

RESEARCH IN
SOCIAL PROBLEMS
AND PUBLIC POLICY

Volume 4 • 1987

RESEARCH IN SOCIAL PROBLEMS AND PUBLIC POLICY

A Research Annual

Editors: JOANN L. MILLER
*Department of Sociology and
Anthropology
Purdue University*

MICHAEL LEWIS
*Department of Sociology
University of Massachusetts, Amherst*

VOLUME 4 • 1987

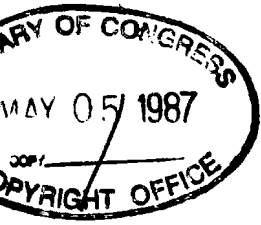


JAI PRESS INC.

Greenwich, Connecticut

London, England

HM,
R 47
V. 4, 1987



Copyright © 1987 JAI PRESS INC.
55 Old Post Road, No. 2
Greenwich, Connecticut 06836

JAI PRESS LTD.
3 Henrietta Street
London WC2E 8LU
England

All rights reserved. No part of this publication may be reproduced, stored on a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, filming, recording or otherwise without prior permission in writing from the publisher.

ISBN 0-89232-560-7

Manufactured in the United States of America.

CONTENTS

LIST OF CONTRIBUTORS	vii
PREFACE	
<i>JoAnn L. Miller and Michael Lewis</i>	ix
PART I. STANDARDS AND CRITERIA FOR POLICY MAKERS AND PROGRAM EVALUATORS	
THE IRON LAW OF EVALUATION AND OTHER METALLIC RULES	
<i>Peter H. Rossi</i>	3
THE "LAW AND ECONOMICS" MOVEMENT	
<i>Daniel A. Farber</i>	21
PART II. INDETERMINATE AND UNINTENDED OUTCOMES OF PUBLIC POLICY AND SOCIAL PROGRAMS	
HOMELESSNESS AND HEALTH: THE EFFECTS OF LIFE STYLE ON PHYSICAL WELL-BEING AMONG HOMELESS PEOPLE IN NEW YORK CITY	
<i>J. D. Wright, P. H. Rossi, J. W. Knight, E. Weber-Burdin, R. C. Tessler, C. E. Stewart, M. Geronimo and J. Lam</i>	41
CORPORATIST STRUCTURES AND WORKPLACE POLITICS	
<i>Avery Gordon, Andrew Herman and Paul G. Schervish</i>	73
WRONGFUL CONVICTIONS: SOCIETAL TOLERANCE OF INJUSTICE	
<i>C. Ronald Huff</i>	99

**PART III. UNDERSTANDING SOCIAL PROBLEMS:
RACE RELATIONS**

- CONFLICTING DEFINITIONS IN RACE
RELATIONS SINCE 1960: INTEGRATION, COLOR
CONSCIOUSNESS AND CLASS CONSCIOUSNESS
Lewis M. Killian 119
- A CRITIQUE OF METHOD IN THE ASSESSMENT
OF POLICY IMPACT
Carol B. Stack 137

PART IV. ETHICS AND POWER

- INFORMED CONSENT AND THE REGULATION OF
PSYCHIATRIC RESEARCH
*Paul R. Benson, Loren H. Roth, Paul Appelbaum,
Charles W. Lidz and William J. Winslade* 151
- PATHWAYS TO RESISTANCE: AN ETHICAL
ODYSSEY IN GOVERNMENT AND INDUSTRY
Myron Peretz Glazer and Penina Migdal Glazer 193

LIST OF CONTRIBUTORS

- Paul S. Appelbaum* Department of Psychiatry
University of Massachusetts
School of Medicine
- Paul R. Benson* Department of Sociology
Tulane University
- Daniel A. Farber* Law School
University of Minnesota
- Marianne Geronimo* Rosendale, NY.
- Myron Glazer* Department of Sociology
Smith College
- Penina Glazer* School of Social Science
Hampshire College
- Avery Gordon* Department of Sociology
Boston College
- Andrew Herman* Department of Sociology
Boston College
- C. Ronald Huff* Program for the Study of
Crime and Delinquency
The Ohio State University
- Lewis M. Killian* Pensacola, Florida
- Janet W. Knight* Social and Demographic
Research Institute
University of Massachusetts
Amherst

- Julie Lam* Social and Demographic
Research Institute
University of Massachusetts
Amherst
- Charles W. Lidz* Western Psychiatric Institute
University of Pittsburgh School of
Medicine
- Peter H. Rossi* Social and Demographic
Research Institute
University of Massachusetts
Amherst
- Loren H. Roth* Western Psychiatric Institute
University of Pittsburgh School of
Medicine
- Paul G. Schervish* Department of Sociology
Boston College
- Carol B. Stack* Public Policy and Anthropology
Duke University
- Richard C. Tessler* Social and Demographic
Research Institute
University of Massachusetts
Amherst
- Eleanor Weber-Burdin* Social and Demographic
Research Institute
University of Massachusetts
Amherst
- William J. Winslade* Institute for the Medical Humanities
University of Texas Medical Branch
- James D. Wright* Social and Demographic
Research Institute
University of Massachusetts
Amherst

PREFACE

Social science stands in an uneasy symbiosis with the development and execution of public policy. There is a mutual dependence that binds activities in both areas, but given different and at times antithetical agendas, practitioners in both camps are rarely enthusiastic about the situations they find themselves sharing. Social scientists—notwithstanding their contrary textbook protests—seem irresistibly attracted to the problems of social life, while, by definition, policy makers are expected to attend those very same problems. Finding themselves in the same venues, each has sought to benefit from the presence of the other only to experience more than minimal frustration in the pursuit of this aspiration.

Public policy makers are first and foremost doers. Elected or appointed, the account they give of themselves is primarily measured by their relative success in creating adopted action directives. When their efforts efficiently achieve desired outcomes they are entitled to additional laurels. (Modesty aside, a Felix Rohatyn, for example, could justifiably bask in the glow of those encomias that proclaim his brilliance for successfully rescuing New York City from bankruptcy, a Mario Cuomo could do the same for achieving a balanced budget in the Empire state without significant reductions in publicly funded services, while the successful efforts of a Frances Perkins in creating a publicly funded social security system have earned her historical honors for contributions to domestic reform.) Knowing (even very precise knowing), however, earns them little or no credit amongst their constituents. Put simply, Sen. Daniel Patrick Moynihan, a man argua-

bly in possession of scholarly bona fides, cannot stand for re-election on the record of his curriculum vitae.

Alternatively, if forced to choose, social scientists would rather be right than effective. While most would no doubt argue that policy initiatives based upon incorrect understandings of problem conditions in need of remedial attention have a low potential for success, they are fully aware of the fact that correct understandings of those conditions do not guarantee the adoption of policies implied in what they know. Social scientists worthy of the appellation are consumed by a passion for discovery and as such, their best efforts are driven by an investigatory zeal that knows no compromise with the often refractory conditions that constrain the efforts of their policymaking counterparts.

Despite these frequently intractable differences policy makers and social scientists continue to pursue what they hope will be mutually beneficial, if loosely coupled, collaborations. Even with serious cutbacks in spending, the federal government allocated millions for social science research in fiscal 1986. Underlying such expenditure is the hopeful assumption that in spite of their apparent insensitivity to the requirements of what might be termed "policy realism," social scientists will generate materials capable of utilization in the development and assessment of adoptable action directives. At the same time, social scientists have continued to seek research support from government agencies whose mandate is the development and execution of public policy. Some, no doubt, have done so simply because that's where the money is. The career mobility of more than a few social scientists depends on their demonstrable ability to garner resources as an end in itself. Most, however, find their way to agency coffers because a line of inquiry they have been pursuing fits well with those issues the agency in question confronts in one or more of three capacities—policy development, policy consultation, or policy execution.

The existence of this hopeful, if continuously uneasy and often frustrating symbiosis, suggests several questions that the reader of this volume would do well to reflect upon. To begin with, some consideration ought to be given to whether or not the uneasiness in the symbiosis is unavoidable. Is it in fact the case that the distinction between doing and knowing is such that those who give primacy to one or the other must always regard their opposite numbers with a mixture of wariness, bemusement and just a little disdain? Granting some very basic differences between policymakers and social scientists—they play to different audiences, they are educated to different priorities, and consequently they seek markedly different professional satisfactions—are there things that can be done to mediate these differences so that, at the very least, future collaborations will be less likely to fall victim to the mistrust which is often their issue? Is it possible

and epistemologically defensible for social scientists to, in some measure, adapt their zeal for discovery to at least some of the constraining requirements that policymakers must work within? Is there any legitimacy to what some have called the *pragmatic test* wherein the truth value of scholarly claims is determined at least in part by the degree to which these claims can be translated into innovative and effective inventions (in this instance effective policy initiatives)? To what extent are the constraints on policymakers more apparent than real? When claims are made that social science yields little of use in policy venues, do such claims have merit or are they merely defenses invoked by the unnecessarily timid as they confront limitations of dubious reality?

In some ways all the papers published in Volume 4, of *Social Problems and Public Policy* address the issues framed by the aforementioned questions. Some, like the papers authored by Peter Rossi and Carol Stack, address many of these issues quite directly. Others demonstrate the importance of their consideration, albeit less directly. The contributors to this volume, collectively eclectic in perspectives and substantive interests, together address the fundamental need to understand social problems as well as the implications of public policy and social programs designed either to remedy or improve the extant social order.

Part I, containing papers written by a Professor of Sociology and by a Professor of Law, addresses the standards and criteria that should be aspired to, or subscribed to, by policy makers and researchers who evaluate the effectiveness of public policy and social programs. Peter Rossi, reviewing two decades of large scale social program evaluation, argues that social science work ought to be redirected toward social engineering. In "The Iron Law of Evaluation and Other Metallic Rules," he confronts the deficiencies, perhaps even the futility, of conducting social program evaluation. His paper, however, delivers a strong and implicitly optimistic message for those who are willing to begin responsible revisions to the institutionalized practices for evaluating the effectiveness of social programs: causal theories of social problems need to be developed, as do explanations for how social programs designed to effect them work. Moreover, sensible conclusions about the effectiveness of social interventions must account for the variable integrity of program implementation.

Daniel Farber's work on the Law and Economics movement confronts the complex problem of developing and using appropriate criteria for judging laws and practices, those that either initiate, or appraise directly or indirectly the value of existing policies and social programs. His paper shows the intuitive appeal of relying upon economic efficiency as a benchmark or standard for making public policy recommendations. He warns his readers that reliance upon such a standard offers jurists and public policy makers an easy escape from the necessity to ask moral

questions and make moral decisions. Arguing that the exclusive adoption of an economic efficiency standard to assess the value of law and policy is a form of "dollar voting," Farber contends such an allocation of social power is indefensible "unless one is willing to assume that morally the rich are worthier than the poor."

The papers in Part II invite the reader to consider the possible range of consequences and outcomes—the intended as well as the unintended, the determinate as well as the indeterminate outcomes—of public policy and social programs. James D. Wright and his colleagues discuss a New York City study describing the health problems of the "new homeless," a social problem currently eliciting more media attention than accurate estimations from social scientists and policy makers with respect to either the number of homeless persons or the multiple domains of their plight. Unemployment resulting in poverty is but one factor that accounts for the "new homeless." As Professor Wright argues, the "new homeless" population with its accompanying health problems is an unintended outcome of recent policy and related cutbacks or other changes in social programs: (1) a dwindling supply of low income housing, (2) cutbacks in government benefit payments (especially Social Security Disability Insurance) initiated by the Reagan administration in 1981, and (3) the movement to deinstitutionalize the chronically mentally ill.

Avery Gordon, Andrew Herman, and Paul Schervish, in their paper "Corporatist Structures and Workplace Politics," define corporatism as a political economy strategy for altering the social structure of capital accumulation, involving the collaboration of labor, capital, and the state. Effective corporatist arrangements not only secure surplus through policies to alter public politics and production politics, they also obscure relations of domination by muting the inherent conflict between labor and capital.

The authors of this paper contend that the emerging "reconstitutive" corporatist strategies in the United States reflect directly recent reindustrialization plans to alleviate the economic crisis through profit maximization and increased capital accumulation. The new corporatist arrangements shift income and wealth away from workers while consolidating corporate power. Ironically, Gordon, Herman, and Schervish argue, "the fundamental premise of this new corporatism is highly contradictory and therefore its long term consequences indeterminate."

Criminal justice policy in the United States aims to protect citizens against the personal, social, and economic costs of predatory crime. Simultaneously, it aims to protect the due process of all individuals, including alleged criminals. C. Ronald Huff's paper on the wrongfully convicted asks the reader to consider problematic the tolerance of injustice resulting from this double-edged criminal justice policy, one that by

its design, generates unintended victims, those found guilty and punished for felony offenses they did not commit.

The papers in Part III focus on the interrelated problems of race relations and poverty in urban and rural America. Together, "Conflicting Definitions in Race Relations Since 1960," authored by Lewis Killian, and "A Critique of Method in the Assessment of Policy Impact," by Carol Stack, give the reader an opportunity to reflect upon the fundamental necessity to understand the nature of the "problems" public policy and social programs are designed to ameliorate.

Professor Killian examines NAACP Convention themes, black leaders' influences, and social forces such as unemployment, poverty, and education policy from 1960 through the mid-1980s in order to describe and provide partial explanation for the competing, collective, and changing definitions of the U.S. racial crisis. He reports that by the mid 1960s, a black assimilationist ideology, encouraged by Martin Luther King Jr., and fostered by the "race relations industry," was competing with a black nationalist ideology for definitional dominance regarding the racial crisis in the United States. Until the mid 1970s, the latter ideology was relatively widespread, at times expressed in such demands as financial reparation for stolen labor, more often in public addresses intended to warn against the consequences of submissiveness to a white social order. By 1975, however, the ideology of assimilation was once again dominant: but, as Killian notes, "with a novel twist . . . that color-consciousness, not color blindness was required if racial equality . . . was to be achieved." Competing definitions offer no "solutions" to the racial crisis. Each definition of the crisis, however, has its own implications for public policy.

Carol Stack, in her critique of conventional or institutionalized policy and program evaluation, posits that social intervention can create and sustain poverty and related problems. To illustrate, she discusses the outcomes of income maintenance programs for poor black families in rural North Carolina: below poverty income levels are indeed *maintained*. Professor Stack contends that a qualitative research approach is necessary to understand poverty as it is experienced by black families. More generally, the qualitative approach is perceived necessary to understand the problem from the client's perspective. Only by examining the social contexts of "client communities" can problems be defined appropriately, and appropriate outcomes of social intervention identified.

Volume 4 of *Social Problems and Public Policy* concludes with two papers on ethics. Together they present both sides of the problem, perhaps the dilemma, of ethical action within power relations. The first paper questions the utility of existing regulations intended to ensure ethical practices in studies whose research subjects hold relatively powerless positions. The second shows quite clearly the importance and implications

of ethical behavior in work settings that are influenced by the demands and expectations of the powerful.

Paul Benson and his coauthors, in "Informed Consent and the Regulation of Psychiatric Research," discuss the doctrine of informed consent as a mechanism for minimizing the abuse and exploitation of human research subjects. The doctrine requires prospective research subjects to be apprised of important elements of the research so they can make rational and independent decisions regarding participation. The authors present findings from their recent investigation of informed consent in four psychiatric research projects. Essentially, they report that many psychiatric patients, persons subject to the control of powerful others, cannot effectively differentiate between treatment and research. Thus, those most vulnerable to unethical research practices may be unlikely to understand that their participation as research subjects may not be in their best interests.

Myron and Penina Glazer explore the sources of ethical resistance to perceived wrongdoing in work situations. Their research with people who refuse to remain silent in situations where "going along to get along" is standard practice reveals a great deal about both the social psychology of ethical resistance and the ruthlessness of organizational self-protection. Their's is an example of what might be termed cautionary social science and strongly suggests the need for public policies intended to immunize potential resisters from the threat of retribution. Without such immunization the potential for resistance can only be minimized, a condition that ill-serves the public interest.

If the papers included in this volume do not of themselves constitute a primer for reconciling the demands of policy making with the requirements for analysis, they do draw attention to areas of inquiry and action where such a reconciliation must be considered nothing less than a crucial first step to increased social serviceability. Admittedly, the primer is yet to be written; but the editors of this volume hope that, at the very least, the papers contained herein will stimulate consideration of those lessons that policy makers and social scientists must teach each other if the uneasy symbiosis is ever to be made easier.

JoAnn L. Miller
Michael Lewis
Series Editors

PART I

STANDARDS AND CRITERIA FOR POLICY MAKERS AND PROGRAM EVALUATORS

THE IRON LAW OF EVALUATION AND OTHER METALLIC RULES

Peter H. Rossi

INTRODUCTION

Evaluations of social programs have a long history, as history goes in the social sciences, but it has been only in the last two decades that evaluation has come close to becoming a routine activity that is a functioning part of the policy formation process. Evaluation research has become an activity that no agency administering social programs can do without and still retain a reputation as modern and up to date. In academia, evaluation research has infiltrated into most social science departments as an integral constituent of curricula. In short, evaluation has become institutionalized.

There are many benefits to social programs and to the social sciences from the institutionalization of evaluation research. Among the more important benefits has been a considerable increase in knowledge concerning social problems and about how social programs work (and do not

Research in Social Problems and Public Policy, Volume 4, pages 3–20.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

work). Along with these benefits, however, there have also been attached some losses. For those concerned with the improvement of the lot of disadvantaged persons, families and social groups, the resulting knowledge has provided the bases for both pessimism and optimism. On the pessimistic side, we have learned that designing successful programs is a difficult task that is not easily or often accomplished. On the optimistic side, we have learned more and more about the kinds of programs that can be successfully designed and implemented. Knowledge derived from evaluations is beginning to guide our judgments concerning what is feasible and how to reach those feasible goals.

To draw some important implications from this knowledge about the workings of social programs is the objective of this paper. The first step is to formulate a set of "laws" that summarize the major trends in evaluation findings. Next, a set of explanations are provided for those overall findings. Finally, we explore the consequences for applied social science activities that flow from our new knowledge of social programs.

SOME "LAWS" OF EVALUATION

A dramatic but slightly overdrawn view of two decades of evaluation efforts can be stated as a set of "laws," each summarizing some strong tendency that can be discerned in that body of materials. Following a 19th Century practice that has fallen into disuse in social science, these laws are named after substances of varying durability, roughly indexing each law's robustness.

The Iron Law of Evaluation: The expected value of any net impact assessment of any large scale social program is zero.

The Iron Law arises from the experience that few impact assessments of large scale¹ social programs have found that the programs in question had any net impact. The law also means that, based on the evaluation efforts of the last twenty years, the best a priori estimate of the net impact assessment of any program is zero, i.e., that the the program will have no effect.

The Stainless Steel Law of Evaluation: The better designed the impact assessment of a social program, the more likely is the resulting estimate of net impact to be zero.

This law means that the more technically rigorous the net impact assessment, the more likely are its results to be zero—or no effect. Specifically, this law implies that estimating net impacts through randomized controlled experiments, the avowedly best approach to estimating net impacts, is more likely to show zero effects than other less rigorous approaches.

The Brass Law of Evaluation: The more social programs are designed to change individuals, the more likely the net impact of the program will be zero.

This law means that social programs designed to rehabilitate individuals by changing them in some way or another are more likely to fail. The Brass Law may appear to be redundant since all programs, including those designed to deal with individuals, are covered by the Iron Law. This redundancy is intended to emphasize the especially difficult task faced in designing and implementing effective programs that are designed to rehabilitate individuals.

The Zinc Law of Evaluation: Only those programs that are likely to fail are evaluated.

Of the several metallic laws of evaluation, the zinc law has the most optimistic slant since it implies that there are effective programs but that such effective programs are never evaluated. It also implies that if a social program is effective, that characteristic is obvious enough and hence policy makers and others who sponsor and fund evaluations decide against evaluation.

It is possible to formulate a number of additional laws of evaluation, each attached to one or another of a variety of substances varying in strength ranging from strong, robust metals to flimsy materials. The substances involved are only limited by one's imagination. But, if such laws are to mirror the major findings of the last two decades of evaluation research they would all carry the same message: The laws would claim that a review of the history of the last two decades of efforts to evaluate major social programs in the United States sustain the proposition that over this period the American establishment of policy makers, agency officials, professionals and social scientists did not know how to design and implement social programs that were minimally effective, let alone spectacularly so.

HOW FIRM ARE THE METALLIC LAWS OF EVALUATION?

How seriously should we take the metallic laws? Are they simply the social science analogue of poetic license, intended to provide dramatic emphasis? Or, do the laws accurately summarize the last two decades' evaluation experiences?

First of all, viewed against the evidence, the iron law is not entirely rigid. True, most impact assessments conform to the iron law's dictates in showing at best marginal effects and all too often no effects at all. There are even a few evaluations that have shown effects in the wrong directions,

opposite to the desired effects. Some of the failures of large scale programs have been particularly disappointing because of the large investments of time and resources involved: Manpower retraining programs have not been shown to improve earnings or employment prospects of participants (Westat, 1976–1980). Most of the attempts to rehabilitate prisoners have failed to reduce recidivism (Lipton, Martinson, and Wilks, 1975). Most educational innovations have not been shown to improve student learning appreciably over traditional methods (Raizen and Rossi, 1981).

But, there are also many exceptions to the iron rule! The “iron” in the Iron Law has shown itself to be somewhat spongy and therefore easily, although not frequently, broken. Some social programs have shown positive effects in the desired directions, and there are even some quite spectacular successes: the American old age pension system plus Medicare has dramatically improved the lives of our older citizens. Medicaid has managed to deliver medical services to the poor to the extent that the negative correlation between income and consumption of medical services has declined dramatically since enactment. The family planning clinics subsidized by the federal government were effective in reducing the number of births in areas where they were implemented (Cutright and Jaffe, 1977). There are also human services programs that have been shown to be effective, although mainly on small scale, pilot runs: for example, the Minneapolis Police Foundation experiment on the police handling of family violence showed that if the police placed the offending abuser in custody over night that the offender was less likely to show up as an accused offender over the succeeding six months (Sherman and Berk, 1984). A meta-evaluation of psychotherapy showed that on the average, persons in psychotherapy—no matter what brand—were a third of a standard deviation improved over control groups that did not have any therapy (Smith, Glass, and Miller, 1980). In most of the evaluations of manpower training programs, women returning to the labor force benefitted positively compared to women who did not take the courses, even though in general such programs have not been successful. Even Head Start is now beginning to show some positive benefits after many years of equivocal findings. And so it goes on, through a relatively long list of successful programs.

But even in the case of successful social programs, the sizes of the net effects have not been spectacular. In the social program field, nothing has yet been invented which is as effective in its way as the small pox vaccine was for the field of public health. In short, as is well known (and widely deplored) we are not on the verge of wiping out the social scourges of our time: ignorance, poverty, crime, dependency, or mental illness show great promise to be with us for some time to come.

The Stainless Steel Law appears to be more likely to hold up over a

large series of cases than the more general Iron Law. This is because the fiercest competition as an explanation for the seeming success of any program—especially human services programs—ordinarily is either self- or administrator-selection of clients. In other words, if one finds that a program appears to be effective, the most likely alternative explanation to judging the program as the cause of that success is that the persons attracted to that program were likely to get better on their own or that the administrators of that program chose those who were already on the road to recovery as clients. As the better research designs—particularly randomized experiments—eliminate that competition, the less likely is a program to show any positive net effect. So the better the research design, the more likely the net impact assessment is likely to be zero.

How about the Zinc Law of Evaluation? First, it should be pointed out that this law is impossible to verify in any literal sense. The only way that one can be relatively certain that a program is effective is to evaluate it, and hence the proposition that only ineffective programs are evaluated can never be proven.

However, there is a sense in which the Zinc law is correct. If the a priori, beyond-any-doubt expectations of decision makers and agency heads is that a program will be effective, there is little chance that the program will be evaluated at all. Our most successful social program, social security payments to the aged has never been evaluated in a rigorous sense. It is “well known” that the program manages to raise the incomes of retired persons and their families, and “it stands to reason” that this increase in income is greater than what would have happened, absent the social security system.

Evaluation research is the legitimate child of skepticism, and where there is faith, research is not called upon to make a judgment. Indeed, the history of the income maintenance experiments bears this point out. Those experiments were not undertaken to find out whether the main purpose of the proposed program could be achieved: that is, no one doubted that payments would provide income to poor people—indeed, payments by definition are income, and even social scientists are not inclined to waste resources investigating tautologies. Furthermore, no one doubted that payments could be calculated and checks could be delivered to households. The main purpose of the experiment was to estimate the sizes of certain anticipated side effects of the payments, about which economists and policy makers were uncertain—how much of a work disincentive effect would be generated by the payments and whether the payments would affect other aspects of the households in undesirable ways—for instance, increasing the divorce rate among participants.

In short, when we look at the evidence for the metallic laws, the evidence appears not to sustain their seemingly rigid character, but the

evidence does sustain the "laws" as statistical regularities. Why this should be the case, is the topic to be explored in the remainder of this paper.

IS THERE SOMETHING WRONG WITH EVALUATION RESEARCH?

A possibility that deserves very serious consideration is that there is something radically wrong with the ways in which we go about conducting evaluations. Indeed, this argument is the foundation of a revisionist school of evaluation, composed of evaluators who are intent on calling into question the main body of methodological procedures used in evaluation research, especially those that emphasize quantitative and particularly experimental approaches to the estimation of net impacts. The revisionists include such persons as Michael Patton (1980) and Egon Guba (1981). Some of the revisionists are reformed number crunchers who have seen the errors of their ways and have been reborn as qualitative researchers. Others have come from social science disciplines in which qualitative ethnographic field methods have been dominant.

Although the issue of the appropriateness of social science methodology is an important one, so far the revisionist arguments fall far short of being fully convincing. At the root of the revisionist argument appears to be that the revisionists find it difficult to accept the findings that most social programs, when evaluated for impact assessment by rigorous quantitative evaluation procedures, fail to register main effects: hence the defects must be in the method of making the estimates. This argument *per se* is an interesting one, and deserves attention: all procedures need to be continually re-evaluated. There are some obvious deficiencies in most evaluations, some of which are inherent in the procedures employed. For example, a program that is constantly changing and evolving cannot ordinarily be rigorously evaluated since the treatment to be evaluated cannot be clearly defined. Such programs either require new evaluation procedures or should not be evaluated at all.

The weakness of the revisionist approaches lies in their proposed solutions to these deficiencies. Criticizing quantitative approaches for their woodenness and inflexibility, they propose to replace current methods with procedures that have even greater and more obvious deficiencies. The qualitative approaches they propose are not exempt from issues of internal and external validity and ordinarily do not attempt to address these thorny problems. Indeed, the procedures which they advance as substitutes for the mainstream methodology are usually vaguely de-

scribed, constituting an almost mystical advocacy of the virtues of qualitative approaches, without clear discussion of the specific ways in which such procedures meet validity criteria. In addition, many appear to adopt program operator perspectives on effectiveness, reasoning that any effort to improve social conditions must have some effect, with the burden of proof placed on the evaluation researcher to find out what those effects might be.

Although many of their arguments concerning the woodenness of many quantitative researches are cogent and well taken, the main revisionist arguments for an alternative methodology are unconvincing: hence one must look elsewhere than to evaluation methodology for the reasons for the failure of social programs to pass muster before the bar of impact assessments.

SOURCES OF PROGRAM FAILURES

Starting with the conviction that the many findings of zero impact are real, we are led inexorably to the conclusion that the faults must lie in the programs. Three kinds of failure can be identified, each a major source of the observed lack of impact:

The first two types of faults that lead a program to fail stem from problems in social science theory and the third is a problem in the organization of social programs:

1. *Faults in Problem theory*: The program is built upon a faulty understanding of the social processes that give rise to the problem to which the social program is ostensibly addressed;
2. *Faults in Program theory*: The program is built upon a faulty understanding of how to translate problem theory into specific programs.
3. *Faults in Program Implementation*: There are faults in the organizations, resources levels and/or activities that are used to deliver the program to its intended beneficiaries.

Note that the term *theory* is used above in a fairly loose way to cover all sorts of empirically grounded generalized knowledge about a topic, and is not limited to formal propositions.

Every social program, implicitly or explicitly is based on some understanding of the social problem involved and some understanding of the program. If one fails to arrive at an appropriate understanding of either, the program in question will undoubtedly fail. In addition, every program

is given to some organization to implement. Failures to provide enough resources, or to insure that the program is delivered with sufficient fidelity can also lead to findings of ineffectiveness.

Problem Theory

Problem theory consists of the body of empirically tested understanding of the social problem that underlies the design of the program in question. For example, the problem theory that was the underpinning for the many attempts at prisoner rehabilitation tried in the last two decades was that criminality was a personality disorder. Even though there was a lot of evidence for this viewpoint, it also turned out that the theory is not relevant either to understanding crime rates or to the design of crime policy. The changes in crime rates do not reflect massive shifts in personality characteristics of the American population, nor does the personality disorder theory of crime lead to clear implications for crime reduction policies. Indeed, it is likely that large scale personality changes are beyond the reach of social policy institutions in a democratic society.

The adoption of this theory is quite understandable. For example, how else do we account for the fact that persons seemingly exposed to the same influences do not show the same criminal (or noncriminal) tendencies? But the theory is not useful for understanding the social distribution of crime rates by gender, socio-economic level, or by age.

Program Theory

Program theory links together the activities that constitute a social program and desired program outcomes. Obviously, program theory is also linked to problem theory, but is partially independent. For example, given the problem theory that diagnosed criminality is a personality disorder, a matching program theory would have as its aims personality change oriented therapy. But there are many specific ways in which therapy can be defined and at many different points in the life history of individuals. At the one extreme of the lifeline, one might attempt preventive mental health work directed toward young children: at the other extreme, one might provide psychiatric treatment for prisoners or set up therapeutic groups in prison for convicted offenders.

Implementation

The third major source of failure is organizational in character and has to do with the failure to implement properly programs. Human services

programs are notoriously difficult to deliver appropriately to the appropriate clients. A well designed program that is based on correct problem and program theories may simply be implemented improperly, including not implementing any program at all. Indeed, in the early days of the War on Poverty, many examples were found of non-programs—the failure to implement anything at all.

Note that these three sources of failure are nested to some degree:

1. An incorrect understanding of the social problem being addressed is clearly a major failure that invalidates a correct program theory and an excellent implementation.
2. No matter how good the problem theory may be, an inappropriate program theory will lead to failure.
3. And, no matter how good the problem and program theories, a poor implementation will also lead to failure.

Sources of Theory Failure

A major reason for failures produced through incorrect problem and program theories lies in the serious under-development of policy related social science theories in many of the basic disciplines. The major problem with much basic social science is that social scientists have tended to ignore policy related variables in building theories because policy related variables account for so little of the variance in the behavior in question. It does not help the construction of social policy any to know that a major determinant of criminality is age, because there is little, if anything, that policy can do about the age distribution of a population, given a commitment to our current democratic, liberal values. There are notable exceptions to this generalization about social science: economics and political science have always been closely attentive to policy considerations; this indictment concerns mainly such fields as sociology, anthropology and psychology.

Incidentally, this generalization about social science and social scientists should warn us not to expect too much from changes in social policy. This implication is quite important and will be taken up later on in this paper.

But the major reason why programs fail through failures in problem and program theories is that the designers of programs are ordinarily amateurs who know even less than the social scientists! There are numerous examples of social programs that were concocted by well meaning amateurs (but amateurs nevertheless). A prime example are Community Mental Health Centers, an invention of the Kennedy administration, apparently

undertaken without any input from the National Institute of Mental Health, the agency that was given the mandate to administer the program. Similarly with Comprehensive Employment and Training Act (CETA) and its successor, the current Job Partnership Training Act (JPTA) program, both of which were designed by rank amateurs and then given over to the Department of Labor to run and administer. Of course, some of the amateurs were advised by social scientists about the programs in question, so the social scientists are not completely blameless.

The amateurs in question are the legislators, judicial officials, and other policy makers who initiate policy and program changes. The main problem with amateurs lies not so much in their amateur status but in the fact that they may know little or nothing about the problem in question or about the programs they design. Social science may not be an extraordinarily well developed set of disciplines, but social scientists do know something about our society and how it works, knowledge that can prove useful in the design of policy and programs that may have a chance to be successfully effective.

Our social programs seemingly are designed by procedures that lie somewhere in between setting monkeys to typing mindlessly on typewriters in the hope that additional Shakespearean plays will eventually be produced, and Edisonian trial-and-error procedures in which one tactic after another is tried in the hope of finding out some method that works. Although the Edisonian paradigm is not highly regarded as a scientific strategy by the philosophers of science, there is much to recommend it in a historical period in which good theory is yet to develop. It is also a strategy that allows one to learn from errors. Indeed, evaluation is very much a part of an Edisonian strategy of starting new programs, and attempting to learn from each trial.²

PROBLEM THEORY FAILURES

One of the more persistent failures in problem theory is to under-estimate the complexity of the social world. Most of the social problems with which we deal are generated by very complex causal processes involving interactions of a very complex sort among societal level, community level, and individual level processes. In all likelihood there are biological level processes involved as well, however much our liberal ideology is repelled by the idea. The consequence of under-estimating the complexity of the problem is often to over-estimate our abilities to affect the amount and course of the problem. This means that we are overly optimistic about how much of an effect even the best of social programs can expect to achieve. It

also means that we under-design our evaluations, running the risk of committing Type II errors: that is, not having enough statistical power in our evaluation research designs to be able to detect reliably those small effects that we are likely to encounter.

It is instructive to consider the example of the problem of crime in our society. In the last two decades, we have learned a great deal about the crime problem through our attempts by initiating one social program after another to halt the rising crime rate in our society. The end result of this series of trials has largely failed to have significant impacts on the crime rates. The research effort has yielded a great deal of empirical knowledge about crime and criminals. For example, we now know a great deal about the demographic characteristics of criminals and their victims. But, we still have only the vaguest ideas about why the crime rates rose so steeply in the period between 1970 and 1980 and, in the last few years, have started what appears to be a gradual decline. We have also learned that the criminal justice system has been given an impossible task to perform and, indeed, practices a wholesale form of deception in which everyone acquiesces. It has been found that most perpetrators of most criminal acts go undetected, when detected go unprosecuted, and when prosecuted go unpunished. Furthermore, most prosecuted and sentenced criminals are dealt with by plea bargaining procedures that are just in the last decade getting formal recognition as occurring at all. After decades of sub-rosa existence, plea bargaining is beginning to get official recognition in the criminal code and judicial interpretations of that code.

But most of what we have learned in the past two decades amounts to a better description of the crime problem and the criminal justice system as it presently functions. There is simply no doubt about the importance of this detailed information: it is going to be the foundation of our understanding of crime; but, it is not yet the basis upon which to build policies and programs that can lessen the burden of crime in our society.

Perhaps the most important lesson learned from the descriptive and evaluative researches of the past two decades is that crime and criminals appear to be relatively insensitive to the range of policy and program changes that have been evaluated in this period. This means that the prospects for substantial improvements in the crime problem appear to be slight, unless we gain better theoretical understanding of crime and criminals. That is why the Iron Law of Evaluation appears to be an excellent generalization for the field of social programs aimed at reducing crime and leading criminals to the straight and narrow way of life. The knowledge base for developing effective crime policies and programs simply does not exist; and hence in this field, we are condemned—hopefully temporarily—to Edisonian trial and error.

PROGRAM THEORY AND IMPLEMENTATION FAILURES

As defined earlier, program theory failures are translations of a proper understanding of a problem into inappropriate programs, and program implementation failures arise out of defects in the delivery system used. Although in principle it is possible to distinguish program theory failures from program implementation failures, in practice it is difficult to do so. For example, a correct program may be incorrectly delivered, and hence would constitute a "pure" example of implementation failure, but it would be difficult to identify this case as such, unless there were some instances of correct delivery. Hence both program theory and program implementation failures will be discussed together in this section.

These kinds of failure are likely the most common causes of ineffective programs in many fields. There are many ways in which program theory and program implementation failures can occur. Some of the more common ways are listed below.

Wrong Treatment

This occurs when the treatment is simply a seriously flawed translation of the problem theory into a program. One of the best examples is the housing allowance experiment in which the experimenters attempted to motivate poor households to move into higher quality housing by offering them a rent subsidy, contingent on their moving into housing that met certain quality standards (Struyk and Bendick, 1981). The experimenters found that only a small portion of the poor households to whom this offer was made actually moved to better housing and thereby qualified for and received housing subsidy payments. After much econometric calculation, this unexpected outcome was found to have been apparently generated by the fact that the experimenters unfortunately did not take into account that the costs of moving were far from zero. When the anticipated dollar benefits from the subsidy were compared to the net benefits, after taking into account the costs of moving, the net benefits were in a very large proportion of the cases uncomfortably close to zero and in some instances negative. Furthermore, the housing standards applied almost totally missed the point. They were technical standards that often characterized housing as sub-standard that was quite acceptable to the households involved. In other words, these were standards that were regarded as irrelevant by the clients. It was unreasonable to assume that households would undertake to move when there was no push of dissatisfaction from the housing occupied and no substantial net positive benefit in dollar

terms for doing so. Incidentally, the fact that poor families with little formal education were able to make decisions that were consistent with the outcomes of highly technical econometric calculations improves one's appreciation of the innate intellectual abilities of that population.

Right Treatment But Insufficient Dosage

A very recent set of trial policing programs in Houston, Texas and Newark, New Jersey exemplifies how programs may fail not so much because they were administering the wrong treatment but because the treatment was frail and puny (Police Foundation, 1985). Part of the goals of the program was to produce a more positive evaluation of local police departments in the views of local residents. Several different treatments were attempted. In Houston, the police attempted to meet the presumed needs of victims of crime by having a police officer call them up a week or so after a crime complaint was received to ask "how they were doing" and to offer help in "any way." Over a period of a year, the police managed to contact about 230 victims, but the help they could offer consisted mainly of referrals to other agencies. Furthermore, the crimes in question were mainly property thefts without personal contact between victims and offenders, with the main request for aid being requests to speed up the return of their stolen property. Anyone who knows even a little bit about property crime in the United States would know that the police do little or nothing to recover stolen property mainly because there is no way they can do so. Since the callers from the police department could not offer any substantial aid to remedy the problems caused by the crimes in question, the treatment delivered by the program was essentially zero. It goes without saying that those contacted by the police officers did not differ from randomly selected controls—who had also been victimized but who had not been called by the police—in their evaluation of the Houston Police Department.

It seems likely that the treatment administered, namely expressions of concern for the victims of crime, administered in a personal face-to-face way, would have been effective if the police could have offered substantial help to the victims.

Counter-acting Delivery System

It is obvious that any program consists not only of the treatment intended to be delivered, but it also consists of the delivery system and whatever is done to clients in the delivery of services. Thus the income maintenance experiments' treatments consist not only of the payments, but the entire system of monthly income reports required of the clients.

the quarterly interviews and the annual income reviews, as well as the payment system and its rules. In that particular case, it is likely that the payments dominated the payment system, but in other cases that might not be so, with the delivery system profoundly altering the impact of the treatment.

Perhaps the most egregious example was the group counselling program run in California prisons during the 1960s (Kassebaum, Ward, and Wilner, 1972). Guards and other prison employees were used as counseling group leaders, in sessions in which all participants—prisoners and guards—were asked to be frank and candid with each other! There are many reasons for the abysmal failure³ of this program to affect either criminals' behavior within prison or during their subsequent period of parole, but among the leading contenders for the role of villain was the prison system's use of guards as therapists.

Another example is the failure of transitional aid payments to released prisoners when the payment system was run by the state employment security agency, in contrast to the strong positive effect found when run by researchers (Rossi, Berk, and Lenihan, 1980). In a randomized experiment run by social researchers in Baltimore, the provision of 3 months of minimal support payments lowered the re-arrest rate by 8 percent, a small decrement, but a significant one that was calculated to have very high cost to benefit ratios. When, the Department of Labor wisely decided that another randomized experiment should be run to see whether YOAA—"Your Ordinary American Agency"—could achieve the same results, large scale experiments in Texas and Georgia showed that putting the treatment in the hands of the employment security agencies in those two states cancelled the positive effects of the treatment. The procedure which produced the failure was a simple one: the payments were made contingent on being unemployed, as the employment security agencies usually administered unemployment benefits, creating a strong work disincentive effect with the unfortunate consequence of a longer period of unemployment for experimentals as compared to their randomized controls and hence a higher than expected re-arrest rate.

Pilot and Production Runs

The last example can be subsumed under a more general point—namely, given that a treatment is effective in a pilot test does not mean that when turned over to YOAA, effectiveness can be maintained. This is the lesson to be derived from the transitional aid experiments in Texas and Georgia and from programs such as The Planned Variation teaching demonstration. In the latter program leading teaching specialists were asked to develop versions of their teaching methods to be implemented in actual

school systems. Despite generous support and willing cooperation from their schools, the researchers were unable to get workable versions of their teaching strategies into place until at least a year into the running of the program. There is a big difference between running a program on a small scale with highly skilled and very devoted personnel and running a program with the lesser skilled and less devoted personnel that YOAA ordinarily has at its disposal. Programs that appear to be very promising when run by the persons who developed them, often turn out to be disappointments when turned over to line agencies.

Inadequate Reward System

The internally defined reward system of an organization has a strong effect on what activities are assiduously pursued and those that are characterized by "benign neglect." The fact that an agency is directed to engage in some activity does not mean that it will do so unless the reward system within that organization actively fosters compliance. Indeed, there are numerous examples of reward systems that do not foster compliance.

Perhaps one of the best examples was the experience of several police departments with the decriminalization of public intoxication. Both the District of Columbia and Minneapolis—among other jurisdictions—rescinded their ordinances that defined public drunkenness as misdemeanors, setting up detoxification centers to which police were asked to bring persons who were found to be drunk on the streets. Under the old system, police patrols would arrest drunks and bring them into the local jail for an overnight stay. The arrests so made would "count" towards the department measures of policing activity. Patrolmen were motivated thereby to pick up drunks and book them into the local jail, especially in periods when other arrest opportunities were slight. In contrast, under the new system, the handling of drunks did not count towards an officer's arrest record. The consequence: Police did not bring drunks into the new detoxification centers and the municipalities eventually had to set up separate service systems to rustle up clients for the dextoxification systems.

The illustrations given above should be sufficient to make the general point that the appropriate implementation of social programs is a problematic matter. This is especially the case for programs that rely on persons to deliver the service in question. There is no doubt that federal, state, and local agencies can calculate and deliver checks with precision and efficiency. There also can be little doubt that such agencies can maintain a physical infra-structure that delivers public services efficiently, even though there are a few examples of the failure of water and sewer systems on scales that threaten public health. But there is a lot of doubt that human

services that are tailored to differences among individual clients can be done well at all on a large scale basis.

We know that public education is not doing equally well in facilitating the learning of all children. We know that our mental health system does not often succeed in treating the chronically mentally ill in a consistent and effective fashion. This does not mean that some children cannot be educated or that the chronically mentally ill cannot be treated—it does mean that our ability to do these activities on a mass scale is somewhat in doubt.

CONCLUSIONS

This paper started out with a recital of the several metallic laws stating that evaluations of social programs have rarely found them to be effective in achieving their desired goals. The discussion modified the metallic laws to express them as statistical tendencies rather than rigid and inflexible laws to which all evaluations must strictly adhere. In this latter sense, the laws simply do not hold. However, when stripped of their rigidity, the laws can be seen to be valid as statistical generalizations, fairly accurately representing what have been the end results of evaluations “on-the-average.” In short, few large-scale social programs have been found to be even minimally effective. There have been even fewer programs found to be spectacularly effective. There are no social science equivalents of the Salk vaccine.

Were this conclusion the only message of this paper, then it would tell a dismal tale indeed. But there is a more important message in the examination of the reasons why social programs fail so often. In this connection, the paper pointed out two deficiencies:

First, policy relevant social science theory that should be the intellectual underpinning of our social policies and programs is either deficient or simply missing. Effective social policies and programs cannot be designed consistently until it is thoroughly understood how changes in policies and programs can affect the social problems in question. The social policies and programs that we have tested have been designed, at best, on the basis of common sense and perhaps intelligent guesses, a weak foundation for the construction of effective policies and programs.

In order to make progress, we need to deepen our understanding of the long range and proximate causation of our social problems and our understanding about how active interventions might alleviate the burdens of those problems. This is not simply a call for more funds for social science research but also a call for a redirection of social science research toward understanding how public policy can affect those problems.

Second, in pointing to the frequent failures in the implementation of

social programs, especially those that involve labor intensive delivery of services, we may also note an important missing professional activity in those fields. The physical sciences have their engineering counterparts; the biological sciences have their health care professionals; but social science has neither an engineering nor a strong clinical component. To be sure, we have clinical psychology, education, social work, public administration, and law as our counterparts to engineering, but these are only weakly connected with basic social science. What is apparently needed is a new profession of social and organizational engineering devoted to the design of human services delivery systems that can deliver treatments with fidelity and effectiveness.

In short, the double message of this paper is an argument for further development of policy relevant basic social science and the establishment of the new profession of social engineer.

NOTES

1. Note that the law emphasizes that it applied primarily to "large scale" social programs, primarily those that are implemented by an established governmental agency covering a region or the nation as a whole. It does not apply to small scale demonstrations or to programs run by their designers.

2. Unfortunately, it has proven difficult to stop large scale programs even when evaluations prove them to be ineffective. The federal job training programs seem remarkably resistant to the almost consistent verdicts of ineffectiveness. This limitation on the Edisonian paradigm arises out of the tendency for large scale programs to accumulate staff and clients that have extensive stakes in the program's continuation.

3. This is a complex example in which there are many competing explanations for the failure of the program. In the first place, the program may be a good example of the failure of problem theory since the program was ultimately based on a theory of criminal behavior as psychopathology. In the second place, the program theory may have been at fault for employing counselling as a treatment. This example illustrates how difficult it is to separate out the three sources of program failures in specific instances.

REFERENCES

- Cutright, P. and F. S. Jaffe
1977 *Impact of Family Planning Programs on Fertility: The U.S. Experience.* New York: Praeger.
- Guba, E. G. and Y. S. Lincoln
1981 *Effective Evaluation: Improving the Usefulness of Evaluation Results Through Responsive and Naturalistic Approaches.* San Francisco: Jossey-Bass.
- Kassebaum, G., D. Ward, and D. Wilner
1971 *Prison Treatment and Parole Survival.* New York: John Wiley.
- Lipton, D., R. Martinson, and L. Wilks
1975 *The Effectiveness of Correctional Treatment.* New York: Praeger.

Patton, M.

1980 Qualitative Evaluation Methods. Beverly Hills, CA: Sage Publications.

Police Foundation

1985 Evaluation of Newark and Houston Policing Experiments. Washington, DC.

Raizen, S. A. and P. H. Rossi (eds.)

1980 Program Evaluation in Education: When? How? To What Ends? Washington, DC: National Academy Press.

Rossi, P. H., R. A. Berk and K. J. Lenihan

1980 Money, Work and Crime. New York: Academic.

Sherman, L. W. and R. A. Berk.

1984. "Deterrent effects of arrest for domestic assault." *American Sociological Review* 49: 261-271.

Smith, M. L., G. V. Glass, and T. I. Miller

1980 The Benefits of Psychotherapy: An Evaluation. Baltimore: The Johns Hopkins University Press.

Struyk, R. J. and M. Bendick

1981 Housing Vouchers for the Poor. Washington, DC: The Urban Institute.

Westat, Inc.

1976- Continuous Longitudinal Manpower Survey, Reports 1-10. Rockville, MD:
1980 Westat, Inc.

THE "LAW AND ECONOMICS" MOVEMENT

Daniel A. Farber

INTRODUCTION

During the last twenty years, an increasingly influential group of legal scholars has turned to economic analysis as the key to understanding law. Generally, their preferred version of economic analysis has been the Chicago School, of which Milton Friedman is probably the member best known to the public. The Chicago School is characterized by its high regard for free markets and its corresponding disdain for government. It is no coincidence that the "law and economics" movement has been centered at the University of Chicago's law school.

The "law and economics" movement—more familiarly called "L&E"—is important for reasons that go well beyond the law school world. Much of the significant scholarly research about legal problems is done today by members of this group. As a dominant faction at many law

schools, they are in a position to shape the thinking of future lawyers and judges, and some key members of the L&E movement are now themselves federal judges. Thus, the L&E scholars appear likely to have a major impact on American law for at least the remainder of this century.

Those positions are often controversial. For example, Judge Richard Posner, probably the leading member of the movement, has taken the following positions:

1. In the absence of any actual conspiracy to set prices or of a complete monopoly by a single firm, ownership of industries by a few corporations is no cause for concern.
2. If there are fewer babies available for adoption than couples wishing to adopt them, the babies should be sold to the highest bidder.
3. Rather than attempting to eliminate social evils such as pollution or crime, society should attempt to attain an "optimal level" of this conduct.
4. Most legislation that purports to further the public interest actually represents attempts by special interests to exploit the general public. (Posner, 1978: 112–116, 164, 231–232, 405–407).

Posner was probably the single most influential legal scholar of the 1970s. He is currently a federal appellate judge, and is also a frequently mentioned candidate for the next Supreme Court appointment. Thus, the views of Posner and his fellows are significant to a much broader group than law professors.

The "law and economics" movement has included dozens of legal scholars and judges, and has produced a vast literature. Obviously, a short essay cannot do justice to all the nuances of any major school of thought. This essay is intended only as an introduction to law and economics and some of its limitations. The first part of the essay will describe the history of the movement and some of the major views characterizing it. Then, the basic economic model underlying most L&E work will be examined. Finally, the crucial norm guiding L&E thinking—the goal of economic efficiency—will be critiqued.

AN OVERVIEW OF "LAW AND ECONOMICS"

History and Influence

From the beginning, the "law and economics" movement has been closely tied to the University of Chicago. A conference on the history of the movement included George Stigler, Milton Friedman, and other famous members of the Chicago economics department. The most impor-

tant early member of the movement was probably Aaron Director. Director published relatively little, but exercised an enormous intellectual influence on the other members of the economics department, and may well be considered the Founding Father of the Chicago School of economics. He was also an important figure in the law school, where he co-taught an antitrust course with Edward Levi, the future U.S. Attorney General. Under the influence of Director and other economists such as Ronald Coase, a growing number of Chicago law professors turned their interest toward economics. Both through their scholarly writings and their influence on students, Chicago's economic approach spread (Kitch, 1983).

Today, the L&E group at Chicago has been somewhat weakened because Posner and other leading faculty members have moved to the federal judiciary. In the meantime, the movement has had a dramatic impact elsewhere. Yale has a strong L&E contingent; Virginia is also apparently dominated by L&E; and Emory is another well-known stronghold. Even at schools where L&E is not dominant, such as Berkley, Stanford, and Harvard, the subject is considered sufficiently important to justify the appointment of professional economists to the law school faculty.

The influence of an intellectual movement is not measured solely by the number of adherents. Scholarly production is also an important index. No quantitative data seem to be available, but obviously there has been an outpouring of L&E writings. To take a single field of law, a 1979 bibliography lists roughly 150 articles on economics and contracts law (Veljanovski, 1979). Three journals, two at Chicago and one at Yale, are dedicated to L&E writings.

What of the influence of the L&E movement outside law schools? So far, the greatest impact has been on antitrust law. In the 1960s, the Supreme Court's decisions in antitrust law emphasized the dangers of big business. In recent years, however, the Court has been far less receptive to government attempts to limit business practices. The Court's recent opinions clearly reflect the influence of Chicago-style economics. Today, large businesses are much freer than they were twenty years ago to maximize their profits without fear of possible legal repercussions (Sullivan, 1977; Kitch, 1983: 208). With so many important L&E scholars now on the federal bench, economics will probably have an even greater effect on the law in the next decade or two.

Although individual members of the Chicago faculty became interested in law and economics much earlier, the movement seems to have had little national impact until around 1970. This raises the question of why the movement was so quickly able to attract adherents after 1970. One reason for the rapid spread was that L&E uses a particularly simple economic model, so legal scholars could quickly learn enough economics to work in the area. After the apparent failure to Keynesian economics in the late 1960s, this simpler model became more respectable. Young law professors

had particularly strong incentives to take advantage of the ease of entering the L&E field. In well-established areas like contract and tort law, novel ideas are often hard to find. L&E offered an easy means of generating new perspectives and thus was a good source of publications. Given the various rewards in the academy for productivity, L&E was a promising career choice.

A more important reason for the sudden success of L&E lies outside the academy. In the 1960s, law schools, like most parts of the university, were dominated by liberals and would-be radicals. Conservatives were a small embattled minority, whose views were considered barely respectable intellectually. Since 1970, the country has more or less continually moved to the right. Conservatives have become an increasingly large faction at most law schools, though liberals still predominate. L&E filled the need of these conservatives for a presentable intellectual position.

Basic Elements of L&E

Law and economics is based on a simple but powerful model of the world. The heart of the model is *laissez faire* economics. The presumption is that free markets will lead to optimal social results. Government intervention must be justified by some special showing of market failure. When markets do fail, the legal system should attempt to mimic the results that a perfect market would have reached, if the market's operation had been unimpeded (Posner, 1978: 11).

In the earlier phases of the L&E movement, scholars attempted to establish the economic efficiency of traditional legal rules. The thesis (called the "efficient adjudication hypothesis") was that the common law rules evolved by courts were generally economically efficient. Posner summarized this body of research as follows:

That we do not yet have a generally accepted theory of why and how the common law might have come to be an instrument promoting economic efficiency does not, of course, warrant disregarding the numerous studies that have found a convergence, frequently subtle and unexpected, between the common-law rules and the implications of economic theory . . . They embrace a variety of doctrine in fields as diverse as admiralty, contract, arbitration, remedies, torts—indeed in every one of the common-law fields. Assumption of risk, the rules for computing salvage awards in admiralty, the exceptions to the nonenforceability of gratuitous promises, the distinction between fraud and unilateral mistake, the rules governing commercial arbitration, the degrees of homicide, the defense of impossibility in contract actions, the limited scope of the right to privacy, and the appropriating system of water rights, are a few examples of specific doctrines and practices that have been explained on efficiency grounds (Posner, 1979: 290).

Thus, L&E scholars were confident that most of the judge-made common law (as opposed to legislatively created statutes) would prove to be economically efficient.

Today, belief in the efficient adjudication hypothesis has receded, and some of its original advocates have recanted (Scott, 1985: 22). There seem to be two reasons for the weakened support for the hypothesis. First, no one was able to suggest a plausible mechanism whereby judges with little or no economic knowledge (Posner, 1979: 300) could unerringly create efficient economic rules. Several attempts were made to suggest evolutionary mechanisms, whereby efficient rules would be favored over inefficient rules by some sort of natural selection (see Priest, 1977; Rubin, 1977). None of these attempts was very persuasive. Second, the evidence concerning the efficiency of common law rules is now considered weaker. For example, Posner believed that he had proved the common law remedies for breach of contract to be economically efficient (Posner, 1978: 88–94). Later writers, however, have persuasively disputed that claim (see Ulen, 1984). It now appears that Posner's claim rested on unproven empirical assumptions about the behavior of the contracting parties and the costs involved in various forms of negotiation (Farber, 1980). Having only weak empirical support and no theoretical explanatory mechanism, the efficient adjudication hypothesis has lost considerable ground.

Today L&E is less important as a hypothesis about the actual workings of the legal system than as a source of normative judgments about how the system should work. For example, Frank Easterbrook, formerly a member of the Chicago faculty but now a judge on the U.S. Court of Appeals for the Seventh Circuit, wrote the highly prestigious foreword to the *Harvard Law Review's* annual issue devoted to the Supreme Court. His foreword argues strenuously that the Supreme Court should use cost-benefit analysis in deciding a broad ranges of cases, including issues like freedom of speech that appear far removed from the traditional subject-matter of economics (Easterbrook, 1984; for a critical response, see Tribe, 1985).

The remainder of this essay will be devoted to considering the normative applications of economics to law. First will come a more detailed examination of the basic economic model and its limitations. Then, the essay will turn to a consideration of economic efficiency as a norm. Rather than attempting to debunk economics as a field of study, the analysis is intended to show how modern scholarship within the main body of economics itself reflects on the L&E movement.

MICROECONOMIC THEORY

An Introduction to Microeconomics and Welfare Theory

One of the basic assumptions of the L&E model is that, in the absence of any special defect in the competitive process, free markets will produce economically efficient results. Although this idea goes back to Adam Smith, modern economic theory has attempted to provide a much more

rigorous argument in favor of free markets (for a full mathematical treatment see Varian, 1978; for a more elementary discussion, see Hirshleifer, 1976: 438–446).

The simplest economic model involves a pure exchange economy, in which goods are not produced but are simply given to individuals as part of their initial endowment. Goods can change hands only by voluntary exchange. The critical question is whether individuals could exchange their way to an equilibrium state—that is, a state in which no incentive exists for any further trades. By using some fixed-point theorems from topology, general equilibrium theory shows that at least one such equilibrium does exist. This equilibrium can be described by a set of prices at which supply equals demand (Varian, 1978: 136–144).

The fundamental theorems of welfare economics describe the competitive equilibrium. The first fundamental theorem asserts that, given certain assumptions, a competitive equilibrium is Pareto-optimal. [A state of affairs is Pareto-optimal when no one's welfare can be improved except at someone else's expense. (Farber, 1980: 1447).] Thus, the first theorem asserts that a competitive equilibrium is economically efficient.

The second fundamental theorem is concerned with the relationship between the free market and the distribution of wealth. Given any Pareto-optimal allocation of goods, a set of prices and initial endowments exists for which that allocation is an equilibrium (see Varian, 1978: 147–148, for the proof). In other words, society can choose whatever Pareto-optimal allocation corresponds to its preferences about the distribution of wealth. By rearranging the initial endowments through an appropriate system of taxes and transfer payments, the government could assure a competitive equilibrium with the desired distribution of wealth (Polinsky, 1983: 9). To the extent that any rigorous, theoretical basis exists for economists' general preference for the free market, it is to be found in these two theorems.¹

Despite its mathematical elegance, several reasons exist for dissatisfaction with the neoclassical microeconomic model. To begin with, the model fails to address important aspects of the economy, such as the dynamic processes of economic growth and technological change.² The neoclassical model has also been a disappointment empirically (see Thurow, 1983, 29–49). Some of the major facts of economic life seem incompatible with the neoclassical model. For example, the model predicts that if employment falls below the desired level, unemployed workers will bid down wages until they can find work. Wages in recessionary periods, however, have stubbornly refused to fall as required by the theory (Smith, 1985: 117–149).

Other empirical tests of the model also have been disappointing. According to the model, the prices firms charge for their goods should reflect

their marginal cost of production. The numerous empirical studies on this subject have failed to confirm this hypothesis (see Scherer, 1980: 185–189). Consumers also fail to behave as predicted. Although the neoclassical model makes very weak assumptions about the behavior of consumers under conditions of certainty, the assumptions about consumer choice between uncertain alternatives are more stringent. The predicted results have not materialized. Instead, experiments by cognitive psychologists demonstrate economically “irrational” behavior (see Scott, 1985; Loftus and Beach, 1982; Tversky and Kahneman, 1974, 1981).³

Perhaps the most obvious flaw in the neoclassical model, however, is the weakness of its basic assumptions. One critical assumption is that individuals have perfect information about the goods offered on the market and the prices of those goods. Thus, they know exactly what they are paying for and what alternative purchases would cost. This is, on its face, a highly unrealistic assumption. Recent work has indicated that information costs can drastically change the predicted results, thereby undermining the neoclassical model’s strong support for the free market.

The crucial role of price information is made clear by a simple model of consumer behavior, in which information about prices must be obtained through a search process. Even if search costs are extremely small and the number of firms is extremely large, firms may not charge the competitive price. Instead, prices may creep up to the monopoly price. When a price increase is less than every consumer’s search costs, no rational customer will bother to search for another seller. Hence, firms can raise their prices by small steps until they have reached the “monopoly” price, when further price increases are no longer profitable (for further discussion, see Farber, 1983: 326–327).

Imperfect information about product quality can also disrupt market performance. If sellers know the true value of their products, but buyers know only the average value of the products on the market, only the worst brands will remain on the market. In essence, bad products drive out good ones. Under some circumstances, it can be proved that the market will collapse entirely. This is Akerlof’s famous “market for lemons” (Akerlof, 1970).

Of course, these are highly simplified models. Recent researchers have experimented with more sophisticated models. In general, markets no longer break down entirely under these more complex assumptions, but neither do they necessarily attain Pareto-optimal results (see Varian, 1978, pp. 231–247; Farber, 1983). At least in theory, then, government intervention in the marketplace appears to have a potential for increasing welfare when information is costly.

Skepticism about the performance of the free market appears even more justified when one examines the economy as a whole rather than

these models of particular markets. For example, Professor Okun argued that the use of cost-of-living clauses in contracts is a functional adaptation to uncertainty about price levels, but that widespread use of such clauses in inflationary periods accelerates inflation to the detriment of society as a whole (Okun, 1981).

The conclusion to be drawn from this discussion is simply that in economics, as elsewhere, certainty is often purchased at the price of ignorance. Simple economic models, of the kind popular with legal scholars, lead to clear-cut conclusions about economic efficiency. Unfortunately, these simple models are not very accurate. More sophisticated models are now being devised. As the models become more sophisticated, however, the policy implications become progressively more elusive (Kornhauser, 1980; Kitch, 1983: 227; Farber, 1983).

The distinctive attribute of economics is that it views individuals as active, rational beings, intelligently seeking to further their own interests (Hirshleifer, 1976: 7–11). In many ways, this view is an attractive contrast with the pessimistic views favored by the other social sciences, in which individual human beings are often viewed as deluded, irrational, and powerless. If human beings did not have *some* of the characteristics attributed to them by economics, it is doubtful that humanity would have accomplished anything at all. (If human behavior were *fully* characterized by rationality, one would expect that humans could run their affairs admirably by voluntary agreements, without any intervention from the government. This is the essential meaning of the fundamental theorems of welfare economics.) Economics provides a useful counterbalance to the other social sciences, which tend to err in the opposite direction. Nevertheless, human behavior is not perfectly rational, and so the classic economic model fails.

The Case of Employment Discrimination

An example of how economists approach social problems may help clarify the preceding discussion. Consider the problem of discrimination against blacks and women in the workplace. American women and blacks have lower earnings than white males. The question of how to remedy this situation (or even whether it needs to be remedied) is closely tied to the question of causation. Without knowing the cause of the disparity, it is difficult to plan a response. Thus, understanding the cause of these lower earnings is important to evaluating and formulating job discrimination laws and affirmative action programs.

The popular explanation of the disparity in earnings is that employers are sexist and racist. Because of these discriminatory motives, employers deliberately discriminate against employees. Economists are highly skept-

tical of this explanation. Paying some employees more than others for doing equally valuable work is economically irrational. Employers who waste their money overpaying white males will be at a competitive disadvantage compared to those who hire blacks and women. (Those less-discriminatory employers may belong to these groups themselves, or may be less racist or sexist than their competitors, or may be greedier than their competitors.) Over time, discriminatory employers would be forced out of the marketplace (Arrow, 1972: 90; Block and Walker, 1981).

This analysis indicates that employers will pay workers in accordance with productivity, and without regard to any desire to discriminate (See Hirshleifer, 1976, pp. 342–368, for the general theory behind this assertion.) Productivity of workers is difficult to measure directly, but if this hypothesis is correct, differences in wages should be closely linked to other indicia of productivity, such as education, job experience, etc. In other words, an economist would expect that gender and racial disparities in earnings would be largely explainable by differences in other traits valued by employers, such as education. Under this hypothesis, blacks would earn less, not because they are blacks, but because they have lower educational attainments (see Thurow, 1983: 39–40; Williams, 1982: 75–76).

The empirical evidence does not support this prediction. Differences in educational levels and other job-relevant traits explain only part of the differences between group earnings (see Farber, 1984). In response to this data, economists can make three possible arguments. First, they can argue that the data are inadequate. Some economists argue that many employee characteristics are inadequately measured and if measured correctly would explain the remaining disparity (Block and Walker, 1981). Second, economists can argue that employers discriminate for reasons unrelated to their own biases. For example, their customers may have biases against contact with certain groups, which a rational employer would attempt to satisfy like any other customer preference. Or other employees may have biases that make it more expensive to have integrated work forces. Thus, sexism or racism may be involved, but not on the part of employers (Arrow, 1972). Third, some flaw in the operation of the market may prevent the competitive process from driving out biased employers.

Thus, economic analysis does not dictate any particular result to the inquiry into discrimination. But it does drastically affect the research program. For the economist, the presumption is that irrational discrimination cannot exist in the labor market. The research program is to account for data indicating a contrary conclusion, either by explaining the data way or modifying the theory to account for the existence of discrimination. In other words, unlike other social scientists, for an economist the possibility of irrational discrimination is problematic, and the research program is to investigate this possibility. Most other social scientists (not to

mention lawyers) would assume that irrational discrimination is not only possible but actually exists, and would then go on from there. Thus, the economist's assumption of human rationality transforms the shape of the inquiry. Judges influenced by economic analysis are likely to share the economist's general confidence in the workings of the labor market. Hence, they are likely to be quite skeptical of discrimination claims.

ECONOMIC EFFICIENCY AS A GOAL

The preceding discussion has involved the question of whether economics provides a reliable basis for determining the effects of government decisions and legal rules. A distinct, but equally important question is whether it provides a normative basis for judgments about those effects. Economists generally use the standard of economic efficiency as a benchmark for policy recommendations (see Polinsky, 1983: 105–113). In the guise of cost-benefit analysis, this standard has received increasing use by government agencies. One of the President Reagan's first acts upon taking office, for example, was to issue an order mandating the use of cost-benefit analysis by government agencies (Smith, 1984).

Environmental law is an area in which disputes about economic efficiency and cost-benefit analysis have been particularly heated. Federal statutes typically do not mandate the use of cost-benefit analysis. Instead, Congress usually calls for the greatest practical degree of environmental protection (see Sagoff, 1981: 1396–1402). Economists, on the other hand, would prefer much greater attention to the balance between the costs of regulation and the measurable benefits. The question, then, is whether economic efficiency is the appropriate standard for assessing social policy.

Economic efficiency, almost everyone would agree, is a worthwhile goal. The debate concerns whether efficiency should be the dominant goal of the legal system. There is a huge literature about economic efficiency and its strengths and weaknesses as a policy goal (for examples, see Leff, 1974; Kornhauser, 1980; Sagoff, 1981). Rather than recapitulating that literature, this essay will take a different approach, making an argument based on economic theory itself that economic efficiency cannot ultimately resolve disputes about values.

Charles Meyers, the former Dean of the Stanford Law School, has aptly expressed the fundamental appeal of economic efficiency:

The environmentalist would base public policy on a set of values he holds to be transcendent and absolute, inherent in the nature of man and therefore ineluctable. The economist rejects absolutes: what is good is what the individual prefers; a good society is one that maximizes freedom of choice. The economists' values speak to the question of how society should be organized in order to satisfy individual desires, whatever they may be (Meyers, 1975: 451).

Thus, economic efficiency is advocated as a rational way of reaching societal decisions when people have conflicting values.

As it turns out, however, no neutral, rational method exists to combine individual desires into a social decision. Kenneth Arrow proved more than 30 years ago that this goal is unattainable even in theory. Arrow was originally searching for a way to define precisely the notion of social welfare. What he did instead was to prove that no satisfactory, neutral way of combining individual preferences can exist (Arrow, 1962).

Consider a society composed of individuals, each of whom has a well-defined set of preferences about the state of the world. These preferences may relate to the individual's consumption, or that of other people, or the preservation of the redwoods, or anything else. The idea is to come up with a preference listing for society as a whole that combines any arbitrary set of individual preferences. Now, what traits should society's preference listing have?

The following traits seem modest enough: First, the social preference should be well-defined and formally rational. For example, if society prefers A over B, and prefers B over C, then society should also prefer A over C. Similarly, if society prefers A over B, it should not also prefer B over A. Second if one person prefers A over B and no one else cares, then society should prefer A over B. Third, the order of social preference between any two options should depend only on individuals' preferences about those options, and not on preferences about irrelevant options that are outside the agenda. Finally, the social preference should not simply mirror that of a single individual who is allowed to impose his will on society.

Obviously, these four traits do not say much about the content of the social decision rule. Yet, as Arrow showed, they really say too much. Arrow proved that no social preference rule can have all four traits.

The crux of the problem can be seen by looking at majority voting. Majority voting actually satisfies all the requirements except rationality. When society contains factions with inconsistent views, shifting coalitions on different issues can produce "irrational" results. Essentially, Arrow proved that no voting scheme can avoid this problem.

Because of this link with voting, even economists tend to think of Arrow's theorem purely as a critique of the political process. But as Arrow himself noted, the proof applies equally to the market. No more than the political process can the market rationally combine individual preferences.

Economic efficiency comes out particularly poorly as a rational method of social choice. Indeed, efficiency is not even a well-defined method of ranking alternatives. It is possible for A to be more efficient than B, and then to apply the test in reverse and conclude that B is more efficient than A (Arrow, 1962: 38–45). As a corollary, this also means that efficiency fails

the rationality requirement. One can pick social states A, B, and C such that A is more efficient than B, B is more efficient than C, but C is more efficient than A. Moreover, under the technical definition of economic efficiency, society's preference for A over B depends on the social preference between B and a hypothetical state in which those who benefit from the shift from B to A compensate those who lose. Thus, economic efficiency fails the assumption of independence of irrelevant alternatives.⁴

Thus, the idea of having a neutral decision procedure or societal goal that simply combines arbitrary individual preferences is unattainable. Indeed, economic efficiency does not even seem to be a candidate among the various current proposals for salvaging something of this goal.

At the very least, economic efficiency cannot claim to have any special claim as a particularly rational method of social decision-making. Once we move beyond rationality as a criterion, the claim for economic efficiency becomes even weaker. Efficiency has other serious flaws as a means of social decision-making.

To begin with, efficiency is a dubious standard on equity grounds. Essentially, a government action is economically efficient if those who benefit would be willing to compensate the losers. In other words, efficiency is a kind of voting scheme, in which people's willingness to pay for a government program is the measure of their input into the decision. Willingness to pay is determined by many factors that have no obvious relevance to merits of a decision. The most important of these factors is wealth. All other things being equal, a wealthy person will be willing to pay more for something than a poorer person. So, the efficiency standard is really a form of dollar voting in which the wealthy have more votes. This seems an indefensible allocation of social power unless one is willing to assume that morally the rich are worthier than the poor.

Judge Posner has candidly explained the implications of the efficiency criterion. As he puts it, under his view "people who lack sufficient earning power to support even a minimum decent standard of living are entitled to no say in the allocation of resources unless they are part of the utility function of someone who has wealth" (Posner, 1981: 76). This implies, of course, that the poor should not be allowed to vote. Another implication is that those who lack both earning capacity and the capacity to arouse sympathy from their economic betters simply have no right to live at all. Even for most conservatives, this doctrine is too harsh to be acceptable.

One escape from this strict Social Darwinism is to make the distribution of wealth a separate criterion for assessing social decisions. In theory, the fundamental theorems of welfare economics discussed earlier make it possible to separate analysis of wealth distribution from analysis of efficiency. Of course, the significance of economic efficiency and cost-benefit analysis is necessarily less if wealth distribution is given equal weight.

By focusing on efficiency (sometimes augmented with a nod in the direction of income redistribution) as the standard for government action, economics uses an unduly restricted set of values. Clearly, it is worth knowing whether a government action wastes social resources or redistributes income. But it is far from clear that these should be the only standards for assessing government actions. Most people have a far broader range of values. For example, they might wish to know whether a government action invades individual freedom, or will lead to greater human creativity, or will strengthen the bonds of community. In the environmental area, protection of the environment may be a value of equal stature with economic efficiency. Cost-benefit analysis and economic efficiency arbitrarily call upon decision-makers to ignore these other values (Farber, 1985).

The poverty of efficiency as a general standard for social decisions can be seen by considering the abortion issue. One approach to an economic analysis of abortion would be to apply the efficiency standard to the opposing political factions. One would then attempt to determine which faction would be willing to pay more to have its way. But the relative financial strength of these two political groups seems totally irrelevant to the proper resolution of the issue. Indeed, this approach does not relate to the merits of the dispute at all. A more ambitious economic analysis might ask whether fetuses (if they were rational) would be willing to pay more to live than their parents would pay to abort them. Not only is this far-fetched, but it seems almost pathological in its disregard of the moral values on both sides. Yet the efficiency standard has nothing better to offer in analyzing this issue. Admittedly, a satisfactory method of analyzing basic moral issues simply may not exist. The efficiency standard, however, seems worse than useless.

The real danger of the efficiency standard is that it appears to offer an escape from the necessity of making difficult moral decisions. Such an escape is certainly tempting. Our society contains individuals with greatly conflicting values. No philosopher has ever succeeded in establishing a method of determining which values are correct. Economic efficiency is appealing as a possible vantage point above the fray of conflicting values. In the end, however, this purported neutrality toward the values at stake seems little more than a form of nihilism.

CONCLUSION

Much of the initial appeal of the law and economics movement to legal scholars was its simplicity. The core of L & E analysis was a simple economic model. Despite its complex modern mathematical trappings, at

heart it is a theory of competition and free markets that goes back to Adam Smith. This economic model was used as a basis for cost-benefit analysis of legal rules. Economic efficiency then became the simple litmus test for the desirability of a legal rule.

As usual, life in Eden was possible only until the tree of knowledge was sampled. Increasing economic knowledge made this simple model untenable. More complex economic models are possible, and are of great interest, but they have ambiguous policy implications. The norm of economic efficiency itself turns out to have serious limitations when subjected to serious analysis.

Thus, economic analysis of law seems to be at a sort of cross-roads. On the one hand are the ideologues who are firmly wedded to the most simplistic versions of L & E. On the other hand are the more sophisticated analysts who tend to view economic efficiency as only one norm among many, and not necessarily the most important. They also tend to favor economic models that incorporate more of the complexity of real life, with fuller attention to transactions costs, imperfect information, and other deviations from traditional economic assumptions (see Ulen, 1984; Scott, 1985: 24).

For society as a whole, the most important effect of the L&E movement is probably that it has given a new intellectual vocabulary to those voicing traditional conservative views. Within the law school world, the effect is more ambiguous. Much of the L&E literature is hack work, but then so is much of any scholarly literature. At its best the literature has provided useful new insights into the legal system.

Perhaps the most serious ill-effect of the L&E movement on the academy has been its effect on other modes of scholarship. L&E scholars tend to be disdainful of those who perform the conventional tasks of analyzing legal opinions. Like economists, they have also tended to be contemptuous toward the other social sciences. Thus, both traditional legal scholarship and interdisciplinary work with the other social sciences have suffered somewhat from the effects of law and economics. Legal academics may yet come to realize that not only economists, but also psychologists, political scientists, historians, sociologists—and even lawyers (see Kripke, 1985)—can have useful insights about the legal system.

NOTES

1. The discussion in the text is concerned with pure exchange economies. Extending these theorems to economies in which production takes place is more complex and requires additional restrictive assumptions; however, it introduces no fundamentally new concepts. The same theorems hold true for the more realistic economic model in which goods are produced as well as exchanged.

2. The failure to deal with economic growth is especially significant. Economic growth builds on prior growth, like compound interest, while an increase in static efficiency is a one-time gain. Thus, given enough time, even a small increase in economic growth can compensate for a decrease in static efficiency. The value of the neoclassical model as a guide in setting social policy is diminished by its failure to take into account these dynamic considerations (Nelson, 1981).

3. For example, in the "preference reversal" experiments, subjects are offered a choice between two gambles. The subjects are also asked to state how much money each gamble is worth to them. Surprisingly, the subjects often prefer to take gambles that have a lower cash equivalent than the gambles they reject (Grether and Plott, 1979). Attitudes toward risk are involved in the operation of stock and commodities markets, in the insurance industry, and in health regulation. The mismatch between the economic model and the empirical evidence limits the model's usefulness in dealing with important public policy issues in these areas.

4. For further details, see Farber, 1985. Considerable work has been done on the question of how to avoid Arrow's impossibility theorem. Although this literature is quite technical and mathematical, none of the major proposed solutions seems helpful to the cause of economic efficiency (see Arrow, 1983: 147-174; Arrow, 1962: 74-91).

REFERENCES

Akerlof, George A.

- 1970 "The market for 'lemons': quality uncertainty and the market mechanism." *Quarterly Journal of Economics* 84:488-500.

Arrow, Kenneth

- 1963 *Social Choice and Individual Values*. New Haven: Yale University Press.
 1972 "Models of job discrimination." Pp. 83-102 in Anthony Pascal (ed.), *Racial Discrimination in Economic Life*. Lexington, MA: Lexington Books.
 1983 *Collected Papers of Kenneth J. Arrow: Volume 1. Social Choice and Justice*. Cambridge, MA: Harvard University Press.

Block, Walter and Michael Walker

- 1981 "Introduction." Pp. 5-31 in Gary S. Becker and Thomas Sowell (eds.), *Discrimination, Affirmative Action and Equal Opportunity*. Vancouver, B.C.: The Fraser Institute.

Easterbrook, Frank H.

- 1984 "Foreword: the court and the economic system." *Harvard Law Review* 89: 4-60.

Farber, Daniel A.

- 1980 "Reassessing the economic efficiency of compensatory damages for breach of contract." *Virginia Law Review* 66:1443-1484.
 1983 "Contract law and modern economic theory." *Northwestern University Law Review* 78:303-339.
 1984 "Poverty, earnings and discrimination." *Constitutional Commentary* 2:13-17.
 1986 "Environmentalism, economics, and human values: from plastic trees to arrow's theorem" (forthcoming).

Grether, David M. and Charles R. Plott

- 1979 "Economic theory of choice and the preference reversal phenomenon." *American Economic Review* 69:623-638.

- Hirshleifer, Jack
1976 Price Theory and Its Applications. Englewood Cliffs, NJ: Prentice-Hall.
- Kitch, Edmund W.
1983 "The fire of truth: a remembrance of law and economics at Chicago, 1932-1970." *Journal of Law and Economics* 26:163-234.
- Kornhauser, Lewis A.
1980 "A guide to the perplexed claims of efficiency in the law." *Hofstra Law Review* 8:591-639.
- Kripke, Homer
1985 "Law and economics: measuring the economic efficiency of commercial law in a vacuum of fact." *University of Pennsylvania Law Review* 133:929-985.
- Leff, Arthur Allen
1974 "Economic analysis of law: some realism about nominalism." *Virginia Law Review* 60:451-482.
- Loftus, Elizabeth F. and Lee Roy Beach
1982 "Human inference and judgment: is the glass half empty or half full?" *Stanford Law Review* 34:939-956.
- Myers, Charles S.
1975 "An introduction to environmental thought: some sources and some criticisms." *Indiana Law Journal* 50:426-453.
- Nelson, Richard
1981 "Assessing private enterprise: an exegesis of tangled doctrine." *Bell Journal of Economics* 12:93-111.
- Okun, Arthur M.
1981 *Prices and Quantities: A Macroeconomic Analysis*. Washington, DC: The Brookings Institution.
- Polinsky, A. Mitchell
1983 *An Introduction to Law and Economics*. Boston: Little, Brown & Co.
- Posner, Richard A.
1977 *Economic Analysis of Law*. Second edition. Boston: Little, Brown & Co.
1979 "Some uses and abuses of economics in law." *University of Chicago Law Review* 46:281-306.
1981 *The Economics of Justice*. Cambridge, MA: Harvard University Press.
- Priest, George L.
1977 "The common law process and the selection of efficient rules." *Journal of Legal Studies* 6:65-82.
- Rubin, Paul L.
1977 "Why is the common law efficient?" *Journal of Legal Studies* 6:51-63.
- Sagoff, Mark
1981 "Economic theory and environmental law." *Michigan Law Review* 79: 1393-1419.
- Scherer, Frederick
1980 *Industrial Market Structure and Economic Performance*, Second edition. Chicago: Rand McNally.

Scott, Robert E.

- 1985 "Error and rationality in individual decision-making: an essay on the relationship between cognitive illusions and the management of choices." Legal Studies Workshop, University of Virginia School of Law, Working Paper /3.

Smith, Gary

- 1985 *Macroeconomics*. New York: W. H. Freeman & Co.

Smith, V. Kerry

- 1984 *Environmental Policy under Reagan's Executive Order: The Role of Cost-benefit Analysis*. Chapel Hill, NC: The University of North Carolina Press.

Sullivan, Lawrence Anthony

- 1977 *Antitrust*. St. Paul: West Publishing Co.

Thurow, Lester C.

- 1983 *Dangerous Currents: The State of Economics*. New York: Random House.

Tribe, Laurence H.

- 1985 "Constitutional calculus: equal justice or economic efficiency?" *Harvard Law Review* 98:592-621.

Tversky, Amos and Daniel Kahneman

- 1974 "Judgment under uncertainty: heuristics and biases." *Science* 185:1124-1131.
1981 "The framing of decisions and the psychology of choice." *Science* 211:453-458.

Varian, Hal R.

- 1978 *Microeconomic Analysis*. New York: W. W. Norton & Co.

Ulen, Thomas S.

- 1984 "The efficiency of specific performance: toward a unified theory of contract remedies." *Michigan Law Review* 83:341-403.

Veljanovsky, Cento G.

- 1979 *Bibliography in Law & Economics: Contract Analysis*. Centre for Socio-Legal Studies, Wolfson College, Oxford. (Unpublished).

Williams, Walter

- 1982 "On discrimination, prejudice, racial income differentials, and affirmative action." Pp. 69-99 in Gary S. Becker and Thomas Sowell (eds.), *Discrimination, Affirmation Action and Equal Opportunity*. Vancouver, B.C.: The Fraser Institute.

PART II

INDETERMINATE AND UNINTENDED OUTCOMES OF PUBLIC POLICY AND SOCIAL PROGRAMS

HOMELESSNESS AND HEALTH: THE EFFECTS OF LIFE STYLE ON PHYSICAL WELL-BEING AMONG HOMELESS PEOPLE IN NEW YORK CITY

J. D. Wright, P. H. Rossi, J. W. Knight,
E. Weber-Burdin, R. C. Tessler, C. E. Stewart,
M. Geronimo, and J. Lam

INTRODUCTION

Homelessness is a social problem that has begun to attract the attention of the popular media, scholars, advocacy groups, and social policy makers. There is little consensus on the proper definition of homelessness, and even less on the precise magnitude of the problem, but the homeless

Research in Social Problems and Public Policy, Volume 4, pages 41-72.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

population appears to number at least a half million nationwide. Most observers agree that the numbers have increased, perhaps dramatically, in the past several years.¹

Homeless people have always existed in American society, of course. Historically, the population was thought to consist mainly of hoboes (transient men who "rode the rails" and whose style of life was frequently romanticized in the pulp novels of an earlier era) and Skid Row "bums" (older, usually white, men whose capacity for independent existence had been compromised by the ravages of alcoholism). Scholarly interest in both these groups spawned an expansive ethnographic literature,² but they received no sustained policy attention. They and their problems were largely invisible to social policy makers and to the American public at large.

Today, the situation is different. Homeless and destitute people can be seen on the streets of any large American city; no one remains oblivious to their existence. The traditional homeless groups just mentioned have been supplemented by what has been called the "new homeless," and it is this latter group that has mainly been responsible for the increased attention being given to the problem.

Many factors have been postulated to account for the rise of the "new homeless." In the first line of analysis, homelessness is clearly a housing problem, more particularly, a problem resulting from an inadequate and dwindling low-income housing supply (Bassuk, 1984; Hopper, 1983; Wright, 1985). Whether through conversions to other uses, arson, gentrification, or simple deterioration, the loss of low cost central city housing has been dramatic. In the past ten years, the number of rental units available in the price range of a family below the poverty line has fallen from 5.1 million to about 1.2 million (Bassuk, 1984); the poverty population of the cities, in contrast, has increased.³ In many U.S. cities, there is very little housing available to a family at or near the poverty level. A dwindling low-income housing supply, coupled with a constant or increasing low-income population, necessarily predestines an increase in the number of homeless.

A second factor implicated in the rise of the "new homeless" is the lingering effects of a decade of recession and the attendant unemployment problem (Salerno et al., 1984). Unemployment has consistently hovered around 10 percent for most of the last decade; among certain population groups—for example, young, central city non-white men—rates surpassing 40 percent are not uncommon.⁴ The loss of a job usually implies a loss of income and, in an apparently increasing number of cases, the loss of one's housing as well. The recent study by Salerno et al. illustrates the seriousness of the problem. In that study, 40 percent of those seeking shelter cited losing their job as the principal reason (1984:5).

A third factor involves the cutbacks in government benefit payments initiated by the Reagan administration in March, 1981, particularly those involving the Social Security Disability Insurance Program (Bassuk, 1984; Salerno et al., 1984). Bassuk estimates that some 150–200 *thousand* people lost their benefits in the SSDI cutback. For many of the former recipients, these payments amounted to the only regular source of income. The persistently large Federal deficit and the current administration's resolve to lower the deficit through further reductions in social welfare spending suggest that this factor is destined to become even more important as a source of homelessness in the coming years.

A final factor frequently mentioned is the movement to deinstitutionalize the chronically mentally ill (Bachrach, 1984; Bassuk, 1984; Flynn, 1985; Lamb, 1984; Lipton et al., 1983). One study (Bassuk, 1984) has reported rates of mental illness among a small sample of sheltered homeless approaching 90 percent. Other studies report generally lower values (in the range of 20–40 percent), but all agree that the incidence of debilitating mental disorders among the homeless is widespread.⁵ Lamb (1984) has inferred from the large fraction of deinstitutionalized among the “new homeless” population that the movement has failed, if not in design then certainly in execution.

The four factors discussed above have apparently occasioned a rapid and dramatic transformation in the demographic composition of the homeless population in the country. Fifteen or twenty years ago, the population consisted predominantly of older, white, alcoholic, poorly educated men. Today, the average age of the homeless is in the range of 30–40, half or more are from non-white ethnic groups, a quarter or more are women, and a third to a half command at least a high school education.⁶

Perhaps owing to these apparently rapid demographic changes, most of the recent research on homelessness has focussed on sheer demographic descriptions—age, race, sex, education, marital history, duration of and reasons for homelessness, previous living conditions, and so on. A second major research focus, as we have already noted, has been on problems of mental health. In contrast, relatively little has been written about *physical* health problems, although most observers would agree that the physical health problems associated with homelessness are probably very serious ones.⁷

The physical health of the homeless warrants study for several reasons. First, in planning comprehensive, coordinated services for the homeless (or for any other group of indigent human beings), attention to physical health problems must play a prominent role. It has been said, no doubt with justification, that the homeless shoulder “the highest burden of untreated illness in America today” (Altman and Firman, 1984). This

report continues, "although shelter, food, and clothing are obviously paramount concerns, health care is of fundamental importance and plays a vital role in efforts to address all other problems."

Second, ill health—physical as well as mental—can be a cause of homelessness in some cases, and a permanent barrier to effective participation in society in other cases. Crystal (1982) differentiates between situational and chronic dependency—between those whose need for assistance is temporary and those whose needs are more enduring. Substance abuse and chronic mental disorders are the most commonly noted causes of permanent dependency, but certainly, chronic physical diseases may be important as well.

Third, research on the physical health of the homeless addresses potential public health concerns. Unlike most sick people, sick homeless people will generally not be isolated from the rest of the population; rather, they will remain in the shelters or on the streets, making frequent contact with others. If, as seems likely, they are more prone to infectious diseases than the domiciled population, then their diseases imperil not only their own well being but possibly, in some cases at least, the public health as well.⁸

Finally, the health status of the homeless can be used as a case study to address a recurring theoretical issue in medical sociology, namely, the effects of life style on physical health. It is, of course, a truism that health is affected by behavior, and that behavior is a product of social and cultural factors; from this it follows that social factors (or life style) are principal determinants of health status. Nowhere are the effects of life style (or material deprivation) on health more dramatically illustrated than among the homeless population.

More generally, the rise of the new homeless illustrates what Robert K. Merton referred to as the unanticipated consequences of purposive social action. The low income housing crisis in the central cities has not resulted from a conscious decision to create a permanent class of homeless individuals. The decision was to "reclaim" the downtown, to make the central city areas attractive once again to the fleeing middle class. The unintended consequence of our success in "downtown revitalization" has been a profound decimation of the low income housing supply and a consequent, indeed inevitable, increase in the numbers without housing.

In like manner, the intent of deinstitutionalization was to return the chronically mentally ill to their families and communities—to environments discernibly less restrictive and more therapeutic than the large, impersonal, degrading state mental hospitals had been. And for some, this has no doubt been the consequence. For many others, however, deinstitutionalization has meant a life sleeping in gutters, scavenging food from garbage cans, wandering aimlessly over the urban landscape. This too was certainly not intended.

One of the many “unintended consequences” of the above and related factors has been to expose an increasingly larger segment of the urban poverty population to unique and potentially serious physical health risks, risks that are in many cases directly referable to the conditions of homelessness itself. These, of course, are the health risks inherent in an unsheltered and indigent life: the risks of exposure to the environment, both natural and social, of inadequate nutrition, of uncertain hygiene, and of indifferent, untimely, or nonexistent medical care.

For good or ill, the existence and problems of the nation’s homeless have forced their way onto the national political agenda. As is often the case, many of us are thereby moved to “do something,” even as we recognize that rather little is known with certainty about the nature, magnitude, or components of the problem at hand. Our purpose in this paper is thus to describe in some detail one aspect of the larger problem of homelessness, namely, the problem of physical well being.

BACKGROUND AND METHODS

Data for this study consist of information gleaned from clinical charts of homeless people who received medical services at one or more of the health stations for the homeless operated by the Department of Community Medicine at St. Vincent’s Hospital and Medical Center of New York City.⁹

The St. Vincent’s program is an innovation in the delivery of health care to this difficult-to-reach population. The City of New York operates a number of facilities—shelters, drop-in centers, and the like—for homeless people. St. Vincent’s has installed health stations in several of them. The hospital also runs health stations in several “single room occupancy” (SRO) hotels. Most of these health stations were opened in the early 1980s, but in one case, (the Men’s Shelter), the program has been in operation for 15 years.¹⁰

Each contact in these facilities between a homeless individual and the health care team generates a note or an entry in that person’s clinical chart. Through the auspices of the Department of Community Medicine, we obtained access to these charts and the information contained therein on medical symptoms, conditions, and diseases. In some charts, information on social background was also present and was extracted for purposes of analysis.¹¹

All told, 6,415 medical charts, representing 6,235 separate individuals, were examined, encoded, and entered into machine readable form to provide the data for this research.

The information available for our analysis is obviously a very selected

subset of the actual behaviors, conditions, and diseases of the study population. In the first instance, of course, some ill homeless people will seek medical services through St. Vincent's facilities, and others will not. Factors that determine care-seeking behavior among the homeless are unknown, but the potential for bias in the sample is obvious.¹²

Homeless people who seek medical care may or may not provide complete and accurate information to the medical teams; moreover, the information that patients do see fit to share is filtered through the medical team's judgment about what should or needs to be recorded. The recorded information was further filtered through the study's data protocol; we did not attempt to record every piece of information encountered in each chart but only selected pieces that were deemed important to the study. The ability of our field team to locate and transcribe accurately the information present in the charts is yet another filter.

These various filters have left us with relatively good information on medical conditions, diseases, and presenting symptomatology among a sample of New York's homeless. On the other hand, our data on topics other than the strictly medical are spotty at best; age, race, and sex are known in almost all cases, but other information of a social nature is available only for small fractions.

The generalizability of the data is open to question on a number of counts. *First*, even if our sample were adequately representative of the medical problems of homeless people in New York City, there is no guarantee that the New York experience would generalize to other U.S. cities. *Second*, there is no reason to suppose that the subset of homeless people in New York who present themselves for care at one of the St. Vincent's health stations are an adequate representation of New York's homeless population. *Finally*, our restriction to those receiving health care presumably skews our data towards the less healthy members of the homeless group.

EPIDEMIOLOGICAL CONSIDERATIONS AND RESULTS: LIFESTYLE AND HEALTH¹³

Health Problems of the Homeless: Initial Results

Data on the gross incidences of disease and illness among the sample population are displayed graphically in Figure 1. Several comments about these data are in order:

First, the categories of illness represented in the figure are modifications of the well-known International Classification of Disease (ICD) codes. These codes were used in this study to maximize comparability

Figure 1. Frequency Distribution of Diseases Among the Homeless
(N = 6,415)

Drinking, Drug Problems	*****	(32.6%)
Trauma	*****	(30.7%)
Upper Respiratory	*****	(27.8%)
Chronic Lung Disease	*****	(20.6%)
Limb Disorders	*****	(18.8%)
Mental Illnesses	*****	(15.8%)
Skin Diseases	*****	(14.8%)
Hypertension	*****	(14.0%)
Unreferred Symptoms	*****	(12.7%)
Neurological Disorders	*****	(11.9%)
Gastrointestinal	*****	(9.5%)
Heart Disease	*****	(9.1%)
Eye Disorders	*****	(7.7%)
Musculoskeletal	*****	(6.4%)
Liver, Pancreas, Spleen	*****	(6.1%)
Nutritional Disorders	*****	(6.0%)
Hemorrhoids, Hernia	*****	(5.3%)
Other Genitourinary	*****	(4.8%)
Venereal Disease	*****	(4.7%)
Teeth and Mouth	****	(4.0%)
Infectious Diseases NEC	****	(3.8%)
Diabetes	****	(3.6%)
Blood Disorders	****	(3.5%)
Ear Disorders	***	(3.1%)
Neoplasms	**	(1.8%)
Lymphadenopathies	**	(1.5%)
Menstrual Disorders	**	(1.5%)
Endocrine Disorders	*	(1.2%)
Pregnancies	*	(0.8%)
Congenital Anomolies	.	(0.4%)
Gynecomastia	.	(0.3%)
Sexual Dysfunction	.	(0.2%)
Drug Toxicity	.	(0.1%)

between these and other routinely available epidemiological data, such as those of the National Ambulatory Medical Care Survey, some results from which are presented later.¹⁴

Second, the percentages represented in the figure are calculated from a base of 6,415 medical charts, not from the much larger base of total health problems observed in those charts. As such, the percentages sum to considerably more than 100 percent; in fact, they sum to nearly 300 percent. The average chart we inspected, in short, showed evidence of approximately three of the diseases and disorders listed.

Third, while we are reasonably confident of the reliability of the data on the physical diseases and disorders, the data on mental illness and sub-

stance abuse should be treated with much caution. Many of the chart entries that speak to these problems are more in the nature of impressions than they are professional psychiatric diagnoses. Moreover, several members of the St. Vincent's staff explained that they hesitate to attach these possibly pejorative labels to their clients unless they are quite positive about the diagnosis and only then if there are probable medical consequences. The estimates shown in the figure for the rates of substance abuse and of mental illness are very much towards the low end of estimates reported in other studies and should therefore not be taken as reliable.

Fourth, Figure 1 reports the relative *frequency* with which various medical conditions were encountered in the charts, not the relative *seriousness* nor *severity* of these conditions. Many widespread ailments are not particularly serious; many serious ailments are not particularly widespread.

Finally, the data shown in the figure represent a *history* of health problems among the homeless that spans some 15 years. During this period, as we shall see later, the demography of homelessness in New York City changed rather dramatically: so too did the distribution of diseases. The distributions shown in the figure may not, in other words, be entirely reliable as a guide to the health problems of *today's* homeless population.

The most widespread disorder of which evidence was found in this sample of clinic charts is *substance abuse*, predominately alcohol abuse. We found some indication of either drinking problems or illicit drug use (or both) in 33 percent of all charts. We stress again, however, that these data are probably not reliable, providing at best a lower-boundary estimate of the rate of alcohol problems among the homeless. (Figures in previous studies range from 30 to 50 percent.)

The most widespread *physical* health problem is *trauma*, evidence of which was found in 31 percent of all charts. Men present considerably more trauma (32 percent) than women (21 percent). Among specific categories of trauma, lacerations and wounds are the most frequent (37 percent of all trauma), followed by fractures (28 percent), and then contusions and abrasions (16 percent). Eye injuries and sprains and strains are also relatively widespread.

By and large, these injuries are fairly serious; relatively few are minor injuries that a domiciled person might self-treat. Indeed, knife and gunshot wounds themselves amount to about 11 percent of all traumas.

Next to trauma, *acute upper respiratory disorders* are the most widespread physical health problem, evidence of which was found in 28 percent of all charts.¹⁵ Common colds, respiratory infections, influenza, and acute bronchitis, along with an array of respiratory symptoms, are con-

tained within this subcategory. Men and women are equally likely to suffer from these ailments.

Chronic diseases and disorders of the lungs are fourth on the list, afflicting 21 percent of the total sample. Again, the incidence of these disorders is about the same for both men and women. The most common of these ailments is pneumonia (18 percent of the total diseases within the subcategory), followed by chronic obstructive pulmonary disease (15 percent). Asthma is also quite common (12 percent).

Following closely behind chronic lung disease are *diseases and disorders of the extremities*, evidence of which was located in 19 percent of all charts. Within this subcategory, foot diseases and disorders are the most common; this too is a "catchall" category that includes corns and callouses, ingrown or deformed toenails, feet blisters, bunions, fungal infections, etc. Chronic skin ulcers are also quite widespread, along with edema and cellulitis. Edema is more common among women than among men.

Cellulitis, edema, and skin ulcers are often symptoms of a more basic peripheral vascular disorder, namely, venous or arterial insufficiency (McBride and Mulcare, 1985). Much of what appears in Figure 1 as a disorder of the limbs and extremities should therefore rightly be counted as a disorder of the circulatory system.

Clear evidence of *mental illness* or of some degree of non-trivial psychiatric impairment was located in 16 percent of the charts: in 13 percent of the men's charts and in 34 percent of the women's. We emphasize again that these are almost certainly under-estimates; most studies report the incidence of mental illness among the homeless to fall somewhere between 20 and 40 percent, or in some cases even higher.

Ranking seventh are *diseases and disorders of the skin* and subcutaneous tissues, with an overall incidence of 15 percent. Women appear slightly more prone to these disorders (20 percent) than men (14 percent). The most common ailments within the subcategory are inflammatory diseases of the skin, including psoriasis, seborrhea, impetigo, and unspecified rashes, followed by pediculosis and scabies.

Hypertension ranks eighth among the subcategories, having been diagnosed in 14 percent of all cases. Overall, the disease is more common among the women (22 percent) than among the men (13 percent).¹⁶

Our ninth most common category is *unreferred symptoms, signs, and conditions* (found in 13 percent of the charts). (These symptoms and conditions were only extracted from the charts if they were not accompanied by a specific diagnosis.) Most of these symptoms are aches and pains in various locations.

Neurological disorders are the tenth most common health problem in these data, evidence of which was found in 12 percent of the charts. The

incidence of neurological impairment is somewhat higher among men (12.5 percent) than among women (8 percent). Among the specific diseases within the category, seizure disorders are overwhelmingly the most widespread, but other neurological disorders, including organic brain syndrome, Korsakoff's psychosis, peripheral neuropathies, tremors, ataxia, and others, are also common. As we see later, much of the neurological disorders observed in this sample can be attributed to chronic alcohol abuse.

The ten categories so far discussed are those containing ten percent or more of the sample. The remainder of the data can therefore be summarized quickly:

Gastrointestinal diseases and disorders were found in just under 10 percent of the charts. Most of these disorders are stomach ulcers, gastritis, constipation, and colitis.

Evidence of *heart and circulatory disease* (other than hypertension) was found in 9 percent of the charts, again somewhat more often among women (12 percent) than men (9 percent). Congestive heart failure and peripheral vascular disease are the most common of these disorders.

Evidence of (nontraumatic) *eye disorders and diseases* was found in 8 percent of the charts (most of these are refractive errors); and evidence of *musculo-skeletal* disorder and disease (mostly arthritis), in about 6 percent. The incidence of *liver, pancreas, spleen and gallbladder diseases* (mostly hepatitis and cirrhosis) and *nutritional diseases and disorders* (mostly obesity) also ran to about 6 percent.

Slightly less common than the diseases just mentioned are *hemorrhoids, hernias, and prostate conditions*, other afflictions of the *genitourinary system* (mostly urinary tract infections), and *venereal disease*, each with an incidence of about 5 percent; and *teeth and mouth disorders, diabetes, blood diseases* (mostly anemia), and *infectious and parasitic diseases* (other than venereal), at about 4 percent.

All other categories shown in the figure contain 3 percent or less of the cases. These include ear diseases (3 percent), benign and malignant neoplasms (2 percent), lymphadenopathies (2 percent), menstrual disorders (2 percent), endocrinological diseases and disorders (mostly thyroid disease and gout, 1 percent), pregnancies (1 percent), and so on.

The general patterns of physical illness just summarized are broadly consistent with previous epidemiologies of the homeless. Brickner and Kaufman (1973) have reported disease incidences for a sample of 434 SRO occupants in New York City. The most widespread disorder was acute and chronic alcohol abuse (36 percent), followed by chronic drug abuse (23 percent), trauma (18 percent), and respiratory infections (18 percent).

Other disease entities found in measurable fractions included cardiovascular disease (13 percent), ulcerated limbs (10 percent), gastrointestinal disorders (5 percent), seizure disorders (4 percent), liver dysfunction (jaundice, ascites: 3 percent), venereal disease (2 percent), and active tuberculosis (2 percent).

Somewhat, although not remarkably, different results have been reported by Crystal (1982) for a sample of men sheltered at Keener. In this sample, multiple pathologies were found in 25 percent, seizure disorders 13 percent, and limb injuries and ulcers in 10 percent. Other common diseases and ailments included back disorders (7 percent), heart disease (6 percent), pulmonary disease (6 percent), alcohol-induced liver disorders (3 percent), diabetes (3 percent), and so on.

Taking our results, then, as a reasonable indication of the incidence of various health problems among the urban homeless, two further questions come immediately to mind. First, are the disease incidences just reported any different from those that would be observed in a comparable but domiciled population? And if so, then what factors account for the differences?

Comparisons with the National Ambulatory Medical Care Survey

The first of our questions cannot be answered definitively, mainly because it is not at all clear what a "comparable population" would be. We have, however, reviewed a number of epidemiological data sets that might be used to provide at least some heuristically comparable information and have focused on what is known as the "National Ambulatory Medical Care Survey" (hereafter, the NAMCS) to provide a comparative context.¹⁷

The NAMC survey was conducted in 1979. Data was gathered via a national probability sample of physicians (N = 3,023) providing ambulatory care services. For each (or in large practices, for a systematic probability sample) of the ambulatory patients seen in a randomly chosen week in 1979, the doctor filled out a short questionnaire giving some social and background information and an account of the client's principal health problems.

It will be noted that the NAMC data are strictly comparable to our data in one critically important sense: both sets of data are based on *clinical* populations, that is, on persons ill enough to seek medical attention for their condition. A second point of comparability is that the medical information contained in both data sets was generated by physicians and others with medical training.

To further enhance comparability, we excluded all persons in NAMC under the age of 18 (no children appear in the homeless data) and all the

NAMC cases except those living in large cities in the Northeast (since our data pertain only to the homeless in New York). These two exclusions left us with 7,077 NAMC cases for analysis.

Even with the restriction to adults in the urban Northeast, there are massive demographic differences between the two data sets that imperil a straightforward comparison. To illustrate, only about 10 percent of the NAMC cases are non-whites; the comparable figure in our data is 70 percent. There are equivalently large differences in the age and sex distributions as well. We dealt with these large demographic differences by weighting the NAMC cases so as to reproduce the age-by-race-by-sex distributions obtained in our results. For example, our data contain (on a proportional basis) 26 times more non-white under-30 males than the NAMC survey contains; every non-white under-30 male in the NAMC data was therefore treated in the analysis as though he was 26 separate people. Because the weights applied to render the two samples demographically comparable are very large (or very small) ones in most cases, results are reported for both the weighted and unweighted data. (Complete details on the weighting procedure are available from the authors on request).

One important point of noncomparability remains. The protocol used in the NAMC survey allows for the recording of no more than three health problems; our sample, in contrast, averages about three health problems apiece. The NAMC data were taken in a single office visit; most of the homeless clients had been seen in the health stations at least two or three times. For these reasons, the homeless sample is constrained to present more health problems, and therefore to appear sicker.

Table 1 compares the incidences of diseases and ailments in the two samples, using the same categories as in Figure 1. The percentages are based on the total number of people in the column (not the total number of diseases).

Note first the "sum of percentages." In the homeless data, this sum totals nearly 300 percent, versus about 125 percent in the NAMC data. If the maximum allowable number of diseases and conditions (three) had been recorded for every NAMC case, then this sum would also equal 300 percent. The obvious implication is that the majority of the NAMC cases show one and only one disease, even though as many as three could have been recorded. The generally sicker appearance of our sample, in short, is not *entirely* a methodological artifact.

All told, 33 comparisons appear in the table. In 19 of the 33, the incidence of the diseases contained within the category is substantially higher (at least 1.5 times higher) among the homeless than among the weighted NAMC sample. In the remaining fourteen cases, the incidence

Table 1. Comparisons of Disease Incidences Among the Homeless with Data from the National Ambulatory Medical Care Survey

	<i>Homeless</i>	<i>Weighted NAMC</i>	<i>Un- weighted NAMC</i>	<i>Ratio^a</i>
1. Infectious & Parasitic Diseases	3.8	1.4	1.5	2.7
2. Venereal Diseases	4.7	1.8	0.3	2.6
3. Tumors	1.8	2.8	5.4	0.6
4. Endocrine & Metabolic Disorders	1.2	1.4	1.7	0.9
5. Diabetes	3.6	3.2	3.1	1.1
6. Nutritional Disease & Disorder	6.0	1.4	4.0	4.3
7. Blood Disease & Disorder	3.5	1.3	1.3	2.7
8. Mental Disorders ^b	15.8	15.1	15.7	1.0
9. Substance Abuse ^b	32.6	1.1	0.7	29.6
10. Drug Toxicity	0.1	—	—	—
11. Neurological Disease	11.9	1.9	2.2	6.3
12. Eye Disease & Disorder	7.8	3.7	5.3	2.1
13. Ear Disease & Disorder	3.1	1.7	1.8	1.8
14. Heart Disease & Disorder	9.1	5.7	8.5	1.6
15. Hypertension ^c	14.0	10.8	10.5	1.3
16. Lymphadenopathy	1.5	—	0.1	—
17. Limb Disease & Disorder	18.8	1.3	1.5	14.5
18. Colds, Bronchitis, URI, Flu	27.8	6.3	8.6	4.4
19. Lung Disease & Disorder	20.6	3.6	5.3	5.7
20. Gastrointestinal Disorder	9.5	4.5	4.2	2.1
21. Teeth & Mouth Disease	4.0	0.9	0.4	4.4
22. Liver, Pancreas, Spleen, etc.	6.1	1.3	1.1	4.7
23. Urinary Disease & Disorder	4.8	3.4	3.0	1.4
24. Hemorrhoids, hernia, prostate	5.3	4.6	2.7	1.2
25. Sexual dysfunction	0.2	0.4	0.2	0.5
26. Pregnancy & Abortions	0.8	0.1	0.5	8.0
27. Female Reproductive Diseases	1.5	1.5	6.7	1.0
28. Skin Diseases & Disorders	14.7	4.8	4.5	3.1
29. Musculoskeletal Disorders	6.4	11.1	10.1	0.6
30. Congenital Anomalies	0.4	0.7	0.5	0.6
31. Symptoms & Unreferred Conditions	12.7	3.3	4.5	3.8
32. Gynecomastia	0.3	—	—	—
33. Traumas	30.7	17.5	9.5	1.8
	N =	6,415	7,523	7,077
	Sum of Percentages =	285%	119%	125%

Notes:

^aRatio of the percentage reported in column 1 to that reported in column 2.

^bComparisons shown here for both mental illness and substance abuse are misleading. See text for details.

^cThe true rate of hypertension among the homeless is higher than indicated here; see text, n. 16.

rates are approximately the same in both groups. In short, the homeless appear to be at higher risk from most disease entities.

The largest difference shown is in the rate of alcohol (and drug) abuse, which runs to 33 percent in our data but to only 1 percent in the NAMC survey. Considering the manner in which the NAMC data were obtained, this must be considered a grossly misleading comparison. Surveys of drinking behavior routinely report that some 70-80 percent of all U.S. adults use alcohol at least occasionally (Royce, 1981:3); the national office of Alcoholics Anonymous is of the opinion that the true figure is over 90 percent (13 out of 14 adults is their official statement). The fraction of alcohol users who are also problem drinkers is unknown; most sources use a figure around 10 percent as the estimated fraction of U.S. adults with a drinking problem. Ideally, one would have to add to this figure the percentage with a drug problem, but this figure seems unavailable. Using the 10 percent estimate for comparison, the homeless people in our sample are some three times more likely than the U.S. average to have a serious drinking (or drug) problem, still a sizable differential but no doubt much more realistic than the 33:1 ratio suggested in Table 1.

Correlation, to be sure, is not cause. Beyond all doubt, some of the homeless become homeless precisely because of their drinking or drug problems. In other cases, causality runs in the opposite direction: people drink or use drugs because alcohol and drugs help one tolerate a homeless existence. We have no way to determine the relative sizes of these two groups. In considering the patterns of substance abuse among the homeless, it is well to remember that many who drink heavily do so for good reason.

The direction of cause aside, it is clear that problem drinking is relatively widespread among the homeless. Given that chronic alcohol abuse is a direct cause of many physical disorders and a contributing factor in many others, we have to look, therefore, at the rate of alcohol abuse as one possible explanation for the elevated disease incidences observed among the homeless.

Turning now to some of the other patterns shown in the table, diseases and disorders of the extremities are considerably more prevalent (by a factor of fourteen) among the homeless than among the NAMC sample, and likewise neurological disorders (by a factor of six), chronic lung disease (also by a factor of six), liver and related diseases (by a factor of five), and nutritional disorders, acute upper respiratory ailments, teeth and mouth diseases, and unreferred symptoms and conditions (all by a factor of approximately four). One would, of course, assume that most of these large differences reflect: (1) the higher rate of substance abuse (as in the cases of neurological and hepatic disorders), (2) greater exposure to

the environment and to infectious agents as a direct consequence of homelessness (as in the case of lung, upper respiratory, and limb disorders), and/or (3) generally poor nutrition and hygiene.

Diseases, disorders, and conditions that appear to be some two to three times more common among the homeless include infectious and parasitic diseases, venereal diseases, blood diseases, eye and ear diseases, gastrointestinal disorders, skin ailments, and trauma. Finally, heart disease and hypertension are also somewhat higher among the homeless, by 30 percent to 60 percent.

These comparisons clearly suggest that homeless people run substantially higher-than-average risks from many diseases and disorders, a dramatic illustration of the effects of lifestyle on physical health. Homelessness is a *social* condition whose *medical* consequences are obviously far-reaching.

RISK FACTORS

What accounts for the observed epidemiology of disease among the homeless? What specific factors produce the higher-than-average risks for many disease entities? Although these questions have not been extensively studied, enough information has accumulated to provide a framework in which to consider the empirical results so far reported. This framework derives from the rudimentary principle that the homeless will be exposed to and demonstrate the diseases and disorders of the general population, but that their health problems will be exacerbated by additional risk factors unique to the demography, behavior, and life circumstances of this group.

Demographic Factors

The homeless have a distinctive *demographic profile* that may expose them to particular health risks, since demographic factors such as age, race, sex, and social class are known to be correlated with particular disease entities. All else equal, one expects these demographic patterns to influence the distribution of diseases among the homeless no less than among the population at large.

The demographic composition of our sample of homeless persons can be described briefly. First, 87 percent of our cases are men; women comprise only 13 percent of the sample. This is an artifact of method and is *not* indicative of the true sex ratio of homeless persons in New York City. More than three-quarters of our cases come from the Keener Building and

the Men's Shelter, both of these facilities serving only homeless men. For the most part, homeless New York women utilize facilities other than those served by the St. Vincent's program.

The majority of our cases (53 percent) are black, 30 percent are white, 16 percent are Hispanics, and the remainder are others (mainly Asian and American Indian). The racial distributions vary significantly by sex. Among the women of known race ($N = 516$), 52 percent are white, 38 percent are black, and 9 percent are Hispanic. Among the men of known race ($N = 4,100$), 27 percent are white, 55 percent are black, and 17 percent are Hispanic. The average age of the sample (at the point of their initial contact with the health team) is 42.5 years (standard deviation 14.4 years). In general, the women in the sample are older on average (mean 48.3 years) than the men (mean 41.7 years).¹⁸ Compared to the national population surveyed in NAMCS, our sample is heavily dominated by relatively young, non-white men.

Some sense of the effects of demography on health among the homeless can be had from Table 2, which shows disease incidences across eight sex-by-race-by-age groupings. Most of the findings shown there reproduce rather well-known epidemiological patterns, for example, that diabetes is generally more common among women than among men, or that hypertension is more prevalent among the old than the young. The ability of these data to reproduce such commonplace patterns is, of course, reassuring evidence of their reliability and shows, consistent with our "rudimentary principle" that the diseases of the homeless reflect their demography, along with other factors.

Some of the Table 2 results, however, warrant more extended discussion. First, because of the unique public health problems posed by the disease, Table 2 shows the *tuberculosis* cases separately from other chronic lung disorders. Owing to the seriousness and apparent prevalence of TB among the homeless, St. Vincent's Department of Community Medicine has had a tuberculosis screening program underway for the past several years (McAdam et al., 1985). This represents the first *systematic* effort to locate TB cases among New York's homeless and SRO groups.

Since tuberculosis "may cause few or no symptoms for decades" (McAdam et al., 1985:159), it can be assumed that many TB cases among the homeless went undetected prior to the onset of the St. Vincent's screening program. Most of our data, in turn, were collected from charts that predate the screening effort. For this reason, the screening program has produced data on tuberculosis far superior to ours. The paper by McAdam et al. (1985) reports the most complete and recent analysis of these data.

Over the entire sample, we found a diagnosis of *active* tuberculosis in 106 charts, a *history* of tuberculosis in 256 charts, and unresolved positive

PPD (skin) tests for tuberculosis in 246 charts.¹⁹ This amounts in total to 608 charts where tuberculosis is either a past, present, or potential future health problem, which is just under 10 percent of all charts. This figure compares with a PPD reactor rate in the TB screening program of approximately 45–50 percent (McAdam et al., 1985: Table 12.4). The TB problem among the homeless, in short, is much more widespread than even our data suggest.

The 106 active tuberculosis cases found in our data amount to 1.7 percent of all charts ($106/6415 = .017$). Converted to the more customary format, this represents a rate of active tuberculosis of 1,700 per 100,000. Again, this is a low estimate: the rate of active tuberculosis among persons screened in the St. Vincents' program is 4.3 percent, which converts to a rate of 4,300 per 100,000 (McAdam et al., 1985:162). As a useful comparison with either of these results, the rate of active tuberculosis in the U.S. population as a whole was 9.2 per 100,000 in 1984, and continuing to decline (Centers for Disease Control, 1985). The homeless therefore appear to suffer from tuberculosis at a rate some hundreds of times higher than the population at large.

Among the subgroups represented in Table 2, old non-white men appear to run the highest risks of tuberculosis. Among the group in question, nearly 15 percent show evidence in their charts of active tuberculosis, a history of tuberculosis, or an unresolved positive TB skin test. The rate of positivity is also higher than average among old white men as well. (Blacks in general also seem at higher than average risk from other chronic lung diseases, regardless of age or sex.)

The patterns revealed in these data replicate those reported by McAdam et al. (1985), although the overall incidence of PPD positivity is much higher in McAdam's data. As in our data, old black men showed the highest TB risk profile. (McAdam et al. also note a higher risk of TB among heavy drinkers.)

Another chronic disease of some significance in this population is *hypertension*, which proves to be more common among the old than among the young, more common among non-whites than whites, and generally more common among women than men.²⁰ The disease is especially widespread among older non-whites, particularly older non-white women, where the observed rate of hypertension in these data is nearly 50 percent.

St. Vincent's Hospital also runs a hypertension screening program. The preliminary report from this program (Kellogg et al., 1985) does not report equivalent socio-demographic breakdowns, although their Table 8.4 shows the increase in hypertension with age. Hypertension is also related to heavy alcohol use (Kellogg et al., 1985).

The subgroup at highest risk from *venereal disease* is young non-white

Table 2. Disease Incidences by Age, Race and Sex

	Men				Women			
	White		Non-white		White		Non-white	
	Young	Old	Young	Old	Young	Old	Young	Old
1. Infectious & Parasitic Diseases	5.0	4.0	5.1	2.6	4.9	1.6	2.6	1.2
2. Venereal Diseases	3.0	0.8	7.0	4.6	4.9	0.8	5.3	2.5
3. Tumors	1.6	3.2	0.7	4.1	2.4	9.4	3.3	2.5
4. Endocrine & Metabolic Disorders	0.2	0.8	0.6	1.5	4.9	2.3	4.6	3.7
5. Diabetes	2.7	5.7	2.8	6.1	2.4	5.5	3.3	11.2
6. Nutritional Disease & Disorder	5.9	7.9	3.9	5.6	17.1	18.8	17.9	21.2
7. Blood Disease & Disorder	3.2	4.2	2.6	5.6	8.1	7.8	8.6	6.3
8. Mental Disorders	19.3	13.5	12.7	10.4	54.5	35.9	36.4	33.7
9. Substance Abuse	44.9	43.6	34.5	43.0	24.4	16.4	26.5	16.2
10. Drug Toxicity	0.2	—	0.2	—	—	—	—	—
11. Neurological Disease	18.5	14.9	11.1	18.5	13.8	6.3	7.3	15.0
12. Eye Disease & Disorder	6.4	10.7	6.7	13.1	4.1	17.2	7.3	21.2
13. Ear Disease & Disorder	2.9	5.1	3.3	2.5	2.4	3.1	4.0	2.5
14. Heart Disease & Disorder	6.6	20.4	5.4	17.2	5.7	25.0	8.6	20.0
14. Heart Disease & Disorder	6.6	20.4	5.4	17.2	5.7	25.0	8.6	20.0
15. Hypertension	7.1	14.9	10.2	28.1	5.7	33.6	21.2	48.7
16. Lymphadenopathy	1.6	0.6	2.4	1.3	2.4	1.6	2.6	—
17. Liver Disease & Disorder	23.4	30.3	16.1	21.5	16.3	32.0	15.2	22.5
18. Colds, Bronchitis, URI, Flu	23.0	18.4	34.5	25.3	30.1	25.8	33.8	25.0
19. Gastrointestinal Disorder	9.1	14.9	8.9	11.4	8.9	20.3	11.3	5.0
20. Teeth & Mouth Disease	2.9	2.8	3.8	4.6	13.0	7.0	11.3	6.3
21. Liver, Pancreas, Spleen, etc.	8.2	5.9	6.5	10.2	8.9	5.5	6.0	3.7
22. Urinary Disease & Disorder	3.0	5.7	4.6	7.3	12.2	10.2	11.3	6.3
23. Hemorrhoids, hernia, prostate	5.5	8.1	5.6	8.8	3.3	3.9	2.6	2.5
24. Sexual dysfunction	0.4	0.4	0.2	0.2	—	—	0.7	—
25. Pregnancies, Female Reprod. Dis.	—	—	—	—	35.8	7.1	35.8	12.5
26. Skin Diseases & Disorders	18.5	16.2	13.2	12.7	23.6	29.7	23.2	18.8
27. Musculoskeletal Disorders	3.7	7.9	3.6	13.1	5.7	21.9	4.6	18.8
28. Congenital Anomalies	0.5	0.6	0.4	0.7	—	0.8	—	—
29. Symptoms & Unreferred Conditions	15.9	13.5	14.4	15.9	11.4	13.3	12.6	15.0
30. Gynecocastia	0.4	0.8	0.3	0.7	—	—	—	—
31. Traumas	42.4	38.6	34.3	28.6	19.5	29.7	22.5	23.8
32. Chronic Lung, Not TB	12.3	19.6	12.8	22.6	19.5	15.6	14.6	16.2
33. Tuberculosis	6.4	12.1	9.9	14.4	4.1	4.7	11.3	6.3
(N =)	561	495	2,236	605	123	128	151	80

men, followed by young non-white women. In general, venereal disease is more widespread among young than old, and more common among non-whites than among whites.

Other findings of possible significance: The incidence of almost all disorders increases with age, regardless of sex or race. Non-whites present more *lung disease* (both acute and chronic) than whites. Older white women suffer *neoplasms* some three times more frequently than any other

subgroup. Women in general are more prone to *endocrinological disorders* than men; *diabetes mellitus* is particularly common among older non-white women. Over half of the younger white women in the sample suffer from *mental disorders*. *Heart disease* is more common among the old than among the young regardless of sex or race.

The patterns just reviewed make it plain that the health status of the homeless is patterned to some extent by the group's demographic profile, as in the population at large. Do the demographic differences between the homeless and the rest of the population, however, account for any important part of the large differences in the observed incidence of disease? The answer, apparently, is no. Table 1 shows eight disorders which appear to be very much more common among the homeless than among the (weighted) NAMCS sample: nutritional disorders, substance abuse, neurological dysfunction, diseases of the extremities, acute upper respiratory problems, chronic lung disease, teeth and mouth disorders, and hepatic disease. In all eight of these cases, the *lowest risk* subgroup among the homeless (as shown in Table 2) shows a *higher* incidence of the disease than is shown in the weighted NAMCS data reported in Table 1. Better controls than possible in the existing version of Table 1, in short, would not reduce the observed differences by any appreciable amount. For the most part, demographic factors do not explain the high incidences of disease among the homeless.

Behavioral Factors

Some high-risk subgroups within the homeless population, of course, are defined less by demography than by behavior; these include smokers, problem drinkers, drug users, and homosexuals. Problem drinking and, to a lesser extent, illicit drug use are clearly more widespread among the homeless than among the population at large. Data on smoking among the homeless are at best fragmentary but suggest that the homeless are extremely heavy smokers as well. Comparative rates of homosexuality are completely unknown but this may also be a complicating factor in at least some cases. How is the epidemiology of disease among the homeless influenced by these factors?

Our ability to explore these issues is hampered by the high rates of missing data on the relevant variables. There are, to illustrate, 406 persons in our sample who are identified in their medical charts as heavy smokers (more than a pack a day), 1,220 known as light smokers (less than a pack a day), 210 who are identified as nonsmokers, and 4,579 persons whose smoking behavior is unknown. Likewise, information about alcohol use is missing for more than half the sample; rates of missing data for drug use and sexual preference are even higher

Given the rates of missing information, the best we can do is compare the incidences of disease among known members of high-risk subgroups to the incidences observed in the total. To reduce the complexity of the comparison, analysis was restricted to men only. The principal results were as follows:

Diseases discernibly more prevalent among heavy smokers than among homeless men in general include cancer, nutritional disorders, substance abuse (men who drink heavily usually also smoke heavily), heart disease, hypertension, chronic lung disease, and liver disorders. (Some of these clearly reflect the higher rate of problem drinking among the heavy smokers; the rest reflect the well-known health consequences of tobacco use.)

Heavy drinkers are at higher-than-average risk from many diseases including neurological impairment, heart disease and hypertension, chronic lung disease (presumably a result of the correlation of drinking and smoking), gastrointestinal disorders, hepatic dysfunction, and particularly trauma. Again, all of these reproduce the well-known health consequences of heavy alcohol use (see, e.g., Royce, 1981; Morgan et al., 1985:137-139).

Known drug users in the sample stand out on three counts, all directly referable to drug use. They are more prone than average to infections (mostly infected lesions secondary to intravenous administration of drugs), limb disorders (overwhelmingly skin ulcers secondary to IV drug use), and liver disorders (mainly hepatitis).

Finally, homosexuals are at a very high risk of venereal disease, whose incidence runs to more than 30 percent among this group (vs. 5 percent among homeless men overall), and at a noticeably higher than average risk of other diseases as well, including infections, nutritional disorders, acute upper respiratory disorders (throat and pharynx infections resulting, perhaps, from oral sexual contact), chronic lung disease, liver problems (mostly hepatitis), skin diseases and disorders, and disorders of the anus and lower bowel. Most of these differences are quite large relative to homeless men in general.

For obvious reasons, it is nearly impossible to state with the data in hand just what share of the differences reported in Table 1 can be attributed to the factors just discussed. Our informal sense is that most of the difference in neurological and hepatic dysfunction would disappear if the differences in alcohol and drug use were somehow taken into account. So too would part of the difference in nutritional diseases, and possibly disorders of the extremities as well. It is also possible that some share (but certainly not all) of the difference in acute and chronic lung disorders would disappear with an adequate control for smoking. Our opinion, in

short, is that adequate controls for the behavioral factors just discussed would reduce but not eliminate the differences in the incidences of disease reported in Table 1.²¹

Environment and Life Style

Largely through a process of elimination, we are left with the hypothesis that the characteristic pattern of disease observed among the homeless is a result of homelessness itself—not, for the most part, a function of demographic factors and probably not a function of smoking, drinking, or drug use either (although the latter are clearly of considerable significance). Homelessness, in short, implies a mode of existence that itself exposes the homeless individual to sharply elevated health risks.

The principal elements of this “mode of existence” include an uncertain and often inadequate diet and sleeping location, limited or unavailable areas for daily hygiene, exposure to weather, exposure to the social environment of the street, communal sleeping and bathing facilities (for those who avail themselves of shelter), unwillingness or inability to follow medical regimens or to seek medical services, extended periods spent on one’s feet, and many dozens of related factors.

Lack of adequate shelter must certainly qualify as the primary feature of a homeless existence. This alone will tend to encourage chronicity in diseases that might ordinarily be acute and short-term. Exposure to cold weather in inadequate clothing and unsheltered circumstances may result in frostbite of the exposed parts and extremities, leading to potential gangrene, and subsequent amputation. Exposure to hot weather in the same circumstances can lead to heat prostration and heat stroke. Lack of shelter also exposes the homeless to acute upper respiratory infections, which are especially commonplace in the winter months.

Next to lack of shelter comes lack of food or, in cases where food is relatively ample, lack of essential nutrients. Malnutrition and dehydration are common “nutritional” problems particularly among street dwellers who avoid the shelters and soup kitchens. Those who avail themselves of free meals in the shelters and in other facilities will usually receive adequate nutrition (Brickner and Filardo, 1984), although the diet is high in sugars, starches, and salt (Winick, 1985). Homeless people who do not make use of existing food programs are often reduced to culling from garbage cans or soliciting restaurant leftovers; this too will be a very high-starch diet. Those fortunate enough to receive food stamps will typically lack cooking facilities or access to refrigeration and will tend to consume ready to eat foods, also relatively high in salt, sugar, and fat. Obesity, like malnutrition, is therefore also found among the homeless, along with a wide range of other nutritional and deficiency disorders.

The homeless are seen walking most of the day, standing in lines for food and other services, often sleeping in chairs or upright on park benches. They lie down to sleep only when beds are available. One therefore expects disorders of the feet and lower extremities to be widespread, as indeed they are. Edema of the extremities and the attendant chronic limb ulcerations are also common. Indeed, peripheral vascular disorders could well be taken as *the* characteristic physical disorder resulting from homelessness. Mechanical trauma to the feet also occurs, from forced walking and ill-fitting and worn-out shoes.

The homeless suffer other traumas too, at rates well in excess of those observed in the rest of the population (Kelly, 1985). Lacking a secure residence, they are prone to victimization by crime. This is especially true of homeless women who, for obvious reasons, are especially vulnerable to predation and sexual assault.²² The alcohol-impaired may stumble and fall, or have seizures and fall. Persons sleeping or passed out in the streets face an increased risk of being run over by cars. Cooking or warming the body over an open fire increases the risk of burns. These and related "life style" factors explain the high rate of physical trauma suffered by this group.

The shelter system presents optimal conditions for the transmission of contagious diseases. Sleeping arrangements vary from rooms for 6-10 persons, to large dormitories housing literally hundreds, to many rows of closely spaced cots set up wherever there is room to do so. Bathroom and shower facilities are often communal. Consequently, infectious and infestational skin diseases such as impetigo, tinea, pediculosis and scabies are easily transmitted (Green, 1985). Staphylococcal and streptococcal bacteria pass from one open wound to another. Respiratory diseases transmitted by droplet injection, such as tuberculosis, and viral and bacterial respiratory infections, will find abundant receptors.

It also seems likely that *illness behavior* is different among the homeless than among others. The concept refers to the self-perception of internal health, interpretation of symptoms, and the remedial actions taken in response to this self-evaluation, including self-treatment, personal hygiene, and the use of health care facilities (Mechanic, 1982). The point is that the health status of the homeless is not just a function of the diseases and disorders to which they are prone but also of the illness behavior that their ailments occasion.

The lack of a permanent residence implies in turn no access to the medicine cabinet and its stock of palliatives that are found in most American homes. Many researchers have reported a profound distrust among the homeless of other people, including health workers, and of institutions, and this might also make them less likely than others to seek medical care. This suggests a certain bipolarity in the presenting symptomatology of the homeless, one that is sustained by informal accounts

given by health workers in this field. At the one pole are those presenting with rather minor symptoms and problems that, in more normal circumstances, would yield to self-treatment and never occasion an office visit: minor colds, aches and pains, superficial traumas, etc. At the other pole are serious and long-neglected disorders and the medical treatment for which is days, weeks, or months overdue.

Our point here, to summarize, is that, while demographic and behavioral factors are of some importance in understanding the physical health status of the homeless population, their diseases and disorders result, overwhelmingly, from the material and social conditions inherent in a homeless existence. We do not intend by this point to direct attention away from other factors; it is, for example, clear beyond all doubt that the health status of many homeless people is tied very closely to a long-term pattern of chronic alcohol abuse. But it is equally clear that the homeless suffer disproportionately from a wide range of disorders that have little or nothing to do with alcohol abuse or with other behavioral or demographic factors. Persons denied adequate housing not only lose the roof over their heads; they also become exposed to a variety of risk factors that are corrosive of their physical well being.

Some preliminary understanding of homelessness as its own risk factor can be had by examining the effects of duration of homelessness on physical health. Unfortunately, our ability to explore this relationship is constrained by two facts. First, we have information on the duration of homelessness for only about 300 cases. Secondly, duration of homelessness is strongly correlated with other variables that affect health status, notably age.

To deal with the first problem, we categorized those whose time homeless was known into short-term and long-term, with 18 months as the cutting line. Of the 303 men in question (women are omitted because of the extremely small number of cases), 60 percent are short term and 40 percent are long term by our definition. The second problem is simply that the long-termers are on average older (mean age" 49 years) than the short-termers (mean age" 41 years). To remove the age difference, we again resorted to a weighting procedure, adjusting the age distribution of the long-termers to match that of the short-termers. With the age difference thereby controlled, the resulting comparisons give a relatively "pure" estimate of the health consequences of time spent on the street.

The most important observation that surfaced in this analysis is that the longer one is homeless, the sicker one becomes. In other words, the prevalence of most diseases increases with increasing duration of homelessness, even *net of* the effects of age.

The rate of substance (mostly alcohol) abuse is considerably *higher* among long- than among short-termers (50 percent to 35 percent). There

are, we think, two separate factors that produce this difference. First, the pattern suggests an increasing use of alcohol as a coping mechanism the longer one has been homeless. Secondly, it is possible that the rate of alcohol abuse among persons currently entering the ranks of the homeless is lower than among those who become homeless in a previous era.

The first possibility is only a speculation; we have no direct data that would allow the appropriate test. This is, however, independent data available that allows a direct examination of the second. As remarked earlier, we have cases from the Men's Shelter that span a 16 year history (1968–1984). Among men seen early in that history (1968–1972), 49 percent ($N = 568$) showed evidence of substance abuse. Among those seen most recently (1981–1984), the figure was only 28 percent ($N = 511$). Ten or fifteen years ago, or so it would appear, the road to homelessness was paved with alcohol abuse; today, many alternate routes have been opened.

Presumably because of the difference in rates of alcohol abuse, the long-termers show elevated incidences of most alcohol-related disorders, among them nutritional problems, neurological disorder, heart disease, and liver disease. But the long-termers also show elevated incidences of most other diseases as well, and most of these differences appear to be the simple consequence of longer exposure to the risk factors inherent in a homeless existence. We include within this category a much higher rate of trauma among the long-termers, and also higher rates of eye disease, chronic lung disease (much of this difference is in the rate of tuberculosis), teeth and mouth disorders, and urinary disorders (mostly infections).

CONCLUSIONS

The principal conclusions to be derived from the foregoing analyses are as follows:

1. The demographic composition of the homeless in New York City appears to have changed substantially in the past 15 years. In the past, the homeless were predominantly older, white, alcoholic men. Today, the population is much younger on the average, better educated, dominated by blacks and Hispanics, and less substance abusive; and a sizable fraction are women. The "new homeless" are clearly a different breed in demographic terms, consistent with a common speculation.

What we have witnessed in the last decade, in short, is a decline in the preponderance of "Skid Row bums" among the homeless population, and a corresponding increase in the numbers of relatively young, well educated people living, nonetheless, on the streets. The old stereotypes of homelessness are no longer accurate portrayals. At one time, it was possi-

ble to "write off" the homeless as being hopelessly impaired by chronic drunkenness. While this no doubt remains true for some, it is true of a declining fraction. The larger and increasing fraction is comprised of persons whose homelessness results from high rates of unemployment and an ensuing inability to compete in an increasingly tight housing market. The time has passed when homelessness could be understood as the result of personal pathologies; today's problem results from much more basic structural factors, chief among them the continuing destruction of the low cost housing stock in most large U.S. cities (Wright, 1985).

2. Despite the declining rate of alcohol abuse, this remains a serious health problem among the homeless. Accordingly, diseases and disorders known to be related to alcohol use are also quite common.

Most studies have reported equivalent (or higher) rates of alcohol abuse among samples of the homeless, the fractions varying from 29 percent to 55 percent. The correlative assumption, that alcohol abuse is a principal cause of homelessness, seems premature in our opinion. Some results from the above analysis suggest that much of the alcohol abuse is coping behavior resulting from the condition of homelessness itself, armor against "the slings and arrows of outrageous fortune."

To be sure, the entire issue of alcohol use and abuse among this population demands further study; a recent review of the pertinent literature notes that only a few studies have addressed the problem and that "even these studies have major limitations and provide only minimal data" (Mulkern, 1984:i). Chief among the unaddressed questions are "the degree to which alcohol abuse/alcoholism precipitates homelessness and the extent to which heavy drinking is one way of accomodating to the stresses of homelessness" (1984:28).

Whatever the causal sequence, it is also apparent that alcohol use among the homeless predisposes them to a number of other chronic health problems and in that sense makes a direct contribution to the poor state of their physical well-being. Among the behavioral factors that might be of some relevance, alcohol abuse is by far the most important.

3. All previous studies have reported that poor mental health is a serious problem among the homeless. Nothing in our results contradicts this conclusion. Our data on psychiatric disorders are not good but they are adequate to indicate that these problems are indeed widespread.

Much has been written about the homeless mentally ill (see Bachrach, 1984, for an extensive review) and it is apparent that the deinstitutionalization movement has contributed to the present-day homelessness problem (e.g., Lamb, 1984; Flynn, 1985). This movement derived from the best of motives, from an understanding that mental hospitals are unpleasant institutions at best and that less restrictive treatment modalities were much more humane and probably at least as effective. So far as can be

told, no one has yet studied what fraction of the released have benefitted from deinstitutionalization; presumably, many have. But some—the homeless mentally ill—have clearly suffered. The numbers of homeless mentally ill walking the streets today may not be the proof, as some have argued, that deinstitutionalization has failed as social policy, but they certainly point to some needed adjustments in the implementation of that policy.

4. Trauma appears to be the most common *physical* health problem of the homeless, followed in order by acute upper respiratory disorders, chronic lung disease, diseases and disorders of the extremities, skin ailments, and hypertension. Comparisons between the homeless sample and the NAMCS confirm that the homeless are at much higher risk from many diseases, particularly those linked to alcohol use and those resulting from environmental exposure. The rate of tuberculosis among the homeless is particularly high and has become a leading public health concern.

The epidemiology of disease among the homeless provides an apt illustration of the effects of lifestyle on physical health. Constant exposure to the environment, inadequate nutrition, perpetual walking, sleeping upright, vulnerability to criminal assault, life in the shelters and soup kitchens: all of these are aspects of a life of homelessness with direct and strongly deleterious effects on physical health. Many of the ensuing health problems are (or can be) life-threatening if untreated, and many are indeed untreated; as we noted earlier, there is probably more untreated disease among the homeless than among any other identifiable group in the American population.

The material conditions of homelessness contribute to disease but also complicate the treatment of disease even when treatment is available. Many among the homeless are profoundly disaffiliated from society and its institutions, health care institutions no doubt included; this has a strong negative effect on our ability to diagnose and treat their illnesses. Even when diagnosed, the treatment is often complicated (or worse) by the conditions of homelessness itself. To illustrate, the management of a life threatening disease such as diabetes is reasonably straightforward in a “normal” or domiciled population; all that is required is tight dietary control, monitoring of blood glucose levels, and, for some, daily insulin injections. But what can “dietary control” possibly mean to persons who, when they eat at all, cull food items from garbage cans or restaurant leftovers, or avail themselves of whatever is available in the soup kitchen that day? And what can be done about daily insulin injections once it is realized that to turn a homeless person out on the streets with a pocketful of clean needles is to invite his criminal assault?

National attention is more sharply focussed on the plight of the home-

less today than at any previous time in the nation's history. Much of this attention is essentially negative; the concern lies more with the "pollution" of the cities by destitute, un-kempt, and dependent people than with the miseries of the people themselves. For others, however, the sheer presence of this population in the midst of national affluence unprecedented in the sweep of human history is a disgrace, and the call, increasingly, is for comprehensive programs to ameliorate the more degrading and dehumanized features of a homeless existence. Better access to health care and greater concern for the physical comfort and well-being of the homeless should, we suggest, be near the top of this agenda.

ACKNOWLEDGMENTS

Research reported here was funded by a grant from the Robert Wood Johnson Foundation of Princeton, New Jersey. We also acknowledge our gratitude to the Department of Community Medicine, St. Vincent's Hospital and Medical Center of New York City, for their active and much-appreciated cooperation in the conduct of the study.

NOTES

1. The actual number of homeless people is a matter of some controversy. The U. S. Department of Housing and Human Development (1984) has put the figure in the middle hundreds of thousands; other estimates (U. S. Department of Health and Human Services, 1983; Cuomo, 1984) range upwards to a high of four million. Methodological problems in enumerating the undomiciled population are truly formidable and a completely accurate account will, in all likelihood, never be attained.

2. The classic ethnography of the hoboes is, of course, Anderson's *The Hobo: The Sociology of the Homeless Man*, first published in 1923. Useful studies of Skid Row include Bahr and Caplow (1973), Bogue (1963), Morgan (1962), and Wallich-Clifford (1974), the latter a British contribution. Bahr and Caplow (1973:11-15) provide an extensive bibliography of this ethnographic literature.

3. The percentage of persons below poverty level ran to more than 20 percent up through the early 1960s but began dropping thereafter, reaching an all-time low of 11.1 percent in 1973. Since 1973, the trend has reversed: in 1980, the figure stood at 13.0 percent and by 1983 had reached 15.2 percent, this latter the highest figure recorded in twenty years. These figures are based on the total U.S. population without regard to city size. In the metropolitan areas, the increase in the poverty percentage has been even sharper, owing in part to the movement of middle class populations into the suburban fringe. (See *The Statistical Abstract of the United States* 1985, Tables 758 and 764).

4. In 1983, the overall annual unemployment rate was 9.6 percent. Among 16-19 year old black men, the rate was 48.7 percent; among 20-24 year old black men, it was 31.4 percent. See *The Statistical Abstract*, 1985: Table 658. These, of course, are the official unemployment figures; the true rates are known to be even higher.

5. Studies summarized in the report of the Alcohol, Drug Abuse and Mental Health

Roundtable (1983) have found rates of mental illness among samples of the homeless varying from 20 percent to 84 percent. The width of this range is best explained by the diversity of homeless groups under study, the varying professional interests and qualifications of the investigators, and, of course, the inherent difficulties of measuring "mental health."

There is an extensive literature on the homeless mentally ill; this is, indeed, the most thoroughly studied aspect of the problem to date. Bachrach's (1984) review of this literature is quite comprehensive.

6. It should be added that the evidence on which the claim of demographic transformation is based is largely impressionistic. Research on the homeless is complicated by formidable problems of sampling and measurement that rule out definitive findings. The figures reported above regarding demographic changes are summaries derived from various studies of the past several years, as reported in Bachrach (1984).

7. By far the most extensive analysis to date of the physical health problems faced by homeless people is that of Brickner et al. (1985). The two introductory chapters to that volume (Brickner, 1985; Filardo, 1985) are particularly useful overviews based on decades of experience. Also helpful in this connection are findings reported in Bassuk (1984), Brickner and Kaufman (1973), Brickner and Filardo (1984), and Crystal (1982). Results from several of these studies are summarized later in this paper.

8. On the problem of infectious disease among the homeless in general, see Noble et al., (1985). The potentially most serious public health concern is, of course, with tuberculosis; in this regard, see Iseman (1985), McAdam et al., (1985), and Sherman et al., (1980).

9. We make no effort in this paper to define "homelessness." For our purposes, "the homeless" consist of those persons who receive medical services through the St. Vincent's program.

10. St. Vincent's operates health stations in some but not all of the New York facilities for homeless people. Homeless people who utilize facilities other than those served by St. Vincent's therefore have no opportunity to appear in our study. For this reason, it cannot be assumed that the results reported here generalize to the entire homeless population of New York.

11. In two of the larger facilities, the social work function is administratively independent of the St. Vincent's health station; as a consequence, separate health care and social work charts are maintained at these sites. In these cases, information concerning social background and related variables is present in the system and routinely shared among the staff, but is *recorded* in charts other than those to which we had access. The result is that rates of missing information on most social characteristics are quite high in our data.

12. In the population at large, factors associated with medical care-seeking behavior include severity of symptoms, gender, trust in physicians and medical institutions, and financial resources (Mechanic, 1982). In most of the St. Vincent's facilities, the medical team makes an effort to seek out clients who may be in need of medical attention. To the extent that they are successful in this effort, any bias in the sample due to the tendency of the homeless not to seek medical care would accordingly be reduced.

13. Most of the medical information in the following discussion is derived from Beeson, McDermott, and Wyngaarden (1979), Volumes I and II, and from Brickner et al. (1985).

14. The epidemiological data for this study were extracted from the charts in much more detail than that indicated in the figure; Figure 1 is based on the major sub-headings of the ICD codes.

15. It can be assumed that this is an under-estimate, since many homeless people would not seek medical attention for minor health problems.

16. St. Vincent's has had a large scale hypertension screening program underway for the past several years (Kellogg et al., 1985). Among 683 persons screened during the first six months of the program, 36 percent had suspected hypertension, more than twice the rate

inferred from the chart-based data. The result from the screening program is obviously the better estimate.

17. The nature and format of these data are described here only briefly. A full account of methods and technical details for the survey is given in a publication, "National Ambulatory Medical Care Survey: Background and Methodology," Vital and Health Statistics Series 2, Number 61, Public Health Service.

18. Data on social and demographic characteristics other than sex, race, and age are extremely sparse. For what it may be worth, we obtained educational attainments for 1,358 persons, 21 percent of the sample. Among these cases, slightly more than half (52 percent) had completed a high school degree or more. Among those whose marital status is known, most are single (44 percent), followed by the divorced (20 percent) and the separated (19 percent). About 9 percent are widowed; only 8 percent are married. Finally, we have data on the duration of homelessness for 398 cases. The average time homeless among these 398 is 30.6 months, or roughly two and a half years.

Date of first contact with the homeless people in our sample varies from late 1968 up to September 1984, and so it is possible to get some sense of demographic trends. In order to make the trend picture as clear as possible, we looked only at men; we do not have enough women in the sample in the pre-1976 period to say anything about them. Moreover, virtually all of the pre-1973 men are cases from the Men's Shelter; we therefore looked both at all men and then Men's Shelter men only. In both cases, the picture was much the same: the population became dramatically younger (by some 5 to 8 years on the average) and less white (by 30-34 percentage points) over these 16 years. Consistent with the age trend, the average education also increased, by nearly two years.

19. We emphasize that these are *unresolved* positive skin tests. If subsequent follow-up confirmed the diagnosis of tuberculosis, then active tuberculosis would have been entered and the skin test ignored. If the follow-up ruled out tuberculosis, the skin test result was also ignored. The unresolved positive skin tests therefore represent two groups: those still in the process of follow-up and diagnosis, and those with whom contact was lost after the positive skin test but before its resolution.

20. In the general population, hypertension is more widespread among men, opposite to the pattern revealed in our results. The usual explanation of the sex difference in the general population is that men lead more stressful lives and therefore suffer more from elevated blood pressure. The reversal of the pattern here suggests the possibility that homelessness is a more stressful existence for women than for men. This, to be sure, is only a speculation.

21. Another risk-factor that might be considered in this light is mental illness, which impacts upon physical health primarily through the associated behavioral aberrations. In general, however, the distribution of disease among the psychiatrically impaired in our data was not significantly different from that observed among the total sample.

22. Kelly estimates that "the incidence of treated sexual assault among the homeless is more than twenty times greater than that of the rest of the population" (1985:87). Women are overwhelmingly more likely than men to be victims of sexual assault; "the incidence of repeat sexual assault among the homeless is also alarming: (Kelly, 1985:87).

REFERENCES

Alcohol, Drug Abuse, and Mental Health Roundtable

- 1983 "Alcohol, drug abuse & mental health problems of the homeless: proceedings of a roundtable." U.S. Department of Health & Human Services, Public Health Service, Rockville, MD (March 31 & April 1).

- Altman, Drew, and James Firman
1984 "The homeless program: A new national program." Princeton, NJ: The Robert Wood Johnson Foundation.
- Anderson, Nels
1923 *The Hobo: The Sociology of the Homeless Man*. Chicago: University of Chicago Press.
- Bachrach, Leona
1984 "Interpreting research on the homeless mentally ill: some caveats." *Hospital & Community Psychiatry* 35:9 (September): 914-916.
- Bachrach, Leona
1984 "The homeless mentally ill and mental health services: an analytical review of the literature." Prepared for the Alcohol, Drug Abuse & Mental Health Administration, U.S. Department of Health & Human Services, Washington, DC (April).
- Bahr, Howard M., and Theodore Caplow
1973 *Old Men Drunk and Sober*. New York: New York University Press
- Bassuk, Ellen
1984 "The homeless problem." *Scientific American* 251:1 (July): 40-45.
- Baxter, Ellen, and Kim Hopper
1981 *Private Lives/Public Spaces: Homeless Adults on the Streets of New York City*. New York, NY: Community Service Society.
- Beeson, P. B., W. McDermott, and J. Wyngaarden
1979 *Textbook of Medicine, Vols. I and II*. Philadelphia, PA: W. B. Saunders Co.
- Bogue, Donald J.
1963 *Skid Row in American Cities*. Chicago: University of Chicago Community and Family Studies Center.
- Brickner, Philip W.
1985 "Health Issues in the Care of the Homeless." Pp. 3-18 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.
- Brickner, Philip W., and Arthur Kaufman
1973 "Heart disease in homeless men." *Bulletin of the New York Academy of Medicine* 49:6 (June).
- Brickner, Philip W., and Thomas Filardo
1984 "Medical aspects of homelessness." *The Department of Community Medicine, St. Vincent's Hospital & Medical Center of New York*.
- Brickner, Philip W., Linda Seen Scharer, Barbara Conanan, Alexander Elvy, and Marianne Savarese (eds.)
1985 *Health Care of Homeless People*. New York: Springer Publishing Co.
- Bureau of the Census
1985 *Statistical Abstract of the United States*. Washington, DC: US Government Printing Office.
- Centers for Disease Control
1985 "Tuberculosis—United States, 1984." *Morbidity and Mortality Weekly Review*, 15 February.
- Crystal, Stephen, et al.
1984 *Chronic and Situational Dependency: Long-Term Residents in a Shelter for*

Men. Report prepared for the Human Resources Administration of the City of New York (May).

Crystal, Stephen

1984 New Arrivals, First Time Shelter Clients. Prepared for Human Resources Administration, Family & Adult Services of New York, (November).

Cumo, Mario

1983 1933–1983: Never Again! A Report to the National Governor's Association Task Force on the Homeless. Portland, ME.

Filardo, Thomas

1985. "Chronic disease management in the homeless." Pp. 19–34 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

Flynn, Kevin

1985 "The toll of deinstitutionalization." Pp. 189–204 in P. W. Brickner et. al., *Health Care of Homeless People*. N.Y.: Springer.

Green, Richard W.

1985 "Infestations: scabies and lice." Pp. 35–56 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

Hopper, Kim

1983 Proposal for a National Policy on Homelessness. Remarks before the American Public Welfare Association.

Hopper, Kim, and Ellen Baxter

1982 One Year Later: The Homeless Poor in New York City. Community Service Society, Institute for Social Welfare Research, New York, NY (June).

Iseman, Michael

1985 "Tuberculosis: an overview," Pp. 151–154 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

Kellogg, F. Russel, Olga Piantieri, Barbara Conanan, Patricia Doherty, William J. Vicic, and Philip W. Brickner

1985 "Hypertension: a screening and treatment program for the homeless." Pp. 109–120 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

Kelly, John T.

1985 "Trauma: with the example of San Francisco's shelter programs. 77–92 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

Lamb, H. Richard

1984 "Deinstitutionalization and the homeless mentally ill." *Hospital & Community Psychiatry* 35:9 (September):899–907.

Lipton, Frank R., Albert Sabatini, and Steven Katz

1983 "Down and out in the city: the homeless mentally ill." *Hospital & Community Psychiatry* 39:9 (September): 817–821.

McAdam, John, Philip W. Brickner, Roslynn Glicksman, Dearborn Edwards, Brian Fallon, and Philip Yanowitch

1985 "Tuberculosis in the SRO/homeless population." Pp. 155–175 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

McBride, Kevin, and Robert J. Mulcare

1985 "Peripheral vascular disease in the homeless." Pp. 121–130 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.

- Mechanic, David
1982 "The epidemiology of illness behavior and its relationship to physical and psychological distress." In B. Locke and A. Slaby (eds), *Symptoms, Illness Behavior, and Help-Seeking* (New York, NY: Prodist Publishers).
- Morgan, M.
1962 *Skid Row: An Informal Portrait of Seattle*. New York: Viking Press.
- Morgan, Robert, Edward I. Geffner, Elizabeth Kiernan, and Stephanie Cowles
1985 "Alcoholism and the homeless." Pp. 131-150 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.
- Mulkern, Virginia
1984 *Alcohol Abuse/Alcoholism among Homeless Persons: A Review of the Literature*. Washington, DC: National Institute of Alcohol Abuse and Alcoholism.
- Noble, John, Thomas Scott, Laura Cavicci, and Paul E. Robinson
1985 "The problem of infections: the experience of the city of Boston's shelter for the homeless." Pp. 93-102 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.
- Public Health Service
1979 *National Ambulatory Medical Care Survey*. Vital and Health Statistics Series 2, No. 61.
- Ropers, Richard, and Marjorie Robertson
1984 "The inner city homeless of Los Angeles: an empirical assessment." *Psychiatric Epidemiology Program, School of Public Health, UCLA*. Los, Angeles, Calif. Document /1 Basic Shelter Research Project (January).
- Royce, James E.
1981 *Alcohol Problems and Alcoholism: A Comprehensive Survey*. New York: The Free Press.
- Salerno, Dan, Kim Hopper, and Ellen Baxter
1984 *Hardship in the Heartland*. Prepared for the Institute for Social Welfare Research, Community Service Society, New York, NY.
- Sherman, M. N., Philip W. Brickner, and M. S. Schwartz, et al.
1980 "Tuberculosis in single-room occupancy hotel residents: a persisting focus of disease." *New York Medical Quarterly* (Fall):39-41.
- U. S. Department of Housing and Urban Development
1984 *A Report to the Secretary on the Homeless & Emergency Shelters*. U. S. Department of Housing & Urban Development, Office of Policy Development & Research, Washington, DC.
- Wallich-Clifford, Anton
1974 *No Fixed Abode*. London: Macmillian Limited.
- Winick, Myron
1985 "Nutritional and Vitamin Deficiency States." Pp. 103-108 in P. W. Brickner et al., *Health Care of Homeless People*. N.Y.: Springer.
- Wright, James D.
1985 "The low-income housing crisis and the problem of homelessness." Amherst, MA: Social and Demographic Research Institute (mimeographed).

CORPORATIST STRUCTURE AND WORKPLACE POLITICS

Avery Gordon, Andrew Herman and
Paul G. Schervish

INTRODUCTION

The recent revival in research on corporatism corresponds to the emergence of proposals and strategies to resolve the current crisis of accumulation in Western capitalism. Along the way, a number of definitions and analyses of corporatism have been formulated some of which deserve more critical appraisal than others. In virtually every discussion, however, corporatism is viewed as a strategy to structure the complex workings of advanced capitalist economies through a tripartite representational system involving capital, labor, and the state.

The leading question of our research is how to make sense of the recent developments in workplace control, industrial policy, and incomes policy

Research in Social Problems and Public Policy, Volume 4, pages 73–97.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

in the context of the current secular crisis of capital. In view of the inadequacy of either traditional liberal welfare-state reformism or reinvigorated supply-side investment strategies of the Reagan-Thatcher type to reestablish sustained and socially encompassing economic growth, the focus has shifted to an examination of the actual corporatist practices of Western European nations and the proposed practices for the United States.

In this essay our purpose is to establish in what ways the notion of corporatism may help explain the fundamental dynamics of capitalist restructuring now taking place. In doing so we attempt to clarify the meaning of corporatism. On the one hand we argue for a definition clearly recognizing the class-based character of its origins and structures. On the other hand, we attempt to establish the distinction between *expansionary* corporatism aimed at directing capital-labor incomes policies and *reconstitutive* corporatism aimed at solving the crisis of accumulation by reinvigorating the process of extracting surplus value in the labor process.

Our fundamental thesis is that reconstitutive corporatism represents the evolution of a new social structure of accumulation. The purpose of this new set of socioeconomic relations is twofold: first, to establish at the level of "global" or public politics a national capitalist policy coordinating the interests of capital and labor under the auspices of the state and, second, to apply this policy to the productive relations at the workplace so as to discipline labor, create an identity of interests between workers and firms, and otherwise institute a new labor-capital social contract aimed at overcoming what Bowles (1982) calls exploitation constrained accumulation. Unlike the expansionary corporatism of Western Europe that attempted to contain labor wage demands during the final years of the most recent period of economic growth, today's reconstitutive capitalism takes on the more challenging task of recasting workplace relations to counter the bargaining power of labor which has come to limit accumulation.

In the first section, we outline our theoretical understanding of corporatism as an institutional practice which links state and workplace politics. In the second section we formulate the distinction between expansionary and reconstitutive corporatism and outline the reasons why expansionary corporatism is unable to solve the current crisis of accumulation. In the third section we locate the origins of contemporary reconstitutive corporatism in capital's need to develop a more ideologically and politically palatable solution to the secular crisis of accumulation than that offered by the Reagan-Thatcher model with its direct attack on the work wage and social wage. We argue that the dual imperative of capital accumulation, namely to secure surplus while obscuring the associated relations of domination, may be fulfilled by reconstitutive corporatism. Nevertheless, as we suggest, this structural solution opens the way to a series of contra-

dictory countertendencies whereby the well-laid plans of capital may instead result in labor's empowerment.

THEORETICAL PERSPECTIVE: CORPORATISM AND THE POLITICS OF PRODUCTION

The theoretical literature on corporatism¹ reveals a field of inquiry of both breadth and lack of uniformity. As a burgeoning area of investigation for sociologists and political scientists, corporatism's many and varied definitions leave the reader bewildered as to the parameters of the phenomenon itself.² Corporatism is defined broadly as a mode of production supplanting capitalism (Pahl and Winkler, 1974); an alternative to a pluralist system of interest-group intermediation (Schmitter, 1979); a new state form in contrast to liberal parliamentary democracy (Jessop, 1979; Birnbaum, 1982); and a partial political structure of class collaboration specific to advanced capitalism (Panitch, 1980; 1981). In addition, Korpi (1982) introduces the concept of "societal bargaining" in contrast to the state corporatism (i.e., fascism) of the 1930s to explain tripartite institutional structures which mediate conflicts over the distribution of power resources.

But whether corporatism has been conceptualized as a political structure, a novel political system, or even a new state form, what is missing in these conceptualizations and applications is the link between global or state politics and production politics (Burawoy, 1981; 1985). The very uniqueness of corporatism lies precisely in the explicit fusion of economic and political politics. Corporatism is not simply a political response to an economic problem, but a political economic strategy for altering the social structures of accumulation—a strategy which involves the active participation and collaboration of the class groupings in society: labor, capital and the state. What is most significant about examining corporatism, from our point of view, is to uncover how corporatist arrangements are articulated at both the level of public political discourse and at the level of the workplace; and to uncover how these corporatist structures alter the terrain of class struggle. The basis for our argument is located in the following analysis of the relationship between the economic and political spheres in advanced capitalism.

The starting point is the simple premise that the production of surplus is first and foremost a social, rather than technical process. The process of producing economic surplus in the form of money capital is simultaneously the process of producing class relations of domination. In fact, it is the relations of domination which enable surplus to be produced in the first place. Because relations of production are relations of power, or

domination and resistance, they are therefore political relations. It is the political power of the ruling classes as manifested in the rights of legal and economic ownership and possession that enables the production of economic surplus to take place.

If the realm of surplus production is actually constituted by political relations of domination and resistance, in what sense can we talk about a separation or a fusion of the economic and political in capitalism? Capitalism is characterized by a simultaneous devolution or privatization and centralization of political power. In contrast to feudalism, where the units of production and units of public political power or class power and state power were fused, the development of capitalism entailed the differentiation (and not separation) of class and state power through the creation of two political spheres: an economic polity and a public polity (Wood, 1981; Burawoy, 1981).

The economic polity encompasses the political and juridical relations surrounding the immediate process of surplus production and appropriation, while the public polity encompasses the social duties performed by the state and its relations of authority and coercion to its citizens. The unity of political relations and institutions is sundered by the development of capitalism. On the one hand, we have the "economic" relations of wage labor and capital. On the other hand, we have the "political" relations of state and citizen. Furthermore, the differentiation of these two realms results in a significant privatization and intensification of political power in the hands of capital. This is because capital is invested with the private political authority to determine both the processes and product of surplus production without the obligation of performing public duties.

The differentiation of these two spheres has caused the link between class power and state power to be obscured. Class struggle is largely contained within units of production and occurs over what appears to be purely economic issues, for example, the value of labor power, conditions of work and the organization of production. The state does not engage in overt class struggle unless it cannot be contained within the political and juridical parameters of surplus production. What is so important about corporatism is that it represents a partial reunification of state politics and production politics. The intervention of the state, and more importantly, the participation of class actors in the formulation of "economic" policies unites the terrain of class struggle, localized at the point of production, to class struggle at the level of the public polity (Wood, 1981).

Corporatist arrangements must, therefore, meet two conditions if they are to be effective mechanisms of capital accumulation. First, corporatist structures must ensure the securing of surplus through policies aimed at altering both public politics and production politics. This is to say there must be a fit between the actions and policies arising out of institutional

arrangements at the state level and at the production level. Second, in addition to securing surplus, corporatism must simultaneously obscure the process of surplus extraction by muting the inherent conflict of interests between labor and capital (see Burawoy, 1978, 1979). Corporatism must function to recast class relations in terms of social consensus.

Indeed, such structural requisites produce contradictory counter tendencies. The first contradiction is that state intervention can potentially erode capital's private political power since the shift in the terrain of class struggle from the point of production to the public level unveils the domination involved in the capital labor relation by making explicit the political nature of production. Second, corporatist arrangements can create the structural basis for the repoliticization of class struggle. On the one hand, the institutional representatives of labor become implicated in the domination and social control of its members. In effect, the most powerful tool of obscuring at the disposal of capital is the active cooperation and involvement of the representatives of the working class. Corporatism as an ideology of collaboration and accommodation is effectively transmitted to labor via its own representatives. On the other hand, the effective authority labor acquires in corporatist arrangements is the authority to exercise control over its members to obscure what ultimately are increases in the rate of exploitation and to simultaneously depoliticize what are enhanced relations of domination. Once politicized, such relations may themselves become challenged with labor endeavoring to extend its domain of control at first in exchange for its corporatist contract and later in a sustained effort to overturn various aspects of managerial prerogative.

Our understanding of corporatist arrangements is based on two conceptual premises. First, corporatism must be conceived of as a *partial* political economic structure within advanced capitalism which attempts to link state and production politics in a unique manner so as to facilitate the accumulation of capital. Corporatist arrangements, therefore, cannot be understood apart from the imperatives of capitalist production.

Second, within this context, corporatism should be conceived as one particular institutional arrangement among a much broader range of possible forms for recasting the social structure of accumulation. The fact that corporatism is a partial structure of class relations unique to capitalism underscores this point. Despite the fact that corporatist arrangements in different countries share certain essential characteristics, the fetish of ideal typical classification which fascinates many theorists of corporatism obscures the historical specificity of corporatist arrangements as products of particular stages of capitalist development.³ Rather than attempting to conceptualize the "essence" of corporatism in a historical vacuum, it is more fruitful to locate it within the historically unique set of social institu-

domination and resistance, they are therefore political relations. It is the political power of the ruling classes as manifested in the rights of legal and economic ownership and possession that enables the production of economic surplus to take place.

If the realm of surplus production is actually constituted by political relations of domination and resistance, in what sense can we talk about a separation or a fusion of the economic and political in capitalism? Capitalism is characterized by a simultaneous devolution or privatization and centralization of political power. In contrast to feudalism, where the units of production and units of public political power or class power and state power were fused, the development of capitalism entailed the differentiation (and not separation) of class and state power through the creation of two political spheres: an economic polity and a public polity (Wood, 1981; Burawoy, 1981).

The economic polity encompasses the political and juridical relations surrounding the immediate process of surplus production and appropriation, while the public polity encompasses the social duties performed by the state and its relations of authority and coercion to its citizens. The unity of political relations and institutions is sundered by the development of capitalism. On the one hand, we have the "economic" relations of wage labor and capital. On the other hand, we have the "political" relations of state and citizen. Furthermore, the differentiation of these two realms results in a significant privatization and intensification of political power in the hands of capital. This is because capital is invested with the private political authority to determine both the processes and product of surplus production without the obligation of performing public duties.

The differentiation of these two spheres has caused the link between class power and state power to be obscured. Class struggle is largely contained within units of production and occurs over what appears to be purely economic issues, for example, the value of labor power, conditions of work and the organization of production. The state does not engage in overt class struggle unless it cannot be contained within the political and juridical parameters of surplus production. What is so important about corporatism is that it represents a partial reunification of state politics and production politics. The intervention of the state, and more importantly, the participation of class actors in the formulation of "economic" policies unites the terrain of class struggle, localized at the point of production, to class struggle at the level of the public polity (Wood, 1981).

Corporatist arrangements must, therefore, meet two conditions if they are to be effective mechanisms of capital accumulation. First, corporatist structures must ensure the securing of surplus through policies aimed at altering both public politics and production politics. This is to say there must be a fit between the actions and policies arising out of institutional

arrangements at the state level and at the production level. Second, in addition to securing surplus, corporatism must simultaneously obscure the process of surplus extraction by muting the inherent conflict of interests between labor and capital (see Burawoy, 1978, 1979). Corporatism must function to recast class relations in terms of social consensus.

Indeed, such structural requisites produce contradictory counter tendencies. The first contradiction is that state intervention can potentially erode capital's private political power since the shift in the terrain of class struggle from the point of production to the public level unveils the domination involved in the capital labor relation by making explicit the political nature of production. Second, corporatist arrangements can create the structural basis for the repoliticization of class struggle. On the one hand, the institutional representatives of labor become implicated in the domination and social control of its members. In effect, the most powerful tool of obscuring at the disposal of capital is the active cooperation and involvement of the representatives of the working class. Corporatism as an ideology of collaboration and accommodation is effectively transmitted to labor via its own representatives. On the other hand, the effective authority labor acquires in corporatist arrangements is the authority to exercise control over its members to obscure what ultimately are increases in the rate of exploitation and to simultaneously depoliticize what are enhanced relations of domination. Once politicized, such relations may themselves become challenged with labor endeavoring to extend its domain of control at first in exchange for its corporatist contract and later in a sustained effort to overturn various aspects of managerial prerogative.

Our understanding of corporatist arrangements is based on two conceptual premises. First, corporatism must be conceived of as a *partial* political economic structure within advanced capitalism which attempts to link state and production politics in a unique manner so as to facilitate the accumulation of capital. Corporatist arrangements, therefore, cannot be understood apart from the imperatives of capitalist production.

Second, within this context, corporatism should be conceived as one particular institutional arrangement among a much broader range of possible forms for recasting the social structure of accumulation. The fact that corporatism is a partial structure of class relations unique to capitalism underscores this point. Despite the fact that corporatist arrangements in different countries share certain essential characteristics, the fetish of ideal typical classification which fascinates many theorists of corporatism obscures the historical specificity of corporatist arrangements as products of particular stages of capitalist development.³ Rather than attempting to conceptualize the "essence" of corporatism in a historical vacuum, it is more fruitful to locate it within the historically unique set of social institu-

tions which provide the framework for the expanded reproduction of capital and capitalist social relations.

CORPORATISM AND THE POST-WAR SOCIAL STRUCTURE OF ACCUMULATION

Recent research into the socio-institutional foundation of capitalist accumulation has suggested that it is linked to what have been called "long waves" or "stages of accumulation" in capitalist development. In each stage in the uneven epochal evolution of capitalism, the dynamics of capital accumulation are shaped by a particular arrangement of economic, political and ideological institutions. Marxist political economists such as Michael Aglietta (1978), David Gordon (1980) and Ernest Mandel (1975, 1980) have analyzed the occurrence of 30 to 50 year periods of economic growth and stagnation which culminated in secular crises of capitalism. Secular crises, in contrast to cyclical crises which are periodic disturbances in capital accumulation through fluctuations in the business cycle, involve the progressive dissolution of the matrix of social institutions and relations which provide a stable environment for capital accumulation. Gordon argues that this socio-institutional matrix, or what he calls the "social structure of accumulation," is absolutely essential for the expanded reproduction of both money capital and capitalist class relations. The social structure of accumulation includes such institutional arrangements as the structure of inter-capitalist competition, the structure of labor markets, education, collective consumption, the mode of state intervention into the economy, and the structure of the labor process and work organization. In essence, the social structure of accumulation is a complexity of social institutions which ensures the maintenance of what we call the *productive* and *reproductive* efficiency of capitalism; the former referring to the extraction of surplus and the latter to the relations of class domination which enable surplus to be extracted in the first place.

At the core of the social structure of accumulation which underpinned the postwar boom of 1945–1970 was a new structure of capital labor relations in the United States and Western Europe, arising out of the class struggle and economic stagnation of the 1930s, which has been called the "Fordist Bargain" (Aglietta, 1978; Moberg, 1980) or, quite simply, the "capital labor accord" (Bowles, 1982; Bowles and Gintis, 1982; Gordon, Edwards, and Reich, 1982). Despite differences in the specific content and array of institutional arrangements and practices, the capital labor accord in all advanced capitalist countries exhibited several key similarities.

The concordat between capital and labor centered around a shift in the primary locus of class struggle from the production of surplus to its

distribution. For its part, labor assented to the reconstitution of the capitalist order after the Great Depression and World War II by accepting the right of capital to exercise its prerogative in organizing the labor process, directing the firm and managing the economy as a whole. In return for organized labor's acceptance of the logic of capital accumulation, it was able to win wage and benefit concessions from capital and compel the state, through the social wage, to partially socialize the reproduction of labor power, thereby greatly increasing the level of aggregate demand in the economy. Furthermore, labor was able to extract from the state a commitment to the achievement of a full employment policy which, of course, varied in strength and realization from country to country. Thus, issues surrounding the politics of production (e.g., investment, work organization, technological change) were effectively removed from the terrain of class struggle. The *raison d'être* of the labor movement in advanced capitalism during the postwar boom became its ability to acquire a steady increase in the real wages and levels of consumption for the working class by struggling over the distribution of surplus at the bargaining table and at the level of the state.

In the European context, corporatist structures were established to deal with the contradictory effects of the capital labor accord upon economic growth and the accumulation of capital. The primary impetus for the emergence of corporatism was the steady erosion of the rate of exploitation caused by the ability of unions, in the context of an expanding economy and relatively full employment continually to bid up real wages. As Panitch (1981) argues, the essential task of corporatist arrangements in Western Europe was to relieve the inflationary pressure of rising real wages and its deleterious impact upon profit rates and international balance of payments by raising the rate of exploitation through incomes policies, rather than by relying on the dynamics of the labor market, that is by increasing the reserve army of labor.

The crucial issue here is not whether corporatist arrangements, such as the attempts at devising "incomes policies" in Great Britain in the 1960s or the "concerted action" program of wage restraint promoted by the SPD led governments of the FRG in the late 1960s and early 1970s, were successful or enduring. As numerous studies of European corporatism indicate (von Beyme, 1980; Lembruch and Schmitter, 1982) they have tended to fail on both counts. Rather, the point is that, prior to the onset of the global secular crisis of capitalism in the mid 1970s, corporatism in Western Europe was a *expansionary* corporatism: an attempt at integrating organized labor into an accomodationist set of institutional arrangements in the context of an *expanding* economy.

While expansionary corporatism was essentially a "state structured system of class collaboration" (Panitch, 1981:41) from which the labor

movement gained precious little for its participation and concession, Stephens (1979) and Korpi (1982) are correct in arguing that its emergence reflected the structural and organizational strength of the working class and not its weakness, as some analysts of corporatism have argued. Given full employment and the strength of organized labor, expansionary corporatism was the only strategy open to capital and the state to retard or reverse the gains made by the working class in the distributional class struggle. For its part, organized labor was persuaded to participate in corporatist arrangements because it appeared possible that they could gain something in return for wage restraint, such as price controls, increased state planning or more extensive social legislation. Labor's entrance into corporatist arrangements was no doubt made easier by the presence of their social democratic allies in the state apparatus, a presence which obscured the essentially cooptive character of expansionary corporatism. As Panitch (1981) points out, national labor movements wedded to social democratic ideology have eschewed the Marxist conception of class struggle and placed a great deal of faith in the ability of social democratic governments in power to acquire concessions from capital. Thus, when unions have entered into corporatist arrangements they have been blind to the fact that it was labor, and not capital, which was to bear the material burdens of class "cooperation."

It is reasonable at this point to inquire as to why expansionary corporatism failed to either successfully integrate labor and turn the tide of the distributional class struggle. Of course, the precise reasons for the failure of expansionary corporatism vary between national experiences. For example, the lack of effective control by the "peak associations" of capital and labor over their constituent members has often been offered as one of the main reasons why corporatist policies have been rendered ineffective. The peak associations themselves, being protective of their autonomy and freedom of manouvre, have been reluctant to accede to state institutions the power to formulate and enforce policies which are binding upon all parties (von Beyme, 1980; Schmitter, 1982).

But despite the obvious saliency of these organizational institutional factors in contributing to the failure of expansionary corporatism, they are not the primary reasons for its demise. Expansionary corporatism has become a theoretical and practical will o' the wisp, not because of the absence of the requisite organizational resources, but because (1) it failed to coordinate action at the level of state politics with production politics and, (2) the very structural conditions which prompted the establishment of corporatist arrangements have been unceremoniously swept away by the current secular crisis of capitalism. Moreover, these causes are linked together in such a way as to suggest, contrary to the theorists of "hypercapitalism" (Amott and Kreiger, 1982) or the "social market economy"

(Gamble, 1979) and the triumphs of Reagan and Thatcher, that the next social structure of accumulation will prominently feature a more dynamic and effective form of corporatism.

EXPANSIONARY CORPORATISM AND THE CONTRADICTIONS OF THE POSTWAR BOOM

Beginning the late 1960s and early 1970s, the advanced capitalist countries of Western Europe began their decline into secular crisis. The fact that contemporary capitalism is in deep trouble is not a terribly astounding revelation. But what distinguishes a secular crisis from mere fluctuations of the business cycle is that cyclical upturns do not reverse the long term symptoms of economic decline. The current secular crisis has become manifested in a variety of ways. There has been a long term trend for the rate of profit to fall which has caused a profound deceleration in industrial production and the overall rate of economic growth. Rising unemployment, coupled with an accelerating rate of inflation, has engendered political instability as the capitalist state, regardless of the ideological stripe of the party in power, is increasingly unable to counter economic and social difficulties. The growth in labor productivity stagnates while excess productive capacity in the core is aggravated by the flow of productive investment capital to the periphery of the world capitalist system.

While the causes of secular crisis are obviously complex and can only be treated here superficially, suffice to say that they are rooted in the progressive dissolution of the socio-institutional framework of the postwar boom.⁴ A cheap and abundant supply of energy and raw materials is a relic of the past; the rate of technological innovations has slowed considerably; and Keynesian demand management, which provided the necessary corrective to the problems of underconsumption which plagued the capitalist economies until World War II, has proved to be inflationary. Most importantly, the concordat between capital and labor, which was premised upon the trade off of a rising standard of living for the working class through increased real wages provided by capital and the social wage provided by the state, has foundered on the rocks of declining profitability and productivity, increased international competition, *and* an alienating form of work organization which militates against worker cooperation and involvement.

This last contradiction of the capital labor accord, the increased incidence of worker alienation, is not merely just another addendum to the litany of woes which characterizes the current secular crisis of capitalism. As we will argue, it was the intense rationalization of work and the regime of bureaucratic Taylorism which constituted the weakest link in the expan-

sionary corporatist chain from peak association to mass base. Furthermore, we argue that the success of any future corporatist attempts at constructing a new social structure of accumulation must be predicated upon a restructuring of capital labor relations at the point of production as well as at the level of state politics.

The original purpose of expansionary corporatism was to raise the rate of exploitation while at the same time maintaining a state of full employment. In the discourse of Marxian economics, this strategy was aimed at raising the rate of absolute surplus value by constricting the rise of wages relative to the amount of surplus produced (viz. by raising the rate of exploitation without raising the productivity of labor in which case there would be an increase in the amount of *relative* surplus value). However, such a strategy was doomed to fail because it did not come to grips with the manifold contradictions of the capital-labor accord.

In order to stabilize or increase the rate of exploitation by holding real wages in check, the production of surplus must also be stable or rise. But throughout the 1960s and 1970s, there was a precipitous decline in the rate of growth of labor productivity in almost all advanced capitalist countries (Frank, 1980:28–32). While the discrete causes and determinants of labor productivity are complex (Dennison, 1980), there is a growing consensus among sociologists and management consultants that bureaucratic Taylorist forms of work organization have had an increasingly negative impact on productive efficiency. The alienation and worker discontent spawned by the routinization and rationalization of work have been a central factor in the decline of labor productivity in the advanced capitalist workplace (Cummings and Molloy, 1977; Srivasta, et al., 1975). Expansionary corporatist arrangements failed to keep wage increases in line with productivity for the basic reason that it failed to restructure the relations of production at the point of production while at the same time trying to foster class cooperation at the level of the state. Wage bargains reached by the peak associations and the state were often sabotaged (e.g., Great Britain) or weakened to the point of ineffectiveness (e.g., Federal Republic of Germany, Sweden) by the increasing militancy of the rank and file and/or local union representatives *within* the workplace (Panitch, 1981; Ross, 1981). Such corporatist wage bargains were challenged from below not only because of insufficient institutional linkages between the peak of the trade union bureaucracy and its mass base, though this was an important factor. More importantly, in light of their everyday experience in the labor process, the rank and file accurately grasped that it had little to gain directly from wage restraint. Workers had consented to the despotism of bureaucratic Taylorism in return for enhanced access to the means of consumption. Given the context of relatively full employment, increasing levels of worker alienation and discontent with bureaucratic Taylorism,

and given that corporatist policies offered no improvement in the conditions of work, union members were hard pressed to accept stagnation of or a reduction of their material standard of living.

Having failed to secure the consent of the rank and file to wage restraint, the structural rationale for expansionary corporatism was rather quickly undermined by attempts by the state and capital to raise the rate of exploitation by a more direct route, that is, by attacking the labor market position of labor. As profits continued to fall, inflation increase, and the economy stagnate, the state turned to stop/go policies of recession/expansion in order to dampen inflation and discipline labor. However, the practice of disciplining labor through increased unemployment failed to have the desired salutary impact upon the rate of exploitation which had been rendered increasingly ineffective by the impact of the Fordist bargain on the power resources of capital and labor.

As mentioned above, one of the most important elements of the capital labor accord was a shift in the primary locus of class struggle from the realm of production to that of distribution and consumption. And while capital clearly exercised preponderant power in the former area, it is clear that labor had registered major victories in the latter area. Cross national data on the shares of national income going to capital and labor suggest that there has been a significant redistribution of income from capital to labor (Bowles and Gintis, 1982; Stephens, 1979). On the basis of admittedly incomplete empirical evidence, Frank (1980) and Weisskopf (1979) conclude that the increased share of national income and output going to labor accounted for much of the long term decline in the before-tax rate of profit. Furthermore, as Bowles and Gintis (1982) and Stephens (1979) convincingly argue, the success of labor in getting the state to socialize an ever greater portion of the cost of reproducing labor power through the social wage led to an even greater decline in the after-tax rate of profit and a further redistribution away from capital towards labor.⁵

Not only did the success of labor in the realm of distribution have a negative impact on profitability, but it also rendered the restoration of conditions necessary for increased profits more difficult to achieve. The provision of the social wage by the Keynesian welfare state has significantly vitiated the disciplinary effect of an increase in the reserve army of labor upon the working class. Given the various material supports provided by the state, the working class is no longer completely dependent upon the sale of its labor power for its material reproduction and is thus partially insulated from the harsh vicissitudes of the capitalist labor market. Accordingly, ever greater levels of unemployment have been necessary to significantly relieve inflationary pressures. But even in the face of the highest rates of unemployment since the Great Depression, neither the Thatcher-Howe or Reagan-Volcker recession of the past several years has

been successful in either effectively slowing the growth in real wages or in enhancing the rate of exploitation through a more disciplined and productive labor force.⁶

In light of these contradictions of the postwar capitalist labor accord, we would argue that there are two possible strategies open to capital by which favorable conditions for renewed capital accumulation can be restored. The first is the strategy of "hyper-capitalism" or the social market economy favored by Thatcher and Reagan. But in order for this strategy to be effective, it must not only attack labor market strength through unemployment, but must also restore the disciplinary impact of the reserve army of labor by significantly reducing or eliminating the social wage. Despite the profoundly deep cuts in social services that both governments have been able to make, they have yet to insure restoration of the pre-Fordist bargain dependence of labor upon the sale of labor power.

It is, of course, an open question as to whether or not either government will be able to successfully dismantle the social wage and atomize the working class into an aggregation of individual sellers of labor power completely subject to the "magic of the marketplace." But there are reasons to doubt they will be able to reconstruct the classical liberal political economy of the past. First, as of the present moment, neither Thatcher nor Reagan have been able to overcome political opposition to either a complete dismantling of the welfare state or the social wage. Given that the working class and poor in both of these countries (not to mention the middle layers of the class structure) have come to believe that they are entitled to the benefits of a Keynesian political economy, it is unclear as to how much of the burden of restructuring the capitalist economy the subordinate classes will tolerate.

Second, the strategy of hyper-capitalism reflects an ignorance of secular crises of the past. One of the primary causes of the Great Depression was the inadequate purchasing power of the working class. While in the course of shoring up the "supply side" of the economy through a reduction in real wages and living standards, the *revanchiste* capitalists may very well find themselves with their arms filled with commodities richly laden with surplus value and nowhere to sell them, in the midst of another underconsumption crisis.

Finally, and most importantly, this strategy does not deal with the contradictions of contemporary workplace politics which have come to the fore during the past two decades. Relying completely on the whip of the reserve army of labor to discipline labor and raise the rate of exploitation, however effective in the short term, is likely to prove counterproductive in the long run. Any substantial reduction in labor income or the social wage is not likely to make workers any more productive than they are now. To the contrary, it is doubtful just how long the working class will

consent to the de facto abrogation of the Fordist bargain without a quid pro quo. If the material well-being of labor is sharply reduced without any commensurate improvement in the conditions of work or workplace relations, the problems arising from worker discontent are likely to intensify.

RECONSTITUTIVE CORPORATISM AND NEW WORK ARRANGEMENTS

In light of the problems inherent in the strategy of hyper-capitalism, certain sectors of the capitalist class have begun to articulate an alternative approach to overcoming the current secular crisis. This alternative strategy we term reconstitutive corporatism. Rather than trying to restore conditions favorable to capital accumulation by using the coercion of the liberal political economy, reconstitutive corporatism represents an attempt at constructing a new social structure of accumulation based on the *hegemonic* integration of labor into the accumulation process.

The corporatist character of this strategy is revealed in the similarities it has with the expansionary corporatism of Western Europe. First, reconstitutive corporatism is based upon the elaboration of tripartite political economic institutions which are intended to facilitate cooperation among and policy making by representatives of capital, labor and the state. Secondly, in the search for class collaboration, reconstitutive corporatism employs an ideological vision in which the interests of capital and labor are seen as being fundamentally compatible and where the material success of one class is linked to the success of the other. Finally, like expansionary corporatism, the reconstitutive variant is essentially a means of raising the rate of exploitation by enmeshing labor in a series of institutional arrangements through which labor consents to take an active part in restoring the vigor of the accumulation process. That is, labor is asked to shed its partisan perspective as collective labor power and subordinate its material interests to that of capital for an indefinite period of time, while becoming a partner in production.

However, reconstitutive corporatism radically departs from its expansionary predecessor in that it attempts to reconstitute (hence the name) capital labor relations at the point of production. By restructuring capitalist relations in production, reconstitutive corporatism hopes to transcend the tensions between state and production politics which undermined expansionary corporatism.

The strategists of reconstitutive corporatism have taken to heart the rumblings of discontent which have been emanating from the contemporary capitalist workplace. In the context of the need to restructure the basis of capital accumulation, representatives of the most forward looking

sections of the capitalist class, such as the Trilateral Commission and *Business Week*, have viewed with growing concern the emergence of the disenchanted and alienated worker (Roberts, et al., 1978; *Business Week*, 1981). From the vantage point of the purveyors of reconstitutive corporatism, there are two basic problems with the present structure of workplace relations.

First, the labor force of most advanced capitalist countries is becoming younger and more educated. Furthermore, the younger portion of the labor force exhibits a less instrumental orientation than their parent's generation and are therefore more concerned with the intrinsic characteristics of their work (Katzell, 1975; Yankelovich, 1975). Numerous studies have shown that an increasing number of workers, both blue and white collar, are dissatisfied with the content of their work and the degree of control that they exercise over it.⁷ Put simply, the problem with bureaucratic Taylorism is that it does not tap the skills, knowledge, or creativity of a more educated workforce desirous of more involvement in and more control over their work. Of course, capital is not primarily concerned with the adverse effects of worker alienation on the mental health or self-esteem of its employees. Capital's concern is with the negative impact that the dissonance between an increased desire for autonomy and self determination at work and bureaucratic Taylorism has had upon productive efficiency.

Secondly, the new corporatists believe that the adversarial relationship between management and labor which is deeply ingrained in the practices of collective bargaining, particularly in the United States and Great Britain, has also contributed greatly to the decline in labor productivity. The rigidly defined areas of management and union prerogative at the workplace has militated against attempts at restructuring work relations which help ease the productivity crisis.⁸ As the economic decline has deepened, class conflict at the point of production has intensified as management unilaterally tried to raise the rate of exploitation through speedups and attacking union work practices (Goldman and Van Houten, 1980; Hyman, 1980).

Given the negative consequences of bureaucratic Taylorism and adversarial labor management relations in the context of secular crisis, the strategy of reconstitutive corporatism embraces the idea of introducing what is termed "New Work Arrangements" or "NWA" into the workplace in order to bring the tenor of workplace politics in line with corporatist policies made at the state level. "NWA" refers to the plethora of work innovations which have been commonly subsumed under the rubric of "worker participation," "work humanization," or "workplace democracy."⁹ The specific forms of NWA range from minor efforts aimed at restructuring the labor process such as job enrichment and labor manage-

ment "problem solving" groups such as quality circles to worker representation at the higher levels of the managerial hierarchy through co-determination.

The advantages of NWA for capital are fairly clear. In terms of worker alienation and dissatisfaction, there has hardly been a case where work redesign or consultative innovations have not increased worker satisfaction and significantly reduced the rate of absenteeism and turnover (Srivasta, 1975). In terms of productivity, while the results are not as clear cut as they are for job satisfaction, studies have indicated that NWA demonstrate a marked ability to increase productivity, sometimes as great as 75–80 percent (Frieden, 1979). Furthermore, worker participation and consultation reduces resistance to change, thus enabling capital to implement technological and organizational change without a great deal of struggle.

But the most significant aspect and potential advantage of NWA is that it represents a new and more effective mode of capitalist control over the workplace. This mode of control is based on consent and legitimation rather than the coercion and technical manipulation of bureaucratic Taylorism (Herman, 1982). Therefore, the purpose of NWA is not only to increase productivity or increase work satisfaction, but to achieve these goals by inculcating *internalized* ideological consent among the workforce to capitalist relations of production. Rather than being technically or bureaucratically directed in the production of surplus that will be privately appropriated, the workers become personally invested in the production of surplus as a function of their own advancement and fulfillment.

At the core of NWA is the attempt to, first, raise the rate of exploitation by instilling self discipline in the workplace and second, to ideologically integrate workers into the firm. It should be noted, as we demonstrate below, that reconstitutive corporatism abrogates the old Fordist bargain and replaces it with a new social contract. In order to set advanced capitalism on new and more secure footing, labor will have to sacrifice some of the gains that they have made in the realm of distribution and consumption. In return for material sacrifice, workers will be given a voice and involvement in the realm of production. By allowing a certain degree of worker autonomy and participation, management hopes to obscure relations of production by blurring the lines between labor and capital. Therefore, NWA as corporatist strategy can be successful to the extent that it induces workers to identify with the goal of profit maximization as if it were their own.

Thus far we have painted in broad strokes the parameters of reconstitutive corporatism. Two questions remain to be addressed. First, what are the specific forms that this new corporatism will take and second what is the likelihood of its succeeding in reconstituting capital labor relations and providing a new foundation for capital accumulation. Ironically, it has

been in the United States, a country where capital labor relations were scarcely touched by expansionary corporatism, where the most sophisticated vision of reconstitutive corporatism has been articulated. It is to this vision, which within the discourse of political economic debate in the United States falls under the rubric of reindustrialization, that we now turn our attention.

REINDUSTRIALIZATION: THE NEW CORPORATIST STRATEGY

In the United States, two major corporatist strategies for reindustrialization and alleviating the economic crisis have emerged, that of Felix Rohatyn and *Business Week's* Reindustrialization Plan. While Rohatyn's plan focuses more specifically on the involvement of bankers and investors in the establishment of a Reconstruction Finance Corporation, in broad outlines and purposes, it is quite similar to the proposals recommended by *Business Week*. Indeed, although Rohatyn's rhetoric and appearance suggest that his position is to the left of the corporate stalwart, *Business Week*, their intent and political recommendations are almost identical (*Business Week*, 1980; Rohatyn, 1981, 1983).

At the heart of the reindustrialization strategy is a two tier approach which is designed to both secure profit maximization and capital accumulation and obscure the relations of domination associated with this newly enhanced social structure of accumulation. This new corporatist strategy of economic growth, proposed by the leaders of capital and to a large extent supported by the American trade union hierarchy, broadly involves the following elements:

1. The active involvement of the state in the achievement of three goals: the replacement of Keynesian demand management with an emphasis on the shifting of resources away from consumption to the production of capital goods; reductions in welfare and social expenditures and a redistribution of resources towards the encouragement of private sector employment; and the coordination of national economic planning with labor and capital.

2. A new social contract of labor-capital accommodation and cooperation at the national policy level and at the workplace level through the establishment of a new industrial relations policy to alter both national economic policy and labor management relations at the point of production.

3. The acquisition of concessions by labor and other social groups, in the form of wages and welfare reductions in order to increase productivity

and provide the capital necessary for a national policy centered on capital accumulation, rather than overconsumption.

The new social contract or consensus, as *Business Week* calls it, involves a fundamental restructuring of the basis of the prior capital labor accord. Although one of the primary components of reindustrialization strategies is state participation in indicative planning and the provision of state funded equity to industry, at the heart of the new corporatism is a collaborative approach for securing an increased rate of exploitation. This strategy for securing economic revitalization through productivity gains involves an attempt to alter capital labor relations at three levels: in national policy setting forums, in collective bargaining agreements and at the workplace.

First, in order to develop a "broad national consensus among social groups based on economic priorities," (*Business Week*, 1980), state induced labor capital collaboration will involve institutional labor in national policy structures designed to establish national policies of austerity. Specifically, advocates of reindustrialization hope to establish a shift in the distribution of resources away from consumption to investments. The ideological rationale for including labor in this policy formation process is clear. As William Tabb notes with regard to the trilateralists, they "see trade unions as an important tool of their own class rule" (1980:311). Similarly, these reconstitutive corporatists, as is evident from the urgency of their tone, fear the class conflicts which have already emerged and which may be an attendant result of policies which labor perceives as correctly involving the erosion of gains made through the post World War II capital-labor accord. If the trade unions are willing to convince their members that such a policy is in their interests, a portion of the ideological battle for an increased rate of exploitation is won. And evidence suggests that the unions seem willing to enter the national policy arena, albeit as an unequal partner, with an attitude of cooperative engagement.¹⁰

As Panitch has noted, to secure the agreement of the trade union leadership in tripartite institutions to policies of austerity for the purpose of increasing capital accumulation is not to insure that the rank and file membership will concede to their effects. Panitch is not alone in his observation. *Business Week* has come to the same conclusion and thus proposes that the economic priorities established at the national level be supplanted by a strategy of wage restraint and productivity drives in the collective bargaining arena and at the workplace.

Pressure on unions to reduce wage increases, the substitution of multi-year contracts for one-year contracts (Rohatyn, 1983), the elimination of cost of living increases: these are the elements of the reaccumulation strategy at the collective bargaining table. According to *Business Week*,

“labor and capital act like there is a class struggle going on in the United States.” The purpose of reconstitutive corporatism is to obscure that conflict by promising job security and economic growth in return for labor’s “responsible” behavior, their active involvement and participation in both the establishment and maintenance of a policy of increased exploitation. However, both Rohatyn and *Business Week* recognize that the potential for establishing this new social contract is weak at the collective bargaining level. The decentralization of American trade unions and the highly charged atmosphere surrounding collective bargaining agreements, particularly in targeted industries like steel and auto, makes this aspect of the strategy their weakest link. Rather, it is at the level of production politics where surplus is produced that capital can effectively both secure and obscure these new policies of austerity.

It is precisely in the development and growth of new work arrangements where capital hopes to lay the foundations for the new social consensus. The crux of the matter for capital is clear—new work arrangements can “unfreeze the antagonistic worker boss climate that . . . inhibits productivity” (*Business Week*, 1980). Through a system of labor management relations that replaces the coerciveness of Taylorist control with the hegemonic control of the quality circle, capital hopes to foster greater worker integration to the firm and increase productivity. Indeed, the traditional corporatist call to unity is clearly evident. According to Reich, new work arrangements can create “a network of mutual obligation within the enterprise . . . In this setting, industrial change does not have to be ‘sold’ to the workforce; change is promoted and carried out by the workforce” (1983:19). Thus, the basis of the new capital labor accord is not simply the exchange of income for greater participation in the management of the firm and economy, as Bowles, Gordon and Weisskopf explain (1983), but an exchange of the diffusion of class conflict for what are mainly superficial increases in authority rights within the firm which are specifically designed to obscure an increased rate of exploitation.

The critique of reindustrialization strategies from the Left has been predictable. This reconstitutive corporatist strategy shifts income and wealth away from workers through a policy aimed at reducing consumption and increasing profit rates; it consolidates the power of the corporation, finance capital and the state; it is anti-democratic in its lack of public accountability and it involves too many sacrifices on the part of those least able to make them (Bowles, Gordon and Weisskopf, 1983; Bluestone and Harrison, 1983; Lynd, 1983; Connolly, 1981; Watkins, 1981; Wolff, 1981). While these critiques are well founded and we would not wish to suggest that the corporatist reindustrialization strategy is anything other than a strategy to enhance capitalism and its attendant relations of domination, we would argue that the fundamental premise of this new corporatism is

highly contradictory and therefore its long term consequences indeterminate.

The basis of this capital accumulation policy is the formal empowerment of labor at the global and workplace level and the explicit fusion of economic and political politics. It is based on the presupposition that if reindustrialization and reaccumulation is successful, class conflicts will be abated and the basis for a reinvigorated capitalism secured. In large measure, the stability of this arrangement depends on the successful corporatization of labor and a sustained collaboration of the trade union hierarchy.

But reconstitutive corporatism, and in particular reindustrialization strategies, entails two developments which make it highly unstable for capital. First, reconstitutive corporatism involves the fusion of economic and political politics. It represents a repoliticization of economic class struggle which removes the locus of class conflict from the "economic" realm to the "political" realm. It makes explicit the extent to which the power of capital is privatized and thus the degree to which it can be socialized. It has the potential for altering the basis of capitalist democracy: the distinction between interest representation and class representation by broadening the terrain of political and negotiable rights.

Second, reconstitutive corporatism entails a restructuring of capital labor relations at the point of production. This restructuring involves the diffusion of authority rights within the firm and here again provides the structural foundation for the empowerment of labor. In contrast to the prior capital-labor accord, labor is acquiring greater control over relations at the point of production in return for wage restraint. But, the involvement of labor at both the global and production level in decision making which transcends traditional wage and working conditions demands opens up the possibility that the nature of class conflict will be much more expansive. Given the establishment of institutional structures to provide labor with access to decision making input on issues such as control over money capital, economic ownership and inter-firm relations, and given the fusion of global and production politics, the possibility of an expanded frontier of control is not unreasonable.

An elaboration of the contradictions of reconstitutive corporatism should not imply that corporatism is a necessary step on the trajectory to socialism. The experience of Western Europe and the experience in the United States with various new work arrangements suggests that capital need not fear a domino effect (Wrenn, 1982). However, we are suggesting, as does Korpi (1982), that a strategy of labor empowerment combined with an explicit politicization of economic struggles can reduce, not eliminate, the power differentials between labor and capital and can potentially alter the terrain of contest that currently characterizes labor capital relations.

The ultimate success of this corporatist strategy depends on the ability of capital to use the trade unions as the central vehicle of hegemonic control and further depends on the integrative effects of new work arrangements. But the collaboration of labor is structured around a policy that institutionalizes and politicizes the process of securing surplus, while relying on a system of obscuring which expands, rather than contracts, the structural limits of labor's control.

NOTES

1. In this paper we are only concerned with what has been variously called neo-corporatism or societal corporatism as opposed to state corporatism, or fascism. Throughout this paper, the use of the word corporatism should be understood as those corporatist arrangements which are found in liberal democratic societies.
2. This is not the case with regard to empirical analysis of actually existing corporatism which, as Amott and Kreiger (1983) note, is almost exclusively focused on incomes policies.
3. For a veritable orgy of classificatory schemes, see Crouch (1979).
4. Worthwhile analysis of the current secular crisis can be found in Bowles, Gordon and Weisskopf (1983); Castells (1980) and Frank (1980).
5. It should be noted that the impact of real wages as compared to the social wage varies from one advanced capitalist country to the next. Bowles and Gintis (1982) convincingly argue that it was the redistributive effect of the liberal democratic state which had the greatest negative effect on profits, rather than wages. In other countries, where wage bargaining is highly centralized, such as the Scandinavian countries and Austria, the argument that falling profits is due to increased wages is more plausible. For data on these countries, see Stephens (1979) and Frank (1981).
6. For data on productivity and wages in the Great Britain, see Bleaney (1982); for the United States, see Bowles (1982). Bowles presents some rather startling, if counter-intuitive, figures on the relationship of unemployment to wages. Throughout the 1970s and early 1980s, real wage growth *accelerated*, rather than declined, during cyclical downturns. During the 1980-82 recession in the United States, for example, real wages grew by 6.1 percent. This is because even though *money* wages (nominal wages) did indeed decline slightly (-.06 percent), prices declined more dramatically. Thus, the main deflationary effect of the recession is reduced prices rather than wages. This outcome, of course, is of little benefit to capital since it does not raise the rate of exploitation and further depresses the rate of profit.
7. Aside from the sources of job satisfaction cited in the text, see Quinn and Staines (1979) and Staines (1979). While most of the studies of worker alienation have been carried out in the United States, similar conclusions have been reached in regard to research in Great Britain (Fox, 1980) and Sweden (Dahlstrom, 1979).
8. We apply the term "NWA" to the range of recent innovations in work organization because it avoids the assumptions inherent in other commonly used terms, such as "workplace democracy," as to whether such innovations are actually democratic or enhancing of the quality of working life. The full scope of NWA encompasses three types of work innovations: (1) Work Redesign Innovations, such as job enrichment, job enlargement, and semi-autonomous teams; (2) Consultative Innovations, such as quality circles, labor-management committees and co-determination; and (3) Ownership Innovations, such as Employee Stock Ownership Plans and wage-earner funds. It should be noted that types of NWA which would be integrated into a strategy of reconstitutive corporatism fall into the first two

categories since they tend to have the most immediate impact on wages and the relations between capital and labor. For an analysis of NWA and its impact on the terrain of struggle within the workplace, see Herman and Schervish (1986)

9. For example, in a country like Sweden where labor has already acquired a significant amount of influence within the workplace, capital would have to allow more union participation in the accumulation process than in the United States. Where labor is stronger, the stakes of reconstitutive corporatism becomes much higher for capital since the line between worker participation and worker control becomes increasingly blurred. In fact, it is the hope of many democratic socialists that a combination of NWA and corporatist arrangements can provide labor with the means of pushing the "frontier of control" forward until the power of capital is effectively eliminated. For an analysis of the stakes involved in using NWA as part of a strategy of resolving the economic crisis, see Esping-Anderson and Friedland (1982) and Stephens and Stephens (1982).

10. See AFL-CIO (1981) and "Organized Labor Updates its Legislative Priorities" in the *New York Times*, Sunday, August 14, 1983. For a critical and incisive account of the failure of organized labor to assert itself imaginatively into debates about industrial policy see Aronowitz (1983).

REFERENCES

AFL-CIO

1981 "Rebuilding America." Viewpoint.

Aglietta, M.

1978 *A Theory of Capitalist Regulation: The US Experience*. London: New Left Books.

Ammot, T and J. Krieger

1981 "Thatcher and Reagan: state theory and the hyper-capitalist regime." *New Political Science* 8:9-37.

Aronowitz, S.

1983 *Working Class Hero: A New Strategy for Labor*. New York: Adama Books.

Birnbaum, P.

1982 "The state vs. corporatism." *Politics and Society* 11(4):477-501.

Bleaney, M.

1982 "The UK Economy: An Overview." *Socialist Economic Review*. London: Merlin Press.

Bluestone, B. and B. Harrison

1983 *The Deindustrialization of America*. New York: Basic Books.

Bowles, S.

1982 "The post-Keynesian capital-labor stalemate." *Socialist Review* 65 (September-October):45-74.

Bowles, S. and H. Gintis

1982 "The crisis of liberal democratic capitalism: the case of the United States." *Politics and Society* 11(1):51-94.

Bowles, S., D. Gordon, and T. Weisskopf.

1983 *Beyond the Wasteland*. New York: Anchor Press.

- Burawoy, M.
 1985 *The Politics of Production*. London: New Left Books.
 1981 "Terrains of contest: factory and state under capitalism and socialism." *Socialist Review* 58 (July-August):83-124.
 1979 *Manufacturing Consent*. Chicago: University of Chicago Press.
 1978 "Towards a Marxist theory of the labor process: Braverman and beyond." *Politics and Society* 8(3):247-312.
- Business Week
 1981 "The new industrial relations." May 30.
 1980 "Special issue: the reindustrialization of America." June 30.
- Castells, M.
 1980 *The Economic Crisis and American Society*. Princeton, NJ: Princeton University Press.
- Connolly, W.
 1981 "The politics of reindustrialization." *Democracy* (July 1981) 1:3 (9-21).
- Crouch, C.
 1977 *Class Conflict and the Industrial Relations Crisis: Compromise and Corporatism in the Politics of the British State*. London: Heineman.
- Cummings, T. and E. Molloy
 1977 *Improving Productivity and the Quality of Working Life*. New York: Praeger.
- Dahlstrom, E.
 1979 "Efficiency, satisfaction, and democracy at work: ideas of industrial relations in post-war Sweden." Pp. 15-47 In T. Burns, L. Karlsson, and V. Rus, (eds.), *Work and Power: The Liberation of Work and the Control of Political Power*. Beverly Hills, CA: Sage.
- Denneson, E.
 1980 "The puzzling setback to productivity growth." *Challenge* (November-December):23:5 (3-8).
- Esping-Andersen, G. and R. Friedland
 1982 "Class coalitions in the making of West European economies." Pp. 1-52 in M. Zeitlin (ed.), *Political Power and Social Theory* 3, Greenwich, CT: JAI Press.
- Etzioni, A.
 1983 *An Immodest Agenda: Rebuilding America Before the Twenty-First Century*. New York: McGraw-Hill.
 1980 "Reindustrialization: view from the source." *New York Times*, June 20.
- Fox, A.
 1980 "The meaning of work." Pp. 139-191 in G. Esland and G. Salaman (eds.), *The Politics of Work and Organizations*. Toronto: University of Toronto Press.
- Frank, A. G.
 1980 *Crisis in the World Economy*. New York: Holmes Meier.
- Frieden, K.
 1979 *Workplace Democracy and Productivity*. Washington, DC: NCEA.
- Gamble, A.
 1979 "The free economy and the strong state." Pp. 1-25 in R. Miliband and J. Saville (eds.), *The Socialist Register 1979*. London: Merlin Press.

Goldman, P. and D. Van Houten

1980a "Uncertainty, conflict, and labor relations in the modern firm I: productivity and Capitalism's 'Human Face.'" *Economic and Industrial Democracy* 1(2) February:63-98.

1980b "Uncertainty, conflict and labor relations in the modern firm II: The war on labor." *Economic and Industrial Democracy* 1(2) May:263-288.

Gordon, D.

1980 "Stages of accumulation and long cycles." Pp. 9-45 in T. Hopkins and I. Wallerstein (eds.), *Processes of the World System*. Beverly Hills, CA: Sage.

Gordon, D., R. Edwards, and M. Reich

1982 *Segmented Work, Divided Workers: The Historical Transformation of Labor in the United States*. New York: Cambridge University Press.

Hearn, F.

1983 "The corporatist mood in the United States." *Telos* 56 (Summer).

Herman, A.

1982 "Conceptualizing control: domination and hegemony in the capitalist labor process. *The Insurgent Sociologist* pg. 7-22 vol. 11 no. 3 Fall: 1982.

Herman, A. and P. Schervish

1986 "Conceptualizing class structure in the transition to socialism." *Sociology of Work and Occupations* 13(2) May: 264-291.

Hill, S.

1981 *Competition and Control at Work: The New Industrial Sociology*. Cambridge, MA: MIT Press.

Higgins, W. and N. Apple

1983 "How limited is reformism?: A critique of Przeworski and Panitch." *Theory and Society* 12:603-630.

Hyman, R.

1980 "Trade unions, resistance and control." Pp.303-334 in G. Esland and G. Salaman (eds.), *The Politics of Work and Organizations*. Toronto: University of Toronto Press.

Jessop, B.

1979 "Corporatism, parliamentarism and the state." Pp.185-212 in P. Schmitter and G. Lehmbruch (eds.), *Trends Toward Corporatist Intermediation*. Beverly Hills, CA: Sage.

Katzell, R.

1975 "Changing attitudes toward work." In C. Kerr and J. Rosow (eds.), *Work in America: The Decade Ahead*. New York: Van Nostrand and Reinhold.

Korpi, W.

1982 *The Democratic Class Struggle*. London: Verso/New Left Books.

Lehmbruch, G. And P. Schmitter (eds.)

1982 *Patterns of Corporatist Policy Making*. Beverly Hills, CA: Sage.

Lynd, S.

1983 "Reindustrialization from below." *Democracy* 3(3) Summer:21-33.

- Mandel, E.
 1980 *The Second Slump*. London: Verso/New Left Books.
 1975 *Late Capitalism*. London: Verso/New Left Books.
- Moberg, D.
 1980 "Work and American culture: the ideal of self-determination and the prospects for socialism." *Socialist Review* 50-51 (March-June):19-56.
- Pahl, R. and J. Winkler
 1974 "The coming corporatism." *New Society* 10 (October) 30:627 (72-76).
- Panitch, L.
 1981 "Trade unions and the state." *New Left Review* 125 (March-June):21-46.
 1980 "Recent theorizations of corporatism: reflections on a growth industry." *British Journal of Sociology* 30(1) June:161-187.
- Quinn, R. and G. Staines
 1979 *The 1977 Quality of Employment Survey*. Ann Arbor, MI: Institute for Social Research.
- Reich, R.
 1983 "Industrial evolution." *Democracy* 3(3) Summer:10-20.
- Roberts, B. C., et al.
 1978 *Report of the Task Force on Industrial Relations*. New York: Triateral Commission.
- Rohatyn, F.
 1983 "Time for a change." *New York Review of Books*, August, 18.
 1981 "Reconstructing America." *New York Review of Books*, March, 5.
- Ross, G.
 1981 "What's progressive about trade unions?" *Theory and Society*. 5(5):609-463.
- Schmitter, P.
 1982 "Reflections on where the theory of neo-corporatism has gone and where the praxis of neo-corporatism is going." Pp. 259-279 in G. Lehmbruch and P. Schmitter (eds.), *Patterns of Corporatist Policy Making*. Beverly Hills, CA: Sage.
 1979 "Still the century of corporatism?" Pp. 7-52 in P. Schmitter and G. Lehmbruch (eds.), *Trends Toward Corporatist Intermediation*. Beverly Hills, CA: Sage.
- Sherman, H.
 1979 "Inflation, unemployment and the contemporary business cycle." *Socialist Review* 44(November-December):75-102.
- Srivasta, S., et al.
 1975 *Job Satisfaction and Productivity*. Washington, DC: NSF.
- Staines, C.
 1979 "Is worker dissatisfaction rising?" *Challenge* (May-June) 22:2 (38-45).
- Stephens, E. and J. Stephens
 1982 "The labor movement, political power and worker participation." Pp. 215-249 in M. Zeitlin (ed.), *Political Power and Social Theory* 3, Greenwich, CT: JAI Press.
- Stephens, J.
 1979 *The Transition to Socialism*. London: MacMillan.

Tabb, W.

- 1980 "Social democracy and authoritarianism: two faces of trilateralism towards labor." Pp. 308–322 in H. Sklar (ed.), *Trilateralism*. Boston: South End Press.

Von Beyme, K.

- 1980 *Challenge to Power?: Trade Unions and Industrial Relations in Capitalist Countries*. Beverly Hills, CA: Sage.

Watkins, A.

- 1981 "Felix Rohatyn's biggest deal." *Working Papers* (September-October): 44–52.

Weisskopf, T.

- 1981 "The current economic crisis in historical perspective." *Socialist Review* 57 (May-June):9–54.

- 1979 "Marxian crisis theory and the rate of profit." *Cambridge Journal of Economics* 3(4):341–378.

Westergaard, J.

- 1977 "Class, inequality and 'corporatism.'" Pp. 165–186 in A. Hunt (ed.), *Class and Class Structure*. London: Lawrence and Wishart.

Wolff, G.

- 1981 "Reindustrialization: a debate among capitalists." *Radical America* 15(5):7–15.

Wood, E.

- 1981 "The separation of the political and economic in capitalism." *New Left Review* 127 (May-June):66–95.

Wrenn, R.

- 1982 "Work humanization and worker participation." *The Insurgent Sociologist* 7(3–4) Summer-Fall.

Yankelovich, D.

- 1975 "Work values and the new breed." Pp. 000-000 in C. Kerr and J. Rosow (eds.), *Work in America: The Decade Ahead*. New York: Van Nostrand and Reinhold.

WRONGFUL CONVICTION: SOCIETAL TOLERANCE OF INJUSTICE

C. Ronald Huff

INTRODUCTION

American criminal procedure affords those accused of serious crimes an impressive panoply of due process protections and appellate remedies. From the time one is a child, one is told that in our society a person is “innocent until proved guilty” and that criminal conviction can occur only when a jury of one’s peers is convinced of the accused’s guilt “beyond a reasonable doubt.” And yet, as will be demonstrated, it is likely that thousands of innocent persons are convicted of serious crimes each year, with many of those innocent citizens subsequently being deprived of their liberty and forced to serve time in prison before the error is discovered—if they are fortunate enough to have the error discovered.

Is wrongful conviction a social problem in the United States? How often—and why—does it occur? If wrongful conviction were to be viewed

Research in Social Problems and Public Policy, Volume 4, pages 99–115.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

as a Type II error (the acceptance of a false hypothesis), should such errors be viewed as the inevitable cost of operating a criminal justice system that deters and detects crime? What is the role of American society in tolerating such errors? What can be done to prevent wrongful conviction? How should we compensate convicted innocents? This paper will explore these and other questions concerning the sociological and public policy implications of wrongful conviction in American society.

WRONGFUL CONVICTION AS A SOCIAL PROBLEM

The classic, "scientific" view of social problems in American society posited, in essence, that social problems were conditions that afflicted a large number of people in ways that negatively affected their own value preferences and about which some ameliorative action might be taken. This perspective, however, came under frontal assault as a result of the events of the 1960s—events that could neither be predicted nor explained by this "scientific," value-free theoretical framework, thus demonstrating its scientific inadequacy.

In one of the most useful reformulations of social problems theory, Perrucci and Pilisuk (1971) argued that the traditional theoretical framework ignored the differential distribution of power in American society and the operational inadequacy of its institutional bases, among other factors. Their reformulation incorporated into social problems theory a number of important problems related to technological militarism, cybernation, and human rights—problems neither predicted nor explained by classic social problems theory.

Certainly, a traditional conceptualization of social problems would not have envisioned wrongful conviction as a social problem. Dominated by functionalist perspectives on crime and justice, traditional theory incorporated a view of the criminal justice system as a form of social defense against, and social control of, the social pathology of crime. The corpus of literature on "the crime problem" focused on issues such as the problems of acculturation and socialization experienced by immigrants and their children, the "social disorganization" (actually differential social organization) of the slums, vice in the cities, and other "challenges" to the dominant social order. The adequacy of our social institutions and the normative bases on which they were built were rarely questioned.

By way of contrast Turk (1966), Perrucci and Pilisuk (1971), and other revisionist sociological theorists helped integrate social conflict theory into the analysis of social problems and public policy. The present study represents an extension of that revisionist perspective to a type of social problem that has received little attention, other than occasional anecdotal

case studies (Borchard, 1932; Gardner, 1952; Frank and Frank, 1957; Radin, 1964; Brandon and Davies, 1973). Wrongful conviction is, essentially, victimization *by* the criminal justice system. As such, it is a social problem whose victims are typically powerless, stigmatized individuals.

THE NATURE AND EXTENT OF WRONGFUL CONVICTION

For a society that values the freedom of its citizens and has done so much to protect that freedom, being convicted of a crime one did not commit represents one of the worst nightmares imaginable. And yet, of the two major types of errors that can be committed by our criminal justice system, most of our attention has been focused on the criminal who "beats the system" and goes free (Type I error). Comparatively little attention has been paid to those innocent defendants who are nonetheless convicted and, in many cases, imprisoned (Type II error). As any introductory statistics book will attest, these two types of error are inversely related; in the present context, this has important implications for the criminal justice system and for our society.

How do these miscarriages of justice occur? Do such errors happen frequently? What role does society play in the production and tolerance of such errors? For the past four years, these and other questions have been the subject of this study. Data from an in-depth study of a large, representative state (Ohio) and from a nationwide survey have provided some preliminary answers to these and other questions, while additional questions must await comparative, cross-national research.

The Database

During the past four years, we have assembled what we believe to be the largest systematic database ever developed on the subject of wrongful conviction. In developing this database, very conservative criteria have been utilized—that is, only those convicted of a felony and later *officially* cleared are included as cases in our database. These criteria are so restrictive that even such highly celebrated "miscarriages of justice" as the 1985 Gary Dotson case in Illinois¹ are *not* included in this database, since the issue of Dotson's guilt has never been satisfactorily resolved.

For our purposes, official acknowledgment of error includes cases in which: (1) a new trial was permitted and the defendant was found not guilty; (2) a pardon was granted due to new evidence; (3) innocence was established on the basis of overwhelming evidence; or (4) appellate court review proved innocence. Utilizing these criteria, nearly 500 known cases

have been identified, and we have been able to compile conservative estimates that suggest the existence of thousands of additional cases of wrongful conviction each year.

It is important to note at the outset of this analysis that there is no definitive way of knowing how many persons have been wrongfully convicted of felonies in the United States. If the concept of a "dark figure" of unreported crime is important in estimating actual criminal events in the United States, consider the phenomenon of wrongful conviction. Unlike criminal events, for which we have developed alternative measures that enable us to estimate more accurately the occurrence of the phenomenon, there is no known method of determining how many wrongful convictions occur each year. Estimates in the literature range from a very few cases each year up to 20 percent of all convictions.

The database for this study ($N = 353$) consists of a national survey of all state attorneys general ($N = 54$)², as well as an in-depth survey of Ohio's criminal justice officials,³ including the presiding judges of Ohio's common pleas courts ($N = 88$)⁴; all prosecuting attorneys ($N = 88$); all public defenders ($N = 28$); all county sheriffs ($N = 88$); and the chiefs of police of Ohio's largest cities ($N = 7$).⁵ In addition to these survey data, other cases were identified through computerized searches of newspapers, magazines, and journals.⁶ Nearly 65 percent of our sample ($N = 229$) participated in this survey, and all subsamples were well represented, with response rates ranging from 60 percent (county prosecutors) to 76 percent (attorneys general).

In addition to listing specific cases of wrongful conviction, survey respondents were asked to estimate the frequency of wrongful conviction. Nearly three-fourths (71.8 percent) of those providing estimates agreed that wrongful conviction comprises less than one percent of all felony convictions in the United States. Another 20 percent of the estimates were in the 1–5 percent category.

If our "panel of judges" is correct and our criminal justice system is accurate in 99 of every 100 cases, or even in 199 of every 200 cases, it would appear that we have a highly accurate and just system. However, one's view of the magnitude of this problem may change when the overall volume of the system is taken into account. To illustrate: assume that our criminal justice system is 99.5 percent accurate (taking the midpoint of the respondents' collective estimate of system error). Relying on official statistics provided by the F.B.I. (1985), assume further that the total number of persons arrested and charged with serious crimes in a given year is about 2.4 million persons. Conviction rates vary from state to state, but a conservative estimate is that about one-half of all those arrested for serious crimes are subsequently convicted (U.S. Department of Justice, 1983:45). If one makes these conservative assumptions, the following

estimate of wrongful conviction (with respect to serious crimes only) results:

1984 ARRESTS FOR INDEX CRIMES	2,359,500
× CONVICTION RATE	.5
= TOTAL CONVICTIONS (INDEX CRIMES)	1,179,750
× ERROR RATE	.005
= TOTAL WRONGFUL CONVICTIONS (INDEX CRIMES)	5,899

In other words official data, when viewed in the context of our respondents' estimates, suggest that even if our criminal justice system is 99.5 percent accurate, it is such a large system that approximately 6,000 innocent persons will be wrongfully and unjustly convicted of serious crimes each year.⁷ This level of accuracy is at once both reassuring and frightening—reassuring in the aggregate, but frightening to contemplate individual cases of injustice, even if they constitute a very small proportion of all convictions.

KEY FACTORS IN WRONGFUL CONVICTION

A thorough review of the major published works on wrongful conviction in America (Borchard, 1932; Gardner, 1952; Frank and Frank, 1957; Radin, 1964; MacNamara, 1969) and in England (Brandon and Davies, 1973), as well as a careful examination of the cases identified in this study, has enabled us to identify the major factors responsible for convicting innocent defendants.

1. *Eyewitness Error.* The single most important factor leading to wrongful conviction in the United States and England is eyewitness misidentification. In our own database, eyewitness error was involved in nearly 60 percent of the cases. These cases range from mistaken identification in cases of close physical resemblance to cases in which it is difficult to see any resemblance between the mistakenly accused and the actual offender. While experts and judges increasingly share the view of Judge Lumbard of the Second Circuit, who said that eyewitness identification of a suspect previously unknown to the witness, "is highly suspect" and is "the least reliable" kind of evidence, especially where unsupported by corroborating evidence (*Jackson v. Fogg*, 1978), jurors attach great significance to such testimony. It is not possible, within the scope of this discussion, to address the dynamics of eyewitness error, but there are several important publications which do so in detail (Loftus, 1979; Buckhout, 1974, 1977; Brigham and Barkowitz, 1978).

2. *Unethical Police/Prosecutorial Behavior.* For a number of cases in our own database and in the literature, the police and/or the prosecutor, convinced of the suspect's or defendant's guilt, sought to buttress their case by prompting witnesses, suggesting what may have occurred at the time of the crime, fabricating or concealing evidence, and even committing perjury in court in order to "get their man." Such unprofessional behavior is often well-intentioned, often motivated by a sincere desire to strengthen the case against one whom they "just know" is guilty. It is very tempting sometimes for a police officer to twist the facts just enough to insure that there won't be an acquittal. Prosecutors bent on seeking convictions, rather than justice, often fail to advise defense attorneys of exculpatory evidence.

3. *Plea Bargaining* Many innocent defendants were convicted after "willingly" pleading guilty via the plea bargaining process. The typical citizen may find this the most puzzling of all such cases; after all, why would a perfectly innocent person plead guilty to a crime? In an important experiment utilizing role playing, it was found that innocent "defendants" were more likely to accept plea bargains when they faced a number of charges or when the probable severity of punishment was great (Gregory, 1978). Since the outcome of a legal case is never a certainty, many defendants can be enticed to plead guilty, even though they are innocent, in order to avoid even more severe consequences of systemic error. This also raises serious questions concerning the resumption of capital punishment in America. With so much to lose, who among us would not plead guilty if we thought that by doing so, we could save our own life and, perhaps, eventually go free when the system discovers its error?

4. *Inadequacy of Counsel.* Since at least 1932 (*Powell v. Alabama*), inadequacy of counsel has been a basis for appealing conviction in criminal cases. The basic rationale of such appeal is that the original defense counsel, for whatever reasons, did not adequately represent the client's interests in the case. Such appeals are not easily won, despite the fact that many attorneys are inadequately prepared for trial work.

5. *Community Pressure for Convictions.* This factor operates especially during "crime waves" or when a highly publicized, serious crime has occurred in the community. There may be an atmosphere of fear and paranoia. All of this may bring public pressure to bear upon the police, the prosecutor, and the judiciary. The public wants them to "get someone," and the search may not always turn up the actual offender. Nonetheless, if a case can be built on circumstantial evidence, as is often the case, there is a tendency among the public, the police, and the prosecution to relax and to presume guilt, rather than innocence. This means, of course, that if the investigation has resulted in the arrest of the wrong suspect, the real offender is still at large, free to commit more crimes. As police focus their

investigation on the wrong suspect, other leads are ignored and the trail to the real criminal may disappear.

Related to this is the issue of "free press vs. fair trial." That is, to what extent might the mass media contribute to creating or inhibiting an atmosphere of fear and paranoia, rather than reason? Also, to what extent do media accounts of investigations and prosecutions include critical analyses of how the investigation was conducted, rather than mere acceptance of official versions of the case?

6. *Knowledge of Criminal Record.* Many people believe that "where there's smoke there must be fire." And where the accused has a history of prior arrest (not necessarily conviction, but arrest), many would more readily believe that current accusations are likely to be true. This becomes a factor in wrongful conviction cases insofar as police and other criminal justice personnel are likely to believe the worst about such a suspect and perhaps ignore other leads. Also, the accused's past criminal record may be made known when the defendant voluntarily takes the stand or may be brought out through the questioning of other defense witnesses. It is sometimes common knowledge in the community that the accused has "a record." Where any of these factors is present, it makes more difficult the task of confining the verdict to the present facts.

7. *False Accusations.* Several innocent persons have served prison terms for "murders" which never occurred. These miscarriages of justice, and others, are attributable to false accusations. Such accusations include two major types: (a) where a crime has actually occurred and someone deliberately and falsely accuses an innocent person, and (b) where there never was a crime, but someone is accused and convicted nonetheless.

8. *Other Factors* include judicial error, bias or neglect of duty; voluntary and deliberate false confession; and mental incompetency of the accused.

In most of the cases we have analyzed, more than one of these factors is involved. For example, eyewitness misidentification may be exacerbated (or even caused) by incompetent or unethical police work. Or an inattentive or biased judge may not "perceive" unethical conduct by the prosecutor's office or shoddy defense work at trial. Generally speaking, wrongful conviction is more likely to occur when more than one part of "the system" suffers a breakdown.

CRIME CONTROL AND "FALSE POSITIVES": THEORETICAL CONSIDERATIONS

These American data, preliminary as they are, provide ample evidence to suggest that wrongful conviction is an important social problem, es-

pecially for a society whose normative values do not support such miscarriages of justice. It is tempting, then, to confine this research to the United States and attempt to refine the estimate of the magnitude of this phenomenon and better understand its dynamics. To be certain, that is an important task and it should be useful in informing public policy. However, there are some larger questions to be addressed. These questions have to do with the *meaning* of wrongful conviction for society. The best way to go about answering such questions, it would appear, is to analyze the same phenomenon in other societies as well.

In setting forth a research agenda to be pursued cross-nationally, two overriding assumptions must be noted: (1) that a criminal justice system is a reflection of the social culture in which it operates, and (2) that certain structural aspects of a criminal justice system (and not merely human discretion) either facilitate or inhibit wrongful conviction.

In attempting to account for variation in normative rules, Sorokin (1937) necessarily focused his attention on society's legal system, which he viewed as one of many cultural sectors, all of which share a set of fundamental, underlying premises about the nature of reality, man, good, and truth. By and large, Sorokin argued, the criminal law of a society will express the core values and beliefs of that society's culture. Sorokin carried out extensive empirical tests of his theory, concluding that particular systems of criminal law are, in fact, reflections of the larger social cultures in which they are located.

Crime Control vs. Due Process

Herbert Packer's classic work, *The Limits of the Criminal Sanction* (1968) provides a useful theoretical framework for the analysis of wrongful conviction in the United States and abroad. As Packer (1968:152-155) notes, the "crime control" and the "due process" models are theoretical constructs, and the polarity of the two models is not absolute. However, these two models provide us with a theoretical tool that can be used: (1) to assess the *relative* overall emphasis of any criminal justice "system," and (2) to assess the relative emphasis of any particular aspect of such a system. In the United States, for example, the criminal justice process reflects a mixture of crime control and due process features. Specific aspects of the system, in turn, reflect a relative emphasis on crime control (for example, the "exclusionary rule"). Not surprisingly, those aspects of the system that emphasize crime control objectives may not only help control crime but also, in some cases, may lend themselves to system error and wrongful conviction.

Space limitations preclude a full summary of Packer's models. However, two brief excerpts will demonstrate the contrasting values of these

two models and will indicate the relevance of Packer's models for analyzing wrongful conviction within a larger societal context. According to Packer, the crime control model:

is based on the proposition that the repression of criminal conduct is by far the most important function . . . The model, in order to operate successfully, must produce a high rate of apprehension and conviction . . . The supposition is that the screening processes operated by police and prosecutors are reliable indicators of probable guilt (Packer, 1968:158–160).

By way of contrast, the due process model:

stresses the possibility of error . . . The Due Process Model insists on the prevention and elimination of mistakes to the extent possible . . . *The aim of the process is at least as much to protect the factually innocent as it is to convict the factually guilty* (Packer, 1968:163–165; emphasis added).

Packer encapsulated his observations of the two competing models by using contrasting metaphors. Of the crime control model, he said:

The image that comes to mind is an assembly line conveyor belt down which moves an endless stream of cases, never stopping, carrying the cases to workers who stand at fixed stations and who perform on each case as it comes by the same small but essential operation that brings it one step closer to being a finished product . . . (Packer, 1968:159).

By way of comparison, the due process model, he suggested, “resembles a factory that has to devote a substantial part of its input to quality control” (Packer, 1968:165).

While Packer's (1968) classic work is best known for setting forth his analysis of the competing values of these two models, less attention has been paid to other useful contributions of the book, especially his application of the two models' values to specific questions that arise in the administration of justice. For the purposes of this study, Packer's (1968:227–238) analysis of the two models' contrasting views of system error is of major theoretical significance.

In the crime control model, swift and certain punishment is a critical objective, and any delays in meeting that goal are viewed as undermining the true purposes of crime control. Therefore, the crime control model incorporates the following assumptions concerning post-conviction appellate review:

1. Appeals should be so discouraged that only cases involving clear errors of factual guilt will be appealed;
2. Restrictions must be imposed to ensure that the right of appeal is exercised responsibly; the costs of an appeal should be borne by

- the appellant unless screening *by the court of original jurisdiction* determines that the appeal is probably meritorious;
3. Bail pending appeal should generally be denied;
 4. Any issue not raised at an earlier stage in the process should not be permitted to arise in an appeal;
 5. No conviction should be reversed on grounds of insufficient evidence unless the appellate court finds that the original evidence did not reasonably support conviction;
 6. The prosecution should have the same right to appeal acquittals as the defense does to appeal convictions;
 7. Errors unrelated to the sufficiency of evidence in establishing guilt should not be the basis on which convictions are reversed, unless the result would probably have been different in the absence of such errors; and
 8. *No errors should support a reversal if the appellate court's review concludes that the factual guilt of the accused was adequately established (Packer, 1968:229-230).*

The due process model, with its emphasis on quality control, incorporates vastly different assumptions about appeals:

1. The trial process represents a forum in which official abuses of power often occur; therefore, appellate review represents both a safeguard for the individual accused, but also an opportunity to elaborate upon the rights of the individual;
2. There should be no limitations on the right to appeal; the inability to afford filing fees, transcripts, attorneys, etc., must not stand in the way of an appeal;
3. The decision concerning bail pending appeal must not be manipulated so as to discourage appeal and ought to be made by the appellate court rather than the court of original jurisdiction;
4. The appellate court should be entitled to consider any error prejudicial to the rights of the accused;
5. There should be no single standard for determining what constitutes reversible error;
6. Any error which violates the defendant's basic rights should be ground for reversal, independent of the strength of the case against the defendant; and
7. Abuses that occur at the trial level, such as prosecutorial misconduct, prejudicial publicity, and ineffective counsel, must be sanctioned at the appellate level by reversing the conviction of the defendant (Packer, 1968:230-232).

ISSUES FOR CROSS-NATIONAL RESEARCH

Given the applicability of Packer's theoretical models in criminal justice systems across nations, it would appear that cross-national research on the phenomenon of wrongful conviction would prove fruitful in addressing a number of important theoretical issues, as well as providing a comparative basis for assessing public policy. As is the case for many important questions, one of the best ways to reach an understanding of our own system and our own culture is to compare and contrast it with other systems and other cultures.

The findings from this preliminary research in the United States, as well as the extant literature from the United States and England, suggest a number of research issues that might usefully be addressed in other cultures and other systems of criminal justice administration. Some of these issues are:

1. Eyewitness misidentification plays an enormously important role in the United States and in England. Is this the case in other systems and other cultures as well? For example, in societies such as Japan which are relatively homogeneous with respect to racial and ethnic characteristics, social values, and other important variables, is eyewitness misidentification as important a problem? How much weight is placed on eyewitness testimony?

2. A number of cases of wrongful conviction in the United States have involved unethical police behavior and/or inadequate investigation by the police. To what degree is wrongful conviction related to police behavior and police professionalism in other systems of justice? For example, in Japan and West Germany, the police carry out their investigations under the supervision of a state's attorney; in Spain and France, the investigation is conducted by an independent magistrate. However, it is typically the case that civil law nations tend to have lower standards of suspicion for authorizing searches and making arrests; therefore, there is less controversy over controlling police behavior. Also, West Germany, Japan, and England have had a great deal of success with internal control of police via strict supervision and discipline, high ethical standards, and great emphasis on professionalism (Bayley, 1976; Weigend, 1983a; Benton, 1964).

3. In the United States, there is great public and political pressure on prosecutors to secure convictions, rather than to seek justice. This results in some wrongful convictions attributable to prosecutorial suppression of evidence favorable to the defense, a clear ethical violation. With respect to system error (wrongful conviction), is this an advantage of the inquisitorial system, exemplified by West Germany and France, wherein the presiding

judge examines the evidence while attorneys for the state and for the accused play only supplementary roles (Weigend, 1983b)?

Finally, in addition to questions such as these, there is an overriding issue of societal tolerance for "false positives"; that is, to what degree is a society willing to accept, or even approve of, wrongful conviction? In the day-to-day decisionmaking required in the administration of justice, there is continual reassessment and balancing of the "crime control" and the "due process" requirements. In the absence of definitive studies, one can only speculate as to how much this decisionmaking is influenced by social trends and community concerns. For example, strong community concern about crime, coupled with high visibility in the mass media, may tip the balance toward the "crime control" model, while a highly publicized case of police brutality or blatant violations of basic human rights may lead to some counterpressures for better implementation of the due process model. This issue could usefully be explored via public opinion surveys.

POLICY RECOMMENDATIONS

This research has led to the formulation of a number of policy recommendations with respect to wrongful conviction. These recommendations are focused on both (1) the prevention (or, more accurately, the diminution) of wrongful conviction and (2) the compensation and reintegration of convicted innocents.

Preventing Wrongful Conviction

Realistically speaking we must acknowledge that wrongful conviction will always exist. No society can eliminate such errors, due to the inevitable dependence on human fallibility. However, where wrongful conviction results from either (1) *intentional* acts of deception and dishonesty or (2) *professional incompetence*, it is likely that changes in public policy and the introduction of stronger sanctions against such behavior could reduce the incidence of wrongful conviction.

For example, this research suggests that eyewitness misidentification is the leading cause of wrongful conviction, when such causes can be isolated. There is a substantial body of research suggesting that eyewitness identification is a most unreliable source of evidence under any circumstances, perhaps especially during the trauma associated with criminal victimization. Given this evidence, should we preclude eyewitness testimony?

Obviously, this would be an extreme measure, since to do so could lead

to the acquittal of many guilty persons, thus increasing the number of Type I errors. Instead, we must attempt to balance the need for such testimony with the problem of its poor reliability. Thus, in cases where eyewitness identification is the sole evidence, a jury or a judge should hear all information related to this issue prior to trial and should then decide the adequacy, validity, and reliability of the eyewitness identification in each case. Also, in such cases the court should *always* permit the use of qualified expert witnesses⁸ and should issue precise, cautionary instruction to juries. Further, police investigations of eyewitnesses and victims should be conducted in a timely manner to minimize the consequences of memory decay. Finally, the police should not be permitted to conduct any identification procedure (pre- or postindictment) in the absence of the defendant's attorney.

With respect to the next most frequent source of error (law enforcement and prosecutorial errors and misconduct), again it is clear that unintentional errors far outnumber intentional misconduct, though both are involved. It would seem profitable to include in basic and advanced law enforcement training a consideration of the dynamics of wrongful conviction, its implications for a democratic society, and methods of prevention. Actual cases of wrongful conviction attributable in whole or in part to official errors and/or misconduct should be incorporated in this training.

While better training can help eliminate many cases of wrongful conviction, we are left with cases involving intentional conduct of an unethical and unprofessional nature. Such conduct in the United States has not generally received appropriate attention, nor has it been adequately sanctioned. In a number of other nations, such conduct would simply not be tolerated and would cause great political scandal. Therefore, as a deterrent to such conduct, police and prosecutors who knowingly act in such a manner as to contribute to the conviction of an innocent person should immediately be removed from their positions of public trust. In addition, state and local bar associations, prosecutors, and state attorneys general should routinely evaluate the performance of criminal justice personnel involved in every known case of wrongful conviction, as such cases occur. These reviews would provide evidence of any actions requiring sanctions and would provide the basis for continuing education concerning such cases.

Compensating and Reintegrating the Wrongfully Convicted

Given that we cannot prevent all wrongful conviction, we must also intensify our efforts to compensate and reintegrate those who are the unfortunate victims of injustice. Just as we have properly expressed increasing concern with the plight of crime victims, we ought also to be

concerned with these victims and attempt to make them whole again. Unfortunately, in most states, in order to compensate a citizen who was convicted but innocent, a special bill must be introduced and passed by the state legislature. Such bills generally authorize the state court of claims to set the amount of the award. Claims Courts tend to apply very conservative criteria, such as the amount of lost wages and the legal expenses incurred by the wrongfully convicted individual. Since most wrongfully convicted persons are poor, using the criterion of "lost wages" cannot begin to provide a fair level of compensation for time spent in prison. Yet only five states⁹ have established special funds for compensating the victims of wrongful conviction, and even in those states the awards are usually quite small.

Nor is civil litigation a particularly productive option, since it is relatively expensive. What, then, should be done? While it is not likely that legislation enacted in states will be so broad as to include all wrongfully convicted persons, an important step could be taken by enacting statutes to compensate and reintegrate into society those who are wrongfully *incarcerated*. Such statutes should include compensation for:

1. loss of liberty and separation from family and friends;
2. physical injuries, mental anguish or humiliation, or other problems directly related to the incarceration experience;
3. all actual and unreimbursed expenses and costs incurred in defending himself, including attorney fees and court costs;
4. damage to reputation;
5. any other damages directly related to the incarceration experience; and
6. either actual lost wages or the median family income, based on aggregate state statistics for each year of wrongful conviction, whichever is greater.

In addition to these measures, such individuals should be provided (at no cost) all relevant state services that may be useful in reintegrating into society the wrongfully incarcerated citizen. Examples of such services would include job training, employment services, and family counseling.

A CONCLUDING COMMENT

Many people regard wrongful conviction not as a social problem, but rather as the inevitable cost of operating an efficient criminal justice system—one designed, first and foremost, to deter crime and to punish criminals who are not deterred. However, as this research suggests, not all

wrongful convictions are attributable to "inevitable" errors made by fallible human beings. A substantial significant number of cases in our database are, instead, attributable either to professional dishonesty and deception or to professional incompetence. Such unprofessional conduct, whether attributable to intentional dishonesty and deception or to poor training and lack of effective supervision, constitutes a significant social problem for a democratic society that values the freedom of its citizens. Public policy must be more responsive to this problem and should be informed by this research and by proposed cross-national studies designed to address both macro-sociological and micro-level variables that operate to facilitate or inhibit such injustices.

NOTES

1. This case received an extraordinary amount of media attention throughout the United States. Gary Dotson, who had been convicted and imprisoned for the rape of Cathleen Crowell Webb, had his sentence commuted (to time served) by the State of Illinois after Ms. Webb recanted her earlier testimony. Although Ms. Webb asserted that she had lied and had not, in fact, been raped, an inquiry by the State of Illinois resulted in Governor Thompson's reaffirmation of the belief that Ms. Webb was, in fact, raped. Although Dotson has been released from prison, his innocence has yet to be established. Thus, this case is *not* included in our database, since it cannot with certainty be characterized as a case of "wrongful conviction."

2. Attorneys General were chosen because of their central position in the administration of the criminal justice systems of their respective states and the likelihood that they would know about cases of wrongful conviction.

3. Ohio is the sixth most populous state in the United States, is highly representative demographically, and has a representative criminal justice system.

4. In Ohio, the 88 County Common Pleas Courts have original jurisdiction of all major crimes and offenses.

5. Cleveland, Columbus, Cincinnati, Toledo, Akron, Dayton, and Youngstown.

6. These searches have included mechanized searches of the *New York Times*, the *Los Angeles Times*, and the *Washington Post*, and other major newspapers, as well as more than 1,100 magazines and journals, through the NEWSEARCH and NATIONAL NEWSPAPER INDEX databases of Knowledge Index (Dialog Information Services, Inc., Palo Alto, California). In addition, the Mechanized Information Center of The Ohio State University Libraries continues to carry out related computerized database searches that help identify new cases and related developments.

7. This estimate is for only the most serious ("index") crimes; it is likely that the number and the proportion of wrongful convictions in misdemeanor cases are much higher, since the penalties are less severe and there would be less to lose by pleading guilty, even when innocent.

8. Expert witnesses, even those as prominent as Professor Elizabeth Loftus of the University of Washington, have frequently been barred from testifying in such cases, despite what would appear to be the close linkage between their expertise and the issues before the court in these cases.

9. California, Wisconsin, Illinois, New York, and Tennessee.

CASES

- Jackson v. Fogg (1978) 589 F. 2d 108 (2d Cir.).
Powell v. Alabama (1932) 287 U.S. 45.

REFERENCES

- Bayley, D. H.
1976 *Forces of Order: Police Behavior in Japan and the United States*. Berkeley, CA: University of California Press.
- Benton, M.
1964 *The Policeman in the Community*. New York: Basic Books.
- Borchard, E. M.
1932 *Convicting the Innocent: Sixty-Five Actual Errors of Criminal Justice*. Garden City, N. Y.: Doubleday.
- Brandon, R. and C. Davies
1973 *Wrongful Imprisonment: Mistaken Convictions and Their Consequences*. London: Allen and Unwin.
- Brigham, J. C. and P. Barkowitz
1978 "Do they all look alike? The effects of race, sex, experience, and attitudes on the ability to recognize faces." *Journal of Applied Psychology* 8:306-318.
- Buckhout, R.
1974 "Eyewitness testimony." *Scientific American* 231:23-31.
1977 "Eyewitness identification and psychology in the courtroom." *Criminal Defense* 4:5-10.
- Federal Bureau of Investigation
1985 *Crime in the United States, 1984*.
- Frank, J. and B. Frank
1957 *Not Guilty*. New York: Doubleday.
- Gardner, E. S.
1952 *Court of Last Resort*. New York: William Sloane.
- Gregory, W. L. et al.
1978 "Social psychology of plea bargaining—applications, methodology and theory." *Journal of Personality and Social Psychology* 36:1521-1530.
- Loftus, E. F.
1979 *Eyewitness Testimony*. Cambridge, MA: Harvard University Press.
- MacNamara, D. E. J.
1969 "Convicting the Innocent." *Crime and Delinquency* 15:57-61.
- Packer, H. L.
1968 *The Limits of the Criminal Sanction*. Palo Alto, CA: Stanford University Press.
- Perrucci, R. and M. Pilisuk
1971 *The Triple Revolution Emerging: Social Problems in Depth*. Boston: Little, Brown.

Radin, E. D.

1964 *The Innocents*. New York: William Morrow.

Sorokin, P. A.

1937 *Social and Cultural Dynamics*. New York: American Book.

Turk, A. T.

1966 "Conflict and Criminality." *American Sociological Review* 31:338–352.

U.S. Department of Justice, Bureau of Justice Statistics

1983 *Report to the Nation on Crime and Justice*. Washington, D.C.: U.S. Department of Justice.

Weigend, T.

1983a "Criminal procedure: Comparative aspects." Pp. 537–546 in Sanford H. Kadish (ed.), *Encyclopedia of Crime and Justice*. New York: Free Press.

1983b "Prosecution: Comparative aspects." Pp. 1296–1304 in Sanford H. Kadish (ed.), *Encyclopedia of Crime and Justice*. New York: Free Press.

PART III

UNDERSTANDING SOCIAL PROBLEMS: RACE RELATIONS

CONFLICTING DEFINITIONS IN RACE RELATIONS SINCE 1960: INTEGRATION, COLOR CONSCIOUSNESS AND CLASS CONSCIOUSNESS

Lewis M. Killian

INTRODUCTION

The choice of the theme “conflicting definitions of the racial crisis” constitutes a deliberate avoidance of the task of identifying such objective phenomena as “racial problems” or “trends in race relations” during the past two decades. The choice reflects a phenomenological perspective and the view of Herbert Blumer that social problems do not exist as objective conditions waiting to be identified by omniscient social scientists, but are instead “products of a process of collective definition” (1971:298). In spite of Blumer’s admonition, sociologists by and large continue to debate

Research in Social Problems and Public Policy, Volume 4, pages 119–136.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

with each other over who has the "correct" analysis of the racial problem in the United States. Yet these very same allegedly objective analyses are not received as such by the actors already involved in constructing the public definition. They are instead treated as partisan statements which become part of the debate—witness the arguments over James Coleman's research on "white flight" and William J. Wilson's highly theoretical analysis of the shifting relationship between class and race, and before them the attack by Herbert Aptheker and Oliver C. Cox on Myrdal's "American Dilemma" and practically everybody's attack on Moynihan's "Negro Family" report.

While eschewing the goal of defining the "real" problems of race relations, we can undertake to identify what have been competing collective definitions of the problems or of the racial crisis at various points in time. None of these competing definitions has produced a solution to the problems it identifies, but each one carries implications for action and public policy.

To identify even the conflicting definitions is a formidable task, however, and one which will inevitably reflect the biases of the researcher. With these limitations in mind, an attempt has been made to ascertain what have been debated as current issues in race relations by black putative opinion leaders beginning in 1960. As a base line the columns of *The Crisis*, the journal of the oldest and most enduring black protest organization, the NAACP, have been examined for each year between 1960 and 1980. The writings, scattered in a variety of sources, of other black leaders who surfaced during these years—such as Stokely Carmichael, Malcolm X, Martin Luther King, Jr., James Farmer, James Forman, James Boggs, and many others—have been compared synchronically to the public positions of the various contributors to *The Crisis*—such as Roy Wilkins, Herbert Hill, John Morsell, Gloster Current, Henry Lee Moon and June Shagaloff.

W. E. B. Du Bois' early observation about the black American that "one ever feels his two-ness—an American, a Negro . . . two warring ideals in one dark body" has been reflected by subsequent writers in the proposition that the ideology of black people in America has swung back and forth between assimilationism and nationalism, integration and separation. Bracey, Meier and Rudwick (1970:xxxvi) and William J. Wilson (1973:200) all propose that black nationalism has tended to be ascendant when blacks were disillusioned and pessimistic about the prospects for success in their struggle for equality, particularly when this disillusionment follows a period of heightened expectations. The alternation of periods of assimilationist and nationalist ideological ascendance constitute large, macrosociological trends which stand in a reciprocal relationship with the succession of specific, current issues which remain in

the center of the arena frequently for as little as a few weeks but which may also move back and forth between center and periphery over many years. The definition of such specific events as issues and, even more, the way they are resolved combine to generate the larger trends, creating the broad, ideological definition of the nature of the racial crisis at any particular period. At the same time, what happens to be the dominant ideology influences what events are defined as issues and what are the competing positions on these issues. For example, school busing to achieve racial balance becomes a different kind of issue, if an issue at all, in a period of assimilationist ascendancy as compared with a nationalistic period.

The dominant ideological set among blacks in 1960 was clearly assimilationist or, in the language of the times, integrationist. The last great wave of nationalist sentiment had swept through with Garvey in the 1920s. The 1954 desegregation decision had constituted a triumph of the assimilationist principle, and the big question in 1960 was how to speed up the pace of integration in a recalcitrant South. In this year the NAACP apparently perceived integration as meaning the achievement of a color-blind society, for in November *The Crisis* reported with approbation that Ohio State University had, following several years of protest by the NAACP, dropped all racial and religious designations from its application forms (1960:596). The heading read, "Drops Race Labeling." The central issues involved tactics and claims to what was then still called "Negro leadership." In his annual review of the NAACP convention, Gloster Current spoke of the "accent on youth" during what had been "the year of the sit-ins" (1960:405). The highly readable black journalist, Louis Lomax, had articulated the position of many blacks that the shift of tactics from litigation to demonstrations signaled "The Negro Revolt Against 'The Negro Leaders'" (1960).

It was against the challenge to its traditional position of eminence by the youth and by Martin Luther King, Jr. that the NAACP addressed most of its arguments in the early 1960s. Already emerging as a very muted counter-theme was the ground swell of black nationalism represented by the Nation of Islam and the menacing figure of Malcolm X, who said in his autobiography, "In 1961 our Nation flourished" (1966:263).

By 1962 another issue was beginning to emerge, alongside the dominant issue of the slowness of "deliberate speed" in the South. This was de facto segregation in the North. The 1962 NAACP convention was memorable for the slogan, "Free by Sixty-Three." This slogan, with a strong assimilationist thrust, was acceptable to most of the prominent blacks as the show of unity in the 1963 march on Washington indicated. Martin Luther King, Jr.'s, "I Have a Dream" speech was a eulogy to the integrated, color-blind society. How committed the NAACP remained to a thoroughly assimila-

tionist ideology during the first half of the 1960s is illustrated in several ways. In 1962 in suggesting effective methods of eliminating de facto school segregation, the NAACP suggested such devices as rezoning, the Princeton Plan, the location of new schools on sites which would result in an integrated student body and open enrollment—freedom of choice—plans (*The Crisis*, 1962:231)! Nowhere was busing mentioned. In his keynote address to the 1962 convention, Bishop Stephen Spottswood Gill suggested his conception of what “Free by Sixty-Three” meant when he said, “Final victory will mean the wiping out of every vestige of second-class citizenship, tokenism, quotas and percentages” and “erasure of the color line in employment and the substitution of competence” (*Current*, 1962:375). In 1964 June Shagaloff, Special Assistant for Education, stated, “The NAACP has never proposed long distance reassignment of pupils to achieve a rigid percentage of Negro and White pupils in every school, but we do insist upon administratively sound and effective desegregation steps” (1964:558).

Theses that were to become very loud, moving to the center of the stage as issues, were still coming from the wings as late as 1965. Nationalism and even separatism were being hawked by the Black Muslims and by Malcolm’s Organization for Afro-American Unity, and the NAACP was regularly denouncing such misguided retreatism. Shortly after Malcolm’s death, Henry Lee Moon said of him in *Crisis*, “He arrived on the scene advocating segregation at a time when Negroes were beginning to glimpse the possibility of achieving their goal of integration” (1965:227). Another theme which had begun to surface was the question of the use of violence by blacks, with the NAACP again in opposition to what it perceived as extremist, self-defeating tactics. In 1959 Robert F. Williams had been thrown out of the NAACP for advocating that blacks should arm themselves in self-defense, but by 1962 the Deacons for Defense and Justice were following his advice, and in 1965 the founders of the Black Panther Party were reading not only William’s writings but those of Mao, Franz Fanon and Che Guevara. In the meantime, the NAACP was deploring the violence which blacks had used in the 1964 Harlem riot, and reiterating the position that violence was counterproductive for blacks in the United States.

An enduring issue mentioned periodically by NAACP writers was that of employment although, interestingly, the specific issue was usually the continued discrimination against black workers by both management and labor unions in the construction industry. Adumbrations of what would later become hotly debated issues were found in a variety of places. One of the earliest references to the notion that the economic problems of blacks were due to more than just racism is found in an article in 1962 by Herbert Hill in which he observed that “as a result of automation, unskilled and

semiskilled jobs are disappearing at a rate of nearly two million a year” (1962:145). The earliest calls for preferential treatment of blacks as a remedy for their deteriorating economic position came from other sources, however. In 1963, James Farmer, then with CORE, wrote:

When a society has crippled some of its people, it has an obligation to provide requisite crutches. Industry has an obligation not merely to employ the best qualified person who *happens* to apply, but to seek qualified Negroes for nontraditional jobs, and if none can be found, to help train them. If two or more applicants with substantially equal qualifications should present themselves, and one of them is a Negro, then he should be given a measure of preference to compensate for the discrimination of centuries (1963:101).

In 1964 Daniel P. Moynihan, still an obscure Assistant Secretary of Labor, at a conference raised the question as to whether “if you were ever going to have anything like an equal Negro community, you are for the next thirty years going to have to give them unequal treatment” (Rainwater and Yancey, 1967:22). Then in 1965 President Lyndon B. Johnson used the phrase “affirmative action” in Executive Order 11246 but gave no indication of how the principle was to be implemented by employers. Receiving vastly greater attention from black leaders at this time was his “War on Poverty,” for the economic plight of the black masses was beginning to compete with segregation as a major public concern.

With dramatic swiftness, minor themes became major issues in 1966—the year of the dawning of Black Power. The contest over “Who Speaks for the Negro?” had changed from a struggle between the NAACP and its nonviolent, integrationist challengers to a bitter fight between Stokely Carmichael and all the rest of the “Big Six” of black leadership—Wilkins, King, Whitney, Young, Farmer and Randolph. But not only was the leadership of the NAACP being challenged as never before; the ideology of integration was under siege and it would remain so for the next half-decade. Lawrence P. Neal of *Liberator Magazine* wrote, “The main thrust of the NAACP is now directed towards assimilating blacks into the present socioeconomic structure of white America. But in the present political and economic context this is neither possible nor desirable (1968:137). Stokely Carmichael spoke in even stronger tones, expressing sentiments that may sound strange today:

Integration, moreover, speaks to the problem of blackness in a despicable way. As a goal, it has been based on complete acceptance of the fact that *in order to have* a decent house or education, blacks must move into a white neighborhood or send their children to a white school. This reinforces, among both black and white, the idea that “white” is automatically better and “black” is by definition inferior (1968:65)

Nathan Wright, Jr., wrote sarcastically of the civil rights movement:

Throughout the 1955–1965 ‘decade of progress’ the dollar income gap between black and white Americans moved steadily toward a perilous proportion, relief roles mounted, northern school and residential segregation increased, and the economic control by black people of their local environments continued to decrease (1968:104).

He went on to call for compensatory treatment and attention to the plight of those blacks who could not take advantage of equal opportunity because they start from a position of gross disadvantage. So he wrote:

The nation’s social and economic well-being call for the black American’s being dealt into the nation’s economic life with immediate equity *at all levels and according to existing potentialities*. This means, in effect, that no reasonable “progress” may be made in the employment patterns for black Americans unless some form of restitution or preferential device is employed to create a condition of equity. The staggering crippling effects of past and present discrimination must be overcome (1968:111).

The problem of those blacks who were too poor to afford to buy a hamburger at the integrated lunch counter and too unskilled to take advantage of the promise of equal employment opportunities was now being addressed by blacks of all ideological persuasions. In 1967 Kenneth Clark, of the NAACP, wrote in “The Present Dilemma of the Negro,” “The masses of Negroes are now starkly aware of the fact that recent civil rights victories benefited primarily a very small percentage of middle class Negroes while their predicament remained the same or worsened” (1967:16). During this period, Martin Luther King moved his campaign north to attack issues of housing in Chicago; he was in Memphis supporting striking sanitation workers when he was killed. Resolutions at the NAACP annual conventions called for a guaranteed annual income. Again there was acknowledgment that more than racism was involved in the economic plight of the black masses. In January, 1968, Alfred B. Lewis, treasurer of the NAACP, warned that unemployment would rise from sources other than the end of “war demands” when the U.S. got out of Vietnam—automation which, he predicted accurately, would hit Negroes and Spanish-speaking people harder than any other Americans (1968:11). In this same year the League of Revolutionary Black Workers was formed in Detroit, bringing a Marxist-Leninist analysis to the conflict of black automobile workers with both management and the union (See Geschwender, 1977).

One of the clearest and most comprehensive statements of the changing nature of the racial problem was advanced by Henry Lee Moon in *Crisis* of February, 1968, an issue dedicated to the memory of W. E. B. DuBois. He wrote:

When DuBois was pleading for the development of his Talented Tenth he envisioned a black elite which by active participation in the struggle for equality and by example would lead and inspire the black masses to a plane of equality with other Americans in

every aspect of private and community life. This Du Boisian ideal remains largely unrealized, not so much because of the failure of his Talented Tenth to meet his expectations . . . as because modern automation, which at the turn of the century, he could not foresee, has rendered unskilled labor obsolete. . . .

What began as a color problem at the time that Dr. Du Bois emerged as the leader of Negro protest, has become, in the last third of the Twentieth Century, basically a problem in education and economics. The advent of automation foreclosed to the Negro masses the road which European immigrants had successfully traversed to middle class status, that is, to the American ideal (1968;56).

As the quotations from Carmichael and other Black Power advocates have suggested, however, middle class status was no longer an ideal for many blacks if it meant becoming like whites. In 1967 a black woman, Ruth Turner Perot, wrote of the stress of the civil rights movement on integration as a goal in and of itself:

The civil rights movement had been saying, 'Good schools are integrated schools and only integrated schools are good schools. Good neighborhoods are integrated neighborhoods and only integrated neighborhoods are good neighborhoods.'

Integration simply could not be gained at the expense of black self-worth. No other ethnic group had been forced to lose its identity to succeed in integrated society. Why was it necessary for black people to do so (1960:467)?

The issue which most clearly symbolized the ascendance of black nationalism was the controversy which raged from 1967 through 1969 over black community control over black schools—the Ocean Hill-Brownsville fight. Around it, as the critical showdown between black power and white liberal power, as represented in the United Federation of Teachers, swirled other specific issues such as the establishment of Afro-American or Black Studies departments, the voluntary segregation of black students on white campuses, support for traditional black colleges and for such new institutions as Malcolm X University and Federal City College, and the whole question of whether black students could receive a quality education without being in an integrated setting.

So powerful was the tide of black nationalism at this time that even the NAACP made grudging concessions to it, and also experienced an internal crisis. Gloster Current dubbed the 59th Convention, in 1968, "The Turbulent 59th." In his keynote address, Bishop Gill again condemned black separatism, but the theme of the convention was "Building and Using Power in the Ghetto." Gill was careful to emphasize that to the sage leaders of his organization "black power" meant only economic and voting power, but not all of his listeners were willing to accept this limitation. This was the year in which the NAACP experienced the revolt of the "young turks" of the Youth Division who now brought the charge of conservatism and elitism to the floor of the convention with disruptive demonstrations.

In connection with the New York community control battle another issue emerged which surfaced again in 1979. The columns of *Crisis* were filled with more cries of alarm over the deepening schism in the black community over tactics and goals. Now the black nationalists were condemned for something more than their "retreatist separatism"—the editorial writer said in November, 1968: "The extremists must be answered promptly and forthrightly in the name of the majority. Their racism and anti-Semitism must be condemned and repudiated." It had been during the New York teachers' strike that the question, "Are black Americans anti-Semitic?" had become a subject for serious debate, along with the corollary, "Just how good friends of blacks are Jews, their traditional allies?"

Now in 1968 there was a bureaucratic happening which received no attention from either assimilationists of the NAACP or from the black nationalists—it was something which was produced by the "race relations industry" which had been fostered by the Civil Rights Act of 1964. The Department of Labor issued new regulations concerning equal employment opportunity calling for employers to submit written affirmative action programs, with goals and time-tables, as evidence of their compliance. The percentages which Bishop Gill had said, back in 1962, should disappear with freedom were now incorporated into the law of the land. But the black nationalists, with their rejection of the goal of being integrated into a burning house, were thinking of a different kind of compensatory or preferential treatment. In the famous Black Manifesto of 1969, James Forman, speaking for the Black Economic Development Conference, laid it out plainly—white America owed black Americans financial reparations for the labor that had been stolen from their ancestors and for the continuing disadvantage which they suffered from past and present discrimination. The money was to be paid to the black people as a community, not as individuals, with no strings attached. While the government did not take cognizance of the Manifesto, some white church bodies did undertake to raise funds for reparations. The response of the NAACP to the Manifesto and those whites who accepted the burden was a vigorous and bitter attack. In the March, 1970 issue of *Crisis*, John Morsell wrote in, "The NAACP and 'Reparations'":

It ought certainly to be clear that there is no such thing as funds bestowed without strings. . . . A community becomes empowered in the same way an individual becomes empowered. It builds its self-confidence and its pride in the same way an individual acquires these qualities: by successfully meeting the challenges of adversity, by fighting as hard as possible and by prevailing at least some of the time. There are no royal roads and no shortcuts. The Negro who battles on a picket line, or by passing a test, or by completing preparation for skilled work or by winning a court case will find his pride and his confidence built or enhanced thereby.

Most Negroes, like most everybody else, will earn their livings by being employed.

What they need above all is the maximizing of opportunity and choice of jobs and of access to training for jobs and of fulfillment in the work done . . . (1970:95).

Is it too much to say that there could hardly be any more eloquent statement of the traditional American work ethic and faith in individualism? At this time the NAACP did believe in a form of preferential treatment, although it was still not talking about across-the-board affirmative action, quotas, percentages, or guidelines. Attention was still narrowly focussed on the construction industry and on the "Philadelphia Plan" requiring the allocation of a certain percentage of construction jobs to minority workmen. The major targets of attack during the 1969 convention were, however, violence by blacks—remember, this was the age of the ghetto insurrections—and the neglect of black needs by the Nixon administration. The year 1970 appears in retrospect as a low point in the progress of blacks and a time of profound desperation. In February *Crisis* opined that the Philadelphia Plan was the only plus in the performance of the federal government, but by September the fear was expressed that even this was being abandoned. In his annual keynote address, Bishop Gill branded the Nixon administration as being actually anti-Negro. At the same time, he continued to attack separatism and the concept of reparations.

From the nationalist side, attacks on the goal of integration continued to be in vogue. LeRone Bennett, Jr., wrote in a special issue of *Ebony* on *The Black Revolution*:

The ripping away of successive veils of illusion—the veil of education, the veil of litigation, the veil of integration—created the historical conditions for the Black Rebellion.

The integration stage is a typical reaction of an oppressed group which has achieved sufficient self-awareness to oppose its oppressors without having the means to force a real change in status. Lacking the instruments for smashing the system, the oppressed demand only that they be integrated into the society which rejects them. This demand is pushed by litigation, pressure-group techniques and petitions for the one-by-one admission of the oppressed into the precincts of the oppressor (1970:4–5).

Bennett wrote as if this were the epitaph for the integrationist sentiment; it turned out that he was describing the spirit which would soon replace the dominant nationalist ideology. Already a new technique of integration was becoming an issue to which the NAACP addressed itself. Never having swerved from its dedication to the goal of integration, particularly in education, the NAACP was now proclaiming that busing was a necessity for achievement of the goal of school desegregation. By the 1971 convention, it had become a major issue. At the same time, the tide of Black Power was ebbing—Roy Wilkins felt confident enough to welcome back to the ranks the youth who had rebelled three years earlier.

In that year one of the NAACP's most devoted and accomplished members died—Ralph Bunche. In honoring him, *Crisis* noted that he had received the Nobel Peace Prize in 1950 for his work in bringing about the Arab-Jewish armistice of 1949 which enabled the state of Israel to begin to live. It is ironic that by this time of Bunche's death many black nationalists acclaimed Palestinian nationalists as fellow members of the Third World and joined them in condemning Zionism and the state of Israel.

The last gasp of the latest wave of black nationalism came in 1972, symbolized by the National Black Political Convention at Gary. The NAACP attempted with many misgivings to unite in this political activity with the black nationalists, but the effort failed. In a letter from Wilkins to Charles C. Diggs, Jr., and Imamu Amiri Baraka, the NAACP indicated its support of a number of the goals proposed in the agenda, the first of which was "an adequate guaranteed income for U.S. families." It attacked the composers of the agenda, however, for their "half-hearted or meaningless endorsement to busing while, in fact, calling for abandonment of the fight against segregation" (Wilkins; 1972:229). The other issue on which the NAACP split with its nationalist associates was stated as follows:

We have not only consistently supported Israel's right to exist in peace as a nation, but we have applauded her democratic achievements in the struggle to maintain justice for her racially diverse population and to carry meaningful assistance to sister nations in Black Africa. It is neither just nor honest to endorse condemnations of Israeli actions without equally sharp condemnation of the continued Arab provocation and depredations, commencing with the assault of 1948 upon the newly-established state in defiance of the United Nations Resolution partitioning Palestine and providing for a Jewish nation in a portion of the territory. To engage in this kind of one-sided condemnation is as unjustified as to condemn all of today's Arabs simply because of their long history as the chief traders of black African slaves (Wilkins, 1972:229-30).

In October of 1972 *The Crisis* addressed itself to the issue of affirmative action in an editorial entitled, "Quotas, Goals and Parity" (1972). Distinguishing between *restrictive quotas* and goals designed to establish minimum levels of participation, the NAACP seemed to accept the principle of reparations in one form. The editorial said:

The Negro's present pursuit of parity, even if it requires the establishment of minimum goals, is justified by his long history of deprivation and, particularly, by the continuing refusal of the society to provide equal educational opportunity for him (1972:257).

From another source, the relatively new journal *The Black Scholar*, came a warning of the growing class differences among blacks. James Boggs, after dramatizing the effects of automation on young black people, said of "qualified" middle-class blacks:

Since white folks began to feel the heat of the civil rights movement and the black rebellions in the cities, they have begun to reward those individuals with the personal

ambition and endurance to sit through 16–20 years of schools, with conspicuous and fairly well-paid jobs. . . .

But no matter how well and how high they are living, even if they are enjoying lobsters instead of chitlings, they can't escape the reality that this society holds no future for the black masses, so that the masses of black people, and especially young black men and women, feel each day more frustrated, more useless and more hopeless (19782:56).

He concluded his article by saying, "Even the few blacks who can achieve some individual success . . . can never escape the fact that the great majority of blacks are no longer needed in this system." Here was the grim answer, still not refuted today, to the question which had been raised by Sidney Willhelm and Elwin Powell in 1964 in their seminal article, "Who Needs the Negro?" (1964) The answer was and is, "Not modern, automated, monopoly capitalism!"

By 1973 the NAACP seemed to feel threatened no longer by black nationalism—Current called the 64th "a convention of harmony." The organization was now making not even the slightest concessions to the spirit of black power or what was perceived as separatism. Resolutions at the 64th convention proclaimed continued support for busing, for school desegregation through metropolitan plans, for the desegregation of state systems of higher education and for the *right* of children to have classmates of other races. Integration had been elevated to the status of a constitutional and moral imperative, not one means among others for producing quality education for all students. Most symbolic of the return to dominance of the assimilationist ideology was the suspension of the leaders of the Atlanta Chapter for entering a compromise plan which exchanged statistical parity in the public schools for a larger role for blacks in the administration of the schools.

By 1974 the outline of what would remain the dominant definition of the salient issues until 1979 could be discerned in the policy positions taken at the 65th convention and in editorials in *The Crisis* throughout the year. An article entitled "The Black Press on Israel" asserted that reactions of 15 black newspapers to the Yom Kippur war showed that only one had "succumbed to the anti-Semitic and anti-Israel bias being purveyed by certain black extremists" (1974:77). Bayard Rustin wrote in April, 1974, "But while traditional black leadership has been generous in embracing Israel's cause, the same cannot be said for black nationalists or separatists. Following the Six Day War in 1967, the Black Panthers, the Student Nonviolent Coordinating Committee, and other such organizations denounced the 'imperialist' and 'genocidal' nature of Israel, and proclaimed the necessity of black-Arab solidarity" (1974:115).

The issue of greatest importance to vocal black leaders, inside and outside the NAACP, was affirmative action. Once again the courts were the arena of struggle—apparently the "veil of litigation" which Bennett

said had been stripped away had been restored, along with the veil of integration. Two cases were perceived as "Pivotal." One was the Detroit school busing case, involving the issue of metropolitan desegregation plans. The other was the case of Marcus DeFunis, the first challenge to preferential treatment. Now the NAACP came out four-square for this type of compensatory treatment or "reparations." An editorial in the April *Crisis* declared:

The issue in the De Funis case is not "quotas." The university is not trying to keep anyone out of its law school on the basis of Race, Color or Creed. The issue is *parity*. The university is trying to rectify more than three and one-half centuries of white-imposed discrimination against the non-white peoples of this nation. While Mr. De Funis personally had nothing to do with this long-enduring conspiracy to deprive black folk of their rights, he is a member of the white majority which initiated and maintains this conspiracy (1974:113).

James Forman and the writers of the Black Manifesto had triumphed in spirit but not in practice. The principle of reparations had been accepted but the form was that which had been denounced only a few years earlier by black nationalist Lawrence Neal when he wrote, "The main thrust of the NAACP is now directed toward assimilating blacks into the present socio-economic structure of white America," and LeRone Bennett who said of the "Integration stage" of revolution, "This demand is pushed by litigation, pressure-group techniques and petitions for the one-by-one admission of the oppressed into the precincts of the oppressor." Affirmative action does not offer aid or reparations to the larger portion of the black community; it still offers opportunity to the modern "talented tenth"—the "qualified or qualifiable Negro" in the words of a resolution passed at the 65th NAACP convention.

By 1975 both the Black Power Movement and that phase of the Civil Rights Movement dominated by the person and the philosophy of Martin Luther King, Jr., had faded into history. The NAACP stood once again without serious challenge to its historic position as the number one black protest organization, although now allied on many occasions with a rejuvenated Urban League and a newly born black congressional caucus. The ideology of assimilation was once more dominant, but with a novel twist in the contention that color-consciousness, not color blindness, was required if racial equality or "parity" were to be achieved. The leading issues for the NAACP and for most blacks with voices loud enough to be heard were the slow pace of school desegregation in both South and North, anti-busing violence in Boston, the elimination of the dual system of higher education in southern states and, above all, affirmative action—specifically the De Funis, Bakke and Weber cases. *The Crisis* said of the 69th annual convention, "It was really an anti-Bakke convention" and

“the long-awaited decision cast a pall over the week-long convention” (1978:259,269). In a special issue devoted to the Bakke case in February, 1979, *Crisis* rejoiced now that the view of four justices who held that the 1964 Civil Rights Act requiring “absolute color-blindness” had been rejected by the majority.

Certainly there were other issues which were discussed extensively in the pages of *Crisis* and made the subject of resolutions at each convention. There were growing expressions of concern about international relations, in contrast with the resolution of the 58th Convention in 1967 affirming that “to merge the civil rights movement with the peace movement” would be a serious tactical mistake since “the urgent priorities of the civil rights movement dictate that the full resources and energies of the NAACP be directed toward the immediate resolution of the grave problems of racism in this country and abroad” (*Crisis*; 1967:359). The focus of international concerns was exclusively Africa, however, There were periodic expressions of distress over the “falling away” of some Jewish allies because of disagreements over preferential treatment or quotas. Above all, there were repeated expressions of grave concern over poverty and unemployment. Yet even these expressions emphasized working within the system, a system that would presumably offer equal and adequate welfare for all if only racism were abolished. This assimilationist and individualistic thrust is symbolized by the words of Margaret Bush Wilson in her first keynote address as Chairperson of the Board of Directors:

Some insist that the great question is whether the masses of blacks will become a permanent underclass in America. I say that there must not be an underclass, and it most certainly must not be black. This is the real challenge today for the NAACP and for the civil rights movement. It is the cutting edge of a significant program thrust and overall strategy. Most of all, we must firmly project more and more THE ROLE MODELS OF CHARACTER, COMPETENCE AND ACHIEVEMENT. WE MUST MAKE CERTAIN THAT OUR CHILDREN SEE ON EVERY HAND THAT ACCOMPLISHMENT AND SIGNIFICANT SUCCESS ARE NOT LIMITED TO THE SPORTS AND ENTERTAINMENT WORLDS AND CERTAINLY NOT TO THE UNDERWORLD (*Current*, 1975:269).

It was at this same convention that Wilson had proclaimed her conviction that “new jobs come from economic growth in the private sector.” At the same time, despite some NAACP lobbying for it, the Humphrey-Hawkins Full Employment bill—originally dubbed “the Hawkins Bill”—was being stripped in Congress of the provision which would have made the federal government the “employer of last resort”—the only really radical and meaningful part of it.

To turn once more to the swing from assimilationism to black nationalism and back to assimilationism, I noted in 1975 that even though the Black Power Movement had been vitiated, largely by federal repression, it

had left an important legacy in certain themes which would no longer go away even though Malcolm X, Eldredge Cleaver, Stokely Carmichael, Bobby Seale, Rap Brown, Huey Newton and James Forman no longer made headlines (1975:162-170). These were: (1) black consciousness, (2) willingness to use "any means necessary," including violence, (3) the concept of group rights, and (4) identification with the Third World. I for one did not anticipate the extent to which this legacy, except perhaps for the defense of violence, would come to inform the dominant ideology of blacks in America without the resurgence of a black nationalist movement.

Color- or race-consciousness, extended even to newly invented "races" such as "hispanics" is now acclaimed as an essential for the achievement of the American Dream. "Race" as a legal and apparently scientific entity was accepted by the U.S. Supreme Court in the Bakke decision, and the federal government is seeking and in some cases requiring racial or ethnic identity on everything from the schedule of the 1980 census to mortgage loan applications.

The reaction to the resignation of Andrew Young and the subsequent alignment with Palestinian Arabs as "Third World" people by the SCLC, and Jesse Jackson, joined briefly by the NAACP and the National Urban League, illustrates not only the potency of the essentially anti-white Third World theme, but also the extreme importance of black consciousness. Only a month before the Young *imbroglio*, blacks at the Urban League convention had been deriding Rosalyn Carter for emphasizing the number of appointees of her husband "who happened to be black" at a time when the energy crisis was at the front of everyone's consciousness. Yet when Young resigned he was treated as the essential symbol of black progress. One must wonder how many poor blacks in 1979 felt the same lack of concern for the fate of such symbolic leaders as did the black lady quoted by Stokely Carmichael in 1968 as saying "the food that Ralph Bunche eats doesn't fill my stomach" (1968:65). How many Americans, black or white, recognized the name of "Gus" Hawkins, the black congressman who did try to feed the poor? Did his concern for even that part of the "Fourth World" which lives in America rather than for the oil-rich Third World disqualify him as a black leader? It appears that it did.

In 1968 Carmichael also said, "Integration speaks not at all to the problem of poverty, only to the problem of blackness" (1968:65). Today the minor theme competing with the dominant definition of the racial crisis as being a matter of affirmative action contra racism is the proposition advanced by William J. Wilson that "class has become more important than race in determining black life-chances in the modern industrial period" (1978:150) and "the challenge of economic dislocation in modern industrial society calls for public policy programs to attack inequality on a

broad class front, policy programs, in other words, that go beyond the limits of ethnic and racial discrimination by directly confronting the pervasive and destructive features of class subordination" (1978:154). Wilson has been denounced as a traitor to his race by many brothers and sisters ranging from long-time assimilationists, who now see affirmative action as the way to get into the white capitalist system, to erstwhile black nationalists who made it to college faculties or corporate board rooms instead of landing in jail. This stems largely from the fact way that Wilson fits into neither of the two earlier ideological camps, integrationist or nationalist. Instead of attacking racism, individual or institutional, he calls for consideration of the deleterious effect of basic structural changes in the modern American economy on black and white lower-income groups—in other words, he challenges the institutions, not the racism.

It should be clear from this review of changing definitions of the racial crisis that Wilson's analysis of the plight of the black masses, of the growing distinction in the life-situation of the black bourgeoisie and the masses, and of the dangers of the preoccupation of the black middle class with blackness rather than with poverty, is in no way new. Such diverse observers as E. Franklin Frazier, Herbert Hill, Lawrence Neal, Daniel Patrick Moynihan, Nathan Wright, Stokely Carmichael, Kenneth Clark, A. Philip Randolph, James Boggs, and LeRone Bennett, Jr. had uttered the same warning over the two previous decades. Only three years before Wilson's book, *The Declining Significance of Race* appeared, a black economist and president of a black college, Vivian W. Henderson, had defined the issue in the same that Wilson does, but even more clearly, forcefully and succinctly. In a speech reprinted in the February, 1975, issue of *Crisis* Henderson wrote:

If all racial prejudice and discrimination and all racism in America were erased today, all the ills brought by the process of economic class distinction and economic depression of the masses of black people would remain. (1975:54).

The speech was delivered at a conference named in honor of W. E. B. DuBois, held at Atlanta University in October of 1974. Henderson concluded by suggesting how DuBois might see the racial crisis today—not the DuBois of the "Talented Tenth" but the DuBois of the post-NAACP days. He said:

In all probability, DuBois would not voice surprise at the serious class problem today or its entrenchment in the economic situation, or the impact of the industrial and economic organization and policies employed by the United States upon the underclass. If he were here, he probably would project a kind of social upheaval unparalleled in this country primarily because of the battle of countervailing powers (big labor, big business, big government, and helpless consumers) over slices of the real no-growth economic pie and the powerless position of the sub-groups of income

recipients and dependents and the rising strength of organized workers in public and private essential service industries.

The economic future of blacks in the United States is bound up with that of the rest of the nation. Policies, programs, and politics designed in the future to cope with the problems of the poor and the victimized will also yield benefits to blacks. In contrast, any efforts to treat blacks separately from the rest of the nation are likely to lead to frustrations, heightened racial animosities, and a waste of the country's resources and the precious resources of black people (1975:55).

Here, then, is the crossroads of the 1980s, with the way still not chosen at the midpoint of the decade. The competing issues are not those of "who leads" or of tactics, nor even the more fundamental issues of whether an assimilationist or a pluralist strategy is most effective in getting blacks their fair share of an expanding economic pie. The question is, "Will the Brian Webers of the future and their black co-workers still have to battle each other for scarce opportunities to upgrade their skills before their jobs are automated out of existence?" Or will they join forces with each other and with millions of consumers, employed, unemployed, retired, handicapped or dependent, to demand to know why the richest, most technologically advanced nation in the world cannot provide a minimum level of well-being to all its citizens without regard to race, creed, age, sex, education, skill level, intelligence, or employment status. To demand this may sound utopian. The belief that enough income will trickle down from the private sector to prevent the persistence and spread of massive, destructive poverty is equally utopian. What shall be our national goals for both blacks and whites? Shall they be the primacy of our nuclear arsenal, the multinational corporation, a balanced budget, low taxes, an unemployment rate of "only" four percent, and welfare only for the "deserving poor?" Does the charge of the founding fathers "to provide for the general welfare" mean that socialism shall be extended only to the rich, as the martyred Martin Luther King said it was? Or dare the people ask whether the civilization that aspires to reach literally to the stars with its wealth and its science is indeed incapable of at least aspiring to the ideal, "From each according to his abilities, to each according to his needs?"

REFERENCES

- Bennet, LeRone, Jr.
 1970 "Of time, space, and revolution." Pp. 1-21 in *Ebony, The Black Revolt*. Chicago: Johnson Publishing Co.
- Blumer, Herbert
 1972 "Social problems as collective behavior." *Social Problems* 18:298-306.
- Boggs, James
 1972 "Blacks in the cities: Agenda for the 70's" *The Black Scholar* 4:50-61.

- Bracey, John H., Jr., August Meier and Elliott Rudwick (eds.)
1970 *Black Nationalism in America*. New York: Bobbs-Merrill.
- Braverman, Harry
1974 *Labor and Monopoly Capitalism*. New York: Monthly Review Press.
- Carmichael, Stokely
1968 "Power and racism." Pp. 61–71 in Floyd B. Barbour (ed.), *The Black Power Revolt*. Boston: Porter Sargent (publisher).
- Clark, Kenneth B.
1967 "The present dilemma of the Negro." Atlanta: Southern Regional Council.
- Current, Gloster B.
1960 "Fifty-first annual NAACP convention—accent on Youth" *The Crisis* 67:405–420.
1962 "The 53rd—a hard-working convention." *The Crisis* 69:377–392.
1975 "NAACP 66th annual convention—'You gotta belong.'" *The Crisis* 82:267–280.
- Farmer, James
1963 "The new Jacobins and full emancipation." In Robert A. Goldwin (ed.), *100 Years of Emancipation*. Chicago: Rand McNally.
- Geschwender, James A.
1977 *Class, Race, and Worker Insurgency*. New York: Cambridge University Press.
- Henderson, Vivian
1975 "Race, economics and public policy." *The Crisis* 82:50–55.
- Hill, Herbert
1962 "Patterns of unemployment discrimination," *The Crisis* 69:13–147.
- Killian, Lewis M.
1975 *The Impossible Revolution, Phase 2*. New York: Random House.
- Lewis, Alfred B.
1968 "For a guaranteed annual income." *The Crisis* 75:9–12.
- Lomax, Louis
1960 "The Negro revolt against 'The Negro leaders.'" *Harpers*: June 41–48.
- Malcolm X
1966 *The Autobiography of Malcolm X*. New York: Grove Press
- Moon, Henry Lee
1965 "The enigma of Malcolm X." *The Crisis* 72:226–227.
1968 "The leadership of W. E. B. DuBois." *The Crisis* 75: 51–57.
- Morsell, John A.
1970 "The NAACP and 'Reparations.'" *The Crisis* 717:93–95, 101.
- Neal, Lawrence P.
1968 "Black power in the international context." Pp. 136–146 in Floyd Barbour (ed.), *The Black Power Revolt*. Boston: Porter Sargent Publisher.
- Perot, Ruth Turner
1970 "Organizing the black community for the purpose of promoting the interests and concerns of the black people." Pp. 465–470 in John H. Bracey, Jr. August Meier and Elliott Rudwick (eds.), *Black Nationalism in America*. New York: The Bobbs Merrill Co.

- Rainwater, Lee and William Yancey
 1967 The Moynihan Report and the Politics of Controversy. Cambridge: The M.I.T. Press.
- Rustin, Bayard
 1974 "American Negroes and Israel." *The Crisis* 81:115-118.
- Shagaloff, June
 1964 Quoted in "Along the NAACP Battlefront." *The Crisis* 71:557-560.
- The Crisis: A Record of the Darker Races.
 1960 "Drops Race Labeling," 67:596
 1962 "NAACP Leads Northern School Program," 69:230-231
 1967 "Resolutions" 74:359-370
 1972 "Quotas, Goals and Parity," 79:257
 1974a "The Black Press on Israel," 81:77
 1974b "Two Pivotal Cases: De Funis and Detroit," 81:113
 1978 "The 69th Post-Bakke Convention," 85:259-272.
- Wilkins, Roy
 1972 "The NAACP and the black political convention," *The Crisis* 79: 229-230.
- Willhelm, Sidney and Elwin Powell
 1964 "Who needs the Negro? *Transaction* 1:6-11.
- Wilson, William J.
 1973 Power, Racism and Privilege. New York: The MacMillan Company.
 1978 The Declining Significance of Race. Chicago: The University of Chicago Press.
- Wright, Nathan Jr.
 1968 "The crisis which bred black power." Pp. 103-118 in Floyd B. Barbour (ed.), *The Black Power Revolt*. Boston: Porter Sargent Publisher.

A CRITIQUE OF METHOD IN THE ASSESSMENT OF POLICY IMPACT

Carol B. Stack

INTRODUCTION

Between 1949 and 1960 4.4 million blacks left the south for northern ghettos. Some left with the surge from which hope can spring, but for countless others, the trek north was an act of stark necessity. They moved not because they wanted to, but because they had to (Walls, 1970). By the late 1960s, the highest level of unemployment and welfare dependency in the North were concentrated among blacks, the children of that great migration.

For 25 years, we as a society have struggled to cope with the reality of this massive and concentrated poverty. Yet, in 1983, the House Ways and Means Committee could still convene Congressional hearings to address the all too familiar "basic questions concerning poverty": How much

Research in Social Problems and Public Policy, Volume 4, pages 137-147.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

poverty is there? Who are the poor? How poor are they? How long do they remain in poverty?

What have we learned since Johnson declared "War on Poverty?" Have we learned that the poverty rates have increased steadily since 1978, that poverty is harder to eliminate than we thought? Have we learned that our intervention strategies police the recipients of assistance and create rather than remove dependencies? Have we learned that after categorically defining and targeting those recipients we must spend millions of dollars to assess the impact of our programs? Have we learned that the goals of our social welfare programs are ambiguous, that we do not know what we want the outcomes of our interventions to be, that we even, at times, deny the problem of poverty?

All too many students are taught that problems (however defined) have solutions, that intervention can modify human behavior, and that social policies can improve the quality of human life. All that is required, so they are told, is objectivity in analysis, an empirical base, and the proper application of method. In 1965, I launched a study of urban poverty among black families, the migrants of the 1950s and 1960s. I was concerned with the causes and possible cures of poverty. I wanted to learn who was poor, how poor they were, and how long these families remained in poverty. Although I was armed with the tools of empirical social science I also chose, in the anthropological tradition, to apprentice myself over a period of three years to several extended families, three generations of black migrants, including northern born teenagers (Stack, 1970). One of the key insights that I took from that experience was the recognition that the rigorous application of method in an "objective" analysis does not adequately address the reality of those who live in poverty.

Over the past ten years, once again I have been an apprentice. I have had the opportunity, as an anthropologist centrally involved in policy analysis and the training of professionals in that area, to observe the "culture" of public policy making. From the field, I report on a public policy culture that worships solutions and reveres detachment. This group has as its symbol the "decision tree." It rejects pluralism and proclaims "cost-benefit" as its ideology. Bearers of this public policy culture tend to focus on facts and phenomena that can be quantified; their world view often allows the leaders of the group to deny or discount problems that are not easily treated by such methods.

The young men and women of this culture are sent off to another land, often as interns, to practice their art and use their tools. There, the novices encounter public administrators and national leaders in high offices who appear to be more interested in expediency than in accomplishing the statutory goals of their agencies. These leaders appear to search for answers without knowing the questions, seemingly capable of detaching

themselves from “the product of their actions.” For them, the policy process becomes a political agenda: quick action or no action is the solution to their problem. Yet, in their rush to reach a conclusion and have some sort of “impact,” these politicians and analysts too often fail to accomplish anything of significance about the problems of poverty and public welfare. This cultural perspective was well expressed by one informant. In response to a general discussion on policy analysis in complex society, this well-known analyst noted with caution: “When you over-emphasize how complex the problem is, you lose rigor in reaching the conclusion.”

There is a pernicious dualism in the culture of policy making and analysis. It is a dichotomy between “soft and hard,” between values and numbers, between subjectivity and objectivity. Indeed, subjectivity is such a powerful taboo that leading proponents of the “scientific” school of policy analysis perform elaborate rituals to exclude it: constructing models, rationalizing their number crunching; and depoliticizing policy questions. These analysts frequently fail to discuss what they want the outcomes of their policies to be.

CONFRONTING THE PROBLEMS OF POVERTY

Our experience in confronting the problems of poverty tells us that rationalistic and detached programs and analyses do not in themselves improve the public welfare. Within the narrow limits of a focus on method and empirical rationality, the question of public welfare cannot even be properly raised. As Myrdal puts it, “There is an inescapable a priori element in all scientific work. Questions must be asked before answers can be given. The questions are all expressions of our interest in the world; they are at bottom valuations” (Myrdal, 1969:9). I do not reject the importance of empiricism and maintaining objectivity *within* the consideration of problems. However, at the very least, we should expect the policy process to take into account the subjectivity of those lives that live the problems of poverty.

Strong taboos against serious consideration of humanistic questions of value still persist, however, in most professional schools. I contend that the professional socialization of policy makers has led them to avoid analysis of the impact of public policies on clients and their quality of life, because these are seen as subjective and elusive, not amenable to scientific inquiry. Despite the fact that the language of elders in the policy field distinguishes “hard” and “soft” skills, our experience over the last 25 years shows us that the “soft” dimensions of poverty and public welfare are actually quite “hard.”

By adding or incorporating qualitative approaches to the understanding of social welfare and problems, we can ground policy in the reality of the particular. It is a truism that bears repeating: policy must take into account clients' reports of their own actions and needs, and the tensions that exist between cultural codes and the actions of poor people who struggle to live according to those codes (Harding and Livesay, 1984). For the children of those migrants to urban ghettos, poverty is the meaning of their life experiences. Within that reality they create their personal biographies and mediate their responsibilities to one another. These personal histories and mediations determine to a great extent not only the problem of poverty but the true impact of policy and policy implementation. Seeing the social relations of everyday life reveals subjectivity, real choices, pathways, and polarities—the authentic dilemmas that people face (Plath, 1980).

In order to determine feasible goals for intervention we must understand the social contexts of client communities. We must come closer to grasping both the complexity of poverty and the true impacts of our interventions. The contribution of a qualitative approach is that it illuminates the complexity. We can ask whether the policies we have evolved have any relation to the problem of poverty in this nation.

OUTCOME MEASUREMENT: A QUALITATIVE APPROACH

Discussions of client outcome measurement are, in effect, discussions of program goals, social impact, and program effectiveness. Two examples from my research indicated the types of questions qualitative models and approaches can consider.

The Crest Street Community. In 1969, the Durham City Council and the North Carolina State Department of Transportation agreed on the need for a cross-town, East-West expressway. In 1974, the expressway had been completed to within one mile of the Crest Street community, a low and middle-income black neighborhood in Durham. At that time, residents of the neighborhood had unusually strong family ties, steady nearby employment and a vibrant community spirit. The 225 households in this 100 year old community are represented by the Crest Street Community Council, an organized and active force for over 50 years.

In 1976, the Community Council brought to my attention a draft of the Environmental Impact Statement (EIS) for the Expressway. The EIS is required to assess "quality of life" or "levels of social cohesion" in target communities. Authors of the draft had virtually written off Crest Street in a few sentences, characterizing it as a low-income, run-down neigh-

borhood. The community council requested that the Family Policy Center at Duke University develop a "family/community" impact statement that more accurately reflected the essence of this neighborhood.

After studying the structure and content of environmental impact statements, it became clear that it would be necessary to redefine the statement to accommodate cultural, community-based dynamics. "Quality of life" is a commonly used measure in the EIS. In practice, analysts rate communities on an array of pre-determined categories such as recreational facilities, housing, health services, transportation, and number of jobs. These structural features are important, but such lists do not capture the crucial dimensions of neighborhoods which make them valuable communities. Certainly, quality of life indicators in ethnic and racial neighborhoods must be assessed in culturally relevant terms (Gans, 1962). Further, because communities are constituted by their participants, quality of life indicators should be established by community members (Livesay, Boyer, and Harding, 1984; Harding and Livesay, 1984). Thus, an important task of assessment is to elicit what the members of a particular community value, and to evaluate the community in light of the community's standards of excellence.

In Crest Street, community members had an extraordinary high level of agreement about what to measure. What counted was how long people had lived in the community, how many people had grandparents or relatives residing within the community, distance to work, safety, the success of the community in caring for the dependent elderly and young children within the borders of the neighborhood, and similar features. On the basis of this information, a survey was designed and administered. The results were striking. A third of the residents had lived in the community for over 50 years, half of the residents had grandparents in the community, the crime rate in the area was one of the lowest in the city, people could walk to work, old folks' homes were within eyesight of kith and kin, and informal day care for young children was a neighborhood endeavor. The community was economically diverse and stable, with strong family ties, a collective system of mutual aid, and a strong will to survive.

The family impact statement for the Crest Street community (completed by Center member Elizabeth Friedman) provides an important policy analysis model. It shows that the scientific component of social impact can be redefined in social-cultural terms. We found that quality of life, perceived and identified by community members, rested on the cohesive support system that had developed over several generations within the neighborhood. Relocation or dispersment of community members would render the old, the young, and the working parent more dependent on social services, outsiders and on public funds.

The unrelenting efforts of the Crest Street Community Council, the

guidance of two devoted legal aid attorneys, the development of a community mitigation plan, and the force of argument using the family impact statement convinced the City Council and the Department of Transportation to negotiate and compromise. This plan enabled the community to remain intact, acquiring adjacent land for the relocation of 15 households. In addition, the neighborhood received monies for improvements—monies previously withheld by agencies that would not invest funds in a community destined for relocation. As a result, Crest Street was able to rehabilitate housing and improve roads, parks, and community facilities. In this case, outcomes coincided with community goals.

AFDC Programs. Income maintenance programs have major consequences for the family structures of unemployed parents or those with low wages. State and federal policy makers consider the IV-D programs of child support enforcement to be an effective way of recovering the costs of Aid for Families with Dependent Children. Sometimes described as a debt collection program and at other times as mandating social values of paternal responsibility, IV-D programs are usually evaluated on the ratio of dollars collected versus administrative expenses, on the collections potential, and on the reimbursement or pay-back mechanism established for fathers of AFDC children.

In 1975, along with representatives of several welfare rights organizations, I argued against passage of IV-D legislation for child support enforcement. At the same time, the National Organization of Women presented testimony supporting the program. Both of these positions reflect rational interests. As designed and later implemented, IV-D legislation has very different consequences for AFDC and non-AFDC families.

Supporters of this child support program believe that it can reduce the number of families in poverty, increase parental responsibility, and reduce AFDC costs. Among non-AFDC families, procedures to enforce child support payments from employed noncustodial parents can help keep families off AFDC, thus reducing potential AFDC expenditures. Furthermore, when a non-AFDC custodial parent used the child support enforcement system, all of the money paid by the noncustodial parent goes to the child's household to help raise that family's standard of living. The money from the absent parent is of direct benefit to the child.

AFDC families, particularly black families, face a different set of conditions. While some AFDC children have employed fathers, the great majority of these children have fathers who are sporadically employed or unemployed. Under current policy, when child support is enforced for fathers of AFDC children, *none* of the payment goes directly to the child's household if that family is receiving benefits. For example, if an AFDC family with one child receives a stipend of \$167 per month, the father's contribution is treated as a payback, a reimbursement to the state. As a

result, the family stays at the same level of poverty until the father's income is so high that the level of child support obligation is higher than AFDC benefit levels. In such cases, the family could be removed from AFDC.

This policy certainly makes clear the meaning of income "maintenance." There is little or nothing that low-income wage earners can do to bring their families above the poverty level. This is particularly the case for fathers who may be required to live apart from their families. Once AFDC is a necessity for a family, the state selects the "level" of fiscal maintenance; making this threshold extremely difficult to cross. Neither child-support, workfare, nor any other income maintenance innovation enables these families to do more than "maintain" their level of poverty. These programs do not and cannot break the poverty cycle.

Do IV-D programs increase parental responsibility? During the 1970s, both research and rhetoric focused on the family structures of people of color. Paradoxically, belief in the viability of the extended family (for the poor) became doctrine alongside the dogma that the nuclear family was the most desirable family arrangement. Researchers provided new perspectives on the resilience of kinship networks. Rhetoric touted the strengths of families and the conviction that policies should render families less dependent on public programs. Because class and cultural issues remained muddled, however, the new data on kinship networks and psychological parenthood within extended families actually created dilemmas for practitioners. Child welfare leaders felt torn between promoting the best interests of children and upholding the integrity and responsibilities of parenthood.

Intricately fashioned kinship ties, extending to over 100 people for some black families, serve as protection against the want, disease, and despair of poverty (Stack, 1970). "All our kin" symbolizes those relatives and people who create a community of concern. Research on AFDC families in urban and rural areas of the United States reveals the values and assumptions of extended black families (Stack, 1974, 1982). Shared parental responsibility among both mother's and father's kin is one of the traditions that enables black families to cope with the difficulties of poverty. As shown by a study of over 1,000 children in an urban black community (Stack, 1974), one third of the time children were living with their father's kin. Within black communities, both maternal and paternal kin comprise a child's emotional and economic support network. Although the participation of father's kin is more sustained in states that have adopted AFDC-U, a policy allowing unemployed fathers to remain in the household, father's kin prove to be invaluable resources to children even in rural areas that have experienced tremendous out-migration and consequent network dispersal.

The current child support program creates several problems for these families. Mothers fully understand the value of their kin networks. To seek child support under IV-D from a father may alienate the father and the father's kin. This is a risk many mothers choose not to take. Many families do not apply for the AFDC stipends that are necessary to maintain healthy children, because they anticipate equally serious losses of support from the withdrawal of kin participation.

Under-utilization of "income maintenance benefits" is a particular problem in rural areas. The rural North Carolina counties I am currently studying have some of the highest rates of poverty, infant mortality, malnutrition and child diseases in the country. An AFDC mother in these rural areas who names the father to the IV-D program is confronted with a dilemma: AFDC stipend remains the same while the father of her children has even *less* money to assist his mother and sisters' families, who depend on him. This loss of family resources diminishes what the AFDC mother can expect from her kin. In an environment where jobs are scarce, salaries are dismally low, and male unemployment is extremely high (up to 18 percent in some counties), the decent, humane and collective spirit tells a mother it is simply wrong to "lay the law" on the fathers.

Within the framework of child support enforcement, such dilemmas point out the difference between an understanding of family structure and of family functions. Few policy makers within or outside the child welfare system understand the work of kinship in its cultural context. While current child welfare policy recognizes the existence of extended kinship networks, current practices more often than not fail to respect the nature of cultural bonds or of the bonds of psychological parenthood that form among children, fathers and non-parent kin. The system we have designed to collect child support for AFDC families undermines rather than reinforces the integrity of those families. IV-D programs applied to AFDC households may seem cost-effective in the short run. In the long run, however, they perpetuate policies that disrupt families and further decrease a father's capacity to improve the quality of his children's lives. This is not the behavior we expected or desired.

DEFINING PROBLEMS AND UNDERSTANDING OBJECTIVES

I have suggested some of the limitations of an overly narrow application of method and objectivity, often through a simplistic model, to the creation of policies and the assessment of their impact. I have also suggested the contribution that can be made by researchers who directly observe the social character of human action, seeking the authentic dilemmas people

face, their individual and collective responses to their conditions, and their cultural strategies to cope not only with poverty but also with the social policies that in many cases rule their lives. Clearly, the very complexity of the problems of social welfare, as well as the inescapable necessity to rely on observation and understanding of social life in order truly to assess policy, lead to conclusions that are too often flawed, despite the best intentions of the researchers. It should be noted, however, that the qualitative researcher can move too far into a study of the particulars. Many scholars using an interpretative approach, humanists well-grounded in the spirit of social reality, derive too much satisfaction from their in-depth understanding, to the point of simply "admiring the problem."

Nonetheless, appropriate questions must be asked before answers can be formulated. Discussion of program goals, the design of human services and the assessment of client needs should first include an identification of the problem. These questions are not necessarily encompassed by empirically grounded, universally binding, value-free perspectives. When only quantifiable or short-term benefits are considered, policy may be as helpless to address the reality of social problems as when those problems are only the object of some scholar's fascination.

Consider child welfare and the goals of "Permanency Planning" as embodied in PL 96272, the Child Welfare Act of 1980. The stated goals of this legislation are to mandate permanency planning for children in the foster care system. It calls for a six month review, a permanent placement, and if necessary the termination of parental rights. Time and agency actions are measurable entities. What is the real problem that this legislation attempts to address? The problem is economic: poverty, unemployment, and low wages of parents and custodians. The problem is psychological, based on notions about what children need and what is in their best interests: continuity, psychological parents, predictability. The problem is ideological: the creation of values and standards for good parenting and best family structures. The problem is legal: the rights and responsibilities of parents, children, and the state. The problem may be ethnocentrism and professional perspectives that discount cultural differences.

The state of affairs I have described defines the forces that have shaped our current policies and assessments. Our present system gives little or no opportunity for families on welfare to acquire independence from that program. Current income maintenance programs create dependencies without showing new directions or paths to self-sufficiency. Programs such as welfare, workfare and IV-D are riddled with disincentives and obstacles that make it practically impossible for poverty populations (especially women and children) to escape from their situation. Because the policy was not formulated to conditions of daily life and culture, every apparent

opportunity for a poor family to raise its standard of living is taken away. It is deducted from the basic AFDC grant.

Our goals should be to identify new objectives, new ways to reduce the numbers of children and families living in poverty, new designs that reform our current benefit structure. To accomplish these goals, we must open up our thinking in order to see accurately intended and unintended consequences of policy. Our efforts to promote social welfare interventions that have a positive effect on the quality of human life rest on two assumptions: *that we know what we want the outcome to be*, and *that we can understand the impact of social programs on individual and collective behavior*. These requirements reveal a new set of American dilemmas. We must grapple with a definition of our problem and we must attempt to integrate understandings of the social character of human action and explanation. We must rethink our mission, knowing that we are no longer involved in a simple search for a single and objective truth. Rather, we are continually in a process of designing what Ghandi once called "experiments with truth."

REFERENCES

- Gans, Herbert
 1962 The Urban Villagers: Groups and Class in the Life of Italian Americans. New York: The Free Press.
- Feyerabend, P.
 1975 Against Method: Outline of an Anarchist Theory of Knowledge. London: New Left Books.
- Friedman, Elizabeth
 1978 Crest Street: A Family/Community Impact Statement. Working paper, Duke University, Institute of Policy Sciences and Public Affairs, Durham, NC.
- Harding, J. and J. M. Livesay
 1984 "Anthropology and public policy." Pp. 48-62 in G. McCall and G. Weber (eds.), Social Science and Public Policy: The Roles of Academic Disciplines in Policy Analysis. New York: Associated Faculty Press.
- Lewis, O.
 1959 Five Families: Mexican Cases in the Culture of Poverty. New York: Basic Books.
- Livesay, J. M., J. Boyer, and J. Harding
 1984 "Social impact assessment: conceptual frameworks and their implications for planners." Pp. 23-35 in W. Millsap (ed.), Applied Social Science for Environmental Planning. Social Impact Assessment Series 10, Boulder, CO: Westview Press.
- Moynihan, D. P.
 1965 "The negro family: the case for national action." Prepared for the Office of Policy Planned and Research of the Department of Labor. Washington, DC: U.S. Government Printing Office.

- Myrdal, G.
1944 *An American Dilemma: The Negro Problem and Modern Democracy*. New York: Harper and Row.
1969 *Objectivity in Social Research*. New York: Pantheon Books.
- Novack, G.
1968 *Empiricism and its Evolution: A Marxist View*. New York: Merit Publishers.
- Plath, D.
1980 *Long Engagements: Maturity in Modern Japan*. CA: Stanford University Press.
- “Poverty in the United States.”
1984 *In Focus*, Newsletter, Institute for Research on Poverty. 7(1) Winter: University of Wisconsin—Madison.
- Stack, Carol B.
1974 *All Our Kin: Strategies for Survival in a Black Community*. New York: Harper Row.
- Stack, Carol B. and R. Hall (eds.)
1982 *Holding on to the Land and the Lord: Essays on Kinship, Ritual, Land Tenure, and Social Policy*. Atlanta, Georgia: University of Georgia Press.
- Thompson, John B.
1981 *Critical Hermeneutics: A Study in the Thoughts of Paul Ricoeur and Juren Habermas*. Cambridge: Cambridge University Press.
- Walls, D. E.
1970 *The Chickenbone Special*. New York: Harcourt Brace, Jovanovich, Inc.

PART IV

ETHICS AND POWER

INFORMED CONSENT AND THE REGULATION OF PSYCHIATRIC RESEARCH

Paul R. Benson, Loren H. Roth,
Paul S. Appelbaum, Charles W. Lidz and
William J. Winslade

INTRODUCTION¹

Medical research has undergone rapid expansion during the past several decades. This growth is, in part, reflected in the increase of national expenditures for health research from a level of approximately \$45 million in 1940 to \$5.5 billion in 1977 (Mushkin, 1979). As the scope and amount of medical research has accelerated so has the need for human subjects,

Research in Social Problems and Public Policy, Volume 4, pages 151-192.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

INFORMED CONSENT AND THE REGULATION OF PSYCHIATRIC RESEARCH

Paul R. Benson, Loren H. Roth,
Paul S. Appelbaum, Charles W. Lidz and
William J. Winslade

INTRODUCTION¹

Medical research has undergone rapid expansion during the past several decades. This growth is, in part, reflected in the increase of national expenditures for health research from a level of approximately \$45 million in 1940 to \$5.5 billion in 1977 (Mushkin, 1979). As the scope and amount of medical research has accelerated so has the need for human subjects,

Research in Social Problems and Public Policy, Volume 4, pages 151–192.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

especially in clinical investigations (Reiser, 1978). Laboratory and animal studies are useful only to a certain point in the exploration of disease and its treatment; beyond that point human beings become what medical and social historian Judith Swazey (1978) has termed "the animal of necessity" in the search for new knowledge. As the need for and use of human subjects in medical research has grown, policymakers, medical researchers, and other concerned professionals (including attorneys and bioethicists) have been confronted with a number of difficult questions. To what extent are subjects placed "at risk" from participation in medical research? Are these risks offset by benefits of the research to the individual subject or to society at large? To what extent do subjects freely and knowingly consent to research participation? How can subjects' welfare, as well as their legal rights, be best protected? Can medical researchers be assumed always to act in their subjects' best interest? These and related questions have generated much debate within the medical, legal, and philosophic communities and have led to the development of numerous ethical codes and detailed research guidelines (Katz, 1972; Anna et al., 1977; Levine, 1981). The result has been the increased social control of medical research.

The doctrine of informed consent has emerged over the past several decades as the preeminent method of protecting research subjects against potential exploitation and harm. Succinctly stated, the informed consent doctrine requires prospective subjects be apprised of the project's nature, purpose, and procedures, as well as its risks, benefits, and alternatives. Following the disclosure of this information, it is assumed that potential subjects will then be able to make rational and independent decisions regarding study participation. Since the mid 1960s, Department of Health, Education, and Welfare (now Department of Health and Human Services) regulations have required informed consent for the use of human subjects in nearly all forms of medical research.² These regulations apply to all universities, medical schools, hospitals, and other institutions receiving federal research funds.

As might be expected, the emergence of the informed consent requirement has engendered considerable controversy within the medical research community and elsewhere. While some observers have praised the doctrine as an important step toward a more egalitarian relationship between physician/researcher and patient/subject (Glass, 1970; Ramsey, 1970; Katz, 1984; President's Commission, 1982), others have labeled informed consent as a "fraud," "impossibility," or "failing fiction" (Chayet, 1976; Laforet, 1976; Ingelfinger, 1972; Garham, 1975). Unfortunately, while a massive literature on informed consent has accumulated during the past two decades (Kaufmann, 1983), surprisingly little is definitively known about the manner in which the doctrine is actually implemented in treatment or research settings (Meisel and Roth, 1983). In the

absence of such an empirical knowledge base, any final assessment or policy recommendations concerning the informed consent doctrine's costs and benefits would be premature and unwise.

Ensuring informed consent in general medical research is problematic. In research with psychiatric patients, however, these difficulties are clearly compounded. Many psychiatrists have suggested that mental illness (especially when it is severe or psychotic in nature) may interfere with a prospective subject's ability to fully comprehend the implication of research participation and to rationally assess study risks and benefits (Stone, 1979; Appelbaum and Roth, 1982). In addition, it has been argued that the institutionalized mentally ill, in some cases, may lack the degree of personal autonomy and voluntariness necessary to make truly informed consent possible (*Kaimowitz vs. Department of Mental Health*). Others however, have suggested that the mentally ill are collectively no less capable than are "normals" of competently consenting to research. Furthermore, they warn against the dangers inherent in an overly paternalistic treatment of this group (Stanley and Stanley, 1981; Goldstein, 1978).

Because of large gaps in the scientific knowledge base in psychiatry, research is of particular importance to that field. The alternative to obtaining new knowledge through systematic testing of drugs and other treatment approaches with the severely mentally ill is that practitioners will continue, in effect, to "experiment" on patients without knowing or acknowledging this (Eisenberg, 1977). Given the importance of psychiatric research, as well as the special character of psychiatric research subjects, how and whether informed consent should be employed in scientific investigations involving mentally ill individuals is a question of great importance, not only to psychiatry, but to society at large.

This paper will examine informed consent and the regulation of medical research, focusing specifically on these issues as they pertain to clinical research in psychiatry. The final section of the paper reports findings from a recently completed study of informed consent in four psychiatric research studies. The first three sections of the paper will set the stage for this discussion through a brief examination of the history of U.S. medical research regulation, the present regulations themselves, and empirical research on informed consent. It is our hope that, as a result of a presentation of these issues, increased attention will be drawn to this important area of law, ethics, and public policy.

THE DEVELOPMENT OF REGULATORY CONTROLS IN MEDICAL RESEARCH

The history of ethical and regulatory reform in the area of medical research is relatively recent. Prior to 1947, there was no law and few ethical

guidelines governing the conduct of medical research in general, or procedures for obtaining subject consent in particular (Annas et al., 1977). The practices of individual investigators varied considerably. In some cases, however, it is clear that research subjects were given very little information about procedures or risks, and at times were led to believe that they were taking part in completely therapeutic activities (McCance, 1963).

A major event drawing international attention to ethical issues in medical research was the revelation of inhumane experimental studies conducted by Nazi physicians during World War II (Ivy, 1977). Special clinics, surgical wards, and laboratories were established during the war at German concentration camps where "research" on infection, the action of poisons, surgical procedures, and sterilization were carried out on unwilling prisoners. As a result of the trial and imprisonment of these physicians, the Nuremberg Code was formulated in 1947 (see Katz, 1972), which stipulated a number of ethical principles to be followed by researchers performing research on humans. Several sections of the code dealt specifically with informed consent, specifying that it must be given voluntarily and that subjects be fully informed of the nature, duration, and purpose of the research, as well as the methods by which the study would be conducted and the risks reasonably expected to occur. In addition, the code stipulated that human research be undertaken only when the results of such study are unattainable by other means and based on prior animal experiments. It further specified that researchers be scientifically qualified and that they be required to terminate the research if it appeared likely to cause unanticipated harm to subjects. Finally, the code held that subjects be free to withdraw from research at any time for any reason. Although the Nuremberg Code had no binding authority on the conduct of medical researchers, its significance lies in the impetus it gave to the development of future guidelines and, ultimately, enforceable regulations.

During the 1950s, some medical organizations attempted to further define the ethical responsibilities of researchers—these efforts often taking the form of guidelines written by medical associations stipulating the primacy of subject welfare over research interests (Reiser, 1978). One of the strongest statements issued on human research during this period, however, came from Pope Pius XII who noted: "Science is not the highest value, that to which other orders of values . . . should be subordinated The confidential relations between doctor and patient, the personal right of the patient to the life of his body and soul in its psychic and moral integrity are just some of the values superior to scientific interest" (cited in Beecher, 1959:475). Overall, however, these efforts had minimal impact upon public attitudes toward research or the actual practices of investigators using human subjects in medical studies (Reiser, 1978).

Beginning in the 1960s, a new sense of concern regarding human subject research arose among professionals, policymakers, and the general public. This increased concern was fueled, in part, by public disclosure of several questionably ethical medical investigations involving humans. The most notable of these cases occurred in 1963 at the Brooklyn Jewish Chronic Disease Hospital, where three physicians injected live cancer cells into 22 elderly patients without adequately informing them that live cells were being used or that the procedure was unrelated to therapy (Katz, 1972). As a response, during the early 1960s, several important ethical codes for researchers were developed, including the Declaration of Helsinki, adopted by the World Medical Association in 1964 (Katz, 1972). In 1966, an important milestone was reached when the U.S. Surgeon General announced that prior review by a committee of "institutional associates" would be required for all "extramural" research supported by Public Health Service research or research training grants. This policy mandated institutions seeking USPHS research funds to initiate internal peer review of study proposals to ensure certain ethical standards, including informed consent, would be met (these review mechanisms will be discussed in more detail shortly).

During the early 1970s, additional cases of problematic medical research came to public attention. One such project was the Tuskegee Syphilis Study, in which infected black males were followed for several decades by the U.S. Public Health Service in a scientifically questionable attempt to determine the natural history of the disease (Brandt, 1978). A second was the Willowbrook project, in which hepatitis virus was deliberately administered to mentally retarded patients at the Willowbrook State School in New York in an effort to develop a vaccine for the disease—partly on the assumption that they would probably contract hepatitis in the institution anyway (Rothman and Rothman, 1984).

In 1974, as a result of rising professional and public concern about research abuses, as well as Congressional concern regarding other problematic areas of medical research (such as the use of fetal tissue for experimentation), Congress passed Public Law 98-348, creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The overall mandate of the Commission was "to review the problems and practices associated with protection of the rights and welfare of human subjects involved in various forms of biomedical and behavioral research sponsored by the federal government" (Brady and Jonsen, 1982:6). The topics addressed by the 11-person Commission included informed consent, risks and benefits of research, the selection of research subjects, the use of fetuses, children, prisoners, and the mentally ill as research subjects, as well as psychosurgery and sterilization. When the Commission disbanded in 1978, after four years of work, it had pub-

lished nine reports, each of which included a detailed set of recommendations for legislation and regulation, as well as extensive background materials.³

Upon reviewing the Commission's recommendations, the Department of Health, Education, and Welfare drafted a set of proposed regulations governing the use of human subjects in federally sponsored medical research, publishing them for public comment in *The Federal Register* in 1979. In January of 1981, the Department of Health and Human Services issued its final set of regulations concerning the protection of research subjects (DHHS, 1981). It is these federal regulations that presently guide the activities of most medical investigations involving humans in the United States and it is to a brief presentation of these regulations that we now will turn.

CURRENT REGULATIONS

Present federal regulations governing the use of human subjects in medical research are detailed (requiring seven pages of small print in *The Federal Register*, with 20 pages of accompanying explication); thus they are beyond the scope of this paper to examine fully. Instead, two major aspects of the current regulations will be outlined: the requirements concerning informed consent and specifications regarding peer review of research through the use of institutional review boards or IRBs.

Subject informed consent is a key area covered by the regulations. In nearly all cases of medical research, investigators cannot involve human subjects unless they obtain their "legally effective informed consent" or that of their "legally authorized representative" (DHHS, 1981). Documentation of informed consent is carried out through the use of a written consent form approved by the IRB and signed by the subject or his representative. This form must, in general, include a number of specific types of information about the research project.⁴ According to DHHS regulations, "This form may be read to the subject or the subject's legally authorized representative, but in any event, the investigator shall give either the subject or the representative adequate opportunity to read it before it is signed" (DHHS, 1981:8390).

Under current regulations, the core of the disclosure requirements for obtaining subjects' consent to research includes the following elements:

1. A statement that the study involves research and a description of the procedures to be followed.
2. A description of any reasonably foreseeable risks or discomforts.
3. A description of any benefits to the subject or others that may reasonably be expected from the research.

4. A disclosure of appropriate alternative procedures.
5. A statement describing the extent to which confidentiality of the subject will be maintained.
6. For research, involving more than minimal risk, an explanation as to whether any compensation is available if injury occurs.
7. An explanation of whom the subject may contact for answers to pertinent questions about the research.
8. A statement that participation in the research is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

Other optional provisions for disclosure are also provided by the regulations.

As important as what aspects of informed consent are codified in the regulations are what aspects of the doctrine are neglected or unspecified. The regulations, for example, provide no guidelines concerning how best to assess subject competency to consent to research, nor do they stipulate who might constitute a "legally authorized representative" for purposes of obtaining permission for research with subjects who are deemed incapable of giving informed consent. In addition, while the regulations stipulate that consent be voluntarily obtained, no assistance is provided regarding how "voluntariness" might be assessed. Finally, the regulations generally assume the signature of the subject on the consent form "stands for" informed consent; the regulations contain no stipulation that subjects "understand" the information that is presented to them or that they use this information reasonably to come to a decision concerning research participation (Lidz and Roth, 1981).

Aside from informed consent, itself, a second major component of medical research regulation in the United States is the use of institutional review boards. The IRB is a peer review committee which is required to be maintained at all institutions applying for or receiving federal research funds. These committees, according to the regulations, "must have at least five members, with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution" (DHHS, 1981:8388). Membership must include at least one individual whose primary concerns are in nonscientific areas (law, ethics, religion), as well as one individual from outside the institution. The purpose of this committee is to review and pass judgment on research proposals involving human subjects in order to ensure that:

1. Risks to subjects are minimized and are reasonable in relation to anticipated research benefits.
2. Informed consent will be sought from each subject and appropriately documented.

3. When appropriate, there are adequate provisions to protect the privacy of subjects and maintain the confidentiality of data.

The 1981 DHHS regulations, in addition, note that IRBs are to ensure, "where some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as persons with acute or severe physical or mental illness, or persons who are economically or educationally disadvantaged, (that) appropriate additional safeguards have been included in the study to protect the rights and welfare of subjects" (DHHS, 1981:8389). Unfortunately, no further guidance is given regarding how to determine subject "vulnerability." The regulations also permit IRBs to monitor the consent process so as to afford additional protection for vulnerable subject, viz: IRBs "shall have authority to observe or have a third-party observe the consent process and the research" (DHHS, 1981: 8388). However, there is no mandatory requirement for IRB use of such "consent auditors" and they appear to be rarely employed in actual practice (Gray et al., 1978).

EMPIRICAL STUDIES OF INFORMED CONSENT

Given the key role of informed consent in the regulation of medical investigations, it is surprising that greater research in this area has not been undertaken. Nevertheless, a number of studies have been published, especially during the past decade. These studies (and related research on informed consent to medical treatment) have been recently reviewed and critiqued (Meisel and Roth, 1983). The present discussion will, therefore, be selective and will focus primarily on studies involving psychiatric patients.

While it is difficult to make comparisons across studies of informed consent due to their differing methodologies, it is generally concluded that subjects' understanding of research information is poor. Some studies, in fact, have demonstrated that subjects have very little or no knowledge that they are participating in research. In an influential study of informed consent conducted in the early 1970s, Gray (1975) interviewed 52 women who had signed consent forms agreeing to take part in a labor-induction study. Of these 52 subjects, 20 (39 percent) did not become aware of their involvement in the research until after it had begun, usually during their interviews with Gray. Among those who knew they were in a research study, moreover, most did not understand important aspects of the study or their participation in it: for example, that the research would involve special procedures unrelated to their treatment; that the research was double-blind; that there were effective alternative treatments; and that

they had the right to refuse study participation. Unfortunately, as has been common in many studies of informed consent, Gray did not examine what investigators actually told prospective subjects regarding the research. For this reason, it is not possible to determine whether subjects' low level of understanding was due to poor comprehension of research information, misunderstanding, forgetfulness, or the fact they were simply never informed.

A second, more recent, study of informed consent supports many of the findings of Gray and other researchers. Rieken and Ravich (1982) examined the understanding of 156 patients participating in biomedical research projects at several Veterans Administration hospitals. They found that while the majority of patients participating in research protocols knew they were research subjects and had voluntarily consented to participate, few understood the research well. A substantial minority of subjects (28 percent), moreover, had no awareness of their status as subjects of scientific investigation, even though they had signed consent forms to that effect. Not surprisingly, the method of information disclosure was found to be related to subject comprehension. When the senior investigator took exclusive responsibility for explaining the research (rather than delegate the task to an assistant) or when the investigator read a written description of the research to subjects, understanding of the research increased.

Only a limited number of research studies have examined the understanding of psychiatric patients involved in research. Some of these first studies were performed by Park and his colleagues during the mid 1960s (Park et al., 1966; 1967). In one study, 72 anxious outpatients were interviewed following a one week controlled drug study. Only 3 of the 72 patients (4 percent) were positive that any research was involved and only 17 (24 percent) would even consider this possibility. Park and Covi (1965), in a related investigation, studied the reaction of 15 anxious research subjects after they were informed they were receiving placebo medication. In spite of the fact that patients were told the medication they were taking were placebos, only 3 of the 15 (20 percent) were certain of this after a week of treatment. Park and his associates ascribed their findings to "deep feelings of trust and expectations of marked improvement" on the part of patient/subjects.

In a 1978 study, Pryce also cast doubt upon the ability of psychiatric (in this case, schizophrenic) patients to participate knowingly in research. Pryce found that only 25 percent of the patients he approached were able to give "true informed consent" to take part in an experimental drug study. Some patients refused research participation for delusional reasons, while 58 percent were unable to understand the explanation given to them about the investigation. Unfortunately, Pryce failed to provide data on what patients were told or on how subject understanding was assessed.

His findings, therefore, are of limited value. A number of other descriptive clinical studies have also suggested that patients who are subjects in psychiatric research may have mistaken, delusional, or highly personalized ideas regarding research participation, procedures, and methods (Sacks et al., 1974; Siris et al., 1979; Jacobs and Kotin, 1972).

There have been few naturalistic studies of informed consent. In a major ethnographic study of informed consent in psychiatric treatment and research settings, however, Lidz et al. (1984) found very little correspondence between the ideal of informed consent and actual hospital practices. Specifically in terms of psychiatric research, Lidz and his associates found that hospital staff at times confused the concepts of research, treatment, and diagnostic testing in their discussions with prospective subjects. Research subjects, in turn, were often unable to fully comprehend the procedures they were undergoing as "research," instead viewing their participation as largely, if not exclusively, an effort on the part of the staff to "understand them better" as particular individuals or to improve their individual treatment.

While the bulk of studies examining informed consent by psychiatric patients have found their understanding of research to be poor, some investigators have questioned the view that the mentally ill, per se, are less competent to consent to research than are others. Stanley et al. (1981) examined the responses of psychiatric and general medical patients to a series of hypothetical research situations. They found mentally ill patients did not agree to participate in studies of either high- or low-risk more frequently than did nonpsychiatric patients. Interestingly, however, a substantial percentage of both psychiatric and medical patients (30 percent and 24 percent respectively) did agree to take part in hypothetical high-risk studies not directly relevant to their clinical condition.

Stanley and her colleagues (1986) have recently extended their earlier research in a study involving consent to hypothetical research by 80 psychiatric and 80 medical patients. Again, psychiatric patients were found not to differ from medical patients in their ability to make reasonable decisions regarding research participation. In another study exclusively of psychiatric patients, Stanley et al. (1985) examined the relationship between psychotropic drug use and subject competency to decide about participation in hypothetical research situations. Use of medication, in and of itself, did not substantially alter patient competency. Patient understanding of consent information, however, did improve over the course of hospitalization. In addition, diagnosis was found to be related to understanding, with schizophrenic subjects tending to have more difficulty in comprehending consent material than did patients diagnosed with a major affective disorder.

While extant studies of informed consent have added to our under-

standing of this important area of regulatory policy, much of the research in this area is flawed by conceptual, ideological, and methodological deficiencies that severely limits its usefulness (Meisel and Roth, 1983). One of the most serious deficiencies of these studies is that many do not report what researchers actually tell their subjects. Unless such studies are performed, questions of what subjects understand about research participation cannot be properly answered.

A second major problem with existing studies of informed consent is their failure to address whether poor subject understanding results from an inadequate method of information disclosure or to other less tractable factors, such as the subject's clinical condition or social environment. Across studies of informed consent, greater instruction appears to be associated with increased patient and subject understanding (Stanley, 1981). However, few studies have attempted to systematically explore whether differing methods of subject education might improve subjects' ability to comprehend research and their participation in it. From a policy standpoint, such research would be helpful in determining to what extent the burden of ensuring subject protection should be placed upon informed consent, as opposed to other mechanisms employed by IRBs, such as the assessment and containment of study risks.

THE FOUNDATIONS' FUND PROJECT

The remainder of this paper presents findings from a multimethod study of informed consent in psychiatric research. The overall aim of the project (supported by the Foundations Fund for Research in Psychiatry) was the detailed characterization of the social, legal, and ethical problems confronted by four psychiatric research studies—two which were undertaken at a university medical center and two at a public psychiatric institution located in another section of the United States. As part of an interdisciplinary research team of psychiatrists, lawyers, and sociologists, we conducted indepth interviews with IRB members and medical investigators at both institutions. The major focus of the project, however, involved the empirical examination of the informed consent process itself. Systematic observations of information disclosure sessions between psychiatric investigators and prospective subjects were carried out in each of the four projects studied using video and audiotape, as well as standardized observer rating forms. A total of 88 disclosures were observed, 20 per study in the two university medical center projects and 24 per study in the two public psychiatric hospital projects.⁵ Research psychiatrists associated with our project assessed subject understanding of the psychiatric research immediately following the disclosure using a standardized inter-

view. This interview covered a number of different areas of subject understanding including: (1) the purpose of the research; (2) research risks, benefits, and alternatives; (3) research procedures and methodology; and (4) understanding of right to refuse or withdraw without penalty. Subject psychopathology was also assessed by the psychiatrist at this initial understanding interview using a number of standard psychiatric rating scales (Endicott, Spitzer, Fleiss, and Cohen, 1976; Overall and Gorham, 1962). Attempts were also made to assess subject understanding and psychopathology at two follow-up interviews—one completed approximately two weeks and another two to six months after the initial disclosure. Lastly, the subjects' level of satisfaction with participation in the psychiatric research project was ascertained at the final interview using a standardized questionnaire.

In addition to observing investigator disclosures and assessing subject understanding, four different methods of information delivery were employed in our study in an attempt to determine if subjects' understanding of psychiatric research could be improved through increased education. In each of the four psychiatric projects we observed, four different information disclosure "cells" were employed. In the two university medical center projects, each cell contained five subjects, while cells with six subjects were utilized in the two psychiatric hospital projects. In the first study cell, informed consent for prospective psychiatric research subjects was obtained in the researcher's customary manner. In the second study cell, subjects continued to receive routine disclosures by the psychiatric investigator but, in addition, viewed an instructional videotape prepared by the researcher. Following these first two study cells, members of our research team met with each psychiatric investigator to discuss potential methods of improving information disclosure and subject understanding. Following these discussions, an "improved" instructional videotape was jointly prepared by members of our staff and the investigator and shown to subjects in the third study cell. In the fourth and final cell of our protocol, a "neutral educator" affiliated with our project and the psychiatric investigator separately provided study information to prospective subjects.

The present discussion of our informed consent study addresses three important questions. One, what types of information are actually disclosed to prospective subjects when they are asked to take part in psychiatric research, how complete is it, and how is it presented? Two, what degree of understanding do subjects have of this material? Three, can subjects' understanding of research be improved through more active educational interventions, perhaps carried out by the researcher or an IRB? For purposes of the present analysis, the first two disclosure methods are combined and labeled "natural disclosures," while the latter two disclosure methods are jointly termed "improved disclosures."

STUDY DESCRIPTIONS AND SUBJECT CHARACTERISTICS

The Depression Study

The primary purpose of this psychiatric research study was to compare the therapeutic action and side effects of two antidepressant medications in elderly patients. Both drugs studied were commercially available at the time of the research. Study subjects included a total of 60 psychiatric in- and outpatients, all of whom had been diagnosed with major depression. Subjects were randomly placed on one of the 2 study medications for a period of 10 weeks. Study procedures, in addition to the use of antidepressant medication, included a series of psychological and medical tests such as periodic blood drawing, physical examinations, and regular and 24-hour EKG monitoring. The major risks of the research included normal antidepressant drug side effects (dry mouth, blurred vision, nausea, fatigue, and certain cardiovascular effects, such as rapid heart beat), the inconvenience of the 24-hour EKG, and the potential exacerbation or reappearance of depressive symptoms during a 7 to 10 day pre- and post-study drug-free period. Study benefits included the possibility of a more rapid or complete recovery from depression, fewer drug side effects, and close medical and psychiatric monitoring while a subject in the research study.

Of the 24 subjects whose consent disclosure was observed in this study, 18 (75 percent) were white, 2 (8 percent) were Mexican-American, and 4 (17 percent) were black. Twenty-one (87 percent) of the subjects in the depression study were male with a mean age of 64 (range: 59–76). Educationally, the group was diverse, with 8 (33 percent) holding less than a high school degree, 6 (25 percent) having graduated from high school, 6 (25 percent) having at least some college, and 4 (17 percent) having a college degree.

The Schizophrenia Study

The goal of this second psychiatric hospital study was to determine the optimal dose of antipsychotic medication for different groups of community-based chronic schizophrenics, in the hope of eventually being able to identify subgroups of patients able to be maintained on a minimal amount of medication. A total of 80 schizophrenic outpatients were randomly treated either with a low or moderate dose of antipsychotic drug given by injection. The medication was administered every two weeks for an extended period. Study procedures included the use of the injectable medication, a series of periodic psychological and social adjustment tests, blood and saliva tests, and evaluations for signs of drug side effects. Study

risks included possible drug side effects (especially tardive dyskinesia⁶) and an increase in psychotic symptoms due to a two to four week pre-study drug-free period. Benefits of participating in the study included the possibility of receiving a lower, effective dose of antipsychotic medication, fewer drug side effects, and close medical and psychiatric monitoring while a research subject.

The subjects of the schizophrenia study varied considerably from those in the depression study. All were male, 11 (46 percent) were white, 10 (42 percent) were black, 2 (8 percent) were Mexican-American, and 1 (4 percent) was Asian. The mean age of subjects in this study was 37 (range: 21-55). Educationally, 4 (17 percent) had completed some high school, 8 (33 percent) were high school graduates, 10 (42 percent) had some college or trade school training, and 2 (8 percent) had a college degree.

The Social Skills Study

This university medical center study was designed to investigate the efficacy of social skills training with chronic schizophrenic outpatients. Social skills training involves teaching chronic psychiatric patients various types of behavioral and interactional skills in order to increase their level of social competence when dealing with others. The major purpose of this study was to evaluate two forms of social skills training in comparison with regular day-hospital programs. The initial study proposal called for the random assignment of 72 subjects for a period of 12 weeks to 1 of 3 conditions: a control group which received normal day hospital treatment, an experimental group which received social skills training plus day-hospital treatment, and a second experimental group which received social skills training with special training in community settings plus day-hospital treatment. The random assignment of study subjects to the 3 study conditions, however, was dropped by the psychiatric investigators midway into the research and thereafter all study subjects received social skills training. Study procedures included the use of training sessions to teach social skills, in some cases with community training, practice sessions (one which was videotaped for review purposes), and a series of behavioral and psychological tests. Study risks were minimal, but included the possibility of increased subject stress due to the training and a resulting exacerbation of symptoms. Subjects, in addition, had to forego other potentially beneficial rehabilitation programs, while risking assignment to a control group where social skills training was not available. Possible study benefits to subjects included increased social competence and potentially fewer psychiatric hospitalizations as a result.

All of the subjects in the social skills study were diagnosed as chronic

schizophrenics, 11 (55 percent) were male, and 11 (55 percent) were white (with the remainder being black). The mean age of subjects was 27 (range: 18–36). Educationally, 4 (20 percent) had some high school or less, 4 (20 percent) had a high school diploma, 8 (40 percent) had some college or trade school training, and 4 (20 percent) had a college degree.

The Borderline Personality Study

This final university medical center study compared the efficacy of two psychotropic medications versus no medication for the treatment of borderline personality disorders. The study took approximately six weeks for each subject to complete. Subjects were randomly assigned to one of three conditions: antipsychotic medication, antidepressant medication, or placebo. Study procedures included the use of medication, a series of psychological tests, physical examinations, and medical tests, including periodic blood testing. In addition, all subjects received supportive psychotherapy during the study period. Study risks included possible drug side effects from the antipsychotic or antidepressant medication, the possibility of an exacerbation or reappearance of symptoms as a result of receiving the wrong medication, a placebo, too low a dose of medication, or from a 10 day pre-study drug-free period, as well as the possibility of a longer than normal period of hospitalization. Study benefits included symptom improvement or remission due to effective drug treatment and close psychiatric and medical monitoring while a subject.

In terms of subject characteristics, 6 (30 percent) of the individuals we observed in the borderline personality study were male, while 18 (90 percent) were white. The mean age of the subjects observed was 32, with a range of 18 to 47 years. Educationally, 3 (15 percent) had not completed high school, 8 (40 percent) had graduated from high school, and 7 (35 percent) had some college or trade school training, and 2 (10 percent) were college graduates.

Of the total 88 prospective subjects observed in the 4 studies, 10 (11 percent) refused psychiatric study participation. Five of these psychiatric research refusals occurred in the depression study and five in the schizophrenia study. There were no refusals in the social skills or the borderline personality studies among those subjects who allowed us to observe their disclosure interviews. In addition, three subjects in the schizophrenia study (all of whom consented to participate in that research) were rejected by the principal investigator—one for clinical reasons, one for logistical reasons (the subject had no transportation to the hospital), and one because he was deemed incompetent to give consent. Finally, twelve individuals (one each from the depression and schizophrenia studies, seven from the social skills study, and three from the borderline personality study)

refused to participate in our informed consent investigation, largely because they did not wish to be videotaped.

A final note on study differences and subject characteristics. Overall, subjects in the schizophrenia and social skills studies were found to be more severely disturbed than were those in the two other projects. Six schizophrenia subjects (25 percent) and three social skills subjects (15 percent), for example, were judged by the psychiatric investigators to be psychotic at the time informed consent was obtained. None of the prospective subjects in the depression or schizophrenia studies were so evaluated.

FINDINGS

Character and Scope of Disclosure Interview

The disclosure sessions observed in the four psychiatric research studies differed in a number of ways. The interviews observed in the depression and the borderline personality studies were conducted by principal co-investigators of the research (both psychiatrists), while the schizophrenia and social skills study interviews were primarily conducted by research assistants associated with the project (in the schizophrenia study, the principal investigator at times also participated in the disclosures). The mean length of the first two sets of "natural disclosures" observed in these studies ranged from a low of 9 minutes in the depression study to a high of 41 minutes in the schizophrenia project.

Table 1 summarizes a number of important differences concerning the thoroughness of the four sets of observed consent disclosures.⁷ In the depression study, disclosures were initially brief and incomplete. During the first 12 natural disclosures in this study, for example, the investigator often failed to verbally inform prospective subjects of research risks, potential alternative treatments, their right to refuse to participate, or their right to withdraw from the study without penalty. He generally only partially discussed research benefits, purposes, or procedures. Further, he rarely informed prospective subjects that the principal purpose of the disclosure interview was to help them decide whether or not to participate in research. The investigator also infrequently checked or tested subject understanding during the interview. In general, the only aspect of the research frequently disclosed in a complete manner was the scientific methods of the study, specifically its randomized, double-blind design. Given the generally sketchy character of the natural disclosures observed in the depression study, it is noteworthy that the "improved disclosures" (which employed investigator feedback and neutral subject educators)

were generally thorough and complete in all areas. The following excerpt from an observer's field notes gives a flavor of the natural disclosures observed in the depression study. The subject is a 60-year-old Italian-American male diagnosed with major depression.

As the disclosure began, "Dr. Smith" (the co-investigator) said, "I wanted to talk to you about the program I mentioned to you before. Basically, what we are doing is that we are giving you treatment for your depression. We are giving you medication. Now we will give you one of 2 possible drugs. The drugs either will be called _____ or _____ . I won't know which one it is and neither will you, but I do know that it is definitely good for depression." At this point, the patient interjected, "We can flip a coin" or something to that effect. Dr. Smith continued, "You can get both of these drugs at the pharmacy. We are comparing one against the other and that's why we can't know which one it is (that you're getting). So it's just a comparison." Smith then began to discuss the study procedures. "We also want to monitor your heart very carefully. We want to see if these drugs have any effects on the heart—they are said not to." At this point, the patient looked a little surprised and upset. Seeing this, Smith repeated, "They have been said *not* to have any effects on the heart." The patient then began to ask, "Has my heart been . . . ," to which Smith replied, "Your heart's been fine." Smith then went into a brief discussion of the 24-hour EKG. The patient asked if he could perhaps stay in the hospital during the study because "if we aren't so sure about the effects of these medications on the heart, I want to be close to medical attention—I don't want paramedics rushing into my house or anything like that." Dr. Smith said they would monitor him in the hospital for about a week and then he could go home with no problem. At this point, Smith gave the patient the study consent form, noting, "You might want to read this." The patient looked at the form for about a minute, but there was some doubt he was actually reading it (he spent most of the time on the first page and only ten seconds on the second). He then signed the form.

A number of points are noteworthy in regard to this disclosure. It was brief, taking about 4 minutes to complete. In addition, the investigator failed to inform the prospective subject that the purpose of the interview was to help the patient decide if wanted to participate in the research project. Instead the general tone of the discussion implied that the subject would agree to participate. The investigator's use of the present tense throughout the disclosure, in fact, connotes that the patient was *already* a research subject, which he was not. Finally, it is noteworthy that the investigator never used the word, "research"; rather he used the term, "program." This substitution of terms was observed frequently in the depression study. The depression study co-investigator, in fact, explicitly refused to refer to his project as research in the presence of prospective subjects, noting that they "might think they are some of kind of guinea pig" and refuse to take part in the investigation as a result.

In contrast to the depression study, the disclosure sessions observed in the schizophrenia study were generally thorough and quite detailed, both in the natural and improved disclosure phases of our investigation. Prospective subjects in this project were generally completely informed of

Table 1. Comparison of Consent Disclosure Completeness by Disclosure Method: Depression, Schizophrenia, Social Skills, and Borderline Personality Studies.

	<i>Depression Study</i>			<i>Schizophrenia Study</i>			<i>Social Skill Study</i>			<i>Borderline Personality Study</i>		
	<i>Natural</i> <i>(n=12)</i>	<i>Improved</i> <i>(n=12)</i>	<i>Total</i> <i>(n=24)</i>	<i>Natural</i> <i>(n=12)</i>	<i>Improved</i> <i>(n=12)</i>	<i>Total</i> <i>(n=24)</i>	<i>Natural</i> <i>(n=10)</i>	<i>Improved</i> <i>(n=10)</i>	<i>Total</i> <i>(n=20)</i>	<i>Natural</i> <i>(n=10)</i>	<i>Improved</i> <i>(n=10)</i>	<i>Total</i> <i>(n=20)</i>
Does investigator note interview helps subject decide?												
Yes	8%	83%	46%**	8%	100%	54%**	0%	40%	20%*	20%	40%	30%
No	92	17	54	92	0	46	100	60	80	80	60	70
Does investigator encourage reading of consent form?												
Yes	58%	67%	62%	67%	58%	62%	70%	60%	65%	30%	60%	45%
No	42	33	37	33	42	38	30	40	35	70	40	55
Does subject read consent form:												
Yes	83%	83%	83%	58%	42%	50%	90%	60%	75%	50%	60%	55%
No	17	17	17	42	58	50	10	40	25	50	40	45
Does investigator check subject under- standing?												
Yes	33%	8%	21%	100%	100%	100%	30%	30%	30%	20%	10%	15%
No	67	92	79	0	0	0	70	70	70	80	90	85

Disclosure of risk												
Full	8%	100%	54%	100%	100%	100%	0%	50%	25%	70%	60%	65%
Partial	17	0	8	0	0	0	80	50	65	30	40	35
None	75	0	37	0	0	0	20	0	10	0	0	0
\bar{X} (Range: 0–3)	0.22	2.05	1.13**	2.78	2.83	2.81	0.56	1.81	1.18**	2.35	2.40	2.38
Disclosure of benefits												
Full	8%	100%	54%	92%	100%	96%	0%	10%	5%	100%	100%	100%
Partial	58	0	29	8	0	4	90	90	90	0	0	0
None	33	0	17	0	0	0	10	0	5	0	0	0
\bar{X} (Range: 0–3)	0.56	2.17	1.11**	2.79	2.88	2.84	1.15	1.65	1.4*	2.20	2.52	2.36
Disclosure of alternative treatments												
Yes	42%	100%	71%**	83%	100%	92%	10%	40%	25%	100%	100%	100%
No	58	0	29	17	0	8	90	60	75	0	0	0
Disclosure of right to refuse												
Yes	17%	100%	58%**	100%	100%	100%	10%	50%	30%	90%	100%	95%
No	83	0	42	0	0	0	90	50	70	10	0	5
Disclosure of right to withdraw												
Yes	25%	100%	62%**	100%	100%	100%	10%	50%	30%	100%	100%	100%
No	75	0	37	0	0	0	90	50	70	0	0	0
Disclosure of research procedures												
Full	17%	100%	58%	92%	100%	96%	70%	100%	85%	80%	60%	70%
Partial	67	0	33	8	0	0	20	0	10	2	40	30
None	17	0	8	0	0	0	10	0	5	0	0	0
\bar{X} (Range: 0–3)	1.10	2.35	1.73**	2.80	2.81	2.81	1.55	2.66	2.11**	2.42	2.28	2.34

Table 1. (continued)

	<i>Depression Study</i>			<i>Schizophrenia Study</i>			<i>Social Skill Study</i>			<i>Borderline Personality Study</i>		
	<i>Natural</i> (<i>n</i> =12)	<i>Improved</i> (<i>n</i> =12)	<i>Total</i> (<i>n</i> =24)	<i>Natural</i> (<i>n</i> =12)	<i>Improved</i> (<i>n</i> =12)	<i>Total</i> (<i>n</i> =24)	<i>Natural</i> (<i>n</i> =10)	<i>Improved</i> (<i>n</i> =10)	<i>Total</i> (<i>n</i> =20)	<i>Natural</i> (<i>n</i> =10)	<i>Improved</i> (<i>n</i> =10)	<i>Total</i> (<i>n</i> =20)
Disclosure of scientific methods												
Full	75%	100%	87%	92%	100%	96%	0%		0% ^b	50%	100%	75%
Partial	8	0	4	8	0	0	0	a	23	50	0	25
None	17	0	8	0	0	0	100		77	0	0	0
\bar{X} (Range: 0–3)	1.75	3.00	2.38**	2.90	2.95	2.93	0.00		0.07	2.06	2.82	2.62**
Disclosure of research purposes												
Full	17%	100%	58%	100%	100%	100%	100%	100%	100%	70%	90%	80%
Partial	42	0	21	0	0	0	0	0	0	30	10	20
None	42	0	21	0	0	0	0	0	0	0	0	0
\bar{X} (Range: 0–3)	0.96	2.46	1.71**	2.62	2.92	2.77*	2.00	2.27	2.14	2.40	2.55	2.48

Notes:

Refer to footnote 7 in text for discussion of variable coding.

a. N in social skills study improved disclosure cell reduced to 3 due to modification in study methodology midway through research. For this reason, no percentages or mean disclosure scores for this cell were computed.

b. N = 13

* Difference between natural and improved disclosure cells statistically significant at the $P < .05$ level (1-tailed test).

** Difference between natural and improved disclosure cells statistically significant at the $p < .01$ level (1-tailed test).

research risks and benefits, alternative treatments, and procedures, as well as their right to refuse or withdraw from the study without penalty. As was the case in the depression study, however, investigators in the schizophrenia study during the natural disclosures often did not inform prospective study participants that the interview's major goal was to assist subject decisionmaking (although this deficiency was corrected in the improved disclosures). Again, as in the depression study, investigators often did not encourage patients to read the consent form. At least partially as a result, only half of the prospective schizophrenia study subjects we observed examined these documents (although several more had the forms read to them).

Despite the thoroughness and detail of schizophrenia study disclosures, there were several problems observed which limited their clarity. Researchers were frequently observed placing heavy emphasis on the therapeutic and individualistic elements of the project in their discussions with prospective subjects, especially during the unassisted natural disclosure phase of our investigation. As a result, a number of schizophrenia research disclosures did not clearly distinguish general long-term research goals of the study from specific short-term clinical benefits for the individual patient/subject. The written consent form for the schizophrenia study noted:

I understand that the overall goal of the study will be to assist physicians in finding the best dose (of medication) for patients who have illnesses such as mine.

Researchers, however, often communicated to prospective subjects that the major purpose of the study was to find the "right dose" of medication for the individual patient. Consider, for example, the following exchange between the schizophrenia study research assistant (a nurse) and a prospective subject during the consent interview:

Nurse: What this study is about is we want to get you on a dose of medication that is going to make you feel good mentally with the least amount of side effects. That's why we are going to watch you so closely.

Subject: I feel like you are doing me a great favor.

Nurse: That's what we're doing, we're trying to eliminate side effects and get the dose that is best for you individually.

A second problematic feature of observed schizophrenia study disclosures concerned the adjustment of medication within the two double-blind dosage groups. If necessary, subjects' medication dose could be increased or decreased within each treatment group within predefined limits. In addition, if a subject's clinical condition dictated it, the blind for

that subject could be broken and he or she could be treated for the duration of the research on an "open blind" basis. Decisions to alter drug dose within the blind or to break the study blind for a subject were made by the psychiatric investigator, however, only when there was clear evidence of an exacerbation of psychotic symptoms or the development of drug side effects. Thus, while some degree of routine clinical discretion was built into the research, this level of discretion was clearly constrained by the design of the study.

Despite these clinical limitations imposed by the research protocol, schizophrenia study researchers when giving information to prospective subjects often suggested that dose adjustment would be routine and dictated solely by the subject's therapeutic needs. Note the following excerpt from an early study disclosure by the schizophrenia study nurse:

If you're not getting enough medication and start feeling like you're getting sick again, we will up the dose. We won't know exactly what you're getting, but say you started on——mg. (the low dose) and it's not enough for you and you're letting us know that, "Hey, I'm not feeling as good as I did before and I'm starting to feel a little sick," we will increase the dose. . . . We will make arrangements each time you come in with the dose if you're not feeling good so we can get you at your optimal, feeling good. Cause that is one of the main things of the study, *to have you feeling as good as you can with the least amount of medication*. Then the information we get from this study will hopefully help veterans in the future. *But right now we are concentrating on you and how well you are feeling cause you're the center of attention*. Each guy that comes on the study will be who we are worrying about getting to feel the best we can (emphasis added).

Although correctly noting the long range goal of helping others in the future, the above excerpt clearly implies that subjects' individual clinical needs are paramount in the research. Finally, consider this last excerpt from a discussion between the study nurse and a prospective schizophrenia subject:

- Nurse: What we are trying to do is see if we can get people, guys who are coming on the study, on the lowest amount of medicine that can keep them all well without side effects. Cause all the medicine out here, that you're on . . .
- Subject: Has side effects?
- Nurse: has side effects, right. And side effects . . .
- Subject: Is there any way to get off of it (the medication)?
- Nurse: Well, hopefully, we can get you to a dose low enough to keep you well and some patients can probably even get off the medicine. It depends on the individual. . . . As I said, the goal of the study is to make you feel as good as you can with the least amount of dose.

The major long-term goal of the schizophrenia study was the identification of patient subgroups who can do well on low doses of antipsychotic

medication. A low dose of medication (or no medication) was, however, not a benefit that study subjects routinely received from research participation—subjects were *randomly* placed in either *low or moderate* dose groups. These data suggest that some confusion of general scientific goals and individual therapeutic benefits took place in the communication between researchers and prospective subjects in the schizophrenia study.

Disclosure sessions observed in the social skills study, conducted by a rehabilitation therapist associated with the research, were brief and often incomplete. As detailed in Table 1, the prospective subjects in this study were frequently not informed of research methods, alternative treatments, or their right to refuse or withdraw from the study. Social skills study subjects were only partially verbally informed of study risks and benefits. In addition, no subjects during the natural disclosures were informed of the purpose of the consent interview and few were encouraged to read the consent form. Subjects were, however, generally fully informed of the purposes and procedures of the social skills study. While the use of investigator feedback and neutral educators during the improved disclosures increased the scope of information communicated to subjects in several areas (including study risks, the purpose of the consent interview, and study procedures), overall, this improvement was limited. This limited improvement in the assisted disclosures seemed to reflect, in part, a point of view on the part of social skills study researchers that the study posed few real risks for subjects and therefore did not warrant extended informed consent disclosures. The following excerpt gives a sense of the unassisted natural disclosure observed in this psychiatric research project. The subject is a 22 year-old black male diagnosed with chronic schizophrenia.

The research assistant began, "What I want to talk to you about is the social skills training program and the research that we have going on in the day hospital, ok? We are interested in finding out whether or not our day hospital program is helping people, ok? And, in addition, we are particularly interested in if the group that we have, which is called the social skills group, is of benefit to people, ok? Whether or not it is assisting them in getting better. There are a lot of ways we can get that information, ok? We can ask if you're feeling better since you've been here (at the day hospital), ok? Another way we can do that is that we can try and evaluate what you are like now that you've just started the program, ok? How are you feeling? Do you have any physical problems? And then just let you go through the day hospital program and when you're finished, evaluate you again using the same measures, ok, and then we can take the difference in your scores and that will tell us how you've changed, how much you've gotten better or if you've stayed the same on certain things, ok? Then what we can do is use that information when we go back and to maintain this in our day hospital program, know what works and throw out what doesn't work, ok?"

The research assistant then went on to talk briefly about the social skills program, noting that "it's a program to help you communicate better with people and stand up for your rights." She noted that the training program was also geared toward helping patients give other people complements, as well as helping patients make friends and

doing well on job interviews, ending up her discussion with the comment, "That's what this program is all about." She also briefly noted the testing procedures ("It isn't the kind of testing you had in high school or anything. We just want to find out how you feel"). The role-playing and videotaping were also discussed. She then handed the patient the consent form, which he read for about two minutes. He then looked up and said, "Do I have to read everything?" The assistant took the form and briefly paraphrased the items on the form, stating at the close of her discussion, "It says, 'I have read and have had the procedures described above explained to me by a member of the research team (that's me) and I've had an opportunity to have all my questions answered.'" "Do you have any questions?" The subject said no. She then continued, "Ok, the last thing it says is, 'I hereby agree to participate as described above freely and voluntarily.' I need your signature right here." With no comment, the subject signed the form.

Although the above disclosure provided a fair amount of information concerning the social skills research, the disclosure failed to note that the study design called for the random assignment of subjects to different treatment conditions and that, in fact, some subjects would not get social skills training at all. This neglect of important methodologic aspects of the study led, in part, to a common misunderstanding on the part of prospective subjects that they would automatically receive social skills training as part of their study participation.

Finally, the disclosures observed in the borderline personality study were somewhat unique. In each of the studies we investigated, some investigator-subject interaction took place prior to the formal taped disclosure sessions that serve as the basis for our analysis of investigator information disclosure. In some cases, these informal discussions between investigators and prospective subjects were observed; in other cases, they were not. In general, however, we believe that few important details regarding the research were communicated to patients prior to the formal disclosure interview. This was not the case in the borderline personality study, where researchers held meetings with prospective subject prior to our taped session. These pre-disclosure meetings were used to assess the appropriateness of prospective subjects as borderline personality study participants and included an extended diagnostic interview. These pre-study assessments allowed researchers time to develop a relationship with potential subjects and acquaint them with the project. Thus, in this last study examined, informed consent was much more a process than a single event.

Nevertheless, despite prior investigator-subject discussion, observed disclosures in the borderline personality study were generally thorough. Subjects were fully informed of study benefits, alternative treatments, and study procedures, as well as the right to refuse and withdraw. Somewhat fewer subjects were fully informed of study risks and scientific methods, although nearly all were at least partially informed of these items. In-

investigators in the borderline personality research were also found, in general, not to check subject understanding and often not to inform prospective subjects of the purpose of the disclosure interview or to encourage reading of the consent form. Use of investigator feedback and neutral subject educators in the improved disclosure phase of our investigation of this project, had little impact on the scope of information communicated to patients. The only exception was that the improved disclosures produced a significantly more comprehensive disclosure of scientific methods in this project.

Subject Understanding

As previously noted, study personnel assessed subject understanding with a standardized interview. Items on the interview schedule included, among others, the purpose of the research, the reason(s) why the subject was asked to participate, study procedures, research risks and benefits, and the project's scientific methods, as well as the subject's right to refuse participation or withdraw without penalty or prejudice. Subject responses on each item were scored on a 3-point scale (based on a standardized coding format) indicating "poor," "fair," or "good" understanding.⁸ Table 2 summarizes results from the initial set of understanding interviews. While, in general, subjects displayed good understanding of their right to refuse or withdraw, there was much poorer understanding of other study areas. Major differences between research studies were also uncovered.

In the depression study, subject understanding was good in some areas and poor in others. Twenty-two of the twenty-four prospective depression study subjects questioned, for example, demonstrated good understanding of study procedures (medication use, blood drawing, EKG monitoring). Only 37 percent, however, possessed good understanding of the purpose of the research. The assessment indicated that over 60 percent of depression study subjects had a good understanding of study risks, their right to refuse or withdraw from the research, and the purpose of the consent form. Only 12 percent, however, were able to fully explain why they had been asked to take part in the research, while half demonstrated poor understanding of this. Overall, subject understanding of the methodology of the depression study was poor. Half the subjects questioned, for example, had no understanding of the fact that different medications were being used in the study, while 65 percent were unaware that the assignment of treatment groups would be random. Many subjects, as well, were at least partially unaware that neither they nor their physician would know what medication they would be receiving. Subjects seemed particularly confused about the fact that their physician would be blind to their treatment. As one depression study consentor put it when asked if the physician/investigator

Table 2. Level of Subject Understanding of Research Information: Depression, Schizophrenia, Social Skills, and Borderline Personality Studies

	<i>Depression Study (n=24)</i>	<i>Schizophrenia Study (n=24)</i>	<i>Social Skills Study (n=20)</i>	<i>Borderline Personality Study (n=20)</i>
Research purposes				
Good	37%	37%	15%	60%
Fair	33	37	35	25
Poor	29	25	50	15
Research benefits				
Good	46%	37%	15%	40%
Fair	37	25	70	55
Poor	17	37	15	5
Research risks				
Good	62%	42%	0%	20%
Fair	29	37	40	80
Poor	8	21	60	0
Research procedures				
Good	92%	54%	45%	80%
Fair	8	25	20	20
Poor	0	21	35	0
Reasons asked to participate in study				
Good	12%	8%	5%	90%
Fair	37	58	20	5
Poor	50	33	75	5
Right to refuse				
Good	75%	75%	70%	70%
Fair	8	4	5	15
Poor	17	21	25	15
Right to withdraw				
Good	96%	83%	70%	95%
Fair	0	0	20	0
Poor	4	17	10	5
Understanding of use of different treatments				
Good	42%	50%	8% ^b	75%
Fair	8	17	0	25
Poor	50	33	92	0

Table 2. (continued)

	<i>Depression Study (n = 24)</i>	<i>Schizophrenia Study (n = 24)</i>	<i>Social Skills Study (n = 20)</i>	<i>Borderline Personality Study (n = 20)</i>
Rationale for use of different treatment groups				
Good	52% ^a	17	0% ^b	60%
Fair	9	0	15	15
Poor	39	83	85	25
Understanding of randomized selection of treatment				
Good	35% ^a	17%	8% ^b	45%
Fair	0	8	0	5
Poor	65	75	92	50
Understanding that individual subject will be blind to treatment type				
Good	43% ^a	8%	c	55%
Fair	39	46	c	25
Poor	17	46	c	20
Understanding that individual physician/ researcher will be blind to treatment type				
Good	35% ^a	17%	c	55%
Fair	30	21	c	20
Poor	35	62	c	25
Understanding of purpose of consent form				
Good	71%	58%	30%	75%
Fair	25	33	70	25
Poor	4	8	0	0

Notes:

- a. n = 23 (one subject not asked).
- b. Sample reduced to 13 due to modification in study research design.
- c. Question not relevant to social skills study.

would know the type of medication the subject would be receiving: "He *has* to know, doesn't he? *He's the doctor.*" Finally, it is of interest to note that when asked if it was hard to decide whether or not to participate in the depression study, only 5 subjects (30 percent) replied that it was, while 19 subjects (79 percent) noted that they never considered saying no to research participation.

Findings in the schizophrenia study were somewhat similar to those of the depression study, although, in a number of cases, subject understanding was lower. The assessments demonstrated that over half of the schizophrenia study subjects had at least a fair understanding of research procedures, their right to refuse or withdraw, and the purpose of the consent form. Half of the subjects in this study also fully understood that different treatment groups (drug doses) would be employed. Overall, however, subjects' understanding of research risks and benefits was poorer than in the depression study. Schizophrenia study subjects, in addition, poorly understood the study's methodology or its scientific rationale. Seventy-five percent of the subjects questioned, for example, had no understanding that drug dose was randomly assigned. When asked why some patients would receive one drug dose and some another, most subjects explicitly or implicitly advanced therapeutic explanations (for example, "Some patients aren't as sick as others," "People have different problems," or "It depends on what works best for me"). Subjects were also generally unaware of the double-blind nature of the research. One subject, for example, when asked if he would know the dose of medication he would receive in the study, replied that he would, adding, "I'll be able to tell (the dose) just by looking at the syringe—how much is in it." When asked if the physician/investigator would also know the drug dose he was receiving, this same subject replied, "I suppose he would know, he's the doctor." Overall, schizophrenia study subjects believed that the research was being undertaken for their individual clinical benefit, that their anti-psychotic drug dose would be routinely adjusted to the level they clinically required, and that their physician (the research investigator) would know what dose of medication they were receiving. Half of the schizophrenia study subjects questioned stated that it was not difficult for them to decide to participate in the research, while ten subjects (42 percent) noted that they never thought about declining the request that they participate.

Subjects in the social skills study, overall, were found to possess the poorest level of research understanding among the four projects examined. While a sizable majority of social skills study subjects evidenced good understanding of their right to refuse or withdraw from research participation, other areas were much less well understood. Only 15 percent fully understood the purpose of the research, while 50 percent

demonstrated poor understanding of this aspect of the study. Seventy-five percent of subjects questioned, in addition, had no understanding of why they had been asked to participate. Research risks and benefits were generally only partially understood. Most subjects in the study displayed no understanding that different treatment groups were being used or that treatment assignment was random. Nearly all subjects, including those placed in a control group, believed that they would receive social skills training. When informed of the use of different treatment groups and asked why they thought different treatments were employed, most subjects advanced individualistic or therapeutic rationales. One subject, for example, noted that subjects were treated in different treatment groups "because of the places at which they're at—some might have difficulty learning in one group and some in another group." Other social skills study subjects maintained that assignment was based on similar individualistic criteria, such as IQ or performance on clinical tests. Another subject, when asked why there were more than one type of treatment used in the study, replied, "That's just the way it's set up. . . . I'm the one with the problems so I'm just going along with the program." When asked if it was hard to decide to participate in the social skills study, four subjects (20 percent) replied that it was. Eleven subjects (55 percent), in addition, noted that they had considered refusing participation in the research.

In contrast, the understanding of borderline personality study subjects was found to be fairly good. Most subjects in this final study demonstrated good understanding of a number of important areas of the research, including research purpose and procedures, why they were asked to participate, their right to refuse or withdraw from study participation, and purpose of the consent form. Overall subject understanding of study risks and benefits was lower, with 40 percent fully understanding research benefits and only 20 percent fully comprehending research risks. Compared to the other projects investigated, understanding of the research methodology among borderline personality study subjects was high. Nevertheless, subjects' comprehension of study methods and their scientific rationale, in a number of cases, continued to be problematic. Fifty percent of borderline personality study subjects, for example, were unaware that medication treatment would be randomly assigned. As in other projects studied, subjects often mistakenly viewed study procedures in therapeutic and individualistic terms. When asked how medications were assigned, for example, one subject noted, "They will look over my chart," while another claimed that study personnel "decide by talking to you." In some cases, subjects were found to have profound misunderstandings regarding the research endeavor. One subject, for example, noted that she considered the borderline personality project not to be an "experiment"

because the term implied that drugs would be used whose effects would be unknown. Instead she considered the project to be "research," that is, an activity in which doctors "were trying to find out more about you in depth." In other cases, misunderstanding of the research was found to be more subtle. One subject, although she demonstrated excellent theoretical understanding of the study's methodology, including randomized assignment of drug treatment, when asked specifically how *her* medication would be selected, noted that she had no idea, adding, "I hope it isn't by chance." Finally, as was found in the case of the other studies investigated, a sizable number of borderline study subjects noted that their decision to participate in the research was a rather easy one to make. Only six subjects (30 percent) stated that they found their decision to participate a hard one, while one-half noted that they had, at some point, considered not taking part in the investigation.

In order to determine whether there were statistically significant differences between the understanding of prospective subjects who agreed to participate and those who refused to participate in the depression and schizophrenia studies (the only projects with refusers), mean "total understanding scores" for each group were compared by t-test.⁹ No significant ($p < .05$) differences between psychiatric study consenters and refusers were found in either project.

A more important question posed by the study, however, is whether overall subject understanding can be increased through use of more aggressive forms of information disclosure. In order to address this question, the mean total understanding scores of subjects receiving "natural" and "improved" disclosures were compared by t-test for each of the four studies followed. As Table 3 indicates, mean subject understanding scores in the schizophrenia and borderline personality studies showed no significant differences. Depression and social skills study subjects receiving improved disclosures, however, showed significantly higher total understanding scores than did those subjects who received only natural disclosures. These findings suggest, at least for some subjects, that improved disclosure methods can increase study comprehension and understanding.¹⁰

Finally, it is important to note that a substantial minority (42 percent) of the schizophrenia study subjects and a majority of the subjects in the depression (71 percent), social skills (70 percent), and borderline personality (90 percent) studies stated that they had made their decision regarding research participation *prior* to the formal disclosure session. Most of these subjects indicated that they had decided to participate in the study *when first approached* by the psychiatric investigators and *before* they received any detailed information concerning research purposes, risks, benefits, or alternatives.

Table 3. Comparison of Mean Total Subject Understanding Scores by Type of Disclosure: Depression, Schizophrenia, Social Skills, and Borderline Personality Studies

<i>Study</i>	<i>Type of Disclosure</i>	<i>Mean Subject Understanding Score</i>
Depression Study	Natural	16.7*
	Improved	21.8
Schizophrenia Study	Natural	14.5
	Improved	17.0
Social Skills Study	Natural	9.8*
	Improved	14.5
Borderline Personality Study	Natural	22.0
	Improved	21.6
All Studies	Natural	15.7*
	Improved	18.7

Note: * $P < .05$

DISCUSSION AND CONCLUSIONS

The findings of the present study, in several instances, echo previous studies of informed consent in psychiatric research settings. Subjects' understanding of research and research participation was problematic in each of the four studies examined, although in varying degrees. Overall, prospective subjects in the depression and borderline personality studies (all who had nonpsychotic impairments) generally demonstrated a better understanding of the research than did schizophrenia and social skills study subjects. Across all four projects, subjects generally understood they had the right to refuse research participation and to withdraw from the study at any time. Many subjects, however, had little understanding of the purpose of the study or why they had been asked to take part. Many, in addition, lacked adequate understanding of the risks and benefits of the study, while most were unaware that they were being asked to participate in a program where chance would largely determine the level or type of treatment they would receive. In general, prospective subjects in all four studies believed that they were placing themselves in a therapeutic situation where their clinical condition would be primary and their overall level of treatment improved. Subjects overwhelmingly viewed research participation as placing no limitations on their clinical care and perceived no conflict between research and therapeutic goals. This tendency for sub-

jects to see research participation in traditional treatment terms has been elsewhere described as the "therapeutic misconception" (Appelbaum, Roth, and Lidz, 1983).

From our observations we believe that subjects' poor understanding of many aspects of research stem from a number of sources. Subjects often appeared to lack a basic appreciation of the research endeavor. Instead of viewing research as a tool for gathering generalizable knowledge, subjects usually viewed research in highly personalized terms—noting, for example, that "research means finding out what treatment works best for me" or "research means doing special tests on my condition." It is interesting to note in this regard that several subjects in both the depression and schizophrenia studies were completely unaware that other individuals were also participating in "their treatment program."

Researcher disclosures, in some cases, clearly compounded subjects' confusion of research with treatment. In the depression project, for example, subjects were generally not informed by the investigator of research risks, alternative treatments, or the right to refuse or withdraw from the study during the "natural disclosure" phase of our investigation. Subjects in the depression study, in addition, were not verbally informed that they were being asked to take part in research; instead the terms, "program" or "treatment program" were employed. Similarly in the social skills study, investigators frequently failed to inform subjects verbally of important aspects of the research, including its randomized research design or the fact that some subjects were being placed in a control group and would receive no social skills training. In the schizophrenia and the borderline personality studies, investigator disclosures to varying degrees emphasized the therapeutic nature of the project—in part, contributing to subjects' belief that decisions regarding their treatment would be made solely on the basis of individual therapeutic needs. In none of the four studies observed did researchers explicitly inform subjects that research participation would place them in a situation where their clinical interests would be subordinated, at least to some degree, to broader scientific interests or that researchers in general have concerns that transcend the health and illness of any particular patient. While the role of patient is a familiar one in our culture, the role of research subject is not. Placed in this context, subjects' therapeutic misconceptions regarding research participation are easier to understand.

What accounts for the apparent tendency of investigators to emphasize the therapeutic aspects of their research, while underplaying other elements? The explanation, we believe, is a complex one, stemming, in part, from the nature of clinical research. Clinical investigation in medicine generally involves "therapeutic research," i.e., scientific investigation where useful medical treatment is provided as part of the study protocol.

Because of this key therapeutic component, disentangling “treatment” from “research” in many clinical medical investigations is as difficult for researchers as it is for subjects. Consider, for example, the following field note written by a member of our project staff following a mid-study consultation with the depression study co-investigator:

I noted (to “Dr. Smith”) that a lot of the subjects’ misunderstanding or lack of understanding regarding his project was rooted in their lack of knowledge concerning research in general and how research differs (in some respects) from treatment. I suggested that perhaps more emphasis could be placed on the differentiation between the two in his forthcoming (“improved”) videotape. Smith replied that he, in large part, saw his study as treatment as much as research for the subjects (no one was getting a placebo, both drugs being used were effective antidepressants and patients improve on them clinically). He also noted that he felt that the research project was the “best treatment they (his subjects) could possibly get” due to the extensive staff attention and medical monitoring they received as subjects. He also noted that several prospective research subjects had been found to have previously undetected medical abnormalities due to the tests used to screen applicants. He was also critical of the general level of care most patients receive at (the hospital). Compared with this usual level of care, he noted, research subjects were getting superior treatment—even if it was in a research context.

In the depression study, aspects of both therapy and research were present. The depression study investigator perceived himself both as researcher *and* treating physician and his research participants as concurrently holding the roles of both subject *and* patient. This lack of a clear distinction between treatment and research was present, to some degree, in each of the studies we observed. *The crux of the problem, however, lies in the fact that the ultimate goals of therapy and research are different.* The primary goal of the physician in a therapeutic context is the determination of a treatment approach most likely to be of maximal benefit to a *particular* patient; the goal of research is to provide *generalizable* knowledge about disease and its treatment. Furthermore, the goal of generalizable knowledge in research is often pursued by means that are rarely, if ever, employed in ordinary clinical practice (such as randomization, the application of a predetermined protocol, and use of control groups). Adherence to a research design and scientific methodology are often incompatible with one of the first principles of therapeutic treatment—the value that Freid (1970) has termed “personal care”—that the patients’ interests always come first. In therapeutic research, subjects’ clinical interests are generally taken into account to some degree, but they cannot be the only consideration as they (at least ideally) would be in a purely therapeutic situation.

Aside from the apparent confusion of both subjects and investigators regarding their clinical and research roles, other factors were also found to contribute to prospective subjects’ problematic understanding. Prospec-

tive subjects we observed were often passive and acquiescent to medical authority. As one consentor in the schizophrenia study noted, "I'm (hospital) property; they can do what they want with me." Or as one investigator observed, "These patients are so passive that you just tell them what to do. If you're the doctor, they'll do whatever you say." Although not uniformly noted in all prospective subjects, such passivity can severely limit subjects' ability to carefully weigh risks and benefits carefully and make an independent choice regarding research participation. Consider the following exchange between a social skills study consentor and a research psychiatrist associated with our project:

- Psychiatrist: When you were asked to be in the research, did you think about saying no?
- Subject: No, I like to do everything that's asked of me.
- Psychiatrist: Why?
- Subject: Because I'm in a program. . . .
- Psychiatrist: Did you feel you had all the information you needed to make your decision?
- Subject: I don't need a lot of information because the staff knows more than I do.
- Psychiatrist: And you trust them?
- Subject: Yes.
- Psychiatrist: So pretty much whatever they ask you to do as part of the program, you'd do?
- Subject: Yes.

In addition, in some cases, subjects mentioned that they felt that they had little *real* choice about participating in the research. In most of these cases, subjects falsely believed that they needed to participate in the research study in order to receive treatment, although in a few instances subjects noted pressures from family members or outside treatment personnel to participate. Finally, in a number of instances, severe psychopathology clearly distorted subjects' decisionmaking ability.

What implications do these findings have for regulatory policy in the area of medical and psychiatric research? The answer to this question, we believe, depends partially on the weight given to two related factors: (1) the importance of subject understanding and consent, even in "low risk" therapeutic research; and (2) the need for researchers to carry out their work with a minimum of external interference.

Some observers have suggested that the emphasis given to informed consent as a legal and ethical requirement for subject participation in research be reduced. They argue that even if subjects lack research understanding, as long as they are participating in studies that have been peer reviewed for scientific merit and an overall favorable risk/benefit ratio, use

of human subjects should not be curtailed. Some distortion of research by subjects is probably inevitable. Furthermore, subjects' misunderstanding needs to be weighted against the costs of attempting to inform subjects regarding the research enterprise, including time expended, research delays, and the probability that some subjects will decide not to participate in the project. These costs may result in the delay (perhaps even the forestallment) of badly-needed medical information. Aside from these issues, other observers have noted that informed consent is potentially destructive of appropriate scientific procedures, leading, for example, to nonrepresentative samples (Schubert, et al., 1984) or compromising double-blind studies by permitting subjects and research personnel to improperly "guess" at what treatment subjects are receiving (Brownell and Stunkard, 1982).

How much emphasis should be given to informed consent is a difficult question to answer, in part because its resolution rests, in the end, on the emphasis one places on the principle of autonomy—the value that underlies the informed consent doctrine (Dworkin, 1982). The principle of autonomy places primacy on the capacity of the individual to act as an independent decisionmaker regarding his or her own fate. From this standpoint, whether or not the individual subject (or society at large) benefits from the research is irrelevant; primary consideration must be given to maximizing the opportunity for prospective subjects to decide *on their own* whether or not to become involved in scientific investigation. Clearly, if a societal commitment to personal autonomy is upheld, the doctrine of informed consent is critical. Whether or not the principle of autonomy should be viewed as primary in such matters, however, is an issue of significant debate.

Assuming for the moment, however, that, as a society, we choose to reaffirm informed consent as an important and realistic goal, how can we better educate prospective subjects to the research process? One method would require a more active consultant role for IRB than is now generally the case. The present research project—which monitored the consent process, educated researchers *and* subjects, and tested subject understanding over time in four psychiatric research projects—suggests that a more active IRB role in the consent process is possible and could result, at least in some cases, in greater subject awareness of the research enterprise. IRBs could utilize a neutral third-party, a "consent advisor," whose task would be to observe and monitor the information disclosure process between prospective subjects and research investigators (Robertson, 1982). This advisor could be used to help identify communication problems and misunderstandings between prospective subject and researcher and assist investigators in more clearly educating subjects regarding the research endeavor, particularly the critical differences between treatment and research in the context of clinical investigations. Third-party "audit-

ing” of the consent process could occur primarily at the beginning of a project, or, alternatively, carried out through a random sampling of subjects throughout the life of a research study (Caplan, 1983). It is our view that such a “consent advisor” should serve in an educative adjunct relationship to study researchers, rather than in an adversary role. Assuming that investigators believe that problems exist and that it is “possible to do better,” more highly intrusive procedures may not be required.

Finally, if the findings of the present study are correct and *both* investigators *and* subjects are confused about their clinical and research roles, third-party “educators” may be helpful and necessary in assisting them to see these differences. Direct and active educational techniques may well be required in order to accomplish this goal. Simply explaining to subjects that randomization and placebos will be employed is likely to be inadequate to undercut subjects’ “therapeutic misconceptions” regarding research. Instead subjects may have to be told *explicitly* that scientific goals will have priority over therapeutic goals (at least in some instances), that the investigator, because of his dual role as researcher and physician, will be unable to provide the subject with the individualized care and devotion that he would receive in a purely therapeutic context, and that certain aspects of the study may not turn out to be in their best interests at all. Given their professional socialization and the frequently cited inability or unwillingness of physicians to convey uncertainty to their charges (Katz, 1984), it may be unlikely that researchers will relay this harsh information to prospective subjects unassisted.

Such an expanded monitoring, advisory, and educative role for IRBs would have costs as well as benefits. It should be acknowledged, in addition, that even with significantly more aggressive educational efforts, the complex blending of therapy and research in many clinical investigations may render the role confusion of “patient/subject” and “physician/researcher” inevitable. It is clear, however, that informed consent is not working as well as it should in many research settings. The question of how informed consent might be improved is one that needs to be addressed by further empirical study. Whether informed consent needs improvement, indeed whether the doctrine should be retained at all, however, are questions that should be resolved based largely on values, informed but not dictated by social science inquiry as well as by other sources of knowledge.

ACKNOWLEDGMENTS

Funding for the research reported in this article was provided by the Foundations Fund for Research in Psychiatry. Preparation of this article was facilitated by

a National Institute of Health Biomedical Research Support Grant awarded by Tulane University to the senior author.

We would like to thank additional Foundations Fund study personnel involved in the collection of the data on which the present article is based: Mary Scott Dewire, J. D., Michael Malkin, M. D., Mary Hagman, Florence Cohen, and Janice Holden. Jane T. Kuroda prepared the manuscript.

Finally, we gratefully acknowledge the cooperation of the psychiatric researchers and subjects whose communications are examined in this article.

NOTES

1. This article draws, in part, from the following previously published papers: Roth et al. (1985), Benson et al. (1985), and Appelbaum, Roth, and Lidz (1983).

2. Under current DHHS regulations promulgated in 1981, certain categories of research involving human subjects may be exempted for IRB review or be eligible for expedited review. Some of these studies may not require subject informed consent to be undertaken. These include, in the biomedical area, research using hair or nail clippings, excreta, small collections of blood by venipuncture, or pathological specimens (DHHS, 1981).

3. In late 1979, a second advisory committee, The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, was established in order to expand and follow up the work of the original National Commission. One of the issues examined by the President's Commission was informed consent to treatment and research. In late 1982, a final report on the Commission's work on informed consent was issued, as well as two volumes of appendices (President's Commission, 1982).

4. In most research involving human subjects a detailed written consent is required, but under some circumstances "short form" written or oral consents may be permitted. Review boards are given some leeway in altering consent requirements when the research in question presents no more than minimal risk to subjects and some additional requirements have been met (DHHS, 1981).

5. Our initial research protocol called for the use of four six-subject disclosure cells in each of the investigations we observed for a total subject N of ninety-six. Unfortunately, the investigators in the social skills and borderline personality studies encountered problems in subject recruitment and we were forced to decrease the subjects observed in each of these projects to twenty, with five subjects studied per cell.

6. Tardive dyskinesia is a neurologic condition characterized by involuntary muscle movement, especially of the face, mouth, and limbs, that may occur as a result of antipsychotic drug treatment. In many cases the syndrome appears to be irreversible and at present no effective treatment for the condition is available. The best data regarding the disorder suggests that tardive dyskinesia occurs in 10–20 percent of those using antipsychotic medication (Baldessarini et al., 1981). While problematic, most cases are not severe.

7. As noted in the text, disclosure interviews between prospective subjects and psychiatric research investigators were observed by members of our research team using videotape, audiotape, and standardized observation forms. The level of completeness of individual items of information communicated to subjects by investigators was then rated by observers utilizing a four-point scale, which employed the psychiatric project's written consent form as a reference point. Scores on this information disclosure scale ranged from a low of 0 (no disclosure of information) to a high of 3 (information disclosed better than on form). In addition, in this analysis, some individual items of research information have been grouped into categories (research risks, research benefits, research procedures, and so on).

Communication of these categories of information is summarized as "full disclosure" (all category items are communicated equal to or better than the consent form), "partial disclosure" (some category items are either not disclosed or are disclosed less fully than the consent form), or "no disclosure" (no category items are disclosed). Means scores of combined category items are also employed in the analysis.

8. A score of 0 (poor understanding) was given to an unacceptable response, one that was factually wrong, irrelevant to the question, or delusional. A score of 1 (fair understanding) was given to a partially correct response, one that was incomplete, or based on a conviction held with marked ambivalence. A score of 2 (good understanding) was given for an acceptable (although not necessarily fully complete response). Interrater reliability in the scoring of each of the four studies was above 0.9 (Kendall tau coefficients).

9. "Total subject understanding scores" for each study were constructed by summing subject scores on 15 individual items (13 of which are displayed in Table 2) asked during the subject's initial understanding interview. Possible subject scores range from 0 to 30.

In addition, as noted earlier in the text, the randomized assignment to subjects to different treatment groups in the social skills study was abandoned by the psychiatric investigators midway through our examination of that study. For this reason, three questions regarding randomization that were originally asked of prospective social skills study subjects were dropped and substituted with roughly equivalent items concerning the methodology of the revised project.

10. It should be noted that the preliminary analysis presented here, which compares aggregated data from study cells one and two (the "natural" disclosure methods) with cells three and four (the "improved" disclosure methods), may underemphasize the impact of specific disclosure methods (for example, the use of a neutral educator) on subject understanding in some of the projects studied. More refined analysis of study data is currently underway to investigate this possibility and results will be presented in future reports.

REFERENCES

- Annas, George J., Leonard H. Glantz, and Barbara F. Katz
1977 *Informed Consent to Human Experimentation: The Subjects' Dilemma*. Cambridge, MA: Ballinger.
- Appelbaum, Paul S., and Loren H. Roth
1982 "Competency to consent to research: A psychiatric overview." *Archives of General Psychiatry* 39:951-958.
- Appelbaum, Paul, Loren H. Roth, and Charles W. Lidz
1983 "The therapeutic misconception: Informed consent in psychiatric research." *International Journal of Law and Psychiatry* 5:319-329.
- Baldessarini, Ross J.
1981 "Tardive Dyskinesia: Summary of a Task Force Report of the American Psychiatric Association." *American Journal of Psychiatry* 137: 1163-1172.
- Beecher, Henry
1959 "Experimentation in Man." *Journal of the American Medical Association* 169:470-476.
- Benson, Paul R., Loren H. Roth, and William J. Winslade
1985 "Informed consent in psychiatric research: Preliminary findings from an ongoing investigation." *Social Science and Medicine* 20:1331-1341.

- Brady, Joseph V., and Albert R. Jonsen
1982 "The evolution of regulatory influences on research with human subjects." Pp. 3-18 in Robert A. Greenwald, Mary Kay Ryan, and James E. Mulvihill (eds.), *Human Subjects Research: A Handbook for Institutional Review Boards*. New York: Plenum.
- Brandt, Allan M.
1978 "Racism and research: The case of the Tuskegee Syphilis study." *Hastings Center Report* 8:21-29.
- Brownell, K. D., and A. J. Stundard
1982 "The double-blind in danger; Untoward consequences of informed consent." *American Journal of Psychiatry* 139:1486-1489.
- Caplan, Arthur L.
1983 "Random auditing: A modest proposal for reforming the regulation of research." *IRB: A Review of Human Subjects Research* 4:141-143.
- Chayet, Neal L.
1976 "Informed consent of the mentally disabled: A failing fiction." *Psychiatric Annals* 6:295-299.
- Department of Health and Human Services
1981 "Final regulations amending basic HHS policy for the protection of human research subjects." *The Federal Register*, Vol. 46, No. 16 (January 26).
- Dworkin, Gerald
1982 "Autonomy and informed consent." Pp. 63-81 in President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Making Health Care Decisions*, Vol. 3. Washington, D.C.: U.S. Government Printing Office.
- Eisenberg, Leon
1977 "The social imperatives of medical research." *Science* 198:1105-1110.
- Endicott, Jean, Robert L. Spitzer, Joseph L. Fleiss, and Jacob Cohen
1976 "The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance." *Archives of General Psychiatry* 33:766-771.
- Fried, Charles
1974 *Medical Experimentation: Personal Integrity and Social Policy*. Amsterdam: Elsevier.
- Garham, J. C.
1975 "Some observations on informed consent in non-therapeutic research." *Journal of Medical Ethics* 1:138-145.
- Glass, Elenor
1970 "Restructuring informed consent: Legal therapy for the doctor-patient relationship." *Yale Law Journal* 79:1533-1585.
- Goldstein, Joseph
1978 "On the right of the 'institutionalized mentally infirm' to consent to or to refuse to participate as subjects in biomedical or behavioral research." In National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research, *Research Involving Those Institutionalized and Mentally Infirm*, Appendix. Washington, D.C.: U.S. Government Printing Office.

- Gray, Bradford
1975 Human Subjects in Medical Experimentation. New York: Wiley-Interscience.
- Gray, Bradford, Robert Cooke, and Arnold Tannenbaum
1978 "Research involving human subjects." *Science* 201:1094.
- Ingelfinger, F. J.
1972 "Informed (but uneducated) consent." *New England Journal of Medicine* 287:465-466.
- Ivy, Andrew C.
1977 "Nazi war crimes of a medical nature." Pp. 267-272 in S. J. Reiser, A. J. Dyck, and W. J. Curran (eds.), *Ethics in Medicine: Historical Perspectives and Contemporary Concerns*. Cambridge, MA: MIT Press.
- Jacobs, Leonard, and Joel Kotin
1972 "Fantasies of psychiatric research." *American Journal of Psychiatry* 128:64-70.
- Kaimowitz v. Department of Mental Health for the State of Michigan
1976 No. 73-19434-AW (Mich. Cir. Ct., Wayne County, July 10, 1973 *Mentally Disability Law Reporter* 1: 147-154.
- Katz, Jay (ed.)
1972 *Experimentation with Human Subjects*. New York: Russell Sage.
- Katz, Jay
1984 *The Silent World of Doctor and Patient*. New York: Free Press.
- Kaufmann, Caroline L.
1983 "Informed consent and patient decision making: Two decades of research." *Social Science and Medicine* 17:1657-1664.
- Laforet, Eugene G.
1976 "The Fiction of Informed Consent." *Journal of the American Medical Association* 235:1579-1585.
- Levine, Robert J.
1981 *Ethics and Regulation of Clinical Research*. Baltimore: Urban and Schwarzenberg.
- Lidz, Charles W., Alan Meisel, Eviatar Zerubavel, Mary Carter, Regina M. Sestak, and Loren H. Roth
1984 *Informed Consent: A Study of Decisionmaking in Psychiatry*. New York: Guilford Press.
- Lidz, Charles W., and Loren H. Roth
1981 "The signed form—Informed consent?" Pp. 145-157 in R. F. Boruch, J. Ross, and J. S. Cecil (eds.), *Solutions to Legal and Ethical Problems in Applied Social Research* N.Y.: Academic Press.
- Meisel, Alan, and Loren H. Roth
1983 "Toward an informed discussion of informed consent: A review and critique of the empirical studies." *Arizona Law Review* 56:265-346.
- McCance, R. A.
1963 "The practice of experimental medicine." Pp. 48-57 in I. Ladimer and R. W. Newman (eds.), *Clinical Investigation in Medicine: Legal, Ethical, and Moral Aspects*. Boston: Law-Medicine Research Institute.

- Mushkin, Selma J.
1979 *Biomedical Research: Costs and Benefits*. Cambridge, MA: Ballinger.
- Overall, J., and R. Gorham
1962 The Brief Psychiatric Rating Scale. *Psychological Reports* 10:799-812.
- Park, Lee C., and Lino Covi
1965 "Nonblind placebo trial: An exploration of neurotic patients' responses to placebo when its inert content is disclosed." *Archives of General Psychiatry* 12:336-345.
- Park, Lee C., Regina Slaughter, Lino Covi, and Hazen G. Kniffin
1966 "The subjective experience of the research patient: An investigation of psychiatric outpatients' reactions to the research treatment situation." *Journal of Nervous and Mental Disease* 143:199-206.
- Park, Lee C., Lino Covi, and E. H. Uhlenhuth
1967 "Effects of informed consent on research patients and research results." *Journal of Nervous and Mental Disease* 145:349-357.
- President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research
1982 *Making Health Care Decisions: The Ethical and Legal Implications of Informed Consent in the Patient-Practitioner Relationship*. Washington, D.C.: U.S. Government Printing Office.
- Pryce, I. G.
1978 "Clinical research upon mentally ill subjects who cannot give informed consent." *British Journal of Psychiatry* 132:336-369.
- Ramsey, Paul
1970 *The Patient as Person*. New Haven, CT: Yale University Press.
- Reiser, Stanley J.
1978 "Human experimentation and the convergence of medical research and patient care." *Annals of the American Academy of Political and Social Science* 437:8-17.
- Riecken, Henry W., and Ruth Ravich
1982 "Informed consent to biomedical research in Veterans Administrations hospitals." *Journal of the American Association* 248:344-350.
- Robertson, John A.
1982 "Taking consent seriously: IRB intervention in the consent process." *IRB: Review of Human Subjects Research* 4:1-5.
- Roth, Loren H. Paul S. Appelbaum, Charles W. Lidz, Paul Benson, and William J. Winslade
1986 "Informed consent in psychiatry research." In A. Brooks and B. Winick (eds.), *Mental Health Law: Developments in the 1980's*. New York: Guilford (in press).
- Rothman, David J., and Sheila M. Rothman
1984 *The Willowbrook Wars: A Decade of Struggle for Social Justice*. New York: Harper and Row.
- Sacks, M. H., W. T. Carpenter, and J. S. Strauss
1974 "Recovery from delusions: Three phases documented by patients' interpretations of research procedures." *Archives of General Psychiatry* 30:117-120.

- Schubert, D. S. P., M. B. Patterson, F. T. Miller, and K. J. Brocco
1984 "Informed consent as a source of bias in clinical research. *Psychiatry Research* 12:313-318.
- Siris, Samuel G. John P. Docherty, and Thomas H. McGlashan
1979 "Intrapsychic structural effects of psychiatric research." *American Journal of Psychiatry* 136:1567-1571.
- Stanley, Barbara H.
1981 "Informed consent and competence: A review of empirical research." Paper presented at a National Institute of Mental Health workshop, "Empirical Research on Informed Consent with Subjects of Uncertain Competence," Rockville, MD, January 12, 1981.
- Stanley, Barbara H., and Michael Stanley
1981 "Psychiatric research with psychiatric patients: Protecting their autonomy." *Comprehensive Psychiatry* 22:420-425.
- Stanley, Barbara, Michael Stanley, Andrew Lautin, John Kane, and Nancy Schwartz
1981 "Preliminary findings on psychiatric patients as research participants: A population at risk?" *American Journal of Psychiatry* 138:669-671.
- Stanley, Barbara, et al.
1986 "Informed consent and competency in psychiatric research." *Archives in General Psychiatry* (in press).
- Stanley, Barbara, Michael Stanley, Judith Stein, Lisa Guido, and Roxanna Pentland
Transit
1985 "Psychopharmacologic treatment and informed consent: Empirical research." *Psychopharmacology Bulletin* 21:110-113.
- Stone, Alan A.
1979 "Informed consent: Special problems for psychiatry." *Hospital and Community Psychiatry* 30:321-327.
- Swazey, Judith A.
1978 "Protecting the 'animal of necessity': Limits to inquiry in clinical investigation." *Daedalus* 107:129-145.

PATHWAYS TO RESISTANCE: AN ETHICAL ODYSSEY IN GOVERNMENT AND INDUSTRY¹

Myron Peretz Glazer and Penina Migdal Glazer

INTRODUCTION

We visited the Basdekas family on a beautiful summer day in Maryland in August, 1984. Demetrios Basdekas, with dark hair and glasses, and clear traces of an accent, told us of his early years in Greece, his migration at age 16 to the United States, and his engineering education at the University of Texas. He had been delighted when the Nuclear Regulatory Commission offered him a job in 1972 and he viewed the opportunity as the culmination of all of his professional goals. His wife had been wary of the offer. She feared government bureaucracy and its requirements for conformity and knew that her husband was not the kind of person to go along.

When his enthusiasm for the NRC slowly turned to grave concern as he

Research in Social Problems and Public Policy, Volume 4, pages 193-217.

Copyright © 1987 by JAI Press Inc.

All rights of reproduction in any form reserved.

ISBN: 0-89232-560-7

gained greater insight into its procedures for licensing nuclear power plants, she sensed that he was coming to a crossroads that would have unforeseen consequences for their entire family. Her silence and expression that Sunday, years later, bore witness to the costs the family had paid for his resolution. She spoke softly of her resentment. Her husband knew of these feelings, but his position was uncompromising. As he saw it, the stakes were simply too high.

My first encounter with things that didn't make sense came as part of my asking questions about plant design, especially in reference to control systems. I raised several questions to be sent to the utility companies, but my supervisors refused to approve them. They said, "Don't ask these questions." I said, "What do you mean?" This question was intended to give me some basis to decide whether the system is designed properly. Is it safe or not? The control systems in a nuclear plant are extremely important and they are giving us grief today, including that at Three Mile Island.

They said that even after Three Mile Island everything was okay because no one was killed. I thought my ears were playing tricks on me. This is insane. It's true that there was no extensive radiation released into the atmosphere at Three Mile Island, but in twenty minutes more we would have had a catastrophe.

Basdekas' disbelief was mirrored in the reactions of other employees we have studied who could not fathom how their superiors could ignore or minimize such profoundly disturbing problems (Glazer, 1983). These reactions of presumably responsible authorities began to whittle away at Basdekas' trust in the competence and integrity of those in charge of the agency (Barber, 1983).

Apparently there were no answers to my questions because the protection system did not exist. Nonetheless the plant wanted a license. I was expected to go ahead and give my approval to the plant design so that production could proceed. I was now under pressure from my own management to come up with the report basically saying that the plant was okay. I could not do it.

I said to myself: "Look you are at a crossroads. You can either roll over and play dead or stand up and say what you think." I hit the wall, the red line. I could not go beyond that line. I was being asked to become a party to an act of fraud on the public where health and safety are concerned.

Basdekas knew that it was professionally costly to confront his superiors. He would pay a heavy price if he disobeyed their orders. To reject the demand for obedience, he drew upon a set of symbols that bolstered his courage to resist. He defined the confrontation as a test of the depth of his commitments. This was no trivial matter. If he did not stand firm, he felt that he would undermine his own sense of self as an ethical and competent engineer.

In the nuclear business you are dealing with effects that can manifest themselves twenty or thirty years from now and have an impact on unborn children. I decided not

to go along. I accepted it as a reasonable price for me to pay. I was an engineer who had a good pay check coming in, but at the same time I felt that the public out there had their trust in me. Without sounding too melodramatic I took an oath to do good for them.

With a voice heavy with emotion, Basedekas succinctly enumerated the factors that propelled him to resist. His words echoed those of others who also emphasized the particular sense of public responsibility that they felt for the well-being of others. By any rational calculation of self-interest, Basdekas should have either denied any awareness of the potential danger or backed off when his superiors disagreed with him. After voicing his opinion, he could readily have deferred and allowed them to accept responsibility for their decision. His refusal to accept such a path was reinforced by his strong principles, the breach of trust, his sense of personal abuse and by the confirmation of several other engineers, who also believed that serious problems existed. He and four colleagues felt compelled to take their information beyond the N.R.C.

They knew of the three General Electric engineers who had resigned in protest, and of Robert Pollard, a colleague at the NRC, who had joined the GE employees in publicly decrying the hazards of dozens of plants then in operation. (Freeman, 1981: 258–292). For a short time they even felt encouraged that the public statements of their colleagues might force the NRC to modify its procedures. When this did not occur, they decided to approach Senator Ribicoff, who had been instrumental in the effort to create the NRC. Knowing that the G.E. engineers had received a poor reception from hostile congressmen, Basdekas and his colleagues deliberately sought out Senators whom they believed shared their concerns. They ardently hoped that adding their testimony to the words of Pollard and the G.E. engineers would finally force a turn-around in the NRC and raise safety standards. They approached Congress because it could serve as a viable alternative authority structure that could receive, support, and pursue their concerns. Without the willingness of Congress to hear their testimony, the engineers' criticisms would have remained an internal matter in the Nuclear Regulatory Commission.

Like Demetrios Basdekas, the 55 women and men we have interviewed during the past four years had a history of successful employment. They believed that their futures were promising until they lost their trust in the competence and integrity of their superiors. Their decisions to resist had severe consequences for them, their families, and their careers. While all have not been vindicated by administrative or judicial procedures, our analysis of interviews, legal documents, and detailed newspaper accounts leads us to conclude that each has a bona fide case. Staff members of Congressional committees and of public interest groups that defend whistle blowers also contributed substantially to our understanding. The cases in this paper were chosen to reflect the varied responses to abuse of

authority and the motivations for resistance. We also interviewed 18 of their spouses who provided additional insight into the impact on family life of confronting and exposing lawless behavior in the workplace.

Some resisters, like Basdekas, came to government agencies in which they found that their superiors, presumably committed to protecting the public welfare, were violating that trust by pursuing their own personal gain or by overemphasizing the profit needs of large corporations to which they had built close connections. Others worked in industry where they saw the production of safe consumer goods sacrificed to maintain a competitive edge in the marketplace. In some instances professionals, responsible for the well-being of dependent populations, such as patients in the Veterans Administration hospital or young children under the care of the New York City Human Services Administration, uncovered systematic neglect by co-workers or abuse of authority by superiors. Several women workers experienced exploitation by their superiors who were more interested in securing sexual favors for themselves or important clients than in having the women perform the duties of the position.

As workers realized that there were serious violations that they neither condoned nor expected, they found themselves making one of three choices: (1) they could abandon their old values as they learned the new standards of the organization; (2) they could respond to orders of their superiors and conform despite any personal repugnance; (3) they could protest and refuse to comply with illegitimate behavior.

THE EROSION PROCESS

Workers coming on the job soon learned that every effort would be made to resocialize them to a new set of beliefs (Goffman, 1961). Among those we studied were employees who acquiesced and found their previously held values eroded. They began to think and act like every one else. The experience of a young police officer provides a telling example of one who became totally enmeshed in lawlessness until he later blew the whistle on his closest comrades (Daly, 1978).

Bob Leuci came to the New York City Police Department after growing up in Queens. He described himself as a youngster who had "never even cut a class in high school." Youthful looking and handsome, with jet black hair and dark eyes, Leuci felt totally unprepared for what would happen to him on the job.

I remember the first time I was in a situation that scared me. We were in a police car and there was a fight in the street. I was working with this big, strong guy. I was nervous when I got out of the car and approached the fight. "Am I good enough to handle this kind of thing?" Two guys were going at each other with knives. I backed

off a bit, but one guy came at me. My partner pushed me aside. "You move toward my partner again, and I'll kill you." And all of a sudden I got this feeling. He didn't say "You move toward me," but he said, "You move toward my partner." Whether he would have killed this guy or not, had the guy come at him, I don't know. But he would have killed him if the guy came at me. When hearing that, in that sort of context, you have this feeling of something very, very special about working with someone when your life may be in danger.

So I was with a guy who was fifteen years my senior and a wonderful policeman. The first time he went in to get dinner, and came out with a sandwich I asked, "Did you pay for it?" He answered, "No, it's okay." It was in fact okay coming from him. It was okay. This man would not do anything wrong; he would not do anything criminal certainly, and what was so terrible about this? But what happens is that emotionally things are going on that you don't realize. There is an erosion process that is taking place, and it is changing you. That is something that I certainly didn't notice for many years. But it was happening to me—happening to a lot of people around me.

For Leuci this was only the beginning of the resocialization process which continued when he was assigned to a Special Investigation Unit created to curtail major drug dealing in New York City. Leuci was the youngest member of his team. With his baby face, he could make his way on streets full of drug pushers and prostitutes. The street, he later remarked, always "rubs off on the police." Leuci and his partners became "princes of the city," providing their informants with drugs and shaking down major drug dealers for large sums of money. It was not until years later, when he decided to become an undercover agent for the federal authorities that he was able to put an end to his illegal activities (Daly, 1978:17-22).

To this day Leuci cannot fully explain his turnabout. Did he want to save his own skin by coming forward or did he want to return to a former, more honest time in his life? The answers are murky. What is clear is his transformation to a corrupt police officer and his realization that in "becoming bent" (Sherman, 1974:191-208) he had rejected familial values and the ideal standards of the police (Harris, 1973). He ultimately abhorred what he "saw in the mirror" and could no longer face himself.

The erosion process that transformed Leuci was not an isolated occurrence. The ability of the organization's leaders to set the ethical tone is reported by A. Dale Console, a talented physician who joined a private firm in 1956 after serious illness cut short a promising surgical career. Console saw the deterioration of the pharmaceutical industry into a highly competitive, multi-national business. He found himself engaging in conduct which undermined his self-concept as an ethical physician and led to a deeply troubling estrangement from his professional ideology. He told a congressional committee:

These are some of the things a drug company doctor must learn if he is to be happy in the industry. After all, it is a business, and there are many more things he must learn to

rationalize. He must learn the many ways to deceive the FDA and, failing in this, how to seduce, manipulate or threaten the physician assigned to the New Drug Application into approving it even if it is incomplete. He must learn that anything that decreases sales must be suppressed, distorted and rejected because it is not absolutely conclusive proof. He will find himself squeezed between businessmen who will sell anything and justify it on the basis that doctors ask for it and doctors who demand products they have been taught to want through the advertising and promotion schemes contrived by businessmen. If he can absorb all this, and more, and still maintain any sensibilities he will learn the true meaning of loneliness and alienation. During my tenure as medical director I learned the meaning of loneliness and alienation, I reached a point where I could no longer live with myself. I had compromised to the point where my back was against a wall and I had to choose between resigning myself to total capitulation, or resigning as medical director. I chose the latter course (Glazer, 1983:37,38).

FOLLOWING ORDERS

Many other workers did not become as implicated as Leuci and Console did. Nonetheless, if they rejected the resocialization process, they were pointedly informed that employment in a bureaucracy required obedience to one's supervisors. There were warnings about job security (Vandivier, 1972:45-52), future advancement (Glazer, 1983: 36-37), and under more dire circumstances, there were threats to their personal safety (Rashke, 1981; Maas, 1983).

The control over careers and reputations sometimes enabled top level officials to force obedience even in the face of total disagreement by those who felt they had no choice but "to go along." Such was the case in the EPA where a number of idealistic professionals hoped to improve the environment and found that a new leadership had other goals. When President Reagan took office in 1981, he advocated far less government control over industry as the best means to encourage business growth and to revitalize the American economy. The implementation of this ideology had particularly serious implications for those who worked for the Environmental Protection Agency. The President appointed Anne Gorsuch as Administrator and gave her a clear mandate to reduce government oversight in order to demonstrate to business that the government was now an encouraging partner rather than a watchful monitor.

The situation had almost immediate ramifications for Dr. J. Milton Clark, a 30 year-old scientist who joined the Chicago region 5 office and was assigned the task of writing a report on dioxin contamination. Clark had been concerned with issues of environmental degradation ever since his days as a student at the University of Kansas. He expected that his work would help to prevent industry from destroying the nation's precious resources. He was particularly concerned with the poisoning of the water,

the threat to aquatic life, and the dangers to people unknowingly caught in the path of highly toxic industrial wastes. Clark knew that the Food and Drug Administration had already issued an advisory for people living down stream from the Dow Chemical Company in Midland, Michigan, about the possible contamination of fish from lethal chemicals. Although Dow scientists had denied that there was serious danger to humans from dioxin and rejected the charge that their plant was responsible for contamination of the water, Dr. Clark felt otherwise:

Much of the scientific community was alarmed, concerned that Dow scientists were not being forthright in their interpretation of the data that they themselves had generated. I felt even at the time that I was writing the report that you run a real risk of having very powerful entities in society misusing information.

Given the significance of the issue and the freedom which his immediate supervisors had provided, Dr. Clark wrote a strong report that pointed directly to the responsibility of Dow in creating an environmental crisis. He stated clearly that people eating fish caught downriver from the Midland Michigan plant were in serious jeopardy. His report concluded with this serious warning:

Dow Chemical of Midland, Michigan, has extensively contaminated their facility with PCDDs and PCDFs and has been the primary contributor to contamination of the Tittabawassee and Saginaw Rivers and Lake Huron. The consumption of fish from the Tittabawassee River, the Saginaw River, Saginaw Bay, and possibly other sites in the Great Lakes should be prohibited (Clark, 1983:222).

Clark's report created a furor in the E.P.A. headquarters in Washington when someone there leaked the report to a Toronto newspaper. Dr. John Hernandez, the second in command of the Washington office, then responded by sending the report to Dow Chemical Company for "peer review." Milton Clark was deeply disturbed over such a breach in procedure.

We never heard of a situation where you have an internal report of the EPA that went to a chemical company that we were in the process of regulating. The pressure mounted to the point where the Vice-President of Dow called Valdis Adamkus (the acting head of the Chicago office), and said that if we agreed to take out certain lines of the report, they would endorse it. The middle management people here in region V were very worried that there could be reprisals resulting in loss of jobs. Certainly even Adamkus' position was in real jeopardy.

The leadership at the Chicago office now faced a major dilemma. They were confronted by terms presented by Dow and supported by headquarters in Washington, terms which violated their professional values and their definition of the mission of the EPA. While a Republican himself,

acting administrator Valdus Adamkus intensely disliked the current Washington administration's policy of weakening his agency. He had joined the EPA with a group of enthusiasts who pioneered the federal government's involvement in environmental protection. Now that had all changed. Adamkus put his dilemma in the following perspective.

We had national as well as international problems. The situation at Dow was only one of the many issues that were debated by the specialists who were being prevented from pursuing environmental problems by policies and directives from Washington. And that led to a moral question being raised by people on my staff and myself. "Should I just act according to my conscience and commitment to the job or should I willingly accept those directives which are contrary to the mission of the agency or the intent of Congress?" Some people simply gave up and left because they probably could not take the pressure. Yet there were those of us who decided to take the more resistant way by trying to do whatever we could under the circumstances—to protect what's protectable.

Adamkus and his colleagues firmly believed that the Reagan appointees deviated from the EPA's procedures and goals. They considered the possibilities of public disclosure, but decided that such disobedience would be futile. They saw no Congressional figure who would be willing to push for an investigation when the Reagan administration was at the height of its power and prestige. No newspaper would highlight this case and risk White House disapproval. They believed a revolt would only destroy the group and counselled patience and more subtle forms of resistance.

Milton Clark was not pleased with the implications of these decisions for the integrity of his report.

Eventually the report got chopped down all the way. All health information was removed and the conclusions were eliminated. The risk assessment which was based on EPA's data, generated by a leading group of scientists, was taken out. The material showed that if you have this much dioxin in the fish and people eat this much of the fish, then they have a pretty high risk of getting cancer. Hernandez and his associates in Washington apparently did not feel that this kind of information should be released and it never was.

Under intensive pressure to conform to the orders of their superiors or face retaliation and possible loss of jobs, the men in the Chicago office of the Environmental Protection Agency decided to wait for a more propitious time to come forward. Betrayed by their superiors in Washington, they firmly believed that these officials were ignoring regulations and thus endangering the health of unsuspecting citizens. In addition they felt personally abused by the disregard of their professional competence and the attempt to trivialize the issues by belittling their concerns. Nonetheless, in their view, they lacked an appropriate forum for public disclosure. They delayed two full years until Ann Gorsuch Burford was under Con-

gressional fire; that seemed a safer moment to come forward and present public testimony which contributed to a total shake-up in the EPA bureaucracy.

THE DETERMINATION TO RESIST

The decision to reject resocialization, to refuse to comply with the demand for obedience, or to succumb to direct threats put workers in a vulnerable position. Whether in the federal bureaucracy, state or city governments, major national corporations or smaller industries, their resistance to illegal and unethical acts catapulted employees into direct confrontation with those who held the power to either reward or punish them.

In the face of such a formidable threat, what motivated some individuals, who normally conformed to the demands of authority, to espouse an ethical stand and ultimately to resist illegitimate practices? From our interviews and observations we have found that their resistance was built upon several factors. First, their trust in the competence and morality of their superiors deteriorated and the workers came to define their authority as illegitimate (Barber, 1983). Second, they possessed an ingrained set of values that included a profound sense of caring and compassion for potential or actual victims of management abuse. They held these standards for their own actions and would not agree to subordinate their ethics to accommodate practices that broke the law or deviated from espoused organizational procedures. Basdekas and most other resisters did not define themselves as rigid or unaccommodating troublemakers. They deeply resented the implication that the issues were trivial, reflecting some personal eccentricity on their part and were therefore unworthy of serious attention. By refusing to go along with whatever practices suited management's immediate needs, the resisters maintained that there are publicly held standards to which both individuals and organizations should be held accountable.

Most often, professional, religious, and community commitments were at the core of their values. They believed that individual action was required to confront lawlessness. These workers felt if they did not disobey, they would be complicit in further unethical or illegal behavior and could be personally implicated in perpetuating abuses. Their own self-image as concerned and responsible citizens would be undermined.

The wife of a dismissed government attorney described his professional ethics and religious beliefs and captured the sense of individual responsibility that drove so many resisters to action. Her words also reveal the presence of family stress engendered by costly ethical "inflexibility."

At times I actually berated him for his inflexibility, his character, and his ethics. If he would just bend a little bit like everybody else, then maybe we would not have these troubles, although I wouldn't want him to. His constant response was that if the good people sit back nothing ever will be done. Somebody has got to hold the line.

The belief that "somebody has to hold the line" against disreputable superiors reverberated in the accounts of many other resisters.

Unfortunately, the professional, religious, and community institutions that inculcated ethical beliefs grounded in personal responsibility and public accountability did little to protect these resisters when they tried to live up to the standards they had learned.

THE DEMANDS OF PROFESSIONAL IDEOLOGY

Throughout the twentieth century modern professions have struggled to present themselves as more than a group of occupations. Their leaders and spokesmen have maintained that professions are characterized not only by expert knowledge, but also by a code of ethics that includes a commitment to public service and a strong sense of individual responsibility on the part of their practitioners (Larson, 1977:57-63; Freidson, 1970:359-382).

These ethical precepts have always been in tension with other professional goals. Historically, public service considerations were frequently subordinated to the desire to restrict access to professional rewards to a small, elite group, to develop a monopoly over the distribution of certain services, and to build prestigious, lucrative careers for their members (Larson, 1977:9-18).

Despite these glaring inconsistencies professional ideology played a central role in the decisions of many ethical resisters. They had fully internalized the profession's teachings about public service and ethical responsibilities. They had to decide what to do when these precepts came into direct conflict with the goals of building a successful career that required loyalty to their organization above all. Would they subordinate their ethical principles and professional standards or would they act on them by confronting their superiors?

The resisters were aware that as professionals with extensive training and skills, they occupied visible, high prestige positions, but as members of a bureaucracy they found their decisions often restricted (Larson, 1977:178-207). Their increasing estrangement from the judgements of their superiors forced them to confront this paradox. This put them at substantial risk. The professions had done little to institutionalize a set of mechanisms to enforce obedience to ethical standards or to protect those who found themselves vulnerable to severe organizational retaliation because they had acted according to the profession's stated values.

Dr. Mary McAnaw, Chief of Surgery at the Veterans Administration Hospital in Leavenworth, Kansas, had a Catholic education and later attended the University of Cincinnati medical school as one of 4 women in a class of 96. She describes herself as a "tomboy" in her teens, who was determined to do what her male relatives and friends did. She did not feel discriminated against in medical school, but always believed that she had to work harder than the men to get ahead.

After two difficult but satisfying years in Ethiopia with the Peace Corps, she returned to the United States, married Dr. Mike Brigg, an anesthesiologist, and gave birth to the first of six children. After a brief stint in private practice, she joined the Veterans Administration system which seemed like a reasonable place for a full-time career that would still allow time for family responsibilities.

Dr. McAnaw never saw herself as a compliant team player, but rather as a highly competent, combative physician. Although not enamored of administrative tasks, as Chief of Surgery she was willing to perform them and often articulated the concerns of less assertive colleagues to the upper levels of the hospital administration. Staff members asked her to speak up because they defined her as expendable. If she lost her job, the reasoning went, her husband could support her. The others, particularly the foreign doctors, enjoyed no such cushion, and were much less willing to take any risks. Their traditional attitude that women's work was not essential to the well-being of the family totally ignored the fact that McAnaw contributed substantially to the family income and was in no sense prepared to be unemployed.

In 1980 Dr. Arthur Shaw, a staff psychologist, learned that a number of his patients in the V A hospital, were subjects in a study testing Anafranil, an anti-depressant drug. Shaw believed that some of the men were inappropriately chosen for the research and could suffer serious harm from the drug's side effects, a finding later confirmed by an FDA investigation which condemned the research procedures. Shaw knew that his complaint would carry little weight with the new Chief of Staff, a physician who only respected those with M.D. degrees. When approached by Shaw, McAnaw had the choice of turning her back. The study, while potentially dangerous to the subjects, was not affecting her department of surgery.

Indeed her husband, also a staff physician, advised McAnaw against challenging her superiors who favored the research and were impressed by the \$20,000 grant it brought to the hospital. He spoke plainly:

Look be quiet. Don't say anything. They will kick you out. Those making decisions in the V.A. don't like to hear contrary decisions. V.A. administrators won't tolerate a different opinion and certainly no criticism. For that they put a stigma on you and you are out. We have an old proverb. "If you scratch the devil, scratch it with the fur, not against it." But Mary, you are doing it against the fur, and this they don't like.

Clearly, Brigg observed, the V.A. officials would brook no opposition. Should McAnaw persist in protesting the drug study, her superiors would label her as the bearer of bad tidings, the person whose information now required action. They would be forced to embark upon an investigation, which might be embarrassing to another staff member and might raise questions about the adequacy of their own supervision. Such an outcome would surely weaken their position in the eyes of the central V.A. hierarchy in Washington. What his wife defined as a clear situation of danger to patients, her superiors would see as a threat to their own positions. As McAnaw and many other resisters learned the hard way, this proved to be an astute analysis of how bureaucracy operates (Weinstein, 1979).

Mary McAnaw understood her husband's perspective and his analysis of how bureaucracy like the VA operates. She had experienced it firsthand. Yet she would not retreat; she felt compelled to protest the Anafranil study and other problems in the hospital. Her words are remarkably reminiscent of many other resisters.

First of all, there wasn't anyone else willing to do it. There was no one else around. Secondly, some of the things they did were so unfair that my conscience simply bothered me and I couldn't allow these things to go unnoticed. I just couldn't do that. I know it may sound like a hackneyed phrase today but I believe it. "THE ONLY THING NECESSARY FOR EVIL TO PREVAIL IS FOR GOOD MEN TO DO NOTHING." That sentence kept recurring to me. I felt if I didn't do anything who will. I think I also felt that this was essentially a foreign hospital in the United States. I was one of the few Americans in this primarily foreign-doctor hospital. I thought that as an American I should at least try to be fair.

Mary McAnaw had built her professional life's work in the V.A., and as a physician she felt directly responsible for the patients. This involvement was consistent with the training and ideology she had absorbed in medical school and in her later Peace Corps work. Her knowledge of the prestige of M.D.s in the hospital also underscored her sense of professional responsibility, and enhanced her belief that she might be able to affect the situation where Shaw and the staff of psychologists could not. She, like many resisters, buttressed her professional commitments with a more general philosophical belief that good people were obliged to stand for their beliefs.

For McAnaw and others the spectre of retaliation and the anxiety about disturbing accustomed patterns of social relationships with superiors was punctured by their strongly held conviction that action was required. They knew their own standards, had lost confidence in their superiors' integrity, and they identified with actual or potential victims. Inaction would be too costly, for it would force them to redefine themselves as professionals who were unable or unwilling to safeguard the safety of others. Their years in

bureaucratic organizations had not dissipated the strength of their commitments (Sabini and Silver, 1982: ch. 3).

McAnaw's decision proved very costly as her husband had correctly predicted. Her superiors had already labelled her as "difficult to manage." Once she confronted the hospital administration openly on the Anafranil study, *she* was defined as the problem. Her relationship with the administration deteriorated badly. As the tension escalated, her superiors made it clear that she might be happier working elsewhere. They ultimately succeeded in transferring her to another V.A. hospital, forcing this mother of six children to commute 80 miles each day.

Dr. McAnaw did not stand alone in her battle. Her colleagues on the psychology staff, several nurses, and some foreign doctors sided with her. One part-time staff physician in the surgical service, Dr. Betsy Brothers, turned into an ardent advocate. She wrote a lengthy, confidential letter to the Office of the Inspector General of the Veteran's Administration, in which she detailed the problematic conditions at the hospital, including lack of staff and inadequate facilities. She condemned the effort to make McAnaw the scapegoat for poor staff morale and conflict with the administration. This correspondence initiated several years of investigation and litigation in which each side had to defend its version of the events. Collegial support enabled Dr. McAnaw to maintain her resistance in the face of efforts to oust her. These colleagues offered her consistent affirmation of her competence and integrity; they shared in the anguish and humor of the lengthy proceedings, and established an elaborate network of communications with the media and local congressmen.

The contributions of McAnaw's colleagues were described to us at a dinner party at the home of Betsy Brothers. Several recounted the importance of their constant discussions and exchange of information. They felt that, in alliance with Mary McAnaw, they had played a major part in challenging the administration, which probably would have succeeded in forcing any single individual to relent. They had also sustained one another despite the heavy odds against them.

The accounts of the Veteran's Administration resisters confirmed the importance of group solidarity in confronting an unresponsive bureaucracy and supporting the enactment of high ethical standards. Exchange of information, the contribution of those who "trigger" protest, and the effectiveness of a group to reinforce the commitment to carry the fight forward are all central components in preventing the resister from feeling isolated and defeated (Gamson, Fireman, and Rytina, 1982). In addition, McAnaw had the strong support of her husband who had initially counseled caution. Once the battle began, he urged her to fight it to a successful conclusion.

Mary McAnaw was forced to leave the hospital because she acted on her professional belief that patient welfare superseded the orders of hospital administrators. She thought she was acting appropriately as a doctor in confronting the administration on improper drug testing and other issues of patient rights. Yet when the VA bureaucracy moved against her, no medical organization came forward to defend her. Even when the FDA ultimately found that the complaints were correct and ordered the termination of the Anafranil study, McAnaw was not exonerated. The VA officials maintained that she was still a troublemaker who could no longer work in their Leavenworth hospital.

The case of McAnaw and her colleagues exemplifies a serious contradiction in professional and bureaucratic life. Practitioners who strictly adhere to ethical standards find themselves without any shield against bureaucratic retaliation. Professional organizations are either unwilling or unable to defend their members when their careers are at risk because of their commitments. Professional education and ideology may stress the importance of uncompromising behavior in the service of patients and clients. Nonetheless, professional organizations have not directed their substantial influence toward political and legal protection for resisters. This vacuum of support has forced resisters to turn to the courts, Congress, and the media, which, while helpful, are further removed from the daily practices and less able to provide immediate pressure for remedy.

RELIGIOUS BELIEFS

Bert Berube looks like a Hollywood version of a high-level government official. With a full head of silver hair, a deep sun tan, and a sincere smile, he puts people at ease even as he tells them that he is a man without a job and locked in lengthy litigation against a government agency that he had served for years. He jokingly boasts that he has the distinction of being the highest level government official to be fired for whistle blowing.

Berube does not hesitate when asked what background factors were most significant in explaining his ethical behavior. He immediately points to his religious beliefs that provide a set of standards for him. He grew up in Massachusetts, attended Catholic school, and received his engineering degree from Norwich University in Vermont. He had fully expected to pursue an engineering career in private industry, but became disillusioned after successfully completing a management training program at U.S. Steel. He was not enamored of the ethical climate in the company and was terribly disturbed after a bridge collapsed during construction, killing 12 people. He felt that the accident could have been avoided if the company

had followed its own policy and authorized an independent check of the design.

I'm a structural engineer and we were doing designs of buildings and bridges. It's expected that there will be an independent check when someone designs a bridge. If he makes a mistake and the bridge falls, it is going to kill a lot of people. In many instances at U.S. Steel, the bosses decided to save money by skipping the check. One bridge was designed by one of our most competent people, but there had not been a check. At lunchtime the families of the workers customarily brought a lunch pail, and they all ate lunch together at the work site. Well, the bridge fell during lunch hour and twelve people got killed. The designer just blamed himself, of course, and it was devastating to see how distraught he was. That, tied in with other unethical situations, left me very unimpressed with private industry.

Berube was delighted to join the General Services Administration in 1963. He expected a far higher level of ethical behavior in the government. In the next decade he and his wife, Pat, began a family and Bert's career blossomed. He moved up in rank, salary, and responsibility. Most important for him, he had the freedom to do good engineering work. He felt he had made the right career choice. In the mid 1970s, after a number of successful years working as an engineer, he was promoted to a high-ranking position that made him responsible for monitoring government regulations requiring competitive bidding for all major purchases. Berube pressed for the implementation of new directives on competitive bidding issued by the Office of Management and Budget, but his superiors rejected his initiatives. In 1977 his superiors, irritated by his continuing protests, demoted and transferred him to a position with no responsibilities.

About a year later the Senate Subcommittee on Government Waste held hearings to investigate GSA acquisitions practices and found widespread corruption (Ewing, 1983:202-210). The GSA developed the unenviable reputation as a major center of government waste. The subcommittee's findings supported Berube's position. He received public praise from Senators and even the GSA's own newly-appointed administrator openly acknowledged that Berube had been wrongfully demoted. Bert Berube's tenacity had been rewarded and he was promoted to be Director of Acquisition Policy. Despite this victory, his GSA superiors resisted Berube's efforts to increase competitive bidding and reduce waste. He remained frustrated in his efforts to uproot an entrenched practice.

In 1981 Berube hoped that the new Reagan administration would be more receptive to efficient management of the Agency, using methods closer to those employed by private enterprise. In a memo to David Stockman, Reagan's leading budget adviser, Berube argued that all GSA services, whether janitorial, secretarial, or construction, should be allocated on a competitive basis, including those services provided by its own

personnel. This practice, Berube noted, had already been implemented in other agencies and had saved the government millions of dollars.

Initially the Reagan administration was enthusiastic about Berube's ideas. In late 1981 he was promoted to be Director of the GSA National Capital Region, a division employing thousands of workers. He was now in charge of a budget of over one billion dollars. In addition, he was one of several who received a \$7,500 bonus "for courageous whistleblowers on agency mismanagement" (*Federal Times*, July 4, 1983). Berube was riding high.

Despite the national acclaim and new responsibilities, his problems did not cease. When he pointed out continuing defects in the GSA and new ones created by mandated budget cuts, his short-lived honeymoon ended. After several futile efforts to influence his superiors, he summarized his criticisms in May 1983 in a memo to his superior, the Deputy Administrator of the Agency. He was most concerned with the safety defects that he felt endangered federal employees.

Several weeks ago you requested that I identify what I believed to be GSA's most critical problems. . . . Nowhere can the effect of these across-the-board reductions in resources be seen more dramatically than in the public buildings program. Substantial repair and alterations work, necessary to maintain building standards, has been deferred or reduced in scope by 75 percent or more of what is specified by regulation. If put to the test of local codes and industry standards, many of our occupied buildings would be condemned . . . building has been allowed to deteriorate to a point where some of our GSA buildings are unsafe for human occupancy, are inadequate to meet the mission needs of the occupying agencies, do not meet OSHA requirements, and would be condemned if owned by private industry and put under the test of local codes and laws.

Berube was certain that he must not back down because issues of safety were involved. He also believed that funds that had been allocated for these purposes had been inappropriately spent elsewhere. He did not stand totally alone in his criticisms. As one important regional director of the GSA, Howard Davia, put it, "Bert's right. You can drive a car without changing the oil, but in the long run, you'll pay a great price" (*Federal Times*, July 4, 1983). Despite such collegial support, Berube's memo spelled the end of his federal career, although he did not know it at that time. He was first transferred, then demoted, and ultimately fired, a retaliation process often instituted in the federal government against employees who will not back down.

In reflecting on the risks that he had taken, Berube remained certain that he had made his decisions in accordance with his conscience. As a deeply religious man whose morality and ethics could not be influenced by a bureaucratic hierarchy or any other external pressures, Berube had not

considered consulting with members of his family whether or not he should resist the abuses he observed.

It's not something you discuss with your wife. That never entered my mind. Your conscience is something you deal with yourself. It is not a committee action. It's whether you believe it is right or wrong. It comes back to a question of faith. I am the one who is going to be held accountable for what I do in my life. My wife is not. She is not going to be held accountable for it nor are my children. You've got to decide whether you are going to do something because it is right or wrong.

Berube would not go along with orders simply because others told him that he was naive or that he faced great dangers if he persisted in his criticisms. He knew, for example, that friends in his boat club felt that he was "not being too smart" to risk his well-paid job for issues of principle.

It was very personal. My conscience told me that it was wrong. And it was very simply when you get right down to it—you do what's right or what's wrong. For me, it's black and white, it's very cut and dry. In my background more than anything else my faith is important. The set of ethics and morals I have within myself are primarily set by my faith.

Pat Berube knew that her husband might lose his job, but she was not prepared when it happened. After the initial shock, she relied on her humor and her belief in God to provide her with the necessary strength in those difficult first days.

At first it was shock. I believed more in the system and it had betrayed me; he's a good man and he doesn't deserve this. But we'll make it and continue to do everything until it is resolved. He's got to look himself in the mirror and so do I. After the initial shock I was bitter for a while. And then after the bitterness, came the kind of softening and the acceptance—acceptance, I'm still working on that one. And trust in the Lord that we're doing the right thing—that He will take care of the rest and believe in that. And I think He will, I really do. And it's taken time. I just sometimes wish He'd hurry a little and give me patience right now.

Pat Berube is not alone among the wives and husbands who found the strength to support their partners' ethical resistance. Indeed we found it remarkable that the vast majority of those we studied maintained their marriages despite intense pressures. Religious beliefs provided the necessary cement in several families. In other situations, the identification with the struggle was so strong that the spouses took on the battle as their own. Even when spouses were not closely consulted or realistically cautioned about the dangers inherent in confronting authority, they stayed with the resisters, providing them with emotional sustenance, desperately needed income, advice in fighting their cases, and care for children and household.

For the Berubes religious commitments served not only as the foundation of their ethical stance, but their religious beliefs also supported them when they faced the punishing consequences of having come forward. Despite a lengthy legal battle, Burt has not won reinstatement. Yet the Berubes have opened a business as they continue to support other ethical resisters. Pat Berube described an inner peace her husband has maintained throughout his very difficult times.

I think it comes from his trust in God—knowing he's done his best, he will be exonerated. It may be next year, the year after or may not be until he dies . . . if it's only by God, he will be exonerated. . . . I would like it to be now, but it may not be. It's just faith that gives him his peace and his trust.

Berube uncovered what he considered entrenched patterns of irresponsible behavior. He refused to alter his ethical principles and eschewed any complicity in acts that he abhorred. Religion was the major resource that provided him with the personal strength and ideology to resist. It gave him confidence in his own ethics, and a belief that there were other transcendent judgements that superseded those of his superiors.

Clearly not all religious people become ethical resisters. There are three distinctive qualities that propelled Berube and other religious resisters to act on their principles. First, they refused to tolerate different standards for private and public morality. For them, what is taught in church or temple on the Sabbath must be applied to all situations. Second, they believed that individuals are fully responsible for their actions in their organizational roles. Those who make decisions that result in harm to others cannot claim exemption by hiding behind an organizational facade. Third, they maintain that their consciences require active opposition to corrupt behavior. The expression of lofty ideals or even the voicing of dissent is not sufficient. Acts of disobedience are required if resistance is to be genuine and effective.

Their convictions prevented religious resisters from turning away from the abuses they witnessed. Bert Berube refused to back down by rationalizing that he did not know enough to act, now did he harbor the belief that he could continue his pursuit of success while injustice prevailed around him (Hallie, 1979:97).

The religious resisters often had a very personal view of God and fully believed that He would play a role in the final denouement of their cases. These beliefs were reinforced by their participation in religious services and retreats. Members of these groups offered affirmation of their faith and served as sympathetic friends. However, religious institutions offered them little public support in their battle. Although Berube and other resisters we studied were deeply religious and active members of churches and synagogues, we know of no case where religious leaders took a strong

stand to influence events, either by attempting to affect public opinion or by raising defense funds to help offset the costs to members who were suffering because they actively implemented their religious beliefs. In almost all instances, religion served as a private resource but offered no institutional action that either reinforced moral behavior or forcefully condemned unethical practices.

IN DEFENSE OF THE COMMUNITY

Throughout the United States scores of nuclear workers have testified about unsafe plant construction before various state and federal government agencies. Their public disclosure has led to the delay in the licensing of some plants or to the permanent shutdown of several others (Freeman, 1981). These construction workers turned witnesses put aside their immediate self-interest; for in coming forward they almost invariably lost their highly paid jobs and foreclosed the possibility of being rehired. For them the danger of a nuclear plant accident was simply too great a risk to ignore. Among these protesters were a group of nuclear workers at the Comanche Peak plant in Glen Rose, Texas, who went to the Nuclear Regulatory Commission because they feared that the violation of safety codes in the construction of the plant endangered the land. Their actions were grounded in deeply held cultural beliefs in the importance of community (Erikson, 1976).

Dobie Hatley and her husband, T.E., came from modest economic backgrounds. In the early years of their marriage there had been serious financial problems, but they had managed to purchase a small farm in Glen Rose, and raise their three sons. An outgoing and ambitious woman, Hatley became active in local community and political affairs, eventually becoming a juvenile officer working with troubled youth in the county.

The opportunity for a job with the Brown and Root Corporation, contractors building a nuclear power plant at Comanche Peak, offered Hatley a major increase in income. She went to work there in 1979 and loved it. The hours were long and there was lot of overtime, but the job was intriguing; there was much to learn and she did very well. She worked in various phases of document control, the crucial arm of any nuclear power plant that ensures that actual construction follows initial and revised plans. Hatley received several promotions, supervised a number of other workers and was jokingly referred to as "Miss Brown and Root," the woman who could get anything she wanted out at the plant. With paychecks sometimes approaching \$1,000 per week it was easy to feel very good about Comanche Peak.

Her enthusiasm did not blind her to the problem of working at the plant.

She knew that there was no job security and that people were dismissed for the smallest infractions of the rules.

One worker was fired for eating a banana as he was filling out a time sheet. They decided to make an example of him. Everyone lived in fear of being fired or laid off. There was constant pressure to appear busy.

Dobie Hatley realized that workers often felt that they had no control over their lives. The pressure on the job was so great that men often drank before going to work and had ice chests full of beer in their pick-up trucks so they could drink immediately after their workshifts. The children of some of the men never saw them sober, an observation confirmed for us by several employees. Despite these problems Hatley did not give up her faith in Comanche Peak. Although she knew that many people were opposed to a major nuclear power plant in their backyard, she had been involved in Operation Information, an organization that had investigated nuclear power, and she had decided that nuclear power was safe.

This view began to wane in light of certain management decisions that had a direct impact on Hatley and her work group. When management failed to meet the required production schedule, it intensified the pressure to get the work done. Hatley still maintained that a good job could be done, even as one dismissed employee began to testify publicly at various licensing hearings about irregularities in the construction. Yet by May 1983, Dobie Hatley also began to experience severe doubts about the plant's safety.

The new Nuclear Regulatory Commission (NRC) regulations called for complete sets of updated plans at all sites, including satellite locations which Hatley supervised. However, she found that Brown and Root did not make provisions to keep all the plans current. The drawings were extremely important were any problem or later accident to occur. Hatley understood the necessity of documenting the thousands of changes that go into any plant construction.

If you have a set of pipes in your house and you have a problem, you must know how those pipes are laid out if you want to deal with that problem. This is even more serious when you are dealing with a nuclear plant. It was keeping accurate plans that prevented a major tragedy at Three Mile Island. When I saw that we were not going to get the documentation corrected, I complained to my bosses that they had to stop this. My immediate boss realized what was happening, but he could not convince the higher ups.

The NRC scheduled an audit for July 1983 and the company had to decide what to do about the irregularities in their records.

My boss called me in and told me that we had to get the books to match. If we did it right, it probably would have taken a year. So what were we going to do? We had to

pass the audit and the only way to do that was to rewrite the documentation. We destroyed the records and wrote new ones to match what we needed. That's falsification of documentation.

The supervisor promised us that after the audit we were going to make all of this right. We just did not have the time now because the audit committee was coming. We passed with flying colors.

Hatley knew that what she had done was illegal and potentially dangerous for the entire region. She began to ask when the corrections would be made, but did not get very clear answers. She became further dismayed when she found herself in the midst of another crisis about some of the steel that had been used in the construction.

According to the NRC regulation, steel construction required steel with a pedigree on it. This meant that you had to know where the steel was milled and what its chisel strength was. The wrong steel was used and it started to buckle and flake. For all we know it could have been some of the Mexican steel that had radiation in it. I kept going in and saying this is not right. My boss knew that and he knew about the paper cover-up. We were all under a lot of pressure and he felt it very keenly. So he walked out for a week and his boss replaced him.

Several months later, in October 1983, a second audit was scheduled to focus on documentation. Hatley was again instructed to change the documents with assurances that everything would be cleared up after the audit. The falsification resulted in a successful audit, but her supervisors took no corrective action.

Hatley's confidence was badly shaken. She now felt that the company would have to undertake a major engineering effort to ensure that the pipes had been installed properly and matched the blueprints. She began to share the conclusions of several Comanche Peak whistleblowers who had joined the local environmentalists in charging that the plant was potentially dangerous to the entire countryside.

Her superiors knew her attitudes were changing and ordered her not to speak about plant business away from the site. Hatley laughingly replied that she spent all her waking hours at the plant, but from that point on she felt her days were numbered. She had been defined as a potential troublemaker and within a few weeks she was unceremoniously dismissed despite several years of loyal service. Hatley, who continued to believe in the importance of nuclear power, decided that the plant was simply too great a threat. She approached the Nuclear Regulatory Commission and revealed all the irregularities that she had participated in.

Why did the former "Miss Brown and Root," a grandmother in her late 40s, take on a major multi-national corporation? Like other resisters, her trust in her superiors was shattered when they made no effort to correct the serious problems in quality control. Furthermore, they had enmeshed her in illegal activities which increased her feelings of vulnerability. Her

long term residence in the area and her profound ties to the community heightened her identification with local citizens who could suffer injury and death in the event of an accident. Hatley's dismissal severed all allegiance to the plant management—the breach of trust, her sense of legal jeopardy, her identification with the well-being of the community, and her outrage at the shabby treatment she received all coalesced and propelled her to take on a major fight. It would have been easier and safer to walk away quietly, but she no longer found that acceptable.

Sue Neumeyer, a co-worker of Hatley's, also worked in quality control at the plant. Like Dobie she began to be increasingly concerned about the violations of regulations at the construction site. She too was fired and contacted the NRC. She believed that this act of resistance put her and her daughter at great risk. At times she was afraid to be in her own home, terrified that someone from the plant might harm them. Why had she simply not turned her back on the problem instead of jeopardizing her personal security?

I'm a Texan—like I said this is my state. My mother's side, I'm fourth generation Texan; on my father's side I'm second generation. This is my state, I am not going until I see that there is nothing that can be done. My roots are here. I'm not going to leave. If they start that plant up then I'll have no choice but to leave, but in the meantime I'm going to fight it.

Neumeyer's concern about the safety of the plant and her love of her home was echoed by Stan Miles, a welder and craftsman at the Comanche Peak plant. With his jeans and cowboy boots and Texas drawl, Miles personified the land in which he was raised.

I was born in this state and this state means a lot more to me than just a place to live. If you will look at my work record, I've never gone out of the state to work. I don't like to leave this land. I like the people here. It's changed a lot since I was a boy. For instance, I was born in west Texas, real west Texas, west of the Pecos. You didn't have car trouble without the next person stopping, and if he had to drive 80 miles out of his way, he did, and you didn't have to pay him anything. I have read in several historical novels what this country looked like in 1860. I had several old friends, for instance, an old teacher who lived in my hometown that built a church there in 1909 and told me about the vineyards they had in that country back then.

That's gone—all gone and for the sake of a dollar bill. They took something that was priceless and ruined it for something made of paper. Because if you poison the water, you poison the land, how can the dollar bill replace that? This state means something to me; I was born here, my ancestors came here in 1821, my grandmother was a Comanche Indian and they've been here for 10,000 years.

The nuclear resisters from Comanche Peak always contrasted their ties to the community and the land with the managers of the plant who moved from one job site to another and had no intention of remaining once the construction was completed. These resisters all felt that the top managers

had no long term investment in the safety or proper functioning of the plant. They had more invested in protecting their own lucrative positions than in the public good.

THE COSTS OF SILENCE

Ethical resisters in government and industry confronted issues of major national concern—the safety of nuclear plants, the dumping of toxic chemicals (Mitchell, 1981:267–279), the production of unsafe cars and drugs (Westin, 1981:107–130), sexual exploitation, abuse of patients, and government waste and fraud. They disobeyed their superiors by bringing these issues to public attention. By their fateful action they put themselves, their careers, and their families in jeopardy. From the perspective of the resisters they might have protected their self-interest more effectively had they simply protested within the organization and then assumed a posture of silence in the face of orders to desist. From the vantage point of the larger society, however, the costs of accommodation to unjust authority are immeasurably greater (Sabini and Silver, 1982:35–53). Perhaps the decision to put themselves at personal risk is an indicator of the resisters' courage. They were willing, if necessary, to accept personal jeopardy in order to save others from potential harm. The unwillingness of many other employees to pursue the dangerous path of resistance may be understandable and even predictable. Nonetheless, silence and acquiescence can have devastating consequences for thousands of unknowing and powerless fellow citizens. Stanley Milgram's classic study documents this perspective. In his study of obedience to authority, he demonstrated how difficult it was for most people to disobey the orders of authority figures.

Ordinary people, simply doing their jobs, and without any particular hostility on their part, can become agents in a terrible destructive process. Moreover, even when the destructive effects of their work become patently clear, and they are asked to carry out actions incompatible with fundamental standards of morality, relatively few people have the resources to resist authority (Milgram, 1974:6).

In the early 1970s the Firestone Tire Company produced a tire that disintegrated at high speeds. In 1973 Thomas A. Robertson, the company's director of development, informed management of the danger. They chose to ignore his warnings and those from the technical staff, and continued producing the defective tire, ultimately selling over 24 million. In the ensuing years hundreds of injuries and as many as 41 deaths occurred. Millions of dollars in lawsuits were filed against the company. More determined ethical resistance might have spared many consumers unnecessary injury and death, and the company itself would have avoided a major loss of reputation and income (Westin, 1981:10–11).

In another example, the asbestos industry spent 50 years concealing vital evidence from their workers that prolonged exposure to asbestos caused asbestosis, a fatal disease unless diagnosed and treated early. One company actually discharged a medical consultant and ignored his warnings. But for over five decades most medical directors who examined workers never saw fit to bring the information on asbestosis either to the workers themselves or to the public. Companies, such as Johns Manville, then faced claims that went into the billions of dollars, and thousands of asbestos workers, construction workers, and others had contracted this fatal disease (Westin, 1981:10–12; Brodeur, 1985).

Perhaps nowhere was the failure to blow the whistle more dramatically revealed than in the Hooker Chemical Company. Many of its engineers, chemists, plant managers, and senior executives knew that its plants in Lathrop, California and White Springs, Florida were in serious violation of air pollution standards and water quality control regulations. In one telling memo one of their chief environmental engineers, Robert Edson, told the management:

Our neighbors are concerned about the quality of water from their wells. Recently water from our waste pond percolated into our neighbor's field. His dog got in it, licked himself and died. Our lab records indicate that we are slowly contaminating all wells in our area and two of our own wells are contaminated to the point of being toxic to animals and humans. **THIS IS A TIME BOMB THAT WE MUST DEFUSE.** (Westin, 1981:12).

The memo was sent in 1965. Yet none of the professionals employed by the Hooker Chemical Company pressed their concerns within the company, contacted responsible public officials, or sought the intervention of the media. These events came to public attention more than ten years later but by that time scores of families in the Love Canal area of Niagara Falls, New York had suffered the harmful consequences of the chemical waste disposal by the same Hooker Company (Brown, 1979; Levine, 1982).

The costs of not coming forward are severe for an unsuspecting public. Perhaps it is because the issues publicized by the ethical resisters are so serious, have such grave consequences, and are so deeply embedded in the organizations that those who should be held accountable try to punish, discredit and silence the employees who exposed them. Yet these men and women are not easy to intimidate. Their determination to resist propels them to continue the fight against unjust authority.

NOTES

1. This paper is part of on-going research on whistle-blowers. A book-length account of this research will be published by Basic Books.

REFERENCES

- Anderson, Robert M., Robert Perucci, Dan D. Schendel, Leon E. Tractman.
1980 *Divided Loyalties: Whistle-Blowing at BART*. West Lafayette, IN: Purdue University.
- Barber, Bernard
1983 *The Logic and Limits of Trust*. New Brunswick, NJ: Rutgers University Press.
- Basdekas, Demetrios L.
1976 *Nuclear Regulatory Commission's Safety and Licensing Procedures. Hearings before the Committee on Government Operations. United States Senate, 94th Congress, December 13:161-165.*
- Bayles, Michael D.
1981 *Professional Ethics*. Belmont, CA: Wadsworth.
- Bellah, Robert N., Richard Madsen, William Sullivan, Ann Swidler, Steven Tipton.
1985 *Habits of the Heart*. Berkeley, CA: University of California Press.
- Bowie, Norman
1982 *Business Ethics*. Englewood Cliffs, NJ: Prentice-Hall.
- Bowman, James S., Frederick A. Elliston, and Paula Lockhard
1984 *Professional Dissent: An Annotated Bibliography and Resource Guide*. New York: Garland.
- Boyd, James
1968 *Above the Law*. New York: New American Library.
- Brodeur, Paul
1985 *Outrageous Misconduct: The Asbestos Industry on Trial*. New York: Pantheon Books.
- Brodsky, Carroll M.
1976 *The Harassed Worker*. Lexington, MA: Lexington Books.
- Brown, Michael
1979 *Laying Waste: The Poisoning of America by Toxic Chemicals*. New York: Pantheon Books.
- Clark, Milton
1983 "A review of polychlorinated dibenzo-p-dioxins (PCDDS) and polychlorinated dibenzofurans (PCDFS): sources and effect. EPA Oversight on Dioxin Contamination. Hearings before the Sub-committee on Natural Resources, Agriculture Research and Environment. Committee on Science and Technology, U.S. House of Representatives, 98th Congress. March 23:194-226.
- Clinard, Marshall
1983 *Corporate Ethics and Crime*. Beverly Hills, CA: Sage Publications.
- Coleman, James W.
1985 *The Criminal Elite: The Sociology of White Collar Crime*. New York: St. Martin's Press.
- Daly, Robert
1978 *Prince of the City*. Boston: Houghton Mifflin.

- Donaldson, Thomas
1982 Corporations and Morality. Englewood Cliffs, NJ: Prentice-Hall.
- Elliston, Frederick, John Keenan, Paula Lockhart, Jane Van Schaick.
1985 Whistle-blowing: Managing Dissent in the Workplace.
- Erikson, Kai
1976 Everything in Its Path. New York: Simon & Schuster.
- Ewing, David W.
1983 "Do It My Way or You're Fired": Employee Rights and the Changing Role of Management Prerogatives. New York: John Wiley & Sons.
- Fitzgerald, A. Ernest
1972 The High Priests of Waste. New York: W. W. Norton.
- Freeman, Leslie J.
1981 Nuclear Witnesses. New York: W. W. Norton.
- Freidson, Eliot
1970 The Profession of Medicine. New York: Dodd, Mead.
- Gamson, William, Bruce Fireman, and Steven Rytina
1982 Encounters With Unjust Authority. Homewood, IL: The Dorsey Press.
- Glazer, Myron
1983 "Ten whistleblowers and how they fared." *The Hastings Center Report* 13(6):33-41.
- Glazer, Myron P. and Penina M. Glazer
1986 "Whistleblowing," *Psychology Today* 20(8):36-43.
- Glazer, Penina M. and Miriam Slater
1986 Unequal Colleagues: The Entrance of Women Into The Professions. New Brunswick, NJ: Rutgers University Press.
- Goffman, Erving
1961 Asylums. New York: Doubleday/Anchor.
- Goldman, Alan H.
1980 The Moral Foundations of Professional Ethics. Totawa, NJ: Rowman and Littlefield.
- Hallie, Philip
1979 Lest Innocent Blood Be Shed. New York: Harper.
- Harris, Richard
1973 The Police Academy. New York: Wiley.
- Hirschman, Albert O.
1970 Exit, Voice, and Loyalty. Cambridge, MA: Harvard University Press.
- Hochstedler, Ellen (ed.)
1984 Corporations as Criminals. Beverly Hills, CA: Sage Publications.
- Johnson, John M. and Jack D. Douglas (eds.)
1978 Crime at the Top: Deviance in Business and the Professions. New York: J. B. Lippincott Co.
- Larson, Magali
1977 The Rise of Professionalism. Berkeley, CA: University of California Press.

- Levine, Adeline Gordon
1982 Love Canal: Science, Politics, and People. Lexington, MA: Lexington Books.
- Maas, Peter
1983 Marie. New York: Random House.
- Milgram, Stanley
1974 Obedience to Authority: An Experimental View. New York: Harper & Row.
- Mitchell, Greg
1981 Truth and Consequences. New York: Dembner Books.
- Nader, Ralph, Peter J. Petkas, and Kate Blackwell (eds.)
1972 Whistle Blowing. New York: Bantam Books.
- Peters, Charles and Taylor Branch
1972 Blowing the Whistle: Dissent in the Public Interest. New York: Praeger Publishers.
- Rashke, Richard
1981 The Killing of Karen Silkwood. Boston: Houghton Mifflin.
- Rasor, Dina
1985 The Pentagon Underground. New York: Times Books.
- Sabini, John and Maury Silver
1982 Moralities of Everyday Life. New York: Oxford University Press.
- Sherman, Lawrence W.
1974 Police Corruption. New York: Anchor Books.
- Stuart, Lea P.
1980 "'Whistle blowing' implications for organizational communication." *Journal of Communication* 30(4):90-101.
- The U.S. Merit Systems Protection Board
1981 Whistle Blowing and the Federal Employee. Washington, D.C.: U.S. Government Printing Office, October.
- Vandivier, Kermit
1972 The aircraft brake scandal. *Harper's* (April):45-52.
- Weisband, Edward and Thomas M. Franck
1975 Resignation in Protest. New York: Penguin Books.
- Weinstein, Deena.
1979 Bureaucratic Opposition. New York: Pergamen.
- Westin, Alan (ed.)
1981 Whistle-Blowing! Loyalty and Dissent in the Corporation. New York: McGraw-Hill.

RESEARCH IN SOCIAL PROBLEMS AND PUBLIC POLICY

Edited by **Michael Lewis**, *Department of Sociology, University of Massachusetts* and **JoAnn L. Miller**, *Department of Sociology, Purdue University*

Volume 1, 1979, 224 pp.
ISBN 0-89232-068-0

REVIEWS: "The collection is highly recommended to college and university libraries."
—*Choice*

". . . the series should attract many readers who are interested in evaluation research and policy analysis of social problems."
—*Contemporary Sociology*

CONTENTS: *Preface, Michael Lewis. The Limits of Deinstitutionalization, Bernard Beck, Northwestern University. Small Winnings: Blue Collar Students in College and at Work, Eve Spangler, American Bar Foundation. Controlling Ourselves: Deviant Behavior in Social Science Research, Myron Glazer, Smith College. Models of the Decision to Conserve, Robert K. Leik and Anita Sue Kolman, University of Minnesota. Adoption in America; An Examination of Traditional and Innovative Schemes, Howard Altstein, University of Maryland, Baltimore and Rita Simon, University of Illinois. 'The Race Relations Industry' as a Sensitizing Concept, Lewis M. Killian, University of Massachusetts. Affluence, Contentment and Resistance to Feminism: The Case of the Corporate Gypsies, Margaret L. Andersen, University of Delaware. Drift and Definitional Expansion: Toward the Hypothesis of Race-Specific Etiologies in the Theory of Criminal Deviance, Michael Lewis and Anthony Harris, University of Massachusetts. Crowding and Slums: A Statistical Exploration, Harvey M. Choldin, University of Illinois. Issues in Combining Social Action with Planning: The Case of Advocacy Planning, Rosalie G. Genovese, Brockport-Cornell Management Studies Program and St. John Fisher College, Rochester.*

Volume 2, 1982, 296 pp.
ISBN 0-89232-195-4

CONTENTS: *Preface, Michael Lewis. Deviance in the Welfare State: The Alcoholism Profession and the Entitlement of Stigma, Joseph Gusfield, University of California, San Diego. Normative Boundaries and Abortion Policy: The Politics of Morality, Stephen L. Maekson, University of Hartford. Selection Processes in State Mental Hospitalization: Policy Issues and Research Directors, Joseph P.*

Morrissey, New York State Office of Mental Health and Richard C. Tessler, University of Massachusetts. A Perspective on the Role of Psychiatry in Community Mental Health, Sanford Bloomberg, Northampton, Massachusetts. The Political Economy of International Health with a Focus on the Capitalist World System, Ray H. Elling, University of Connecticut, Medical Center. Other Things Are Not Equal: Redirecting Equity Research on Deviance Processing, Gary Hill, Southwestern at Memphis. Fan Violence: An American Social Problem, Jerry M. Lewis, Kent State University. Work in the Construction industry: A Report from the Field, Robert M. Cook, International Association of Bridge, Structural and Ornamental Iron Workers. The Welfare Response to Black Americans: History and Projection, Michael Lewis, University of Massachusetts.

Volume 3, 1984, 300 pp.
ISBN 0-89232-339-6

CONTENTS: List of Contributors, Preface, *Michael Lewis and JoAnn L. Miller, Emil Lederer (1882-1939): Life and Work, Hans Speier, Hartsdale, New York. The Growing Nuclear Menace and Other Causes for Concern, Irving M. Zeirlin, University of Toronto. Dilemmas of Capitalist State Production: The Case of Nuclear Power Reactors, Don Coley Williams, College of William & Mary. Conditions for Collective Action: Material and Cultural Influence, Gerald M. Platt, University of Massachusetts. The Social Costs of Private Enterprise, Joe R. Feagin, University of Texas, Austin, Issues in Using 24 Hours of the Day, Murray Melbin, Boston University. Who Cares for the Elderly: The Dilemma of Family Support, Lucy Rose Fischer, University of Minnesota and Carol Hoffman, Augsburg College. Government Old Age Pensions Under Affluence and Austerity: West Germany, Sweden, the Netherlands, and the United States Richard F. Tommasson, University of New Mexico. The Harbor Masters: American Politics and Refugee Policy, Peter I. Rose, Smith College.*

JAI PRESS INC.

55 Old Post Rd.-No. 2, P.O. Box 1678
Greenwich, Connecticut 06836-1678
Telephone: 203-661-7602
Cable Address: JAIPUBL

Research Annuals and Monographs in Series in SOCIOLOGY

Research Annuals

Advances in Group Processes

Edited by Edward J. Lawler, *Department of Sociology, University of Iowa*

Advances in Health Economics and Health Services Research

Edited by Richard M. Scheffler, *School of Public Health, University of California, Berkeley.*
Associate Editor: Louis F. Rossiter, *Department of Health Administration, Medical College of Virginia, Virginia Commonwealth University*

Comparative Social Research

Edited by Richard F. Tomasson, *Department of Sociology, The University of New Mexico*

Current Perspectives in Social Theory

Edited by Scott G. McNall, *Department of Sociology, The University of Kansas*

Current Perspectives on Aging and the Life Cycle

Edited by Zena Smith Blau, *Department of Sociology, University of Houston*

Knowledge and Society

Edited by Henrika Kuklick, *Department of History, University of Pennsylvania* and Elizabeth Long, *Department of Sociology, Rice University*

Political Power and Social Theory

Edited by Maurice Zeitlin, *Department of Sociology, University of California, Los Angeles*

Research in Community and Mental Health

Edited by James R. Greenley, *Department of Psychiatry, University of Wisconsin Medical School*

Research in Economic Anthropology

Edited by Barry Isaac, *Department of Anthropology, University of Cincinnati*

Research in Human Capital and Development

Edited by Ismail Sirageldin, *Departments of Population Dynamics and Political Economy, The Johns Hopkins University*

Research in Law and Policy Studies

Edited by Stuart S. Nagel, *Department of Political Science, University of Illinois*

Research in Law, Deviance and Social Control

Edited by Steven Spitzer, *Department of Sociology, Suffolk University* and Andrew T. Scull, *Department of Sociology, University of California*

Research in Micropolitics

Edited by Samuel Long, *Psychology Department, Pace University, Pleasantville*

Research in Philosophy and Technology

Edited by Paul T. Durbin, *Philosophy Department and Center for Science and Culture, University of Delaware.* Review and Bibliography Editor: Carl Mitcham, *New York Polytechnic Institute*

Research in Politics and Society

Edited by Gwen Moore, *Department of Sociology and Anthropology, Russell Sage College*

Research in Political Sociology

Edited by Richard G. Braungart, *Department of Sociology, Syracuse University*

Research in Population Economics

Edited by T. Paul Schultz, *Department of Economics, Yale University* and Kenneth I. Wolpin, *Department of Economics, Ohio State University*

Research in Race and Ethnic Relations

Edited by Cora Bagley Marrett, *University Wisconsin-Madison* and Cheryl B. Leggon, *University of Chicago*

Research in Rural Sociology and Development

Edited by Harry K. Schwarzweller, *Department of Sociology, Michigan State University*

222

Research in Social Movements, Conflicts and Change

Edited by Louis Kriesberg, *Department of Sociology, Syracuse University*

Research in Social Policy: Critical, Historical and Contemporary Issues

Edited by John H. Stanfield, *Department of Sociology, Yale University*

Research in Social Problems and Public Policy

Edited by Michael Lewis, *Department of Sociology, University of Massachusetts* and JoAnn L. Miller, *Department of Sociology, Purdue University*

Research in Social Stratification and Mobility

Edited by Robert V. Robinson, *Department of Sociology, Indiana University*

Research in Sociology of Education and Socialization

Edited by Alan C. Kerckhoff, *Department of Sociology, Duke University*

Research in the Interweave of Social Roles

Edited by Helena Z. Lopata, *Center for Comparative Study of Social Roles, Loyola University, Chicago*

Research in the Sociology of Health Care

Edited by Julius Roth, *Department of Sociology, University of California, Davis*

Research in the Sociology of Organizations

Edited by Samuel B. Bacharach, *Department of Organizational Behavior, New York State School of Industrial and Labor Relations, Cornell University*

Research in the Sociology of Work

Edited by Ida Harper Simpson, *Department of Sociology, Duke University* and Richard L. Simpson, *Department of Sociology, University of North Carolina, Chapel Hill*

Research in Urban Policy

Edited by Terry Nichols Clark, *Comparative Study of Community Decision Making, University of Chicago*

Sociological Studies of Child Development

Edited by Peter and Patricia Adler, *Department of Sociology, University of Tulsa*

Studies in Communications

Edited by Thelma McCormack, *Department of Sociology, York University*

Studies in Symbolic Interaction

Edited by Norman K. Denzin, *Department of Sociology, University of Illinois*

Monographs in Series and Treatises

Contemporary Studies in Applied Behavioral Science

Series Editor: Louis A. Zurcher, *School of Social Work, University of Texas at Austin*

Contemporary Studies in Sociology

Editor in Chief: John Clark, *Department of Sociology, University of Minnesota*. Series Editors: Robert Althaus, *Department of Sociology, Indiana University*, John Kasarda, *Department of Sociology, University of North Carolina* and Clark McPhail, *Department of Sociology, University of Illinois*

Public Policy Studies - A Multi-Volume Treatise

General Editor: Stuart Nagel, *Department of Political Science, University of Illinois*

Monographs in Organizational Behavior and Industrial Relations

Edited by Samuel B. Bacharach, *Department of Organizational Behavior, New York State School of Industrial and Labor Relations, Cornell University*

Please inquire for detailed brochure on each series



JAI PRESS INC., 36 Sherwood Place, P.O. Box 1678

Greenwich, Connecticut 06836

Telephone: 203-661-7602

Cable Address: JAIPUBL