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DEAR READER,

We are excited to present the Spring 2023 issue of the *Texas State Undergraduate Research Journal*. This is officially our seventh year in print, and TXSTUR remains as committed as ever to showcasing the finest student scholarship taking place on our campuses. As we welcome our new president, Dr. Kelly Damphousse, we are especially proud to be a part of the university's mission to grow undergraduate research on our path to R1 status.

Housed in the Honors College, TXSTUR is a student-run, multi-disciplinary journal that publishes original work from undergraduates in all fields and majors. We would first of all like to thank Dr. Ron Haas, our faculty sponsor; Dr. Heather Galloway, Dean of the Honors College; and the Honors College faculty and staff for their continued support.

TXSTUR's rigorous review process relies on the hard work of both student and faculty editors. We would also like to thank all of this year's student editors and the Honors Peer Writing Mentors for their outstanding efforts as well as this semester's faculty reviewers who helped us ensure the integrity and quality of the research. Finally, we would like to thank the student authors who not only submitted their work, but submitted themselves to the painstaking revision process that all TXSTUR articles must undergo.

This year's edition includes a variety of scholarly perspectives on contemporary issues such as physician-assisted suicide, suicide prevention, criminal justice reform, harm reduction programs, and cybersecurity. It also features insightful scholarship on a range of topics from World War II political cartoons to endangered ringed seals. On behalf of the entire editorial team, we are proud to present you with this diverse collection of articles. We hope you enjoy!

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SINCERELY,

CHEYANNE CLAGETT & ELEKTRA JORDAN

MANAGING EDITORS, TEXAS STATE UNDERGRADUATE RESEARCH JOURNAL

COLONIALISM IN BOLIVIA

8

History of the Mines of Potosí Retold: The Continuation of Colonialism in the Present

SCIENCE AND SKEPTICISM

21

On Thin Ice: Comparing the Consistency of Highly Regarded Canadian Arctic Ringed Seal Population Studies

MARGINALIZED SAFETY

31

Sharp! The Dangers around Inaccessibility of Sharps Containers and Needle Exchange Programs in San Antonio, Texas

SUICIDE PREVENTION

51

Supporting Suicide Prevention Efforts in Clinical Settings

WWII ENEMIES IN PRINT

68

Propaganda Cartoons: Germany and Japan in the Eyes of America, 1920s-1940s

88 QUIXOTIC CRIME

Don Quixote and the Spanish Criminal Justice System

98 CYBERSECURITY

Improving Cybersecurity for Telehealth Patients

105 BLACK POLITICAL ART

The Role of the Comics and Cartoons of the Black Press During World War II

117 ETHICS IN MEDICINE

An Ethical Debate: Physician-Assisted Suicide

History of the Mines of Potosí Retold: The Continuation of Colonialism in the Present

Written by Tara Hauwert

Edited by Regina Macias
Reviewed by Dr. Ellen Tillman

The following article navigates the broad strokes of Bolivia's history since the 16th century, using the mines and miners of Potosí as the focal points for the research. The cultural and political systems that have arisen around Bolivia's miners exemplify larger trends that are visible in Bolivia's development up until the present. This article will argue that a colonial presence has not left Bolivia since its independence but has instead manifested itself through foreign intervention and the imposition of free-market economic policies. The consequences of these neocolonial influences include, the rise and persistence of acute poverty, inhumane working conditions, and the structuring of a hierarchy between Bolivia and what are considered "western" countries. The following research undermines this buffer between the past and the present and demonstrates that nations, its people, and our perspectives are shaped by our histories. Analysis of historical written and visual documents, oral histories, interviews, and statistics are used in order to provide a detailed and in-depth perspective.

Mining in the Potosí mountain in Bolivia is recounted today as either an infamous period of the region's history marked by violent forced labor conditions, or as a "golden age" characterized by extreme wealth that poured from the mountain and into the economies of countries around the world. In both accounts, the history of the mines of Potosí is always portrayed as a moment in time that remains in the past. However,

mining at Potosí continues today and still under extremely harsh and inhumane conditions for its laborers. This reality is interconnected with the manifestations of colonization that have prevailed in Bolivia up until the present. Since its creation as a nation, Bolivia has been embroiled in foreign debt. While more recently foreign intervention and pressure to integrate into the globalized free-market economy have driven a neocolonial hold

over Bolivia.

As recently as the beginning of the 21st century, fourteen-year-old Basilio Vargas and his younger twelve-year-old brother Bernardino would visit and chew coca leaves with the god, El Tio, daily before starting work within the mine of La Cumbre at Potosí. They would sprinkle coca leaves over the statue's hands and ask El Tio for protection inside the mines. El Tio's giant form filled the whole entrance room of the mine and loomed over the two young boys whose small dim headlamps were the only source of light in the dark, cave-like mine. El Tio's unnerving face looked out over the room; his big red eyes bulged out of his head, his pointed ears and long curved horns pointed upwards, and his mouth remained slightly open. His long muscular arms rested regally on his bent legs, and he sat surrounded by his many offerings. Basilio repeatedly warned his little brother that if a miner does not sufficiently satisfy El Tio, he will kill the miner and eat his soul. However, when Basilio realized that his brother cowered before El Tio, he taught Bernardino to not fear El Tio but instead to have faith in him. Basilio explained that one must always give El Tio offerings so that he will protect them during their time underground and grant

them the minerals of the mines. During this time with El Tio, Basilio would tell his brother the stories of the origin of El Tio, the mines, and their ancestors and, in doing so, continued the tradition of passing on oral histories.¹



Four-hundred and sixty years before then, in 1545, the mines of Potosí were discovered by the Spanish Empire. According to Garcilaso de la Vega, Spanish colonists had sent a few Incas held in their servitude to look for precious minerals.² De la Vega was born in 1539 as the son of a Spanish conquistador and an Incan princess and grew up in the Viceroyalty of Peru, absorbing the perspectives of both cultures. In his publication on the history of Peru, De la Vega

1 Kief Davidson and Richard Ladkani, "La Mina del Diablo," April 22, 2005, documentary, 10min 30 sec and 25min 10sec, <https://www.youtube.com/watch?v=EEF82oygfgA>.

2 Garcilaso de la Vega, *Historia General del Perú ó Comentarios Reales de los Incas*, vol. 5. (Madrid: Villalpando, 1800), 127, <https://babel.hathitrust.org/cgi/pt?id=ucm.5323802489&view=1up&seq=5>.

recalled his memory of Potosí. He described Potosí as a mountain located on a plain; the lowest part of the mountain had a circumference of one league (about 3.5 miles), it was four leagues high, and the top of the mountain was flat and presented a beautiful view of the landscape.³ At the time, the city of Potosí was situated in a region called the La Provincia de los Charcos which was located within the Viceroyalty of Peru and was surrounded by other regions with productive mines.⁴ However, none became as productive or populated as the Villa Imperial de Potosí. According to Braulio, one of Basilio's foreman, Potosí was more populous than London or Paris.⁵ Statistics from scholar Pieter Muysken demonstrate that Potosí was the 3rd most populated city in the Western Hemisphere at the time.⁶ This was due to the area's increase of Spaniards, indigenous people who had been forced to migrate under the mita system, and enslaved people brought forcibly from West Africa in the early 17th century.⁷ The mita system was established by 16th century Spanish Viceroy Francisco de Toledo and required the

indigenous communities to send 1/7th of their male populations, between the ages of 18 and 50, to work at the mines of Potosí.⁸ Within the mines, this populous multicultural hub gave rise to the syncretism of various cultural beliefs and to the development of a new specialized lexicon from the amalgamation of various languages.⁹ The wealth from the silver generated from the mines was colossal and became an integral part of Spain's rapid accumulation of wealth in the 16th and 17th centuries.

Marking the beginning of the global market, the silver from Potosí influenced the economies of many countries around the world. Álvaro Alonso Barba, a 17th century Spanish metallurgist and priest of the Imperial de Potosí, wrote,

"...the abundance of silver ores that are in the jurisdicción de la Real Audiencia de los Charcas, there is no comparison in the world, they are enough to fill [the world] with riches. In the middle [of the mines of la Real Audiencia de los Charcas] is the never worthily appreciated and

3 De la Vega, *Historia General del Perú ó Comentarios Reales de los Incas*, 128.

4 Álvaro Alonso Barba, *Arte de los Metales: En que se enseña el verdadero beneficio de los de oro y plata por azogue, el modo de fundirlos todos, y como se han de refinar y apartar unos de otros*, (Lima: reimpreso por El Real Tribunal de Minería en la Imprenta de los Huérfanos, 1817), 59-60, <https://archive.org/details/artedelosmetales00barb/page/n3/mode/2up>.

5 Kief Davidson and Richard Ladkani, "La Mina del Diablo," 55min.

6 Pieter Muysken, "Multilingüismo y Lenguaje Mezclado en las Minas de Potosí (Bolivia)," *Asociación de Lingüística y Filología de América Latina* Vol. 33, Issue 2, (2017): 99, file:///C:/Users/Owner/OneDrive/Documents/tx%20state%202022%20fall/HIST%202312%20world%20history/ContentServer%20(1).pdf.

7 Ibid.

8 Ward Stavig, "Continuing the Bleeding of These Pueblos Will Shortly Make Them Cadavers: The Potosi mita, the cultural identity, and communal survival in colonial Peru," *The Americas* Vol. 56, Issue 4 (2000): 535. https://www-jstor-org.libproxy.txstate.edu/stable/pdf/1008172.pdf?refreqid=celsior%3Ad07e1a5b7844b8e7d1d1afcd46eb6a27&ab_segments=&origin=&acceptTC=1.

9 Muysken, "Multilingüismo y Lenguaje Mezclado en las Minas de Potosí (Bolivia)," 97, 103, 109.

admired cerro de Potosí, whose treasures all the nations in the globe have lavishly participated.”¹⁰

When Braulio told Basilio the history of one of Potosí’s mines, he related that in the colonial era they had exploited 46,000 fine metric tons of silver from that mine.¹¹ Despite this abundance of wealth and resources, most of the miners of Potosí struggled to make ends meet under the mita system. During the period of the origin of the mita, Spain was self-conscious of the bad reputation it had acquired internationally since publications such as those by Bartolomé de las Casas had exposed the atrocities committed against the indigenous people of the Americas by Spanish colonizers. The Spanish crown was careful to try to disguise the mita as a fair and humane system instead of forced slavery. Because of this, the mitayos (workers under the mita system) were supposed to be paid a salary 1/3rd to ½ of the amount free workers generally received.¹²

The small amount the mitayos received was not enough to support themselves and their families. As a result, the mitayos were generally

compelled to work on the weeks they had “off” in order to make ends meet.¹³ According to Basilio’s oral history, the mitayos were forced to labor for 6 months out of the year, 20 hours a day with only 4 hours of rest.¹⁴ This intense labor required most mitayos to bring their families with them, including wives, children, and even sometimes parents, in order to assist them in their work.¹⁵ The mita also divided communities and many families, forcing parents to leave small children at home.¹⁶ If a member of a community tried to flee the mita draft, their community would be punished; the governing Spaniards would sell their communal lands and imprison community leaders and members.¹⁷ The work in the mines was extremely dangerous and even outside of the dark caverns the miners were exposed to the toxins of mercury in the process of refining the silver—even though the harmful effects of the element were known at the time.¹⁸ Thus, the mita system not only exploited the indigenous people of the Andes, but also disempowered them by fracturing their communities, killing many of their people through the extreme and harmful labor, and

10 Alonso Barba, *Arte de los Metales*, 59. (Here his words have been translated from Spanish).

11 Kief Davidson and Richard Ladkani, “La Mina del Diablo,” 54–55min 10sec.

12 Ward Stavig, “Continuing the Bleeding of These Pueblos Will Shortly Make Them Cadavers,” 534.

13 Ibid, 534–535.

14 Kief Davidson and Richard Ladkani, “La Mina del Diablo,” 25min 40sec–26min 20sec.

15 Ward Stavig, “Continuing the Bleeding of These Pueblos Will Shortly Make Them Cadavers,” 536.

16 Ibid.

17 Ward Stavig, “Continuing the Bleeding of These Pueblos Will Shortly Make Them Cadavers,” 531.

18 Dave Eaton, “Back to the Silver Mine: Using Historical Empathy to Teach Potosi and the Mita,” *The Sixteenth Century Journal* Vol. 51, no. 2 (2020): 489, file:///C:/Users/Owner/OneDrive/Documents/tx%20state%202022%20fall/HIST%202312%20world%20history/ContentServer.pdf. And Alonso Barba, *Arte de los Metales*, 97–98.

dispossessing them of their land and wealth.

The mita also established a long legacy of reliance on systems of foreign control and hierarchy. The Inca communities were stripped of their own governance and subjected to the Spanish rule of law. The mita system was an integral part of the origin of the world economy to which Potosí contributed. It marked a point in time before the Industrial Revolution when the mass-production of a product was exported across the world and made possible by the exploitation of laborers and the wide stratification of classes. Additionally, the miners were supervised by an overseer who directed and enforced their work—a tangible symbol of the Spanish colonizers' construction of rankings of authority in which they placed themselves as the superior class.¹⁹ Even the miners' living quarters at the bottom of the Potosí mountain were segregated by race and perceived ethnicity of the various communities.²⁰ Basilio recounted that the indigenous miners rose up against the oppressive mita system, but the Spaniards suppressed these rebellions.²¹

One successful method the Spanish colonizers used to maintain their hegemony was to appropriate the significance of the Inca

beliefs around the worship of one of their many gods that, to the Spaniards, looked like a devil with horns and a tail.²² According to Basilio, the Spaniards instilled fear in the indigenous people by threatening that if the mitayos did not continue to work in the mines, their god would kill them.²³ This god is known today as El Tio. El Tio has survived throughout the years by maintaining his role as both a type of overseer and protector according to the fusion of Spanish and Incan beliefs. The origin of the name El Tio was created from the amalgamation of cultures. His name is derived from the Spanish word for God, Dios. The Incas replaced the D with a T because the quechua alphabet does not include the consonant D.²⁴ El Tio is still honored today by the indigenous miners who are simultaneously devout Catholics. They believe that in the outside world God is their protector, but once they enter the mines, God loses control and becomes more distant while El Tio rules the underworld. The violence and death attributed to the mines have continued to be viewed in anthropomorphic ways today. The miners still refer to the Potosí mountain as the mountain that eats people alive, because throughout its history, the mines are

19 Anonymous Spanish artist, *The Silver Mine at Potosí*, watercolor on parchment, The Hispanic Society of America, 1585, <https://projects.mcah.columbia.edu/hispanic/monographs/silver-mine.php>.

20 Ward Stavig, "Continuing the Bleeding of These Pueblos Will Shortly Make Them Cadavers," 532.

21 Kief Davidson and Richard Ladkani, "La Mina del Diablo," 26min 15sec–26min 55sec.

22 Ibid.

23 Ibid.

24 Kief Davidson and Richard Ladkani, "La Mina del Diablo," 26min 50 sec–27min 5sec.

estimated to have taken the lives of 8 million people.²⁵



Although the mita system was abolished by Simón Bolívar's decree in 1825, and Peru established independence from Spain in 1821 (Bolivia was still a part of the region at the time), the influences of the colonial era have irreversibly altered the landscape of the land, society, and minds of the region's people. Basilio's story demonstrates that El Tio still maintains control and fear over the miners. Although his presence is no longer forcing people to work within the mines, and the miners realize that the accidents, explosions, monoxide poisoning, and silicosis are the culprits of their high death rates, El Tio continues to represent a persisting memory of

the violence and oppression of colonization as well as the survival of a piece of an ancient culture through syncretization. Colonization of the region appropriated a system of hierarchy already in place by the Inca Empire to, over time, subjugate all Incas to a low-class and impoverished status. A population that was also subjugated to the genocide of its people, culture, and political leaders as well as to new societal structures around the violent belief of a social hierarchy based on race. El Tio can be seen as the representation of the persisting influences of colonization that have manifested in different ways beyond its official end, and the consequences of the poverty and death these forces continue to engender. Poverty continues to push many of Potosí's indigenous people to extreme situations. The conditions of the mines of Potosí and the fact that hundreds of children still work within them in order to support themselves and their families, are brought on by the consequences of continued colonization. El Tio requires daily attention, devotion, and intermittent llama sacrifices, so that he will be deterred from taking the lives and blood of the miners. Presently, he is still willing to execute the brutal purpose imposed on him by the Spanish upon his syncretized re-birth in the colonial era.

The rise of the independence of Bolivia did not mark a complete severing of colonial pressures from the region, but instead gave rise to new systems of subjugation based on national debt to foreign entities. During the 19th century, foreign loans locked in the hierarchical and economic relationship between perceived “western” countries and “developing” countries like Bolivia. “Western” countries are defined less by geography than by the economic position they have established for themselves and for every other country in the world. The economies of “western” countries are based on the mass exploitation of raw materials from “developing” countries. “Developing” countries then receive foreign loans in order to construct lines of transportation to efficiently move these products around, and the companies that benefit from the extraction of the resources are primarily foreign. Since the economies of these countries depend on producing few specialized resources, they must import the manufactured food and goods from “western” countries. The rise of this system, held together by the world market, has been maintained by military and political intervention implemented by “western” countries who wish to ensure the stability of the flow of the market, the

loyalty of “developing” countries, and the security of their investments.

Bolivia became independent from the remaining Spanish forces in 1825 and, the following year, became an independent region from Peru. The new official region decided to name itself after the famous military leader and statesman who had led the liberation of the former Viceroyalties of New Granada and Peru from Spanish rule – Simón Bolívar. In Cuzco in 1825, Bolívar wrote a letter to the president of the Governing Council explaining that the national debt incurred by the high expenses of war was becoming a serious problem, and it would take a million to a million and a half pesos to repay the debt that had accumulated.²⁶ Bolívar expressed his disapproval and horror that the cities of the Andes, who have access to the rich mines of silver and gold, were reverting to million dollar foreign loans to pay for their armies and administrations and, thus, creating systems that Bolívar believed would ruin the country.²⁷ That same year while in Potosí, Bolívar wrote that the debts of Peru were constantly on his mind (at the time Bolivia was not yet considered completely geographically separate from Peru and was referred to as el Alto Perú).²⁸ He was concerned that the situation had

26 Simón Bolívar, *Reflexiones Políticas*, (Editorial Linkgua USA, 2014), 307, 309, <https://ebookcentral-proquest-com.libproxy.txstate.edu/lib/txstate/detail.action?docID=3194301>.

27 Simón Bolívar, *Reflexiones Políticas*, 309.

28 Ibid, 312.

become dire and that the Ministry of Finance should consider offering all of the region's mines, uncultivated lands, real estate, the rights of all inventions, and "everything that belongs to the government" to English companies in order to pay off the national debt.²⁹

It is paradoxical that the struggle for independence caused the region to become enmeshed in a new colonizing force that manifested itself in national debt to foreign countries. This national debt would overshadow Bolivia from its origin until the present and, as Bolívar predicted, has created an unhealthy system and vicious cycle in which the country has continually depended on foreign entities' intervention. Bolívar's observation of the uselessness of the wealth of the mines in stopping a cycle of foreign dependency also became a recurring pattern. Throughout the history of mines, including that of Potosí, the wealth has been distributed unequally and has tended to flow away from the laborers themselves and towards foreign entities and their Bolivian liaisons—instead of empowering wealth and higher living standards among the miners. In the 19th century Bolivia was released from the hold of the Spanish empire, but subsequently became grasped

within the intangible forces of foreign debt.

The consequences of this transfer of power and influence yielded from afar has extended to the lives of those living and working in Potosí.

Modern colonialism's legacy in Bolivia has given rise to a system in which the perception of progress and advancement of the country is closely linked to depending on "western" countries' intervention. Foreign intervention has contributed to enduring poverty among Bolivian miners. Most of these intervention operations intended to impose free-market capitalism policies to transform Bolivia into an integrated part of the world economy. Juan Lechin Oquendo, the leader of Bolivia's Federation of Miners Union and political leader of Bolivia's 1952 Revolution, explained in a 1987 interview that in the 19th century, after a period of economic prosperity, Bolivia inevitably opened up to a free trade economy.³⁰ The ensuing loss of national control to the influx of foreign economic domination caused the state to regress back into poverty.³¹ Oquendo explained that the free trade system drove the importation of products at a cheaper price than the products produced by Bolivian companies, leading to the increasing closure of national industries.³²

Oquendo believed that Bolivia should

29 Simón Bolívar, *Reflexiones Políticas*, 309.

30 Carlos de Mesa Gisbert, "De Cerca: Juan Lechin Oquendo," *American Television Presents*, canal 6, 1987, interview, 7min 40sec, <https://www.youtube.com/watch?v=rdJTPFWiLzM>.

31 Carlos de Mesa Gisbert, "De Cerca: Juan Lechin Oquendo," 8min.

32 Ibid, 20min.

imitate the U.S. and put protective tariffs on its imports. He explained that while the U.S. is protective of its own industries, it has imposed free trade through the World Bank and International Monetary Fund, so that it can export products at a lower price to countries like Bolivia that have antiquated industries and less protection in the form of tariffs.³³ The World Bank and International Monetary Fund are international extending institutions based in the U.S. that have a history of asserting modern colonialism through projects and loans that produce detrimental consequences and costs that fall upon the working class people of countries such as Bolivia.³⁴

However, at the time, Oquendo believed that it is possible for Bolivia to break-off dependency from the International Monetary Fund because the country has a massive amount of resources, especially mineral resources, that could be used to strengthen Bolivia instead of transferring this power and wealth to foreign entities through private companies.³⁵ His words hauntingly resemble those of Simón Bolívar more than a century earlier.

The Bolivian Revolution of 1952 strived

for a radical restructuring of the trajectory of the country. The main objectives of the Revolution were to nationalize the mines, diversify the economy, and raise laborers' wages, among other efforts aimed towards raising Bolivia, especially its labor sector, out of poverty and into a thriving economy that would more equally benefit its people.³⁶ The Revolution was led by labor unions and leftist parties that believed that Bolivia's state of foreign economic dependence was causing its poverty.³⁷ However, these efforts for progress were never comprehensively implemented and they paradoxically intertwined with conventional forms of foreign dependency— particularly with the U.S. According to a New York Times article published in 1971, the U.S. financially backed these efforts for progress. The publication states,

“...the United States made loans and grants of \$500-million between 1952 and 1970 to support Bolivia's budget, purchase food supplies, rehabilitate the bankrupt state tin mines, and finance agricultural diversification, industries, transport and social projects. This United States investment of foreign aid in Bolivia's

³³ Carlos de Mesa Gisbert, “De Cerca: Juan Lechin Oquendo,” 21min 35sec–22min 25sec.

³⁴ Jeffrey D. Sachs, *The End of Poverty: Economic possibilities for our time*, (New York: The Penguin Press, 2005), 100, 104, http://www.economia.unam.mx/cedrus/descargas/jeffrey_sachs_the_end_of_poverty_economic_possibilities_for_our_time_2006.pdf; Muireann de Barra and Aisling Crudden, “Water Raising,” 2012, documentary, <https://vimeo.com/109807039>.

³⁵ Carlos de Mesa Gisbert, “De Cerca: Juan Lechin Oquendo,” 35min 25sec–36min 30sec.

³⁶ Ibid, 38min.

³⁷ Juan de Onis, “U.S. Companies in Bolivia Uneasy,” *The New York Times*, May 30, 1971, p. 3, <https://www.nytimes.com/1971/05/30/archives/us-companies-in-bolivia-uneasy-left-urges-government-to-step-up.html>.

development continues at a high rate.”³⁸ Additionally, even though the Revolution spurred a wave of successful nationalizations of Bolivian mines that had previously been conceded to U.S. enterprises, the Bolivian government was obliged to pay these companies large sums of money to compensate for the early termination of the contract.³⁹ The following governments continued to trade one kind of dependency for another. The Bolivian government even followed the advice of foreign economic advisors who directed them to obtain foreign private investment in order to increase the profit of sectors such as mine development.⁴⁰

A complete reversal of the efforts for Bolivia’s economic independence was sealed with the Decree 21060 passed in 1985 in response to hyperinflation. This decree included guiding points laid out by U.S. economist and public policy analyst Jeffrey Sachs. His limited knowledge of Bolivia at the time did not even extend to an understanding of where exactly the country was located on a map. However, because of his economic expertise he was recruited by the Bolivian government to help create a plan to reduce the hyperinflation crisis of 1985.⁴¹

This plan came in the form of Decree 21060. According to Sachs the decree was a success that stopped the hyperinflation within one day and set the groundwork “for Bolivia to move from a statist and closed economy—typical of third world countries of the day—to a market-based, open economy.”⁴² However, he admitted that it did not help Bolivia’s extreme poverty.⁴³

Sachs was unaware of an in-depth history of Bolivia and thus did not know, as Oquendo knew, that Bolivia had once been incorporated into the free market economy and that this had caused the state to spiral into poverty as it shifted profit away from national Bolivian companies and enterprises. According to Oquendo, there was a firmly established “feudal mining apparatus” in place during the period of free-market reign, that the Revolution had aimed to destroy.⁴⁴ A return to this exploitative system would certainly not mean a road to higher living standards for the miners. Sachs’s advice was congruent with the modern western belief that “third-world countries” experience extreme poverty because of isolation from the world economy, mismanagement of finances, and other factors that avoid considering historical connections. These ingrained beliefs

38 Juan de Onis, “U.S. Companies in Bolivia Uneasy,” 1971, p.3.

39 Ibid.

40 Ibid.

41 Sachs, *The End of Poverty*, 91–92, 97.

42 Sachs, *The End of Poverty*, 95.

43 Ibid, 96, 103.

44 Carlos de Mesa Gisbert, “De Cerca: Juan Lechin Oquendo,” 6min.

in the minds of “western” countries, especially the U.S., and even among Bolivia’s government, drive the narrative that Bolivia needs the constant intervention of a foreign authority that has more power and rationale to impose solutions on Bolivia’s people. Sachs looked for quick fixes that overlook Bolivia’s issues rooted in its colonial history. Within that same year hyperinflation had returned and Sachs was called back to Bolivia by President Víctor Paz Estenssoro to help create another solution.⁴⁵ The government blamed wage increases for the hyperinflation.

After Sachs advised the president to sell the country’s foreign exchange reserves to stabilize the exchange rate, the president declared that his plan to avoid future inflation was to avoid any wage increase.⁴⁶ Oquendo disagreed that wages caused the inflation, but instead argued that the neoliberal model of currency circulation was causing hyperinflation.⁴⁷ As the former leader of the union of miners he believed in raising wages for laborers and redistributing the circulation of money within the economy instead of printing more money as the government had done.⁴⁸ Oquendo also explained that laborers faced a raise in taxes while private companies had been forgiven of their

debts to the government.⁴⁹ This policy was most likely intended to attract foreign businesses to the country.

Therefore, it can be argued that former President Paz Estenssoro was using the laborers, who had been striving towards higher wages, as a scapegoat for the situation. Decree 21060, backed by U.S. academics and advisors, was used to also pass oppressive measures in order to demoralize laborers. Among many injustices Oquendo felt the decree authorized, the union’s ability to strike came under attack and thus did their ability to defend themselves from the exploitation of capitalists and private companies. After the passage of the decree, Oquendo observed the government attempting to rid the country of the workers’ vanguard and any obstacle in between laborers and capitalists.⁵⁰

To add to the forms of foreign interventions permitted during this turn in Bolivian politics, only a year after Decree 21060 was passed, the U.S. began military intervention operations in Bolivia which caused further economic instability and another financial crisis.⁵¹ Additionally, Sachs encouraged the continuation of the trend of trading one type of dependency

45 Sachs, *The End of Poverty*, 98.

46 Ibid, 99.

47 Carlos de Mesa Gisbert, “De Cerca: Juan Lechin Oquendo,” 30min 5sec.

48 Ibid, 10min 35sec and 30min 15sec

49 Carlos de Mesa Gisbert, “De Cerca: Juan Lechin Oquendo,” 10min.

50 Ibid, 25–27min.

51 Sachs, *The End of Poverty*, 103.

for another: he pushed for the cancellation of Bolivia's foreign debt while at the same time advising Bolivia that a road to stability entailed pursuing more foreign aid- which in turn leads to the accumulation of more foreign debt.⁵² As Sachs learned more about Bolivia, he attributed many factors to Bolivia's poverty, with special emphasis on its geography, which he perceived to be a disadvantage to its economy and a major factor isolating Bolivia from the world market.⁵³ However, none of the factors he listed pertain to Bolivia's history or to the persisting colonial systems and beliefs that have lived on through the globalization of a singular world economy and constant foreign intervention.

A separation from the history of Bolivia can cause a loss of essential perspectives when dealing with issues today that are entrenched in a deep and complex past. The mines of Potosí would not continue to be used today if it were not for extreme poverty that is sustained by structures of power and belief systems rooted in the colonial past and alive in currently imposed economic and social systems. Basilio, Bernardino, Saturnin (their first foreman), and Braulio all stated that they know they are sacrificing their lives for their



families, because they know that their career laboring in the mines will solidify their death at an early age.⁵⁴ Basilio made clear that he would not work in the mines if he had the means to support himself and his family.⁵⁵ At the same time, Bolivia is still indebted to foreign entities and continues to have foreign intervention in the name of progress and advancement of the country, as well as the belief that "western" countries have more authority of judgment and power to decide how Bolivia should develop itself.⁵⁶ Awareness of how these ideologies and policies affect the lives of Bolivia's miners is important to understand the history of the relationship between "western" and "developing" countries.

52 Ibid.

53 Sachs, *The End of Poverty*, 104-105.

54 Kief Davidson and Richard Ladkani, "La Mina del Diablo," 14min, 19min, 1hr 15min 35sec.

55 Kief Davidson and Richard Ladkani, "La Mina del Diablo," 6min 40sec, 1hr 16min 40sec.

56 Muireann de Barra and Aisling Crudden, "Water Raising," And IMF Staff, "Bolivia: 2021 Article IV Consultation-Press Release; Staff Report; and Statement by the Executive Director for Bolivia," 2021, file:///C:/Users/Owner/Downloads/1BOLEA2021001.pdf.

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On Thin Ice: Comparing the Consistency of Highly Regarded Canadian Arctic Ringed Seal Population Studies

Written by Kacy Wycoff

Edited by Felicity Guajardo

Reviewed by Dr. Richard Dixon

As global warming has continued to affect the planet's biosphere, the future of vital organisms in the most vulnerable ecosystems has become less certain. The Canadian Arctic, one of the most susceptible regions to climate change, has experienced hundreds of primary and secondary populations becoming extinct or endangered as a result of warming temperatures and depleting sea ice. This article examines the results of two different investigations into the population density of ringed seals, *Phoca (Pusa) hispida*, an essential organism in the Arctic marine food web, as related to sea ice concentration. Each set of results was aligned with daily Arctic sea ice concentration satellite images from the National Snow and Ice Data Center to determine the credibility and accuracy of each article's findings. It is concluded that the articles share similar results with each other and with the NSIDC, though large lapses in time and restrictive season-based methodology prevent concrete conclusions to be made regarding reliability. These results provide a further outlook on the importance of source reliability and relevance.

Introduction:

In November of 2022, COP27, a worldwide climate change conference held by the United Nations, included a "biodiversity day," in which matters were discussed regarding the loss of animals and other organisms across the planet (COP27 2022). With many believing that protecting biodiversity would be directly

correlated to protecting the Paris Agreement, the concept of protecting vital species became a new priority for the organization. As more extreme temperatures and weather events make their way into the biosphere because of climate change, the loss of these organisms becomes a greater concern for the future of the planet. The Arctic Ocean, serving as the life source for much of Canada and

neighboring countries, has seen stark changes to its environment, including declining sea ice cover, acidification of water, and rapidly warming temperatures (Buchart et al. 2022; Chambellant et al. 2012; Ferguson et al. 2012; Glissenaar et al. 2021; Pernov et al. 2022; Ready, E., and P. Collings 2021; Young et al. 2014). These developments have seriously threatened many of the ocean's marine organisms and, in turn, have led to more issues for the environment in a positive feedback loop.

For example, the ringed seal (*Phoca (Pusa) hispida*) is the most abundant marine animal in the Canadian Arctic and serves as an important species for the marine food web (Born et al. 2004; Chambellant et al. 2012; COSEWIC 2020; Reeves 1998; Winsnes 2022; Young et al. 2014). The species is pagophilic, meaning that they require ice to live, and further, need very specific conditions of ice in order to thrive (COSEWIC 2020). Regions in the Canadian Arctic with abundant sea ice have seen sharp declines in the total amount and distribution of ice cover, which creates risks for ringed seals relying on ice cover.

Researchers studying sea ice concentration in the Canadian Arctic have utilized a wide variety of study methods with some overlapping techniques being used over the years. Observing the median levels of sea ice requires data to be

collected over an extended period of time in order to find patterns or relationships that can help to draw results. Posdaljian et al. (2022) employed the use of 18 different recording devices all positioned at the same point on Baffin Bay from 2015 to 2019, which then recorded the concentration of sea ice within a 20km radius of their positions. N. Steiner et al. (2015) used a similar long-term method of gathering data from coupled ocean and sea ice models released 1977–1990 and 2000–2010 to determine sea ice concentrations. Though these methods were able to provide year-round information regarding sea ice, they suffered from limiting spatial barriers, as seen in the Posdaljian et al. (2022) study that failed to provide data outside of the radius of the recording sites. Some scholars have faced barriers in their research as seasonal fluctuations in weather and climate put restrictions on data-collecting methods like marine-based devices that are only able to capture data in temperate months. Zweng et al. (2006) used data from The U.S. National Oceanographic Data Center to find warming rates of Baffin Bay from the 1950s on, though estimates were only captured in the months of July, August, and September. Lapses in full-scale temporal analysis cause insufficient confidence in the results of the research and create a wide space for inferences to be made regarding the remaining months of the

year.

The results of research completed by scholars regarding sea ice concentration have also formed similarities in future projections of sea ice density. Kwok et al. (2020) concluded through three different datasets that 50% of former multi-year ice regions in the Canadian Arctic have now been labeled as seasonal ice regions, seeing less consistent ice per year. The N. Steiner et al. (2015) study used similar methods of multi-source analyzation by using multiple Representative Concentration Pathways to conclude a 13.8% decrease in sea ice concentration within Baffin Bay from 2005 to 2017, further supporting the previously found decline from the Kwok et al. (2020) research.

The relations between sea ice concentration and ringed seal population in the Arctic have been researched through a variety of methods as well. There has been great reliance on tracking marine populations through aerial observation as shown in the Chambellant et al. (2012) study. In doing so, scholars used data from aerial surveys completed in three different time periods, from 1995–1997, 1999–2000, and 2007–2008 to take note of the number of ringed and bearded seals in the Canadian Arctic. A Young et al. (2014) study, similar to the Chambellant study, utilized aerial surveys in their data gathering.

The Argos satellite system was used to detect the movement and spatial distribution of ringed seals spotted in the Canadian Arctic over a period of 18 years which helped researchers to draw conclusions on the number of seals present in the area. Similar to the lapses in time seen in the research of sea ice concentration in Baffin Bay, there is a large gap in data offered for months of the year outside of spring and summer months. The Chambellant et al. (2012) and Young et al. (2014) studies have both been extensively referenced in research regarding ringed seal populations in the Canadian Arctic. Though their influence has continued to remain relevant in the field, their results have yet to be cross-referenced with reliable year-round data on sea ice concentration, therefore raising questions regarding the reliability of the sources themselves. By utilizing archived daily sea ice concentration data from the National Snow and Ice Data Center (NSIDC), the results found in each study can be compared to those found from NASA satellites which serves as a form of comparison between the two studies. Implementing this technique of temporal analysis allowed gaps in time to be filled with information that supports the claims made in this research.

Methods:

The methods implemented for this research

employed both quantitative and qualitative analyses of reputable datasets. Information regarding sea ice concentration was gathered from The NSIDC archives to include a primary source of information with data relevant to the study (NSIDC 2022). The NSIDC uses NASA satellites to produce daily images of sea ice distribution in the Canadian Arctic (NSIDC 2022). As of now, the organization is the first of its kind to include data on such a small scale and is, therefore, the most reliable source for this information given the temporal and technological advances that it provides.

In the analysis of the spatial distribution of ringed seals, two of the most referenced and highly regarded studies on the species were consulted, those being the Chambellant et al. 2012 study and the Young et al. 2014 study. Through gathering data on the number of times each article was referenced was recorded it was found that the two articles were referenced by nearly 75 percent of all articles, journals, and websites that researched ringed seal populations in the Canadian Arctic. In both referenced studies, the population density of ringed seals was consistently kept as the main focus and surveys were completed in the spring and summer months (Chambellant et al. 2012; Young et al. 2014). Each study provided their results in the form of charts with

some distributional maps of Hudson Bay used to visualize their findings. In this study, the two articles' results regarding ringed seal population density were input into Microsoft Excel. A line graph was then created with this data representing the shared results. The results of the referenced two studies were compared with the NSIDC's daily sea ice concentration measurements to determine the overlap of the ringed seal population and sea ice concentration at the time the data were collected.

Results:

The comparison of Chambellant et al. (2012) and Young et al. (2014) ringed seal density findings revealed an almost identical correlation in numbers, with slight variability in 1995 and 1997. As Figure 1 shows, the Young et al. (2014) study conducted three more recent surveys in 2009, 2010, and 2011, as opposed to the Chambellant et al. (2012) study which ended in 2008.

To create a three-variable bar graph, sea ice concentration data found through the NSIDC NASA satellite database were used. Nimbus SMMR and SSM/I-SSMIS satellite images from the NSIDC database provided rounded averages for the percentage of sea ice in the Hudson Bay area, which created the reference point for the additional two sources to be compared to. Sea ice concentration data as provided by the

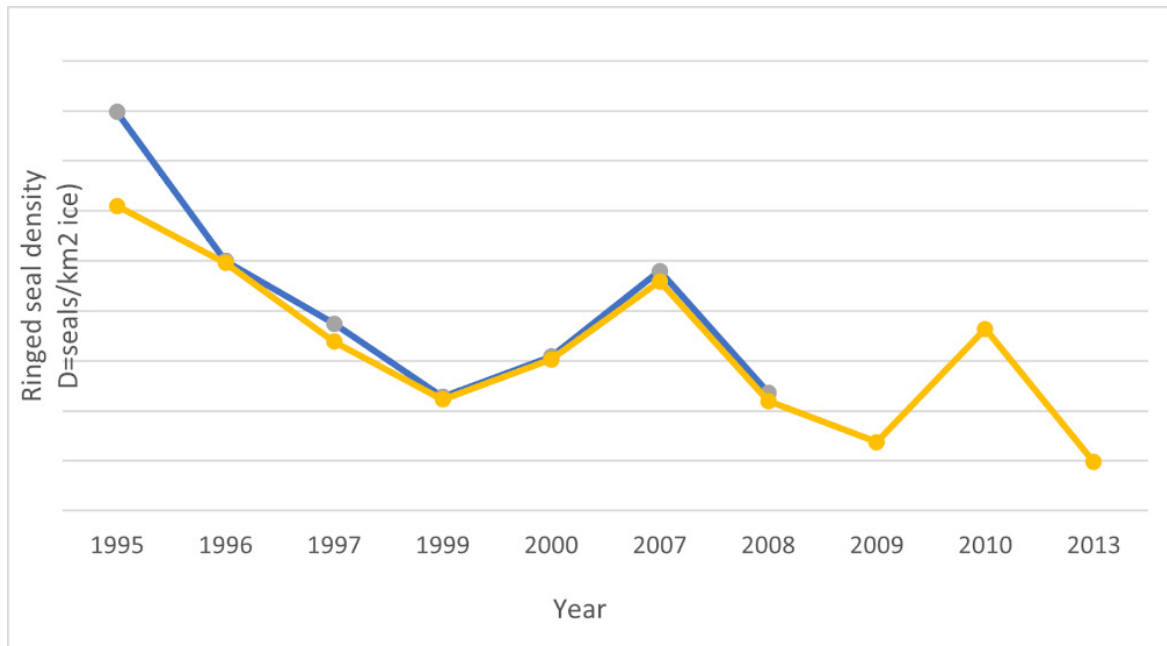


Figure 1 Ringed Seal Density per Year Recorded

Note. Ringed seal (*Pusa hispida*) density ($D=\text{seals}/\text{km}^2 \text{ ice}$) results from Chambellant et al. (2012) and Young et al. (2014) studies for all years that surveys were recorded.

Chambellant et al. (2012) and Young et al. (2014) studies were input into this dataset along with sea ice concentration data from the Nimbus satellites. All three data sources shared similar results in sea ice coverage as shown in Figure 2, with the NSIDC finding higher percentages in 1995 and 2009.

Discussion:

Figure 1 reveals the highest spike seen in ringed seal density between 1999 and 2007, with another similar rise in density between 2009 and 2010. For all survey years, results remained consistent with one another and formed a correlation between the Chambellant et al. (2012) and Young et al. (2014) studies. Reasons for this strong association could be

attributed to the identical geographic location, data collection during the same season, and similar methodology with which each survey was completed (Chambellant et al. 2012; Young et al. 2014). Significant deviations in results between the two studies were infrequent, with only two evident disagreements in 1995 and 1997 (Figure 1), possibly due to harsher weather in the Arctic for these years (Chambellant et al. 2012; Higdon, J.W., and S.H. Ferguson 2009; Luque et al. 2014; Posdaljian et al. 2022; Steiner et al. 2015; Young et al. 2014). In verifying the accuracy of ringed seal density based on sea ice concentration, results were compared to data from the NSIDC satellite projections. Daily images taken from the Nimbus SMMR and SSM/I-SSMIS satellites

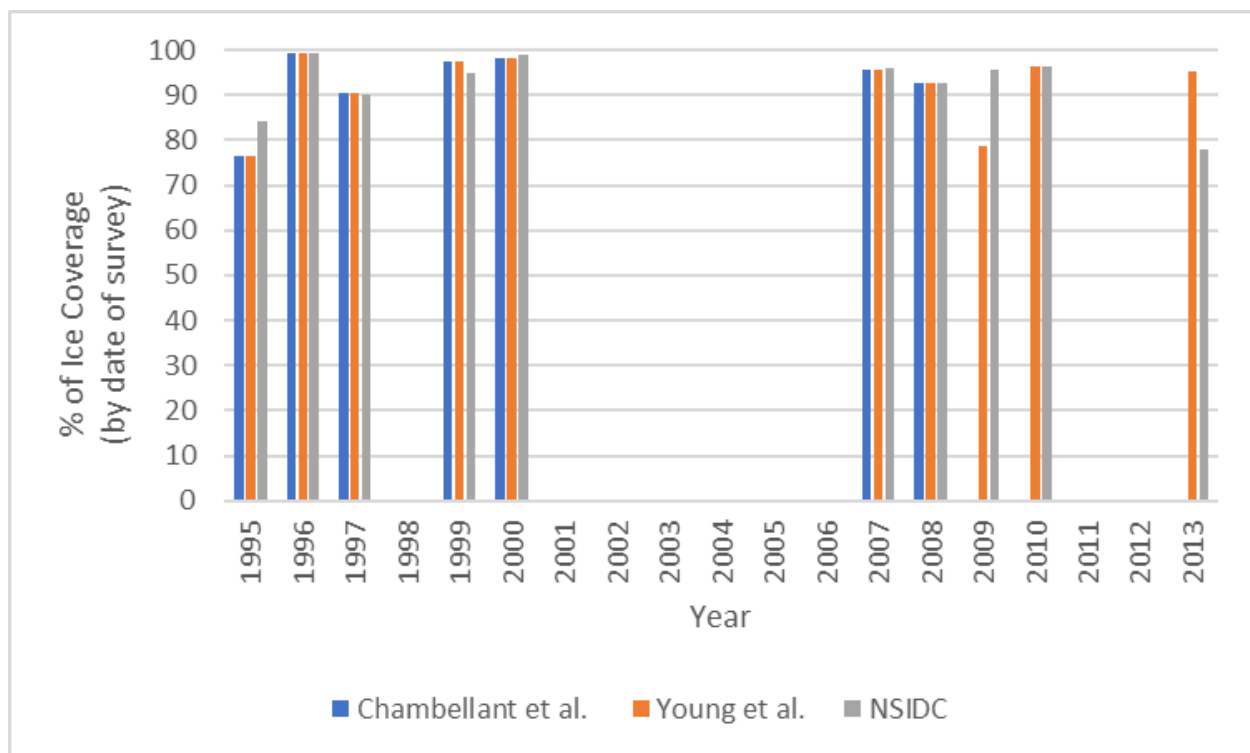


Figure 2 *Sea Ice Concentration per Year Recorded*

Note. Percent of ice coverage by date of survey for Chambellant et al. (2012), Young et al. (2014), and NSIDC Nimbus 7 SMMR and SSM/I-SSMIS results (NASA).

averaged consistent percentages that related strongly with those from Chambellant et al. (2012) and Young et al. (2014). Figure 2 displays this relationship, with significant differences in sea ice concentration for the years 1995, 2009, and 2013. Regardless of these inconsistencies, a nearly 65 percent similarity score was calculated through the analysis of all sea ice concentration levels to build credibility in the Chambellant et al. (2012) and Young et al. (2014) results. Further, the comparison of these studies to a hyper temporal-specific database such as the NSIDC contributes to the reliability of the results and verifies their authenticity.

Results in Arctic marine life research vary based upon the methods utilized, though there is a general consensus that larger Arctic marine animals tend to be sighted more frequently when ice concentrations are low (Born et al. 2004; Chambellant et. al 2012; COSEWIC 2020; Higdon, J.W., and S.H. Ferguson 2009; Luque et al. 2014; Reeves 1998; Wenzel, G. W. 2009; Seguin et al. 2022). This negative correlation between sea ice concentrations and large Arctic marine animal sightings is supported by many arctic sea ice concentration researchers and government databases alike (Luque et al. 2014; Chambellant et al. 2012; Ferguson et

al. 2012; NSIDC 2022; Posdaljian et al. 2022; Steiner et al. 2015). According to these sources, spring and summer months have the lowest concentrations of sea ice. Both the Chambellant et al. (2012) study and the Young et al. (2014) study sought to support the hypothesis that sea ice concentrations are negatively correlated with ringed seal populations. this notion. Low sea ice concentrations in 1995 seem to correlate with increased ringed seal populations (Figure 2), which supports the notion of a negative correlation between the two variables. Surveys completed in the following years generally continue to justify this correlation as increases in sea ice concentration lead to lower populations of ringed seals, though data from 2007 and 2010 display the opposite. Figure 2 provides evidence of consistent sea ice concentration levels for both years, whereas data from Figure 1 displays sharp increases in the number of ringed seal populations. This discrepancy raises questions regarding the consistency of ringed seal surveys completed by both Chambellant et al. (2012) and Young et al. (2014). This discrepancy could be attributed to multiple issues such as weather interference or inconsistencies in the survey equipment used. Despite these variabilities, the generally strong relationship in results from all three sets of data as shown in Figure 2 affirms the reliability of the

Chambellant et al. (2012) and Young et al. (2014) studies.

In formulating research, it is vital to ensure that the sources used are accurate and comparable to other forms of reputable information. Results from this study supported the reliance on the 2012 Chambellant et al. (2012) and Young et al. (2014) studies through multiple strong correlations in information and comparisons to an outside reputable government database, the NSIDC. Multiple limitations, however, prevented strong conclusions being made from this research. Despite accurate data, missing surveys for 2009, 2010, and 2013 from the 2012 Chambellant et al. (2012) study created a large gap in the data and decreased the reliance on the results. Further, restricting surveys to only spring and summer months failed to provide data for year-round ringed seal populations. Including these factors in future research attempts on the matter may result in more certain results, though it may be difficult to do so due to weather patterns commonly placing constraints on marine research (Chambellant et al. 2012; Higdon, J.W., and S.H. Ferguson 2009; Luque et al. 2014; Posdaljian et al. 2022; Steiner et al. 2015; Young et al. 2014). Though the molting and reproductive phases of ringed seals take place in the late spring and early summer months, completing

surveys during all calendar months can help to reveal unknown patterns in the distribution of ringed seals outside of the normal observation periods (Chambellant et al. 2012; Luque et al. 2014; Moreland et al. 2013; Young et al. 2014). Performing surveys of all months could provide more opportunity for research to be completed analyzing population patterns during times that are typically overlooked by researchers.

Completing this research provided the opportunity to view heavily referenced resources in a new light. Recognizing the limitations of the studies analyzed helped to show new considerations for future research choosing to investigate areas with similar climate conditions as the Canadian Arctic. Though the results of this research did not provide the opportunity for a concrete conclusion, the information gathered has illuminated more gaps to be filled through the ethical and informed gathering of data.

Cross-examining sources rather than relying solely on their results can show contradictions to information and may extend the opportunities of future research projects. Cross-examining sources will expand the world of research and put emphasis on maintaining a transparent and trustworthy dataset available to the public for further use.

Future research endeavors should consider

the use of weatherproofed satellites similar to the Nimbus 7 SMMR used by the NSIDC for the measuring of sea ice concentration. Doing so will not only provide more accurate year-round results but will also create an easier form of data collection so that researchers will not be required to participate in aerial surveying. This is not to say that aerial surveying should be entirely phased out, however, as it can provide another step to the result confirmation process by comparing the outcomes of the satellite surveys to those from alternate forms of data collection. Acquiring new data in this field of study will allow awareness to be spread regarding sea ice concentration in some of the world's most sensitive marine environments. Putting focus on this will hopefully create new opportunities for researchers to gain a better understanding of marine life and ecosystem health.

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Sharp! The Dangers around Inaccessibility of Sharps Containers and Needle Exchange Programs in San Antonio, Texas

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Edited by Mackenzie Acree
Reviewed by Dr. Nicole Taylor

This ethnography attempts to capture what San Antonio provides with its pilot needle exchange program and how harm reduction advocates have interacted with the complicated legal landscape in Texas. First, breaking down the legal landscape within Texas to build an understanding of how San Antonio is legally allowed to operate a pilot program and then jumping into the major themes presented from participant data to unpack the intersection of identity, stigma, and access to healthcare. I draw upon my own experience volunteering with harm reduction outreach and the experiences of seven participants who live and work as harm reduction advocates in San Antonio. Ethnographic data was gathered following semi-structured interviews conducted over the phone and transcribed. The data was thematically assessed to facilitate the unpacking of consistent themes among interviews which dealt with socioeconomic position, communication and support among the community, nationwide political narratives, and the morality of the drug user.

Positionality & Experience

The purpose of this research project is to describe what the city of San Antonio provided with its pilot needle exchange program and how harm reduction advocates and workers have interacted with the complicated legal landscape in Texas. The community of San Antonio seems to have a dynamic culture of intense community

care. I often hear it described as a city that feels like a small town. People know each other, know of each other, and express care about each other. This community of care seems to have existed in San Antonio for a while, which is demonstrated through the community's resilience and persistence in having some form of needle exchange program, regardless of the legality. It's

because of the community culture of care that this topic of harm reduction first came to my attention.

In 2020, I volunteered to clean up a houseless camp in San Antonio located under I-35 and Austin Street. I spent an afternoon working among several other volunteers to pick up trash, needles, and human excrement. On that day of outreach, I became aware of the issues surrounding sharps containers and needle exchanges as we came upon a portion of the camp dedicated to all that was undesired and hazardous, including a massive pile of shit mixed with needles. Having few options, we decided the best way to clean up the area was to shovel this mixture into double-bagged, heavy-duty black trash bags. It was then that I became increasingly curious about what state support was available and who received it. Additionally, as a nonbinary individual who uses syringes for masculinizing hormones, I wondered what my experience would be if I were houseless.¹ How hard might access to sterile syringes and sharps containers be? I am not solely concerned about the trans experience of houselessness, but about the accessibility of sterile syringes for any medical conditions, such

as diabetes or immunosuppressants for arthritis as well. Syringes are daily medical necessities for many Americans.² What I realized on that day in 2020 was that my experiences had always been on the side of privilege. That heap of waste was a clear manifestation of the experience of the underprivileged who, like me, also utilize syringes. Before me was the evidence that compelled me to ask, what separated my syringe use from theirs? I shoveled and I pondered the stigmatization of syringes until the stench coupled with my own thoughts nauseated me. Henceforth, I set out to understand what circumstances might have brought into existence that hazardous heap of waste.

Methods

Most participants were referred to me through other fellow participants. I became acquainted with my initial participant through my volunteer work with Yanawana Hebolarios, meaning that a majority of my participants knew of each other and/or had worked with each other for years. I initiated contact by emailing each participant an IRB approved recruitment script that detailed the topic and purpose of this project

1 According to Frederick “Homeless sexual minority young people are consistently found to have higher rates of mental health problems, drug use, sexual health risk, and victimization than their heterosexual counterparts”. Chpt. 22. Diversity at the Margins: The Interconnections Between Homelessness, Sex Work, Mental Health, and Substance Use in the Lives of Sexual Minority Homeless Young People.” In *Handbook of LGBT Communities, Crime, and Justice*, 748-797. Berlin: Springer Science & Business Media, 2013. Epub.

2 According to the National Diabetes Statistic Report 37.3 million Americans have diabetes. CDC. “The Facts, Stats, and Impacts of Diabetes.” *Centers for Disease Control and Prevention*. Last modified June 20, 2022.

along with the benefits and risks. Following their response, we would coordinate a date for the interview. I gave each participant a twenty-five dollar Vanilla electronic gift card, delivered via email. I kept no permanent records of their contact information.

I conducted interviews over the phone with harm reduction advocates in San Antonio, recording and later transcribing each conversation. Initially, I had seven interview participants; however, one of the audio recordings came out too garbled to be viable for me to complete a transcript. I was able to follow along with most of the garbled audio using my post interview notes, but most of the interview data was nonviable. Each interview followed a semi-structured protocol with 18 main questions and two to three follow-up questions, as appropriate. The interviews themselves varied greatly in duration of time, from one hour to over two hours. I compiled notes from memory after completing each interview as a means of highlighting what initially stood out to me. Over the next 6 months, I slowly transcribed each audio interview. I assigned each transcript a random number and then created my key for the pseudonyms participants were given. The transcriptions served as paper evidence to allow me to locate and pull recurring themes and

compile them into a list which I used to build my outline.

Participants

One location was a rather large, organized camp beneath the highway 37 bridge between 9th Street and Brooklyn Avenue. This was where I was working, among other people, with Balinda. I volunteered with her to work outreach events at those two locations where we went around houseless camps asking folks what goods they needed and if they had any injuries they would like to be seen by a volunteer herbalist medic. Balinda is a charming and confident woman with little doubt of the impact of her actions. She has lived in San Antonio most of her life with a few years in Houston and Floresville. She first became aware of substance misuse and abuse in high school and later became even more intimately acquainted with the topic in her late twenties, due to a partner. Balinda explained she had seen substance misuse and abuse in her community: “I’ve always recognized [substance misuse] has been a big problem with the indigenous community. So, I mean, I can’t really think of a time when, you know, when I didn’t see it as a thing in our community.” These experiences have informed her sense of community. She regularly provides medical assistance to marginalized

community members throughout San Antonio. She is a strong advocate for the houseless and is well positioned to continue her meaningful work within the community.

João is a retired social worker. She has lived in San Antonio since 1996, when her family eventually settled here. She is kind yet stern in speech with much insight to offer. Prior to 1996 she lived around Texas as well as internationally. She had been in social work since the mid-1980s, and starting in 1996 she began to work in the field of HIV and AIDs with a non-governmental organization. She retired around 2011 but remains an active advocate by volunteering within San Antonio. She has personally been impacted by substance misuse issues. She told me over the phone, “I’ve known about it since probably 8 years old. We were in Wichita Falls and a guy ran 6 lanes of traffic and hit the van on the front siding. I wore a neck brace and my spine is now fused from that car accident. Thanks to the paramedics that got me out I’m still alive and not paralyzed. And people were saying, ‘Don’t you just want him to be crucified?’ I said ‘No, I want him to go to treatment’. This is what needs to happen. They go to jail and as soon as they get out they go right back to the bar. And this guy was 25! He got arrested for alcohol and they plea bargained his case.” Her experiences have led her

through a rich career and decades of community work within San Antonio that explores the intersections of community support and the legal justice system.

Khoshekh is a lifelong resident in San Antonio and has extensive family ties in the area. While speaking with him I noticed his genial spirit in speech. He knows how to keep a listener engaged! Koshekh maintains a career as a chemical dependency counselor alongside his volunteer service hours working in local harm reduction programs. His experiences living in San Antonio offers a rich account of life within the community. From parties to overdoses, he has history in the city. In part, this is due to his years working in transportation coupled with his own curious nature. He described his first experience with intravenous substance use: “I didn’t know anything about IV drug use until I went to a party near Our Lady of the Lake University. I caught someone using IV drugs, we’re talking 1971. It caught me off guard, you know, I wasn’t exposed but that’s how I became aware of it. It happened at an apartment. I went to use the restroom and the guy had passed out. Next thing I did was put him in the shower trying to get him awake. I had no idea what to do with someone overdosing on heroin.” He described to me another overdose experience from his

days working in transportation, following up with, “It was a good evolution for me to become a counselor because I don’t like to see people getting hurt.” Khoshekh channels his concern into educating his community about substances and preventative medicine through his volunteer work within the community and his work as a chemical dependency counselor.

Cecil has lived in San Antonio for 40 years. He served in the Army and settled in San Antonio around the early 1950s. Prior, he was a globetrotter having lived extensively throughout Asia, specifically Vietnam and Japan. He spoke thoughtfully and kept the conversation at an even pace. His career background is in public health, having earned his first bachelor’s degree in bacteriology. Later on, he earned his master’s degree in archeology from the University of Texas in San Antonio. He applied his bacteriology degree towards community health when he started work at a hospital in Del Rio where their interest was in HIV prevention. This expanded as he began to take up public service at the statewide level, where he became a member of a planning committee that created programs to help slow the spread of HIV. He became an active agent in San Antonio’s HIV prevention planning when a group approached the planning committee to ask for support in establishing a needle exchange

program in the city. Outside of his professional experience in HIV prevention, he has personal experience with substances. He describes himself as a recovered alcoholic and has been a member of Alcoholics Anonymous for over 30 years. Cecil was influential in advocating for legislation for a needle exchange program within San Antonio, and he is regarded by some as an outstarter.

Jack was born and raised in San Antonio. He lives a busy life—I managed to catch him for an interview between meetings. Jack works as an alcohol and drug counselor with 25 years of experience. Additionally, he maintains his volunteer work in harm reduction on top of his position as a Pastor. Jack started noticing substance abuse at a young age and he noted that “substance abuse is something that you see in the community, and usually it doesn’t really become an issue until it starts hurting you.” He spoke of aunts or uncles that carried flasks and drank too much starting on the weekends, continuing into the weekdays. As a man of the cloth, Jack deals with the marginalized and uses his position within the city to advocate for housing justice with the city council. He is an active political member in San Antonio who can provide a detailed account of the experiences of gentrification throughout San Antonio. Not only this, he can also recount a detailed history of the rise of HIV in San Antonio

and the portrayal of the disease in popular media. Jack remains connected to his community through political involvement and his volunteer work on the streets. He has been influential in the local political scene, and, like Cecil, he is regarded as an outstarter in San Antonio.

Adi is a lifelong resident of San Antonio. They grew up on the Southside and recalled noticing substance abuse and misuse at a young age. They were personally impacted because their older sibling struggled with an addiction to crack cocaine. Despite the prevalence of substances within their community, growing up, Adi noticed that HIV was not something they learned much about from their community, but rather as an adult from the LGBTQIA+ community and their previous volunteer work around HIV prevention in San Antonio.

Harm Reduction & Needle Exchange

As an introduction into the layers of harm reduction, I present to you a synthesis of my participants' collective input. Firstly, let us establish that harm reduction does not necessarily include needle exchange. Needle exchange is a component to a harm reduction program; however, as often is the case in Texas, harm reduction programs exist without needle exchange. In a broad sense, harm reduction can

be likened to an ideology, an extension of faith, a commonplace practice, or advanced preventative care. As an ideology, harm reduction is treating people with compassion and empathy while simultaneously empowering them. Khoshekh described this as, "when you talk to someone and ask them about their experience or share their experience without you judging them... It is an opportunity to get better and that requires education...It's a learning process. Understanding why they found themselves in that situation to begin with." As preventative care, harm reduction encompasses an array of taboo and commonplace topics in American society, like sexual health, birth control, correct condom use, and access to other preventative care services. Harm reduction touches upon essentially all aspects of public health that are difficult to talk about in public spaces. For some, harm reduction is an extension of religious principles. Jack explained: "For me as a theologian the most important thing, as a Christian, is that harm reduction extends grace. It is a theology of grace, the grace of God. The grace to cover me in the height of my addiction, grace covering me. Harm reduction is kinda like grace, it covers me in spite of myself. I have an opportunity to get better... Grace- I don't deserve it but I get it anyhow." For others, like João, harm reduction programs are extensions of everyday logic around

risk assessments. João explains:

“A lot of people don’t realize they practice harm reduction in their own home. If you have a baby, you are very vigilant about putting locks on doors and picking things up off the ground. That is basic harm reduction. You teach your child how to cross the street. I agree that those are simple practices, but the concept is the same. When I was working with SAFE, which no longer exists, we gave out clean socks and sandwiches on the street one day a week. If we give them clean socks once a month or every two weeks, they don’t get foot rot. If they go to the hospital, who pays for it? You do. With the sandwich, if they don’t want to eat it, it’ll still be okay the next day. It lessens their harm but it also lessens the tax burden. People don’t realize that if you lessen the damage to the most vulnerable it also helps you.”

As advanced preventative care, harm reduction seeks to educate about social problems that seriously impact a community’s health through providing culturally appropriate care. Balinda explains, “For us on the street, medic

work might look like patching up a wound or it might look like giving someone a *limpia*³ with sage smoke. So, it’s really not trying to force all of your clients into one specific, accepted, motive of health care and really trying to personalize it to that individual.” Harm reduction brings together all of these logical systems into a framework that seeks to empower, ameliorate, and advocate for marginalized members of a community. Jack synthesizes this unification by saying:

“This harm reduction model is one that I’ve found over the years that combines the faith component with the health component where you’re looking at the faith piece, you’re looking at the government piece, and you’re looking at the health piece. If things could come together the harm reduction way, I know that it would be able to stem the seriousness of substance abuse and can be across the board a healthy [solution] as far as changing lives and communities.”

Other professionals also describe harm reduction in a similar light. I was recommended several books by my participants, including *Drug Use For Grown Ups: Chasing Liberty in the Land*

of Fear by Dr. Carl Hart and The Wisdom of Whores: Bureaucrats, Brothels, and the Business of AIDS by Dr. Elizabeth Pisani. Dr. Hart is the Chair of the Department of Psychology at Columbia University and Dr. Pisani is an American Epidemiologist and independent researcher. To Dr. Hart, harm reduction would look like “...implement[ing] age and competence requirements as well as other safety strategies, strategies that minimize harms and enhance positive features associated with these activities.”⁴ For Dr. Elizabeth Pisani, harm reduction is central to HIV prevention. It is cost effective in the long run by reducing the burden on the healthcare system, and it is most effective when there are educational opportunities made available to the identified at-risk population about preventative care.⁵ The additional layer of needle exchange to a harm reduction program allows for expanded reach of clientele and prevents the spread of serious illnesses like HIV, AIDs, or syphilis. João Said:

“A lot of people just think we’re just exchanging needles and that’s true but we’re also building rapport. Because at some point a lot of those people are going to want to get treatment and maybe we

can help them. Maybe they need help with other things too. With the needle exchange, some people think we’re just giving them clean needles and we’re encouraging them to use... but with the clean needles they don’t get as many abscesses and they don’t end up in the hospital.”

Rapport is a critical aspect to a needle exchange program because trust in institutions has eroded for many substance users. Often, users are leery of approaching an institution out of fear of criminalization, stigmatization, or a combination of the two. A needle exchange program that either regularly visits known locations or has a permanent location builds a relationship of trust among its clientele and oftentimes may serve as a platform for them to access other useful services they might otherwise avoid. João provides a personal account as an example for the ways in which trust has been eroded:

“I was hired to work for this organization and my job was to be the social worker. The outreach people were going to pick up people and move them to the office. Well, if you’ve got a 40oz-er in your hand,

⁴ Hart, Carl. *Drug Use For Grown-ups: Chasing Liberty in the Land of Fear*. Penguin Books. 2021. Pg. 13.

⁵ Pisani, Elizabeth. *The Wisdom of Whores: Bureaucrats, Brothels and the Business of AIDS*. W. W. Norton & Co., New York. 2008. Pg. 46.

you're not going to get in a van and leave that 40oz-er sitting on the sidewalk. The other problem was that our local mental health agencies were telling people they were going to take them to get help and they were taking them across the street directly to jail. So they were definitely not going to get in our van... To my knowledge that's no longer happening, but back in '96, '97- '98, they were going to take you to go get help and then you ended up in jail."

João highlights a practice from 1996; however, the distrust created is not easily forgotten by the community of users. These instances of betrayal, stigmatization, or criminalization are traumatic and are carried on in the collective memory of the community. It is within the community's collective trauma that a syringe exchange service coupled with outreach begins the process of restoring trust, and this restorative process empowers a user to seek out the available resources.

Legal Landscape

The legal landscape in Texas is confusing and complicated. From the collective memory of the seasoned professionals in harm reduction

surfaced an incident of legal prosecution from 2007. Prior to 2015, Susan Reed was district attorney of Bexar County and she was not in favor of needle exchange programs. She made this known in 2008 when she opened a case prosecuting three members of the Bexar Area Harm Reduction Coalition for charges of possessing drug paraphernalia. This was after the implementation of SB 10, § 531.0972, in September of 2007 which loosely permitted the establishment of a pilot needle exchange program under the guidance of state approved medical professionals; however, there was a conflict within the legal framework due to the language of the Controlled Substances Act. This discrepancy was made possible because § 531.0972 did not offer any clear language to protect an authorized individual and their work with syringes from being considered distribution of illegal paraphernalia. These charges were ultimately dropped due to the amount of national media attention the case received nationally. However, this incident serves as a cautionary tale among harm reduction workers.

In 2021, HB 3233 brought by Rep. Joe Moody attempted to amend § 531.0972 by suggesting changes to the language describing what entities may operate a needle exchange program with the addition of subchapter J,

chapter 81. Subchapter J directly responds to the legal ambiguity around needle exchange: “... an organization that contracts with a county or hospital district to operate a program under this chapter may establish a disease control pilot program... (1) provide for the anonymous exchange of used hypodermic needles and syringes for an equal number of new hypodermic needles and syringes,” which was approved in 2021. However, the initial pilot program as defined in 2007 by § 531.0972 was only current through 2021. As of 2022, the pilot needle exchange program has expired and has not been reinstated with UT Health San Antonio; however, in December of 2022 an organization called Be Well Texas received a large grant to support a substance use disorder response team for rural counties in Texas.⁶

Major Findings

There were a number of topics addressed throughout the interviews. Among these, participants had a lot to say about transportation, gentrification, racial disparities, and mental healthcare services in San Antonio. However, the consistent themes among interviews dealt with socioeconomic position, communication and support among the community, nationwide

political narratives, and the morality of the drug user. Here I will address these key themes and how they relate to the overarching function of a harm reduction program by providing a comprehensive view of what participants had to say, and how it relates to the source materials they recommended to me. Additionally, I look beyond the participant recommended resources to build a more comprehensive and holistic frame to contextualize these themes.

Socioeconomic Position

Many of the clientele serviced by the outreach portion of a harm reduction program are either without a permanent residence or with limited access to resources. This does not mean that all clientele struggle with housing or job stability. Balinda speaks clearly in saying, “It’s been my experience that-- I know just as many housed people doing drugs as houseless people doing drugs. And, so, you know, there is some serious drug use with some housed people, you know, I can’t say it’s a thing that’s limited to the houseless people. Not at all. It’s a community-wide problem in every- in every socioeconomic status.” This complicates the traditional narrative around the demographic clientele of a harm reduction program and encourages a little digging

6 Josh Peck, “UT Health San Antonio Receives \$2 Million Grant for Opioid Addiction Response Program in Rural Texas,” *TPR*.

about the socioeconomic demographics of the city as a whole. As it turns out, there is significant evidence to indicate that income disparity in San Antonio is leading the nation.⁷ Balinda, who regularly serves the houseless community, would need no convincing as she noted, “I have a lot of clients on the street who have full-time jobs, but they’re minimum wage.”⁸ This might strike some as counterintuitive—what might be the reason they remain houseless? Cecil provides additional insight by saying, “The lower economic classes, what we call the slums, away from the city center... they’re out of sight, where the people use that material, and it can be a very short distance from very prosperous, shiny, commercial activities. It’s the alleys, backstreets, transportation-- it’s the unseen element in transportation.” While Cecil notes this relationship to transportation routes, I believe it may relate more generally to the history of how those routes were developed in San Antonio.

Some of those routes are explained if we apply a historic lens to the development of San Antonio from the early 20th century. Tovar writes, “The work of B.G. Irish and H.E. Dickinson from 1903–1925, as well as the work of Home Owners Loan Corporation (HOLC) in the 1930’s contributed to the rise and expansion

of redlining and segregation in San Antonio... Resulting in division by race with the Mexicans mostly residing in the west and south areas and a little in the east where it was mostly where African Americans resided, and where the north is predominantly white.”⁹ When compiled, the history of redlining in San Antonio provides significant evidence to demonstrate that the current clustering of racial and socioeconomic groups across the city are impacted greatly by development patterns established in the early 20th century.¹⁰

Jack addressed gentrification and displacement of the houseless with redevelopment plans, saying, “You can view this change and go like what happened? But still, see, you still have this great population that are displaced, that are homeless, that are being shuffled from one sector of town to the other sector of town based on what corporation or who’s moving into what area. So then they’ll just move to another section.” Jack later goes on to poignantly state, “Until it started going into other communities of affluence... as long as there was a restriction to lower-income people, African-Americans, Hispanics, the communities of a lower economic position, it really wasn’t that big of a deal. It

⁷ Tovar cites “the rise of residential segregation by income” by Richard Fry and Paul Taylor on the first page.

⁸ For further reading about income disparity in San Antonio, see Sakian, and Kofler.

⁹ Tovar, 1.

¹⁰ Tovar writes in more detail about this point throughout his paper, here I have just summarized the point.

was only until it started going into affluent neighborhoods-- then the state started really trying to put treatment centers into place and everything.” This is not a unique factor to San Antonio. Sociologist Shannon Monnat published her findings on the relationship between economic discrepancies and drug mortality rates, writing, “Economic disadvantages like unemployment, poverty, low education, and housing challenges are associated with increased risk of family conflict, social isolation, stress, and substance misuse.”¹¹ Balinda pointed to this by bringing up the “Rat Park” study from 1978.¹² The original Rat Park study was conducted by Bruce Alexander, et al. in 1978 and revised in 1980.¹³ Rat Park attempted to understand a correlative relationship between the psychological state of rats as influenced by environment and their preference in opioid consumption. The Rat Park study challenged the traditional narrative of substance misuse of chemical dependency driven through physical addiction alone. Simply put, “If most users of a particular drug do not become

addicted, then we cannot blame the drug for

causing drug addiction.”¹⁴ This suggests substance misuse may develop into habit for some reason beyond chemical dependency itself and implores exploration into the sociopolitical and cultural crossroads. Historical trauma theory lends itself in understanding the sociopolitical, historical, and individual intersections of minorities in the U.S. and their health.¹⁵

Historical trauma theory, also known as cultural trauma, sheds light upon the various ways in which minority groups experience living in a racialized country, including the various stresses they experience in daily life. Expanding beyond historical trauma theory, acculturation becomes crucial to questions pertaining to the vulnerability of certain communities towards substance misuse behaviors. Researchers De La Rosa, Vega, and Radisch define acculturation as “the process of adjustment that a person from another culture usually goes through as they learn about the host society’s cultural values and lifestyle.”¹⁶ Building from a position that accepts the marginalization of the racialized, acculturation can be used as a sort of measuring stick to understand how a

11 Monnat, Shannon M. “Factors Associated With County-Level Differences in U.S. Drug-Related Mortality Rates.” *American journal of preventive medicine* 54, 5 (2018): 613.

12 Alexander, B. K. et al. “The effect of housing and gender on morphine self-administration in rats.” *Psychopharmacology* 58, 2 (1978): 175-9.

13 Alexander, B. K. et al. “Effect of Early and Later Colony Housing on Oral Ingestion of Morphine in Rats” *Pharmacology Biochemistry & Behavior*, 15 (1980): 571-576.

14 Hart, Carl. 14.

15 Antonio L. Estrada, “Mexican Americans and Historical Trauma Theory: A Theoretical Perspective,” *Journal of Ethnicity in Substance Abuse* 8, no. 3 (2009): 330-340.

16 Mario De La Rosa, Rodolfo Vega, and Matthew A. Radisch, “The Role of Acculturation in the Substance Abuse Behavior of African-American and Latino Adolescents: Advances, Issues, and Recommendations,” *Journal of Psychoactive Drugs* 32, no. 1 (2000): 41.

multi-ethnic individual relates to their ethnic identities and roles within a dominant American culture. Acculturation models can be applied to assessing adults; however, they are more commonly applied when assessing adolescents and parent relationships. For example, “The Family Effectiveness Training (FET) model by Szapocznik and colleagues (1989) is the most widely known drug treatment model which accounts for the role of acculturation-related stress or conflict on the drug-using behavior of Latino adolescents.”¹⁷ Although FET deals with adolescents, acculturation is a multidirectional process of identity building that occurs at any age in a person’s life. A Latinx adult who is a second generation American might struggle with the process of acculturation just as much as an adult who recently migrated to the U.S. because each must contend with their perceived position within society psychologically, economically, and politically.

Communication & Community Support

There are several harm reduction programs operating within San Antonio, each one operating at a different degree of legality. Some of them do not operate with explicit consent of the state, nor do they receive state funds. Others operate with explicit consent of the state and do apply

for state funds for various aspects of their harm reduction program. The degree of city, state, or federal funding received often has to do with how well the organization can navigate the process of interpreting state law and applying for available funds. This process can become financially tedious because no federal or state funds can be associated with the purchase of sharps. Cecil explained this to me: “The problem there is [that] agencies that collect federal money are forbidden to purchase needles for distribution. That’s why, you know, my agency has never taken any money from [government] sources at all. So we’re not under that restriction. The resources that we’re getting now come from Bexar County, and we’ve gotten resources from them before, but it’s Bexar County money not federal money. The agency that is managing our resources now keeps that separate from their other budget that does contain federal money. There are really really severe penalties for violating the federal requirements... Which makes it very difficult for us to raise funds across the board. I do not know of any other agency in town right now that is actually doing needle exchange.” Cecil explains the financial aspects of operating a harm reduction as he answers the question, “How many other organizations operate a needle exchange program in San Antonio?”

17 Ibid. 36.

None. This was the most common answer each participant gave me when I asked that very same question. Two participants were able to list other harm reduction programs operating either within Bexar County, Travis County, or San Antonio; however, none of them was certain if those organizations offered needle exchange.

In fact, there are about three underground operations in San Antonio that either offer needle exchange or simply distribute clean needles. None of these organizations appears to be in communication with each other. This may be in the interest of preserving anonymity; however, the varying level of legality can cause harm reduction programs to operate in a disjointed way. The gist I got from my participants was that needle exchange had been going on in San Antonio long before the pilot program was approved, approximately 25 years prior. Jack explains: “It’s been mostly underground because of the paraphernalia laws. We tried back 22 years ago. Susan Reed was the DA at that time. We were going to be able to do the syringe exchange and [our organization] tried to do that publicly, out in the open, and they... it didn’t turn out too good. Some people were arrested for some paraphernalia laws and stuff. So we started just doing it completely undercover, underground.

And we’ve really been underground up until last year.” A downside to operating an underground needle exchange is that communication across the city becomes a challenge, thereby fragmenting programming, coordination and collaboration among agencies. Dr. Carl Hart wrote, “[t]he current legal restrictions impede communication between users and health-care professionals, as well as communication between more knowledgeable heroin consumers and the general public.”¹⁸

Nationwide Political Narratives

I was not anticipating the prominence of nationwide political narrative within my interviews; however, understanding politics as a form of historical narrative, this should come as no surprise. Each law shapes the experiences of a social body and in turn creates a cultural memory, which is actively built upon. In this way, “historical memory provides a connective tissue between past wrongs and present injustices.”¹⁹ This section explores the passage of major drug laws within the U.S and examines their potential social outcomes within the scope of the research topic in chronological order.

Beginning with the passage of the Controlled Substances Act in 1970, the United

¹⁸ Hart, Carl. 56.

¹⁹ David M. Temin and Adam Dahl, “Narrating Historical Injustice: Political Responsibility and the Politics of Memory,” *Political Research Quarterly* 70, no. 4 (2017).

States government created a punitive narrative around substance use and misuse through the justice system. This marked a new chapter in how these criminals are defined by the U.S. legal justice system by creating severe penalties for those caught with drugs. The Controlled Substances Act paved the way for an urban battle against drugs, which subsequently influenced the collective American conscience about who these criminals were and informed a great many stigmas around substance use, along with stereotypes about the user. These laws were racially biased.²⁰ Arguably, these laws remain racialized. Carceral rates due to substance possession are substantially higher for persons of color than that of Caucasians.²¹ Continuing to 1984, the Comprehensive Crime Control Act formally brought about larger movements against drugs, and in 1986 the Drug Free America Act was approved. The Drug Free America Act targeted Crack cocaine with severe prescriptive punitive measures.²²

Outside of the legal system, organizations like DARE became popular anti-drug movement supporters and prominent actors in shaping the stigmas and stereotypes of drug users. These laws and campaigns seem to be the birthplace of drug use stigmas, user stereotypes, and more generally,

the modern visions of drug use captured in popular media today. The Anti-drug movement became popular enough that there were DARE advertisements on TV throughout the 80s and 90s. These advertisements weaved a narrative about drug misuse in popular media that aimed at inciting fear, creating what Adi called, “the us and them. The good people and the bad people.” Adi remembers these sorts of strange anti-drug campaigns appearing on TV:

“There were commercials where it’s a kid who was smoking some pot and then his dad busts him and gets mad at him. Then he’s like, ‘you dad! I learned it from watching you!’ The only message I got from that was that he had a shitty dad. He had a kid getting angry at his dad for giving him a bad example. Then the other one was an egg frying on a pan and it just said this is your brain and this is your brain on drugs. There’s no, ‘why’s your dad smoking pot to begin with?’ Or like... I don’t know. It was just very one, drawing the line in the sand and if you can’t do that then you’re on the other side. There’s no option other than just say no.”

²⁰ Crack cocaine laws as described by the Drug Free America Act of 1986 is a prime example of the racial prejudices that can be embedded into laws. See “A Cracked Remedy: The Anti-Drug Abuse Act of 1986 and Retroactive Application of the fair sentencing Act of 2010.”

²¹ According to the UNODC, as of 2015, “77 percent of people incarcerated in federal prisons for drug offenses are Black or Latino.”

²² Fabens-Lassen, Ben. “A Cracked Remedy: The Anti-Drug Abuse Act of 1986 and Retroactive Application of the Fair Sentencing Act of 2010.” *Temple Law Review* 87, no. 3 (Spring 2015): 645–92.

Adi also recalls officers making school visits where they brought up the slogan Just Say No. Certainly, I am not equipped to assess the ramifications of anti-drug laws across the nation, nor is that the intention of this work; however, the history of this political narrative is vital in understanding some of the current ideas circulating around substances and political responsibility. The past molds political responsibility of the present, but additionally, “responsibility implies response, and thus a relationship not just to others but to historically rooted regimes of power and injustice.”²³ Carl Hart captured this when he wrote, “politicians have long recognized that political and economic currency can be reliably garnered by arousing public fear. The perennial “drug problem” is outstanding in this regard. Today, the problem is opioids; tomorrow, it’ll be something else.”²⁴ In 2010, Congress passed the Fair Sentencing Act, which amended “the drug quantities required to trigger mandatory minimum sentences... The commission incorporated the new drug-quantity ratio into the Guidelines.”²⁵ However, the Fair Sentencing Act was not retroactively applicable for those who were already sentenced for possession of illicit substances.

We all know at least one stereotype about drug users. You might know any number of alternative terms for a drug user: junkie, addict, burnout, or druggie. Each one of those alternative terms conjures up palpable notions of the kind of person they refer to. You might imagine someone who lacks motivation, or someone who is stupid or has poor moral character, or that they are a danger to society, or simply a drain upon the community as some type of creative nuisance. I assure you, these stereotypes are well known and thriving. Each participant named a handful of stereotypes about drug users: degenerate, low morals, loser, sick, disgusting, thief, or dirty, just to name a few. These stereotypes impact how a drug user, or a perceived drug user, moves through the world; however, they are poor descriptions of the variety of drug users that actually exist within any given community. Cecil noted, “The description that I hear in AA meetings all the time is: they live under the bridge, they drink out of a paper sack, they’re not dressed appropriately or properly. But yet there are all sorts, teachers, half a dozen PhDs.”

Alcoholics Anonymous provides an interesting means to evaluate the stigmas and stereotypes of the addict that fits well into

23 Vasques-Arroyo, Antonio. *Political responsibility: Responding to Predicaments of Power*. 2016. Qtd in Temin and Dah. 914.

24 Ibid. 103.

25 Fabens-Lassen, Ben. 650.

American culture because at its core, AA is shaped by Protestant, middle class values.²⁶ AA demands that each member prioritize cleanliness, punctuality and self-control. All of those values reify the basics of the good citizen: a fictive, exemplary community member who is productive, diligent, and clean; it's an impossible standard to achieve. The good citizen can relate to Christian principles "through the rights and duties with which the good Christian was expected to comply: moral rectitude, temperance, and subsidiarity."²⁷ The expectation of temperance clearly brings up the negative assessment an individual may receive regarding moral character if they drink or use drugs. Many of the stigmas and stereotypes of drug use and alcoholism overlap in harm reduction models like AA to reveal a process ultimately dependent upon a form of forgetting²⁸ to pave a way for identity creation.²⁹ What is crucial about these processes is they all rest upon the belief that the existing identity is rooted in shame. In this way, AA becomes a useful structure to assist in understanding the ways the addict is systematically made to feel shame.

Conversely, a good citizen is made to feel pride in their life and work. The good citizen

is expected to complete a culturally appropriate amount of work. Someone who is drunk is unable to work and is therefore regarded as a problem in the good citizen model. The ability to work is critical in a conversation regarding an addict's morality because of the Christian expectation of subsidiarity. When the drunk is unable to work, an obvious issue arises: without an income how will they provide for themselves? The burden of the drunk falls to the community, and here the political narrative becomes critical, particularly at the state level. Employability becomes a factor in understanding the good citizen model as "state capacity proves of crucial importance also for creating the structural preconditions to effectively shape the 'good citizen' as a productive member of society."³⁰ However, there is a mismatch here as many substance users are in fact able to and do work.

Khoshekh explained to me, "Not all drug use is good. A lot of it causes trauma. A lot of people don't wanna talk about it because it opens up a lot of trauma." There should be no mystery regarding the trauma someone can experience when they have to navigate a stigmatized identity. Furthermore, trauma can

26 Brandes, Stanley. *Staying Sober in Mexico City*. University of Texas Press, 2002. 26. *This is a finding from William Madsen cited by Brandes.

27 Mioni, M. "The "Good Citizen" as a "Respectable Worker:" State, Unemployment, and Social Policy in the United Kingdom and Italy, 1930 to 1950". *Politics Policy*, 49: 2021. 925.

28 Garcia, Angela. *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*. Oakland: University of California Press, 2010. See chapter "Elegiac Addict," 69-110.

29 Brandes, Pg. 80. "Carol Cain interprets personal stories as mechanisms of identity acquisition".

30 Mioni, M. 919.

originate from incarceration, which duly adds additional stigma. Let us imagine the experience of navigating through addiction and couple it with incarceration, which carries its own set of stigmas. Such a combination of social position and identity may seem insurmountable in the eyes of society. For the sake of clarity, let us adopt a definition of stigma using “Goffman’s (1963) work, theorizing stigma as a mark of deviance that leads to unjust social rejection.”³¹ Returning to our imaginary experience, incarceration coupled with the reason for arrest can generate a new set of additional stigmas. In the case of substance related arrests, the labels of felon and addict are weighty and certainly impact the opportunities an individual may encounter or services they may be willing to seek out. Khoshekh explains this: “You don’t see people who had been addicted and they don’t find treatment until they have no veins left. They don’t try to find a hospital because they’ll get treated poorly for being an addict.” Psychologist Zoe Feingold notes that “individuals with a history of incarceration are more likely to experience unemployment, poverty, and homelessness as well as psychological impairment, substance use problems, disruptions in health care access and mortality in the weeks and years following release.”³² The stigmatization of the

drug user is poised to assess the moral character of the individual and their ability to be a good citizen. In this way, the stigmatization seeps into personal aspects of life and influences the decision an individual may make about seeking healthcare.

A majority of participants recounted to me an instance of medical bias against a patient. Balinda addressed the issues of medical racism and a need for culturally appropriate health care extensively. Something she discussed was the need for inclusivity in healthcare. She describes inclusive healthcare as “culturally appropriate health care [that] takes into account systemic and historical medical racism.” Culturally inclusive care seeks to promote doctor-patient relationships and encourages meeting a patient where their needs are. In the case of dealing with individuals who live with stigmatized identities, culturally inclusive healthcare can serve as a means of restoring trust in the medical community.

Concluding Thoughts

San Antonio’s particular circumstances around needle exchange programs provides a valuable opportunity to understand the sociopolitical dynamics of marginalized, underserved, and poor community members. Furthermore, San Antonio demonstrates how a

31 Feingold, Zoe R. “The Stigma of Incarceration Experience: A Systematic Review.” *Psychology, Public Policy, and Law* 27, no. 4 (November 2021). 551.
32 Ibid, 550.

supportive community responds to meet the needs of the marginalized, despite the precariousness of the Texas legal landscape. I believe an ethnography of this type is necessary, especially when examining the sociopolitical impacts of the legality of harm reduction programs in Texas and elsewhere. By examining the legal framework of harm reduction programs through a community's lens, local social constructs that influence and shape cultural opinions of norms become exposed.

In viewing the law through a lens of historical context and within terms of political responsibility, we can also build an understanding of the individual in society. In this way, we may think of "the idea of the body as a natural symbol."³³ Mary Douglas wrote much about the body, borrowing from Mauss and Durkheimian principles. She elaborates on the body, writing, "We cannot possibly interpret rituals concerning excreta, breast milk, saliva, and the rest unless we are prepared to see in the body a symbol of society, and to see the powers and dangers credited to social structure reproduced in small on the human body."³⁴ I implore the adoption of this natural symbol. Through this process we can see a map of a social nebula take shape on the flesh of an arm possessing sores left untreated, and we can understand some of the ways in which

to treat them. If indeed political history creates a narrative, the war on drugs has generated a novel set of stigmas surrounding substance use that negatively impact the individual. The political responsibility to respond may find solutions in culturally inclusive harm reduction programs and needle exchange because these measures seek to restore trust among the most vulnerable parts of a community. These processes are not isolated; rather they seem to extend into any form of substance misuse, addiction, or homelessness. A needle exchange program is a means of radically empowering the addict rather than socially shaming them through stigmatization.

33 Strathern, Andrew. "Body Thoughts". Ann Arbor: University of Michigan Press. 1996. 13.

34 Douglas [1966] 1984, 115. Qtd in Strathern, 14.

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Supporting Suicide Prevention Efforts in Clinical Settings

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Prioritizing and increasing access to effective suicide prevention efforts in clinical care is imperative to reducing the number of American lives lost each year to suicide. The need for more effective suicide prevention efforts is critically urgent and must be thoroughly examined, researched, and implemented. A comprehensive approach to suicide prevention in the clinical realm will require a systematic understanding of the barriers that hinder suicide prevention, how to identify those at risk, and effective intervention strategies for suicidal patients. Although research has sought to identify evidence-based interventions for suicide prevention, there still remains little cohesion and standardization in the medical field for producing and sustaining reductions in suicide. Due to the interconnectedness between healthcare providers, effective mental health treatment, and ultimately, potential suicide preventions, there is an essential responsibility that exists for healthcare leaders to improve current practices. A methodical literature review was conducted through an analysis of public health recommendations, surveys, studies, and quantitative data reports. The findings will show the staggering suicide statistics in the United States, which emphasizes the need for immediate action, as well as the disparity that exists between detectable and treatable conditions and successful suicide prevention. The literature will reveal that supporting suicide prevention in clinical settings is a multifaceted and complex initiative but can be achieved through the collective implementation of evidence-based practices, greater comprehensive training for providers, and continued research that addresses contributing factors and treatments for suicidality.

Introduction

Suicide is a serious public health concern that is among the leading causes of death in the United States. In 2020, there were 45,979 deaths by suicide, which is approximately one death every 11 minutes (CDC, 2022). In the same year, there were nearly two and a half times as

many suicides in the United States as there were homicides (US DHHS, 2022). The number of people who think about or attempt suicide is even higher, with 0.5% of adults 18 and older in the United States reporting they attempted suicide in the past year and 4.9% having serious thoughts of suicide (US DHHS, 2022). And this

troubling phenomenon is increasingly worse for American teenagers and young adults as suicide is the second-leading cause of death among people age 15 to 24 in the U.S., with nearly 20% of high school students report serious thoughts of suicide and 9% have made an attempt to take their lives (National Alliance on Mental Illness, n.d.).

Suicide is a complicated and devastating loss that ripples through the lives of those left behind, leaving behind a profound sense of grief and compassion that is hard to describe. The impact of suicide is not just emotional, but it can also take a toll on the financial and social well-being of families and loved ones. It's a loss that nobody should have to experience, and unfortunately, it's rare to find someone in today's world who has not been touched by suicide in some way. Despite suicide often producing fatally permanence impacts, there are many risk factors and warning signs that increase one's susceptibility to suicide and can often be preventable through proper identification and care. The interconnectedness of suicide and diverse biopsychosocial factors calls for leaders and policymakers better understand trends, patterns, and relationships in the data that lead to effective and sustainable programs. Many suicide deaths are a result of pre-existing mental health conditions and are common among people who

have recently been seen or under care in clinical settings; leaders in healthcare have a unique responsibility to implement effective systems that support suicide prevention (Hogan et al., 2016). Medical professionals play a central and critical role in improving access and delivery of quality health care that prevents premature death and disability (World Health Organization, n.d.). Furthermore, in the event of a suicidal crisis, many who seek help assume they can rely on medical professionals to connect them with proper support. While better outcomes and survival rates have increased for various physical conditions, there have long been fragments and barriers in the medical community that reduce access to proper and potentially life-saving mental health care. In order to promote suicide prevention in the clinical realm, healthcare leaders and managers must recognize and address factors that contribute to risk, effectively treat existing mental health conditions, and implement evidence-based interventions for those susceptible to and experiencing a suicide-related crisis. Research findings will enable leaders to adopt suicide prevention care that will ultimately increase access to psychological treatment and reduce deaths by suicide. A thorough review of literature from accredited web sources and peer-reviewed journals will offer statistical data and evidence-

based interventions that provide leaders with specific and sustainable implementations to support suicide prevention.

The Problem

The aim of this article is to answer the question: How can healthcare organizations increase access to effective treatment that supports suicide prevention? The urgency to implement more effective treatment options is apparent, as suicide now accounts for more years of life lost than any cause of death except cancer and heart disease (U.S. Department of Defense, n.d.). Before suicide prevention can be discussed we must recognize the many intrapersonal, interpersonal, community, occupational, environmental, and societal factors that correlate with risk or provide protection from suicide ideation, attempts, and deaths (APHA, 2021).

Suicide Risk Factors

As a complex and multifaceted phenomenon, it is essential to identifying and addressing the risks associated with suicide. Suicide risk factors can include intrapersonal, interpersonal, community, occupational, environmental, and societal factors, characteristics, or conditions that increase the chance a person may try to take their life (APHA, 2021). The more risk factors that are present, the higher the risk is for suicide, so it is imperative to outline

and identify these risks when pursuing suicide prevention. Furthermore, risk factors must be continually assessed as society faces new and unique challenges, such as the COVID-19 pandemic.

Mental Illness

Among the contributing factors, mental illness and substance abuse are some of the strongest individual risk factors for suicide. While the majority of people struggling with mental illness do not take their own life, research has revealed that at least nine out of ten people who die from suicide are struggling with mental illness or substance abuse (Goldsmith, 2017). In a U.S. study, Brown and colleagues (Brown et al., 2000) found that mood disorder, major depressive disorder, and bipolar disorder were associated with a three- to tenfold increased risk of suicide mortality.

Substance Abuse

Substance abuse is closely linked with mental illness and has a substantial effect on suicide risk, with one in three people who die by suicide being under the influence of alcohol or drugs at the time of death (Goldsmith, 2017). The Substance Abuse and Mental Health Service Administration reported connections between substance abuse and suicide that include suicide being the leading cause of death among people

with substance abuse. People treated for alcohol abuse are ten times more likely to commit suicide than the general population and there is an even greater level of increased risk that exists when substance abuse and a mental illness are combined (Goldsmith, 2017).

Age

In addition to psychological and cognitive factors, the prevalence of suicide varies by other individual considerations such as age, gender, family dynamics and history, sexuality, and having a previous suicide attempt (Goldsmith, 2017). Suicide currently accounting for 6% of deaths in young people worldwide and for every teen who dies by suicide, at least twenty-five teens attempt (Goldsmith, 2017). Adolescents often struggle with a variety of stressors that can put them at risk for suicide; to address these challenges and successfully cope with these emotions, young people must have access to significant supporting resources such as a stable living situation, intimate friendships, a structural framework, and economic resources (Bilsen, 2018). While suicide attempts are more frequent in young adults, the highest suicide rate is found in people forty-five to sixty-four years old and the second highest among those eighty-five and older (Goldsmith, 2017). Strong risk factors for death by suicide in these age groups include stress, death of a spouse, isolation,

and mental disorders (Davidson et al., 2018).

Gender

Although suicide rates have steadily increased for both males and females, gender differences do exist. While women are more likely to attempt suicide, suicide is four times higher among males than among females and men account for nearly 70% of all suicides in America (Davidson et al., 2018). Many studies have sought to explain the gender imbalance in suicide rates, attributing factors such as unemployment or retirement status, the access to and use of firearms, mental health stigma, or societal roles and pressures that deter help seeking behaviors to explain the gender paradox of suicidal behaviour (Freeman et al., 2017). Some theorists have suggested the gender gap in suicides is associated with one's level of intent, an individual desire to bring about one's own death, which is seen stronger in men more frequently and is unsurprisingly associated with an elevated risk of completed suicide (Freeman et al., 2017). While the reason for gender differences in suicide rates is multiplex, research should continue to assess explanations for this gap in order to standardised measurement for suicide intent and risk and effectively manage the treatment of patients at risk of suicide (Freeman et al., 2017).

Ethnicity, Sexuality, and Social Considerations

Other risk factors for suicide that are beyond a person's control and significant enough to mention include ethnic, sexual/gender identity, family structure. In terms of ethnicity, the highest rates of suicide in the United States are among American Indians and Alaska Natives, followed by Caucasians (Goldsmith, 2017). Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) are at an increased risk for suicide when compared to individuals identifying as straight (Goldsmith, 2017). Gay men are six times more likely to attempt suicide and lesbians are twice as likely when compared to heterosexual men and females (Goldsmith, 2017). The National Transgender Discrimination Survey of 2014 found that 41 percent of transgender individuals reported attempting suicide at some point in their lives (Goldsmith, 2017). It is estimated that in 50 percent of youth suicide cases, family factors are involved (Bilsen, 2018). A history of mental disorders among direct family members themselves, especially depression and substance abuse, poor communication within the family, and violence at home often seems to be found in the background history of young suicide cases (Bilsen, 2018). Furthermore, more than a quarter of all women who attempt suicide have experienced domestic violence (Goldsmith, 2017).

Biological Considerations

Genetic links to increased risk for suicide have only begun to be explored in recent years, with results presenting some evidence for genes contributing to mental illness and suicidal behavior. Zachary Kaminsky, Ph.D. assistant professor of psychiatry at John Hopkins, and colleagues published a study in 2014 in which they claim to have discovered an alteration in a single human gene linked to stress reactions.

Increasing attention has been drawn to the SKA2 gene, which is expressed in the prefrontal cortex of the brain and affects the ability to inhibit negative thoughts and control impulsive behavior (Johns Hopkins Medicine, 2014). Additionally, SKA2 is specifically responsible for enabling the body to adapt and respond to stress, so when there isn't enough SKA2, or it is altered in some way, cells are unable to suppress the release of primary stress hormones such as cortisol (Johns Hopkins Medicine, 2014). Previous research has shown that such cortisol release is abnormal in people who attempt or die by suicide. The researchers from this groundbreaking study looked at brain samples from mentally ill and healthy people, paying special attention to biological differences in those whom had died by suicide, and they found that of the people who had died by suicide, the levels of SKA2 was significantly reduced (Johns Hopkins Medicine, 2014). This was a result of a mutation

to the SKA2 gene, which ultimately affected the body's ability to regulate stress and cause an abnormal production of cortisol (Johns Hopkins Medicine, 2014). The results suggest that gene identification and possible blood monitoring that detects this mutation may be able to identify those at risk of suicide and provide a point of intervention and hormone regulation (Johns Hopkins Medicine, 2014). This offers an intriguing new sector of research to explore ways of identifying and treating people genetically at risk for suicide.

Means and Desire for Suicide

After identifying specific risk factors that increase one's susceptibility to suicide, the question still remains as to *why* people die by suicide. There are many people who experience commonly difficult situations but never go on to become suicidal. Developing an answer to this question is essential to understanding and intersecting the space between suicidal ideation and suicide attempts, and ultimately achieving effective suicide prevention strategies. Research by psychologist Thomas E. Joiner Jr offers a theory as to what leads to suicidal action being taken. The Interpersonal-Psychological Theory of Suicidal Behavior (2007) proposes that an individual will not die by suicide unless they have both the desire to die by suicide and the ability to do so. Joiner

illustrates his theory through a Venn diagram (Figure 1) showing overlapping conditions that result in different levels of suicidal activity.

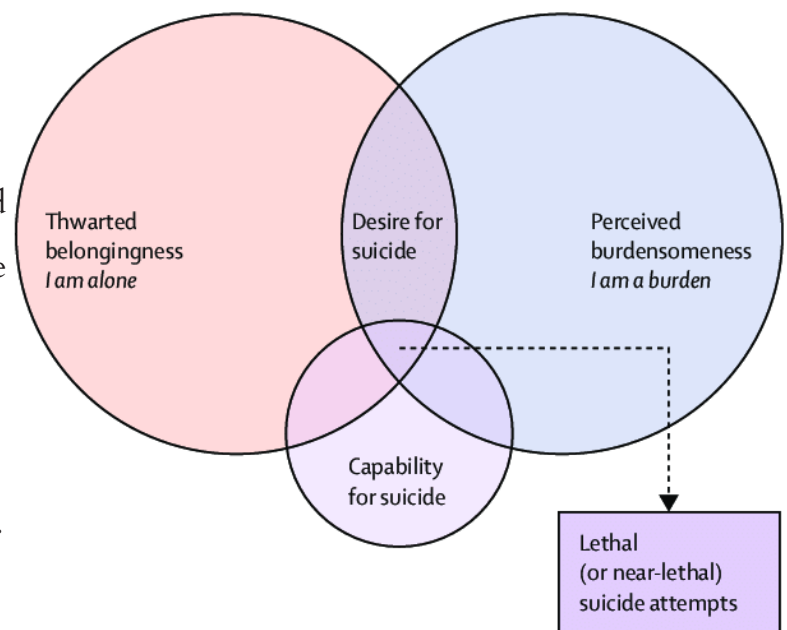


Fig. 1. The interpersonal psychological theory of suicidal behaviour (Van Orden et al., 2010).

Joiner theorizes the most dangerous form of suicidal desire is caused by the simultaneous presence of two interpersonal constructs—thwarted belongingness (*I am alone*) and perceived burdensomeness (*I am a burden*)—and further, that the capability to engage in suicidal behavior is separate from the desire to engage in suicidal behavior (Van Orden et al., 2010). When someone feels both thwarted belongingness (Figure 2) and perceived burdensomeness (Figure 3), they may have a desire for suicide with no means for acting upon it, but when combined with the additional condition of having the capacity and means (Figure 4) to do so, suicidal

attempts are likely a result.

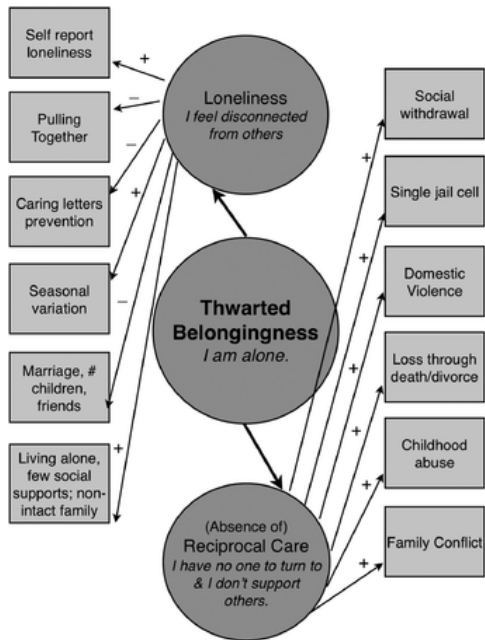
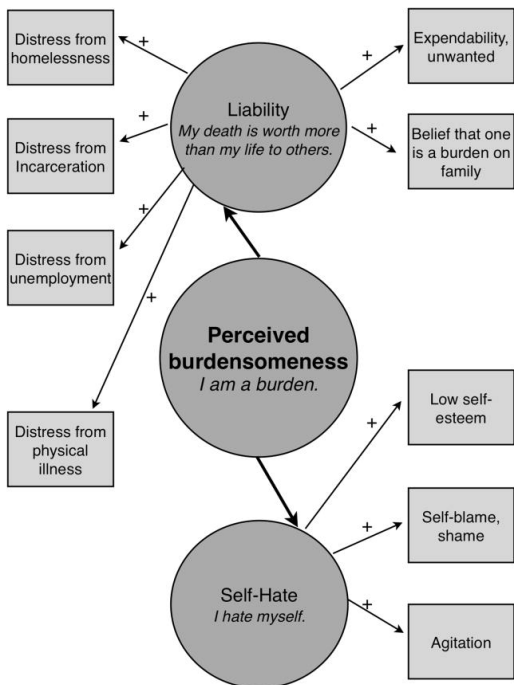


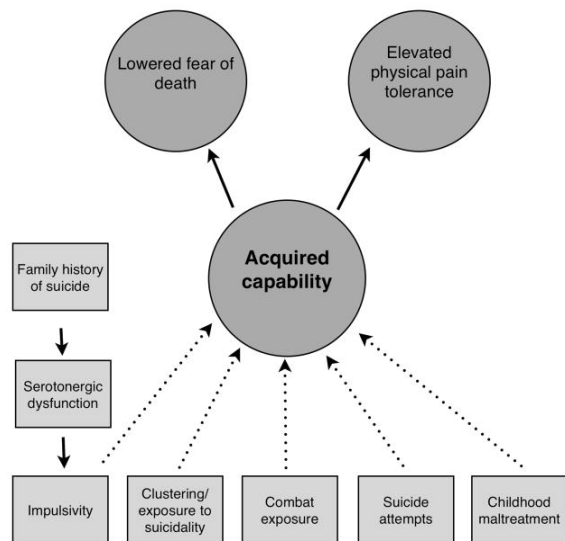
Fig. 2. Perceived burdensomeness from the interpersonal psychological theory (Van Orden et al., 2010)

Fig. 3. Thwarted belongingness from the interpersonal psychological theory (Van Orden et al., 2010)



According to the theory, capability for suicide is composed of both increased

Fig. 4. Acquired capacity from the interpersonal psychological theory (Van Orden et al., 2010)



physical pain tolerance and reduced fear of death, through habituation and activation of opponent processes, in response to repeated exposure to physically painful and/or fear-inducing experiences (Van Orden et al., 2010). By understanding the interpersonal theory of suicide and the factors that contribute to suicidal behavior, leaders can develop interventions and prevention strategies that target these underlying issues and help reduce the risk of suicide.

Risk-Factors Conclusion

With sufficient data identifying factors that increase the risk of suicide, one can begin to explore current barriers, protective factors, and evidence-based suicide prevention strategies to promote suicide prevention in clinical settings and beyond. A comprehensive public health approach to suicide prevention begins with improving national, state, and local infrastructure

that targets contextual factors that contribute to risk and increase protection (APHA, 2021). Such efforts may include teaching coping and problem-solving skills to help people manage challenges, expanding options for temporary assistance for those in need, and connecting people at-risk to effective and coordinated mental and physical health care (Parekh, 2018). While the remainder of the article will focus specifically on clinical applications, the data is not limited to healthcare settings alone and should be utilized to inform suicide prevention across diverse settings and communities.

Suicide Prevention in Clinical Settings

Call to Action

The United States Surgeon General's Call to Action recognizes that "suicide is a complex issue requiring comprehensive solutions and no single strategy alone will be enough to reduce suicide rates" and "all of us have a role to play in spreading kindness and compassion and supporting one another when we are struggling" (US DHHS, 2021). There is a critically urgent need to leverage "resources to identify best practices in suicide prevention" and for those at risk for suicide to be provided with "effective care that will support their recovery" (US DHHS, 2021). The Call to Action stresses that "we can and must do more to prevent these

deaths and distress and to help all Americans lead healthy and fulfilling lives" and evidenced-based approaches must be implemented more widely (US DHHS, 2021). It is important to mention the social context in which Americans are facing new challenges given that "the coronavirus disease-2019 (COVID-19) pandemic is taking a tremendous toll on Americans' emotional and economic well-being" (US DHHS, 2021).

The Relationship Between Clinical Care and Suicide

After exploring data on suicide risk and theories explaining motivations for suicide, there still remains a challenge for American systems, leaders, and citizens. While suicide prevention requires a multisystems approach, the National Strategy for Suicide Prevention (2012) concluded that healthcare is one of the best places to prevent suicide (Ahmedani et al., 2019). The clinical context of suicide prevention is highly significant because of the close time frames between contact with health services and preceding suicide death. Previous studies have shown over one-fifth of individuals make an emergency room visit within two months prior to their death and 50–70 percent of those who complete suicide have contact with health services in the days to months before their death (Ahmedani et al., 2019; Goldsmith, p.5, 2002). To enhance targeted

healthcare efforts for suicide prevention, it is important to understand varying health service patterns in utilization and outcomes (Ahmedani et al., 2019).

Healthcare utilization

High rates of health care utilization among suicide decedents indicate a need to understand why people escape risk detection and improve suicide prevention strategies across all health care systems (Braciszewski et al., 2022). The majority of those who died by suicide received health services in the year prior to death and half made a medical visit within 4 weeks prior, which includes outpatient medical specialty and primary care, inpatient hospitals, and emergency rooms visits (Brent et al., 2023). These findings highlight the gaps in maximizing prevention opportunities and improving targeted intervention for those with the greatest risk (Ahmedani et al., 2019). Achieving healthcare standards that address intervention shortcomings may start in the emergency rooms, as the last clinical contact for a substantial proportion of patients with suicide attempts and deaths is an emergency room visit (Brent et al., 2023). Over one-fifth of individuals who die by suicide make an emergency room visit within two months prior to their death and suicide decedents aged 10 to 24 years were nearly 7 times more likely to have visited an ED

within 30 days prior to their death (Ahmedani et al., 2019; Brent et al., 2023). Moreover, there has been an increase in presentations to pediatric emergency rooms for adolescent suicidal behavior that has accelerated since the onset of the COVID-19 pandemic, likely because of rising mental health concerns (Brent et al., 2023). Emergency department personnel often do not directly document and assess suicide intent at all, despite national guidelines and policy initiatives recommending that psychosocial assessments must be undertaken after every self-harm presentation (Freeman et al., 2017). A significant effort to prevent suicide for all patients in the emergency room appears warranted, particularly since emergency room visits are generally longer in duration than outpatient visits, providing an opportunity for risk intensity identification and brief intervention before connection to specialized behavioral health care (Ahmedani et al., 2019). In addition to emergency rooms, improving detection and treatment is necessary across all healthcare settings and there must be increasing efforts to understand the factors continuing to low healthcare utilization, such as insurance coverage barriers or insufficient access to providers.

Current Healthcare Barriers and Challenges

The barriers to receiving effective mental health treatment are nothing short of daunting

(US DHHS, 1999). Identifying the barriers to treatment that exist in a clinical setting “is essential for design, development, and implementation of preventive interventions” and is warranted by several key findings (Goldsmith, 2002). Several central, but certainly not limited, clinical barriers to effective treatment and suicide prevention to be discussed include integration of mental health systems, underdetection of suicidal risk and intent, and under-treatment.

Integration of Mental Health Systems

The fragmented organization of mental health services has been repeatedly recognized as a serious barrier to obtaining treatment (US DHHS, 1999). Linkages between different clinical settings are critical for the detection and treatment of mental disorders and suicidality (Mechanic, 1997). This includes a cohesive connection between a range of clinical settings (primary care, emergency department care, substance abuse care) and mental health care. People with mental illness frequently report their frustrations and waiting times as they navigate through a maze of disorganized services (Sturm and Sherbourne, 2001). Services research has focused for decades on developing better models of care that bridge different sectors of care and deliver more integrated mental health care, but it must be implemented in a variety of populations and community settings (Goldsmith,

2002). Furthermore, barriers to accessing proper care such as health insurance should be addressed as numerous longitudinal and cross-sectional studies have reported health insurance as a variable significantly associated with suicide rate (Steelesmith, 2019). Improving mental health care integration and insurance coverage can support suicide preventions and reduce risks within a community and lower suicide rates (Steelesmith, 2019).

Underdetection of Suicidal Risk and Intent

Detecting suicidal risk and level of intent in healthcare settings presents immense barriers to prevention, influenced by a lack of professional guidelines for assessment, traditionally exclusive detection strategies, and poorly understood patterns and variations that point to risk intensity. As previously emphasized, there is a troubling pattern associated with the frequency of healthcare visits and subsequent suicide deaths and despite the greater likelihood of suicide associated with mental disorder diagnoses, such disorders were present among only 51% of suicide decedents, which begs the question as to why more disorders and heightened risk-levels are not detected (Braciszewski et al., 2022). Detecting suicidality and intervening before it is too late though requires targeted efforts that capture individuals presenting with clear risk but also expanding risk

detection to reach a wider range of individuals who consistently escape detection. Unfortunately, limited evidence base to inform suicide prevention has made it hard to design, implement, and target interventions for those at greatest risk (Ahmedani, 2014). Most American healthcare guidelines recognize the need to assess risk level, but less than 60% of professional guidelines offer standardized risk level categorizations (Hogan et al., 2016). The lack of acute predictors for suicide assessment creates a discrepancy in professional guidelines recommending routine screening of asymptomatic patients (Goldsmith, 2002). Furthermore, despite there being several measures to assess suicide intent, including Beck's Suicide Intent Scale, the Feuerlein Scale, the five-point ordinal scale developed by Dorpat and Boswell, and other assessment instruments, there is still a high degree in variability in the empirical measurement, nomenclature and analysis of suicide intent, and this lack of consistency and standardisation impedes future research related to the measurement of suicide risk and outcome (Freeman et al., 2017). For suicide prevention efforts to be effective, accurate identification of those at risk is required.

Undertreatment

Addressing the barrier of undertreatment is also key to supporting better suicide prevention

strategies in clinical settings. As previously discussed, depression and substance abuse are substantial risk factors for suicide, yet studies have found that a large percentage of suicide victims with major depression were not receiving treatment or were receiving inadequate treatment (Goldsmith, 2002) and alcohol dependence is under-treated in the vast majority of patients both before and after a suicide attempt (Suominen et al., 1999). The reason for this may be related to healthcare professionals' level of training as mental health professionals often receive only minimal training in treating suicidality, despite mental health services being a pivotal practice setting where lives can be saved (Hogan et al., 2016). Considering training predicts practice, there must be sufficient training for staff who interact with patients to be aware of signs of suicidality and know the steps they should take. A national survey of psychiatry residency training directors indicated that while the majority of programs provided some degree of training in the assessment and management of suicidal patients, little was known about both whether trainees felt adequately prepared to work with individuals at elevated risk and what specific practices were being used (Bernert et al., 2014). Providing optimal suicide prevention treatment requires education and training for healthcare professionals

on an ongoing basis to ensure patients are being treated with the most effective approaches and interventions (US DHHS, 2021). This is especially important in suicide prevention, where early identification and intervention can mean the difference between life and death.

Although the barriers mentioned represent only a fraction of the challenges clinicians face, they must be accounted for when seeking to improve access and effectiveness of suicide prevention care.

Potential Clinical Interventions

After identifying several key barriers to suicide prevention in a clinical setting, there are ample evidence-based intervention strategies and recommendations that address these barriers and improve outcomes for suicidality. While research will show many additional effective intervention options, key practices to be addressed here include: (1) Improving risk and intent assessment; (2) Increasing training and implementation of evidence-based treatment interventions; and (3) emphasizing the establishment of empathic care of suicidal individuals.

Risk and Intent Assessment

Capstone to suicide prevention in clinical settings is the ability of providers to recognize risk, determine severity, and provide effective and culturally competent treatment and care.

To address the suicide intent and risk limitations previously discussed, it is critical to recognize that training predicts practice and optimal suicide prevention care requires assessment and treatment training on evidence-based suicide care practices to be incorporated into medical education programs and behavioral health graduate programs, which should be included as criteria for professional licensure and license renewal (US DHHS, 2021). To improve intent and risk assessment and detection, certain methodologies can be utilized, like the usage of Joiner's Interpersonal Theory. When applying the Interpersonal Theory to risk assessment frameworks, the degree to which patients are currently experiencing thwarted belongingness and perceived burdensomeness should be explicitly assessed, as well as the degree to which they have acquired the capability for lethal self-harm (Van Orden et al., 2010). Risk assessment grounded in the Interpersonal Theory, if supported empirically, will allow for a more parsimonious and clinically useful conceptualization of the etiology of suicide because this conceptualization does not presume that assessing individuals' degree of risk for suicide requires measurement (or estimation of) a vast number of risk factors (Van Orden et al., 2010). In addition to risk assessment, measurement of suicide intent may be particularly useful in the

assessment of short-term suicide risk (Freeman et al., 2017). The concept of intent is a critical component in the clinical appraisal of suicide attempts, as it distinguishes between acts of deliberate and accidental self-harm (Freeman et al., 2017). Emergency department personnel often do not directly document and assess suicide intent at all, despite national guidelines and policy initiatives recommending that psychosocial assessments must be undertaken after every self-harm presentation (Freeman et al., 2017). To further promote suicide prevention, it is necessary that a standardised measurement for suicide intent is implemented in clinical settings in order to develop and effectively manage the treatment of patients at risk of suicide (Freeman et al., 2017).

Evidence-Based Treatment Interventions

When treating suicidality, research suggests the use of evidence-based interventions like cognitive behavior therapy for suicide prevention, dialectical behavior therapy, and collaborative assessment and management of suicidality, which are more effective than traditional therapies that seek to treat mental disorders but do not focus explicitly on reducing suicidality (Hogan, 2016). In addition to psychotherapeutic approaches, providing training and implementing the use of safety planning can serve as an effective intervention strategy

for patients at risk for suicide. Safety planning involves a brief intervention following a suicide-risk assessment that has been shown to help reduce suicidal thoughts and actions (US DHHS, 2022). The provider works with the patient to discuss a plan for recognizing suicidal thoughts and coping with them safely. This could include limiting access to lethal means and making a list of people and resources to contact during a crisis. Safety planning with lethal means of safety should be embedded in the suicide care protocols and electronic medical record systems used in all health care settings (US DHHS, 2021). Research has shown that when at-risk patients create a safety plan followed by a series of supportive phone calls, their risk for suicide goes down (US DHHS, 2022).

Empathic Care

Even with proper protocols in place, suicide cannot always be prevented and there likely remains a level of deeply personal pain and suffering present for those at serious risk. Examining evidence-based care requires an understanding of specific drivers for suicidal desire and exploring what a life worth living would look like to patients (U.S. Department of Veteran Affairs). While other strategies may be effective for decreasing suicidal risk, treatment of suicidal patients also requires their pain to be validated

through empathy offered by the provider. The main sources of psychological pain — shame, guilt, rage, loneliness, hopelessness, and so forth — stem from frustrated or thwarted psychological needs (U.S. Department of Veteran Affairs).

Because feeling understood may help a suicidal person's recovery, providers should demonstrate deeper empathetic insight by exploring metaphors, analogies, and imagery to enable the expression of painful or distressing feelings (U.S. Department of Veteran Affairs). Key aspects of The Guidelines for Clinicians developed by The Aeschi Working Group of suicidologists emphasized the significance of the therapeutic alliance between the clinician and patient, highlighted the importance of offering empathy and of being non-judgmental, and placed the patient's story as a priority over clinical expertise (Stephany, 2017). Specifically, in hopeless patients, increased hope is instilled if they feel understood and cared for by their physician or nurse (Stephany, 2017). Strategies to practice being an empathic provider for those in crisis include establishing a connection, fostering a therapeutic alliance, offering unconditional positive regard, heartfelt listening, and presenting compassion (Stephany, 2017). Empathic providers have the power to promote suicide prevention by offering a feeling of validation and support for those in

distress.

Clinical Practice and Research Implications

Suicide prevention is a complex and multifaceted initiative but must be thoroughly examined and improved in the United States to support individual's well-being and reduce the number of lives lost. Although significant strides have been made in suicide prevention measures in recent decades, there is still considerable room for improvement in implementing clinically relevant practices on a wider scale. A comprehensive approach to suicide prevention will require cooperative efforts from leaders in healthcare to reduce fragmentation of efforts and which mirrors the preventive approaches used for conditions such as heart disease or diabetes (APHA, 2021). In order to support suicide prevention efforts, it is essential to clearly outline risk factors that shed light on the key influences of suicidality. Identifying risk factors in a clinical setting is particularly significant given the interrelation between diagnosable and treatable conditions and suicide victims. Professionals across the board recognize the need for individuals at risk to have access to coordinated and effective care which supports recovery, but there are still significant challenges to achieving this goal. Improving diagnostic measures and access to evidence-based treatment in healthcare must start by examining

current barriers that hinder these efforts such as a lack of mental health services integration, poorly standardized detection measures of suicide, and underdiagnosis of mental health conditions. Additionally, there are still widespread shortages of behavioral health clinicians who are trained in evidence-based, culturally sensitive suicide treatment so immediate emphasis should be placed on improving education for clinicians (APHA, 2021). While there are many evidence-based interventions to be further considered, collective efforts to address this problem should involve a commitment to detect, assess, empathetically manage, and effectively treat suicide risk and intent.

Conclusion

Suicide is a rapidly growing and urgent tragedy to be addressed in America, which is the collective responsibility of leaders in all sectors of public health. We must recognize that suicide is not just an individual issue, but a societal one. It's a reflection of the challenges and struggles that our communities are facing, and it requires a collective effort to address. Policy makers, educators, and leaders in public health have a crucial role to play in suicide prevention, including practice standardization, research, advocating for change, and promoting awareness, and ensuring patients receive ethical and effective

care for suicidality. Because of the complexity suicide presents, leadership must create a culture marked both by a commitment to safety and by support for staff members who do the difficult work of caring for suicidal individuals (Hogan, 2016). An effective leader will review clinically relevant research to set goals, take action toward goals, and emphasize suicide prevention as a critical patient safety issue (Hogan, 2016). There is no single way to increase access to effective treatment, so leaders should be aware of the variety of models to be integrated that meet the needs of diverse individuals. Suicide prevention efforts to be implemented in healthcare will require a substantial continuation of research that explores advancements and adapts to societal changes.

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Propaganda Cartoons of Hate: Japan and Germany in the Eyes of America, 1920s-1940s

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Anti-immigrant sentiment was rampant in America on the eve of the 20th century. The Chinese Exclusion Act had been passed in 1882, leading more Japanese to immigrate to the United States for labor opportunities. This uptick in Japanese immigrants created space for more xenophobia. With the *Thind v. United States Supreme Court Case* decision as well as the Alien Land Laws, Japanese immigrants were not allowed citizenship or land ownership. German immigration began much earlier, but these immigrants were European and therefore held in a higher esteem. By 1924, all Asian immigration was barred; this is seen in immigration restrictionist political cartoons. Over the course of the 1920s through the 1940s, American propaganda about these two groups changed significantly. While Americans were wary of Germany in the 1930s, the propaganda from the 1940s reflects more fear towards Japan. In studying the American attitudes towards Germans and Japanese, it is evident that the discrimination towards Japanese immigrants stems from a racialized hatred, despite both countries' roles as enemies to the U.S. in World War II. Americans have viewed Japanese immigrants as subhuman since the beginning of Japanese immigration. After comparing cartoons about Germans and Japanese, I theorize that the hatred towards Japan during World War II originated from the consistent characterization of Japanese people as barbaric and animalistic, while the attitude towards Germany was that of a once great nation now fallen.

Introduction

Political cartoons are an important facet of visual culture; they express general viewpoints at specific times in history and allow for greater analysis of historical events and their

overarching themes. The comics presented in this paper demonstrate the comparison between Germany and Japan. In exhibiting both comics that depict Japan and Germany on their own, as well as direct juxtaposition between the two,

it is evident that the American view of these countries and their people differed greatly. This essay explores the contrast between the two countries' relations with and the attitudes towards their emigrants in America. The comics chosen represent the national sentiment towards these countries through newspapers that circulated in highly populated areas. Each comic represents an idea or opinion about either country, which is indicative of Americans' fear and attitude towards them. In examining the American attitudes towards Japan and Germany throughout the 1920s-1940s, it is evident that the country's history of anti-Japanese sentiment was significantly more prominent and grew immensely by the end of World War II, despite Germany's role as America's enemy in both World Wars. Moreover, the roots of anti-Japanese sentiment contributed to the animalistic caricatures of the Japanese in American World War II propaganda.

American Relations with the Japanese and Germans before 1940

Japanese immigration to the United States began in the mid-1800s when Commodore Perry sailed to Japan to initiate trade relations; however, many more Japanese immigrants arrived in the early 1900s. The

beginning of immigration discrimination towards Japanese people began with the Naturalization Act of 1790. As Chinese immigration began to accelerate in the late 1800s, this act was altered to exclude Chinese immigrants from being American citizens. Anti-Chinese sentiment increased due to the number of immigrants, resulting in protests and even violence. This eventually led to the Chinese Exclusion Act in 1882. America, now in need of a new source of cheap labor, began allowing Japanese immigrants to emigrate to Hawaii on work permits, and then later to the United States mainland. Economic instability in Japan was also a factor in the emigration of Japanese immigrants. Japanese immigration was unrestricted for several decades; from 1901 to 1908, 127,000 Japanese immigrants arrived in the U.S. Anti-Japanese sentiment soon followed this influx of immigrants. Cultural differences and the fear of jobs lost to the Japanese caused this sentiment to grow, and the American Federation of Labor even petitioned to extend the Chinese Exclusion Act to include Japanese people in 1900. The Japanese Exclusion League was formed in California in 1905, which proceeded to propose anti-Japanese legislation, and eventually segregated Japanese children in public schools. Because of the desire to maintain

diplomatic relations, the United States and Japan entered the Gentleman's Agreement in 1907. This prevented Japan from issuing work visas to the United States, only allowing those who had family already in the United States to immigrate. Despite this, many Japanese men brought wives from arranged marriages in the United States. This agreement slowed Japanese immigration, but it did not halt it. Anti-Japanese sentiment remained prominent, especially in California, and in 1922, the Supreme Court finalized the decision that this prohibition of naturalization extended to Japanese immigrants.¹

This negative sentiment led to the creation of immigration quotas in the Immigration Act of 1924. Despite the work in eugenics that had already been done, the Quota Board had difficulty classifying and counting the white races that had already existed in the US, as well as classifying children of racial intermarriages. By the early 1920s, almost all Asians were barred from immigrating or ineligible for citizenship.² Alien Land Laws as well as Supreme Court Cases *Ozawa v. United States* and *United States v. Thind* allowed the US government to prevent Japanese immigrants

from gaining citizenship, citing its own barring of Japanese immigration. In *Ozawa*, the Supreme Court attempted to define racial classification in terms of citizenship. Ultimately, it was concluded that the color of skin alone was inadequate as a measure of race; however, the case did confirm that Caucasian and white were the same, and therefore, Japanese were not Caucasian, so they were not considered white. The *Thind* case deconstructed the definition of Caucasian; Bhagat Singh Thind, a Hindu man, claimed he was Caucasian and cited that Aryans of India have "distinct European features."³ The Court dismissed this argument on the basis that the term Caucasian had gained too much popularity and now included more than just the white race, effectively disqualifying Thind from naturalization. The Alien Land Laws followed this court case and forbade those who were ineligible for citizenship from owning land, directly targeting Asian immigrants.

Americans felt threatened by Japanese immigrants' proficiency in agriculture and feared they were attempting to take over the farmlands in California. Additionally, prior to the Immigration Act of 1924, Japan had an agreement with the United States to prevent its

1 The Commission on Wartime Relocation and Internment of Civilians, "Before Pearl Harbor," in *Personal Justice Denied* (Washington, D.C.: The Commission, 1983), 28–30, 32–34.

2 Ngai, "Architecture of Race," 80–81.

3 Ibid., 84.

laborers from immigrating to America.⁴ Despite this, many Americans felt it was not enough, and full Asian immigration exclusion was finalized with the Immigration Act of 1924. The government was able to do this by barring the immigration of those ineligible for citizenship.

German immigration began much earlier, in the 1600s, and continued over the next few centuries. Germans were thought to fit better into American society because of scientific race theory and their prior existence in America. Historically, Germanic peoples were some of the first in the early American colonies. They helped English immigrants settle the Jamestown colony in 1608, as well as the Dutch colony New Amsterdam in 1620, which later became New York. In 1683, William Penn, along with thirteen German Mennonite families, founded Germantown, Pennsylvania in pursuit of religious freedom. Incentivized by cheap land, many German families arrived in America throughout the 1600s; German towns and settlements sprung up around New York, Ohio, Maryland, the Carolinas, and Georgia.⁵ By the mid-1700s, Germans made up one-

third of the American colonies' population. German Americans were crucial in distributing newspapers, and German was one of the most widely spoken languages aside from English because of their role in the early news circuit. In the Revolutionary War, many Germans volunteered to be in the colonies' militias to join the fight for independence.⁶ German immigration only increased in the 1800s. After the failure of the German Revolution in 1848, thousands of Germans left for America because of unemployment, confiscations of land, and scarce resources in Germany. By 1854, 200,000 German immigrants had arrived in America.⁷ Germans played a large role in establishing modern American culture; many aspects of the modern school system were created by Germans, like kindergarten, physical and vocational education, and the idea of universal schooling. Many recreational areas, like parks, concert areas, and sports clubs were also created by Germans; the modern American weekend can also be credited to German immigrants. German culture is extremely tied to American ideals and values because of their longstanding history in the country.⁸ German language was

⁴ Ibid., 85, 87.

⁵ "The Call of Tolerance," The Library of Congress, Immigration and Relocation in U.S. History, accessed April 16, 2023. www.loc.gov/classroom-materials/immigration/german/call-of-tolerance/.

⁶ "Building a New Nation," The Library of Congress, Immigration and Relocation in U.S. History, accessed April 16, 2023. www.loc.gov/classroom-materials/immigration/german/call-of-tolerance/.

⁷ "A New Surge of Growth," The Library of Congress, Immigration and Relocation in U.S. History, accessed April 16, 2023. www.loc.gov/classroom-materials/immigration/german/new-surge-of-growth/.

⁸ "Building Institutions, Shaping Tastes," The Library of Congress, Immigration and Relocation in U.S. History, accessed April 16, 2023. www.loc.gov/classroom-materials/immigration/german/new-surge-of-growth/.

taught in public schools, and the culture was widely accepted until the dawn of World War I.

The United States entered World War I in April 1917 after the Zimmerman telegram was intercepted by British cryptographers; Germany sent the telegram to Mexico, offering the country United States territory in exchange for allying with the Germans.⁹ This, combined with the sinking of the U.S.S. Lusitania and the subsequent deaths of 100 Americans, changed the public view of Germany. Many Americans believed the Lusitania incident was an intentional act of violence. Through the use of newspapers and their communities, German-Americans attempted to stop the US government from declaring war on Germany.¹⁰ Despite their efforts, President Woodrow Wilson ended his position of neutrality and declared war. Americans feared German-Americans would spread pro-German propaganda. Subsequently, many public schools banned German language instruction. They believed that children in German schools were

taught to be militaristic. The threat of Germany was so severe that some German-American businesses either had to shut down or change names. Moreover, in one incident, a mob lynched a German immigrant.¹¹ Similarly but not as extreme, Germans had strong opinions toward America. Germany regarded America as greedy and willing to do anything for money. German propagandists attacked President Woodrow Wilson, claiming his ultimate goal was to make money, even in war. The Allied powers believed Wilson was too patient and too willing for peace. German propaganda painted the average American soldier as weak and incompetent.¹² The German military also protested America's use of shotguns, threatening that any American captured with one would be executed. They based this protest on the Hague Conventions of 1899 and 1907,¹³ which barred the use of weapons that caused "unnecessary suffering."¹⁴

While perceptions of Japanese and German Americans were shaped by foreign relations, so too were they shaped by racial

[loc.gov/classroom-materials/immigration/german/building-institutions-shaping-tastes/](https://www.loc.gov/classroom-materials/immigration/german/building-institutions-shaping-tastes/).

9 "The Zimmermann Telegram," National Archives and Records Administration, accessed March 22, 2023. www.archives.gov/education/lessons/zimmermann.

10 Paul J. Ramsey, "The War against German-American Culture: The Removal of German-Language Instruction from the Indianapolis Schools, 1917–1919," *Indiana Magazine of History* 98, no. 4 (2002): 294. www.jstor.org/stable/27792420.

11 Ramsey, "The War against German-American Culture," 296, 299–300.

12 Eberhard Demm, "Propaganda and Caricature in the First World War," *Journal of Contemporary History* 28, no. 1 (1993): 180, 185. www.jstor.org/stable/27792420.

13 The 1899 and 1907 Hague Conventions sought to limit the evolution of armed forces and weapons that could be used in war; they also attempted to apply the Geneva Convention terms to naval warfare.

14 Charles A. Jones, "In 1918, the U.S. Armed Its Forces With Shotguns—and Germany Launched a Diplomatic Protest," History Net, December 3, 2019, www.historynet.com/the-1918-shotgun-protest/

theories of the time. A new pseudoscience, scientific race theory, was beginning to emerge in the public sphere. This hierarchy placed Asian peoples at a lower tier than Europeans, and Americans felt threatened by Japanese immigrants and their agricultural ability. Many Americans also feared Japanese culture and societal norms, believing they could not assimilate into American ideals.¹⁵ Scientific race theory spread significantly in the early 1900s, but the idea of a racial hierarchy was not new. In the mid-1700s, Count Buffon posited the theory of New World degeneracy in which he claimed that life in North America was naturally weaker, physically and mentally, than that of life in Europe. He utilized this theory to discourage migration to the Americas, which many Europeans feared would lead to America being positioned as a new rival on the world stage. His writings on the subject expanded on the belief already held in Europe, and the idea continued to circulate after Buffon's death.¹⁶ However, a new racial theory took its place about a century later. Widespread scientific race theory began as a way to categorize people through biological factors. Scientists theorized

that physical characteristics affected the culture of a certain race. Though in its earliest stages, scientists created a racial hierarchy with Nordic races at the top and non-European races at the bottom.¹⁷ An early theory by Arthur de Gobineau claimed that the Germanic peoples were the most intelligent and natural leaders. This theory placed Asian persons in the middle of the hierarchy, classifying them as a "good middle class" for a nation to have; Gobineau believed Asian peoples could not have created a widespread civilization, because they do not have the willpower to invent.¹⁸ This idea spread throughout the United States and perpetuated racist ideals. Americans worried that immigrants would outnumber them. In 1916, eugenicist Madison Grant posited his theories about race as a scientific ideology. He formulated a very specific caste system, similar to the one mentioned earlier. Grant organized the races into three groups: Nordics from Northern Europe, Alpines from Southwestern Asia, and Mediterraneans from North Africa. He described each group's physical features, including height, build, nose shape as well as eye, hair, and skin color. Grant affirmed

15 Mae M. Ngai, "The Architecture of Race in American Immigration Law: A Reexamination of the Immigration Act of 1924," *The Journal of American History* 86, no. 1 (1999): 80. doi.org/10.2307/2567407.

16 Lee Alan Dugatkin, "Thomas Jefferson Versus Count Buffon: The Theory of New World Degeneracy," *The Chautauqua Journal* no. 1 (2016): 5.

17 Joel Z. Garrod, "A Brave Old World: An Analysis of Scientific Racism and BiDiI," *McGill J Med*, (2006): 54-60. www.ncbi.nlm.nih.gov/pmc/articles/PMC2687899/.

18 Arthur de Gobineau, "The Inequality of Human Races," trans. Adrian Collins (1915), 206-207.

Gobineau's earlier theory about Asiatic peoples, claiming they were "servile", while also noting the Mediterranean group as "sluggish." The Nordics were considered the "Master Race." Grant also posited that race and class were unchangeably intertwined and backed this theory with ancient tapestries that depicted blond men on horses while brunet men held the bridle.¹⁹ Eugenics was quickly adopted during this time, and Grant became president of the Eugenics Research Association in 1918 and made large contributions to furthering the organization. He and other eugenicists went on to found the Eugenics Committee of the United States of America to permanently establish such an organization for the country. Along with co-opting the medical field in support of eugenics, the ECUSA, as well as the ERA and the American Eugenics Society, lobbied with politicians to make policy changes; Grant's work in eugenics was instrumental in establishing immigration quotas in the forming of the Immigration Act of 1924.²⁰

The Japanese and Germans in American Political Cartoons from the 1920s

Though Japan and the United States

had fought on the same side in World War I, the United States grew increasingly wary of Japan's imperial tactics. Moreover, Japan was unhappy with the treatment of Japanese immigrants in the US and requested a racial equality clause from America, which they denied; Americans became warier of Japan after they were granted German concessions in Shandong.²¹ This fear and distrust are evident within editorial cartoons. The cartoon from *Chicago Daily Tribune*, "Japan Objects to the Weapon Which He Himself Has Never Hesitated to Use," exemplifies the relationship between the two nations on both sides (Fig 1). Two giant men are shown facing each other with an ocean between them. One is labeled California, and he holds a sword that reads, "Japanese Exclusion Laws;" the other man is Japan, and his sword says, "White Exclusion Laws." Japan shouts to California "I object to that weapon!" (Fig. 1). This references the aforementioned alien land laws in California. Japan felt as though their people were being discriminated against in America and threatened to create white exclusion laws to mirror the anti-Japanese laws in the United States. Because Japan never created any such laws, the title of

19 Jonathan Peter Spiro, *Defending the Master Race: Conservation, Eugenics, and the Legacy of Madison Grant*, University Press of New England, 2009: 148-149. doi.org/10.2307/j.ctv1xx9bzb.

20 Spiro, *Defending the Master Race*, 179-180, 187, 231.

21 "Japanese-American Relations at the Turn of the Century, 1900-1922," U.S. Department of State, accessed December 7, 2022, history.state.gov/milestones/1899-1913/japanese-relations

JAPAN OBJECTS TO THE WEAPON WHICH HE HIMSELF HAS NEVER HESITATED TO USE.

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Fig. 1. Illustration by John T. McCutcheon, "Japan Objects to the Weapon Which He Himself Has Never Hesitated to Use," *Chicago Daily Tribune*, October 3, 1920.

the cartoon is sarcastic. *The Statesman's* 1919 cartoon, "Map Shows Japanese Aims," depicts a map of the Pacific Ocean, including Japan, China, the Philippines, and several other islands (Fig. 2). Japan, colored black, has eight arrows directed towards its surrounding countries (Fig 2). This comic characterizes Japan as an imperialistic nation, trying to spread its global reach. Moreover, the black coloring of Japan and the white coloring of the countries around it subtly indicate

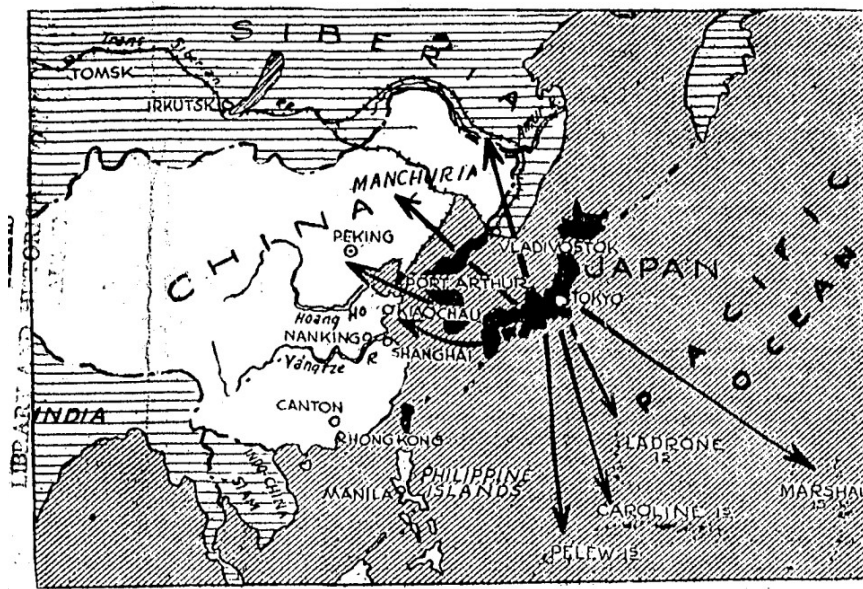
the vilification and fear-mongering towards Japan's imperialistic mission. It demonstrates the country's increasing desire to expand its power and, implicitly, America's increasing fear of that power. "In the Pacific," from the *Chicago Daily Tribune*, published in 1930, demonstrates America's worries about Japan's growing strength and militarism (Fig. 3). A bird sits atop a map of Tokyo. The cartoon is captioned, "America (looking at Japan): 'I ought to have swallowed that up when it was small. It is too strong now'" (Fig. 3). These cartoons portray the United States's position towards Japan; it fears Japan is too powerful and militaristic, and Americans worried war with Japan could strike.

Post World War I, American leaders wanted to revitalize Germany and its economy.

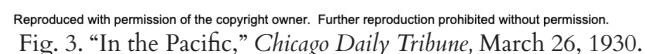
They believed stabilizing Europe would allow

Fig. 2. "Map Shows Japanese Aims," *The Statesman*, February 17, 1919.

MAP SHOWS JAPANESE AIMS.

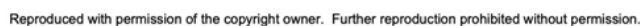


Editorial Cartoon 2 – No Title
Chicago Daily Tribune (1923-1963); Mar 26, 1930; ProQuest
 pg. 12



of action post-World War I (Fig. 4). A woman, labeled Germany, is depicted holding a paddle that says “Punishment,” and stands over a man, labeled “War Criminals,” who is bent over but covering his behind (Fig. 4). The woman says, “Holler real loud. An make the neighbors think you’re gettin’ an awful thumpin’!” (Fig. 4) This shows that Americans did not believe Germany was truly disciplining its war criminals and therefore not reforming itself. “At Last the Germans Have Picked Onto Some One Everybody Hopes They Can Conquer” from *The Washington Post* further shows the idea that Germany was not fit to fully govern itself

Fig. 4. "The Kind It'll Be If 'Made In Germany,'" *Wall Street Journal*, March 3, 1920.



76 | TXSTUR

(Fig. 5). A man labeled Germany is throwing a temper tantrum in front of the mirror. He has thrown chairs and even punched the reflection of himself. The title of the cartoon highlights the idea that Germany had destroyed its economy and itself in the war; Americans

AT LAST THE GERMANS HAVE PICKED ONTO SOME ONE EVERYBODY
HOPES THEY CAN CONQUER



Fig. 5. Illustration by J.N. Ding, "At Last the Germans Have Picked Onto Some One Everybody Hopes They Can Conquer," *The Washington Post*, March 19, 1920.

wanted Germany to stay powerless in hopes they could no longer target other nations.

However, by the 1930s, the Nazi Party was rising to power. The period of economic instability and lack of political guidance allowed Hitler to take control in 1933 with the promise

of a new and more powerful Germany. The cartoon, "Genuine or Fake?" published in *Chicago Daily Tribune* in 1930 depicts German men standing around a portrait of Hitler with the inscription, "Man in Armour" (Fig. 6). The men debate: "It was not goot!" and "Ach! It was a fake!" and "Nein! It was goot!" (Fig. 6). At the bottom of the cartoon, it reads, "The problem of Germany's new 'master.'" (Fig. 6). This cartoon demonstrates the uncertainty and doubt that Germans had about Hitler's capability to lead the nation. Moreover, it illustrates the American view; the cartoon attempted to diminish Hitler's credibility, as Americans did not yet see Hitler as a viable threat.

Road to Involvement in World War II

When the stock market crashed in 1929, America was thrown into the Great Depression. After Hitler's official rise to power, news of Jewish persecution spread to the United States. There were demonstrations and protests in an attempt to bring attention to this mistreatment of Jews in Germany. Some organizations began to boycott German goods, but others feared worsening retaliation against the German Jews. Many Germans wanted to immigrate to the United States for safety, but President Hoover had created limitations on immigrants who were likely to be

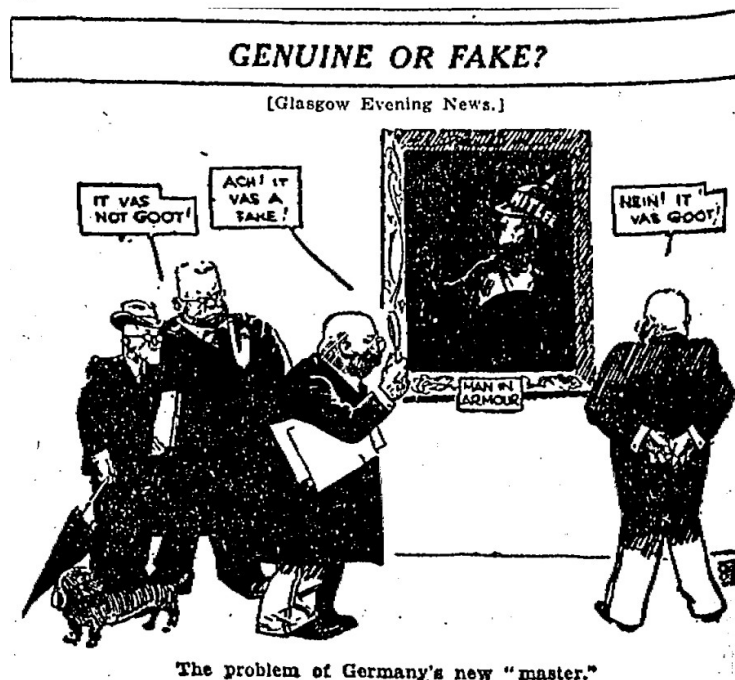


Fig. 6. "Genuine or Fake," *Chicago Daily Tribune*, October 20, 1930.

a public charge and unable to financially support themselves, which would cause more strain on the economy.²³ As Nazi Germany and Japan became more militarized, annexing Austria and occupying Manchuria, respectively, Americans wanted to remain neutral and isolated from foreign affairs. As Japan increased its occupation in China, the United States became warier because of its allyship there, but continued to remain neutral. The Japanese Army eventually killed three Americans in the bombing of the U.S.S. Panay; this created more tension, but war was staved off with an apology and indemnity from Japan.²⁴

The Neutrality Acts of 1935 and 1937 placed

23 United States Holocaust Memorial Museum, "The United States and the Nazi Threat: 1933-1937," Holocaust Encyclopedia, accessed December 7, 2022, encyclopedia.ushmm.org/content/en/article/the-united-states-and-the-nazi-threat-1933-37.

24 "Japan, China, the United States and the Road to Pearl Harbor, 1937-41," U.S. Department of State, accessed December 7, 2022, history.state.gov/milestones/1937-1945/pearl-harbor.

25 United States Holocaust Memorial Museum, "The United States and the Nazi Threat."

26 The Commission on Wartime Relocation and Internment of Civilians, "Executive Order 9066," in *Personal Justice Denied* (Washington, D.C.: The Commission, 1983), 49.

limitations on providing aid to foreign nations, with the latter act allowing the president the ability to decide neutrality towards certain countries.²⁵

The United States was determined to remain neutral, but with the Japanese bombing of Pearl Harbor on December 7, they were unable to and declared war on December 8, 1941. Prior to this event, President Roosevelt commissioned a secret study to examine the loyalty of Japanese Americans. The study found no disloyalty

within the group. Despite this, within a year after the bombing, Roosevelt enacted Executive Order #9066, split the western United States into military zones, and gathered all Japanese Americans in those areas to be sent to internment camps.²⁶ Thousands of Japanese Americans were forcibly removed from their homes; many suffered extreme financial losses, as they were forced to leave their property and businesses behind. Japan's imperialism continued to take hold as they invaded American territories Guam and the Philippines. Propaganda against the Japanese increased, as their actions were an extreme threat to

democracy. Despite internment, thousands of Japanese Americans enlisted in the war, but this did not prevent Americans from questioning their loyalty. In 1943, a committee was formed to develop a questionnaire that would test Japanese Americans' loyalty for release purposes. It also included a loyalty pledge. Men of draft age were asked if they would serve in the army, while women were asked if they would join the Women's Army Auxiliary Corps or the Army Nurse Corps. The loyalty question was particularly divisive as it asked the Japanese to forsake the Japanese emperor. Many Issei (first-generation immigrants) had trouble answering this question, while the Nisei were more willing to pledge full loyalty to the United States. The majority of those in the camps answered yes to the loyalty question and were released around a year later after President Roosevelt rescinded Executive Order #9066.²⁷

The Japanese and Germans in American Political Cartoons from the 1940s

Americans were significantly more hateful towards Japan than Germany during World War II. Japanese Americans had consistently been looked down upon, and this continued even more fervently during the war. The propaganda used



Fig. 7. "Rat Poison Wanted," *Times*, 1943.

exemplifies this. The ad from *Times* publication, "Rat Poison Wanted," depicts a Japanese soldier; his eyes are drawn as thin lines, and his teeth are bared to mimic a rat (Fig 7). The blurb beneath reads, "There's only one way to exterminate the slant-eyes— with gunpowder!" (Fig 7). This illustrates the attitude Americans held toward the Japanese; they saw them as vermin and a subhuman threat to be destroyed. Dr. Seuss created several anti-Japanese cartoons during the war as well. Dr. Seuss published his cartoons in *PM Magazine*, a periodical that was "against people who pushed other people

27 The Commission on Wartime Relocation and Internment of Civilians, "Loyalty: Leave and Segregation," in *Personal Justice Denied* (Washington, D.C.: The Commission, 1983), 190–194.

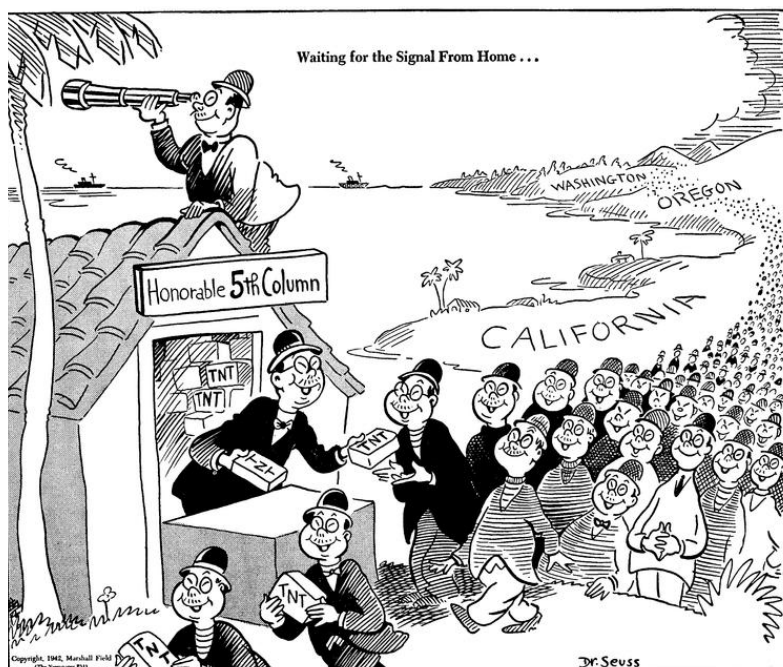


Fig. 8. Illustration by Dr. Seuss, "Waiting for the Signal From Home," *PM Magazine*, February 13, 1942.

around." Though Seuss's cartoons are racist depictions of the Japanese, it is similar to the other cartoons at the time. The war effort left no room for niceties. His cartoon, "Waiting for the Signal from Home," depicts a long line of Japanese people waiting for TNT (Fig. 8). The Japanese are portrayed as rat-like, with upturned noses and lines for eyes. This directly relates to internment as many Americans viewed the Japanese Americans as an inherent threat, waiting to wreak havoc on American soil. His other cartoon, "Maybe Only Alley Cats, but Jeepers! A Hell of a Lot of 'Em!" depicts the Japanese as feral cats, lining up in hordes in "Jap Alley" to attack Uncle Sam, who is an eagle (Fig. 9). Uncle Sam's weapon is a piece of

wood with a nail sticking out of it, and he hides around the corner, holding one of the alley cats, ready to fight the rest of them. This cartoon is an encouragement to strike down the Japanese, both the ones in America and overseas, before they destroy democracy.

Reports of Germany's persecution of Jews had circulated in the United States before their entrance into the war.

However, there was little documentation of it during the war. The majority of the press

focused on the horrors Japan was committing.

While Germany was summed up as "Nazis,"

Americans still held the sentiment that there were

"good Germans."²⁸ Though Germany had not

attacked the United States directly, the nation

Fig. 9. Illustration by Dr. Seuss, "Maybe Only Alley Cats, but Jeepers! A Hell of a Lot of 'Em!"

PM Magazine, December 10, 1941.



28 John W. Dower, "War Hates and War Crimes," in *War without Mercy: Race and Power in the Pacific War* (1986), 34.

was still the enemy, and Americans would not stand for their attempt at world domination. Americans viewed Germany as an out-of-control, power-hungry nation. Fred O. Seibel's cartoon, "Nothing Like this in Nazi Germany," from the *New York Times*, characterizes Germany as a dictatorship with no room for democracy "NOTHING LIKE THIS IN NAZI GERMANY"



Fig. 10. Illustration by Fred O. Seibel, "Nothing Like This in Nazi Germany," *New York Times*, November 8, 1942.

(Fig. 10). There is a ballot box with a man's head (US voters) sticking out of it, yelling into a megaphone. The "sound" coming out is "Voice of the People." Both the Republican elephant and Democrat donkey sit next to the ballot box. Seibel asserts that Germany, unlike the United States, is not a country of freedom. Another *New York Times* cartoon, "The German

Chump," depicts a German boxer spinning in a circle, with his boxing gloves at the ready (Fig. 11). It is captioned, "He is in a whirl wondering where the next blow will fall" (Fig. 11). This cartoon characterizes Germany as unruly and wild; the nation is unable to predict its own next moves. Dr. Seuss also drew cartoons depicting Germany. In "Food? We Germans don't eat food! We Germans eat countries!" a German father exclaims the title of the cartoon to his emaciated child (Fig. 12). Seuss portrays Germany as cruel and unwilling to take care of its constituents as all it cares about is the path to world domination.

Fig. 11. "The German Chump," *New York Times*, July 18, 1943.

THE GERMAN CHUMP
New York Times (1923-); Jul 18, 1943; ProQuest Historical Newspapers: The New York Times
 pg. E5





Fig. 12. Illustration by Dr. Seuss, "Food? We Germans don't eat food! We Germans eat countries!" *PM Magazine*, October 7, 1942.

Other cartoons that depict Germany and Japan side by side further the idea that the American hatred of Japan was racialized. Dr. Seuss's "What Have You Done Today to Save Your Country from Them?" depicts a large billboard with Hitler and Japanese emperor Tojo with the title above them (Fig. 13). A person labeled "You" stands below. Hitler is depicted as snobby, with his head upturned and jaw jutting out. His eyes are closed and he is not smiling, but he is not racially caricatured in any way. Like in Seuss's previous cartoons, Tojo is portrayed as rat-like with a big grin, upturned nose, and slanted eyes. This directly shows the need to make Japan seem inhuman and therefore easier to destroy. Seuss's use of rats to depict Japanese people was a common sentiment, as

seen in "Rat Poison Wanted" (Fig. 7). Japanese people were a species to exterminate, not a nation to defeat. Another cartoon, "Mimic" from *The Washington Post*, depicts Hitler and Japan crushing the territories they invaded (Fig. 14). Hitler stands atop Lidice and Lezaky, and he looks coy. Japan, on the other hand, labeled as "Japs," is a large gorilla, violently stomping on the Philippines. This is blatant racism; Germans were seen as people, and Hitler is even stated in the cartoon. Japan is just "Japs," not any one person, just a generalized sense of a nation. The use of the gorilla to portray Japan demonstrates the destruction Japan caused, but it dehumanizes the Japanese. This depiction of Japan characterizes the nation as a brutish and violent animal, not a human to be reasoned

Fig. 13. Illustration by Dr. Seuss, "What Have You Done Today to Save Your Country From Them?" *PM Magazine*, March 5, 1942.



Mimic



Fig. 14. Illustration by David Low, "Mimic," The Washington Post, July 1, 1942.

with, unlike Germany.

Comparison of the Enemies

Anti-Japanese sentiment was the common belief in America before World War II, and wartime created even more hatred for Japanese people, significantly more so than hatred for Germans. Japan's attack on Pearl Harbor engendered outspoken hatred toward the Japanese. This vendetta against Japan explains why the Americans had such a vile view of Japanese people, even though one might argue this was caused by the lack of time spent in the European theater compared to the

Pacific theater. Moreover, American media reported the horrors of Japan more often than those of Germany. Japan's attack was personal, and many Americans desired revenge against the country. Interestingly, the initial response of some Americans was the belief that Germany had coerced Japan into the attack.²⁹ Pre-existing anti-Japanese sentiment led Americans to believe Japan was too weak-minded and incapable of engineering such an attack, despite their military advances in the 1930s. This idea stemmed from the aforementioned scientific race theory, in which Asian peoples were seen as non-creative and subservient. However, Japan quickly became the ultimate enemy and seemingly posed more of a threat to America than Germany did. Americans feared that Japan wanted to take power from the white race. An incident in Hong Kong in December of 1941 proved this; white men and women were forced to march in the streets to humiliate and strip the power of white Europeans in the area.³⁰ Racist rhetoric persisted as Japan continued to bomb Chinese cities; such barbaric behavior could only come from an uncivilized nation. Reports of the deaths of prisoners of war in Japan furthered Americans' hatred. Though Japan's treatment of American prisoners was

²⁹ Dower, "War Hates and War Crimes," 37.

³⁰ Gerald Horne, "Race/War," in *Race War!: White Supremacy and the Japanese Attack on the British Empire*, (2003), 78.

barbaric, Germany also killed many white prisoners. 3.5 million of the original 5.5 million Russian prisoners in Germany were killed before the war's end. However, Americans were not concerned with casualties that were not their own.³¹ In actuality, Japan did kill more American prisoners than Germany did, but the "perception [of Japan's immense brutality] was nonetheless culture-bound and racially biased."³²

Despite Germany's persecution of Jews and Eastern Europeans, Americans believed there were still good Germans. This is in part due to Americans' lack of relatability with those groups and their history of also discriminating against them. The violence exhibited by Germany was not in the people's overall nature but exacerbated by Hitler's lead. Moreover, it was thought that Germany's actions were those of a typical war because the knowledge of the Holocaust was buried by American leaders until after the war. Americans separated good and bad Germans with "Nazi;" the violent war crimes were not done by Germany but by the Nazis.³³ This grace was not given to Japan. Their brutality was synonymous with being Japanese. This is furthered by the use of the phrase "the Jap"; there were no good Japanese

because they were all one enemy. "Good Japanese" became a racist sentiment; "The only good Jap is a dead Jap." Racialized hatred of the Japanese is clear in Japanese internment. Despite President Roosevelt's study returning with no concerns about Japanese Americans, the fear of Japanese spies was still a threat, and they had to be neutralized. The majority of German Americans did not receive similar treatment in the United States, although the German-American Bund had outright supported Hitler prior to the start of the war. The notion from the early 1900s that the Japanese were unable to assimilate continued through Japanese internment; sentiments about "[Japanese] blood will tell," and "a Jap's a Jap" spread through the United States.³⁴ The inhumane treatment at the internment camps proves the American belief that the Japanese were not people, and this translated into propaganda at the time.

Throughout the early 1900s, anti-Japanese sentiment was extremely common, especially in the Western United States. Americans felt Japanese immigrants were incapable of assimilation and simultaneously feared they would take American jobs. According to scientific race theory, Germans

31 Dower, "War Hates and War Crimes," 48.

32 Ibid.

33 Ibid., 35.

34 John W. Dower, "Apes and Others" in *War without Mercy: Race and Power in the Pacific War* (1986), 79-80.

were more suitable for American ideals because of their whiteness. Additionally, most early American colonists were of British descent and would have been familiar with Germanic peoples, as modern Germany did not exist yet. Germanics also arrived in North America before the United States and before any naturalization or citizenship legislation was created. This allowed for easier assimilation into the early American states. Moreover, at this time Japan was an established empire and had been for centuries, which exacerbated the Japanese “threat” to Americans. Anti-Japanese sentiment ultimately caused the full barring of Asian immigrants, beginning with Chinese exclusion, and ending with the Immigration Act of 1924. Though the political cartoon addressing Japanese exclusion laws was not inherently racist, the attitude behind it was. Moreover, Japan continuously became a nation to fear as its military actions became more imperialistic, which is exemplified by “Just Supposing—” and “In the Pacific.” In this same period, Germany was in economic turmoil. Despite the countries’ conflict over trench warfare and the threat to execute American soldiers, the United States helped organize their reparations. The United States government saw Germany as unorganized and unwilling to punish war

criminals, as seen in “At Last the Germans Have Picked Onto Some One Everybody Hopes They Can Conquer” and “The Kind it’ll be if ‘Made in Germany’” (Fig. 2 and Fig. 3). By the 1930s, Americans were aware of Hitler’s rise to power but were unsure of his abilities. As Japan and Germany became more militant and increasingly imperialistic, the United States entered World War II after Pearl Harbor. Racist rhetoric regarding Japan became commonplace in the United States, and racist caricatures in propaganda followed. Germany was depicted as a fascist nation led by a dictator, but Americans felt as though this was a temporary lapse. This is exemplified by “What Have You Done Today to Save Your Country From Them?” and “Mimic” (Fig. 13 and Fig. 14). The cartoons of Germany depict people, while the cartoons of Japan depict animals, which is particularly racist when compared side by side. American propaganda of Germany was significantly less caricatured and regarded Germany as a nation that had fallen from grace, while anti-Japan propaganda depicted the Japanese as a brutish, subhuman race that needed to be exterminated.

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Don Quixote and the Spanish Criminal Justice System

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This paper evaluates how convicted criminals in 17th-century Spain were punished for their crimes from the perspective of author Miguel de Cervantes. The evaluation is based on a literary analysis of Cervantes' depiction of galley slaves throughout the twenty-second chapter of *Don Quixote* where he used humor as a literary device to illustrate Don Quixote's encounter with the slaves. Cervantes's past as a prisoner before writing his esteemed novel and a historical assessment of Spanish judicial traditions are also used to understand further the message the author is trying to convey. In this analysis, it ultimately becomes clear that Don Quixote is used by Cervantes to advocate for criminal justice reform in a highly creative manner. Instead of simply speaking out against the manner convicted criminals were punished, Cervantes opts to create a fictional scenario that mimics the unfortunate realities of being a galley slave. Today, the twenty-second chapter of *Don Quixote* can be utilized for commentary in regard to how little criminal justice systems have changed since Cervantes's time.

Introduction

When literature examines or critiques government, it often does so by examining a nation's criminal justice system and its implications. Novels such as *Les Miserables* by Victor Hugo focus entirely on critiquing the French judicial system and its impact on those convicted of crimes. An episode in, Miguel de Cervantes's *Don Quixote* examines the Spanish judicial system through an encounter Don Quixote has with galley slaves in Part I, Chapter 22. Scholars studying the chapter have long argued about whether Cervantes is advocating for the galley slaves through his writing or simply writing the episode as another one of Don Quixote's antics. Given Cervantes's various stays in prison, it appears likely that he is advocating for the liberation of the slaves. Through the episode of the galley slaves Cervantes is able to suggest that the slaves, although self-admitted criminals, are victims of society and thus should not be subject to forced labor.

Background

Cervantes wrote *Don Quixote* when the Roman Catholic Church

attempted to reform and fortify its members' faith. During the fifteenth and sixteenth centuries, Spanish Catholics attempted to ensure the country's integrity through religious orthodoxy and classifying individuals based on their ancestral religion; however, this proved to be difficult (Busic 28). When Cervantes wrote *Don Quixote*, Spain emerged from this difficult time, and these ideas of racial and religious purity were still present in Cervantes's audience. There was simply no way for *Don Quixote* to exist without some sort of influence from Catholic orthodoxy, and the twenty-second chapter of the novel is no exception.

Another important note is that the galley slaves depicted in *Don Quixote* are based on an actual history of the Spanish navy using convicts on their warships. These slaves were responsible for rowing the galleys and acted as an essential component of the Spanish army. Though not all oarsmen were convicts being punished through slavery, they did outnumber all other rowers (Wheat 329). The fact that most galley rowers were slaves indicates there was difficulty in finding individuals willing to take on the role. Still, it was necessary for the government to have oarsmen for their ships. To ensure that slaves did not escape they were chained in the galleys and were likely still in custody outside of the ships (Wheat 334).

Convicts proved to be valuable because they provided an easy supply of rowers because they could be forced into the role.

The Case Against the Slaves

Cervantes's novel often references popular chivalric novels of the time. The novel that is alluded to the most throughout *Don Quixote* is the early sixteenth-century *Amadis de Gaula* by Garci Rodriguez de Montalvo, which Don Quixote owns and uses as a source of inspiration to act as a knight. A particular instance in which the novel is referenced occurs after Don Quixote's books about chivalry are set to burn, but, a priest decided that the Books of Amadis of Gaul are too valuable to burn, "and so we'll spare it life for now" (I,xi,46). The act of burning the other chivalric novels makes it clear Amadis of Gaul stands out as an exception. Cervantes's decision to have Amadis of Gaul as the only novel not to burn emphasizes just how much *Don Quixote* was influenced by this book.

Due to *Don Quixote*'s frequent references to chivalric novels, some scholars maintain that Cervantes is attempting to mock these stories through his novel. Among the scholars who discuss Don Quixote being a mockery of chivalric novels is Anthony Close, who states, "The comedy of Part I is generated by the recurrent

conflicts between the hero and the world around him,” which is “designed to ridicule the popular genre of chivalric romances” (12). The various conflicts in which Don Quixote finds himself as he acts as the “hero” are a direct result of reading an excessive number of chivalric novels. To the audience, it is evident that Don Quixote is not being heroic, but is simply acting like an insane man.

From the beginning of the novel, Don Quixote is clearly meant to be a mockery of a knight. He is described as a weathered fifty-year-old scrawny man with a gaunt face (I,i,19) in contrast to the young and handsome man that is typical of chivalric novels. The novel’s mocking tone becomes even more apparent when we learn that Don Quixote read so many of these novels that “his brains dried up” and he went mad as a result (I,i,21). Having novels of knight-errantry be the primary cause of Don Quixote’s madness indicates that from the author’s perspective such novels serve no benefit to readers. Cervantes often uses humor in the novel to exemplify the standard plot of a dire situation occurring and a knight coming in to save the day, except Don Quixote usually manages to worsen the day for whomever he was trying to help.

Acceptance of Close’s interpretation of Cervantes’s work being a mockery of chivalric

novels implies that actions such as the freeing of the galley slaves are foolish on Don Quixote’s part. The episode of the galley slaves “begins with a mock-heroic flourish typical of Cervantes’s narrative strategy in the novel” (Close 13), a commentary regarding Cide Hamete Benengeli, the false historian who purportedly wrote the story of Don Quixote in Arabic. The supposed translator of the Arabic text begins the galley slave episode by calling Benengeli the author of a “serious, high-sounding, detailed, sweet, and inventive history” (I,xx,163), which of course is sarcasm on Cervantes’s part. The irony comes in that none of what Cervantes is saying is true. In fact, the opposite of what he is saying is true, and the audience should be well aware by the twenty-second chapter that Benengeli is not a trusted source of information. Benengeli is just one example of how Cervantes uses humor as a device in his storytelling. However, this is significant due to the character’s parallel with Cervantes. Critics suggest that Cervantes uses Cide Hamete as a mask that allows him to share his own perspective of the story with the reader (Soons 351). Since Don Quixote is viewed as a parody by Cervantes, the mockery of chivalric novels is then reaffirmed through Benengeli.

Cervantes emphasizes that the freeing of the galley slaves was a mockery of these novels

is further emphasized during Don Quixote's first encounters with the prisoners. Sancho acts as a voice of reason when he points out that "justice, which is the king himself, does not force or do wrong to such people, but sentences them as punishment for their crimes" (I,xxii,163). After all, Don Quixote has no legal responsibility or duty regarding the criminal status of the galley slaves. Since these men are condemned to slavery as a result of their past crimes, the slaves are not stripped of their freedom without cause, despite the king's choice of punishment being severe. Even one of the slaves thought that "Don Quixote was not very sane, for he had done something so foolish as wanting to give them their freedom" (I,xxii,172). Don Quixote is ridiculed even by the slaves for freeing them, indicating that the slaves themselves recognize their newfound freedom as a poor choice on the part of their liberator.

The Case for the Slaves

It is likely that Cervantes's life had a major influence on the events of *Don Quixote*, including the episode of the galley slaves. Born in 1547 in Alcalá de Henares, Miguel de Cervantes was one of seven children. Once he reached adulthood he joined the navy and fought at the Battle of Lepanto (1571), and it was at this point that he experienced what may have later influenced

his depiction of the galley slaves. Cervantes was a prisoner twice in his life, and both times were while he served in the military. He was imprisoned for the first time when he was captured in 1575 following the Battle of Lepanto and held for ransom in Algiers for five years. Later he was imprisoned while working as a commissary for the Spanish Armada that sailed to fight Britain in 1588.

It is plausible that although Cervantes had sympathy for galley slaves, whose plight he had witnessed on navy ships, he could not openly express his sentiment because of the values of seventeenth-century Spain. In "Los Galeotes" M. J. Benardete explains, "Nada señala la índole de una sociedad como la clase de criminales que ella produce." (Nothing signals the nature of a society like the type of criminals that it produces; 58). Whatever qualities a society values the most are shown through the crimes allotted the worst punishments. In the case of early seventeenth-century Spanish society, those sentenced to death or to slavery in the galleys represented the worst crimes. For example, one of the slaves is sentenced to six years for making, "too merry with two girls who were cousins of his" (I,xxii,16). This makes it clear that sexual misconduct such as the violation of kinship taboos was taken very seriously by the Spanish judicial system because the punishment

for it was six years in the galleys. Other crimes committed by the slaves include theft and other forms of sexual misconduct that violate biblical teachings.

The King was responsible for ensuring that the religious teachings at the center of seventeenth-century Spanish society were being obeyed. It was in this manner that the judicial system was intertwined with the Catholic Church. Rulers were thought to derive from God directly and believed to have a hereditary right to their position (Exum 429). A king's position came with a variety of responsibilities including judicial power. This allowed the King to sentence those who transgressed the law and since the King had his title by divine right, his judicial rulings were thought to come directly from God. To question the King was therefore the equivalent of questioning God himself.

Had Cervantes not been subtle in his criticism, his novel would not have been published. Since the judicial system in Spain at the time was so strongly tied to the Catholic Church any opinion at odds with the teachings of the Church or the Spanish Crown would have been considered inappropriate. Due to Spain's judicial culture in the early seventeenth century, Cervantes would have had to be extremely cautious in suggesting that the galley slaves

shouldn't be subject to forced labor because they are victims of society. At the time inquiries resulted in the burning of heretics and those who mocked religion (Benardete 58). To directly say that straying from biblical teachings did not merit punishment in the form of forced labor could have even cost Cervantes his life.

Instead, Cervantes had to be creative in suggesting ideas that went against the crown. One manner in which he went about this was by providing a dialogue between Don Quixote and Sancho regarding the galley slaves. When Sancho first took note of the slaves he turned to Don Quixote and said, "This is a chain of galley slaves, people forced by the king to go to the galleys" (I,xxii,163) to which after some questioning Don Quixote responds with, "for whatever reason, these people are being taken by force and not of their own free will" (I,xxii,163). Later in the chapter, Don Quixote questions the slaves, providing them an opportunity to explain their own perspectives. In this manner, Cervantes is able to provide a sound argument as to why the galley slaves should be free despite their crimes without explicitly providing his own opinion. Since Don Quixote is portrayed to be insane but well-educated, his arguments likely carry merit but not in a way that would get Cervantes in trouble for his suggestions, because he could just

pass them off as the arguments of a madman.

Cervantes's implied idea that galley slaves shouldn't be subjected to forced labor despite being criminals is supported by the possibility that he bases this chapter on previous works with similar concerns. The work Cervantes may have looked at focused on the conditions of forced laborers inside Spanish mines. Konstantin Mierau explores the work of a man named Mateo Alemán who published the *Informe Secreto* (*Secret Report*) in 1593. This work interviewed slaves in the quicksilver mines of Almadén on their working and living conditions. Mierau concludes that it is likely that the galley slave episode is an allusion to Alemán's work. Don Quixote's interview of the galley slaves appeared a little more than decades after Aleman's work and the coincidences between the two works are notable (Mierau 359). As documented in his work, immediately after arrival Alemán saw resistance from officials in his questioning of the slaves and was eventually allowed to speak to the slaves, much like what happened to Don Quixote.

The resemblance between Don Quixote and Alemán in their process of questioning the slaves becomes apparent when he first approaches the mounted guards to inquire about the galley slaves Don Quixote is quickly met with hostility with the guard stating that they are, "His

Majesty's prisoners who were condemned to the galleys, and there was nothing more to say and nothing else he had to know" (I,xxii,164). Don Quixote of course persists, nevertheless. Similarly, Alemán was met with hostility by the officials when trying to question the slaves, but like him, he eventually was able to interview the slaves. When Don Quixote does approach the slaves, he asks, "the first man what sins he had committed to be taken away in so unpleasant a manner" (I, xxiii,164), which parallels Alemán's work in that he asks the slaves directly, which was unusual at the time. Interviewing galley slaves, or any criminal, directly was so unusual at the time that the connection between Aleman's work and Cervantes's writing seems clear.

As the conversation between Don Quixote and the galley slaves continues, the slaves have the opportunity to express their own points of view and their sense of marginalization. One of the prisoners points out the disadvantages he had in comparison to someone who has a higher economic status. When Don Quixote asks him why he was going to the galleys, the prisoner responds that it was because he didn't have twenty ducados and went on to say, "if I had those twenty ducados your grace is offering me now at the right time, I'd have greased the quill of the clerk and sharpened the wits of my attorney"

(I,xxii,165). This allows the reader to deduce how much influence a person's socio-economic status can have. Through this example, Cervantes reveals how money, not justice, often determines outcomes in the Spanish criminal justice system. Perhaps, had the prisoner had the money to pay for an attorney or even ten ducados to begin with, he might have been able to walk as a free man, but instead he is subject to forced labor for five years.

Don Quixote's response to the prisoner provides the argument with merit among seventeenth-century Spanish readers. In the dialogue following his questioning of slaves, Don Quixote suggests that the slaves may have been judged unfairly according to the testimony provided by the galley slaves (Garcia-Posada 200). Quixote's suggestions are valuable given his higher-than-average level of education giving more weight to his arguments. He believes "the reason heaven put [him] in the world and made [him] profess the order of chivalry," was to help "those in need and those oppressed by the powerful" (I,xxii,170). In the case of the slaves, they are being persecuted by the Spanish criminal justice system which is controlled by the king. Quixote brings a theological perspective to the reader that would have adequately brought justice into question without putting Cervantes at risk as an author because it is Don Quixote claiming God

put him on earth to defend the people oppressed by the Spanish crown. Including theology in his argument was so important because of the connection between the church and the judicial system; essentially Cervantes was arguing theological interpretation.

Cervantes uses Don Quixote's dialogue to advance the narrative that the galley slaves should not be subject to forced labor against their will. By the end of the chapter, Quixote is aware of the crimes of the slaves, however, he maintains the position that the men are being unjustly punished for their crimes. He believes that the criminals have had extenuating circumstances such as, "one's need for money" (I,xxii,169), and even, "not having justice on [their] side" (I,xxii,169) that have led them to commit their crimes. He argues that had the men in shackles come from more privileged backgrounds perhaps they would have never committed their crimes. Nonetheless, they did commit crimes, and now they are paying the consequences for their actions. Don Quixote argues that it is not man's place to punish, but rather that it is God's responsibility to punish, and no justice system can adequately provide justice. Cervantes takes a religious position that would have appealed to his Catholic audience in an efficient manner. As a former prisoner himself, Cervantes almost certainly sympathized with the

galley slaves and used their experiences to point out that the law was not all that just. Additionally, Cervantes seems to advocate for a closer examination of the law in order to determine a better alternative to sentencing criminals to hard labor. Such an idea is demonstrated when after being freed by Quixote the slaves, particularly Ginés de Pasamonte, who had already been in the galleys, continue with his antics, thus proving the current justice system as inefficient because it fails to actually reform behavior.

The Slaves of the Modern Criminal Justice System

Today the criminal justice system in the United States has its origins in Christian theology. The ideologies that the Spanish used to construct their criminal justice system in the seventeenth century are therefore not much different from the ideologies that are used in the present day in the United States. A main assumption of Christianity is that humans are responsible for their own actions regardless of external influences and can participate in the common moral vision if given the opportunity to face discipline and reflection on their actions (Skotnicki 86). In the case of the criminal justice system displayed in *Don Quixote* this ideology manifests when Sancho explains the galley slaves were thought to be responsible for the crimes they had committed, and sending them

to the galleys is seen as a way to discipline them. In the United States Christian ideology is seen in prison systems through the limited access to society prisoners have and the strict rules that are enforced upon them.

There are varying manners in which prisons in the United States create a secluded environment meant to discipline criminals and one of these is through forced labor. The slaves depicted in *Don Quixote* are not all that different from convicts who are a part of the prison industrial complex. U.S. prisons take advantage of convicts by using their labor for financial gain while simultaneously ensuring that this form of cheap labor is always readily available (Hammad 67). Though galley slaves are not directly used to make money for the Spanish Empire they are forcefully used for the benefit of the state. The only difference between the two groups is that contemporary American prisoners are led to think they have a choice from the government. These prisoners are trapped in the prison industrial complex because it is the only option they are given to escape the harsh prison environment, and it is one of the only ways they have access to mainstream society.

A more specific comparison to the galley slaves can be drawn through the case of prisoners putting out wildfires in California.

Like the galley slaves, the firefighter prisoners played an essential part in the functions of the government. The firefighters are compensated through minimally reduced prison sentences and one dollar an hour, with the added incentive of not being locked inside a prison (Hammad 84). The prisoners in California are an essential component of the state's fire departments as they are often the ones to be called to put out massive wildfires that would otherwise cause widespread destruction. It is true that the galley slaves did not get any compensation for their work, however, both situations fail to create a way in which convicts could be reintegrated into society, as the ideologies behind their prison systems suggest.

To truly reintegrate convicts into mainstream society there may be other more viable options besides unpaid or very minimally paid labor. The Christian theology used to create these prison systems is based on the idea that prisoners will be able to participate in the common moral vision if they are disciplined for their crimes, and reflect on them as one would repent to god. In such a case forced labor is not an effective punishment. Prisoners in California do not truly gain any benefits from their labor as they can't be employed by the fire department upon release, which prevents them from spending time learning skills that may actually be valuable

to their future (Hammad 89). The exploitation of imprisoned convicts' labor is therefore a barrier to reintegration into society which goes directly against Christian theology that is used to design the prison industrial complex. Providing opportunities for prisoners to learn skills they can actually use would be one way in which prison systems could meet their original goals.

Conclusion

In the episode of the galley slaves of *Don Quixote*, Cervantes succeeds in expressing the idea that, although convicted criminals, the slaves should not be subject to forced labor because extenuating circumstances have put them in their current situation. Some critics argue that Cervantes's intention is not to suggest anything through the galley slaves episode, and the chapter should instead be taken in a literal manner given that the whole novel is meant to be a mockery of chivalric tales. Bearing in mind that Cervantes had been incarcerated twice before writing *Don Quixote*, and there are documents indicating that Cervantes based this episode on other works presenting the point of view of slaves, it seems likely that the episode is favoring the freedom of the prisoners. The episode is written in a manner that allows the slaves to present their own points of view with Don Quixote as their advocate,

further suggesting the intentions of the author. Ultimately, the reader must determine which interpretation of the chapter they will regard as true. However, the interpretation that criminals should not be subject to forced labor calls for criminal justice reform in the seventeenth-century Spanish judicial system and makes us reflect on the failures of our own criminal justice system today.

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Improving Cybersecurity for Telehealth Patients

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The use of technology in the healthcare sector, or telehealth, has skyrocketed, leading to an increased risk of criminals illegally accessing patient medical and personal information. This unauthorized access is predominantly driven by the profit hackers make from accessing patient information. The following paper will focus on some of the main points of weakness that need improvement to prevent cyber attacks, the importance of patient technology education and HIPAA-regulated digital platforms, and the benefits that will arise for both patients and clinic staff by addressing this security issue. I have selected this topic because of my history with telehealth services and interest in protecting patient information. Research on this aspect of the medical field is important because of the increasing use of technology to improve connectivity and efficiency within healthcare organizations.

New technological advancements- and the necessity for these tools during the recent pandemic- has led to technology becoming an integral part of healthcare in the telehealth delivery format. Telehealth can be defined as providing health-related services through telecommunications or other digital communication methods (NEJM Group, 2018). It serves many purposes, such as virtual medical counseling, remote patient monitoring, coordination between medical staff, communication between patients and healthcare providers, as well as electronic database storage of all patient records. With the increase in

technology use, the risk of unauthorized access to a patient's medical and personal information also increases. Strong cybersecurity in the healthcare industry is imperative in order to "avoid legal ramifications, medical fraud, and the reputational damage of leaked patient data" (CareersinCyber.com, 2020). This paper investigates why unauthorized access to patient information occurs and how reducing its risk will benefit both patients and healthcare workers.

Digital healthcare leaks occur at a distressing rate due to the incentives for hackers to access patient information. On average, the number of records exposed in a single data leak

event is around 25,500 in the United States, but the total number of healthcare records that were exposed, stolen, or illegally disclosed in 2019 was 41.2 million in 505 healthcare data breaches (Seh et al., 2020). The amount of people affected by the healthcare field's ineffective strategies against hackers is growing. A report from Tenable, one of the world's leading cybersecurity firms, describes more than 22 billion records being leaked within approximately 700 data breaches between January and October of 2020 alone (Camarines & Camarines, 2021). Most hackers benefit from these leaks monetarily and are not going to cease their attacks on the healthcare sector any time soon. A 2019 CBS article reports that a single full medical record including date of birth, Social Security, address, etc can bring up to \$1,000 because of the multitude of information enclosed (CBS Interactive Inc, 2019). As mentioned previously, if the average number of records accessed in a single leak is 25,000, and full medical records can sell for up to \$1,000, then the perpetrator could potentially profit up to \$25,000,000. By gaining unauthorized access to personal files, they can sell information like medical identification numbers, credit card numbers, or government issued IDs on the dark web for a high price. If they find a patient's insurance information, hackers can even produce counterfeit insurance claims or

illegally obtain their prescriptions (Camarines & Camarines, 2021). The loss of all this information is detrimental not only to patients' livelihood and financial state, but also to the trust they place in their healthcare organizations to protect this vital information. Whenever patient information is being stored or shared online, the utmost priority should be privacy and security.

In order to secure patient information, we must understand how to prevent attacks on telehealth. Ensuring Health Insurance Portability and Accountability Act (HIPAA) compliance is the most important step to prevent cyber attacks. According to the Centers for Disease Control and Prevention (CDC), HIPAA is a federal law that established a standard protocol of protection against the exposure of patient information without their knowledge or consent (CDC, 2022). The use of non-HIPAA compliant platforms poses a threat to the protection of patient information. During the recent state of emergency due to the pandemic, the US Department of Health and Human Services allowed healthcare organizations to use popular video chat platforms such as FaceTime, Google Hangouts, Zoom, or Skype to make access to care easier for patients (Jalali et al., 2020). However, because these applications are not HIPAA compliant, there is no proactive legislation in place to prevent data information

leaks through these platforms (Office for Civil Rights, 2022). During the pandemic, there was a reported 25% increase in successful cybersecurity attacks (Ignatovski, 2022). In situations where data breaches are not protected by HIPAA, the Federal Trade Commission has the authority to handle any information compromises, but only after the information has been exposed (Maximus Federal Services, 2012).

The use of HIPAA compliant platforms is more effective because HIPAA is a proactive statute that protects patients' information from vulnerability by deterring violators with the knowledge that they could be punished with both civil and criminal penalties. Civil violations are constituted by three tiers of severity: The first tier is defined by lack of knowledge that the infraction was a violation despite sensible diligence, the second includes reasonable cause for the violation, and the third is specified by willful neglect that resulted in the violation. Civil violators of HIPAA face punishment of up to \$1.5 million in fines. In contrast, a criminal violation consists of the illegal access to patient information with knowledge that the act is in violation of HIPAA; criminal violations can then be further categorized into whether the offense was under false pretenses or for personal gain/malicious reasons. Violators can face up to \$250,000 in fines and up to ten years

in prison ("HIPAA Violations and Enforcement," n.d.). Given HIPAA's proactive nature and hefty punishments for violations of patient privacy, healthcare organizations should only use HIPAA-compliant telehealth platforms to better protect patients.

It is not just the telemedicine platforms themselves that must be more secure. The healthcare sector should take the next step and model its entire digital infrastructure after other high-risk industries, like financial or government institutions. Nevertheless, implementing effective protection against cyberattacks on telemedicine platforms is complicated and must be multifaceted to be successful (Kim et al., 2020). In the financial sector, all banks must file suspicious activity reports that indicate possible criminal intent within 30 days of "initial detection of facts that may constitute a basis for filing" ("Suspicious activity reports [SAR]," n.d.). The healthcare sector could use these reports as the first line of defense, which should then be followed up on by a specific department within the organization or further investigated by a federal bureau, like the Department of Health and Human Services or the Federal Trade Commission. A second possibility in building a better defense is to generate multiple layers of protection against a cyber attack. In fact, the National Institute of Standards and

Technology describes in-depth defense as the “application of multiple countermeasures in a layered or stepwise manner” and as the basis of an efficient security system (Stouffer et al., 2017). Finally, the system should then be put through consistent tests to search for potential weaknesses (Scott, 2022). A few additional measures could include encrypting data, keeping software updated, and requiring two-factor authentication prior to granting database access. Overall, healthcare technologists have many options to consider as they build a strong defense against hackers and cyber attacks.

The healthcare industry already educates both patients and staff on how to identify and correct weaknesses in their interactions with the digital world. Studies dating back to the early 2000s mention the potential risks we see today (Parimbelli et al., 2018). Some steps have been taken to mitigate the risk of serious legal implications related to non-consensual sharing of patient information. For example, patients are required by law to give informed consent prior to participating in telehealth medical counseling, though the laws vary in these circumstances. Other common requirements include educating patients on ensuring their privacy by recommending that they step into a separate room or use headphones to reduce the

risk of eavesdropping. Physicians are also required to disclose the presence of any observers and receive the patient’s permission for these observers to remain during the appointment (“Obtaining informed consent,” 2021). These requirements ensure that a patient is aware of and accepts the possibility that their personal or medical information could be shared with outside parties on purpose or by accident.

While the healthcare industry and physicians try their best to educate patients on the potential risks, patients’ lack of overall digital knowledge still creates problems. The quickening evolution of technology makes it increasingly difficult to efficiently use one’s devices. As technology becomes more complex, people’s inexperience with these new devices could increase the risk of their information being accessed without their knowledge (AHIMA Foundation, 2022). For instance, this knowledge deficit leads patients to use weak passwords, click on phishing or spam emails, or even lose a device used for medical purposes with information still stored in it (Kim et al., 2020). Many patients may use simple passwords that include personal information or common sequences to make them easy to remember; however, this simplicity allows hackers to quickly determine the password. Additionally, if a patient clicks on spam/phishing

emails, the hackers can access the information stored on the device and circumvent the need for passwords all together. Another major weakness area is the use of unprotected Wi-Fi networks. Unprotected networks give access to all devices that are connected and allow hackers to effortlessly steal information stored on these devices (Hall & McGraw, 2014). Stronger device and network security is an integral aspect of improving protection of patient information. A recent poll showed most people are in favor of stronger device security and are willing to sacrifice user-friendliness for this increased protection (“4 Challenges Facing the Health Care Industry,” n.d.). Increasing patient knowledge on how they can prevent their information from being obtained could be provided through learning courses or awareness announcements distributed by their healthcare organizations.

Improving telehealth security will have multiple important implications since data leaks jeopardize the patient’s identity and financial information when it is not sufficiently protected. While there are some laws regarding patient information and informed consent, these laws are not enough to prevent cyber attacks. The keys to reducing the risk of unauthorized access to patient information are recognizing motivations for hackers, detecting areas of weakness, and

formulating digital defense strategies. Some of these strategies could include filing suspicious activity reports, developing layered cyber attack defense plans, running frequent tests on the defense plans, encrypting sensitive data, keeping software updated, using 2-factor authentication, and strictly using telehealth platforms that comply with HIPAA regulations. Most notably, patients will feel safer and more comfortable when using telehealth for medical counseling. Additionally, the proper protection of patient information ensures the information is not tampered with as this could have “serious effects on patient health and outcomes” (Riggi, n.d.).

When the risk to patient information leaks are less likely, patients feel more confident in using telehealth platforms, and in turn, providers are more willing to use digital methods to communicate with them. As the number of patients physically visiting a clinic decreases, the physical demands for clinic staff will also decrease, helping to alleviate some of the stress in working in healthcare. Since telehealth options are so flexible, these changes could also reduce provider burnout rates. Finally, should another emergency situation like the recent pandemic arise, the changes needed to protect a patient’s medical and personal information will already be in place. Overall, reducing the risk of unauthorized access

to patient information by profit-seeking hackers will result in a more trustworthy and accessible healthcare industry on the patient side, while also revamping the work environment for medical staff.

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The Role of the Comics and Cartoons of the Black Press During World War II

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An overview of the role and history of the American Black Press during the Second World War and how its comic strips and editorial cartoons illustrated the complicated discourse over whether or not Black Americans should abstain from the war effort or participate, as well as the ways in which this participation should be done. By using comics and cartoons from the most prominent Black newspapers of the time, this article dives into a conversation that has been around since the American Revolution, one that questions whether Black societal advancement comes with Black participation or if this participation is simply a tool used by the United States with no obligation to return the favor. Examples used within this article range from the Pittsburgh Courier's famous "Double V" campaign, an attempt to frame the war as a simultaneous fight abroad against fascism and a fight at home against segregation, to pro and anti-war comic strips and cartoons, as well as the uncritical, pro-war propaganda of Charles Alston issued by the Office of War Information for distribution in the Black Press.

Introduction

Historically, Black Americans have fought and died for the interests of the United States in the hopes of improving their social and economic positions, to no avail, through both World Wars. Despite their sacrifices, "Black soldiers were never granted equal treatment in exchange for their service"¹ and the broader Black communities saw very little economic advancement while

segregation and Jim Crow still reigned in the US. Never being properly rewarded for their service or sacrifice ensured that each time a new conflict erupted, a debate over what role Black Americans should play in the war effort was sure to arise. By the time of the World Wars, the existence of a sizable, independent Black American press, an entire media apparatus separate from the traditionally White dominated American press,

¹ Tim Jackson, *Pioneering Cartoonists of Color* (Oxford: University Press of Mississippi, 2016), 85. <https://search-ebscohost-com.libproxy.txstate.edu/login.aspx?direct=true&db=cat00022a&AN=txi.b6047273&site=eds-live&scope=site>.

saw a heightening of this discourse that fostered debate about the potential for Black Americans' upward social mobility through their military service. This unprecedented level of Black media infrastructure was key to maintaining a "separate, parallel culture in America for African Americans [that] had more or less all of the features of the mainstream culture," creating an avenue for the Black communities of the United States to express themselves independently of White America.²

World War II, specifically the years 1942–1945, saw the biggest flare up in the discourse surrounding the potential socio-economic benefits for Black servicemen. Inciting debate within the pages of Black media over whether or not Black Americans should participate in the war effort. The comics and cartoons of these newspapers offer insight into this debate and how the Black Press took a decided stance, choosing to advocate for Black enlistment and participation in the war effort while also adjusting their message to appease their more militant, discontented readers.

The Black Press Prior to World War II

The history of Black newspapers in American history is an extensive one that dates back to the first half of the 19th century with

the creation of Freedom's Journal in March of 1827. Over the remainder of the century Black newspapers were established in nearly every state, eventually leading to the creation of The Freeman in 1888, "a publication in the vein of Harper's Weekly" that included "political commentary, humorous illustrations, and cartoon art" for the first time in a major Black newspaper.³ It was from this blueprint that the titans of the Black Press emerged. Newspapers such as the Chicago Defender, the New York Amsterdam News, and the Pittsburgh Courier came to dominate the Black Press by the 1910s and were notable for their inclusion of editorial cartoons and original comic strips that were traditionally reserved for the funny pages of white newspapers.⁴

The onset of World War I saw a newly booming and extensive Black Press come face to face with the Wilson administration, who took this as a sign of potential disloyalty and rebellion. The fears of a potential Black revolt were stoked by the Zimmerman Telegram and reports of German agents "stirring up the Negroes against white people" in the South.⁵ This fear, while undoubtedly exaggerated, was not baseless. There was sizable discontent within Black communities,

2 David Hopkins, "'You Can Make Them Liars' – The World War Two Funny Pages of the Pittsburgh Courier, America's Leading African American Weekly Newspaper," *Journal of Graphic Novels & Comics* 3, no. 1 (2012): 2, doi:10.1080/21504857.2011.645246

3 Jackson, *Pioneering*, 12–15.

4 Jackson, *Pioneering*, 18.

5 William G. Jordan, *Black Newspapers and America's War for Democracy, 1914–1920* (Chapel Hill: University of North Carolina Press, 2001), 44.

especially in the South where in extreme cases there was even a willingness to cooperate with the Germans; however, the Central Powers of Europe were not seen as allies by the vast majority of Black Americans. Within the community, fear mongering over the Germans' alleged atrocities overseas rang hollow in the face of the very real atrocities occurring at home.⁶ There were direct comparisons within Black newspapers between reports of horrific crimes committed by the Germans to the ongoing lynchings and hate crimes of the Jim Crow South, framing the discourse around the conditions of Black Americans under segregation as not too far removed from the horrors of war. The Espionage and Sedition acts suppressed criticism from the more militant elements of Black newspapers, in favor of messaging from accommodationist writers who advocated for a patriotic pro-war participation stance to ease the tensions and threats of violence facing "disloyal" Black communities.⁷

During World War I there was little enthusiasm for being "sacrificed at every turn" in the coming war," which saw its Black participants return to communities which remained just as disenfranchised and segregated as before their service.⁸ Black cartoonist Henry Brown's 1919

illustration (Figure 1) shows both the willingness of Black men to serve their country and of their country's government to immediately

forget their service the second it was no longer required.⁹ The lack of any genuine effort to improve the lives of Black Americans further reinforced the militancy the government had been quelling, ensuring retaliatory actions from the betrayed populace who were desperate for any improvement in their status and treatment. This debate flared up again following the American entrance into World War II and the conditions of Black America had not progressed much, with Jim Crow and segregation remaining as strong an institution as ever, despite the sacrifices of Black soldiers decades prior. The existence of a robust and truly national Black Press expanded the accessibility of this discourse to the household level for the first time, bringing renewed attention to the debate over whether



Figure 1

6 Jordan, *Black Newspapers*, 44-45
 7 Jordan, *Black Newspapers*, 143-145.
 8 Jordan, *Black Newspapers*, 65-66.
 9 Jackson, *Pioneering*, 21.

or not Black Americans should support the war effort. The Black Press had to decide how it would navigate this debate and ensure that whatever messaging they pushed did not alienate large portions of their readerbase.

A Critical Support for the War

It is out of this milieu that the famous “Double V” campaign of the Pittsburgh Courier was created. During World War II, Double V, or Victory at Home, Victory Abroad, was a campaign to try and ensure Black support for the war effort and prevent any questioning of these papers’ loyalties. It did this while hoping to satisfy enough of the very real militancy and anger that Black Americans had towards their own country through tying the tearing down of segregation, Jim Crow, and the general White Supremacy of the United States to the ongoing war against the fascist powers of Europe and Asia.¹⁰ A large number of the cartoons and comic strips that encouraged Black participation in the American war effort did so through the lens of the Double V campaign, often focusing on the Victory Abroad and not so much the one at home. While it spread nationwide, it was within the comic strips of the Courier that the Double V messaging can be seen the clearest thanks to creative minds such as Ol

Harrington, Wilbert Holloway, and A. Samuel

¹⁰ Hopkins, “You Can Make Them Liars,” 7.

¹¹ A. Samuel Milai “Society Sue/Bucky.” *The Pittsburgh Courier* (1911-1950), Dec 26, 1942, City Edition. <https://libproxy.txstate.edu/login?url=https://www-proquest-com.libproxy.txstate.edu/historical-newspapers/comic-3-no-title/docview/202103568/se-2>.

Milai. These artists were supportive of the war effort and encouraged both Black enlistment and activities such as the purchasing of war bonds, as seen in the Christmas 1942 printings of Milai’s “Society Sue” and “Bucky.”¹¹ Both of these comic strips took advantage of the holiday season in an effort to advertise the gift of war bonds through their titular characters, who take on an exaggerated patriotic tone, and speak directly to the reader in the case of Society Sue. The Pittsburgh Courier’s Wilbert Holloway promoted Black enlistment with his January 17, 1942, Sunnyboy Sam strip. This strip portrays a hyper-patriotic caricature of Joe Louis, the superstar boxer-turned-soldier and Black American icon, talking with Sunnyboy Sam about his decision to

join the army. His bold proclamation. *Figure 2*

Atlanta Daily World (1932-); Oct 29, 1944; ProQuest pg. 4



“All I am–All I have America gave me...S’Long Sunny Boy. It’s Great to be an American,” is spoken in front of the waving stars and stripes of the American flag, an undeniable and uncritical endorsement of the enlistment of Black men into the military.¹² An Atlanta Daily World cartoon from October, 1944¹³ shows a more serious attempt at fostering war support within the Black community with a simple editorial cartoon promoting war bonds. A Black soldier is shown at the forefront surrounded by a somber crowd and patriotic imagery promoting the National War Fund.

One of the most notable and vocal artists that managed to successfully blend the dual messaging of the Double V campaign into his work was Ol Harrington. After the outbreak of the war, Harrington created an entirely new comic strip about a Tuskegee pilot named Jive Gray. A typical Jive Gray comic strip could look like the one published on June 5, 1943, that depicts the action of a combat pilot having to eject and avoid a fiery crash on the battlefield.¹⁴

The creation of a whole new action strip about a pilot seeing action and going on adventures in Europe during the war is clearly supportive of the war effort, as was expected during the height of Double V. The strip was created to portray the heroic and exciting exploits of a Black American serviceman and glorify the war through action and adventure. However, Harrington used the background of World War II and the Nazis to speak strongly about the issues at home as well. This was often done through direct comparisons



Figure 3

between the ideology and reality of the American South and that of the Nazis.

The July 24, 1943 Jive Gray strip¹⁵ has a poor, rural southerner say to a crashed and lost Jive that “He’s the black ape we’re lookin’ fough. There’s gon’ be a good ole lynchin,” which was a real fear of Black soldiers stationed in Southern training camps. The intentional use of poorly

12 Wilbert Holloway, “We Are Americans, Too!” *The Pittsburgh Courier* (1911-1950), Jan 17, 1942, City Edition. <https://libproxy.txstate.edu/login?url=https://www.proquest.com/historical-newspapers/comic-1-no-title/docview/202106532/se-2>.

13 See Figure 2.

14 Ol Harrington “Jive Gray.” *The Pittsburgh Courier* (1911-1950), Jun 05, 1943, City Edition. <https://libproxy.txstate.edu/login?url=https://www-proquest-com.libproxy.txstate.edu/historical-newspapers/comic-2-no-title/docview/202120936/se-2>.

15 See Figure 3.

accented English for the White Southerner is a stark contrast to the proper English that Jive Gray and his fellow Black soldiers use. This is a clever reversal of the traditional “Negro’ accent of radio comedy and drama” that was associated with the Black population of the South.¹⁶ Harrington makes a strong statement here by reversing the traditional roles that Black and White people have played in any American media about the South since the days of blackface minstrelsy. He knows that the South is still a dangerous place that is still so fully within the grip of Jim Crow that Black soldiers will never be accepted as equals. This theme is also touched on by Renny Lee in the March 13, 1943 printing of his “Little Joe” cartoon, which included a panel labeled “Southern Hospitality.” This panel showed a white southerner refusing service to a Black soldier in

contrary to the uncritically patriotic and unity-centric messaging common at the time.

Jive Gray, while still a figure in support of the war effort against the Nazis and a symbol of Black enlistment, manages to maintain its strong messaging supporting the war at home as well, even to the very end. The August 18, 1945 Jive Gray strip¹⁸ directly compares the hate ideology of the Jim Crow South to that of Nazi Germany through a moment of shared hatred towards Black people between a Nazi officer and a politician from Mississippi. There is no subtlety in the comparison of “Dixie” to Nazi Germany, as the first thing the man from Mississippi says after seeing Jive Gray is “Well ah don’t like yo’ kind of folks, an’ tha’s why ah’m heah.” The accented and poor English are again used to degrade a white southerner instead of a Black one. Harrington

Figure 4



is drawing a direct correlation between the fight abroad and the fight at home by essentially showing they are the same fight against a broader

training. He tells him “Sorry so’jun we down heah don’t serve yo’ kind.”¹⁷ These cartoons run

fascism that was present not just in Germany and Japan.

16 Hopkins, “You Can Make Them Liars,” 11.

17 Renny Lee, “Little Joe.” *New York Amsterdam Star-News* (1941-1943), Mar 13, 1943. <https://libproxy.txstate.edu/login?url=https://www-proquest-com.libproxy.txstate.edu/historical-newspapers/comic-5-no-title/docview/226015318/se-2>.

18 See Figure 4

The Wartime Propaganda of Charles Alston

The most heavy handed and uncritical way in which the Black Press encouraged Black wartime participation was through the publishing of the cartoons of famed Black artist Charles Alston. The reason why these pieces are so heavy-handed in their messaging is that they were issued directly by the Office of War Information (OWI) to be distributed as propaganda by the Black Press. While it was not quite in line with the more critical and militant pro-war messaging that the Black Press adopted with the Double V campaign, distributing them ensured the appeasement of the American government and prevented the disaster that hit Black newspapers during World War I.¹⁹ One of the least subtle works made by



Figure 5

Alston during this time was a 1943 cartoon titled “A Negro Crossed the Delaware with George Washington” that recreates the iconic painting of Washington to emphasize the shared American history between White and Black Americans.²⁰ The image itself doesn’t even highlight the single Black man on the boat, who was a slave which adds a level of irony to the cartoon’s tagline of “— And We’ll Continue to Fight For Liberty.” The throwing out of any of the grievances that Black Americans have towards their own country is intentional as Alston’s priorities lay in trying to fold Black Americans into a united American identity on behalf of the OWI.

This desire for a single united American identity can be seen in one of Alston’s cartoons following the attack on Pearl Harbor with the words “130,000,000 United Americans” written across the sleeve of America.²¹ There is no discernable Black voice within this image and in fact Alston makes heavy use of racist caricature in his depiction of a monstrous Japanese soldier stabbing a White woman who presumably represents Columbia, the personified symbol of America. The works of Charles Alston are very far removed from the other cartoons and comics of the Black Press as Alston offers absolutely no

19 Harry Amana, “The Art of Propaganda: Charles Alston’s World War II Editorial Cartoons for the Office of War Information and the Black Press,” *American Journalism* 21, no. 2 (Spring 2004): 79–80, <https://search-ebscohost-com.libproxy.txstate.edu/login.aspx?direct=true&db=lf-h&AN=14009232&site=eds-live&scope=site>

20 See Figure 5.

21 See Figure 6.



Figure 6

criticism of segregation or the racism ingrained in the United States. In fact, Alston is actually replicating many of the White racial attitudes of the time within his work, even choosing to represent the United States in the form of a white woman. While these are state-sanctioned pieces of propaganda meant to drive up Black participation without inflaming the already tense racial atmosphere of 1940s America, there is precedent for this kind of stance within the Black Press going back to World War I. W.E.B. DuBois wrote an infamous editorial in 1918 that stated, "Let us, while the war lasts, forget our special grievances and close our ranks shoulder to shoulder with our white fellow citizens and the allied nations that are fighting for democracy,"

a statement that encapsulates the philosophy

22 Amana, "The Art of Propaganda," 83.

23 Charles Alston "I'm Going to See That You Grow Up in a Better World, Young Fellow!" *Office of War Information (1942-1945)*, 1943. <https://catalog.archives.gov/id/535606>

of Alston's wartime cartoons 25 years later.²²

Alston, and DuBois in 1918, are representative of the members of the Black community who prioritized the American goal of defending liberty and democracy first and foremost, or "The Battle for Freedom" as Alston refers to it within the smoke cloud of a destroyed Japanese ship in another one of his cartoons.²³ His work during this period ignored domestic racial issues in favor of promoting an uncritically patriotic message of wartime unity at the behest of the U.S. Government. Alston is representative of the attitudes of the upper and upper-middle class base of Black Americans that can afford to delay the fight against segregation and unequal treatment until the fight abroad is won and democracy is saved.

Opposition and Criticism of the War Effort

While Alston's propaganda and comic strips such as Harrington's "Jive Gray" or Milai's "Society Sue" promoted Black participation in the war effort from multiple different viewpoints, anti-war and anti-Black participation sentiments were also present. These views were shown in various ways but typically were based on the historical results of attempts at gaining rights and opportunity through participating in American wars. An example that succinctly portrays the

sentiments of those who were cynical about the Double V campaign and its effects comes from the New York Amsterdam News' star cartoonist and satirist, Melvin Tapley. Tapley's September 1944 cartoon "Post-War Fashions?"²⁴ draws a fashion show put on by "Jimcro" where he displays the "fashion" that Black Americans will wear when the war ends and the government no longer needs Black soldiers, workers, or their money. The three "fashions" listed are the loss of war-gained rights, continued racial discrimination, and the firing of minority workers. These ideas are representative of what has historically happened to Black and minority groups within the United States after

the war machine no longer requires use of them. "Post-War Fashion Show" pushes back against the Double V's effort to correlate an American victory against Germany and Japan to a Black victory against segregation, a position that began to look more likely seeing as segregation remained unchanged for over a decade after the war.

The loss of any perceived progress made during wartime was not the only way that Black cartoonists opposed the involvement of Black people during wartime. Figure 8 shows a striking image of a Black soldier in uniform picking cotton under the title "Is THIS the Army, Mr. Jones?" This is a reference to the Irving Berlin song which portrayed the army as a prim and proper institution that in reality has been historically segregated and exclusionary. This image offers a striking juxtaposition between a Black American soldier in uniform and the act of cotton picking, an immediately recognizable symbol of the brutal chattel slavery of the pre-Civil War South and the repressive practices still ongoing within the Jim Crow South. The history of American treatment towards its Black inhabitants is not ignored or glossed over here; instead the viewer is confronted with the reality that many Black soldiers have never received any of the social or economic advancement they had



Figure 7

Is THIS the Army, Mr. Jones?



Figure 8

hoped for in return for their service. The only thing distinguishing the depicted soldier from any poor Black field hand working the cotton fields is his uniform, a superficial symbol of the service that left him no better off than if he had never enlisted.

Conclusion

Overall, the Black Press' role during World War II was one of advocating for the support of its Black readers to the ongoing war effort through the use of both propaganda and cartoons made in support of the Pittsburgh Courier's hit Double V campaign. Dissenting

ideas were allowed and made their positions against Black participation known, usually due to the previous failed attempts at gaining rights from the War of Independence to the First World War. The Black Press was highly active by the time of World War 2, increasing its circulation by almost 50 percent, and was undoubtedly a powerful force in mobilizing Black communities to enlist, purchase bonds, and get involved in wartime industries with the hope of fighting back the worst of segregation and American White Supremacy.²⁵ The Black Press' promotion of Double V in fighting segregation can be criticized for falling into the same old trap of promising change through wartime participation. After all, it took almost a decade for the "separate but equal" doctrine to be overturned and two decades for legal segregation to be ended with the first Civil Rights Act, not to mention the still ongoing fight against the de facto segregation and inequality left over from the scars of this time. The Double V campaign's efforts in the fight at home could hardly qualify as a success with this historical hindsight; however, that does not take away from its significance. The need to ensure a loyal and active war-supporting appearance within the Black Press cannot be forgotten in respect to the repression they faced during the First World

25 Patrick S. Washburn "The Black Press: Homefront Clout Hits a Peak in World War II," *American Journalism* 12, no. 3 (Summer 1995): 359. <https://search-ebscohost-com.libproxy.txstate.edu/login.aspx?direct=true&db=31h&AN=46043308&site=eds-live&scope=site>.

War. A more militant approach than Double V could have resulted in a similar crackdown or other repressive actions on behalf of the U.S. government. The Black Press remained critical of the war to varying degrees, typically framing the messaging with at least some acknowledgement of the discrimination faced by Black Americans in their home country. Despite this criticism, the Black Press was still ultimately supportive of the war effort and encouraged greater wartime participation and enlistment for Black Americans.

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An Ethical Debate: Physician-Assisted Suicide

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Physician assisted suicide is a prevalent issue facing healthcare providers and consumers in the United States today. The following research investigates arguments supporting and opposing the utilization of physician assisted suicide in relation to healthcare ethics. First, ethical principles will be defined, focusing on the most common principles that will be utilized as arguments in the following literature. Those principles will then be contextualized and evaluated in the literature review, focusing on the relationship between physician assisted suicide and common ethical values. The literature presented is based on information from the United States to keep data consistent with the national healthcare system and common American ethical values. The findings of this review will then be summarized and reflected to reiterate the arguments for and against physician assisted suicide. The paper intends to provide readers with impartial ethical considerations pertaining to the topic of physician-assisted suicide.

Introduction

The practice of physician assisted suicide (PAS), or medical aid in dying, is one of the most controversial topics in the healthcare industry.

Physician assisted suicide, or the act of a physician administering lethal drugs to a terminally ill patient to end their life at their request, confronts many ethical dilemmas. The four main ethical principles of healthcare--autonomy, nonmaleficence, beneficence, and justice--are all used in support of or against the utilization of this practice. Furthermore, the principle of sanctity of life examines the correlation between ethics and

common American religious values.

Autonomy, or as defined by Eileen Morrison in *Ethics in Health Administration: A Practical Approach for Decision Makers*, is the "ability to make individual decisions based on freedom from external controls and take action for oneself" (Morrison, 2020, p. 27). The principle of autonomy is the most common basis of argument for those in favor of PAS and serves as a fundamental principle in ethics. Autonomy focuses on a person's right to self-governance, and the ability to make their own decisions regardless of external influences. Arguments for physician

assisted suicide often integrate autonomy through the focus on the ethical right of patients to make their own choices and have control over their healthcare decisions.

Nonmaleficence is the “ethical and legal duty to avoid harming others” (Morrison, 2020, p. 47) and beneficence is the duty of “acting in charity and kindness” (Morrison, 2020, p. 45). These correlated principles often serve as implied duties in which physicians and providers abide by in order to provide the best quality care for patients. The principles of maleficence and beneficence are most often stressed when terminally ill patients request PAS on the basis of removing or preventing unnecessary harm. Frequently, physicians confronted with this request feel obligated by these duties to fulfill a patient’s request of assisted suicide in order to prevent the patient from experiencing unnecessary harm. Conversely, nonmaleficence may also serve as reasoning for providers to refrain from physician assisted suicide. While PAS appears to some as being an act to prevent further harm to a patient, some physicians see it as administering further harm, and contradicting their duty to serve as a healer.

Justice, or the “principle of ethics that addresses what is fair or what is deserved” (Morrison, 2020, p. 57), can be used to argue for

the rights of both patients and physicians. Patient justice and staff justice are both vital principles of healthcare, and when confronted with physician assisted suicide, these rights risk being violated. Patient justice raises the concern of patients requesting PAS due to external influences that in turn contradict their personal justice. If patients request aid in dying based on external influences such as societal beliefs or physician opinions, their patient justice is being violated. Furthermore, staff justice for physicians and providers who are being confronted with the request to participate in PAS can often be violated. If physicians’ ethical and moral beliefs do not align with the idea or act of assisted suicide, their right to refuse participation is supported by staff justice. Furthermore, physicians are often referred to as the “healers” of society, and arguments often claim that the role of healers should not be associated with the involvement of assisted suicide. It is claimed that a healer should promote healthy lifestyles that lead to longer, healthier lives. If physicians are contributing to the act of assisted suicide, they may be insinuating that they are incapable of “healing” and instead believe the only viable option is death. Furthermore, it is often perceived that the duty of a physician is to provide high-quality care until it is no longer feasible. If physicians choose to impede on their duty to provide care by instead

assisting in patient suicide, their duty and role as a provider may be questioned. Not only do the arguments of physician assisted suicide revolve around the patient, they often concern the moral and ethical pressures facing involved providers.

The principal of sanctity of life is the basis of the final ethical argument regarding physician assisted suicide. The sanctity of life is prevalent in Christianity and Judaism and often serves as a gateway between religion and ethics. This belief argues that the beginning and ending of life should be controlled only by God, and any other entity should not have a say in when or how a life should end. Due to this, the act of a physician performing assisted suicide contradicts the meaning of the sanctity of life and ultimately impedes on the duties of God.

Upon reviewing several arguments for and against physician-assisted suicide, it is clear that there are various viewpoints on the topic. By incorporating several perspectives into the literature review, the goal of this paper is to inform readers of the ethical implications of assisted suicide in an impartial manner.

Literature Review

Throughout the article, “Patient Rights at the End of Life: The Ethics of Aid-in-Dying,” Mary Atkinson Smith, Lisa Torres, and Terry Burton argue that the four main ethical principles

of healthcare are compelling reasons to support the implementation of physician assisted suicide. They claim that patient autonomy should be automatically granted to a patient and should continue through the end of their life. According to this idea, terminally ill patients should be able to continue to implement their right to self-governance when given the option to request PAS. Similarly, abiding by the principle of justice would consist of treating patients ‘fairly’ by respecting their autonomy, focusing on patient-centered care, and giving them the ability to control their own deaths. Therefore, if autonomy and justice are taken into consideration, “terminally ill patients in their final phase of life should have options available promoting dignity and alleviating suffering while allowing them to make their own autonomous choices when it comes to how they die” (Atkinson Smith & Burton & Torres, 2020, p. 79). In conjunction with this, the principles of nonmaleficence and beneficence should be granted to patients and practiced by their respective physicians. If terminally ill patients believe that death would prevent or eliminate their current state of harm or distress, then nonmaleficence and beneficence grant physicians the right to end or prevent this harm.

Despite arguing that the four ethical

principles of healthcare defend the right to request aid in dying, the authors of this article also acknowledge and discuss opposing arguments. They recognize that two of the most common fears of the implementation of PAS is that it will be hard to control and could impose risks to society. Those who have this fear often claim that if physician-assisted suicide is permissible, any person who requests aid in dying will be granted assistance. This also invokes the fear that people will make rash decisions to participate in assisted suicide if they are not aware of all their options. As a rebuttal to these arguments, they observed data from states that have successfully legalized PAS in their healthcare systems. According to the article, each patient who requests physician-assisted suicide in the United States is legally required to have a two-week waiting period after submitting two oral requests, a 48-hour waiting period after a written request, and the patient must have a terminal illness with a prognosis of 6 or less months to live. This challenges the argument that PAS will be hard to control due to the fact there are multiple requirements that must be met before healthcare organizations give authorization. Furthermore, data proves that there is very low utilization of assisted suicide throughout the United States and not every request for it is granted. In an evaluation of patients in the U.S,

Canada, and Europe that chose PAS, it can be observed that there is a commonality in the type of patients that are granted authorization. Over 70% of patients had terminal cancer, were older, and were well-educated. Additionally, their reasoning for making this choice all related to “the fear of losing autonomy and dignity, lack of quality of life, and avoidance of mental and emotional distress” (Atkinson Smith & Burton & Torres, 2020, p. 81). This data supports the argument that authorization for assisted suicide is highly selective, regulated, and often requested on the grounds of maintaining and supporting patient autonomy.

While Atkinson Smith, Torres and Burton use autonomy and information from prior cases of physician-assisted suicide in support of the debate, Cynthia Geppert and Ronald Pies use these same points to argue against such practices. In the article “Two Misleading Myths Regarding ‘Medical Aid in Dying,’” Geppert and Pies determine that autonomy coincides greatly with physician-assisted suicide. Rather than taking the approach that autonomy supports medical aid in dying by giving patients freedom of choice, they argue that by succumbing to the act of requesting aid in dying, the patient is “surrendering control to ‘the other,’ be it physician or government” (Geppert & Pies, 2018, p. 5). In this perspective,

the patient is actually sacrificing their autonomy by giving the last control they have over their life to someone else. More specifically, the utilization of PAS actually “extends medical control over personal conduct, especially at the end of life; and diminishes patient autonomy” (Geppert & Pies, 2018, p. 4). In this perspective, the autonomy of patients is not being preserved, but rather this self-governance is being exchanged for bureaucratic decision making.

The authors further argue the violation of patient autonomy when they bring into question whether or not patients faced reasonable evaluations prior to requesting aid in dying. Factors that influence a patient’s wish for physician-assisted suicide may go far beyond their chronic illness, and instead can be due to mental health or family issues. Given that Oregon is one of the few states to legalize physician-assisted suicide, Geppert and Pies refer to the Oregon Death with Dignity Act to support their argument. In 2016, out of the 204 patients that were prescribed lethal drugs by their physicians, only 5 of them were given psychological evaluations. The absence of mental health assessments provides a gray area in why patients may be requesting PAS, and prevents said patients from getting alternate psychiatric care. Similar to the lack of psychological evaluations,

there are no procedures done to ensure that the patient’s family life has no influence on the patient’s decision to request aid in dying. Geppert and Pies emphasize that certain questions should be raised, such as “does the patient have a family member who stands to gain from the patient’s suicide—by, say inheriting a large sum of money, or being freed from the burden of caring for the patient?” (Geppert & Pies, 2018, p. 7). If patients feel that they are too much of a burden to family members or that the financial incentives for their loved ones are more valuable than continuing end of life care, that might give them reason to request aid in dying. In this case, these external influences obstruct reasoning behind a patient’s choice, which in turn, challenges autonomy.

In continued debate regarding physician-assisted suicide, the ethical theories of Immanuel Kant serve as the framework for various arguments. The philosophical work of Immanuel Kant applies to modern ethical dilemmas with regard to personal autonomy and morality. One of Kant’s most distinguishable principles is the concept of autonomy, or self-regulation. He stresses that autonomy serves as a basis for human dignity and allows for the ability of self-governance, even if it contradicts natural instincts. The principle of autonomy is supported by Kant’s good-will theory, or the belief that the will of an

action is only inherently good if it is derived from a sense of duty. This indicates that the intent of a person strongly influences the moral integrity of their decisions. In relation to assisted suicide, the intent behind a patient's request for aid in dying has a vast impact on whether this decision would be ethically acceptable. In most instances, patients who request assisted suicide are suffering physically and mentally from terminal illnesses. In these cases, the intent behind requesting assisted suicide is based on the autonomous right to end one's personal suffering. In accordance with Kantian principles, the duty of these patients is inherently good, as its intent is to minimize pain and suffering. Therefore, the ability of patients to request assisted suicide is morally acceptable as it is in compliance with Kant's principles regarding autonomy.

In an opposing perspective, Kantian theories may also be used to dissent physician-assisted suicide. Dinh refers to Kant's "means to an end" principle to argue against the morality behind assisted suicide. This principle is composed of several guidelines, with one being that a person has a duty to do good, as long the action does not serve as a means to an end. The "end" depicts the desired outcome of an action and the "means" are the actions done to reach this outcome. In the case of assisted suicide, the

"means" would be ending one's suffering, and the "end" would be death. Kant explains that one's "end" represents the sanctity of their life, which holds intrinsic value and worth. Due to this, the 'means' must somehow hold higher value than life itself. In this case, the occurrence of pain and suffering does not hold greater value than one's life. Therefore, if the "means" of assisted-suicide is based on the intent to end suffering, it does not justify putting an end to one's life. Furthering this argument, it may be speculated that along with themselves, patients requesting assisted-suicide are also treating their physicians as a means to an end. Dinh argues that if "he destroys himself in order to flee from a burdensome condition, then he makes use of a person merely as a means" (2017, p. 480). Following this principle, the patient would solely be using the physician for their ability to end their suffering.

In compliance with Kantian ethics, Kant's categorical imperative furthers the argument against assisted suicide. The categorical imperative states that an action or duty is only ethical if it can be imposed widely as a universal law. This would require the act to promote a duty in which all individuals would be expected to follow. Dinh states that "for Kant, because universal laws of nature serve to impel the furtherance of life, the maxim of ending one's life when life seems to

bring more ill than happiness cannot become a universal law of nature” (Dihn, 2017, p. 480). Since the universal laws of nature encourage the continuance of life, the request of assisted suicide contradicts these basic principles and therefore could not be seen as universally good or in alignment with the categorical imperative.

In a further look into the principle of sanctity of life is also necessary to take into consideration when discussing physician-assisted suicide. In the article, “Euthanasia and Assisted Dying: What is the Current Position and What are the Key Arguments Informing the Debate,” the authors dive into the importance of patient autonomy, the sanctity of life, and the effects that PAS may impose on society. Patient autonomy supports the idea that patients should preserve their own self-determination and “should have a choice in whether or not they wish to continue living with a condition that undermines their inherent dignity and personal identity, without violating the principle of sanctity of life” (Fontalis et al., 2018, p. 409). In other words, it’s believed that autonomy should be respected, but should not infringe on the sanctity of life. The principle of sanctity of life is founded on cultural and religious beliefs that the value of life is prevailing, and God is the only one who can determine the beginning and end of human life. Since PAS involves both

a patient and physician, it’s important to consider both individuals’ moral and ethical beliefs. If a physician believes that aiding in a patient’s death doesn’t comply with their belief in the sanctity of life, their rights to staff justice may be violated. Staff justice, as defined by Morrison, “is a form of justice that deals with the fair or deserved treatment of staff members” (2020, p. 59). Furthermore, the involvement of a physician aiding in a patient’s death may then raise societal concerns. Since physicians serve as the ‘healers’ of society, their role in PAS may be seen as a way to “relieve the social and economic burden of a patient’s illness” (Fontalis et al., 2018, p. 412). While this may not be the case, it leads to the possibility of society questioning the integrity of physicians.

Other forms of justice, such as patient justice, also pose the risk of being violated through the implementation of PAS. One of the biggest arguments that Fontalis, Prousalis, and Kulkarni explore is the “slippery slope” debate. This means that if physician-assisted suicide is permissible, then patients may request and be granted PAS for reasons other than the end of suffering. This considers the possibilities of assisted suicide being utilized in morally impermissible cases, such as patients suffering from mental illnesses or patients who are coerced by external

influences. In this case, external influences such as financial obligations to continue end-of-life care, mental illnesses, or fear of interdependency may be a reason for some to request PAS. If patients believe they are a burden to their loved ones, financially or mentally, physician-assisted suicide may look like a viable option. Since they would not be requesting PAS solely as a way to end their suffering, the external influence of their fear of interdependency is now an impeding factor. Furthermore, if patients continue to request PAS under these circumstances, it could “potentially lead society toward an attitude that suffering should not be a part of life, interdependency is a burden and the lives of disabled or terminally ill individuals are not worth living” (Fontalis et al., 2018, p. 410). If these external influences serve as a means to request aid in dying, patient justice and autonomy may be disrupted.

After continuous debate on the ethical standpoint of physician-assisted suicide, it is also important to consider alternatives that can be implemented instead. In “Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper,” the American College of Physicians discusses the ethical dilemmas providers face during assisted suicide and what alternatives could be enacted instead. Lois Sulmasy and Paul Mueller state that

the duties of providers to practice beneficence and nonmaleficence require physicians to embody the role of a healer by acting in the patient’s best interest and preventing unnecessary harm. Sulmasy and Mueller argue that if physicians aid in patient death, they’re challenging their role as a healer and therefore the main principle of healthcare. Instead, the American College of Physicians takes an opposing position on the issue which emphasizes alternatives to PAS in the form of patient-centered care during end-of-life treatment. They suggest that physicians be present and compassionate, discuss patient care goals, recommend advanced care options, assess pain levels, and coordinate patient centered care options. By utilizing these strategies, “requests for physician-assisted suicide are unlikely to persist when compassionate supportive care is provided” (Muellar & Sulmasy, 2017, p. 10). Although it is not guaranteed that these protocols will prevent all requests of physician-assisted suicides, it ensures that physicians are complying in their duty to act with beneficence.

Sulmasy and Mueller also discuss that “control over the manner and timing of a person’s death has not been and should not be a goal of medicine” (2017, p. 11). While death is often inevitable in certain medical cases, the responsibility of when and how it occurs should

not lie in the hands of physicians and patients. It is the physician's duty to provide high-quality care until death, and by assisting in the advancement of the dying process, physicians are challenging this duty as a healthcare provider. If physicians continue to endorse and participate in assisted suicide, it may cause society to question their integrity and sincerity regarding their role as a healer.

Insights, Reflections, and Commitments

The implementation of physician-assisted suicide continues to be a debate that affects both leaders and consumers of the healthcare industry. When related to ethics, the principles of autonomy, nonmaleficence, beneficence, and justice are the backbone of most arguments for and against PAS. In support of aid in dying, Kant's good-will theory argues that autonomy protects the rights of patients to make their own choices regarding end-of-life decision making. Furthermore, nonmaleficence and beneficence support the idea that providers should engage in aid in dying if it is believed that this decision will end suffering for and act in the best interest of the patient. On the other hand, arguments against PAS state that autonomy, Kantian principles, and staff justice may be violated during the participation of aid in dying. In terms of autonomy, patients are succumbing to

bureaucratic, rather than autonomous, decision-making when handing their final control over to their physician. Furthermore, external influences such as fear of interdependency, mental health issues, or financial incentives obstruct the autonomy of a patient's decision to end their life. In relation to external influences, patients are violating Kant's principle of deontology by making a decision that has a "means to an end" based on external influences rather than their own personal duty. These personal desires then become so prevalent that it disrupts the categorical imperative and eventually violates staff justice by using a physician for one's own personal benefits.

While the utilization of physician-assisted suicide may never be agreed on, there are countless reasonings as to why it should and should not have a place in our healthcare system. Regardless of the issue, the four ethical principles of healthcare should always serve as a basis for all healthcare organizations. Furthermore, administrators and providers should continue to prioritize high-quality, patient-centered care in their facilities. Whether in support of or against aid in dying, physicians and leaders should not let this personal belief affect the overall goal of their institute. In light of this, it is critical that providers and consumers stay true to their ethical beliefs while respecting the viewpoints of others.

Not all physicians may believe their morality aligns with the act of PAS, it is important that patients acknowledge and accept that. Contrarily, if physicians do participate in aid-in-dying, their efforts should not result in society stripping them of their “healer” status. Those who partake in physician-assisted suicide contribute just as much to society as physicians who do not. It is crucial that society finds a balance between physician, patient, and religious ethics. Although there may never be a consensus, it is just as important that these opinions are understood and respected.

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