know each other, what common goals their characters have, and why they would take on the initial challenge. The second group session likely continues in the same thread as the first, with members and their characters still

striving to identify as part of the group (and the adventuring party in game).

By the third session the party will hopefully begin exploring the next phase of group development and explore themes of “control, power, status, competition, and individual differentiation,” (Yalom, 2005 p. 310). To aid this the group could be asked to nominate or identify a leader to represent them in negotiation with a character in the game world. Ideally, members will identify and select a member based on that person’s needs or goals rather than by what would be most beneficial for the game.

Ideally, during the fifth session the group will have transitioned or be transitioning into “a long, productive working phase marked by intimacy, engagement, and genuine cohesion,” (Yalom, 2005 p. 310). This should stretch through the ninth or tenth sessions.

During this phase the group will have a sense of identity and be able to support individual members’ work on identified treatment goals. During this time the group will be presented with challenges more tailored toward challenging individual members or dyads instead in addition to challenges for the group as a whole.

During the final two sessions the group will have reached the climax of the adventure’s plot. Members’ characters face a threat of death.

### **Group Size**

The group will be closed membership, composed of three to six clients and two facilitators.

### **Time Factors**

The group will meet a total of 12 sessions in 12 weeks (one session weekly) for 90 minutes each. This schedule includes one individual session at the beginning and another at the end dedicated to individual client meetings. The other 10 sessions will be used to engage in the structure described in the previous section titled: Composition and Structure.

### **Proposed Nature and Format for Group Activities**

Throughout the ten group sessions the facilitators will lead an ongoing collaborative storytelling exercise that utilizes a predefined rule-set based on Dungeons & Dragons, or a similar game. The inclusion of game rules allow the facilitators to resolve simple storytelling challenges and create an element of randomness into the sessions. Each session the group members and the process

facilitator will utilize predefined therapeutic avatars to experience and engage a fantasy world defined and described by the content facilitator. Group members will be presented with challenges that target both individual and group goals and require members to engage with each other and the facilitators to overcome the weekly challenge and move forward in the story. The modified rule-set is used to resolve success and failure for the avatars. To be clear: this is a complex, social game with no winning or losing. Members are considered successful by the facilitators if they are challenging themselves along their previously determined therapeutic goals. Avatars can succeed or fail at a given skill test, even die in game context, as a result of a die roll. This offers a layer of challenge similar to risk-taking in the real world and represents the element of chance.

Table top role playing games such as Dungeons & Dragons use complex rules to resolve almost anything a player might want their character to do in the game world. Examples include striking a monster, sneaking past a guard, leaping over a chasm, or convincing a merchant to offer a discount. Dice are rolled to simulate the randomness of life, with bonuses added or subtracted based

on the situation, a given character's (not player's) attributes, and any specialized skills or equipment that character might have.

The total number is then compared to either another die roll or a predefined target number. Should the roll surpass the number (rolled or predefined) the character succeeds. If the roll is below the number, the character fails. By using these rules the facilitators allow some degree of chance into the game, and the players must confront occasional failure. The rules also absolve the facilitators from the responsibility of deciding whether a player succeeds or fails. The traditional rules of TTRPGs can be quite complex, with volumes of books dedicated to them. In order to focus the group on the social elements of play, rather than the game's mechanics, streamlined rules can be adapted and applied.

### **Orienting and Contracting Procedures**

Because this is a pilot program the onboarding approach will likely be different than what would typically be used. Guardians and clients will be able to attend session zero wherein the group process is explained, treatment goals are created/reviewed for the group specifically. During this session the client will create a player

character (their therapeutic avatar through which they will experience the fantasy world).

During session zero the client and guardians will also be made aware of plans to use ongoing assessment and the intention to use those assessments for both program evaluation and possibly shared anecdotally during a presentation at a conference. Waivers for the assessments would be distributed to both parents and clients during the session.

### **Environmental Considerations**

The greatest consideration is a space large enough to accommodate all group members and facilitators at a table. At LCFS there is a large conference room with tables and chairs that provides ample room for the group and materials (paper, pencils, a map, dice, figures, etc). The group likely will become rowdy and, luckily, the conference room is on the opposite side of the office from the majority of the other clinical spaces.

### **Stages of Group Development**

Ideally the group will run the full spectrum of group development, as discussed in the above section Group Composition and Structure.

### **Anticipated Group Specific Issues**

Group members are identified and recruited based on their struggles with social skills and peer engagement. It is possible that throughout the group's life individual members or the entire group may struggle to engage each other consistently and/or correctly.

Sessions one and two are designed to address the initial group stage, as discussed in the previous section Group Composition and Structure. One anticipated challenge at this stage is a lack of familiarity with the game's nature and structure. Clients may struggle to differentiate themselves from their characters. The facilitators can address this by checking in as group members then engaging in a ritual process to demonstrate that the group is now in the game. At this point, facilitators can ask members to explore their characters and create a narrative about how the characters know each other.

Once they identify and members' buy-in has been established, the group will move on to establishing roles and power dynamics. At this point, facilitators should keep focus of challenges on the whole group

This allows members to jockey for position within the group and individuals to discover their characters' area of mastery in the context of the game. The facilitators can use this space to advance the story and allows the group to explore the world in which their characters exist. Challenges should be designed with the intent of challenging the characters rather than the members so that they can grow accustomed to playing the game and processing the work they are doing together.

As members settle into their characters' and their own roles within the group and display more occasions of support and mutual aid the facilitators can push forward with the third phase of group development. Ideally, by session five the facilitators can begin challenging group members in context of their treatment goals. Through specific challenges written around their characters' backstories the group leaders can create space for members to explore their own work and how that is different from their characters' experiences. Moreover, members can provide support and aid as they attempt to overcome individual challenges.

Finally, the group will reach termination during the last couple game sessions.

Individual challenges will have been presented and resolved. The main plot will reach its climax. The group will need to defeat the main villain of the story. Success will not be guaranteed. At this point, facilitators need to make clear to the group that they may fail despite their best laid plans. Facilitators can help group develop strategies to deal with both success and failure, how each is significant, and how that relates to ending the group.

### **Issues of Diversity**

Members will be fairly homogenous in terms of age and cognitive functioning. Likely there will a broad spread of race, ethnicity, and emotional functioning. Gender or sexual orientation differences cannot be predicted at this point. Age and cognitive functioning homogeneity are intentional to ensure members' ability to play the game and do work beyond the concrete realm. Differences in emotional functioning will challenge members and facilitators alike. However, this is also intentional in that it provides members opportunities to support each other in different aspects.

### **Evaluation**

Ongoing evaluation will be used to measure members' experiences of the group

of the group. One possible scale is Miller's Session Rating Scale (Duncan et al. 2003), which could be coupled with his Outcome Rating Scale (Miller & Duncan, 2000). These two would provide input on the individual impact and how the participants experience the group from session to session. Treatment goals will be created for the members during session zero and progress will be reviewed after the group concludes with individual members and their guardians. Evaluation provides feedback on how members experience the group and the program. Treatment goals and review provide feedback on whether the clients experienced impact as a result of their participation in the group.

#### **Methods for Evaluating Accomplishment of Group Purpose**

Sessions are designed to achieve specific challenges and move the plot forward. One way to evaluate the group purpose is to compare where the group is along the plot line against where facilitators anticipate the group would be. Ongoing session evaluations can also provide feedback about how the group is progressing along its purpose.

#### **Methods for Evaluation of Worker**

A post program evaluation could be created

to allow members to provide feedback to the facilitators regarding how members experienced the group and specifically facilitation. Because the process facilitator will likely be a staff member they can also provide feedback on how I am fulfilling my role as a facilitator.

#### **Conclusion**

While there is a community of geek therapists broadly, there is a dearth of research or published papers discussing either the work done or the concepts that inform it. Should this group launch successfully, and provide qualitative and quantitative feedback from ongoing assessments, it would be a significant step forward toward providing legitimacy to the use of TTRPGs in therapy.

More importantly, the group could provide its members with a new prosocial experience. Like countless people before them, the group could discover that sitting around a table and engaging in collaborative storytelling can be fun, make them happy, and teach them how to navigate the social complexities of growing up.

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## Alcohol Use Among People Living with HIV in New Orleans

Sammi Shay

Alcohol use is directly associated with poorer health outcomes in individuals living with HIV, for reasons including difficulty with medication adherence and higher comorbidities of depression, anxiety, post-traumatic stress disorder, Hepatitis C, coronary heart disease and other cardiovascular diseases (Braithwaite et al., 2007; Durvasula & Miller, 2014; Felker-Kantor et al., 2019; Williams et al., 2016). Alcohol use has been found to reduce survival for people living with HIV by up to 6.4 years (Braithwaite et al., 2007). Individuals living with HIV have been found to engage in heavy or hazardous drinking at a higher rate than their HIV-negative counterparts (Felker-Kantor et al., 2019).

Considering New Orleans' cultural reputation of heavy alcohol use, compounded with the established use of alcohol as a coping mechanism for trauma and psychosocial stressors, it is unsurprising that Louisiana ranks among the highest in the United States in alcohol and drug abuse, including a large proportion of the city's residents living with HIV/AIDS (LSU Health Foundation, 2020).

New Orleans also has one of the highest prevalence rates of individuals living with HIV in the United States, with 6,981 recorded individuals in 2017 (AIDSvu, 2017). Heavy and hazardous alcohol use has been established as a risk factor for HIV treatment adherence and clinical outcomes (Armstrong, LaPlante, Altice, Copenhaver, & Molina, 2015; Felker-Kantor et al., 2019; LSU Health Foundation, 2020; Williams, Joo, Lipira, & Glass, 2017). As part of New Orleans' efforts to end the HIV epidemic, more attention and support must be paid to the role of alcohol use among residents living with HIV.

A significant number of individuals live in poverty in New Orleans, including disproportionately, those living with HIV. Over 18% of the city's residents fall below the poverty line, making it one of the highest metropolitan poverty rates in the United States (Louisiana Budget Project, 2018). For the "urban poor," chronic psychosocial and environmental stressors include unstable housing, food insecurity, crime, and violence (Felker-Kantor et al., 2019). In New Orleans specifically,

residents in poverty also face chronic exposure to racial and socioeconomic segregation, a high density of alcohol outlets, poor walkability, and one of the highest homicide and violent crime rates in the country (Felker-Kantor et al., 2019). These psychosocial and environmental stressors are associated with increased alcohol use and simultaneously serve as barriers to treatment (Williams et al., 2017). According to SAMHSA (2015), lack of economic resources and no insurance coverage were among the primary reasons that people did not seek treatment for alcohol use disorder.

HIV disproportionately impacts sexual minorities, people of color, and those facing economic adversity (Pellowski, Kalichman, Matthews, & Adler, 2013). These individuals living with HIV, who also face increased environmental and psychosocial stressors due to their marginalized status in society, are particularly vulnerable to experiences of psychosocial stress and “adverse alcohol-related outcomes” (Williams et al., 2017).

Perhaps most prominent of these psychosocial and environmental stressors is the lasting damage to the city of New Orleans following Hurricane Katrina and the failure of the levee system in 2005. The stress

of living through Hurricane Katrina—the experience of which included loss of jobs, destruction of personal property, forced evacuation, separation from family and loved ones, and significant stress and uncertainty about the future—has been associated with increased alcohol use (Flory et al., 2009; Henslee et al., 2015). Flory et al. (2009) found that alcohol consumption was significantly higher in survivors of Katrina compared to Louisiana’s prevalence rates in areas of monthly binge drinking (37% of Katrina survivors as compared to 14.2% state prevalence rate), heavy drinking (27% of survivors as compared to 4.6% state prevalence rate), and hazardous or harmful drinking (36% of Katrina survivors as compared to 25% state prevalence rate).

In addition to the stress stemming from experiences of poverty, structural racism, and the lasting damage following Hurricane Katrina, people living with HIV in New Orleans face high levels of stigma due to cultural attitudes about HIV and sexually transmitted infections (Felker-Kantor et al., 2019). Social stigma and discrimination expressed towards people living with HIV in New Orleans has been associated with higher levels of depression, anxiety, perceived

stress, and alcohol use (Felker-Kantor et al., 2019; Williams et al., 2017). Importantly, these experiences of discrimination and stigma are worse for those with marginalized identities (racial and ethnic minorities, sexual minorities, and people living in poverty), who are often “blamed for their illness” (Williams et al., 2017, p. 270).

The cultural attitudes in New Orleans that stigmatize HIV/AIDS “shape the perception of people with HIV that serve as the precursor to internal HIV stigma” (Felker-Kantor et al., 2019, p. 886). Social stigma is manifested internally and externally: individually through self-blame and negative self-image, and externally through discrimination, concerns about public attitudes, and fear of disclosure (Felker-Kantor et al., 2019). Felker-Kantor et al. (2019) found that both internalized and enacted (external) stigma were associated with depressive and anxious symptoms as well as hazardous drinking. In a community level study, Williams et al. (2017) found that people living with HIV were more likely to experience discrimination and consequently have high levels of stress. Both studies lend insight to how alcohol use is a coping strategy and consequence of the stigma and cul-

tural attitudes towards HIV in New Orleans (Felker-Kantor et al., 2019; Williams et al., 2017).

Additionally, Williams et al. (2016) recognized the intersection of stigma between harmful alcohol use and HIV status, both being stigmatized conditions about which discrimination is common. Williams et al. (2016) described how the chronic psychosocial stresses of both of these conditions “are likely to synergistically influence health over time and, thus, may result in health disparities” (p. 2062).

Considering the deeply felt stigma in New Orleans related to HIV, it is not surprising that individuals with HIV have identified alcohol as a means of coping with their diagnosis. Armstrong et al. (2015) found that many individuals living with HIV in New Orleans associated worsening drinking behavior with receiving their diagnosis. One participant in Armstrong et al.’s (2015) study, situated in New Orleans, described their reaction to receiving their HIV diagnosis: “I went into self-destruct mode [with alcohol] and...derailed my entire life” (p. 4). Most participants in this study indicated that their alcohol use was driven by negative mood states including stress, depression,

Healthcare providers corroborated that alcohol use was frequently used as a coping mechanism by people living with HIV (Armstrong et al., 2015).

Healthcare providers also offered insight into New Orleans' local drinking culture, describing it as a contributor to heavy alcohol use for their patients living with HIV (Armstrong et al., 2015). Additionally, the drinking culture in New Orleans seemed to foster misinformation about types of alcohol, strength of beverages, and serving sizes (Armstrong et al., 2015). Participants in Armstrong et al.'s (2015) New Orleans study reported misinformation about drinking, including a number of participants who did not believe that wine was alcohol. Two participants also stated that they believed alcohol was beneficial to antiretroviral therapy; one incorrectly described the effects of alcohol and antiretroviral medication as "once you take the medication, it absorbs quicker in your system when you drink with it and it starts going straight to your bloodstream" (Armstrong et al., 2015, p. 5).

Despite the prevalence of misinformation about drinking and HIV, participants expressed that their healthcare providers in New Orleans do not discuss alcohol use as

part of their HIV care (Armstrong et al., 2015). Providers corroborated this, stating they often would not discuss alcohol with their patients for fear of disrupting the rapport they had built (Armstrong et al., 2015). However, since people living with HIV are at a higher risk of mortality and physiologic injury from alcohol use compared to their HIV-negative counterparts (Justice et al., 2016), assessment of alcohol use behavior and psychoeducation about alcohol are demonstrably needed as part of healthcare for people living HIV.

Considering New Orleans' drinking culture, interventions focused on harm reduction and improving health and well-being (as opposed to promoting abstinence) would be better received by people living with HIV (Armstrong et al., 2015). Williams et al. (2016) agreed on the importance of substance use interventions as part of HIV care, recognizing their potential to improve engagement in care and adherence to treatment, reduce acute healthcare utilization, and mitigate comorbid complications (Williams et al., 2016).

In addition to incorporating substance use interventions into HIV healthcare, New Orleans may be able to

decrease heavy and hazardous alcohol use through interventions that address the cultural stigma about HIV. The New Orleans community would benefit from a series of structural- and community-level interventions to promote social acceptance of HIV, including housing security, employment protection, legal protection from HIV-related stigma, and health- and school-based interventions (Felker-Kantor et al., 2019). These authors also wisely recognized the relationship between psychosocial and environment stressors and stigma, which is evident in the context of a city that is still recovering from the impact of Hurricane Katrina on a multitude of levels.

Currently, the majority of research and treatment of substance use and HIV/AIDS focuses on injectable drug use due to its associated risk of transmission (Armstrong et al., 2015). Consequently, there is limited research on alcohol use and HIV-related outcomes. This may also explain why some providers in New Orleans do not raise the topic of alcohol use as part of HIV care. Significantly more research is needed on the relationship between HIV and alcohol use, including research on the influence of alcohol on comorbid conditions that are

common among people living with HIV (Armstrong et al., 2015; Williams et al., 2016).

As part of the fight to end the HIV epidemic in New Orleans, providers, researchers, and community members must better understand the link between heavy and hazardous drinking and HIV status. Considering how alcohol use has been found to reduce survival of people living with HIV by as many as 6.4 years (Braithwaite et al., 2007), education about alcohol must be part of public health efforts for this population. It is imperative to not further stigmatize those living with HIV and using alcohol hazardously; rather, hazardous alcohol use must be understood as a symptom of psychosocial stressors and structural inequality in New Orleans which stems from poverty, cultural stigma, and the after-effects of Hurricane Katrina. Only then can New Orleans move closer towards eliminating its HIV epidemic.

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## Gender Bias in The Treatment of Chronic Pain

Julia Golden

While chronic pain conditions impact men and women, there is a disparity in how pain is treated according to a patient's gender. Women have been shown to be at greater risk for chronic pain conditions, including fibromyalgia, irritable bowel syndrome (IBS), and rheumatoid arthritis, and studies have shown that women "generally experience more recurrent pain, more severe pain, and longer lasting pain than men" (International Association for the Study of Pain). According to a 2016 National Health Interview Survey, 20.4% (50 million) of U.S. adults had chronic pain, 8% (19.6 million) had high-impact chronic pain, with women reporting higher prevalence of both chronic pain and high-impact chronic pain than men (Dahlhamer, et al., 2018). Chronic pain and high-impact chronic pain are both defined by Dahlhamer et al., with chronic pain defined as "pain on most days or every day in the past 6 months, and high-impact chronic pain defined as "chronic pain that limited life or work activities on most days or every day during the past 6 months" (p.

1002). Women with these conditions are also at greater risk for being undertreated for their pain (Fillingim, King, Ribeiro-Dasilva, Rahim-Williams, & Riley, 2009). Existing gender biases impact how pain is diagnosed and treated. Clinicians are more likely to address psychological factors in female patients, while men presenting with identical symptoms are more likely to be prescribed pain medications (DeVentura & Steiner, 2019).

Women's pain is not being addressed with the same urgency as men's, which further widens the gender gap in pain treatment. Additionally, gender stereotypes contribute to how healthcare providers perceive pain. In a study utilizing virtual representations of human faces, both physicians and nurses rated male pain expressions higher and indicated that they would use more aggressive methods to treat their pain than female virtual humans with the same pain expressions (Wandner et al., 2014). In this and several other studies, healthcare professionals



have been shown to treat pain differently depending on a patient's presenting gender, which puts all patients at a disadvantage when seeking pain treatment. Women are more likely to be written off as exaggerating their pain, and men are more likely to avoid treatment altogether to avoid negative stigma associated with pain and masculinity. Gender bias in healthcare settings exacerbates existing gender stereotypes. Access to healthcare and willingness to seek healthcare contribute to the perpetuation of the problem. It is widely believed that men are more likely to tolerate or deny pain, and because of this avoid seeking healthcare (Samulowitz, Gremyr, Eriksson, & Hensing, 2018). Previous studies have indicated that it is less socially acceptable for men to show or discuss pain than for women, who are believed to be more accustomed to experiencing pain as a result of menstruation and childbirth (Samulowitz et al., 2018). When men are less likely to seek healthcare, they are underrepresented in the treatment of pain, and statistics of those who suffer from chronic pain may be skewed (DeVentura & Steiner 2019).

Though more willing to seek treatment for pain, women are more likely to be

perceived as emotional or hysterical when they do as well as more likely to be assigned psychological explanations as causes for their pain, rather than somatic causes (Samulowitz et al., 2018). Historically, women have been characterized as being "hysterical" when they have presented with unexplained medical symptoms that may be a result of multiple pain conditions. With the added challenge of multiple diagnoses, women with chronic pain are less likely to be taken seriously by their healthcare provider: "as the number of conditions you have increases, the less likely you are to benefit from treatment, the higher the likelihood of disability, increased costs, mood disorders...the level of stigma that's attached to these patients is even greater" ("Chronic Pain"). The stigma associated with being labeled a "hysterical woman" negatively impacts women with chronic pain, who strive to have their concerns addressed without being accused of complaining or fabricating their pain.

Widespread gender biases in healthcare have contributed to problems regarding research outcomes. Andronormativity (the belief that men and masculinity are the norm and women are "othered") in

medical research leads to research and medication centered on men, sometimes to the extent that women's pain and differences in medication are misunderstood or ignored completely. Fillingim et al. (2009) concluded that men and women do experience pain differently, with women showing increased sensitivity to several measures of experimental pain. Men and women have also been shown to respond differently to opioids and other analgesics, although research heavily relies on studies that examine these drugs' effects on men. More research is needed in order to address how men and women metabolize pain medications differently, so that all patients can be treated properly for their pain.

Both men and women would benefit from this issue being addressed. The reliance on andronormativity in medicine is constructed, and can therefore be deconstructed, however difficult. This begins with bringing awareness to how men and women with pain are perceived differently. Hegemonic masculinity in healthcare prevents men from acknowledging and seeking treatment for chronic pain conditions. The belief that pain is associated with weakness conflicts with the ideals of hegemonic masculinity, and en-

courages men to use denial and other avoidant defense mechanisms to cope with their pain (Samulowitz et al., 2018). Since healthcare intervention is largely subjective, patients are often at the mercy of the biases of their provider. After a comprehensive analysis of existing literature on the subject, Samulowitz et al. summarizes, "There is a power imbalance between men and women, and many (though not all) gender biases are to women's disadvantage. However, both men and women are restricted by gendered expectations, and both men and women profit from more equitable care" (p. 10).

In recent years, multiple social movements including #MeToo and #TimesUp have brought attention to the prevalence of power inequity throughout American political and social culture. In a time where individuals are given the platform to come forward with their stories of discrimination and harassment, many healthcare professionals and patients are drawing attention to the issue of gender biases in healthcare settings and pain treatment. Time's Up Healthcare, an affiliate of the Time's Up Foundation, is a relatively recent public awareness organization striving to acknowledge the problem and eventually implement real change.

Dr. Jane van Dis, an OB-GYN and founding member of Time's Up Healthcare, discusses her goals for the organization:

I would like [to see] every academic institution come and sign on to our mission, vision, and values, which is that gender discrimination and sexual harassment have no place in health care. Our goal is to create safe, dignified, and equitable environments for all women in health care. To me, those are achievable goals (Thielking, 2019).

Currently, there are no policies that directly address the problem of gender bias in pain treatment and while groups have not overtly expressed their opposition to changing the status quo, some have offered apologies for their failed efforts to address this issue in the past. Collins et al. (2019) from the National Institutes of Health released an update to address the NIH's efforts to stop sexual harassment in science, and while this addresses women in healthcare settings, it does not specifically address the systemic gender bias ingrained in healthcare as a professional institution. Despite their statement not addressing pain treatment, it shows a willingness to accept responsibility for fostering an environment where gender discrimination has existed in the past. In this

recent statement, Collins et al. from the NIH stated:

The reports of scientists and students shared through the #MeTooSTEM movement portray a heartbreaking story of opportunities lost, pain suffered, and a systemic failure to protect and defend. To all those who have endured these experiences, we are sorry that it has taken so long to acknowledge and address the climate and culture that has caused such harm (2019).

Given that the discriminatory treatment of women with chronic pain in the healthcare setting has a direct effect on women's subjective experience, an analysis of this social issue would be incomplete without including the subjective experience of women/a woman with chronic pain. I personally have had such experiences in the treatment of my chronic pain. I was diagnosed with Crohn's Disease at age nine, and over the years have been extremely fortunate in my interactions with healthcare professionals. The last fourteen years have not gone without incident, however, and I had a very negative experience with a colorectal surgeon about two years ago. It is

important to note that I have a high tolerance for pain, which I have developed over the years and has helped me to appear stoic in the face of the severe chronic pain associated with my illness. Because of this stoicism, it is important for my doctors to understand that just because I may not physically appear ill does not mean I am not in severe pain, it is simply a coping mechanism to help me distance myself from my pain as well as avoid alarming my family. I feel pressure to appear healthy so as not to be labeled a “hysterical woman,” but this means that occasionally the severity of my pain is questioned.

On one such occasion, I scheduled an appointment with my colorectal surgeon, who had performed my ileostomy surgery almost a year prior. At this appointment, I described my symptoms of severe abdominal pain near my ostomy site. Rather than listening to my concerns, this surgeon performed a brief examination, only to claim that I had a perfectly healthy stoma and claiming I was being dramatic. The irony of this situation is that this doctor was a woman, who unfortunately worsened the gender bias in her field by not taking my pain seriously. The following day, I saw my gastroen-

terologist for a routine colonoscopy, and shared my concerns with him about the pain near my stoma. This doctor immediately addressed my concerns by performing an ileoscopy (similar to a colonoscopy, but the small camera is inserted directly into the stoma). This examination found that the pain I had been experiencing was due to severe inflammation in the ileum, as well as the beginning of a rare skin complication called “peristomal pyoderma gangrenosum.” I am very lucky that I was able to see my gastroenterologist so quickly and that my concerns were addressed professionally and respectfully by him. In recent months I have had a total proctocolectomy (surgical removal of the colon and rectum), for which I was given little to no pain management. After two readmissions to the hospital due to postoperative complications, I had to constantly advocate for myself in order to have my concerns about pain control addressed. Finally, I was given a prescription for pain medication that I could tolerate, but the prescription was not written properly and could not be filled. My father is a physician and used his connections to his hospital in order to get this prescription filled for me, and for that I am very fortunate. No one

should have had to fight that hard to receive adequate treatment after major surgery.

I am very lucky that these have been my only negative experiences regarding gender bias in pain treatment, and I am very fortunate to have access to healthcare at all. My experiences in many ways represent other women in pain populations, especially when it comes to the idea of how appearance impacts perceptions of pain (“you don’t look sick!” and other misconceptions about invisible illnesses) as well as the importance of establishing a strong relationship with a healthcare professional. In my case, my gastroenterologist had gotten to know me and understood how I communicate my health-related concerns, so he was more receptive to altering his plan to accommodate my symptoms and pain. This idea is supported by the findings of Skuladottir and Halldorsdottir, referenced by Samulowitz et al. (2018), which states that “professionals could empower women by being wise, competent, caring, and building a trustful relationship with them” (p. 8). My surgeon’s distrust of my symptoms only worked to reinforce the existing gender norms around pain.

Self-advocacy is extremely important

for all patients suffering from chronic pain, but especially important in demographics that are less likely to be taken seriously due to existing stereotypes. Ann Miller, president and CEO of the Society for Women’s Health Research described multiple cases of women experiencing bias in healthcare, stating :

These intelligent, determined women were victims of a longtime gender bias in medicine, which includes the stigmatization and normalization of women’s pain. They did not give up. Instead they continued to advocate for themselves until they got the medical care they needed. But many women are not as persistent, and no woman should have to face this struggle in the first place (Miller, 2018).

Advocating for oneself is extremely draining, especially when already dealing with chronic pain, but in many cases it ends up being crucial in order to receive the care the patient deserves.

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## ***Who is Failing Whom? A Critical Analysis of “Failing” Public Schools in Chicago With Human Rights Perspectives from Youth in Englewood***

Kevin Miller

### *Abstract*

*How does a public school come to be seen as failing and whom exactly was the school failing? Why do we close the schools in need of the most support rather than focusing efforts on helping them stay open? This paper offers commentary on educational and social policy based on a case study of Harper High School in Englewood, which serves one of Chicago’s most marginalized communities. This paper draws from ethnographic field notes collected from the author’s role as the Director of the Empowering Counseling Program and the Law Under Curious Minds after school program amidst Chicago Public School’s announcement to close Harper High School. The data contextualize the discourse around the notion of a “failing school.” Perspectives of Harper student-activists are presented as examples of how youth engage in human rights work as a form of resistance against oppressive structural conditions.*

### **Who is Failing Whom? A Critical Analysis of “Failing” Public Schools in Chicago with Human Rights Perspectives from Youth in Englewood**

Chicago Public Schools (CPS) announced a plan in 2013 that would close 330 “failing” public schools, concentrated mostly in low-income, black & Latinx neighborhoods. In 2013, African American students made up about 40% of all students in Chicago Public Schools, but 88% of the students impacted by school closings were African American, and 94% were low-income (Pozen Family Center for Human Rights, 2013). After a series of appeals by community members to reduce the number of closures, CPS eventually shut down 53 schools and agreed to a five-year moratorium on closing additional schools. Once this temporary moratorium ended, the district set their sights on the Englewood community on the south side of Chicago and announced they would close *all four public high schools* in the neighborhood by the end of the 2018 school year because they were failing (Gowins, 2017; Dwyer, 2015).

I worked at one of the schools set to be closed in Englewood: Harper High School. I have been facilitating a human rights-based after-school program called, Law Under Curious Minds (LUCM), since 2015 as Director of the Empowering Counseling Program (ECP). Harper is well known locally and nationally for being featured on *This American Life* in 2013, where journalists spent five months documenting students' and staff experiences in the wake of 29 Harper students being shot in 2012 (Glass & Snyder, 2013). The first lady Michelle Obama had visited Harper shortly after this podcast was released and met with the Principal and social worker and commented about the exemplary job they were doing under extraordinarily difficult conditions.

While the *This American Life's* podcast made it evident that Harper High School was severely underfunded, and not without serious problems, I wondered, 'How does a public school come to be seen as failing and whom exactly was the school failing?' I thought, 'Why do we close the schools in need of the most support rather than focusing efforts on helping them stay open?' Most people likely would not blame their car if the highway was studded with nails and they got

a flat tire, so why close all public high schools in Englewood when it is known that the students' community conditions include deep poverty, structural racial segregation, community violence, and police and courts' injustice?

These are questions that I have discussed with Harper students during the ECP's after-school LUCM sessions. Both the ECP<sup>2</sup> and LUCM utilizes a participatory, humanistic, trauma-informed framework throughout programming and research. Named by the youth, LUCM teaches youth about their human, legal, and civil rights using participatory and humanistic group therapy principles. Youth enrolled in LUCM create curriculum materials<sup>3</sup> related to their human, legal, and civil rights to teach their peers and families about their rights. In this paper, I will utilize my ethnographic field notes, that I took during the period Harper was set to close, to contextualize the discourse around the notion of a "failing school". This paper is ultimately a commentary on educational and social policy based on a case study of Harper High School in Englewood, one of Chicago's most marginalized communities.



### **Sociopolitical Context of Chicago and Englewood**

In order to understand how a public school can come to be designated as failing, it is important to first understand the context of Englewood within the social and political structures that maintain poverty in the United States. First, the way we measure poverty has to be critically examined. The federal poverty thresholds and guidelines are an inhumane, ineffective way to measure economic hardship. They are based on family size, number of children, and age of householder; however, these poverty thresholds and guidelines fail to consider geographic area and investments in healthcare, retirement, and education. In fact, the current poverty measure accounts for 1/7<sup>th</sup> of the average family's expenses (Chicago Jobs Council, 2017).

According to the Social IMPACT Research Center's Illinois Self-Sufficiency Standard of economic security and stability, far more than 20% of Chicago's residents are facing severe economic hardship and instability (Terpstra & Clary, 2009; U.S. Census, 2017). The Self-Sufficiency Standard looks at the real costs of housing, food, health care, taxes, food, etc., and calculates how much a

family can afford to spend on these bare necessities. The federal poverty guideline in 2020 for a single parent with two school-aged children was \$21,720 (U.S. Department of Health and Human Services, 2020). The Social IMPACT Research Center indicated that the 2020 Self-Sufficiency Standard for the same family size in Cook County was \$73,697—over \$50,000 higher. This disparity between the Self-Sufficiency Standard and the federal poverty guideline suggests that many families are less economically secure and stable than is presumed by the government.

Furthermore, In *Death, Violence, Health, and Poverty in Chicago*, Fredrick (2018) demonstrates a connection between poverty and segregation with health and social outcomes. He writes,

In Chicago, the neighborhood you live in determines your health, wealth, life expectancy, and the likelihood that gun violence will directly affect you. Further, segregation is the core prevailing influence that perpetuates conditions that sustain and ensure ongoing violence in some Chicago neighborhoods (p. 2).

Chicago is the third most racially segregated city in the United States. Nearly

half of Englewood residents live below the federal poverty line, which contributes to significant health disparities (Fredrick, 2018). One manifestation of this is that Chicago has the largest gap in life expectancy among all U.S. cities. Specifically, Chicago residents living in the predominantly white Streeter-ville neighborhood have an average life expectancy of ninety years. Eight miles south, residents of Englewood live on average to the age of sixty: a difference of thirty years (Gourevitch, Athens, Levine, Kleiman, & Thorpe, 2019; Lartey, 2019).

Furthermore, as Fredrick (2018) demonstrates, Englewood is trapped in a negative feedback loop of perpetual crime and poverty. Occurring concurrently with high rates of poverty, crime, violence, and negative health outcomes, attempts to “solve” the issue of gun violence include hyperpolicing and mass incarceration. According to Fredrick (2018), West Englewood was one of the “million-dollar blocks” in 2015, which are neighborhoods where at least one million dollars were spent on incarceration. Specifically, \$197 million dollars were spent on incarceration in West Englewood (Fredrick, 2018). These contextual factors are crucial in understanding the policy of

closing schools, which disproportionately targets students of color (Pozen Family Center for Human Rights, 2013).

### **“Failing Schools” and Education Policy in Chicago**

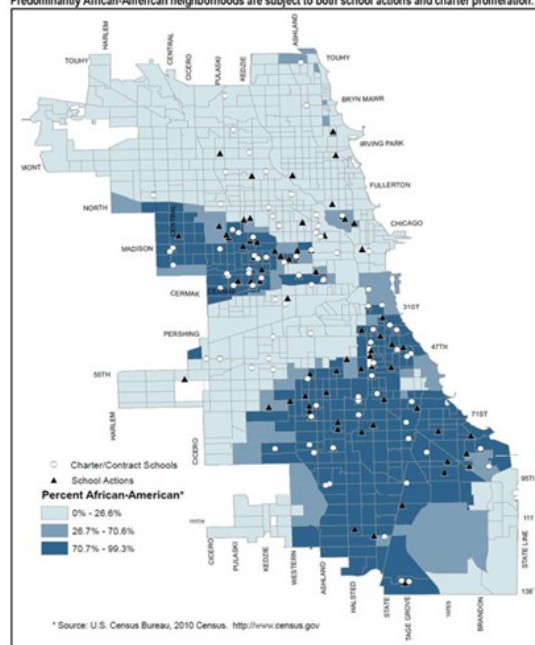
Public schools are labeled as failing if they have low enrollment and persistently low-test scores. Once a school is designated as such, it becomes at-risk for closure by the district. There have been mass closures of public schools in cities across the U.S. during the past decade; but Chicago has been among the most prominent proponents of this policy (Ewing, 2013). However, the notion that a public school can fail is socially constructed (Witkin, 2011). Both conservative and liberal news organizations reinforce this notion that a school can fail by individualizing blame for educational failures. In doing so, fault is placed on the students and schools rather than social and economic policies that create conditions that caused failure in the first place. For example, the liberal news site, Huffington Post, mocked Robeson High School in Englewood, which is slated to close like Harper, with the headline “This Is Are Story.” Students mistakenly wrote “are” instead of “our” on their prom materials in 2014, which constructed a

symbolic representation of the frame used by media and school districts to justify school closures. Public schools are not private companies and should not be evaluated with the same revenue or quantified productivity tools used by corporate America. In other words, schools like Harper are expected to “produce” students whose test scores mirror those of privileged students in privileged communities, even though they are under-resourced. Schools like Harper and Robeson are structurally set up to fail by CPS’s measurements of success, which focus solely on enrollment and test scores. One example of how the first criteria, enrollment, impacts school closings is the

prevalence of charter schools (Marshall, 2017). As illustrated in Figure 1 (Caref et al., 2012, p. 7), there is a clear association between public school closures and the openings of charter schools in areas of Chicago with more African Americans. If you are a young person of color in Chicago, your public school is more likely, in part, to be closed because it has low enrollment, because charter schools are more likely to exist in your neighborhood. Charter schools are criticized for being problematic, especially in marginalized communities because they are less diverse, less regulated by the state, and employ less experienced teachers (Marshall, 2017; Waitoller & Maggin, 2018).

This same vicious pattern exists for the second criteria used to indicate school is failing: low test scores. In Chicago, public schools are funded by property taxes, so schools in wealthier, whiter neighborhoods are generally better funded. With more money and resources, students’ academic performance, as measured by test scores, generally improves. All public schools in Chicago are evaluated with identical standards of enrollment and test scores, yet all schools are not provided with identical chances of meeting those standards. Given

Predominantly African-American neighborhoods are subject to both school actions and charter proliferation.



**Figure 1. Map of Race, School Closings, and Charter Proliferation in Chicago. Adapted from Caref et al. (2012).**

that underfunded schools are not given sufficient resources to help their students succeed, it is no surprise that these schools do not meet district standards.

Investing in education is one of the most effective ways to prevent poverty. For example, Chetty et al. (2010) found that high quality early childhood education is associated with positive social and economic outcomes in adulthood. Specifically, for each one-percentile point increase in kindergarten test scores, students' yearly adult earnings increase by \$130. Also, by age 27, children with higher test scores are much more likely to attend college, live in a safer neighborhood, have retirement savings, and be a homeowner (Chetty et al., 2010). Education remains undoubtedly crucial to children's future and a ladder out of poverty, which provides context to the significance of school closures in communities like Englewood.

#### **Harper Students' Perceptions and Perspectives**

Based on my ethnographic field notes at Harper High School between October 2015-present, students do not perceive Harper, *as an institution*, to be failing them. Students are keenly aware that students at oth-

er CPS schools are not subjected to the same human rights abuses as they are.

Students told me their school has poor heating and air conditioning. They are only permitted to be on one floor of the four-floor building, however, working water fountains can only be found on the floor below. Students also told me that they were not aware of any psychologist present at the school and that they thought there was a social worker present for a portion of one day per week. One student said that they had to retake geometry, despite earning an A, because there were not enough teachers to offer an additional class. Students are also not allowed to use their library because the roof collapsed and made the area unsafe to enter.

Despite these human rights abuses and the political, social, and economic structures that allow human rights abuses to occur, students and their families were experiencing "institutional mourning" (Ewing, 2018). Some students and families were simultaneously mourning the loss of Harper and feeling empowered by a sense of community to organize with each other in an ultimately successful effort to delay their school from closing.

### School Administration

Many of the students I work with blame the administration at Harper for the closure of their school. One student said, “I really blame them for all this because when we was sophomores, they expelled so many kids, like for no reason. You could’ve done the smallest thing and they’d kick you out. And now everyone wanna leave because if you’re fifteen minutes late, they play with your money.” This student is referring to the administration’s strict, punitive policy of withholding portions of the students’ stipends for an after-school job at Harper if they arrive at school late.

This student said this in a discussion with fourteen additional students and me about whether they would want to keep Harper open or be able to attend a “state-of-the-art” STEM school in Englewood, which opened in Fall 2019. Every student stated they would rather attend Harper because it is *their* school. It seems as though their relationship with the institution of Harper is significant to many students’ identities. Having worked at the school since 2015, I was not surprised to hear this. Harper High School is an institution in Englewood and being a graduate of Harper has meaning to students

and families, as many consecutive generations of Englewood residents have received their education there.

The administration at Harper has implemented punitive attendance and tardy policies. Being slightly late and missing detentions quickly leads to out-of-school suspensions. Students are not allowed to use the restroom at any time between 6<sup>th</sup>-8<sup>th</sup> period, which ranges from approximately 12:30pm-3:30pm. Another punishment for minor rule infractions could include being banned from attending after school programs, including my program, with no chance for redemption. The administration routinely removes students from my program for these minor infractions, and when I asked, “Is there any chance of [NAME] earning his way back into my program?” One administrator said, “no, no chance at all.” My program is designed specifically for students with behavioral concerns, and my explanation of this fell on deaf ears. Despite struggles with leadership and punitive disciplinary policies, Harper students wanted their school to stay open. Many students understood these administrative challenges to be detached from their perception of Harper as an institution.

I believe one explanation for these policies is that the administrators at Harper deal with a high degree of secondary trauma, which is supported by the *This American Life* podcast in 2013. Also, it is an impossible task to operate a high school in Englewood in funding structure based on property taxes, in one of the most racially and economically segregated cities in the United States. This does not excuse implementing policies that seem to reflect the school-to-prison pipeline, but it does make evident other perspectives.

There seems to be little understanding from the administration, or flexibility around the responsibilities and daily stressors that these students face everyday, including at their school, homes, and neighborhood. Many students have told me they witness some form of violence on a daily basis. Also, many are responsible for caring for siblings, parents, and grandparents, emotionally, physically, and financially. I have counseled countless students for lost friends and family members. Many are homeless or housing unstable. They struggle to get adequate resources to the extent that they use deodorant on their neck as well as underarms, to enhance its impact because they do

not have access to a shower. Boys and girls lack toothbrushes and toothpaste; girls often lack hygiene supplies. How can a young person develop a sense of dignity when they are subjected to such privations?

### **Resisting Dehumanization**

Despite these harmful school, family, and neighborhood stressors, the ninety students enrolled at Harper still show up. In fact, some of these students do so well, they earn “full-ride” and other scholarships for college and trade school. Harper students engage in other forms of resistance against dehumanization too. One student-leader and their family organized their peers and families around Harper to engage in activism to prevent the school from closing. On the day CPS announced the closure of Harper, this student said, “They’re not closing this school. My Mom graduated from this high school and so did a lot more of my family. I’ve lived in this neighborhood my whole life and we’re not gonna let this happen.” This student, along with her peers and Harper students’ parents, marched on the Mayor’s house, City Hall, and CPS headquarters. They lead student sit-ins and walkouts during school. They were interviewed by local news stations and expressed the deep social

and personal meaning Harper had for them and their community. These efforts eventually led to CPS changing course to keep Harper open until all enrolled students graduate. This youth viewed CPS's shift to a "phasing out" process as a "win today but not tomorrow." Their goal was to keep Harper open for good because, as one student said, "It's not any of our faults that so few students go here." While Harper is still set to close, current students and their families are petitioning CPS to keep it open permanently as a community school (Ramos, 2019).

Grouping students in with the notion of a "failing" school dehumanizes them. It is important to understand that students who have low-test scores are children with equal dignity and deservedness and need to be recognized as such. They have hopes, fears, dreams, sorrows, and strengths, just like every other human being, and deserve the same rights and opportunities as students at Lane Tech and Walter Payton high schools, two selective enrollment high schools in CPS with significantly higher funding.

### **Policy of School Closures as Human Rights Abuse**

The lack of resources students at

Harper experience is not the fault of the students or the administration of the school, but it can arguably be called a violation of their human rights. What kind of education can occur when the school has no drinkable water, at times lacks toilet paper, students have no computer or internet access, the library is closed, students have to repeat classes they already have mastered, and they know that a few miles away students thrive in schools with rich resources? This is dehumanizing and compromises students' mental and physical health.

The problem in terms of public policy is circular: framing and constructing the success of public schools and students around notions of productivity and economic conservatism dehumanizes the children attending those schools, which in turn helps justify closing schools, and then media narrative for the public fails to educate the citizenry. The real problems have to do with how persons in poverty and persons of color are treated in the U.S., which U.S. citizens need help understanding. In other countries, such as Finland, such school conditions would be regarded as a violation of students' human rights, and intolerable (Wilkins & Corrigan, 2019).

Why do we tolerate this? Most of the public are not informed – hence the reason for this article.

This policy is failing generations of young people. Rather, alternative methods of evaluating success need to be utilized. Instead of measuring the test scores of a severely under-funded school, administrators need to spend time at the school and understand these students' identities. Shortly after announcing the closing of Harper in 2017, CPS administrators, along with local news reporters, arrived at Harper to explain the process of closing and transitioning to another school. However, students told me that these officials were incredibly dismissive and rude to them, refusing to answer questions, and openly disrespecting students. One student said, "This was a photo opportunity, and nothing more. They had no intention of helping these students and it was clear that they did not care about them."

Perhaps asking the Harper students and their families if their school is failing, what needs are not being met by the school and district and forming policies around their responses would be an effective alternative. Being at this school for nearly five years, I can definitively say the needs at Har-

per are well known. The staff, students, and families at Harper have the information that CPS needs to address their needs, however, persuading the city and district to *listen* is a difficult but not impossible task.

It would be a mistake to think of this issue as unsolvable and as unique to Chicago. Education is a human right; however, the United States, which is thought to stand for justice and opportunity, is the only nation in the world that has not ratified the United Nations Convention on Children's Rights (Rothschild, 2017). This convention guarantees the right to education and healthcare, among many other rights, to children. Students at Harper were explicitly aware of human rights abuses against them and their root causes.

During one session at Harper in 2017, students were writing letters to local politicians to express their concerns about preserving their human rights in Englewood. After presenting their letters during a group feedback session, one student's essay resonated with their peers. This student wanted to focus the letter on "everything," but specifically, "school closings on the south side, racism, crowding in public schools, violence in the community, and poverty."



Another student asked, “why not focus on the one thing most important to you?” To which the reply was,

Everything is connected. All of these things are related, especially connected to race. In Chicago, everything has to do with race...school closings have to do with color and if there are less schools, there is less to do and people turn to crime and violence. My middle school was closed and now my high school is being closed. That’s not a coincidence.

This young person, when prompted with: “write about the human rights issues you feel are most important to you and your family,” chose to holistically write about “everything.”

In students’ views, issues like school closings, racism, and poverty are explicitly connected to each other and connected to human rights abuses against them and their families. A few sessions after this discussion, another student stressed the importance of focusing our program on human rights: “we need to talk about our rights because not having or knowing them means marginalized, oppressed groups will not be able to live the

life they want because of discrimination.”

This student emphasized that it is especially important for oppressed groups to know their rights and fight for them because they can help protect against discrimination and other forms of oppression.

### **A “Failing” Economic System**

The United States is one the richest nations in the world but has one of the highest rates of child poverty among developed nations (Khazan, 2015). In 2019, the 400 richest Americans owned more wealth than the bottom 60%, or about 150 million adults. The top 0.1% owns nearly 20% of the nation’s wealth, which is greater than the bottom 80% of Americans (Ingraham, 2019). This is in the same country where 12 million people live on \$2 or less per day (Chandy & Smith, 2014). Public schools should not be closing in neighborhoods like Englewood, Chicago while Bill Gates, Jeff Bezos, and Warren Buffet own more wealth than the poorest 160 million Americans, or about 50% of the country (Collins & Hoxie, 2017). The United States prides itself on being a land of opportunity, but with schools unsupported and youth deprived of the benefit of education, the opportunity to exit poverty is fast becoming a relic from the past. Not

addressing poverty, violence, health, and school closings while there exists this great wealth inequality becomes a moral choice, not an economic one.

Youth at Harper do not consider themselves to be failing students, but rather students who attend a school in a district with severely inequitable distribution of public resources, in a neighborhood within a city that has abandoned them. This poses the question: are Harper students failing or is the social and economic system in the United States failing Harper students?

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