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Paying Child Support While Incarcerated: A Policy Proposal to Reduce Financial Barriers for Re-entry Citizens

Sruthi Naraharisetti

Abstract

Re-entry citizens face enormous burdens of debt after their period of incarceration due to current mandates for child support payments. Once an individual becomes incarcerated, what happens to their financial obligations? With child support, a common misconception is that an individual is no longer responsible for payments. On the contrary, automatic suspension of child support obligations due to incarceration is not yet offered in any state across the country. Prior to January 19, 2017, only 36 states categorized incarceration as “involuntary unemployment,” a categorization that provides incarcerated non-custodial parents the ability to reduce or suspend their child support order. Today, a federal ruling has mandated that all 50 states abide by this categorization of incarceration as “involuntary unemployment.” Despite these recent federal changes, details of this modification process are left to the discretion of individual states and as a result, this process is not automatic, nor always convenient to use.

The United States’ current criminal justice system punishes incarcerated individuals far beyond their legally-mandated sentences. Child support debt, due to incarceration, often prevents non-custodial parents from accessing basic needs including bank accounts, legal jobs, stable housing and, ultimately, the opportunity to provide for his or her child. Additionally, these barriers are heightened because child support debt is non-dismissible through bankruptcy. In this policy analysis, policy precedent, new legislation, and proposed recommendations are evaluated based on their effectiveness, economic efficiency, and ethical implications. Given analysis, it is recommended that a federal mandate be instituted in all 50 states, automatically classifying incarcerated individuals as unable to pay child support for the duration of their sentence.

Introduction

The purpose of child support is to promote parental responsibility and ensure children receive reliable support from both of their parents as a child grows to adulthood.¹ Among non-custodial parents, the majority of parents responsible for paying child support are men.² In the 1990s, the rise of the war on drugs led to mass incarceration, and in particular, an increase in men sentenced to prison for non-violent crimes.³ With increases in incarceration rates, simultaneous, political rhetoric blamed “dead beat dads” for the shortage of child support payments.⁴ “Child support collections were so [inconsistent] that in the late 1990s, new enforcement tools such as automatic paycheck deductions were used. As a result, child support collections increased significantly, and some parents relied heavily on aggressive enforcement by the authorities.”⁵ Lost in this rhetoric, however, were the formerly incarcerated men who still could not make payments due to financial barriers and burdens remaining from their period of incarceration.

Considering the difficulty that gainfully employed men already face in paying child support, men who are imprisoned, and do not have access to a stable income, are made far more vulnerable to missing child support payments. Today, many custodial parents do not receive payments and non-custodial parents (both those who are incarcerated and those who are not) struggle with large debts due to missed child support payments. In 2013, 25.9 percent of custodial parents who were due child support did not receive either a full or partial payment.⁶ In terms of incarcerated men, the majority (55 percent) have children under the age of 18,⁷ and a 2003 study estimated that “one quarter of inmates in prisons had a child support case. Based on current prison populations, this suggests that approximately 400,000 inmates have a child support case.”⁸ Non-custodial parents are leaving prison with child support arrearages ranging from \$15,000 to \$30,000⁹ and are financially burdened before even re-entering society. These barriers prevent the ultimate purpose of child support from being fulfilled.

Not only do these child support debts create structural barriers, they influence the attitudes of individuals and limit opportunities for financial improvement. At the City of Lansing’s Office of Financial Empowerment in Michigan, parolees are encouraged to join a formal financial institution to decrease the cost of using alternative financial options, like check cashers and pay day lenders.¹⁰

¹ “OCSE Fact Sheet.” Office of Child Support Enforcement. August 2016.

² “Reentry Trends in the U.S.” *Bureau of Justice Statistics (BJS)*. September 2016.

³ Chettiar, Inimai M. “The Many Causes of America’s Decline in Crime,” *The Atlantic*, February 2015.

⁴ Robles, Frances, Shaila Dewan. “Skip Child Support. Go to Jail. Lose Job. Repeat.” *The New York Times*. April 2015.

⁵ Ibid.

⁶ Grall, Timothy. “Custodial Mothers and Fathers and Their Child Support: 2013,” *Current Populations Report at the United States Census Bureau*, January 2016

⁷ Turetsky, Vicki. “Staying in Jobs and Out of the Underground: Child Support Policies that Encourage Legitimate Work,” *Center for Law and Social Policy (CLASP)*, March 2017.

⁸ “Child Support and Incarceration” *National Conference of State Legislatures*. 2017.

⁹ “Reentry Myth Buster! On Child Support.” *Justice Center & Federal Interagency Reentry Council*. 2016.

¹⁰ Beard, Martha Perine. “In-Depth: Reaching the Unbanked and Underbanked” *Federal Reserve Bank of St. Louis*. 2010.

Despite efforts to increase access to formal financial systems, parolees are often fearful that garnishments from child support will be taken out of their bank accounts upon receiving any employment checks. These fears stem from personal experience or others around them who have had similar experiences. For these men, the fear of wage garnishment has led to poor credit scores, distrust of formal financial institutions, disadvantages on housing applications, increased participation in the informal economy,¹¹ and difficulty becoming financially stable.¹²

Child support debt is only one of the many barriers that formerly incarcerated men face; other barriers include stigma, spotty work history, substance abuse and mental health issues.¹³ Furthermore, there continue to be significant racial disparities in sentencing decisions in the United States. Sentences imposed on Black males in the federal system are nearly 20 percent longer than those imposed on white males convicted of similar crimes,¹⁴ demonstrating that the child support burden falls disproportionately on Black fathers.

Policy Precedent

As of January 21, 2017, the United States now classifies incarceration as “involuntary unemployment” for all 50 states. Prior to this, 14 states did not classify incarceration as “involuntary unemployment,” which meant that non-custodial parents were obligated to pay child support, in full, for their period of incarceration. By classifying incarceration as involuntary unemployment, incarcerated non-custodial parents can modify child support order to reflect a prisoner’s inability to pay.

From an economic perspective, some argue that the previous system of child support (before the January 2017 mandate) was working. According to the Wall Street Journal,

In 2013, 95% of the \$28 billion collected was distributed to custodial parents to help pay for the daily needs of their children and to reduce their need for government assistance. For such families living below the poverty line who receive child support, the income from collections averages 45% of their family income. These numbers make child-support enforcement arguably the most cost-effective antipoverty program, collecting more than \$5 for every \$1 of administrative cost.¹⁵

¹¹ Business Dictionary. “Informal Economy,” March 2017.

<http://www.businessdictionary.com/definition/informal-economy.html>

¹² Turetsky, Vicki. “Staying in Jobs and Out of the Underground: Child Support Policies that Encourage Legitimate Work,” *Center for Law and Social Policy (CLASP)*, March 2017.

¹³ Laird, Lorelei. “Ex-offenders face tens of thousands of legal restrictions, bias and limits on their rights,” *American Bar Association*, June 1 2013.

¹⁴ “Racial Disparities in Sentencing,” *American Civil Liberties Union Foundation (ACLU)*. October 2014.

¹⁵ Doar, Robert. “Making It Easier to Skip Paying Child Support,” *The Wall Street Journal*, March 2015.

While these statistics may frame past policy as cost-effective, it is also important to take into consideration that Eli Hager of The Marshall Project found that “only 6.8 percent of the \$112.5 billion owed in late child support payments in 2014 was paid—about a quarter of the total debt owed to the government as reimbursement for welfare.”¹⁶ While the payments that were received may have been put to good use, 93.7 percent of child support payments, totaling over \$104 billion, were not received by custodial parents in need.

Additionally, the previous policy increased the risk of unmet child support payments, leading to further incarceration for failure to pay, and trapping individuals in a cycle of debt and prison. Debtor’s prison is described by the American Civil Liberties Union as when “courts have ordered the arrest and jailing of people who fall behind on their payments, without affording any hearings to determine an individual’s ability to pay or offering alternatives to payment such as community service.”¹⁷ In fact, it would cost more to have someone incarcerated than the average amount owed to the state for unmet child support payments. “A 2010 administration survey found 51,000 federal prisoners had child support orders, with almost 29,000 of the prisoners behind on payments. The average amount owed was nearly \$24,000.”¹⁸ However, in 2010, the average taxpayer cost to house an inmate was \$31,286 per year.¹⁹

Finally, a drawback of the previous system is that it does not incentivize non-custodial parents to make payments, but instead further inhibits their ability to contribute to supporting the child. According to Jacquelyn Boggess, a poverty expert with the Center for Family and Practice, “Billing poor fathers doesn’t help poor mothers and kids become less poor. All it creates...is a highly-indebted individual.”²⁰ In addition to the lack of incentives for individuals to make payments, this policy option reinforces problematic narratives about criminality as implemented in the criminal justice system. Given the ongoing national prison strikes,²¹ additional pressure is being exerted to address poor conditions and inhumane treatment in prisons. However, without explicit support for reforms to the child support system—specifically for the formerly incarcerated—these critical efforts may be undermined.

New Legislation

A federal mandate enacted on January 19, 2017, requires that all states categorize incarceration of 180 days or more as “involuntary unemployment” for non-custodial parents, thus allowing individuals to suspend their child support while incarcerated. Additionally, states are given

¹⁶ Hager, Eli. “For Men in Prison, Child Support Becomes a Crushing Debt.” *The Marshall Project*. October 2015.

¹⁷ “Ending Modern-Day Debtors’ Prisons” *American Civil Liberties Union*. 2017.

¹⁸ Roscoe, Ayesha. “Obama plans to ease the legal obligations on prisoners to pay for child support.” *Reuters*. October 2016.

¹⁹ Santora, Marc. “City’s Annual Cost Per Inmate is \$168,000, Study Finds,” *The New York Times*, August 2013.

²⁰ Hager, Eli. “For Men in Prison, Child Support Becomes a Crushing Debt.” *The Marshall Project*. October 2015.

²¹ Sonenstein, Brian. “Resistance Continues as Historic Prison Strike Enters Fourth Week.” *Shadow Proof*. September 2016.

discretion over the policy's implementation to ensure it is enacted in ways that are deemed suitable for each state's respective systems and political climate. The changes read as follows:

Federal law requires states to review, and if appropriate, adjust support orders when either parent has experienced a substantial change in circumstances. The rule provides that a state may not exclude incarceration from consideration as a "substantial change in circumstances." In addition, after learning that a parent who owes support will be incarcerated for more than 180 calendar days, the state must either send a notice to both parents of their right to request a review and adjustment or automatically initiate a review and adjustment with notice to the parents. When modifying orders, states may consider an incarcerated parent's income and assets in setting the order amount.²²

While the recent policy changes have been a progressive step towards making our criminal justice system more restorative than punitive, the next steps lie in states choosing to adopt the offered automatic review and adjustment, as well as the implementation of a system that is accessible, convenient, and meets the needs of the population.

Policy Recommendation

At the federal level, upon a non-custodial parent's incarceration, agencies or judicial entities will be required to automatically and universally suspend child support orders to reflect inability to pay.

Currently, the modification of child support obligations for the incarcerated is not automatic in any state. Therefore, incarcerated non-custodial parents are responsible for initiating and completing the modification process. In the states where modification options exist, many prisoners are still unaware of their availability and, due to barriers to access and difficulty navigating bureaucratic red tape, often forgo them.

Because incarcerated parents are involuntarily confined, unlike the other groups of parents mentioned in the comments, their access to the internet or cell phones often is restricted due to security concerns. They may not have access to legal counsel or other community-based resources that could provide timely information. In many prisons, incarcerated parents do not know their rights to request review and adjustment of their orders and cannot easily contact the child support office.

²² "Final Rule Resources: Flexibility, Efficiency, and Modernization in Child Support Enforcement Programs" *Office of Child Support Enforcement*. January 2017.

Consequently, their opportunity to seek information and request a review in time to prevent the accumulation of unmanageable debts often is limited or non-existent.²³

Given these complexities, this transition to an automatic suspension of child support payments would be particularly difficult for the 14 states, and their respective Child Support Agencies, that have not had an involuntary unemployment classification prior to the mandate. These states are now required to create new administrative infrastructures to provide this additional support. Due to the recent changes, states have the option to provide automatic child support changes, but it is not a requirement due to potential administrative barriers.

Effectiveness

Child support is a system designed to promote parental responsibility for both of a child's guardians, regardless of familial structure. Under the existing policy framework, the presenting problem is that the burden of debt for formerly incarcerated, non-custodial parents prevents them from achieving the mission of child support. An automatic and universal suspension of child support liability for incarcerated parents would be highly effective in addressing these concerns because it would streamline the administrative process for those incarcerated and better communicate their inability to pay to government entities. Upon re-entry, these individuals are then also faced with one less barrier to establishing financial stability and have the opportunity to provide for their child(ren) more consistently. Not only does this policy increase the potential for a non-custodial parent to obtain a job, but "research shows that the two most important factors in a former prisoner's successful reentry into the community are employment and positive relationships with family."²⁴ This policy change alone does not address the many financial barriers that the formerly incarcerated face and would be most effective in conjunction with additional policy interventions that address the removal of further financial barriers. However, it is an important step in the process of providing the formerly incarcerated with access to economic mobility and a means to provide for their child(ren).

Political Feasibility

This policy has a high probability of being supported by Democrats in Congress, but may not be as strongly supported by Republicans. This is evidenced by past publicized positions of both parties on issues of, and related to, child support. Democrats are likely to support child support reform, since the Obama Administration discussed the development of a plan to reform child support which included similar provisions.²⁵ Republicans are unlikely to support this child support

²³ Centers for Medicare & Medicaid Services. Child and Families Administration. "Flexibility, Efficiency, and Modernization in Child Support Enforcement Programs" *Federal Register, The Daily Journal of the United States Government*. December 2016.

²⁴ Hager, Eli. "For Men in Prison, Child Support Becomes a Crushing Debt." *The Marshall Project*. October 2015.

²⁵ Roscoe, Ayesha. "Obama plans to ease the legal obligations on prisoners to pay for child support." *Reuters*. October 2016.

reform, however, because of dissatisfaction with the potential, initial loss in child support payments made and potential for custodial parents to use cash welfare to supplement this lost income.²⁶ Additionally, Republicans are concerned that this policy encourages negative behavior from non-custodial parents, allowing them to “get off the hook” and defer their parenting responsibilities,²⁷ a concern that may also resonate with custodial parents dependent upon child support income.

Economic Efficiency

The positive economic impact of the policy proposal can be demonstrated through two research studies done in Wisconsin and Colorado. Case workers and correctional staff participating in The Milwaukee Prison Project made efforts to identify non-custodial parents with child support obligations and took the necessary administrative steps in order to suspend obligations. Prisoners with child support obligations were randomly divided into two groups: a control group and a treatment group, where the treatment was staff interventions to modify child support orders. According to researchers, though findings were mixed, overall there is “suggestive evidence that the Milwaukee Prison Project improved the child support outcomes of interest identified in this study, though [they] found no discernible effect on employment outcomes.”²⁸ This example suggests that, even in a state where there was previously the option to modify child support payments due to incarceration, the implementation of such a policy proved to be challenging without further intervention.

The Colorado Compromise and Cooperation Project was an effort to work with noncustodial parents, who owed child support debt. The initiative worked to increase payments made, specifically through situations where child support technicians were in a position to negotiate payments for state-owed arrears.²⁹ This research produced the following results:

Ultimately, [Noncustodial Parents] in the experimental group paid \$212,321 in child support during the twelve months following project enrollment and realized approximately \$3 million in arrears forgiveness. Although debt compromise programs are not “money-makers” for child support agencies, they do generate some child support revenue that would likely not otherwise be realized.³⁰

²⁶ Boteach, Melissa. Rebecca Vallas. “3 Facts You Need to Know About the Obama Administration’s Proposed Child Support Rule,” *American Progress*, June 2015.

²⁷ Ibid.

²⁸ Noyes J. L., Cancian M., Cuesta L. “Holding child support orders of incarcerated payers in abeyance: Final evaluation report.” *Madison, WI: Institute for Research on Poverty*. 2012.

²⁹ Davis, Lanae. Nancy Thoennes. Jessica Pearson. “Colorado Compromise and Cooperation: Project Evaluation Final Report” *Center for Policy Research*, September 2012.

³⁰ Ibid.

While this policy option is not one that will generate a significant increase in revenue, it will incur long-term cost savings by allowing non-custodial parents to make payments they otherwise may not have made, and work to prevent future incarceration due to unpaid child support. The cycle of the debtor's prison is such that when non-custodial parents are burdened with high levels of child support debt, they are at a higher risk for being incarcerated again due to unmet child support payments.³¹ This is especially important when considering that child support is a debt that cannot be dismissed through bankruptcy.

There are many benefits to an automatic payment suspension for incarcerated parents, including the disruption of the debtor's prison cycle and reductions in barriers to employment after incarceration. Non-custodial parents can also participate more in the lives of their children by spending less time working off debt. Cynthia Osbourne, director of the Child and Family Research Partnership explains that "We often know that if [incarcerated non-custodial parents] are not able to pay their child support formally, that they're less likely to be able to contribute informally. They're going to stay away from the child; they're going to be less involved."³² With non-custodial parents owing \$113 billion in child support debt nation-wide,³³ this policy option would reduce that debt and allow non-custodial parents a greater opportunity to reach financial stability and contribute positively to their child's life.

Ethical Implications

The formerly incarcerated are a vulnerable population due to several financial barriers placed upon them when re-entering society, therefore making everyday tasks difficult to fulfill. They should not face additional punishment for the duration of both the sentence served and upon release. These barriers punish non-custodial parents that are doing their best to provide for their children. This policy is ethical because it ends the double punishment of formerly incarcerated parents.

This policy proposal also addresses a major concern with racial disparities in debt accumulation.

The Marshall Project interviewed nearly three dozen noncustodial parents in 10 states; they all left prison owing between \$10,000 and \$110,000 in child support. Mostly fathers who are disproportionately black and poor, these parents faced prosecution for not repaying the debt, even after their children were grown. And what they were able to pay did not necessarily go to their children or the mother. The state often kept their money as repayment for welfare, child care or Medicaid benefits that had been provided to the family while the dad was locked up.³⁴

³¹ Clarke, Matthew. "Poor Parents Fail to Pay Child Support, Go to Jail," *Prison Legal News*, September 2016.

³² Pao, Maureen. "How America's Child Support System Failed to Keep Up with the Times," *NPR*, November 2015.

³³ Ibid.

³⁴ Hager, Eli. "For Men in Prison, Child Support Becomes a Crushing Debt." *The Marshall Project*. October 2015.

A study done by Holzer, Offner, and Sorensen in 2015 also determined that “previous incarceration and child support enforcement can account for half or more of the decline in employment activity among Black men aged 25–34.”³⁵ By creating fewer barriers to modification of the child support system and allowing non-custodial parents to accrue less debt when they are unable to make payments, this policy ensures that more money can go directly to children in a timely fashion.

Conclusion

Child support debt accumulated during incarceration is a systematic barrier that unjustly prevents the formerly incarcerated from positively contributing to the lives of their children, investment in themselves, and the greater society. The policy precedent presents an infrastructure for child support debt where 14 states did not recognize incarceration as “involuntary unemployment” to accommodate child support modifications. New federal legislation now ensures that incarceration is recognized as “involuntary unemployment” in all 50 states, however, individual states are given the discretion to determine the details of implementation. As of yet, individual states have not made this process automatic, nor is it always convenient to use. As a result of policy analysis based on effectiveness, economic efficiency, and ethical implications, of the current policy, it is recommended that a federal mandate is instituted for all 50 states that automatically classifies incarcerated individuals as unable to pay child support for their period of incarceration.

³⁵ Holzer, Harry J., Paul Offner, Elaine Sorensen. “Declining employment among young black less-educated men: The role of incarceration and child support.” *Journal of Policy Analysis and Management*. March 2005.

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Sanitation Access As a Predictor of Child and Maternal Mortality

Matthew Hudson-Flege

Abstract

Universal access to improved sanitation facilities is a human right guaranteed in the UN Sustainable Development Goals, as well as several international declarations, including Article 12 of the International Covenant on Economic, Social, and Cultural Rights and the UN Committee on Economic, Social, and Cultural Rights' General Comment 14. However, approximately 2.4 billion people worldwide still lack access to adequate and equitable sanitation facilities. There is a growing body of literature demonstrating an association between sanitation access and the important health outcomes of child and maternal mortality. However, current literature does not examine the relationship between increased sanitation access and changes in national child and maternal mortality rates over time while controlling for GDP growth. The present study addresses this gap using regression analysis. The study finds that increased access to sanitation facilities significantly predicted reductions in child and maternal mortality from 1995 to 2014 when controlling for GDP growth. Further increases in access to sanitation facilities therefore appear essential in supporting improved health outcomes around the world.

Introduction

When considering health as a human right, individuals in developed countries typically think about heated policy debates over the role of government in providing healthcare. However, for billions of people in underdeveloped nations, a more pressing health equity issue is the lack of access to an improved sanitation facility, or in other words, a safe and sanitary place to go to the bathroom. Approximately 2.4 billion people throughout the world lack access to adequate sanitation (United Nations 2015), and this lack of sanitation access has a profound impact on health. This study used World Development Indicators data from 1995 and 2014 to determine if increases in sanitation access significantly predicted reductions in national child and maternal mortality rates over the past two decades.

Literature Review

Health is established as a human right in the United Nations' (UN) Universal Declaration of Human Rights, which guarantees the right to life, and states that "everyone has the right to a standard of living adequate for the health well-being," (UN 1948, 7). Article 12 of the International Covenant on Economic, Social, and Cultural Rights states that all humans have the right to the "highest attainable standard of physical and mental health," and that one of the ways state parties to the Convention must ensure this attainment is through the "improvement of all aspects of environmental and industrial hygiene," (UN 1966, 4). More recently, the UN Committee on Economic, Social, and Cultural Rights' General Comment 14 stated that the human right to health specifically includes states' responsibility to "promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation," (UN 2000, 2).

As a result of the evolving international consensus that it is incumbent upon states to promote conditions supportive of health and well-being, sanitation access was included in the 1990 UN Millennium Development Goals. Goal 7.c aimed to "halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation," (UN 2015, 58). Unfortunately, while the accompanying goal for safe drinking water was actually reached five years ahead of schedule, the sanitation access goal was not met. In 2015, only 68% of the global population had access to an improved sanitation facility. Sanitation access was therefore included in the new UN Sustainable Development Goals in Goal 6.2, which calls for universal access to adequate and equitable sanitation by 2030 (UN 2015).

A growing body of literature suggests that access to improved sanitation facilities has a positive impact on child and maternal health, which are widely viewed as indicators of a country's overall health status. In a meta-analysis of 14 local and regional studies, Benova, Cumming, and Campbell (2014) found that poor sanitation access was associated with higher maternal mortality. In a study of households in Bangladesh, Halder and Kabir (2008) found that access to improved

sanitation facilities was significantly associated with national inequalities in child mortality rates. A review of data from 31 Sub-Saharan African nations found that higher rates of access to improved sanitation were associated with lower childhood mortality rates (Shandra, Shandra, and London 2011).

Child and maternal mortality reductions were both included in the Millennium Development Goals, and although the specific goals were not met, substantial progress has been made in each area. The global under-five mortality rate dropped from 90 to 43 deaths per 1,000 live births, and the average maternal mortality ratio dropped from 380 to 210 deaths per 100,000 live births over the past 25 years (UN 2015). Much of the improvement, however, occurred in Asian nations which underwent extensive economic growth during this same time period, while child and maternal death rates remain high above global averages in Sub-Saharan Africa. This disparity raises the important question of whether reductions in child and maternal mortality occur due to specific health interventions, such as increased access to improved sanitation facilities, or are simply byproducts of economic growth and prosperity.

One study which addressed this question on a more localized scale was Watson's (2006) analysis of the impact of widespread sanitation projects implemented in Indian Reservations by the United States' government in the 1960s. While overall economic, education, and health disparities persisted between Native American and white communities in subsequent decades, the infant mortality rate in Native American communities dropped dramatically and converged with the infant mortality rate of white communities, suggesting that increased access to improved sanitation may impact some health outcomes regardless of overall economic development. There are no similar analyses applied to a broader scale, examining the relationship between increased sanitation access and changes in national child and maternal mortality rates over time while controlling for GDP growth.

Study Question

The present study thus sought to extend the literature on the relationship between sanitation access and mortality by addressing the following research question: Did increased national access to improved sanitation facilities significantly predict reductions in child and maternal mortality between 1995 and 2014 when controlling for national GDP growth?

Methodology

Data

Data for the present study came from the World Bank's World Development Indicators database (World Bank 2016). A custom report was created consisting of data for 217 countries from 1995 and 2014, the most recent year with complete data, in order to examine changes over a 20-year interval. Variables included in the report included GDP per capita, sanitation access rates, and child

and maternal mortality. The data were uploaded onto SPSS software for analysis. The dataset was reviewed for missing values, and countries with missing data were removed from the sample. Removed nations were typically either microstates or nations faced with chronic conflict and instability. The final sample consisted of 156 nations.

Measures

Sanitation Access was recorded as the percentage of the population using improved sanitation facilities including a flush/pour flush toilet, ventilated improved pit latrine, pit latrine with slab, or composting toilet. A Sanitation Access Growth variable was created to measure the percentage increase in sanitation access between 1995 and 2014.

GDP per capita is the nation's Gross Domestic Product divided by the midyear national population, and is widely viewed as a key indicator of economic development. Data were recorded in current United States Dollars. A GDP Growth variable was created to measure the percentage increase in GDP per capita between 1995 and 2014.

Child Mortality was measured using the under-five mortality rate, which is the probability per 1,000 that a newborn baby will die before reaching age five. A Child Mortality Reduction variable was created to measure the net reduction in child mortality rates between 1995 and 2014.

Maternal Mortality was measured using the World Development Indicators' modeled estimate of the number of women who die from pregnancy-related causes per 100,000 live births. A Maternal Mortality Reduction variable was created to measure the net reduction in maternal mortality rates between 1995 and 2014.

Empirical Strategy

Two multiple regression models were run using Child Mortality Reduction and Maternal Mortality Reduction as outcome variables, Sanitation Access Growth as the predictor, and GDP Growth as a covariate.

Results

Table 1 illustrates the means and standard deviations of GDP per capita, Sanitation Access, Child Mortality, and Maternal Mortality in 1995 and 2014. Mean GDP Growth from 1995 to 2014 was 281% ($SD = 514\%$), and mean Sanitation Access Growth was 32% ($SD = 80\%$). Mean Child Mortality Reduction was -35 ($SD = 40$), and mean Maternal Mortality Reduction was -131 ($SD = 219$).

Table 1: Means and Standard Deviations of Indicators in 1995 and 2014

	1995 <i>M (SD)</i>	2014 <i>M (SD)</i>
GDP per capita (current US\$)	\$6,309 (\$10,461)	\$14,426 (\$21,034)
Sanitation Access (% of population with access)	65% (33%)	73% (29%)
Child Mortality (deaths per 1,000 live births)	69 (68)	34 (34)
Maternal Mortality (modeled estimate of deaths per 100,000 live births)	303 (426)	173 (239)

Notes: N = 156 countries

Sanitation Access Growth and GDP Growth significantly predicted Child Mortality Reduction in a regression model, accounting for 15.3% of variance, $F(2, 154) = 15.12, p < .001$. Regression coefficients for the model are illustrated in Table 2.

Table 2: Child Mortality Reduction Regression Model Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
	β	Std. Error	β	t	Sig.
Sanitation Access Growth	-.19	.04	-.38	-5.13	.000
GDP Growth	-.01	.01	-.15	-2.04	.043

Notes: Unstandardized Beta Coefficients reflect the change in the outcome variable based on a one-unit change in the predictor variable. Thus, a one percent increase in Sanitation Access Growth was associated with a reduction of 0.19 child deaths / 1,000, and a one percent increase in GDP was associated with a reduction of 0.01 child deaths per 1,000. Standardized Coefficients allow for a comparison between the relative strength of each predictor by presenting Beta Coefficients for standardized versions of the variables. The larger absolute value of the Beta Coefficient for Sanitation Access Growth indicates it is a stronger predictor of Child Mortality Reduction than GDP Growth. Significance levels of $< .05$ indicate that both predictors are statistically significant.

Sanitation Access Growth and GDP Growth also significantly predicted Maternal Mortality Reduction in a regression model, accounting for 22.5% of variance, $F(2, 154) = 23.62, p < .001$. Regression coefficients for the model are illustrated in Table 3.

Table 3: Maternal Mortality Reduction Regression Model Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
	β	Std. Error	β	t	Sig.
Sanitation Access Growth	-1.12	.19	-.41	-5.80	.000
GDP Growth	-.11	.03	-.27	-3.76	.000

Notes: Unstandardized Beta Coefficients reflect the change in the outcome variable based on a one-unit change in the predictor variable. Thus, a one percent increase in Sanitation Access Growth was associated with a reduction of 1.12 maternal deaths / 100,000 live births, and a one percent increase in GDP was associated with a reduction of 0.11 maternal deaths / 100,000 live births. Standardized Coefficients allow for a comparison between the relative strength of each predictor by presenting Beta Coefficients for standardized versions of the variables. The larger absolute value of the Beta Coefficient for Sanitation Access Growth indicates it is a stronger predictor of Maternal Mortality Reduction than GDP Growth. Significance levels of < .05 indicate that both predictors are statistically significant.

Discussion

Results indicated that increases in sanitation access significantly predicted reductions in child and maternal mortality, even when controlling for GDP growth, and that the growth of sanitation access was a stronger predictor of reductions in child and maternal mortality than GDP growth. These findings reinforce the importance of increasing sanitation access in order to ensure the necessary conditions for health, and indicate that increased sanitation access may improve health equity even in nations with limited economic development.

A comparison of two Sub-Saharan African nations, Rwanda and Burkina Faso, provides an illustrative example. The two countries have similar population sizes and GDP per capita, but Rwanda experienced faster growth in sanitation access than any other Sub-Saharan African country in recent decades due to improved latrine construction accompanying post-war housing developments (Jain 2011). As indicated in Table 4, Rwanda had a higher sanitation access rate than Burkina Faso in 2014 and, as expected given the findings of this study, lower child and maternal mortality rates.

Table 4: 2014 Comparison Between Rwanda and Burkina Faso

	GDP per capita	Sanitation Access	Child Mortality	Maternal Mortality
Rwanda	\$698	61%	44 / 1,000	304 / 100,000
Burkina Faso	\$713	19%	92 / 1,000	379 / 100,000

To be clear, Rwanda and Burkina Faso have numerous differences in governance, development, and culture which also likely contribute to the discrepancy in child and maternal mortality. Additionally, while Rwanda has lower child and maternal mortality rates than Burkina Faso and many other Sub-Saharan African countries, its mortality rates are still far higher than those of developed nations. Improved sanitation access is therefore not a “silver bullet” which can eliminate child and maternal mortality on its own in lieu of other critical elements of development such as access to healthcare and improved nutrition. However, the comparison between Rwanda and Burkina Faso helps illustrate the broader findings of the present study. Since sanitation access is a significant predictor of child and maternal mortality even when controlling for GDP growth, improved sanitation access appears to be foundational to improved health outcomes, and increasing sanitation access may have the potential to positively impact health outcomes even in very poor countries.

Meeting the Sustainable Development Goal of universal access to adequate sanitation is critical to promoting health equity, but there are a few key challenges that must be overcome. First, as evidenced by the lack of progress in sanitation access compared to other Millennium Development Goals, the issue of sanitation access needs more attention at all levels, from multinational governing bodies to local governments and from international NGOs to grassroots organizations. Second, as indicated by the example of Rwanda, regulatory agencies may wish to consider making adequate sanitation a requirement of new housing developments. Third, funders should prioritize the development of sustainable, cost-effective and culturally appropriate sanitation technologies, such as those reviewed by Katukiza et al. (2012), as well as explore innovative models for funding such solutions (O’Keefe et al. 2015).

Limitations

Findings of this study should be considered in light of its limitations. First, the removal of 61 countries due to missing data within the World Development Indicators database limits the ability to apply findings to all nations. Second, given the important role of other aspects of development, such as healthcare and nutrition, in reducing child and maternal mortality, the inclusion of additional indicators, such as vaccination rates or physicians per capita, could have improved the model. However, because the inclusion of any additional indicators would have led to the removal of dozens of developing countries from the sample due to missing data, the simpler approach appeared to be the best model to test the present study question. Nonetheless, the inclusion of data from 156 diverse nations over a 20-year interval allows the present study to make an important contribution to the literature on the relationship between sanitation access and health outcomes.

Conclusion

Health is a human right guaranteed by international declarations and conventions, and there is a growing consensus that sanitation access is central to this right. This study adds to the body of

literature illustrating that increasing access to improved sanitation facilities can support reductions in child and maternal mortality, even when controlling for GDP growth. Policies in support of Sustainable Development Goal 6.2, which calls for universal access to adequate and equitable sanitation, will be essential to comprehensive development and healthcare efforts ensuring the right to health for all.

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The Impact of Closing Community Mental Health Clinics on Crime in Chicago Neighborhoods

Rachel Baccile

Abstract

This research aims to estimate the effect of closing six community mental health clinics in Chicago, on crime rates. At the time of the closures, city stakeholders were concerned that, without access to treatment, individuals with mental illness would encounter the criminal justice system more frequently. Data is not available to test the hypothesis that there would be more mentally ill individuals arrested or in jail, but one can examine the effect on crime in the neighborhoods where clinics were closed. Time series regression was used to estimate the effect of clinic closures on changes in crime rates for wards affected by the mental health clinic closures. I find that the closures had a small, positive association with crime rates initially, which then disappeared in later months. Subtypes of crime (violent, property, and disorder crimes) were also examined, and effects varied by crime type. The analysis suffers from issues common in time series analysis, including heteroskedasticity, autocorrelation, and contemporaneous correlation. Due to limited data availability at the ward level, these problems were addressed in a limited capacity. Subsequent research should aim to obtain more data at the city ward level to examine this relationship more thoroughly.

I. Introduction

In April 2012, the City of Chicago closed six of the city's 12 community mental health clinics in order to save an estimated \$2 million. These 12 clinic closures included the only two bilingual mental health clinics in the city. The closures left hundreds of city employees out of work, and over 5,000 patients without care (Fecile 2012), as many patients at these clinics could not manage the increased time and cost burden of traveling to a different clinic or afford private care. At the time of the closures, many stakeholders expressed concern over the potential, negative-impacts on clinic workers and their patients. One of their greatest concerns was the anticipated increase in crime. Cook County Sheriff, Tom Dart, had described the Cook County Jail as the state's largest mental health provider, and he anticipated the clinic closures would make conditions worse inside the jail: "It will definitely have a negative impact on jail populations. It will have direct consequences for us in my general jail population and some of the problems I have here, because a lot of the people with these issues act out more, as you would expect" (O'Shea 2012).

Because data on the mental health status of those involved in the criminal justice system is not publically available, one cannot test Dart's hypothesis directly. This research instead examines the changes in crime rates, in wards served by, now-closed, community mental health clinics. This measure can be used as a proxy for determining the relationship between criminal justice involvement and mental illness. If crime increases in wards following a mental health clinic closure, then one reasonable explanation is that, as Sheriff Dart suggested, the mentally ill that formerly utilized that clinic "act out more" and commit more crimes. Or alternatively, that behavior previously mitigated by professional mental health care is now instead being dealt with by the police. Using time series regression and controlling for ward level trends, this research estimates the effect of a city-ward experiencing a mental health clinic closure on changes in that ward's incidence/rate of crime. Three subtypes of crime were also examined: violent crime, property crime, and "disorder" crime, such as drugs, prostitution, loitering, resisting arrest, etc.

II. Data

I obtained my data from two sources: The City of Chicago and *The Chicago Tribune's* compilation of United States Census data. Data for each crime committed in Chicago was obtained from the City of Chicago's open data portal.³⁶ Data is available from January 1, 2001 to September 17, 2016, but this study focuses on data from January 1, 2007 to December 21, 2014. Chicago's ward boundaries changed effective January 1, 2015, preventing analysis beyond that date. Crime data was already coded using the Illinois Unified Crime Reporting Codes.³⁷ I used these codes to construct

³⁶ Available at: <https://data.cityofchicago.org/Public-Safety/Crimes-2001-to-present/ijzp-q8t2>

³⁷ Available at:

<https://data.cityofchicago.org/Public-Safety/Chicago-Police-Department-Illinois-Uniform-Crime-R/c7ck-438e/data>

three types of crime indicators: violent crimes,³⁸ property crimes (theft, burglary, criminal damage, etc.), and disorder crimes (prostitution, drugs, loitering, public indecency, etc.).

Select socioeconomic characteristics of community areas were also obtained from the City of Chicago's open data portal.³⁹ Census data, at the tract level, for 2008-2012 and the American Community Survey's 5-year estimates of demographic data (tables B01001, B15002, B17017, B19301, B19313, B23001, and B25014) were assigned to their respective regions using GIS software in order to compare neighborhood characteristics. The ward-level statistics were calculated using the mean of the community area statistics included in each ward.

Demographic characteristics were also obtained from *The Chicago Tribune*. In advance of new ward boundaries being drawn, *The Chicago Tribune* conducted analysis on Chicago wards' changing demographics, and published 2000 and 2010 Census data assigned to wards. The method used to aggregate this data included allocating census blocks to wards based on the location of each block's centroid (geographical center-point) using GIS software. Census data is not available at the ward or community area⁴⁰ level directly from the Census and requires this "assignment" of tracts to wards (typically requiring GIS software), so I relied on estimates from the City and *The Chicago Tribune's* analysis.

The dates on which these mental health clinics were closed, and addresses of both closed and open clinics were obtained from various news reports, including "With Mental Health Clinic Closures Imminent, Protesters Take To The Streets (Fecile 2012)" and "Mental health clinic closures begin Monday (Kunichoff 2012)."

III. Methods

a. Descriptive Data Analysis

I began by examining descriptive differences of clinics pre-closure, comparing wards that had never had a mental health clinic ("never had" wards), those that had a mental health clinic close in 2012 ("closure" wards), and those that had a mental health clinic remain open after 2012 ("open" wards). I compared the means of available demographic and socioeconomic indicators as well as the average baseline crime rates across wards.

³⁸ This analysis uses more expansive definition than the Federal Bureau of Investigation's Uniform Crime Reporting definition for violent crime. While the FBI definition only includes murder and nonnegligent manslaughter, rape, robbery, and aggravated assault, this analysis also includes non-aggravated assaults, battery, and sexual assault.

³⁹ Available at:

<https://data.cityofchicago.org/Health-Human-Services/Census-Data-Selected-socioeconomic-indicators-in-C/kn9c-c2s2/data>

⁴⁰ Chicago is divided into 77 community areas that roughly correspond to neighborhoods. These areas were developed in 1920 to serve as consistent boundaries to compare characteristics across time.

I then displayed trends in crime visually using both time series graphs and choropleth maps. The time series graphs plot time in months from January 2007 to December 2014 on the horizontal axis, and crimes per 1,000 individuals on the vertical axis. The choropleth maps display the concentration of crimes per 1,000 individuals by ward, using differing shades, with darker colors symbolizing higher concentrations of crime.

b. Time Series Regression Analysis

I used a time series regression to model the relationship between clinic closures and reported rates of crime. I first used a simple model with crime per 1,000 individuals as my dependent variable and a binary indicator for clinic closures in that time period as my independent variable. I then added covariates to control for ward demographics, socioeconomic characteristics and Chicago's overall crime trends. I conducted a series of post-estimation analysis to assess this model's fit.

Factoring in the results of these tests, I then refined my model to include change in crime per 1,000 individuals as my dependent variable. I use the same clinic closure indicator as my independent variable, and include the one month lagged change (the change in crime in the previous month) of the clinic closure indicator variable, and controls for demographic and socioeconomic characteristics. I clustered the standard errors at the ward level. I also estimate a model with ward fixed effects.⁴¹ The results of these models and the results of post-estimation analyses are reported in the results section.

IV. Results

a. Descriptive Results

Table 1 describes the baseline differences between “never had” wards and wards that ever had a mental health clinic, with select characteristics, before clinic closures in April 2012. While there were no statistically significant differences between “ever had” and “never had” wards, there were several differences that are large in magnitude. “Ever had” wards had higher rates of poverty and unemployment, higher proportions of black residents, and greater instances of crime of all types, compared to wards that never had a mental health clinic, as well as lower per capita income. These differences indicate that wards with more vulnerable populations were more likely to have a community mental health clinic. The per capita income of “ever had” wards was \$4,000 lower than “never had” wards, indicating residents may have also been less likely to afford private care and more likely to utilize community provided mental health care as a result.

⁴¹ A fixed effects model accounts for the non-random relationship between explanatory variables in each time period.

Table 1: Selected Pre-Closure Characteristics of Never Had and Ever Had Wards, January 2007–April 2012

	Ever had MHC	Never had MHC	Difference	P-value of Difference
% Poverty	23.048	21.483	1.565	0.576
% Unemployed	16.605	14.257	2.347	0.294
Per Capita Income	\$23,133.350	\$27,367.732	\$-4,234.382	0.413
% Without HS Diploma	19.957	21.238	-1.281	0.732
Hardship Score 0-100	50.617	48.392	2.225	0.802
2010 Population	51,541.364	54,580.590	-3,039.226	0.182
% White 2010	0.277	0.302	-0.025	0.795
% Black 2010	0.439	0.327	0.112	0.373
% Hispanic 2010	0.201	0.308	-0.106	0.234
Crime per 1000	13.641	11.688	1.953	0.398
Violent crime per 1000	3.613	2.927	0.686	0.352
Prop crime per 1000	5.982	5.632	0.351	0.668
Disorder crime per 1000	2.208	1.589	0.619	0.306
Observations	50			

*** p<0.001, ** p<0.01, * p<0.05, ~ p<0.1

Table 2 describes the baseline differences between “closure wards” and “open wards”. While none of these differences are statistically significant, there are still notable differences between “closure” and “open” wards. Wards that experienced a mental health clinic closure had lower income per capita, greater proportions of black residents, and higher rates of property crime and crime overall, but higher rates of violent and disorder crime. Data on the number of patients served, or the proportion of the population in need of mental health services is not available, so we cannot determine if closures took place in wards with more or less need for mental health services. However, these tables indicate that clinics were closed in more socioeconomically disadvantaged wards, where it would be most difficult for residents to afford private care or where access to other community clinics was limited.

I then examined trends in crime overall and the crime subsets, using both time series graphs and maps depicting the distribution and concentration of crimes before and after the clinic closures. The map and time series line for crimes overall is presented subsequently, with the figures for violent, property, and disorder crimes found in the appendix.

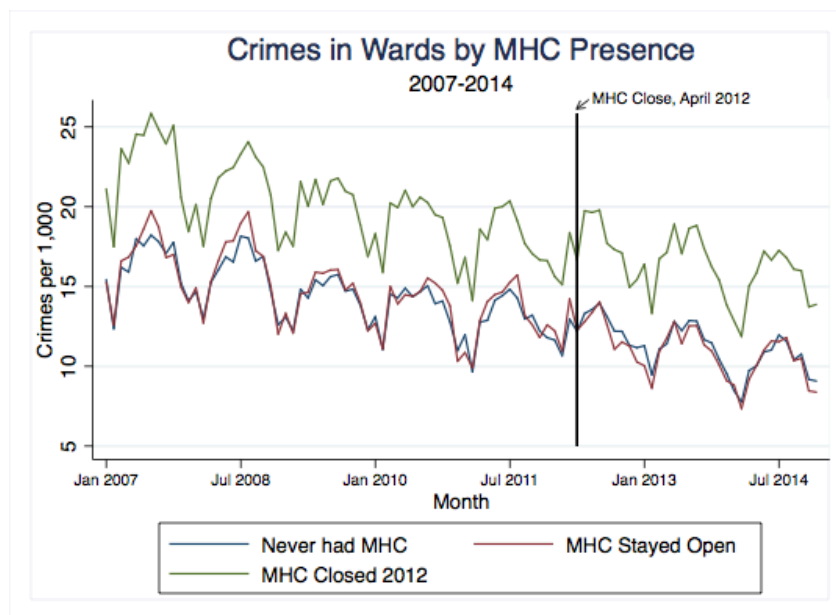
As seen in Figure 1, crime in Chicago is cyclical, with spikes in the summer months and dips in the winter months. Wards with an open clinic and wards that never had a clinic follow very similar time trends; the trend in wards with clinic closures is similar, but higher in magnitude. Trends in violent crime closely mirrored overall crime trends (Figure 2).

Table 2: Selected Pre-Closure Characteristics of Open and Closure Wards, January 2007–April 2012.

	MHC closed	MHC did not close	Difference	P-value of Difference
% Poverty	23.094	23.010	0.084	0.990
% Unemployed	17.167	16.136	1.032	0.835
Per Capita Income	\$21,682.919	\$24,342.043	\$2,659.124	0.636
% Without HS Diploma	21.000	19.088	1.912	0.664
Hardship Score 0-100	53.349	48.340	5.009	0.741
2010 Population	51,091.600	51,916.167	-824.567	0.785
% White 2010	0.220	0.325	-0.106	0.492
% Black 2010	0.506	0.383	0.123	0.629
% Hispanic 2010	0.203	0.200	0.002	0.982
Crime per 1000	14.302	13.090	1.213	0.827
Violent crime per 1000	3.754	3.495	0.259	0.885
Property crime per 1000	5.763	6.165	-0.403	0.807
Disorder crime per 1000	2.863	1.662	1.201	0.472
Observations	11			

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, ~ $p < 0.1$

Figure 1: Overall Crime Trends



While there are clear differences in the rate of violent crimes committed by clinic closure status—as seen in Figure 2—Figure 3 shows a much narrower gap in rates of property crime between never had, open, and closure wards. Though smaller in magnitude, wards that experienced clinic closures still had slightly higher incidences of property crime than those that did not. All wards experienced similar seasonal fluctuations in property crime, violent crime, and crime overall.

Figure 2: Violent Crime Time Trends

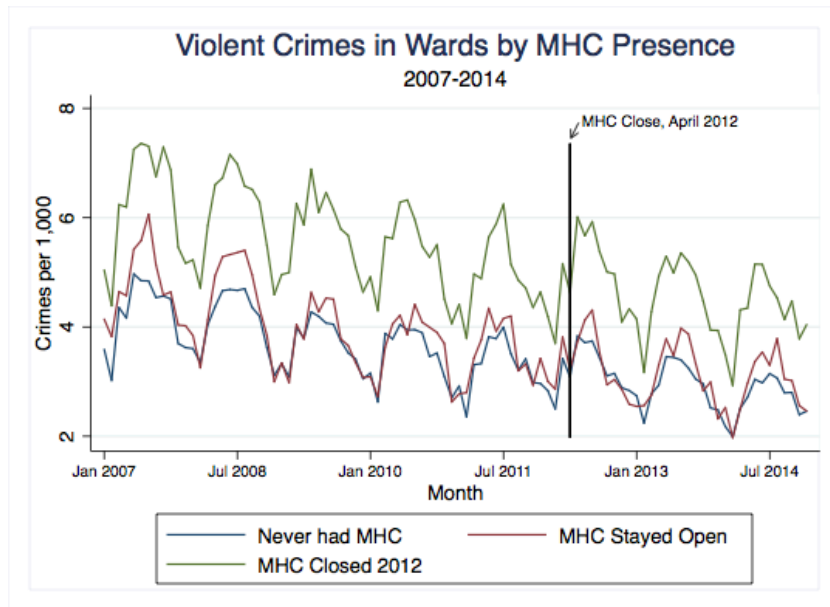
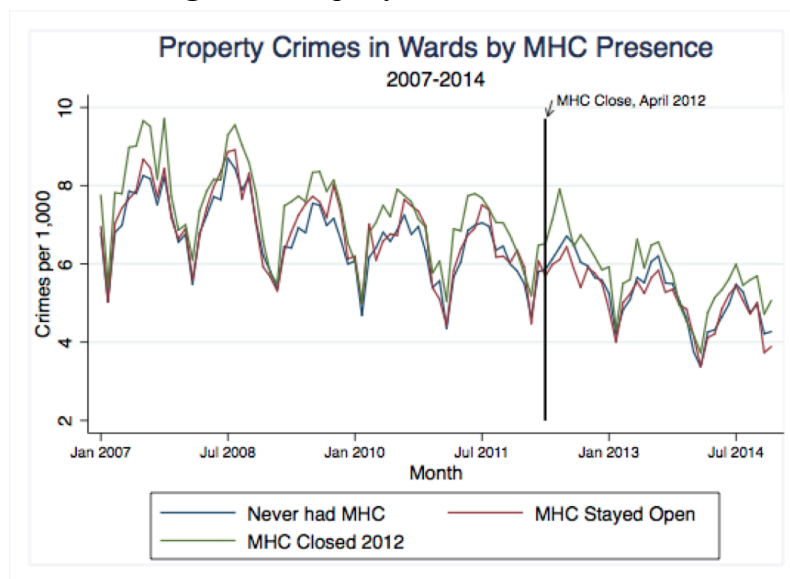
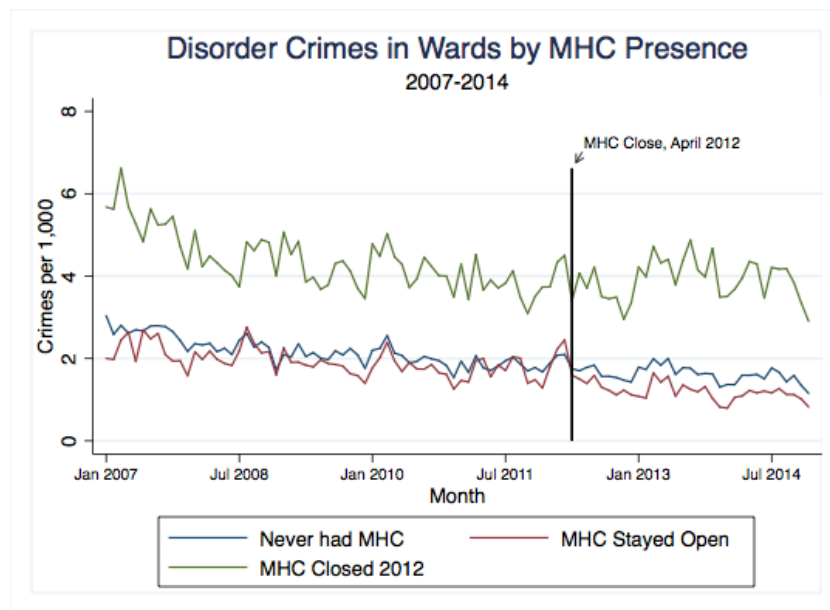


Figure 3: Property Crime Time Trends



This seasonal fluctuation is not seen as dramatically in disorder crimes (Figure 4). There seem to be more frequent, but smaller, shifts month-to-month. As in crime overall and violent crime, closure wards have much higher disorder crimes than open and never had wards. Additionally, disorder crimes in closure wards appear to become more variable after the closures.

Figure 4: Disorder Crime Time Trends



Comparing trends across all graphs, there appears to be a slight downward trend in crime overall, as well as in each of the subsets of crime. But, it is not clear whether or not there is a difference before and after mental health clinic closures, or whether decreasing trends in crime vary by ward, and whether or not that ward may have experienced a closure. Given the differing demographics of each ward, it is not possible to draw conclusions about the impact of mental health clinic closures on crime based on these graphs alone.

This downward trend in overall crime rates is supported with maps of crime distribution and concentration. The maps were created by plotting each crime's coordinates and aggregating at the ward level, using shapefiles retrieved from the City of Chicago's open data portal. As seen in Figures 5, 6, 7, and 8, the ranges of crime incidence (minimum and maximum) for all categories have shifted downward, indicating fewer crimes being committed. However, it is clear there is also a spatial component to crime trends. Crime is concentrated in the south and west sides of Chicago, and appears to have increased in some of the wards in these regions. Trends are similar across crime subtypes. It is difficult to determine differential changes based on wards experiencing a closure on

these maps, but they do illustrate the necessity of factoring in spatial crime trends in regression analyses to properly fit the model.

Figure 5: Crime Concentration and Distribution by Ward, Pre and Post MHC Closures

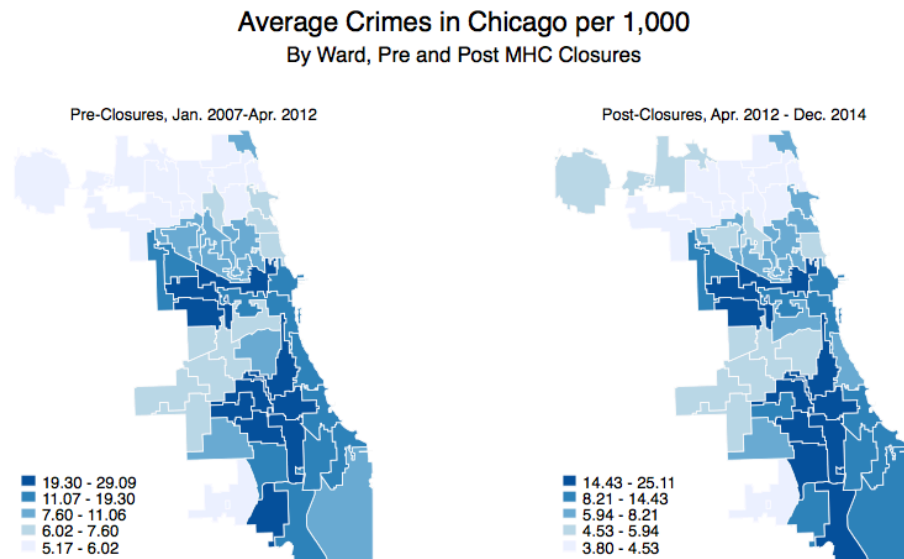


Figure 6: Violent Crime Concentration and Distribution by Ward, Pre and Post MHC Closures

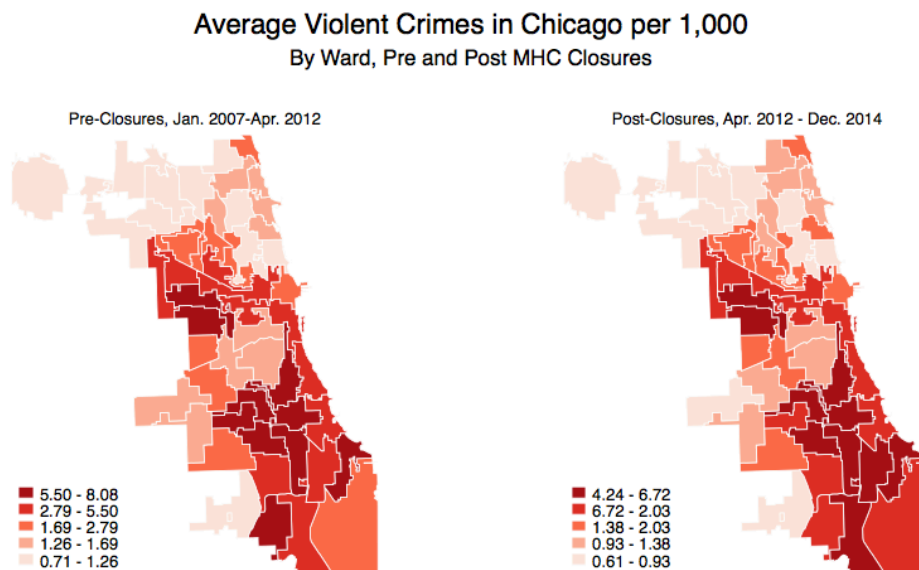


Figure 7: Property Crime Concentration and Distribution by Ward, Pre and Post MHC Closures

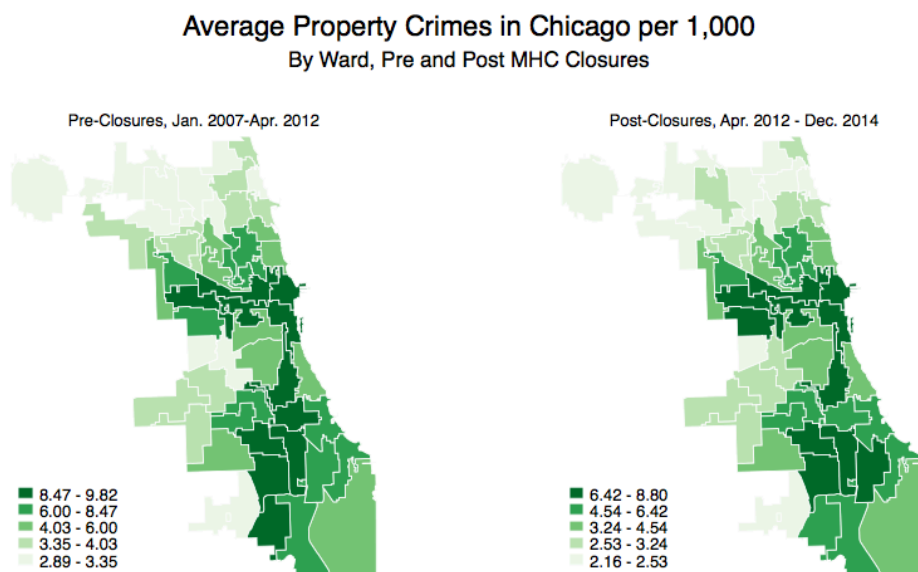
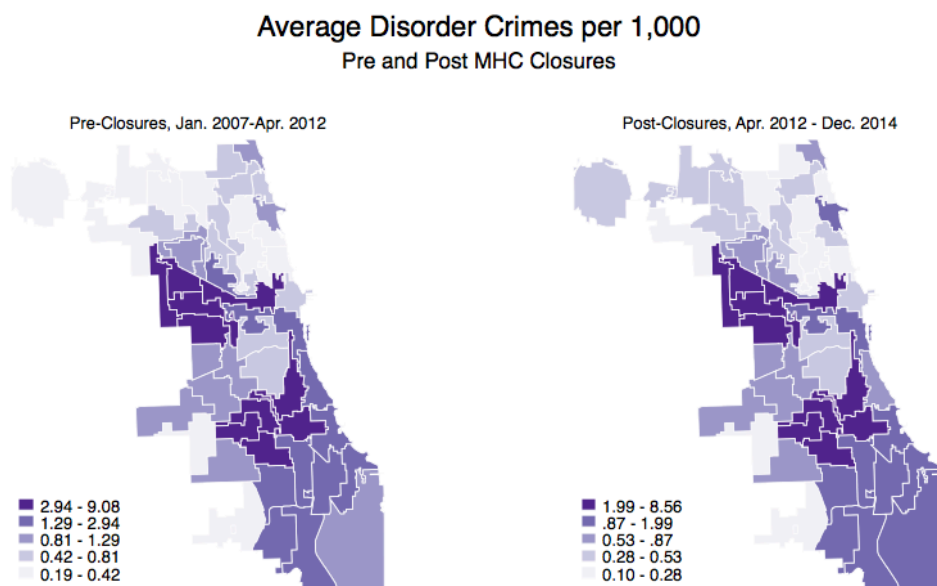


Figure 8: Disorder Crime Concentration and Distribution by Ward, Pre and Post MHC Closures



b. Regression Results

Below, I report the results of several time series regression models for crime overall, violent crime, property crime, and disorder crime.

i. Crime Overall

As the primary outcome of interest, I used overall crime rates per 1,000 individuals to develop and test my model. I started with a simple time series regression of my dependent variable, crimes per 1,000, and my independent variable, a binary variable equal to 1 in closure wards post-April 2012, and 0 for other wards and time periods. The coefficient on this variable would then capture the impact of a mental health clinic closure on crime i ward at time t , compared to all other wards (both never had wards and open wards). The result of this regression is in column 1 of Table 3. I then had several covariates, controlling for citywide crime trends and ward characteristics (column 2 of Table 3). The results from these first two models suggest a clinic closures have a small, statistically significant and negative effect on crime.

However, several post-estimation tests indicate serious problems with these simple models. First, I tested for fixed differences across wards using a oneway ANOVA test (on both the dependent variable and the residuals from the regression). I found that there are indeed fixed differences in crime across wards—some wards have more crime than others, as illustrated in the maps and tables above. I accounted for these differences using both ward-level demographic controls and by using fixed effects at the ward level in one version of the model (column 4). I also found predictably high-levels of autocorrelation in this model. To correct for this, I transformed my dependent variable to change in crime per 1,000 individuals instead of the crime rate at the ward level, transformed my independent variable of interest to change in clinic status, and added a one month lagged change in the clinic status variable, to account for differing effects of a closure over time. (One would expect crime to increase after a closure, and then see crime rates level off.) Finally, I found evidence of heteroskedasticity using the “xttest3” command. I correct for this by using clustered standard errors at the ward level.

The results of this updated model are found in column 3 (random effects) and 4 (fixed effects) in Table 3. These updated models suggest that a clinic closure results in an increase of about 1 crime per 1,000 residents, and the result is significant at the .05 level. This effect drops off in the month following a clinic closure. The coefficient on the lagged change in clinic status is positive, but about half of the magnitude of change in clinic variable is not statistically significant from zero.

These coefficients together suggest a “shock” to crime immediately after a clinic closure, which then levels off. This shock is shown in Figure 9, which plots the predicted values from column 3 in the model, per 1,000 individuals in Ward 19, which experienced a closure, and Ward 23, where a mental health clinic remained open. While the general trend displays a decrease in crime over time (as seen in previous time trend figures), after clinic closures, Ward 19 experienced a spike in crime. Ward 23’s trend remained unchanged. This pattern is consistent across wards.

Table 3: Effect of Clinic Closure on Overall Crime per 1,000

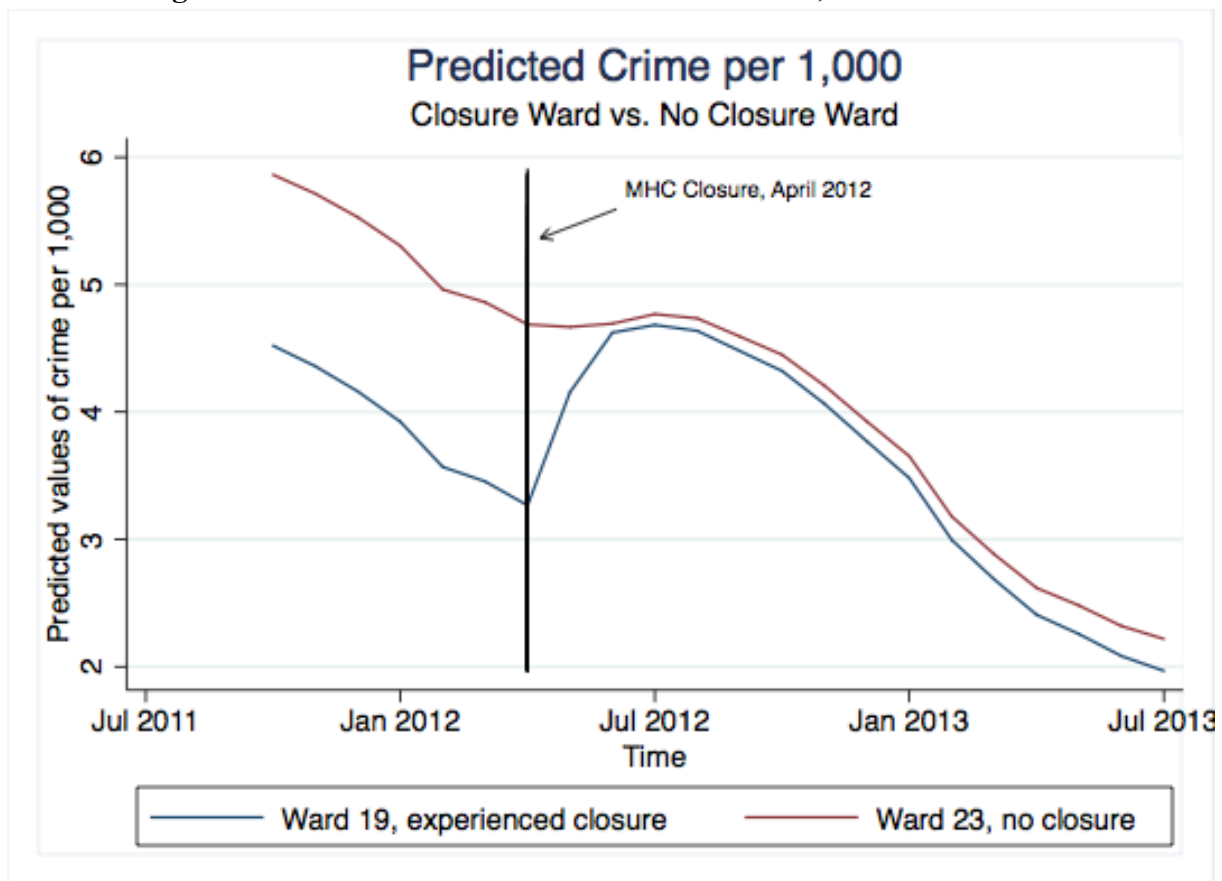
VARIABLES	(1) Crime per 1,000	(2) Crime per 1,000	(3) Change in crime	(4) Change in crime
Change in clinic			0.921*	0.928*
			(0.394)	(0.396)
1 month lag change in clinic			0.455	0.456
			(0.310)	(0.315)
Citywide crime per 1,000		1.021***	0.140***	0.144***
		(0.011)	(0.010)	(0.012)
% Poverty		0.031	0.004	0.102~
		(0.031)	(0.003)	(0.051)
% Unemployed		-0.441***	-0.002	-0.110
		(0.126)	(0.003)	(0.185)
Per Capita Income		0.000***	-0.000~	-0.000~
		(0.000)	(0.000)	(0.000)
% Without HS Diploma		0.180~	0.000	-0.038
		(0.102)	(0.002)	(0.141)
Hardship Score 0-100		0.045	-0.001	-0.005
		(0.059)	(0.002)	(0.079)
2010 Population		-0.000	0.000	omitted
		(0.000)	(0.000)	
% White 2010		-5.153	0.200*	omitted
		(6.606)	(0.085)	
% Black 2010		22.246***	0.090	omitted
		(5.905)	(0.060)	
% Hispanic 2010		3.627	0.120~	omitted
		(5.795)	(0.062)	
Clinic	-3.473***	-0.726***		
	(0.214)	(0.125)		
Constant	11.630**	-9.972	-1.744***	0.798
	*			
	(0.880)	(7.256)	(0.178)	(3.064)
Ward Fixed Effects				X
Observations	4,800	4,800	4,700	4,700
R-squared				0.041
Number of wards	50	50	50	50

Standard errors in parentheses

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, ~ $p < 0.1$

I conducted the same post-estimation tests on these two models as the previous models. The oneway ANOVA test between change in crime and ward still finds differences between wards. This is expected, and addressed in the full model with controls, and with fixed effects in model 4. The fixed effects do not change the results significantly, and our coefficients are still statistically significant with larger standard errors. Because ward demographic characteristics were measured infrequently, the model would be improved with more data about the wards to explain differences. The Pesaran test found contemporaneous correlation, which also suggests that more information about other events with the potential to influence crime rates should be included in a more complete model. However, I was able to solve the autocorrelation problem with the delta dependent variable and the delta and lagged independent variables. The F statistic of the “xtserial” test was 1.297, meaning I could not reject the null hypothesis that there is no first order autocorrelation.

Figure 9: Predicted Crime Before and After Closure, Selected Wards



ii. Violent Crime

Using the final two models to estimate the effect on crime overall, I estimated the effect of clinic closures on changes in violent crime (Table 4). Violent crime followed the same pattern as crime overall. In the closure month, there was a statistically significant increase in violent crime, of 0.5 crimes per 1,000 individuals. The first month post closure was, again, statistically insignificant. Adding fixed effects does not change our coefficients, nor their statistical significance.

Table 4: Effect of Clinic Closure on Violent Crime per 1,000

	(1)	(2)
	Change in Violent Crime	Change in Violent Crime
Change in clinic	0.499*	0.509*
	(0.224)	(0.225)
1 month lag change clinic	0.198~	0.207~
	(0.107)	(0.109)
Citywide crime per 1,000	0.029***	0.031***
	(0.003)	(0.003)
% Poverty	0.000	0.010*
	(0.000)	(0.004)
% Unemployed	-0.001	-0.010
	(0.001)	(0.056)
Per Capita Income	-0.000	-0.000
	(0.000)	(0.000)
% Without HS Diploma	-0.000	-0.009
	(0.001)	(0.048)
Hardship Score 0-100	0.000	0.010
	(0.000)	(0.025)
2010 Population	0.000~	omitted
	(0.000)	
% White 2010	0.022	omitted
	(0.017)	
% Black 2010	0.006	omitted
	(0.015)	
% Hispanic 2010	0.012	omitted
	(0.013)	
Constant	-0.348***	-0.485
	(0.036)	(0.972)
Ward Fixed Effects		X
Observations	4,700	4,700
R-squared		0.014
Number of wards	50	50

Robust standard errors in parentheses

*** p<0.001, ** p<0.01, * p<0.05, ~ p<0.1

While this model allows us to estimate the effect of clinic closures on rates of violent crime, the model does not fit as well for violent crimes as it does for crime overall. Despite lagged and delta values solving the autocorrelation problem for crimes overall, this problem persists with the model estimating violent crimes. This could be due to a relationship between violent crimes and underlying neighborhood characteristics that the model fails to capture.

iii. Property Crime

Unlike rates of crime overall and violent crimes, there were no statistically significant effects of clinic closures on property crime in the month of closure, nor the month following (Table 5). As with crime overall, the models for property crime reveal heteroskedasticity and contemporaneous correlation. Also, like crime overall and unlike violent crime, the property crime models do not face an autocorrelation problem.

iv. Disorder Crime

There do not seem to be significant effects on disorder crimes after a ward experiences a clinic closure (Table 6). This is surprising, due to expectations of untreated patients “acting out” more. One month after a clinic closure, there are small (-0.12), statistically insignificant increases in disorder crime, followed by very small, but statistically significant, decreases in disorder crimes (-.08). One potential explanation for this decrease is that the clinics themselves resulted in groups of mentally ill individuals concentrating or residing in one area. The clinics’ closures could have resulted in fewer mentally ill individuals congregating near clinics, who might then be arrested for disturbing the peace or loitering. The two models for disorder crimes face all the aforementioned problems with heteroskedasticity, contemporaneous correlation, and autocorrelation.

Table 5: Effect of Clinic Closure on Property Crime per 1,000

	(1)	(2)
	Change in property crime	Change in property crime
Change in clinic	0.253 (0.318)	0.256 (0.319)
1 month lag change in clinic	0.357 (0.409)	0.358 (0.413)
Citywide crime per 1,000	0.090*** (0.006)	0.091*** (0.006)
% Poverty	0.002 (0.001)	0.054* (0.026)
% Unemployed	-0.001 (0.001)	-0.024 (0.102)
Per Capita Income	-0.000~ (0.000)	-0.000 (0.000)
% Without HS Diploma	0.000 (0.001)	0.028 (0.077)
Hardship Score 0-100	-0.001 (0.001)	-0.049 (0.047)
2010 Population	0.000 (0.000)	omitted
% White 2010	0.093* (0.043)	omitted
% Black 2010	0.072* (0.031)	omitted
% Hispanic 2010	0.072* (0.033)	omitted
Constant	-1.088*** (0.092)	1.117 (1.802)
Ward Fixed Effects		X
Observations	4,700	4,700
R-squared		0.051
Number of wards	50	50

Robust standard errors in parentheses

*** p<0.001, ** p<0.01, * p<0.05, ~ p<0.1

Table 6: Effect of Clinic Closure on Disorder Crime per 1,000

	(1)	(2)
	Change in disorder crime	Change in disorder crime
Change in clinic	0.118 (0.182)	0.115 (0.181)
1 month lag change in clinic	-0.075* (0.034)	-0.078* (0.038)
% Poverty	0.009*** (0.002)	0.011*** (0.003)
% Unemployed	0.000 (0.001)	0.019 (0.016)
Per Capita Income	0.000 (0.001)	-0.023 (0.041)
% Without HS Diploma	-0.000 (0.000)	-0.000 (0.000)
Hardship Score 0-100	0.000 (0.001)	-0.007 (0.026)
2010 Population	-0.000 (0.001)	omitted
% White 2010	0.000 (0.000)	omitted
% Black 2010	0.040 (0.028)	omitted
% Hispanic 2010	-0.010 (0.019)	omitted
Constant	-0.136** (0.048)	-0.234 (0.899)
Ward Fixed Effects		X
Observations	4,700	4,700
R-squared		0.005
Number of wards	50	50

Robust standard errors in parentheses

*** p<0.001, ** p<0.01, * p<0.05, ~ p<0.1

V. Conclusion

This analysis finds that, despite concerns from local officials, the effects of mental health clinic closures on crime—in wards that experienced a clinic closure—have been small in magnitude and short lived. The conclusions drawn about the effect of clinic closures on crime overall are more reliable than the effect of closures on subsets of crimes, due to fewer problems with autocorrelation. However, as previously mentioned, this analysis cannot differentiate crimes committed by those with a mental illness, which is now going untreated, from those committing crimes generally. Without data on the mental health status of those arrested and in jail, it cannot be determined if community, mental-health-clinic closures have resulted in an increase in the number of mentally ill within jail populations that Sheriff Dart and others feared. In order to properly answer this question, further research should examine whether Chicago's jail population shifted to include more individuals with untreated mental illness following the closures.

It is also important to note that the conclusions presented above are limited, due to a lack of statistical robustness and data constraints on ward characteristics. A more sophisticated analysis of the effect of clinic closures on crime would require more granular data for ward characteristics and other events taking place in the same time period. The effect of a clinic closure is likely not constrained just to the ward in which it closed. Because there were not clinics in every ward, each clinic saw patients from more than one ward.

Lastly, crime is only one component that the closure of mental health clinics affects. These closures likely had significant, negative effects on the patients served by the closed clinics. The analysis found that clinics were closed in the most vulnerable wards, suggesting community members may have little access to alternative sources of care. It is important to continue measuring the effects these closures had on both these individuals and the community in order to determine the closure's net effect. The city estimated the closures would result in cost savings; it must ensure that those benefits were not outweighed by costs elsewhere.

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Enfranchising Elderly and Disabled Voters in an Unequal and Unfair America

Maya Efrati

Abstract

This article provides a comprehensive look at the right to vote in terms of access to the ballot for disabled and elderly voters. It will show that current realities for elderly and disabled voters are dire, and do not stand up to American values on equal treatment and voter ballot access. Furthermore, today's legal framework is confusing and the gaps result in inconsistencies and obstacles for voting. While certain restrictions on voting rights may be acceptable, we must differentiate closely what those are to avoid overreaching and denying this fundamental right. This article concludes by specifying policy solutions which would address the current deficiencies, noting that with concerted and substantive steps forward, significant improvements can occur.

I. Less than two weeks before his Inauguration as the 45th President of the United States, Donald Trump was at it again, tweeting in the early morning hours. The target this time was Meryl Streep. The high-profile actress and singer had used her time on-stage at the Golden Globes Awards to decry Donald Trump's mockery of a physically disabled reporter. Her decision thrust into the headlines the rights of the disabled once again, at a time when the nation continues to debate the implications and results of the most recent election. At the same time, the American public has become mired in often vitriolic and polarized discourse about our elections and what they mean for the rights of those most vulnerable among us. Yet it is not often that the very intersection of those two topics makes the headlines: the rights of those with impediments, whether physical or mental, and the electoral structures and voting processes. This article attempts to address this perceived gap, focusing on the problem at hand, the legal framework available, and specific solutions vital to progressing toward a better and more inclusive future.

II. Current realities for voting by elderly and disabled voters are dire, and do not stand up to American values on equal treatment and the right to vote.

Elderly and disabled voters face significant obstacles for exercising their right to vote. Primarily, elderly and disabled voters can suffer from issues, including speech and vision impairment, deafness and motor impairment, mental illness, and memory deficiencies, which make voting significantly more difficult. Even when the problem itself does not bar voting, the stigma of such disabilities can deter the elderly and disabled from voting. In fact, some studies have shown that stigma is one of the primary barriers to voting accessibility,⁴² while others have shown that stigma of a vulnerability, such as poverty, can dissuade individuals from advocating for their rights and government entitlements.⁴³ As a result, disabled and disabled elderly voter turnout is substantially lower than the larger population,⁴⁴ and the priorities and values of this vulnerable population is often disregarded or not adequately protected in our legislative branches of government.

In recent years, many states are expanding and even encouraging the right to democratic participation to persons with cognitive and physical disabilities, including elderly voters. Yet such reforms are done piecemeal, with each state having their own rules about how voting rights are affected and protected. The lack of uniform standards is detrimental to our democracy, as it creates confusion among voters who move between states or communicate with other voters in different states and expect the same rules to apply to all. Different rules in different states also creates

⁴² Norman Ornstein & Kristina Kopic, "The Ruderman White Paper on Voting Accessibility for People with Disabilities", *Ruderman Family Foundation*. 2016 (17)
<http://smlr.rutgers.edu/sites/smlr.rutgers.edu/files/documents/SSQ%20disability%20and%20voter%20turnout%20article%202000.pdf>

⁴³ Scourager' stigma..., *The Guardian*.
<https://www.theguardian.com/society/2012/nov/20/scrounger-stigma-poor-people-benefits>

⁴⁴ Lisa Schur, "Disability and Voting White Paper for Presidential Commission",
http://web.mit.edu/supportthevoter/www/files/2013/08/Disability-and-Voting-White-Paper-for-Presidential-Commission-Schur.docx_.pdf

obstacles for the elderly and disability rights advocates to ensure that voting rights are protected and the relevant laws are enforced. The result is that the system unfairly places greater burden on the rights of some citizens. Moreover, each state and locality can have different rules as to critical elements which affect voter ballot access. The legal standards which pertain to how the right to vote is restricted, based on cognitive deficiencies, differs from state to state, as does the administrative procedures which can restrict the right itself.

Finally, while existing standards required by federal law are an improvement on previous legislation, they have proven to be insufficient in protecting the voting rights of these vulnerable populations. In fact, nearly a third of polling locations still have significant potential impediments to voting,⁴⁵ and as a result, physically and cognitively disabled voters, whether elderly or not, are on average about 78 percent more likely to abstain from voting.⁴⁶ Two severe negative impacts occur. First, such a structure depresses voter ballot access to a significant portion of the population solely as a result of their disability. Second, it is inconsistent with both our laws and Constitutional rights against practices which result in disparate impacts among select and vulnerable groups, and the goal of protecting our fundamental right to vote for all. Taken all together, such a structure is, simply, fundamentally unfair.

III. Today's legal framework is confusing and the legal allowances created by the gaps result in inconsistent and difficult obstacles for voting.

The Constitution provides that states have authority to regulate their election processes, specifically, the “time, place and manner of voting,”⁴⁷ which is understood to include defining who is eligible to vote. In determining eligibility, states have broad discretion, but cannot create voter qualifications that “invidiously discriminate.”⁴⁸ The Supreme Court has held that when a state allows some to vote but not others, the exclusion must be necessary to promote a compelling state interest.⁴⁹ As a result, most states limit the right to vote based on mental incapacity, which is explicitly permitted in federal law.⁵⁰ However, as the process has occurred on an individual state-by-state basis, states have developed a range of constitutional language and election laws that prevent people with cognitive disabilities from voting. Several states bar those who are of “unsound mind”, others bar those who are “non compos mentis” (roughly meaning, not in one’s right mind), a few states allow the legislature to do so in the constitution but no such laws exist, and several states

⁴⁵ Barbara Bovbjerg, “Voters with Disabilities, Challenges to Accessibility”, *U.S. Government Accountability Office*. 2013. <http://www.gao.gov/assets/660/654099.pdf>.

⁴⁶ Peter Miller & Sierra Powell, “Overcoming Voting Obstacles: The Use of Convenience Voting by Voters With Disabilities,” *Journalist’s Resource*. 2015. <http://journals.sagepub.com/doi/abs/10.1177/1532673X15586618>.

⁴⁷ U.S. Const., Art. I § 4.

⁴⁸ *Harper v. Va. Bd. of Elections*, 383 U.S. 663 (1966), which held that Virginia’s poll tax violated the Equal Protection Clause of the Fourteenth Amendment.

⁴⁹ *Dunn v. Blumstein*, 405 U.S. 330 (1972), which held that durational residency requirements violate the Equal Protection Clause because they were unnecessary to promote a compelling interest, either to prevent fraudulent voting by non-residents or to further the goal of having knowledgeable voters.

⁵⁰ 42 U.S.C. § 1973gg-6(a)(3)(B) (2000).

automatically remove the right to vote from those which are under guardianship, while over a dozen state constitutions automatically remove voters adjudicated as mentally incompetent from the voter rolls. In order to understand the law, vulnerable populations must undertake complex legal research—an obstacle to voting that itself depresses voting.

In comparison, the legal protections for elderly and disabled voters with physical impairments have progressed substantially further. Three pieces of federal legislation have proven vital toward defending the voting rights of those with physical disabilities. The Americans with Disabilities Act (ADA) of 1990 requires state and local governments to ensure that disabled voters have an equal opportunity to participate in the voting process.⁵¹ Specifically, Title II of the ADA requires state and local governments to provide people with disabilities equal access to their ballot at their polling places, including accessible voter registration, site selection, and the casting of ballots.⁵² Similarly, the Voting Accessibility for the Elderly and Handicapped Act (VAEH) of 1984 requires states to generally make the voting process accessible to people with disabilities, or provide an alternate means of voting on election day.⁵³ Finally, as a response to the problems of the 2000 presidential election, the Help America Vote Act (HAVA) of 2002, specifies minimum accessibility standards for polling locations and voting equipment, and allows for the attorney general to bring civil action for declaratory or injunctive relief.⁵⁴

Yet voting rights and disability advocates have shown that these protections have not been fully followed by many state and local governments. In 2014, the Disability and Abuse Project filed a Voting Rights Act compliant with the U.S. Justice Department arguing that those with cognitive and developmental disabilities have been systemically and wrongly excluded from the electoral process.⁵⁵ In 2016, the American Civil Liberties Union filed a complaint which alleged that while states are required by law to meet accessibility and confidentiality standards when providing services such as online voter registration, New York is failing to comply as it concerns its blind citizens.⁵⁶ It would be difficult to conceive an argument in which blindness was not an immutable characteristic deserving of strict scrutiny by the courts for any restrictions placed upon the population and considered to be unconstitutional discrimination otherwise. Many advocates and legal scholars argue that to deny voting access to a significant proportion of the population through reason of disability could be

⁵¹ Peter Miller & Sierra Powell, “Overcoming Voting Obstacles: The Use of Convenience Voting by Voters With Disabilities,” *Journalist’s Resource*. 2015. <http://journals.sagepub.com/doi/abs/10.1177/1532673X15586618>.

⁵² Jazmin Kay, “Disabled and Denied: The Fight for Voting Rights for People with Disabilities”, *Generation Progress*. 2015. <http://genprogress.org/voices/2015/09/30/40005/disabled-and-denied-the-fight-for-voting-rights-for-people-with-disabilities/>

⁵³ VAEH Act, *Disability Rights & Resources*.

<http://drradvocates.org/voting-accessibility-for-the-elderly-and-handicapped-act/>

⁵⁴ The Right to Vote, *Disability Justice*. <http://disabilityjustice.org/right-to-vote/>

⁵⁵ Jazmin Kay, “Disabled and Denied: The Fight for Voting Rights for People with Disabilities”, *Generation Progress*. 2015. <http://genprogress.org/voices/2015/09/30/40005/disabled-and-denied-the-fight-for-voting-rights-for-people-with-disabilities/>

⁵⁶ I want to vote, ACLU.

<https://www.aclu.org/video/i-want-vote-so-why-new-york-making-it-so-hard-people-disabilities>

considered the same, in terms of equity, as refusing access to voting facilities to persons in a particular geographic area.⁵⁷ As a result, much more work remains to enforce the laws fully.

IV. While certain restrictions on voting rights are accepted, we must differentiate closely what those are to avoid overreaching and denying this fundamental right.

Contrary to the instincts of many Americans, disenfranchisement has been an accepted practice from the founding of this country. These restrictions range from blanket bars—for example, individuals with and/or incarcerated for felony convictions are denied the right to vote to some extent in nearly every state⁵⁸—to election-dependent restrictions—for example, some special-use districts with a narrow purpose, such as water reclamation and distribution, can escape one-person-one-vote protections,⁵⁹ and cities can restrict voting to their technical city limits even while city-exclusive services are provided.⁶⁰ While these examples may seem incredibly narrow or specific, they denote a legal precedent for restricting the right to vote. Even that terminology is misleading, as no right to vote exists in the U.S. Constitution (the right is merely implied, according to some legal scholars⁶¹), and forty-nine states include provisions indicating, to different degrees and scopes, and with different language, an explicit right to vote.⁶² This author would suggest that while civil discourse so often references this fundamental so-called right to vote, it is one of the most vulnerable and at-risk rights of the American people.

While this paper seeks to address the complex situation, and find solutions, for both elderly and disabled voters simultaneously, the different disabilities and impediments do have some disparate implications. We, as a nation, should conceive of voting as the exercise of our legislative voice as part of a representative democracy. In doing so, we provide voting as the benchmark by which we consider someone a full member of our society. This is best exemplified by the fact that those under the age of eighteen are not allowed to vote in federal elections, nor are non-citizens. Voting is a civic duty, we tell ourselves. As the country has enfranchised both women and African-American (non-white) citizens, we have also admitted that those individuals (and/or minority groups) are in fact part of the fabric of America. It is part of how we see ourselves as a nation.

⁵⁷ Voting Operations. *ACE: The Electoral Knowledge Network*. <http://aceproject.org/main/english/po/poa02g02.htm>

⁵⁸ *Richardson v. Ramirez*, 418 US 24 (1974), which held that the disenfranchisement of felons under the express language of §2 and exempted it from the protections of the Equal Protection Clause, both of the U.S. Constitution.

⁵⁹ *Ball v. James*, 451 U.S. 355 (1981)

⁶⁰ *Holt Civic Club v. Tuscaloosa*, 439 U.S. 60 (1978).

⁶¹ U.S. Const., Art. I § 2, which states that “[t]he House of Representatives shall be composed of members chosen every second year by the people of the several states, and the electors in each state shall have the qualifications requisite for electors of the most numerous branch of the state legislature.”

⁶² Joshua A. Douglas, “The Right to Vote Under State Constitutions”, *Vanderbilt Law Review*. P. 3, Para. 3. <https://www.vanderbiltlawreview.org/wp-content/uploads/sites/89/2014/01/Douglas-67-Vand.-L.-Rev.-89.pdf>.

This conception of voting would suggest that some restrictions on voter ballot access for those with mental deficiencies may be plausible, while not so for those with physical disabilities. Our laws reflect that: as noted above, physical issues are protected much more stringently by our laws. At the same time, we may have reasons to want certain individuals to abstain from voting. Just as we don't believe a twelve-year-old has enough knowledge and cognitive ability to understand the true meaning of voting, we may not believe that an adult individual with cognitive disabilities should vote. However, any such disenfranchising actions should be taken only extremely carefully, and within a set legal framework, to avoid trampling voting rights or excluding from the civic community any voting-eligible American citizen.

V. Policy solutions, as identified here, do exist, but require concerted and substantive steps forward for significant improvements to occur.

A comprehensive package of reforms is required to address the concerns of elderly and disabled voters. *First*, any restrictions on voter ballot access must fall under a codified, consistent standard, and be limited to a narrow scope of individuals. Disenfranchisement should occur only after a specific legal finding which is based on a functional standard that focuses on the importance of the individual's ability to understand the nature and purpose of casting a ballot. This standard should reflect the fact that the right to vote requires decisional capacity, rather than individual capacity: a voter should have the ability to understand the information relevant to the voting decision, as well as the implication of that information. The courts are well equipped to consider the available evidence and make sure determinations, and ensure that the burden falls on government to take away an individual's vote, rather than on the voter to prove that they should keep it. The right to vote is an essential and foundational element of the rights of each citizen, and should not be restricted without substantial process and checks to ensure that no abuse or mistakes occur.

Second, states and localities must structure their legislation and policy in such a way as to encourage, rather than depress, voting among all groups, and specifically address the concerns of elderly and disabled voters. This requires that they: A) Ensure full compliance with existing federal law regarding polling locations, enabling elderly and disabled citizens to vote safely and conveniently; B) Properly train all poll workers and other election workers in how to administer the law correctly to prevent any issues before they occur; C) Update administrative procedures to ease voting for all elderly and disabled citizens, including allowing curb-side services and voting, expanding access to mail-in voting, and permitting alternative voting locations for those who require disabled access; D) Invest in new technologies which would both simplify voting procedures and ease, to the greatest extent possible, the physical requirements of voting. To neglect this facet would be to create additional unconstitutional obstacles to voting based on immutable characteristics, which is facially impermissible; E) Pass legislation which explicitly allows or even requires polling locations to provide assistance to elderly and disabled voters, while putting in procedures which ensure that secret ballot requirements are not violated, and which minimize the possibility of voter manipulation; and F) Widely disseminate voting information which includes evaluation of issues and

candidates up for election and polling location information with accessibility factors included. State and local governments should partner with existing organizations that otherwise regularly interact with elderly and/or disabled voters to ensure that this information is accessible regardless of physical or cognitive ability, which would increase the spread of information and reduce the cost placed on the taxpayers.

Third and finally, coordination between the federal government with states and localities to ensure both that election administration standards are consistent, and that the application of those standards is consistent, is critical. The federal government should require that, while states can continue to set their own standards, only limited deviation among those standards should exist. This step would ensure that voters' accessibility is prioritized, and that minimum standards are upheld. By engaging in explicit pre-emption—that is, taking over the available field of law on the subject—the federal government simultaneously prohibits the state from making alternate law on the same issue. In fact, this is already the case at the intersection of physical disability and voting rights law: The Americans with Disabilities Act, the Voting Accessibility for the Elderly and Handicapped Act, and the Help America Vote Act have all been beneficial to creating a more enfranchised community and enhancing civic discourse, but are insufficient if we wish to move forward.

President Nursultan Nazarbayev and the Process of Democratization in the Republic of Kazakhstan

Matthew Chakov

Abstract

The Republic of Kazakhstan, a Central Asian country of almost twenty million people, received its independence after the breakup of the Soviet Union in 1991. There was hope in the international community that, with the dissolution of the Soviet Union, Kazakhstan might become a democracy with economic and political freedoms seen commonly in the West. While the President of Kazakhstan, Nursultan Nazarbayev, claims that the country is on the “road to democracy,” this paper seeks to demonstrate that Nazarbayev’s actions have been a nearly constant roadblock to the democratization of Kazakhstan. This paper argues that Kazakhstan has resembled an authoritarian regime led by Nazarbayev since the country’s inception, and the president has taken steps both forward but mostly backward in regards to democratization. I argue that while many problems plague the country, the Republic of Kazakhstan still has reason to be optimistic in the long term, considering the probable death or retirement of President Nazarbayev in the next decade.

Introduction

The Republic of Kazakhstan is a deeply interesting country to study in the context of democratization. After gaining independence in 1991 from the Soviet Union, the newly sovereign Kazakhstan has been ruled by Nursultan Nazarbayev.⁶³ Nazarbayev would have one believe that the country is slowly but surely becoming a democracy. In an op-ed written by Nazarbayev for *The Washington Post* days before the 2011 Kazakhstani presidential election, he wrote, “It took the great democracies of the world centuries to develop. We are not going to become a fully developed democracy overnight. But we have proved that we can deliver on our big ambitions. Our road to democracy is irreversible, and we intend to provide economic and political opportunities for our citizens.”⁶⁴ The idea that Kazakhstan is on the “road to democracy” is accurate, but it has a long way to go until it is on par with the liberal democracies it aspires to emulate. Kazakhstan, currently an authoritarian regime led by Nazarbayev, is making meaningful incremental changes that may lead to the eventual democratization of the country despite hurdles that will need to be overcome.

However, the Republic of Kazakhstan was not the product of a traditional revolution as in most liberal democracies and Nazarbayev has remained a popular leader with the citizens. Since 1989, Nazarbayev has led Kazakhstan as the modern-day embodiment of Louis XIV’s “L’Etat c’est moi.”⁶⁵ Though Nazarbayev is not a monarch, “I am the state” would be an accurate characterization of the immense power that Nazarbayev has held in the country since its inception.

Nazarbayev was born in Soviet controlled Kazakhstan in 1940. He started work in a blast furnace production shop, but eventually worked his way up to Prime Minister of Kazakhstan by age 44 through dedicated work to the communist party.⁶⁶ Nazarbayev was passed over for head of Kazakhstan in 1986 by an ethnic Russian outsider, Gennady Kolbin, who did not have a relationship with the citizens of the country.⁶⁷ Kolbin, the First Secretary of the Ulyanovsk region of Russia, was an astonishing choice to many in the country because he was unknown and lacked experience and knowledge with Kazakhstan.⁶⁸ After being appointed by Gorbachev, Kolbin was faced with mass protests in the city of Alma Ata while Nazarbayev waited quietly on the sidelines.⁶⁹ Nazarbayev

⁶³ Curtis, Glenn E. *Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan: Country Studies*. Washington, D.C.: Federal Research Division, Library of Congress, 1997, 3.

⁶⁴ Nazarbayev, Nursultan. “Kazakhstan’s Steady Progress toward Democracy.” *Washington Post*. March 31, 2011. Accessed October 13, 2016.

https://www.washingtonpost.com/opinions/kazakhstans-steady-progress-toward-democracy/2011/03/28/AF1XPKC_C_story.html?utm_term=.212c2feb362b, 1.

⁶⁵ Rowen, Herbert H. ““L’Etat C’est a Moi”: Louis XIV and the State.” *French Historical Studies* 2, no. 1 (1961): 83-98.

⁶⁶ Olcott, Martha Brill. *Kazakhstan : Unfulfilled Promise* (2). Washington DC, US: Carnegie Endowment for Int’l Peace, 2010. Accessed November 4, 2016. ProQuest ebrary, 28.

⁶⁷ Ibid.

⁶⁸ Aitken, Jonathan. *Nazarbayev and the Making of Kazakhstan: From Communism to Capitalism*. London: Continuum, 2009. Accessed February 21, 2017, 79.

⁶⁹ Olcott, *Kazakhstan: Unfulfilled Promise* (2), 28.

succeeded Kolbin to become the First Secretary of Kazakhstan in June 1989, and since then has only further consolidated his power.⁷⁰

Kazakhstan was a relatively stable dictatorship before gaining its independence by a “gathering of Soviet republic leaders.”⁷¹ Having achieved independence, President Nazarbayev had very strong approval ratings, so there was no need for him to change his oppressive leadership style.⁷² However, though the people did not demand democracy, the Western nations that assisted Kazakhstan financially wanted the country to embrace democratic reforms, motivated by billions of dollars in oil and gas reserves.^{73,74} While the West does care about Kazakhstan’s democratization, the country is too valuable to alienate. So when Kazakhstan endures an unfair election or abuses of human rights, they receive only mild sanctions from the West—if anything at all.⁷⁵

In order to dispute the notion of Kazakhstan being a democracy, and instead label it an authoritarian regime in transition, it is necessary to define these terms. Juan Linz, a renowned political scientist, defined both terms in his book *Totalitarian and Authoritarian Regimes*. Linz defines democracy as:

[a democracy] allows the free formulation of political preferences, through the use of basic freedoms of association, information, and communications, for the purpose of free competition between leaders to validate at regular intervals by nonviolent means their claim to rule; a democratic state does this without excluding any effective political office from that competition or prohibiting any members of the political community from expressing their preference by norms requiring the use of force to enforce them.⁷⁶

This paper will elaborate on the reasons why Kazakhstan has never fit this definition of democracy. Alternatively, Linz defines authoritarianism as:

Political systems with limited, not responsible, political pluralism, without elaborate and guiding ideology, but with distinctive mentalities, without extensive nor intensive political mobilization, except at some points in their development, and in which a leader or occasionally a small group exercises power within formally ill-defined limits but actually quite predictable ones.⁷⁷

⁷⁰ Ibid.

⁷¹ Ibid., 16.

⁷² Ibid., 26.

⁷³ Ibid., 6.

⁷⁴ Ibid., 3.

⁷⁵ Ibid., 20.

⁷⁶ Linz, Juan J. *Totalitarian and Authoritarian Regimes*. Boulder, CO: Lynne Rienner Publishers, 2000, 58.

⁷⁷ Ibid., 159.

Nazarbayev would probably be angered by this description of his country, but this definition of an authoritarian regime fits contemporary Kazakhstan quite well, given the country's limited individual freedoms and oppressive presidential power.

Freedom, Or Lack Thereof, In Kazakhstan

Individual freedoms, an essential part of a democracy, do not exist in Kazakhstan. Freedom of assembly, foundational to democracy, drives change and “revolutionary actions.”⁷⁸ The Kazakhstani Government is not fond of people demonstrating against the government or a policy. The government made this clear when there was crack-down on protestors of a proposed change in property law.⁷⁹ Over 20 protesters have been detained for periods of up to two months for participating in the aforementioned property protest, and many of their houses have been searched.⁸⁰ The Kazakhstani Government has also violated international law and fundamental human rights by torturing those in custody according to the NGO Coalition Against Torture, who reported that there were 80 complaints against the government during the start of 2015.⁸¹

Media has a large effect on the populace of a country, and Nazarbayev understands that control over both the traditional media and social media is critical to remaining in power. As a result, the Kazakhstani Government stops protest by censoring social media sites and online messaging, according to Freedom House.⁸² The Government of Kazakhstan has also harassed the independent media according to Freedom House which said “the few remaining independent media outlets faced measures of intimidation ranging from libel trials to suspension and closure.”⁸³ A Kazakhstani current affairs magazine called *Adam Bol* was shut down in February 2015 after a legal battle, and another outlet that succeeded it was shut down in late 2015.⁸⁴ The government very frequently blocks “extremist” content that is unpalatable to the country's elite.⁸⁵ Television is currently the most popular source of news in Kazakhstan, and much of the broadcast media is “partly or wholly owned by the state or by members or associates of the president's family.”⁸⁶ All of these actions earn Kazakhstan the status of “Not Free” in Freedom House's *Freedom of the Press 2016* index.⁸⁷

⁷⁸ Mesquita, Bruce Bueno De, and Alastair Smith. “Political Survival and Endogenous Institutional Change.” *Comparative Political Studies* 42, no. 2 (2009): 167-97. Accessed February 21, 2017. doi:10.1177/0010414008323330.

⁷⁹ “Kazakhstan Tightens Crackdown Ahead of Protests.” News release, May 20, 2016. Freedom House. Accessed October 15, 2016. <https://freedomhouse.org/article/kazakhstan-tightens-crackdown-ahead-protests>, 1.

⁸⁰ Ibid.

⁸¹ “Kazakhstan: Events of 2015.” Human Rights Watch. January 27, 2016. Accessed February 21, 2017. <https://www.hrw.org/world-report/2016/country-chapters/kazakhstan>.

⁸² Lillis, Joanna. “Kazakhstan – Nations in Transit” Freedom House, 2016. https://freedomhouse.org/sites/default/files/NiT2016_Kazakhstan.pdf, 3.

⁸³ Ibid., 2.

⁸⁴ Ibid., 3.

⁸⁵ Ibid.

⁸⁶ “Kazakhstan: Freedom of the Press 2016.” *Freedom House*. Accessed February 21, 2017. <https://freedomhouse.org/report/freedom-press/2016/kazakhstan>.

⁸⁷ Ibid.

Nazarbayev consolidated power to the point where there is virtually no real “free competition between leaders,” as Linz delineated in his definition of democracy.⁸⁸ According to Freedom House, “In 2011, Nazarbayev was reelected in a snap presidential poll with 96 percent of the vote. His three little-known competitors all publicly expressed support for him.”⁸⁹ In the 2012 parliamentary elections, a number of political parties in Kazakhstan were deregistered and blocked from running without due process.⁹⁰ It is not known whether Nazarbayev directed his government to limit plurality in the election, but he certainly benefitted from the Ministry of Justice refusing registration to opposition parties and the Central Election Commission (CEC) de-registering candidates due to “discrepancies in their tax declarations.”⁹¹ To Nazarbayev’s credit, some progress was made prior to the March 20, 2016 parliamentary and presidential elections. The Organization for Security and Co-Operation in Europe had observers in Kazakhstan that went to precincts around the country and observed the voting process.⁹² They also had observed the political discourse in the months prior.⁹³ When they ultimately issued their report in June 2016, they said, “[the elections] were efficiently organized,” however there was still a long way to go before they were on par with elections in democracies.⁹⁴ The progress noted by the OSCE included more parties contesting the election than before, more freedom for candidates to campaign without restraint, and an attempt by state-funded media to give equal access to candidates.⁹⁵

According to Linz, an authoritarian regime is one “with limited, not responsible, political pluralism” which is a characteristic of the modern Kazakhstani state.⁹⁶ Nazarbayev likes to hail his country as pluralistic, as he did in a Washington Post op-Ed, declaring that a multiparty parliament is “enshrined in law.”⁹⁷ But, Kazakhstan is unfriendly toward political parties besides the President’s party, Nur Otan.⁹⁸ Nazarbayev and the Kazakhstani Government have severely limited political pluralism by preventing opponents from participating in elections. The 2012 parliamentary elections were rife with corruption and authoritarian behavior when the government disallowed various parties from running in the election without due process of law, according to the OSCE.⁹⁹

⁸⁸ Lillis, Joanna. “Kazakhstan – Nations in Transit,” 2.

⁸⁹ “Kazakhstan.” Freedom House. 2015. Accessed September 28, 2016. <https://freedomhouse.org/report/freedom-world/2015/kazakhstan>, 1.

⁹⁰ “Early Parliamentary Elections 15 January 2012.” Organization for Security and Co-Operation in Europe. June 27th, 2016. Accessed April 3, 2012. <http://www.osce.org/odihr/elections/89401?download=true>, 1.

⁹¹ Ibid.

⁹² “Early Parliamentary Elections 20 March 2016.” Organization for Security and Co-Operation in Europe. June 27, 2016. Accessed October 13, 2016. <http://www.osce.org/odihr/elections/kazakhstan/248781?download=true>, 20.

⁹³ Ibid.

⁹⁴ Ibid., 1.

⁹⁵ Ibid.

⁹⁶ Linz, *Totalitarian and Authoritarian Regimes*, 159.

⁹⁷ Nazarbayev, “Kazakhstan’s Steady Progress toward Democracy.”

⁹⁸ Organization for Security and Co-operation in Europe, “Early Parliamentary Elections 20 March 2016,” 4.

⁹⁹ Organization for Security and Co-Operation in Europe, “Early Parliamentary Elections 15 January 2012,” 1.

A prominent feature of authoritarian regimes is the immense power of its leader, a feature that Linz recognizes in his definition.¹⁰⁰ Over the course of his tenure as president, Nazarbayev has accumulated power by appointing a myriad of people into key positions whom he manipulates and builds into an extremely supportive parliament that is a rubber stamp for his desires. Additionally, he controls the media in a variety of mediums to disperse the message that fits his ambition.^{101,102}

The Republic of Kazakhstan is technically classified as a presidential republic, and like many other presidential republics there are term limits on the president.¹⁰³ Gideon Maltz, who was a fellow at Stanford University's Center on Democracy, Development, and the Rule of Law, explains why term limits are critical for democracy:

Why is individual alternation important? First, because of manifold incumbency advantages, a long-serving president can all too easily cease to face any real danger of eviction from office, becoming functionally a life president or quasi-monarch. Second, a long tenure leads to a dangerous accumulation of power in the president's hands, and also a greater arrogance and tendency to abuse it.¹⁰⁴

Term limits in Kazakhstan have been tumultuous; in the country's almost three-decade history, Kazakhstan has had term limits intermittently. Currently, the Kazakhstani constitution allows for leaders to serve only up to two terms in office.¹⁰⁵ However, President Nazarbayev, currently in his fifth term, has served since the creation of the Republic of Kazakhstan through what Maltz refers to as "hard contravention," or "simply eliminating constitutional provisions on term limits."^{106,107} Kazakhstan held a referendum in 1995 to extend Nazarbayev's first term through 2000, which made Nazarbayev's first term significantly longer than the constitutionally prescribed seven year term.¹⁰⁸ The Kazakhstani parliament decided to hold an early presidential election in 1999, and they also amended the constitution to abolish term limits on the president.¹⁰⁹ In 2007, the Kazakhstani parliament passed another constitutional amendment, changing the term duration to

¹⁰⁰ Linz, *Totalitarian and Authoritarian Regimes*, 159.

¹⁰¹ "Kazakhstan: The Evolution of a Power Structure." Stratfor. January 7, 2013. Accessed February 21, 2017. <https://www.stratfor.com/analysis/kazakhstan-evolution-power-structure>.

¹⁰² "Kazakhstan: Freedom of the Press 2016." *Freedom House*.

¹⁰³ Gideon Maltz. "The Case for Presidential Term Limits." *Journal of Democracy* 18, no.1 (2007): 128-142. <https://muse.jhu.edu/> (accesses October 25, 2016), 2.

¹⁰⁴ *Ibid.*, 5.

¹⁰⁵ "Kazakhstan". Report. *European Forum for Democracy and Solidarity*. October 12, 2015. Accessed September 26, 2016. <http://www.europeanforum.net/uploads/countries/pdf/kazakhstan.pdf>, 1.

¹⁰⁶ "Kazakh President Nazarbayev plans to give certain powers to parliament." *Dw.com*. January 25, 2017. Accessed February 21, 2017.

<http://www.dw.com/en/kazakh-president-nazarbayev-plans-to-give-certain-powers-to-parliament/a-37274430>.

¹⁰⁷ Maltz, "The Case for Presidential Term Limits," 2.

¹⁰⁸ European Forum for Democracy and Solidarity, *Kazakhstan*, 1.

¹⁰⁹ Pannier, Bruce. "Kazakhstan's Long Term President to Run in Snap Election – Again." *The Guardian*. March 11, 2015. Accessed October 24th, 2016.

<https://www.theguardian.com/world/2015/mar/11/kazakhstan-president-early-election-nursultan-nazarbayev>.

five years, yet they reestablished term limits for every president after Nazarbayev.¹¹⁰ Kazakhstanian Senator Kuanysh Sultanov defended the constitutional amendment by saying that Nazarbayev has brought the country unprecedented prosperity in a number of ways, justifying his continued reign.¹¹¹

Perhaps an even more alarming development came in 2010, when the Kazakhstanian parliament declared Nazarbayev the “Leader of the Nation.”¹¹² This title is not solely symbolic according to Reuters, because the passage of the law not only protects the Nazarbayev family’s assets, but it also grants Nazarbayev immunity for any wrongdoing he committed while in office and command over police after leaving office.¹¹³

Conclusion

Democracy has eluded the Republic of Kazakhstan, to the chagrin of the west, since its inception, and there are no signs that this will change in the near future. However, there is hope that Kazakhstan will be able to transition to a democracy in the long term despite all of the problems that the country will have to overcome. Nazarbayev is 76 years old, and nobody knows what is going to happen when he eventually dies. Nazarbayev’s health is a state secret, so his longevity is unclear.¹¹⁴ When Nazarbayev does eventually die, there are no prominent politicians that can assume power. Although in a country where the rule of law hardly exists, it would not be surprising if Nazarbayev’s death led to a struggle amongst the elite who may vie for power when a vacuum exists. The president, whomever it may be, will wield tremendous power.¹¹⁵

However, there is some reason to be optimistic when it comes to the prospect of Kazakhstan’s democratization, even if it is not extremely likely in the near future. Without Nazarbayev holding the country together, changes will undeniably occur. The constitutional provisions allowing the president to serve unlimited terms and giving immunity from criminal prosecution are granted to Nazarbayev because he was the first president and the “Leader of the Nation.”¹¹⁶ The new president will also not have the complete trust of the people of Kazakhstan or the elite, both of whom the new president will have to constantly work to placate. The president very possibly may need to offer concessions to the people, who will not trust the leader with absolute power like they did with President Nazarbayev. It is possible that the new leader will be able to consolidate power given that the country is accustomed to a dictatorial leader. However, the new

¹¹⁰ European Forum for Democracy and Solidarity, *Kazakhstan*, 1.

¹¹¹ Holley, David. “Kazakhstan Lifts Term Limits on Long-ruling Leader.” *Los Angeles Times*. May 19, 2007. Accessed October 25, 2016. <http://articles.latimes.com/2007/may/19/world/fg-kazakh19>.

¹¹² Nurshayeva, Raushan. “Kazakh President Declared Leader of the Nation.” *Reuters*. June 15, 2010. Accessed October 25, 2016. <http://www.reuters.com/article/us-kazakhstan-president-idUSTRE65E0WP20100615>.

¹¹³ *Ibid.*

¹¹⁴ Auyezov, Olzhas. “Kazakh President Nazarbayev Treated for Cold before Armenia Visit.” *Reuters*. October 11, 2016. Accessed November 02, 2016. <http://www.reuters.com/article/us-kazakhstan-president-idUSKCN12B0JO>.

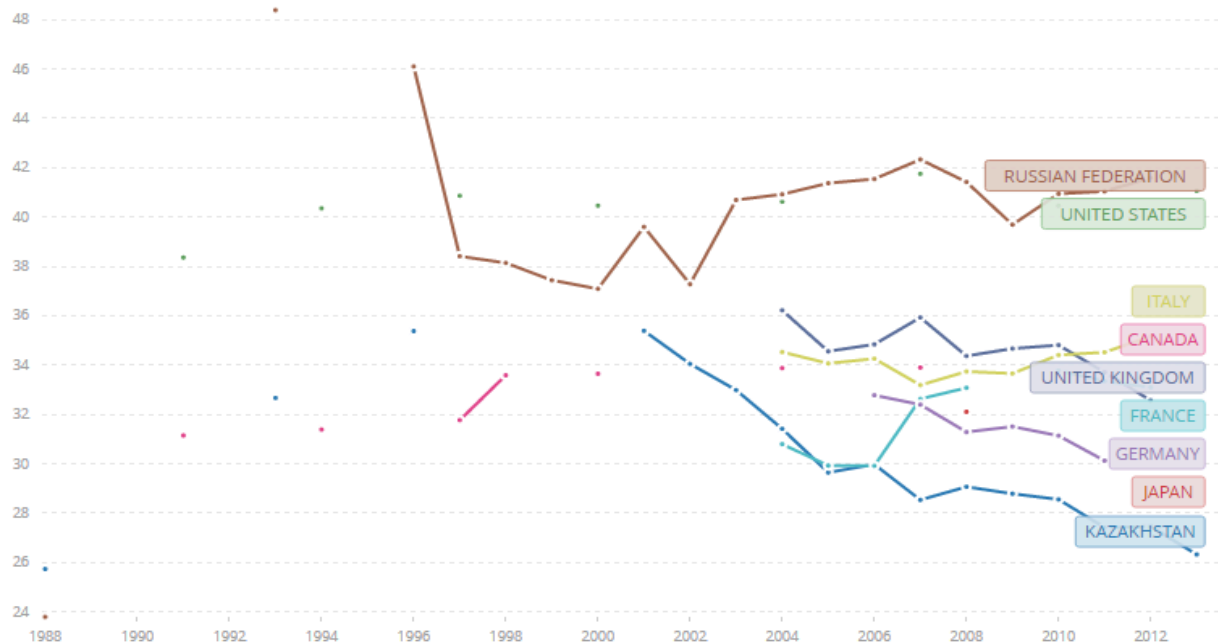
¹¹⁵ “Kazakhstan,” *Freedom House*, 1.

¹¹⁶ Nurshayeva, “Kazakh President Declared Leader of the Nation,” 1.

president will have trouble as an unknown figure, to cultivate a cult of personality, that has been pertinent to the absolute rule that Nazarbayev enjoys.

Another promising sign for Kazakhstan's future is Kazakhstan's decreasing wealth inequality since the turn of the century as evidenced by the GINI data from the World Bank (Figure 1).¹¹⁷

Figure 1: GINI Index of Republic of Kazakhstan and G7 countries plus the Russian Federation



Note: 0 represents perfect equality, and 100 represents perfect inequality.

Source: World Bank.

Wealth inequality has been drastically decreasing since 2000, and Kazakhstan's wealth equality eclipses that of all of the countries in the Group of 7 liberal democracies, including the United States, Japan, Canada, and others. If wealth inequality continues on a downward trend, then democracy is much more likely according to Carles Boix:

...authoritarianism predominates in those countries in which both the level of inequality and the lack of capital mobility are high. In highly unequal societies, the redistributive demands of the worse-off citizens on the wealthy are particularly intense. As a result, the latter have a strong incentive to oppose the introduction of

¹¹⁷ "GINI Index (World Bank Estimate)." *World Bank*. 2013. Accessed October 1, 2016. <http://data.worldbank.org/indicator/SI.POV.GINI?end=2013>.

democracy, which would enable the majority of the population to impose heavy taxes on them.¹¹⁸

Kazakhstan achieved lower inequality through programs like its poverty reduction program in which the government attempted to close the gap between the rich and the poor by “generating productive employment opportunities.”¹¹⁹

President Nazarbayev has reformed his country for the better with incremental election and economic reforms, and continues to press for democratic changes. In early 2017, Nazarbayev discussed the possibility of letting the parliament, rather than the president, choose the cabinet.¹²⁰ This change would allow the cabinet to have more power over determining economic affairs in the country.¹²¹ This dramatic reform would also streamline an eventual presidential succession “by splitting roles between different political members rather than allowing Nazarbayev’s successor sole control,” dispersing some of the former president’s supreme power to the elected officials in the parliament.¹²² While the opposition party is not convinced Nazarbayev has good intentions with his proposed reforms, these small steps towards democratization create progress in a country dominated by an authoritarian regime for its entire sovereign history.¹²³

The Republic of Kazakhstan is an authoritarian regime with hurdles to overcome in the near and distant future, but there are many reasons to believe that the country will finally embrace the “road to democracy” that would be so beneficial to their citizens and the larger world community.¹²⁴

¹¹⁸ Boix, Carles. *Democracy and Redistribution*. Cambridge, UK: Cambridge University Press, 2003.

¹¹⁹ “Country Partnership Strategy: Kazakhstan 2012–2016, Summary Poverty Analysis.” *Asian Development Bank*. Accessed February 21, 2017. <https://www.adb.org/sites/default/files/linked-documents/cps-kaz-2012-2016-pa.pdf>.

¹²⁰ “Kazakh President Nazarbayev plans to give certain powers to parliament.” *Dn.com*.

¹²¹ *Ibid.*

¹²² *Ibid.*

¹²³ *Ibid.*

¹²⁴ Nazarbayev, “Kazakhstan’s Steady Progress toward Democracy.”

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Frybread: What's Really Beneath the Grease

Preston Parish

Frybread. It has a warm, golden crust. It's filled with air bubbles and pockets of grease. Eat it plain, in all its deep-fried glory, or if those 700 calories and 27 grams of fat aren't appealing enough, slather on some jam or butter. My personal favorite: honey. Or, there's the Indian taco, a piece of frybread smothered in beans, tomatoes, lettuce (because you need some greens), cheese, sour cream, and salsa. Now synonymous with American Indian culture, frybread is the Christmas ham, the Thanksgiving turkey. South Dakota, after all, has made it the official state bread.

An inspiration of indulgence across cultures, variations of fry bread can be found at county fairs, theme parks, and other "fun" destinations that serve as breeding grounds of gluttony. Here, the calorie-rich, nutrient-poor grub is treated as, well, a treat, something so sinfully bad for you that you consume it one-off. In the context of American Indian populations, however, there's a completely different story.

A product of government-forced displacement of American Indian peoples from ancestral lands, frybread was created from simple government rations—lard, flour, salt, and sugar—by resourceful Indian women under difficult circumstances. For some, frybread serves as a painful reminder of this narrative, as the remnants of genocide and the attempts to snuff out culture. But for others, it represents resiliency, survival, and culture and conjures images of family lovingly frying the dough in batches. In deep skillets of oil, lard, or shortening.

Frybread's a paradox, one of those things you hate to love, living at the intersection of being a staple on the kitchen table, all the while contributing to poor health outcomes. It's here that it serves as a scapegoat, rather than a reflection of inequities forced upon a nation. But beneath that greasy dough is a deeper story.

Among the nation's most food-insecure populations, American Indians are disproportionately burdened by obesity and diabetes. It's estimated that 40% of American Indian adults are obese, compared to 28% of whites. Similarly, 20% of American Indians are estimated to have diabetes, versus 12% of their white counterparts. In fact, American Indians experience diabetes at rates higher than any other race or ethnic group in the U.S. Although not the only guilty party here, frybread is representative of a larger issue with today's typical American Indian diet, a diet usually poor in nutrient quality. With socio-economic, political, and environmental changes, the American Indian diet has transitioned from one that was rich in wild, fresh foods to one that now consists of food-like items that have been processed, packaged, and fried. There exist a number of confounding variables here, with the ability to access fresh, healthy food being chief among them.

Relegated to rural communities by the government, not only are American Indians more likely than the general U.S. population to live in rural areas with limited food access, but for those already limited points of food access, there are significantly fewer healthy food outlets for tribal areas

compared to non-tribal areas, higher costs of food, greater transportation challenges, and lower incomes. With these conditions, we've met the textbook definition of the food desert, an area where nutritious food is difficult to obtain due to availability, affordability, distance, or points of access. And, of course, these barriers have diet and health implications.

To address some of the food challenges it has manufactured, the federal government provides food assistance programs, like the Food Distribution Program on Indian Reservations (FDPIR). FDPIR provides its food benefits in kind primarily through a delivery program; in contrast, the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as food stamps, provides electronic benefits that participants access in store through a credit-card-like system. Tribal members can participate in both programs, but not simultaneously. Despite these programs, poor health outcomes persist across American Indian communities. Why? Because FDPIR households are low-income; some lack basic food storage and preparation facilities, like refrigerators and cooking stoves. Food's no good if it can't be prepared or kept. For SNAP recipients, you're not guaranteed transportation to a grocery store. The food isn't culturally appropriate. The list goes on. In the presence of these programs, it's no wonder surveyed tribal members still hold a negative perception of their food environment.

Maple-brined turkey, wild rice, fresh vegetables—foods that aren't so accessible for many Indian folk but foods that better reflect a more traditional diet, the type of diet that may counter health risk factors. But instead, there's less nutrient-rich government processed cheese, canned meats, and, of course, lard. In recent years, though, research has focused increasingly on feasible solutions to restoring traditional foods, traditional food resources, and overall food sovereignty as a way to improve American Indians' diets and food security.

So, moving forward, let's see those interventions that are culturally salient, are representative of a traditional diet, and address the unique barriers to food access and upward mobility faced by tribal communities, interventions like cultivating home gardens and harvesting wild foods, not pre-packaged solutions, like much of the food. For starters, get rid of the lard.

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