



UNA VOCE

a magazine of Tacoma Community College

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Una Voce

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Tacoma Community College

Thank you for reading the annual *Una Voce* magazine; we are proud to say this our ninth year strong. *Una Voce* is a series of exemplary essays written by our fellow students here at TCC. These papers are drawn from a variety of classes, to create a well-rounded vision of the many opportunities offered on our campus. The students in this magazine have shown extraordinary skill in their writing, and a natural strength in their fields. We enjoyed every essay submitted, and although we could not print all of them, we have chosen for publication some very interesting and well-written papers on topics including the controversial issues behind gay marriage, various approaches to issues facing everyday nurses, and an intriguing paper on our First Amendment rights.

On behalf of the entire *Una Voce* staff, we would like to thank all who submitted their work and encourage everyone to keep writing, and pursuing knowledge and education in the fields that inspire them. A special thank-you goes to Sakura Moses from Marketing, Communication & Outreach for all of her help in the creation of this magazine, and to Marlene Bosanko for inspiring the creation of this publication back in 2001. We also acknowledge the great contributions of Dr. Scott Earle and Professor Mary Fox for their ongoing dedication to this project and to their students. Kiril Farkov, our web master, deserves recognition for making it possible for every student to have free access to our magazine over the internet. Every student here at TCC also deserves credit for their interest and support of *Una Voce* and the people who work so hard to create it.

We look forward to next year's publication of *Una Voce*, and strongly encourage students to submit their work. For more information on how you can get involved with this publication contact Dr. Scott Earle (searle@tacomacc.edu), or Prof. Mary Fox (mfox@tacomacc.edu).

Hearing all of your voices was an inspiration to our team, our educators, and we hope, to the rest of the student body. Although we all speak as individuals, *Una Voce*, Latin for "with one voice" is a symbol that together we create the one voice of our college. It is a reminder that we do not carry this influence with heavy burden, but with fortune and pride.

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UNA VOCE

~2009~

This Year's Una Voce is brought to you with pride by:

The 1st Amendment of the United States of America

and the passionate Voices of our dear Tacoma

Community College.



Contents

1	The Role of Government in Media Messages and Understanding our First Amendment Rights	Jeanine Greco
6	The Civil Rights Struggle	Alice Martin
10	Are All Men Created Equal?.....	Signe Nelson
15	Simone de Beauvoir	Tera Williams
19	The Duality of Humanity	Robert Drake
22	Are Students Just Numbers and Letters?	Sean VanDommelen
25	Investigating Brain Death and Organ Donation	Debbie Kudlo
29	Routine Infant Circumcision: Why do we Cut?.....	Jeanine Greco
34	HIV Prevention and the Nurse's Role	Jeff Kennington
39	A Nursing Approach to Intimate Partner Violence	Adam Harris
43	The Nurse's Role in Promoting Wellness in Families that Include a Child with Disabilities	Tami Wakefield
49	The Nurse's Role in Promoting Self-care and Coping Mechanisms While Performing Shift Work.....	Robyn Watson
53	Whales and Sonar	Kirt Killik
57	Pixilated Reality	Robert Drake
59	RU There?.....	Jonathan Gibbon
63	Album Review Essay #1	Daniel Kirschenbaum
65	Scooby-Doo, What's happening to You?	Tera Williams
68	Tevye: A Development Analysis	Cindy Varieur
72	Current Challenges for China under the U.S. Financial Crisis.....	Yan Wei
77	Through the Eyes of a Homeless Man.....	Sean VanDommelen
80	The Desert Son	Jeffrey Moore



The Role of Government in Media Messages and Understanding our First Amendment Rights

by Jeanine Greco

An apt beginning to this year's magazine, this eye-opening piece intelligently explores our First Amendment (its limitations and extensions) in the context of a government-influenced media.

Greco writes clearly and balances the facts with good old-fashioned reasoning. A must read for anyone calling themselves an American. "Think freely and for yourself; don't let the media, the government, or society make up your mind for you," Greco says.

Over two centuries ago, the amendments included in the Bill of Rights were ratified, giving American citizens freedoms that were and continue to serve as fundamental and indispensable components of our democracy. The First Amendment prevents Congress from making laws regarding freedoms of expression, thereby preventing the government from exerting power over citizens. Thus, the people can seek and share information unobstructed and without fear of legal repercussion. The First Amendment guaranteed five basic freedoms and was "...the founders' ultimate statement of the importance of freedom of expression in the democracy they were building" (Rodman 466). Principles of Enlightenment Philosophy paved the way for the First Amendment to be written into law. One of the most important ideals of this philosophy is that free men must have unrestricted access to both truth and falsehood in order to arrive at a logical, knowledge-based conclusion (Rodman 465). However, in the two centuries since the inception of the First Amendment, Americans seem to have lost sight of the intense significance of the freedoms outlined in the document. Many Americans blame misinformation on a biased press and government propaganda or a combination of both. Government involvement in the news and media bias can be obstacles in the quest for truth but if we understand the foundation of the First Amendment and the liberties granted by it, we can take the responsibility for knowledge upon ourselves.

Enlightenment Philosophy paved the way for the First Amendment and John Milton's 1644 publication *Areopagitica* presented a meaningful argument in favor of free speech (Rodman 465). Milton's Puritan convictions included the idea that humans

are meant to make choices for themselves and come to conclusions based on the knowledge of both truth and fabrication (Rodman 465). Though *Areopagitica* was published more than a century before the Bill of Rights was ratified, Enlightenment Philosophy paved the way to guarantee freedoms that are arguably the most important to a democratic nation. However, the concepts of liability for one's own knowledge have gone by the wayside over the centuries. Conflicting views and media bias were once vital to the core principles of freedom of expression; now many Americans feel as though media bias stands in the way of truth and project the burden of thorough knowledge onto the press. While it is true that the press is responsible for relaying vital information, the First Amendment was not intended to regulate media partiality. Americans often claim that the media is biased and are therefore not getting all sides of the story, but the media simply delivers a message, not a conclusion. Ultimately, we as citizens are responsible for the scope of knowledge that we possess, including the knowledge of the role of our government in the final cut of news that reaches the public.

While the First Amendment prevents Congress from making laws regarding freedom of expression, it does not prevent the government from encouraging or creating propaganda. In fact, what we consider propaganda can be considered "Public Diplomacy" or "Information Warfare" according to Kevin R. Kosar. Additionally these strategies "are permissible and have long been practiced by the federal government" (Kosar). Knowledge of government involvement in news media, especially during times of war, is crucial in the pursuit of enlightenment. The film *Control Room* explores these themes thoroughly and gives the viewer an inside look at how information is regulated to the media, and therefore the public. One scene presents a military officer informing the press that they had identified 55 of "Iraq's Most Wanted." The military had compiled the list into a deck of playing cards that would be distributed to troops. The press was told that they would be allowed to view the deck. Contrarily, after the press conference, they were denied the viewing. Military representatives also tell the press that the bombing of the Al-Jazeera headquarters was justified due to hostility from the occupants, but witnesses claim that there was no gunfire from inhabitants of the building when it was targeted.

Besides withholding information, the government utilized other strategic methods to control the messages that reached the public. When a journalist is embedded, he or she travels with a military unit, eating the same food and living under the same conditions as the soldiers in that unit. The idea is that the journalist will have access to first-hand information about the war and has an opportunity for uncensored reporting. But as any military strategist knows, the front line is usually the least informed about the politics of the situation. They are there to fight, not to think. After all, military boot camp is about training people to work as a collective mind and follow orders, not evaluate the orders they receive independently. Nora Ephron puts embedding into perspective, writing "There's a reason why journalists in Vietnam were quick to see that the war wasn't working – they weren't embedded. Embedding gives a reporter a grunt's eye view of the war. A grunt almost never sees the big picture" (Guarding). Embedding is a wonderful strategy if the government is balancing selling war to the people with honoring First Amendment rights. Ephron even goes so far as to describe embedding as "a diabolical and brilliant scheme" (Guarding).

In addition to employing strategies of embedding and regulating information, the government also broadcasts "prepackaged news." Prepackaged news is news that is compiled and produced by a government agency but passed off as everyday, run of the mill daily news. In a *New York Times* article by David Barstow and Robin Steen, they estimate that in the past four years, at least twenty

government agencies, including the Defense Department, have produced over 100 prepackaged news segments (1). Prepackaged news can contain any message promoting a government cause or objective and these news stories are fashioned to appear as reports from the news station. One such report involved an Iraqi-American man in Kansas responding to events in Baghdad by saying: “Thank you, Bush. Thank you, U.S.A.” As it turns out, the report was produced by the State Department (1). In the film *Control Room*, the invasion of Baghdad appeared to be carefully staged. Locals arrived seemingly out of nowhere to cheer on the troops as they marched into the heart of the city. A journalist deftly points out that the group of locals in the footage seems to have been cast; they are all men of about the same age and one of them has a ten-year-old flag in his pocket, the flag of Iraq before Hussein’s reign. True consideration of the video coverage of this event suggests that it was staged to portray the United States as the valiant hero.

Though the government may initiate strategies involving propaganda and prepackaged news, the media facilitates dispersal of the messages to the public. Without a television news director, prepackaged segments would not make it on the air. Some believe that the government should be held accountable, but the federal agencies are simply creating the message, not airing it. William Price of the Department of Health and Human Services claims that when a station does not attribute a prepackaged segment to the agency that produced it, “This is not our problem. We can’t be held responsible for [the news stations] actions” (qtd. in Barstow 2). Even so, the Government Accountability Office found that government-produced segments can qualify as covert propaganda if the source is not stated in the report or if the language misleads the viewer to believe the report originated from the news station. The GAO said that these prepackaged reports produced by federal agencies are not allowed if they “conceal or do not clearly identify for the television viewing audience that the agency was the source of those materials” (Barstow 2). Nevertheless, news stations have found a way around this rule by portraying government reporters as members of the broadcast team. Producers such as Brian Conrady of AgDay defend the endeavor of editing federal agency segments, stating “The material we get from the U.S.D.A., if we choose to air it and how we choose to air it is our choice” (qtd. in Barstow 2).

While it is evident that the government and news media can work together to create misleading news, one has to wonder why a news director would allow the government to air propaganda or goal-specific content on their show. Of course the answer is that it is a profitable situation for both the government and the networks. The government pays fees to the network and in turn they distribute a message through the press and do not violate any laws. Additionally, the network gets instant content without the work of research or interviews. While this goes against ethics standards for the industry, no laws are being broken. Additionally, when two powerful entities are involved there is nobody to answer to so nobody is going to lose their job because of their poor ethics – and the public is none the wiser.

So in a world of news produced by federal agencies and media bias with financial and ideological profit driving the players, it can be difficult for the average American to come to a conclusion about an issue. More and more, people believe that the media should provide unbiased, balanced news. However, the media and government have no legal obligation to the public to be neutral or balanced when relaying information. This belief goes against the principles of Enlightenment Philosophy and the basis of the First Amendment.

Unfortunately, many Americans are unfamiliar with their First Amendment rights and don't realize that the First Amendment was written to allow each individual the freedom to come to their own conclusions as well as freedom from forced influence from the government. In a 2007 survey conducted by the First Amendment Center, 64 percent of participants identified freedom of speech as a right guaranteed by the First Amendment (1). In other words, almost a third of the participants could not identify freedom of speech as one of their unalienable rights. Consciousness of other rights was even more shocking: 19 percent of participants identified freedom of religion, 16 percent identified freedom of press and freedom of assembly. A mere 3 percent identified the right to petition the government, and a whopping 29 percent could not identify any of their First Amendment rights. The study also asks participants: "Based on your own feelings about the First Amendment, please tell me whether you agree or disagree with the following statement: The First Amendment goes too far in the rights it guarantees." Only 55 percent chose to "strongly disagree" with the statement, while 25 percent strongly or mildly agreed (First Amendment Center).



STATE OF THE FIRST AMENDMENT

In addition to ignorance of our rights, apathy about rights is invading the population and threatening younger generations. When asked if First Amendment rights go too far, more than 30 percent of high school students polled agreed. When asked if newspapers should enjoy freedom to publish without government involvement, half of the students polled said "no" (Associated Press). And perhaps most disturbingly, nearly three-quarters of the students polled said "they took the First Amendment for granted or didn't know how they felt about it" (Associated Press). Hodding Carter III found the findings of the study "disturbing [and] dangerous." And he states: "Ignorance about the basics of this free society is a danger to our nation's future" (qtd. in Associated Press).

As Americans, it is critical that we understand the role of the First Amendment in our democracy. Understanding the importance of freedom of expression will help us sort through the bias, government involvement, and framed news that bombard our home media daily. While media bias seems to be a big concern for Americans, regulating the media would violate our own freedoms under the First Amendment. George Washington said it best when he made the simple yet profound statement: “If the freedom of speech is taken away then dumb and silent we may be led, like sheep to the slaughter.” Of course, the media do have a level of culpability, especially in international affairs such as the war in Iraq. If it were not for the journalists and news teams that traveled to the war zone and reported, we on the domestic front would not have any information. While some level of professionalism and ethical conduct is expected, it is not the media’s responsibility to make our conclusions for us. It seems that over time we as citizens have become complacent in the way we receive and interpret our news. We have become busier, we have shorter attention spans, and we expect that the government and media are going to give it to us “straight.” If we look back into the history of our nation and examine the role of the First Amendment in our democracy we can take responsibility for the knowledge we obtain and the conclusions we make. After all, freedom of speech is not restricted to voicing one’s opinion, but encompasses the transmission of information, and the obtaining of knowledge, be it person to person or through a medium.

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[History 299 - Duchin]

The Civil Rights Struggle

by Alice Martin

On a personal level, Alice Martin is appalled that our fellow human beings were treated so inhumanely in this country simply because of their skin color.

In this informative piece written for Dr. Duchin's independent study course in History, Martin successfully tones her passions concerning the civil rights movement, something she admits is quite difficult for her. She presents some key cultural events of the 1960's- complete with the tribulation, hope, and ingenuity of several civil rights activists.

The origins of the civil rights movement began in the second half of the 1950s. In 1954, the United States Supreme Court ruled against segregation in schools and public places. This case is known as *Brown vs. the Board of Education* and is one of the first legal challenges to discrimination. However, it would have little effect in producing cultural change. The Southern states responded to the *Brown* decision with a strategy of massive resistance. The Southern Manifesto was signed by 101 members of Congress to reverse the decision and defy the Supreme Court. It became clear that legislation would fail to bring about the changes it promised. Civil rights activists realized that laws could define the rights of black Americans, but not fulfill them. A method was needed to enforce the laws, especially in the South. The method of nonviolent direct action would prove to be the best way of enforcing civil rights in the South. In order to establish a cultural change, legal victories would be obtained through civil disobedience. This would provoke anger and violence from whites and create sympathy for the movement. The campaigns of the nonviolent action would spotlight the injustice of discrimination.

Two of the most pressing issues of the civil rights movement were segregation and voting rights. The culture of the South had practiced the denial of constitutional rights for generations. According to George Lewis, author of *Massive Resistance*, "When Byrd issued his call for widespread [white] resistance in 1956, he was in effect urging his fellow white southerners to defend regional traditions and segregated systems that had been painstakingly constructed and imposed over generations" (13). These ingrained attitudes were a major obstacle to achieving equality in the South.

Southern states seemed to hold a blatant disregard for Supreme Court rulings that forbade segregation. In the article “Paradox of Nonviolent Direct Action,” the author James Colaiaco quotes Anthony Lewis of *The New York Times*, “The purpose of the Manifesto was to make defiance of the Supreme Court and the Constitution socially acceptable in the South” (20). Civil rights activists realized that the South was going to require a great amount of effort and courage. The guiding principle of nonviolent action remained in the forefront of their vision.

One of the leading influences on nonviolent direct action was Dr. Martin Luther King. Dr. King admired Gandhi and had studied his life. Gandhi provided many insights in overcoming a racist and violent social system and this inspired Dr. King. Dr. King saw that true change is not a change in a set of laws or rulings, but an entire change in attitudes and beliefs of the people. This could only be accomplished by creating an uncomfortable situation for racists in a nonviolent demonstration. In his letter from Birmingham jail Dr. King writes, “The purpose of our direct action program is to create a situation so crises packed that it will inevitably open the door to negotiation” (King). His nonviolent campaigns provoked brutal responses from angry whites which exposed the injustices in the South. King knew that by revealing the injustices of Southern hatred, it would elicit national sympathy in their cause. Colaico quotes King, “The black man would force his oppressor to commit his brutality openly—in the light of day—with the rest of the world looking on” (Colaico 19). This was a clever strategy on the part of Dr. King and very effective in producing results.

In addition to Martin Luther King’s influence on nonviolent resistance, a group of college students known as the Greensboro 4 began a mission that would set the course of the movement. On February 1, 1960 these students sat down at a segregated lunch counter in North Carolina and were told to leave. The students remained seated and soon after, they were pulled out of the drugstore and beaten by a crowd of angry whites. It was clear that the white community was not going to accept these acts of civil disobedience without fierce opposition. The violent opposition of the South was brought to national attention, which proved to have a positive effect: many students across the nation were inspired by the strength and courage of the Greensboro 4 and joined the movement. Their non-violent resistance stood in stark contrast to the brutality of Southern response.

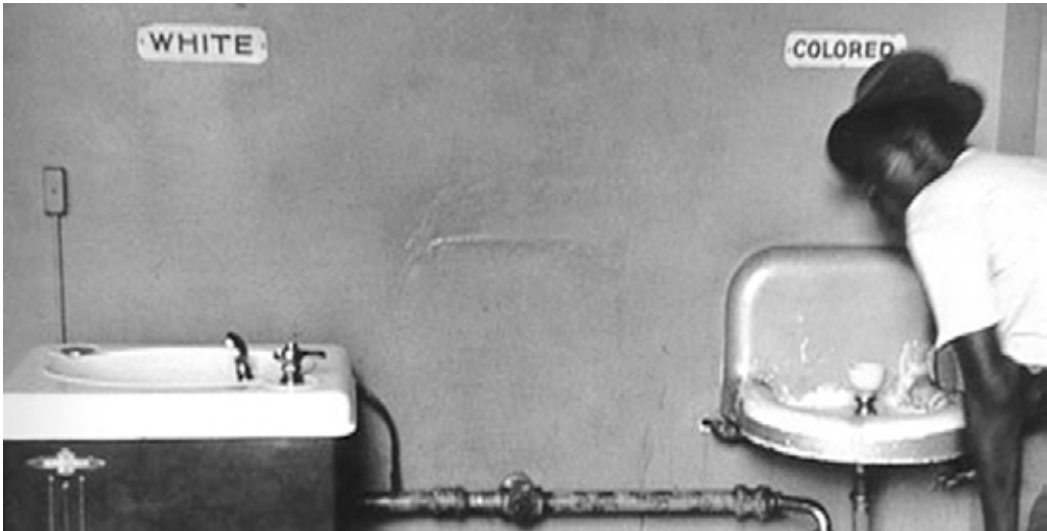
In 1961 it was clear that the sit-ins had made a difference; lunch counters had desegregated in over 200 cities and the civil rights movement was progressing. However, segregation still existed on interstate buses and facilities, despite legal rulings. The Deep South still maintained strict adherence to segregation. The Kennedy Administration had failed to enforce the Supreme Court’s decision of *Morgan vs. Virginia* in 1946 that abolished segregation on interstate buses. In 1960, the Supreme Court overturned a judgment against a black man for trespassing in a whites-only bus terminal. This decision ruled that segregation was illegal in public places and violated the Interstate Commerce Act which forbade discrimination in interstate transportation. The South, however, continued to practice segregation in bus terminals. In 1960 James Farmer organized the Freedom Rides. This was a challenge to segregation on interstate buses and was undertaken by an interracial group of activists. The group would include John Lewis from SNCC, and James Farmer himself. Bloom reads, “Blacks and whites were going to leave Washington, D.C. travelling on Greyhound and Trailways, deliberately violating the segregated seating and at each rest stop would violate the segregated use of facilities” (23). Two buses set out on May 1, 1961 from Washington D.C. and headed for the South; one of the buses, upon reaching Anniston, Alabama, was met by a mob of armed whites. When the bus attempted to

leave, the mob slashed the tires and a smoke bomb was thrown inside. The activists were forced into the street and badly beaten by the mob as the bus was engulfed in flames. The second bus continued on to Birmingham and was met with similar results. Police did not assist the riders and many were beaten unconscious; moreover, there were no arrests of the white perpetrators. The media coverage of these events forced the Kennedy administration to order an FBI investigation which helped to spotlight the intolerance of the South. In the book *Massive Resistance*, George Lewis writes, “The Freedom Riders’ tactics were drawn up in order to elicit such a response from Southern segregationists that national attention would be drawn to the fact that the Supreme Court’s Morgan and Boynton decisions had effectively been ignored in the South” (139). The nonviolent methods of the freedom riders had provoked such violent responses from Southern whites that it prompted the Kennedy administration to act. The Interstate Commerce Commission was ordered to issue laws prohibiting segregation in interstate facilities.

After the Freedom Rides, leaders asked SNCC to begin registration for black voters in Mississippi. Mississippi denied blacks the right to vote through provisions such as poll taxes, residency requirements, and literacy tests. The South knew that by allowing blacks the right to vote it would empower them to assert themselves politically and strengthen the movement. Southern attitudes would not permit this kind of change in the political environment and the struggle became intense. In 1961, members of SNCC and CORE began voter registration campaigns in the South. By 1964 SCLC and NAACP had joined the effort; they called it Freedom Summer and it drew a large number of supporters. One of the major events of Freedom Summer was the Selma March, to impose the voting rights of black Americans. Martin Luther King and James Bevel organized the march. The first event took place on March 7 when 19 activists were attacked with tear gas and brutally beaten by police. The second march now remembered as Bloody Sunday was on March 9, and the violence escalated. The activists continued their struggle however, even with mounting threats from whites. Their nonviolent resistance was brought to national attention through the media and the American people began to witness the brutality of the South. This helped the civil rights movement and five months after the third march President Johnson signed the Voting Rights Act of 1965.

The nonviolent method of the civil rights movement was the principle in which many legal victories were achieved; however, this was only a first step in achieving lasting change. The real challenge was overcoming the attitudes that kept injustice alive. This would prove to be a slower process since lasting change occurs slowly over time. One thing remains however, that the principles of nonviolent direct action were a powerful tool of change. It allowed the activists to retain dignity, strength and character against the injustices of discrimination.

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[English 101 - Parsons]

Are All Men Created Equal?

by Signe Nelson

Signe Nelson was given this topic assignment with the stipulation that it had to be factual; she passionately argues in favor of same-sex marriage, and indeed brings in the facts to support her stance. She admits her main challenge in writing this piece was “keeping the appropriate tone,” certainly an arduous task when faced with such a controversial issue. She elaborates, “It is difficult for me to write... and to keep my personal feelings and opinions to myself.” Nelson lives in Graham with her husband and daughter, and has recently begun her journey towards becoming a nurse after a 25 year hiatus. She told us, “It’s never too late to go back to school - to be who you were meant to be.”

“We hold these truths to be self-evident: That all men are created equal; that they are endowed by their creator with certain unalienable rights; that among these are life, liberty, and the pursuit of happiness” (Declaration of Independence), unless they are gay. As a result of foundationless fears, hate, and intolerance, marriages between gay couples go un-recognized by a large portion of the government and the heterosexual community. Indeed there are many reasons for the heterosexual community to fear and feel threatened by the concept of same sex marriage, as well as homosexuality in general. For example, some people are under the misconception that gay people are sexual deviants, that they are promiscuous perverts or child molesters; some believe that allowing same sex couples to marry, would destroy the design of the traditional marriage and family, and that gay parents raise gay or otherwise maladjusted children by providing only gay adults as role models; there is the opinion that gay marriage will certainly be destructive to our already fragile economy, by negatively affecting taxes, retirement benefits, health care, and other federal programs; some even believe that homosexuality is un-natural and shameful to God. There is a verse in the *Holy Bible* that says, “Thou shalt not lie with mankind as with womankind; it is an abomination” (Leviticus 18.22). These are very real concerns for those who are plagued by them; however, there is no logical way to confirm the validity of these fears. Consequently, restricting marriage of same sex couples is not only cruel and unjustified, but also a violation of unalienable rights.

There is no hard evidence to prove that gay people are particularly perverted, deviant or promiscuous when compared to heterosexuals. What does it mean to be “sexually perverted?” The Homolexis Glossary says,

The definition and usage of this concept shifts under the influence of such variables as period, person, religion, and culture. What some would describe as perversion, others might say is simply a variant form of human sexuality. In some cultures homosexuality once ranked a perversion, and indeed still is in several; it is nevertheless widely seen in the western world today as a natural sexual variation. (Dynes)

In other words, the term “perversion”, when referring to sexual situations, is subjective. Therefore, applying the perversion label doesn't really mean anything concrete because the term is defined by individual interpretation. Additional research uncovers another interesting fact: “A survey in San Francisco showed that 58 percent of gay men and 81 percent of lesbians were in long-term coupled relationships. Another survey of 156 male couples showed that the average length of relationship was 8.9 years” (uis.edu). This information dispels the myth that monogamy is not commonplace with most gay people. In fact, “many homosexuals are involved in long-term relationships with a single partner. Like heterosexuals, some homosexuals are promiscuous while others are not” (Hansen).

Equally important is the lack of legitimacy to the homophobe's accusation that homosexuals are more inclined to sexually abuse a child than heterosexuals. Herek argues:

Child molestation and sexual abuse refer to actions, and don't imply a particular psychological makeup or motive on the part of the perpetrator. This well known lack of linkage between homosexuality and child molestation accounts for why relatively little research has directly addressed the issue. Proving something we already know simply isn't a priority. (3)

There are numerous studies and scholarly reports that in no way connect child sexual abuse to homosexual perpetrators. Quite the contrary, “95 percent of all reported cases of child sexual abuse are committed by heterosexual men” (Hansen). This proves that not only are gays not a threat to children, but also that there are plenty of straight people who have sexual preferences or tendencies that are considered objectionable as well as heinous to both communities. Understanding that the safety of children is an utmost priority in society, perhaps an approach other than suspicion and misjudgment should be adopted to determine a person's propensity to harm a child; if more research were conducted on the convicted child abuser, such as talk therapy studies and brain scans, perhaps a pattern or some other marker could be determined to recognize the pre-disposition of an abuser. From this template, all prospective parents, adoptive and biological, could be pre-screened for safety. For that matter, anyone who has regular contact with a child could be tested. Then there would be an actual scientific basis from which to assert who is and who is not inclined to harm children. That is, if the safety of children is truly the concern. Without question, the myth that children are in more danger of being sexually abused by a gay person than by a straight person cannot be an argument against same sex marriage.

Even in the more liberal areas of the United States, many politicians are afraid that “A lot voters fear that gay marriage would be a risky social experiment, with possibly harsh consequences for the imperiled institution of marriage itself” (Eskridge & Spedale). Glatzer reminds us that “Traditionally, marriage meant a man giving livestock to the father of the bride, in exchange for his permission

to become his property” (1). Fortunately, marriage has evolved over the years, and continues to do so. After all, blacks were prohibited from marrying whites less than forty- five years ago. Today, the majority of white society sees this fact as a barbaric embarrassment, treating one human being so much less human than another.

Another concerning stereotype is that children with same sex parents suffer emotionally or psychologically. However, this has been proven to be untrue. The American Academy of Pediatrics report that:

Most reviews of social-science research reach the same conclusion: The proposition that children suffer when raised by gay parents is without basis. The only significant difference between children raised by same sex couples, and children raised by heterosexual couples is that the former feel freer to explore occupations and behaviors unhampered by traditional gender roles. (Sears & Hirsch)

Further studies conducted to identify differences in emotional and social development in children, indicate that there is virtually no variation linked to the sexuality of their parents. No cross dressers; no gender confusion; no difference in peer relationships or self esteem; no difference in behavior issues. The only difference of any substance is that “Children of lesbian parents are more tolerant of diversity and nurturing toward younger children than children whose parents are heterosexual” (Sears & Hirsch). This information proves that sexual orientation is not an indicator of a person’s parenting skills, or of their capacity to love and raise a healthy, happy child. However, perhaps some preference should be given to lesbian couples looking to adopt. Since science proves that lesbian couples tend to raise more tolerant and nurturing children (thus indicating that said children are likely to be well adjusted and emotionally healthy), should not the adoption applications of gay women have top priority?

The impact of same sex marriage on the national economy would be minimal. In fact, in cases where one partner or the other is using financial assistance, such as welfare or Medicaid, that financial expense would be eliminated as married couples can share group health insurance. Additionally, combining spousal income would reduce the eligibility for many public assistance recipients. Although married couples receive certain survivor benefits through Social Security that are currently unavailable to gay couples, changing the title from “couple” to “legally married” would have little consequence on Social Security. First, it has been found that most same sex couples include two workers whose wages, on average, are closer to each other’s than are heterosexual couples. The Congressional Budget Office (CBO) says, “Two earner couples gain less from the spousal benefit because it may exceed the lower earners own benefit by little or nothing” (4). Also, same sex couples have the same life expectancy whereas heterosexual couples do not, due to gender differences. This means that the surviving spouse in a gay marriage would not generally live long enough to collect survivor benefits equal to that of a straight widowed female. All told “recognizing same sex marriage would affect outlays [Federal payments] by less than \$50 million a year in either direction through 2009, and reduce them by about \$100 million to \$200 million annually from 2010 through 2014” (CBO). Essentially, the recognition of gay marriage would actually improve U.S. finances over the long term. Obviously, the concern that same sex marriage would damage the economy is just one more foundationless fantasy.

There are churches that teach that homosexuality is wrong, that it is un-natural, and that it defies The Lord’s Divine Plan. As a result, this opinion has been inculcated into the brains of Christians for

generations, who continue to pass this judgment down to their posterity. An interesting point is that the fundamental goal of Christianity is to emulate Christ Himself, to be as Christ-like as possible. At the same time, it is taught that Christ was perfect in every way; he loved and accepted everyone, and judged no one. This being the case, how can so many people turn against their religion, for the sake of following their religion? Christianity itself cannot even reach a unified position. There is a reason that this hypocrisy is difficult to understand: it makes no sense. Furthermore, there is a lot of attention given to the *Holy Bible* and the book of Leviticus regarding homosexuality being an “abomination” (Leviticus 18.22). However, some of the other inexcusable crimes against God listed in the book of Leviticus are not so commonly discussed. For example 18.19 indicates that it is an abomination to have sex with a woman while she is menstruating; 19.19 says not to wear clothes of mixed fabrics “neither shall a garment mingled of lie and woolen come upon thee”. The book of Leviticus also says that it is an abomination to eat seafood of any kind “of all that move in the waters, and of any living thing which is in the waters, ye shall not eat of their flesh” (10.11-11.11). Who decides which passages from the *Holy Bible* are to be followed as the “Word of God”, and which passages are optional or even for that matter, legitimate? Moreover, who decides what is natural and what is not? Humans are not the only animals that engage in same sex coupling. For example, from the biological aspect, monkeys, dolphins, penguins, even flamingos and koalas display gay or bisexual behavior. Likewise, “Gay Black Swans even mate for life and rear chicks together in the wild” (Glatzer).

These facts do not support the claim that same sex coupling is un-natural. Nor do they even imply that the religious argument holds any water. Therefore, it is unreasonable to apply either assertion to the same sex marriage debate.

In the end, there is just no way to make sense of the “no same sex marriage” position. It has been proven that gay people are no more promiscuous or perverted than straight people; there is absolutely nothing to indicate that homosexuals are inclined to perpetrate sex crimes against children; there is no weight behind the claim that gay marriage will be the end to traditional marriage; gay marriage will not have a negative effect on the United States budget; nature shows many animal species engage in same sex coupling; the suggestion that being homosexual is wrong according to God, glaringly contradicts the fundamental teachings of Christianity, in addition to the uncertainty regarding the interpretation and enforcement of their sacred text. This being the case, there is no real evidence to as much as suggest a restriction on marital equality.

So what is left? The United States is falling behind when it comes to marriage equality. Although there are a couple of states where same sex marriage is legal, countries such as Norway, Canada, Spain, and South Africa already recognize the right of marriage equality. Despite the opinion that “same sex marriage [is] some kind of scary social experiment that will lead to legalized bestiality” (Glatzer), nothing of the sort has occurred in any country that recognizes gay marriage: “The sky did not fall, and not a single man took his dog’s hand in marriage” (Glatzer). All that is left is hate and intolerance, characteristics that have been a cancer on this world since the beginning of time. In particular, “Jews in the middle ages were [falsely] accused of murdering Christian babies in ritual sacrifices. Black men in the United States were often lynched after being falsely accused of raping white women” (Herek). And let us not forget about the holocaust, and millions of people being tortured and murdered for no other reason than unfounded hate. These situations are unthinkable to most people in today’s world, yet gay couples are still refused basic human rights for the same reasons.

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In this brief history of the life and writings of Ms. Simone de Beauvoir, Tera Williams explores the philosophical ideas related to feminism in the context of the developing person.

Simone de Beauvoir

by Tera Williams

Simone de Beauvoir was very important to the development of existential feminism. Who was she? What is existential feminism? What is the basis of women's repression? How did de Beauvoir analyze that repression? Most importantly, what is the goal of feminism? Simone de Beauvoir laid the ground work for existential feminism in her analysis of the repression of women and provided an immense amount of history for future feminist movements.

Simone de Beauvoir was a French author later to be considered a philosopher. She lived from 1908 to 1986 and as a youth attended La Sorbonne in Paris. Simone was the youngest agrégée in French history.¹ In 1929, de Beauvoir and Jean-Paul Sartre met while studying for the agrégation examination. Although they never married, Sartre and de Beauvoir carried on a romantic relationship until his death in 1980. Throughout her career, de Beauvoir adamantly stated that she was just a mid-wife for Sartre's ethics. She claimed that she was not a philosopher and therefore was not considered as such until after her death.² She wrote twenty-one books during her career. Although not initially considered a philosopher, Simone de Beauvoir's philosophical essays and works of fiction changed the philosophical outlook of feminism.

Simone de Beauvoir laid out the ground work for existential feminism, but what is it? Existential feminism is, essentially,

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- 1 Menand, Louis. "Stand By Your Man." *The New Yorker*. September 26, 2005. http://www.newyorker.com/archive/2005/09/26/050926crbo_books?currentPage=all (accessed August 9, 2008).
 - 2 Bergoffen, Debra. "Simone de Beauvoir." *Stanford Encyclopedia of Philosophy*. August 17, 2004. <http://plato.stanford.edu/entries/beauvoir/> (accessed August 10, 2008).

feminism based on existentialism. Feminism is both the belief in equality of the sexes in all forms and the movement based on those beliefs.³ Existentialism is best defined in this quote from Sartre, “existence precedes essence.” Other entities can be defined by what kind they are, but humans are defined by what they do.⁴ As humans, we exist before we can be defined or wholly understood.⁵ The choices we make define what we become.⁶ Existential feminism amounts to believing that women are equal and control their own destinies.

Women’s repression is based on their characterization as “The Other” by men. De Beauvoir argues that biology does not accurately define Women. It is argued in her first section that women only exist provisionally and that both men and women should be thought of first and foremost as human instead of men and women.⁷ Psychoanalysis fails to address feminine concerns separately, but instead uses male sexuality as a starting point and only slightly alters the concept to fit women.⁸ Her main point, “One is not born, but rather becomes, a woman,” helps to support all of the theories in her psychoanalysis chapter. Later, de Beauvoir goes into detail about the historical inequalities between the sexes. She covers sexual equality from the time of Nomads to the French Revolution.⁹ Although things have improved in that time, there are still warrants about what a woman should be that hold womankind back from being thought of first and foremost as humans. Females have been thought of as “The Other” by men for as long as they have been aware of the distinction. Man is the standard and Woman is destined to be stuck on the sidelines as “The Other” for as long as females let it stay that way.

In book two of *The Second Sex*, Simone de Beauvoir’s analyzes womankind’s repression. Her analysis is broken down into different stages of life. The first stage of life addressed is childhood. This is where her quote, “One is not born, but rather becomes, a woman” makes its first appearance.¹⁰ What is meant by that is that there is a distinct difference between gender and sex. The sexes are male, female, and hermaphrodite and the genders are man and woman. Gender is a social construct, while sex is something concrete. Girls learn to be polite and not brutish while going through school. They learn what is and is not lady-like. That is what Simone means by “becoming a woman.” The next stage of life addressed is adolescence. Beauvoir states that adolescence is the time in a girl’s life when she loses her identity as a transcendent being and gains the duty of her destiny as a passive one.¹¹ The final stage of life discussed is sexual awakening. Simone states that a girl’s first erotic experience is basically a make or break situation; the way she handles it affects the rest of her life.¹²

3 Answers.com. “Feminism: Definition and Much More.” 2008.

<http://www.answers.com/topic/feminism> (accessed August 9, 2008).

4 Crowell, Steven. “Existentialism.” Stanford Encyclopedia of Philosophy. August 23, 2004.

<http://plato.stanford.edu/entries/existentialism/> (accessed August 5, 2008).

5 Ross, Kelley L. “Existentialism.” The Proceedings of the Friesian School, Fourth Series. 2008.

<http://www.friesian.com/existent.htm> (accessed August 5, 2008).

6 Crowell, “Existentialism.”

7 Beauvoir, Simone de. *The Second Sex*. New York, New York: Alfred A. Knopf, 1952.

<http://www.marxists.org/reference/subject/ethics/de-beauvoir/2nd-sex/ch01.htm> (accessed August 10, 2008).

8 Beauvoir, Simone de. *The Second Sex*. New York, New York: Alfred A. Knopf, 1952.

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9 Beauvoir, Simone de. *The Second Sex*. New York, New York: Alfred A. Knopf, 1952.

10 Beauvoir, *The Second Sex*, pg 267.

11 Beauvoir, *The Second Sex*, pg 328-329.

12 Beauvoir, *The Second Sex*, pg 371.

Women's repression is ingrained into our society. In the second book, de Beauvoir covers what she sees as the goal of feminism. She goes over the then newly acquired right to vote and explains that while still under male control, it means nothing. Her supposed solution to this is that women should have jobs so that they are in control of their own destinies and therefore regain transcendence.¹³ A woman emancipated from the repression will not allow herself to be objectified or made into prey either.¹⁴ Most women hide their dependence from themselves, so achieving emancipation is more difficult than it may seem. Realization of their dependence is in fact liberation in itself.¹⁵ Cultural or gender stereotypes are the main reasons equality has not been achieved. Women have a long way to go, but they have come far since the beginning of their plight.

Simone de Beauvoir was the founder of existential feminism and had an extensive handle on the topic of feminism itself. She was a French philosopher and referred to herself as the mid-wife of Sartre's existentialist ethics. Existential feminism is a movement that believes that women are equal to men and have just as much power over their own futures. Men are held as the ideal human and always have been, but for women to be equal, they have to no longer be labeled as "The Other". Womankind's repression is based on socially enforced ideas of gender roles. The goal of existential feminism is to gain transcendence instead of passivism, therefore being seen as equal to a man. Simone de Beauvoir's book, *The Second Sex* spelled out the history of women's repression and read like a comprehensive guide of how to take control of one's own life. Simone's ideas have and will prove useful for many aspiring feminists.

13 Beauvoir, *The Second Sex*, pg 680.

14 Beauvoir, *The Second Sex*, pg 682.

15 Beauvoir, *The Second Sex*, pg 709.

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[English 095 - Hunt]

The Duality of Humanity

by Robert Drake

Former Marine turned PTK president 2008-2009, Robert Drake briefly explores the dual nature of man in this fascinating piece written for Mr. Hunt's English 95 class. He leaves us to question which side of our own humanity we subscribe to when he concludes with an interesting moral dilemma. Drake admits he "hates writing" yet proves to be especially good at it. Hmmm...

At times the silver lining behind the metaphorical cloud of humanity can actually be a lightning bolt ready to strike, as discussed in Stephen King's "Why We Crave Horror Movies." Humanity consists of two parts; both the good and evil that lurks within us. Decisions we make every day help to determine how we are perceived by the rest of mainstream society. The manner in which we control the evil is dependent upon the individual. King explores the concept that we choose to view horror movies in order to control the darkness that dwells inside.

Inside all men and women is a genetic blueprint of behavior. This blueprint tells us instinctually how to survive, and is fundamentally the same in all people. When King states, "[The horror film] deliberately appeals to all that is worst in us," he is referring to the primordial instincts of morbidity. This primal interest in macabre images keeps humans aware of threats and dangers we may face in future situations, and the horrid ramifications that can result from not giving our all to survive these situations. While some people accept that they have a predisposed curiosity towards these sometimes gruesome images, many people today try to ignore their curiosity. Often times this denial of their darker emotions is due to a long history of being conditioned to think that these thoughts make them somehow evil.

In order to fit into the popular commonwealth, people have a tendency to conform to its guidelines of what emotions to display. King observes that, "Love, friendship, loyalty, [sic] kindness – these are all the emotions that we applaud." The contrasting emotions of hate, disloyalty and cruelty are, not surprisingly, treated with a polar opposite reaction by mainstream society. People who express

these negatively labeled emotions are shunned through isolation and separation from the status quo. This alienation from common society also leads to those separated people being referred to as “evil.”

In order to cope with the darker side of ourselves, people have found a need to have an outlet for these inner demons. The use of horror movies is just the latest form that man has used to release these pent-up emotions. In the past artwork, written, and verbal stories have filled this need. As King expresses, “. . .it keeps them (our darker emotions) from getting out man.” The result of not feeling these emotions in some manner can lead to people breaking down mentally, resulting in serial killers and murders. Imagine the image of a dammed lake after a torrential rainfall. The lake fills so high with water that if the dam is not drained through a controlled means, it can explode and those who are downstream of the dam must face the full force of what was held back.

In Stanley Kubrick’s film, “Full Metal Jacket,” the good and evil inside of us is discussed during the following scene:

Pogue Colonel: Marine, what is that button on your body armor?

Private Joker: A peace symbol, sir.

Pogue Colonel: Where’d you get it?

Private Joker: I don’t remember, sir.

Pogue Colonel: What is that you’ve got written on your helmet?

Private Joker: “Born to Kill,” sir.

Pogue Colonel: You write “Born to Kill” on your helmet and you wear a peace button.

What’s that supposed to be, some kind of sick joke?

Private Joker: No, sir.

Pogue Colonel: You’d better get your head and your ass wired together, or I will take a giant shit on you.

Private Joker: Yes, sir.

Pogue Colonel: Now answer my question or you’ll be standing tall before the man.

Private Joker: I think I was trying to suggest something about the duality of man, sir.

Pogue Colonel: The what?

Private Joker: The duality of man. . .

Pogue Colonel: Whose side are you on, son?

Private Joker is expressing how even though he craves a world of peace and not to be in a war zone, he has an inherent part of himself that was born to do things that man considers evil. Private Joker’s sentiments express the paradoxical nature of man’s inner being; the fine balance of evil that must be done in order to maintain the good and vice-versa.

In order for civilization to continue in a progressive path there is a need for balance that comes from the base actions of its people. This balance comes from the internal good and evil that comprises the human soul. The duality of humanity is what keeps man striving to be better by making choices that ultimately promote the concept of goodness. If given the choice of letting a baby boy live or killing that baby to prevent it from growing into a monster, the only morally “good” choice would seem to be to let the baby live. The only time the choice of killing could seem right is if we knew the child was an Austrian born child that would one day grow to be known as Adolf Hitler. If we could prevent Hitler’s atrocities against humanity from the beginning. . . would we commit the perceived “evil” act of murdering, or would we show mercy?

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[English 101 - Fox]

Are Students Just Numbers and Letters?

by Sean VanDommelen

An intriguing look at the grading system, VanDommelen questions the reasoning behind today's current method of evaluating student achievement.

Stay tuned for "Through the Eyes of a Homeless Man," another interesting piece by this author.

I would like to think that I am worthy of more than just a number attached to my name, or a numerical rank that represents how valuable I am academically. Grades and marks have been etched into our minds since grammar school, so it is not surprising when society's reaction to grades is a bit, well, irrational at best. In Alfie Kohn's essay "From Degrading to De-grading" he discusses the effects the traditional grading system has on students and whether or not the traditional grading system truly reflects students' abilities and performance. Kohn explains that traditional grading systems are distorting the curriculum in schools and inhibiting the learning process. Students are made to focus on only certain parts of a subject, and memorize the specifics of it. Their ability to recall these learned facts is thought to determine their level of intelligence but is a primitive and limiting way to evaluate students. The overall approach to grading and evaluating students is in need of a major overhaul. Including an element of self-evaluation within the current grading system would help students to think more critically and be pro-active in their learning, enabling them to get more out of their education. The time has come for a re-evaluation and transformation of the current grading system.

If I had a nickel for every moment I stressed myself out over grades, I would have been able to pay for my Masters degree by now and have a little spare change left over for a vacation. However, I do not receive monetary compensation for my worries related to my academics. The payoff is quite simple: memorize the content and receive a good grade at the end of the quarter. I know this sounds quite simple, but over obsessing about my grade causes me to lose focus on the content, and as a result, do worse on the

subject in the end. Moreover, no matter how hard I work I feel like I did not retain any of the content after the fact. This is prevalent among my peers as well.

There is a certain period of stress among students in the middle of a quarter and at the end. The constant reviewing of information and frantic studying that happens at this stage is staggering. Many of the peers I spoke with had a very low confidence level in regards to whether they felt ready to be tested on the material. Their approach mirrored that of an individual who was being made to complete a chore, and acting as if they were going to be punished severely if they did not perform well. In Kohn's essay he notes "Given that students may lose interest in what they're learning as a result of grades, it makes sense that they're also apt to think less deeply" (473). This is concerning because the information students are processing is less useful to them after they have achieved their grade. There has not truly been any critical thinking to ensure proper retention of the information, which in the long run does not benefit the student. In order to process information, we have to fully understand it; just memorizing information does not fully achieve that goal.

Many students use different motivators to help encourage them to study, focus, and achieve success. A 2007 study showed that only three out of 59 selected behaviors actually contributed to student success. These behaviors include attending class regularly, getting enough sleep, and paying attention in class (Perlman et al.). This makes sense because if you do all of these things, your brain is more likely to have a higher level of retention and you will be able to recall the information you have been expected to learn and/or memorize.

In the fall of 2008, I co-instructed a section of the Human Services department for Tacoma Community College. With this experience I gained the valuable perspective of an instructor. I developed a mid-term exam as well as a final exam for the students and I was shocked to be on the "other side" of the student/instructor relationship. Having to develop an exam that measured the student's knowledge of the subject was not a daunting task, but it was difficult to decide what information was important, and what was not. As a co-instructor, I wanted the students to internalize the information, not just memorize the content and repeat it back to me. Students' effort made towards their work must be taken into account. Results from research shows that students strongly believe their effort should count towards their final grade, in addition to their work on tests and measurable assessments (Pasnak 3). There is a certain amount of strain between teacher and student directly related to how each person views what exactly qualifies as effort or hard work towards a subject. It can also be very frustrating if you know the information, but have difficulty recalling it under pressure. This all depends on the learning style of the student, the testing format, and whether or not they are cohesive.

Surprisingly, there are very few sources of information on the history, development and implementation of the traditional grading system. As the educational system evolved there were several contributing factors as to why our system is the way it is today. I found some interesting information regarding the history of grading and perspectives on learning. According to Ben Wilbrink of the University of Amsterdam, "Medieval education can be characterized as 'teaching' students to learn sacred and other texts by heart. To know something was to know it by heart" (Wilbrink 2). The majority of this type of learning began with the memorizing of religious texts and scriptures, and as a result, formed the foundation as to how we teach and assess academic performance. Evaluations as to whether the information was learned or not consisted of having students recite memorized

information. This was the only quantitative way to ensure that students were acquiring information (Wilbrink 1997). It is obvious that we are dominated by a system that requires us to know the correct answer in order to appropriately display that we have retained the appropriate information. Wilbrink suggests “It is the experience of almost every living adult in developed countries that even today a substantial part of all questioning and assessment in education is recitation and giving the ‘right’ answers to known types of questions” (3). This is a perfect example of how the traditional grading system requires us to memorize exactly whatever the curriculum tells us to and if we do not answer correctly, we are deemed a poor student, regardless of our knowledge base, critical thinking skills, or performance ability.

On a collegiate level, one alternative to grading is a narrative-style evaluation. The Evergreen State College in Olympia Washington uses this for evaluating their students. A narrative-style evaluation consists of faculty reviewing self-evaluations written by the student on his/her own academic performance throughout the semester or quarter, in addition to meeting with the student one on one. These strategies help to create a non-competitive environment for students and foster a more collaborative learning system. It is a better reflection of the real world because, ultimately, employers do not issue grades to assess workplace performance. Some individuals object to alternative grading systems because they believe that colleges demand them. Kohn comments, “Traditional grades are not mandatory for admissions to colleges and universities” (477). If colleges and universities do not require traditional grades for admission, then why is this system so predominate in Western academics? Fear of change and straying from the norm prevent us from making this change today. If educators work together to develop a system that benefits both instructors and students, we can move toward the future of an education system that assesses abilities, knowledge, and critical thinking. More contact with students, discussions of performance, and introspection on the student’s behalf is definitely a step in the right direction. The future depends on society’s ability to educationally and academically evolve.

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[English 102 - Cain]

Investigating Brain Death and Organ Donation

by Debbie Kudlo

A significant ethical dilemma in our medical system today, the definition of brain death in the context of organ donation is without doubt a topic worth discussing. Indeed, no one wants the plug needlessly pulled on their loved one for the sake of their organs. Kudlo, a future elementary school teacher, informatively explores this issue and brings insight to its various implications.

Every day, doctors in the U.S. and around the world pronounce hundreds of patients as brain dead. Many of these patients are eventually removed from life support and released by their families to have their organs donated to one of the thousands of people currently waiting for transplants. While the ability to transplant vital organs has been credited with saving thousands of lives, it also raises the ethical question of when a brain dead patient can be considered truly dead and how that relates to procuring their vital organs. There is a wide spectrum of ideas about the concept of brain death and they range from the philosophical viewpoint that a person is dead once their personality and memories are lost due to irreversible unconsciousness, to the declaration that either the dead donor rule or brain death is irrelevant and they cannot coexist. There have also been studies done that show there is a great deal of inconsistency in the doctors' and nurses' understanding of brain death, as well as in the clinical tests that are done to determine when a patient has become brain dead.

The definition of death in the United States has been evolving since the 1950s when the technology for mechanical ventilation became available. Before that time, death occurred when the patient's heart and breathing stopped or because of neurological damage the patients in comas suffered a cardiac arrest due to apnea. But with the new technology, doctors were able to keep these patients alive. There was not much interest in exploring the new concept of "coma dépassé" until December 1967 when the first heart was procured from a brain dead patient and successfully transplanted. While this was a monumental landmark in medical history, it also raised the new question of whether or not the brain

dead patient was truly dead or did the act of removing his heart kill him and if that was the case, could the doctor be held liable for his death? This question had never been raised before and the importance to find an answer was not lost on Henry Beecher, an anesthesiologist at Boston Massachusetts General Hospital. Within a couple of months he had formed an ad hoc committee to examine the ethical and legal status of patients that had been declared brain dead. The committee realized the need for a set of criteria that could be applied without expensive and complicated testing and would be consistently predictive of irreversible coma. However, the committee did not stop there; they also realized that they needed to make the claim that “irreversible coma” was equivalent to “death”. With this new precedent, a brain dead patient’s organs could be removed and the doctor would not be held liable for that patient’s death (Truog). This claim is still widely accepted today but because of the nature of brain death, current knowledge about the human brain, and the technology that is in development for use by future doctors, the validity of brain death has been called into question.

Since the dead donor rule states that vital organs can only be procured from dead patients, the need for clarity regarding brain death is essential. Brain dead patients represent a valuable pool of viable organs that could be transplanted, and the demand for such organs has increased while the current supply has decreased. One study found that “as of March 2008, there were more than 98,270 people waiting for organ transplants . . . only 28,350 patients received organ transplants in 2007” (Choi, et al). Because the need is so great, the American Medical Association should develop a comprehensive and standard definition of “brain death” that can be applied to the ethical dilemma of determining when it is acceptable to procure organs from a “brain dead” patient.

The question to be answered is: when does a person really die? Is it when consciousness is irreversibly lost and the personality and memories of that person are destroyed, or is it more straightforward in that “patients [are] dead when they [are] cold, blue, and stiff” (qtd. in Kuhn)? Jeff McMahan, professor of philosophy at Rutgers University, argues that death happens when a person permanently loses all consciousness. He rejects the notion that death occurs when the brain is unable to perform its regulatory functions over the rest of the body. The reasoning for this rejection is because medical technology is advancing at such a rate that it is feasible that future doctors will have access to a type of mechanical brain that could take over the regulatory functions just as efficiently as the natural brain. How would death fit into that scenario? While the mechanical brain could keep the biological body functioning efficiently, it would not possess the ability to sense and perceive subjectively or the ability to understand someone else’s inner qualities and relationships. Since these are the qualities that separate conscious humans from animals or machines, Mr. McMahan argues that once these qualities are gone, so is the person. This is when death occurs and all that is left is the biological make up, so the ethical questions surrounding organ procurement are insignificant. The person is already dead when the heart stops beating on the operating table (McMahan).

With all of the speculation about brain death, how can doctors be expected to have a sense of confidence when giving the diagnosis of brain death and proceed to have the patient’s organs removed for transplantation? As one cancer and transplant surgeon put it “I have to admit that despite all I know about brain death, I still have my moments of uncertainty” (Chen). One operating room nurse describes the atmosphere when a brain dead patient is on the operating table:

You always get a certain amount of tension in this situation. In the run-up to it, you are kept busy and give the patient medication; you’ve got your work cut out. And

then all of a sudden the moment arrives in which the patient loses a huge amount of blood and you just stand there and watch the heart stop beating. For me this situation is dreadful. Sometimes I even leave.... You watch and the outcome is predictable. You see the signs of death appearing. (qtd. in Bergmann)

The general public is also very skeptical about brain death. Many wonder if the doctors are too quick to diagnose the patient as brain dead. After all, brain dead patients look the same as any other patient in intensive care. Their skin is pink, their heart is beating, and their chest is moving up and down in a manner that suggests they are breathing. The machines that they are hooked up to almost seem superfluous, like they could “wake up” at any moment. Many families have to make the wrenching decision to end the life support and allow their loved one’s organs to be procured and donated. The traditional bedside death is not an option for them; they have to walk away with the heart monitor still beeping and it is the surgeon that bears witness to the heart’s last beats. How valuable would it be to these families to know that without a doubt they, along with the doctors, had made the right decision?

Inconsistencies in how brain death is determined have been found in state statutes as well as from doctor to doctor. Many states have written statutes that follow the same language as the Uniform Determination of Death Act (UDDA), but with some minor variations. Some states require that the diagnosis of brain death is reached by two different doctors and some allow Registered Nurses to make the determination. Even then, the qualifications of the second doctor vary from statute to statute. There is also a wide variety of criteria used by doctors to determine brain death. There is even some confusion among doctors and nurses about the definition of brain death. One survey done in 1989 found that “. . . among 195 physicians and nurses who were likely involved in the process of organ procurement for transplantation, only 35% of them correctly answered to the questions regarding the brain death criteria . . .” (Choi, Eun-Kyoung, et al.).

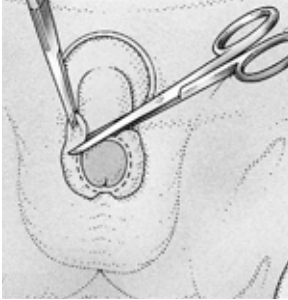
One of the main arguments against brain death is that it is irrelevant. Dr. Truog of Harvard Medical School questions the duplicity in the standards that are used to contribute a patient’s death to the actions of the doctor. Truog states that the majority of deaths that take place in intensive care units follow a physical removal of the mechanical ventilation, and yet the death of the patient is attributed to the underlying disease and not the actions of the doctor. The question that Dr. Truog poses is why is it any different for patients that are in irreversible comas and have been declared brain dead (“Organ Donation”)? This argument could be countered by the fact that even when the patient has lost consciousness, the brain is still performing some of its functions. Studies have shown that patients that are kept on long term ventilation exhibit “somatically integrative functions including assimilation of nutrients; elimination, detoxification, and recycling of cellular wastes; energy balance; maintenance of body temperature; wound healing; fighting of infections and foreign bodies,” just to name a few of the findings (qtd. in Chiong). This shows that the patient could be considered alive, only they have lost the ability for consciousness.

As one can see, there are many conflicting ideas about brain death and it would certainly make sense to develop a standard definition that would put them to rest. The advantage to doctors and their staff would be tremendous as it would relieve the confusion and end inconsistency. The general public would also benefit because information that clearly defines brain death would be available to them and would give them more confidence in the doctor’s diagnosis. Brain dead patients are a valuable source

of viable organs that can be transplanted. Not only do these organs save lives, but the act of donating a loved one's organs can give families a sense of comfort. As one mother of a brain dead child said "knowing her organs have given others the chance to live a full life has been a great comfort to me as I have struggled to come to terms with her sudden loss" (Lazenby).

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[English 101 - Faherty]

Routine Infant Circumcision: Why do we Cut?

by Jeanine Greco

Every day, baby boys are born into the world and their respective penises are promptly circumcised. Ms. Greco explores this occurrence with a fine-tooth comb and persuasively engages the reader, eventually leaving any rational, thinking person to question the logic of this "routine" procedure. Greco, a transfer student bound for the IAS (Interdisciplinary Arts and Sciences) program at UWT, hopes to one day obtain her PhD in Paleanthropology.

Parents today are more involved with their children's health care than ever before. Our nation is coming into the age of self-managing healthcare, researching health issues on our own, and questioning doctors. This is a large step forward as Americans realize that health care workers are human and make mistakes.

Thirty years ago it was unheard of to question a doctor's advice. With the internet a family staple today, any information we could possibly want is just a click away. With all of the advances in child health including new policies that address feeding, transporting, and disciplining our children, it is interesting that so few parents do not question routine infant circumcision (RIC). While the world's circumcision rate is approximately 20 percent, the rate in the U.S. as of 2004 soars at almost 60 percent (Grossfeld A1). The percentage has been in a steady decline for the past decade, but is still a reflection of lack of information and misconceptions about the intact penis.

RIC is the most common surgical procedure in America. Some circumcisions are performed for religious reasons; however, only 10 percent of all circumcisions performed in the U.S. are faith focused (Wallerstein 126). It is disturbing that so many parents are choosing to circumcise without being fully educated about the surgery. Many parents are not asked **IF** they want the procedure for their newborn, they are simply asked **WHEN**.

AAP [American Academy of Pediatrics] policies are not being heeded as they should be. The AAP's policy on circumcision states that parents should be given non-biased information about the surgery. Most doctor and pediatrician offices have absolutely no visibly displayed literature pertaining to routine

infant circumcision. Information about the procedure should be available beside the pamphlets about vaccinations, breastfeeding, and sleep positions. In order to reduce or even eliminate this medically unnecessary surgery, parents and non-parents alike should educate themselves about infant circumcision. This taboo topic has become controversial, and rightly so. A bit of education can break through the misconceptions and cultural conditioning that surround the idea of an intact penis.

A routine circumcision is not medically necessary. Many mistakenly think that the removal of the foreskin will prevent or even eradicate some infections and diseases. The surgery permanently removes tissue that is scientifically proven to have a physiological purpose. Because of this, some claim that the surgery involves unethical behavior and is a human and equal rights issue.

Many medical organizations worldwide have official public statements regarding RIC. All of these policy statements indicate that RIC is not medically necessary. The Australian College of Paediatrics states: "Neonatal male circumcision has no medical indication. It is a traumatic procedure performed without anesthesia to remove a normal and healthy prepuce" (*Position*). The AAP has a similar message in their position in that there may be potential benefits to the surgery, but "...these data are not sufficient to recommend routine neonatal circumcision" (*Circumcision*). The American College of Obstetricians and Gynecologists directly states that "Newborn circumcision is an elective procedure" (*Circumcision*). Almost every major medical group in the world indicates that circumcision is not only medically redundant, but possibly cosmetic. Yet the American circumcision rate continues to be one of the highest in the world. Seventeen U.S. states currently have policies in place regarding insurance and Medicare coverage of RIC. The procedure is simply not covered in these 17 states, which include Washington. Some parents insist that their infant be circumcised at birth, convinced that he will need to be circumcised later in life. The truth is that less than one percent of intact men undergo medically necessary circumcisions (*Summary*).

Many parents are unaware of the risks of circumcision to their child. Risks include infection, bleeding, penile necrosis, meatal stenosis, and death (Milos, Macris 92s). Some of these risks are minor and correct themselves. Others, such as penile necrosis, literally the death of penile tissue, are conditions that must be suffered and lived with indefinitely. The risk of death, while very small, still exists. Activist researchers estimate that there is at least one death related to circumcision in the U.S. per year (*Deaths*). Leaving male parts in their original packaging carries no significant risks. In all my research I could not find a single death directly related to the presence of a foreskin, but found several related to circumcision complications.

Another factor in the high rate of RIC in the U.S. could be the belief that the surgery prevents disease and infection. Many people are under the impression that the intact child will be subject to horrible infections because of the presence of the foreskin. While it is true that circumcision reduces the risk of urinary tract infection within the first year of life, the chances of one in an intact child are still extremely low; only 1 in 100, according to the American Medical Association (*Report 10*). If the child happens to be in the one percent that will get a UTI, common antibiotics can easily and effectively treat the infection. It may be possible that more infants get infections as a result of a circumcision than those that get a UTI because of not having had the procedure. In one study by Hawa Patel, it was found that 8 in 100 infants would develop an infection resulting from circumcision (Patel 577).

Recent studies in Africa regarding the correlation of HIV and other STD prevention to circumcision has also become a factor for American parents. These studies were conducted in non-industrialized areas and simply cannot be related to industrialized nations. While the CDC clearly states that circumcision reduces the risk of HIV by 44-71 percent (*Male*), international comparisons of circumcision rates in relation to HIV rates prove otherwise. The circumcision rate in the U.S. is nearly 60 percent, while our HIV rate is estimated at 0.6 percent (Panos). In comparison, the circumcision rate in the U.K. is only 15 percent (Perry *Circumcision*), while the HIV infection rate is 0.2 percent (Panos). The facts simply cannot lie. Circumcision rates in the U.K. are less than half that of those in the U.S., as is their HIV rate. If the findings of these studies were valid to industrialized countries, the U.S. would have a far lower incidence of HIV infection than the U.K. The false security created by these faulty studies may lead to an increase in HIV cases worldwide. Condom use and safe sexual practices are vital to the control of HIV and other STDs in industrialized countries. Circumcision is simply an easy out for those under pressure to give the public answers to the HIV/AIDS epidemic that is plaguing our country.

When people think of the male prepuce, or foreskin, they often consider it “extra skin” and mistakenly believe that it is useless. The main purpose of the foreskin is protection of the glans penis. The glans is intended to be an internal organ that is protected and lubricated by the prepuce. Morris Sorrells et al. have published a study regarding changes to the circumcised penis. With the absence of foreskin comes a physiologic change in the penis. The skin becomes tough and keratinized. The average circumcised male will have up to ten layers of keratinized tissue by the time he reaches adolescence. Sorrells, along with others, have proven that circumcision causes desensitization of the penis. Another factor in desensitization could be the nerves that are removed during a circumcision. The foreskin contains thousands of specialized nerves and touch-sensitive tissue, and has a connective “anchor” that is called the frenulum. The frenulum is a web-like structure that is the most nerve-dense portion of the entire male body. Most circumcisions involve the removal of this body part in addition to the foreskin (Sorrells et al 864). The removal of the foreskin and frenulum deprives the child or man of these nerves and tissues permanently.

Because non-therapeutic infant circumcision involves removal of functional tissue without the consent of the penis-owner, RIC can be considered a violation of human and equal rights. RIC is the only surgery that is performed on infants for allegedly preventative measures. Breast and cervical cancers are fairly common diseases for women, but it is not common to remove healthy, unaffected tissues from an infant girl to prevent these ailments. In the matter of medical ethics, Dr. George Denniston says: “The ... doctors who still perform circumcision are violating the first rule of good medicine—Primum non nocere—First, do no harm...” (qtd. in Hampton). Studies have proven that the problems we are trying to prevent with circumcision are either myths or happen regardless of circumcision status. It is illegal to alter a girl’s genitals without her consent in the U.S. The crime is punishable by a fine and up to five years in prison as per U.S. Federal Law 18.1.7.116. Yet we do not have any laws in place protecting the basic human right of genital integrity for boys. This is a serious step back for the equal rights movement. If it is illegal to remove the prepuce (clitoral hood) of girls, it should be illegal to do so to boys. This is an excellent representation of our society focusing on women’s rights and turning a blind eye to injustices that men and boys must suffer daily.

Still, with so much information available about circumcision, and even with some states excluding the procedure from the list of insurance claimable surgeries, parents are still opting for circumcision. This could be because of the social and cultural stigma surrounding the intact penis. It has long been believed that the natural penis is dirty in some way, and difficult to keep clean in infancy and beyond. In reality, the intact infant penis is no more difficult to clean than a finger. The foreskin does not retract until about two years of age, sometimes not until adolescence. The reason it is fused as such is for the previously mentioned protection factor. Once the foreskin does retract, it is easily cleaned like every other body part. The foreskin does not spontaneously create infection, as many may think. If a man or woman doesn't practice basic hygiene, infection can occur because of bacteria growth. If infection occurs in a circumcised man, or a woman, it is treated with antibiotics, not excision.

Another common myth is that circumcision has been done in America throughout history. Circumcision was extremely uncommon in America until the late 1800's, when John Harvey Kellogg, a respected medical doctor of the time, wrote:

A remedy for masturbation which is almost always successful in small boys is circumcision. The operation should be performed by a surgeon without administering an anesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment. In females, the author has found the application of pure carbolic acid to the clitoris an excellent means of allaying the abnormal excitement. (Kellogg 295)

Dr. Kellogg's book was taken seriously as pure medical fact back in 1888. Since then, the professional medical recommendation for girls has fallen far out of favor. But we continue to perform this surgery on our boys. Since medicine was wrong then about girls, we should not assume that it was right about boys. This is a prime example of the medically inept. If we continue to question and research infant circumcision, we may find that it will finally fall out of "fashion" and into the silly medical practices of times past.

The banning of male circumcision may not be too far away with organizations such as mgmbill.org. The primary goal of this organization is to pass a male genital mutilation (MGM) bill similar to the female genital mutilation (FGM) bill already in place. There are many social, cultural, and religious barriers to break before this bill becomes a reality. Religious groups are some of the major opponents to the MGM bill. Circumcision is the only legal religious blood ritual that is performed on non-consenting minors in the US. Some oppose the MGM bill, claiming that it violates their rights to freedom of religion. However, all forms of female genital cutting are illegal in the U.S., regardless of religion or cultural reasoning. The freedom of religion for those who would perform a ritual pinprick on their infant girls' labia has been removed by the government with justified cause: for the sake of child safety. Yet boys still undergo the permanent removal of genital tissue every day in America.

With all the information available at our fingertips, RIC should continue its decline as parents become more aware of the risks and truths about the practice. Since Dr. Kellogg's recommendations, doctors and hospitals have made millions performing the so-called "routine" infant circumcision. This may be why researchers and medical organizations are fighting to find valid reasoning behind it. The penile fate of the future generation lies in the education and free-thinking of the American people. We must demand equal rights and proper medical advice for our children. Everyone should be entitled to genital integrity rights, regardless of gender.

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HIV Prevention and the Nurse's Role

by Jeff Kennington

In this paper, nursing student Jeff Kennington presents instituted methods of HIV prevention and discusses their efficiency. HIV/AIDS prevention is a high-priority issue and Kennington does a fine job presenting different methods of prevention while highlighting strengths and weaknesses, as well as suggesting potential improvements. Like each nursing paper we included, this piece was the final result of a five-quarter long research project required for TCC's Nursing program.

There is an increasingly urgent need to prevent the spread of the human immunodeficiency virus (HIV) that causes AIDS. Since HIV/AIDS affects those of varied socioeconomic class, race, sexual orientation, religion, gender and age, an equally varied approach to prevention techniques is needed. The RN has a unique opportunity to approach those at risk and help prevent the transmission of this disease. Nurses can combat the transmission of the HIV/AIDS virus by using innovative measures to educate the patient about safe lifestyle practices. Some of these measures include the use of peer education projects, needle exchange programs, and a revision of sexual health education.

Contributing factors that have led to the rise of HIV cases are increased intravenous drug use and changes in sexual behavior (Ritchie, 2006). In respect to sexual behavior, while 70 percent of worldwide adult cases of HIV are attributed to unsafe heterosexual intercourse, newly diagnosed cases involving sex between men and women come in at only 55 percent (Ritchie, 2006). This trend indicates the increasing prevalence of homosexual intercourse leading to HIV/AIDS diagnoses. Additional changes in sexual behavior that have been shown to lead to increased incidence of HIV include the number of heterosexual partners, concurrent sexual partnerships, an increase in heterosexual anal sex, and evidence of an increase in payment for both homosexual and heterosexual sex (Ritchie, 2006). In addition, more than half of those newly infected with HIV worldwide are merely 15-24 years old (Campbell, 2005). In regards to condom usage, there is an alarming increase in inconsistent usage of condoms, particularly involving multiple partnerships (Ritchie, 2006). While condom

use is generally on the rise, there are contributing risk behaviors which jeopardize their efficiency. For example, those who drink alcohol regularly have been shown in studies to have an increased likelihood of having casual sex without the use of a condom. In addition, rising incidence of teenage pregnancy, sexually transmitted infections (STI's), and unsatisfying heterosexual relationships early in life are further indications that there is a shift in the way society views sexual health today.

Sexual education curriculum in our nation's school system has also been shown to fall short of protecting our youth. An example of the survival of sexual health misconceptions is the fact that more than 25 percent of 14-15 year old children still think that the contraceptive pill can protect against STI's (Ritchie, 2006). The effort to protect our children from HIV leaves much to be desired.

As previously stated, there are some notable trends developing in HIV/AIDS transmission. Chief among them is the prevalence of young adults and minors acquiring the disease. Developmentally, this age steers towards their own peers for information on life's pertinent matters (sexuality included). Therefore, the uses of peer education projects are of value in reaching this at-risk segment. Peer educators use a host of mediums to reach their audience. "Advocacy, counseling, drama, lectures, distributing materials, making referrals to services or providing support," are but a few (Campbell, 2005). The theory is that people make positive behavioral change based on the amount of information that is availed them. Many supporters of these projects recognize their greatest strength is with traditionally hard to target groups such as substance abusers, children living on the streets, homosexual or prostitution-linked children.

While peer education projects are growing in popularity, their own advocates admit multiple shortcomings and difficulties. Limitations pertain to the peer educators themselves, the dynamic between them and health workers, the best setting for these projects, and the difficulty in measuring their actual success.

An obstacle that most peer projects encounter is high attrition rates among the peer educators (Campbell, 2005). Others question the assumed strength (peer influence) of the projects when they examine that students do not entirely trust the peer educators as a reliable source of information (Merakou & Kourea-Kremastinou, 2006). The aforementioned source was involved in a yearlong intervention with students at school, with a survey given afterwards to both the peer educated group and the control group. While the length of this peer education intervention was ideally long in nature, most programs are much shorter. It is noteworthy that short interventions are not likely to bring about sustained changes in behavior leading to HIV transmission (Campbell, 2005). It is argued that a single performance or lecture from a peer can often motivate the youth in the present, but it cannot guarantee any real sustainable change. The programs rely heavily on the supplemental contribution of parents, school, and community involvement to sustain change (Campbell, 2005). Some might ask whether more of an emphasis should be given to these more orthodox support systems. In addition, the natural setting for peer projects is the public schools system, and even the proponents concede that working within this system is cumbersome given that the structured school curriculum often takes much higher priority than the peer education curriculum (Campbell, 2005).

Some wonder whether a sustained project over months even accomplishes their assumed result of increased knowledge. One study discovered that "the level of knowledge of the intervention group did not increase significantly during the year of intervention compared with the control group" (Merakou & Kourea-Kremastinou, 2006). The survey delineated that they did not seem to grasp that condoms

were useful within all types of relationships (whether 'steady' or 'occasional' in nature). Further, "more [than expected] students from the intervention group initiated sex during the intervention year" (Merakou & Kourea-Kremastinou, 2006). Some might argue that inundating youth with positive messages regarding sexual behavior will naturally cause them to think about becoming more sexually active simply out of becoming comfortable with the previously mysterious nature of sex. Others might contend that the youth were not in a vacuum for the year during the yearlong intervention, and other mediums of influence existed.

Those conducting the study concluded, "the results of the outcome evaluation of the program provided little support to our initial hypothesis that the peer education program may have a substantial beneficial influence on risky behavior concerning HIV prevention in young people" (Merakou & Kourea-Kremastinou, 2006). However, youth need all the information possible in order to make informed decisions regarding their sexual activity. Peer education projects offer a uniquely effective way to convey the life-saving data to these youth.

Akin to the method of using peer education for youth is the indication that the general adult population needs to know the trends in HIV transmission in order to know if they are exposing themselves; especially given the alarming rise of transmission due to homosexual anal intercourse, heterosexual anal intercourse, and the sex-for-pay practice. Many simply do not associate having multiple sexual partners, inconsistent condom use (or no use whatsoever), or same-sex relationships, with an increased risk of infection (Ritchie, 2006). Across a range of clinical and non-clinical settings, nurses need to play a role in supporting patients to overcome their obstacles and practice safe sexual behavior. Whether it is in a genitourinary medical (GUM) clinic, emergency department, walk-in center, prison, or even a school, nurses do play a role (Maes & Louis, 2004).

Since there are many barriers to at-risk persons in getting information on how to sidestep risky behavior, nurses need to be aware and prepared. Such barriers include discrimination (home, workplace, or elsewhere), poverty, social exclusion, language, accessible healthcare, embarrassment, fears regarding confidentiality, homophobia, or fears of their insurance company being notified. Training and developing nurses specifically for high-risk populations is already gaining headway. In order to spur on more government initiatives, options such as providing career support for nurses willing to work with these population segments should be pursued (Ritchie, 2006). In addressing the barriers, additional options could include providing 'one-stop' clinics, shorter waiting times for appointments, increased geographical access, increased public access, providing an HIV screening for all GUM clinic patients, and a review of clinic hours of operations (Ritchie, 2006).

Critics of programs that seek to assist in HIV education would point to the inability of government-funded programs to stem the tide both domestically and abroad. They might cite that while the previous decade showed a marked increase in the incidence of homosexual partners transmitting HIV/AIDS, government has largely been ineffective in combating the trend. Proponents of such programs might argue that government institutions have been ineffective in HIV prevention because they haven't actually made a prioritized effort, though they were informed of the importance. For instance, critics say the Center for Disease Control (CDC) simply does not direct enough of their resources and initiatives towards targeting gay and bisexual men. Out of their evidence-based interventions, less than 10 percent directly serve gay and bisexual men (Lee, 2008).

The spread of HIV/AIDS can also be attributed to intravenous drug use. Needle-exchange programs (NEPs) are common in most major population areas. They offer unused syringes for used syringes. Significantly, they also offer condoms, rapid HIV tests, bleach bottles, cotton swabs, and educational handouts (Delgado, 2004). NEPs function with the aid of local health departments and often arise from emergency health decrees. They seek to reduce the risk of transmission through contaminated needles. Participants are usually limited to adults 18 years and older, and are required to have an I.D. card to participate. The staff is trained on how to educate individuals on HIV risk-reduction behaviors (Delgado, 2004).

Legally speaking, NEPs are typically authorized directly by local jurisdictions and courts generally leave the issue of legality to public health officials and rarely intervene to disrupt a NEP since the prevention of disease is at stake (Delgado, 2004). Also, NEPs simply aren't considered enough of a risk to warrant law enforcement since they tend to concentrate on apprehending the dealers, not the users (Delgado, 2004). Proponents for NEPs argue that drug treatment centers don't have long-term success and most drug users never seek their help. They contend that risk reduction is more worthy a pursuit than trying to eradicate the use of drugs since their use is inevitable. Proponents will also note that NEPs help the communities since they limit the spread of communicable diseases.

Opponents argue that it is harmful (and legally maleficent) to provide syringes (deemed drug paraphernalia, and thus illegal in 46 states) since it justifies and encourages IV drug use (Delgado, 2004). Detractors will remind that resources and funding could be allocated to treatment programs. Even further, some who do not get free syringes for their chronic health issues (e.g., diabetics), are justifiably angered. Critics point to studies that show that needle exchange alone doesn't dramatically reduce the disease transmission since there are other sources of contamination such as the equipment used immediately before injection (Delgado, 2004).

Other questions remain on how to empirically test the success of NEPs, including how to define the scope of the program, the difficulty in defining the geographical areas served by NEPs, and whether or not goals are clearly spelled out from the onset. Goals also differ from program to program. Evaluation studies are inconclusive at best and expensive. Still the basic premise of the NEPs seems to justify their ongoing use.

The challenge facing nurses today in preventing the transmission of HIV is indeed daunting. Nurses can use innovative measures to educate the patient about safe lifestyle practices. Peer education projects can prove to be a vital tool in reaching a segment that has shown to largely escape the concerted efforts of conventional sexual education initiatives. It would behoove nurses to utilize the upstanding peers in the community to reach out to the youth. Nurses and sexual health educators may want to consider incorporating the teaching of postponing sex as a means of prevention. Since the age group of 15-24 leads in newly diagnosed cases, they may present the option of abstinence until a more mature age for the younger members of this age group. Finally, needle exchange programs offer an opportunity to encourage risk reduction and to offer counseling and access to healthcare for individuals at risk and who usually prefer to function under the radar. These innovative nursing interventions could prove effective in the effort to prevent a growing HIV-positive population.

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[Nursing 221 - Bonnell]

A Nursing Approach to Intimate Partner Violence

by Adam Harris

Despite its relevance in today's society, domestic violence and all its intricacies remains a socially taboo subject to discuss. From the nurse's perspective, Adam Harris explores this issue well. He admits that finding peer reviewed research was a struggle; but during the course of his research, Harris says he was pleased to find such a wealth of awareness, particularly in the male community. As both a man and a future nurse, Harris is becoming part of the solution to combat this ever-present problem.

Over the past few decades, public health awareness has focused primarily on afflictions such as cancer, diabetes, and human immunodeficiency virus (HIV). As deserving as these diseases are for concern, they have overshadowed another serious and complicated problem. Each year women experience approximately 4.8 million intimate partner related physical assaults and rapes (Center for Disease Control and Prevention [CDC], 2006). Frontline healthcare providers such as nurses must know how to identify and treat intimate partner violence. Through commitment to routine screening, thorough physical examinations, and education, nurses can play an active role in combating intimate partner violence.

Historical, institutional, and social structures have long reinforced that intimate partner violence (IPV) is a family problem and should be treated as such. However, when faced with the reality that the financial cost to our communities from IPV exceeds an estimated \$8.3 billion annually, we can see that IPV is also a major public health problem (CDC, 2006). Emerging research indicates that hospital-based IPV interventions will reduce health care costs by 20 percent (Hanson, 2006). For example, an estimated 22-35 percent of women who seek treatment at hospital emergency departments (EDs) do so for injuries related to IPV (Draucker, 2004). This is a shockingly disproportionate ratio of ED admits. Sadly, ED nurses may be the only healthcare providers that victims of IPV encounter, and thus they must be proficient at recognizing the associated signs. As mandatory reporting laws vary from state to state, it is important for all nurses to empower themselves by having an understanding of their local and state

laws. ED nurses must have readily accessible information to distribute to patients regarding local support and shelters. Significant challenge is noted in that 72 percent of clinicians reported the need for more training on how to talk to patients about IPV. Seventy-one percent reported the need for more training on what to do when patients disclose IPV (CDC, pg 7). The most commonly reported needs by clinicians include client education materials, literature in languages other than English, sample protocol/questions, list of referral services, info on how to deal with perpetrator on-site, and more local media attention (CDC, pg 7-8). Institutional protocols provide tools to guide staff on screening and intervention policies. 55 percent of Clinical Directors acknowledged their institution has an IPV protocol, but within the same institutions, only 45 percent of clinicians reported a protocol (CDC, pg 4). Two points jump out here, the first being that only 45 percent of institutions have IPV protocol. The lower percentage is used, as the perception of the clinicians is indicative of patient intervention. The second thing to recognize is the variance in actual institutional protocols (55 percent), to the perceived institutional protocols (45 percent). This variance speaks to a knowledge deficit on the part of the clinicians, as well as a breakdown in institutional education. As reported above, 55 percent of institutions have IPV protocols in place. This includes not only screening, but also standard policies and procedures, adequate provider training, and an established referral network.

A challenge arises when institutions that do not have the appropriate protocols implement routine screening. It is acknowledged this creates an extra burden on clinical staff, while simultaneously rendering them relatively powerless to change the situation. In fact, the CDC acknowledges that institutions “without such systems can choose not to institute routine screening programs until they are better equipped to respond to the almost certain increase in disclosures of IPV” (CDC, pg 9). This statement speaks to the unique quality of IPV as a problem that dwells in both healthcare as well as social service. A backlog of patients waiting to be triaged speaks of a time constraint challenge in EDs across the nation. In fact, 42 percent of clinicians report too little time to screen for IPV (CDC, pg 6). According to Larkin and colleagues, data reveals screening for IPV in some EDs hovers dangerously close to 30 percent. Administrative disciplinary interventions were found to help increase the compliance with routine IPV screening to almost 73 percent. Again, an obvious need for institutional involvement becomes evident.

The RN collecting assessment data from a victim of IPV needs to be diligent, and may rely heavily on objective data, especially if the abuser is present. In fact, if the abuser is present, the RN may be able to collect data from him. For example, often abusers are very reluctant to leave their victims alone for fear of being exposed. With this in mind, health care organizations have begun to institute a five-minute rule that requires all admissions, regardless of the situation, to have five minutes of time free from the watchful eye of family, spouses, or partners with a health care provider. By instituting this rule facility or practice-wide, it avoids the awkward and sometimes dangerous task of separating a survivor from her abuser.

Use of diversionary tactics can also be effective, in which the abuser is separated from the victim to help fill out admission forms. Further, abusers will often speak for their victims, or give non-verbal cues to their victims when answering admission questions. RNs must proceed carefully and work diligently to observe this type of objective data. Victims might be reluctant to disclose information for fear of retribution from their abusers, or for fear of judgment from the health care staff. The nurse

must not confuse this hesitation when assessing level of consciousness as head trauma often warrants a rule out CT scan.

Unwarranted social stigmas related to IPV still exist. Apathy towards the problem coupled with societal acceptance and historical institutionalization create an environment challenging to change. Historically, according to English common law, women were viewed as chattel (the same model of slavery notoriously used in the southern U.S.), first property of their fathers and then of their husbands. One of our frequently used quips “rule of thumb” has its history in IPV, namely a law that sanctioned beating of his wife with a rod no bigger than his thumb. These views were further upheld by a decision in the State Supreme Court of North Carolina in 1864 that a husband could not be convicted of battering his wife unless he inflicted a permanent injury or used excessive violence. Social stigmas are still prevalent as displayed in a report released by the U.S. Commission on Civil Rights. The report found that police officers, prosecutors, and judges provided little relief for victims of IPV because they considered it a private matter rather than a crime. In fact, in many states it wasn’t considered a crime until 1994, when Congress passed the Violence Against Women Act putting on the books for the first time a federal law criminalizing IPV (Draucker, pg 1).

Statistics show that IPV increases during pregnancy, often with the violence directed toward the fetus. It is thought that jealousy of the fetus drives this, and abdominal and genital trauma is common (Wong, Perry, Hockenberry, Lowdermilk, Wilson, 2006). As most pregnant women will visit a healthcare provider for prenatal care at least once during her pregnancy, OB/GYN Nurse Practitioners as well as Nurse-Midwives can help identify IPV by recognizing the signs commonly seen during intrapartum. These nurse specialists have an opportunity not only to treat the woman’s presenting injuries, but also to provide information about IPV and explain how physical abuse can harm her fetus.

Often the signs of IPV manifest themselves in discreet ways, hiding in the shadows of long sleeves and turtleneck shirts. Home-health nurses have rare exposure to the “behind the scenes” action of the family unit, and according to Gorman, Raines, and Sultan (302), have an opportunity to look for signs of IPV in the home. Although they may be less likely to treat acute signs, home-health nurses often work closely with organizations such as Child Protective Services (CPS) and the Department of Health Services (DHS). CPS and DHS give home-health nurses additional resources to access when IPV is suspected in the home.

Nurses are in a unique position to work proactively against the devastation of IPV. Through refined powers of observation, nurses astutely recognize nuances indicative of their patient’s needs. These same powers, combined with unparalleled levels of intimacy and trust from their patients, are what allow nurses the opportunity to address IPV. As dedicated clinicians, we have an obligation to help women get treatment for themselves and their children, as well as to provide educational and community resources. As caring individuals, we have an obligation to address IPV, never forgetting that these women are our sisters, our mothers, and our daughters.

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[Nursing 221 - Bonnell and Lopez]

The Nurse's Role in Promoting Wellness in Families that Include a Child with Disabilities

by Tami Wakefield

A soon-to-be graduate of TCC's Nursing Program, Tami Wakefield, knows this subject all too well. Her daughter was born with "Mitochondrial disease," a rare genetic disorder that leads to a tragic degeneration of the body and mind. In essence, she embodied the roles of a mother and a nurse simultaneously for all 12 precious years of her daughter's life. "Take whatever happens, and turn it into something meaningful," she says. Before long, she will bless the medical establishment (and perhaps countless families) with her solid wisdom and compassion.

Abstract

When a child has a disability, the effects of the disability reach far beyond the child, to the parents and siblings as well. Parental, marital, and sibling relationships can become extremely strained. Nurses caring for a child with a disability have a responsibility to care for the family as a whole unit. They need to be prepared to provide education and support with initial diagnosis as well as each new episode of illness. They also must thoroughly understand the grieving process and be prepared to give the family information on community resources. Parents can easily become frustrated with trying to integrate care when many different providers or health care facilities are utilized. Early intervention programs may play a key role in how well the parents adapt to their responsibility in caring for their child with special needs. The nurse often acts as a case manager who must advocate for the child and the family. With assertiveness, good communication skills, and a compassionate and caring attitude, the nurse can make a world of difference toward promoting wellness in a family that includes a child with disabilities.

Key Words

nurse, wellness, family, child, disability, special needs, intervention program, developmental care, parental adaptation, advocate

You are a nurse working at a pediatric clinic, and your next patient is Emily, a seven-year-old with cerebral palsy. This patient is familiar to you, and you know that Mom has always taken good care of Emily and her multitude of medical concerns. When you

go to the desk and call Emily's name, Mom gets up and pushes Emily's bright pink wheelchair toward you. Your general survey tells you that Emily looks a little flushed, both are nicely groomed, and Mom smiles a pleasant "hello" at you. After entering the room and asking what brings them in today, you find out that Emily has been running a fever and coughing up yellow-green sputum. Probably another case of pneumonia, you think. You input the necessary information in the computer, tell them the doctor will be in shortly, and quietly close the door. Your job is done, right? Are you aware that Mom is isolating herself socially and experiencing depression? Would you know that Dad is distancing himself from the family and increasing his consumption of alcohol? What about Brother's acting out and getting into trouble at school?

Responsibility of the Nurse

When a child is born with a disability, the effects of the disability reach far beyond the affected child. Parents and siblings experience a wide range of emotions, which can lead to psychological as well as physical problems. In order to promote wellness in a family that includes a child with disabilities, the nurse has a responsibility to provide education and support related to the physical, mental, and emotional effects on all family members, in addition to providing direct care for the child. In order to provide this support, nurses have to thoroughly understand the grieving process and be able to identify each stage in order to provide the best individual support to each family member. Nurses also need to be prepared to give the family current information regarding services that are available within the facility they are working at, as well as community services that are accessible to the family. Additionally, nurses must be proactive in educating themselves about specific disabilities and the most beneficial ways to provide direct care for these special children.

Grief

Having a child with disabilities causes physical, mental, and emotional stress for parents and siblings of the affected child. Pelchat and Lefebvre (2004) state, "The discrepancy between the child whom the parents had been anticipating throughout the pregnancy and the child they now find themselves confronting may be a source of major disappointment and can initiate a serious grieving process" (p. 127). The event is compared to a nightmare, out of which the family will have to transition in order to regain some sense of normalcy (Pelchat and Lefebvre, 2004). In order to make the transition, each family member will have to adapt in his or her own way. Early nursing intervention can help the family through the initial grieving process.

Wong, Hockenberry, Wilson, Perry, and Lowdermilk (2006) have identified three initial responses of parents, which are particularly common and poorly handled by medical personnel. These three reactions are denial, guilt, and anger (p. 1233). Wong et al (2006) state that "Denial is probably the least understood and most poorly dealt with reaction. Health professionals typically label denial as 'maladaptive' and act inappropriately by attempting to strip it away by repeated and sometimes blunt explanations of the prognosis" (p.1233). The next identified emotion is guilt. The guilt can stem from things such as the child's condition being a genetic one, an accident that caused the child harm, or a feeling of personal failure, such as not doing everything exactly right during the pregnancy (Wong et al 2006). In addition to denial and guilt, there are often strong feelings of anger associated with the grieving process. The anger could be directed at the medical staff, at the parents themselves, or even

at the child, who might not be able to live up to the dreams and expectations the parents held while awaiting the birth. In the words of Wong et al (2006), “anger is one of the more difficult reactions to accept and deal with therapeutically” (p. 1233). Nurses need to remember that exhibiting caring behaviors and establishing therapeutic conversation is a part of the job. It is important to encourage the parents to express their feelings by using techniques such as active listening, acceptance, and clarification. With appropriate responses, nurses can help the parents adjust to their new situation and move through the grieving process toward acceptance and adaptation to their child, and their role in raising that child.

Intervention and Challenges

Researchers Pelchat and Lefebvre (2004) describe how the nurse plays a key role in a holistic intervention program, programme d'intervention familiale (termed PRIFAM), which is implemented when the mother has just given birth to a child with a disability. In this program, the nurse becomes a partner to the family, meeting with them first in the hospital, and then making visits to the home after discharge. “During the meetings, intimacy and mutual trust develop, and the partners can reflect together on the situation, share their experiences, and help the infant’s siblings adjust to the new situation” (Pelchat and Lefebvre, 2004, p. 128).

Family adjustment is not always easy, even with the best help from medical personnel. Barnett, Clements, Kaplin-Estrin, and Fialka (2003) have identified challenges that parents face in adapting to the diagnosis of some type of disability or chronic condition. Some of these challenges are:

- Distress: Parents are likely to re-experience grief at each new developmental stage and milestone that their child fails to achieve
- Uncertainty: implications of the diagnosis are unknown
- Avoidance: family and friends may be reluctant to acknowledge the disappointment and sadness of the news, and be overly optimistic or focus on only the positive
- Isolation: family and friends may withdraw from parents or parents may push them away (Barnett et al, 2003, p. 189)

Parents may also face challenges in approaching medical personnel. Pelchat and Lefebvre (2004) point out that the health professionals involved “often feel uncomfortable in such situations and have a tendency to withdraw” (p. 125). With regard to withdrawal and isolation, Kuster and Badr (2006) explain that mothers in particular become isolated and lose their social support network as a result of the time required to care for their family as well as a disabled child, and experience more depression than mothers of typically developing children. Because mothers are typically seen as the primary caregivers, fathers can become overlooked and feel left out. According to Davis (2007), fathers state that when they attend medical appointments with their spouse and child, “they can be standing there feeling like a spare part” (p. 23). Nurses need to reach out and ask questions. Each time the child or other family member is seen for medical care, questions should be raised regarding the network of support available to the family as a whole, as well as individual support for each family member. Find out how each family member feels about his or her own adjustment to the situation, and ask if they need additional support.

Initial adjustment is a good first step, but as time goes on, the family will encounter many more challenges while trying to provide the best possible care for the child. The family is thrown into a

world that will become a maze of doctors, specialists, therapists, and possibly government programs, as well as special education. According to Gordon, Bartelt, Jablonski, Krauthoefer, and Havens (2007), “the lack of care coordination and communication among health care professionals contributes to duplicative and inadequate health care, patient and family dissatisfaction and stress, decreased safety, and increased cost” (introduction, para.1).

Research done by Gordon et al (2007) outlines a model of care for medically complex and fragile children, termed the Special Needs Program (SNP). This intervention program was developed to provide families with a single point of contact in order to coordinate care between primary care physicians and tertiary care, such as during a hospital admission. The single point of contact was a nurse, who was assigned to be the case manager for the child’s care. Among other duties, the nurse case managers for the children “prepared a plan of care, facilitated communication among specialists and primary care providers, and attended appointments, often advocating for the child and family. They also worked with community agencies and insurers to make sure that the children had all needed services” (Gordon et al., 2007, SNP enrollment and interventions, para.2). In the role of case manager, the nurse has to be assertive and resourceful in order to assure that the needs of the child and family are being met. The conclusion of the study showed that the partnership between primary care and tertiary care “improved health and reduced costs with relatively modest institutional support” (Gordon et al., 2007, conclusion).

Not all health care centers will have the financial and staff resources to provide extensive intervention programs. However, some health care providers now have integrated computerized medical records that will allow each physician instant access to the entire medical chart. This greatly reduces time spent on gathering data from what could be many different specialists or facilities, and reduces the incidence of duplicated tests or procedures.

Nurses must be responsive to the obstacles families face while trying to integrate care for a disabled child. By getting involved and finding out which specific difficulties the family is encountering, the nurse will be able to facilitate a solution that will ultimately reduce stress and increase satisfaction with health care.

Support and Resources

Another way to help the family cope with day-to-day issues is to provide them with information on support groups and community services in their area. Social workers at the hospital can be a wealth of information. As suggested by Wong et al (2006), “state and federal departments of health, mental health, social service, and labor may be able to help locate appropriate regional resources” (p. 1234). One of the organizations in the Tacoma area is the Pierce County Coalition for Developmental Disabilities (PC2), which publishes a yearly comprehensive resource guide of available services, as well as a free monthly newsletter. Nationwide programs, such as Children with Special Health Care Needs, have local chapters, which can provide resources and education for parents and care providers alike, or Parent-to-Parent, which provides families with a direct link to other families dealing with the same issues. Another outstanding resource is Exceptional Parent magazine, which can be delivered directly to the family home.

Be aware that if the diagnosis is a new one, the parents may not be open to sharing with strangers. As stated in research done by Barnett et al (2003) regarding parental intervention groups, “Both the

literature and parents in our groups suggested that several months are needed to process the medical information on their own or with trusted loved ones before they are ready to discuss these matters in a group setting with mental health professionals and other parents” (p. 190). If the nurse is conscious of where the parents are at on their journey through the grieving process, the nurse will be able to approach the parents with the right amount of information at the right time.

Direct Patient Care

Although a large part of a nurse’s job is to provide support to the family and educate them about available services, nurses also have a duty to provide competent medical care for the disabled child. The biggest challenge with this task is a lack of knowledge regarding specific disabilities. Though there may not be enough time for in-depth research on every disability, nurses certainly need to be aware of pertinent data that applies directly to the client that is being assessed. For instance, if the disability includes a respiratory difficulty, it would be necessary to know proper administration of small volume nebulizer treatments, chest physiotherapy, and proper suctioning technique. Because the parents assume medical care of their child at home, nurses have a responsibility to teach them how to correctly provide that care. As the parents become comfortable providing the necessary medical care as well as the necessities that all children need, they will become experts on their children and better able to communicate to medical personnel when something is out of the norm. This in turn will help the medical personnel to provide better care for the child.

Outcomes

An enormous strain is placed on parental, marital, and sibling relationships in a family that includes a child with disabilities. In addition to directly caring for the disabled child, nurses have a responsibility to provide education and support for the physical, mental, and emotional needs of each individual, in order to promote wellness for the family as a whole. A nurse with extensive knowledge regarding all aspects of the grieving process will be able to understand the needs of each family member at the stage they are in and be capable of appropriately responding and providing the needed support. When parents are given current information on support groups and services available to them in their own community, along with proper instruction about accessing those services, they will feel empowered and better able to cope with their child’s disability. Finally, a nurse with current expertise in caring for a child with a specific disability can pass those skills along to the family, raising their confidence, lowering stress levels, and initiating a more positive outcome.

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[Nursing 221 - Bonnell and Hambrecht]

The Nurse's Role in Promoting Self-care and Coping Mechanisms While Performing Shift Work

Robyn Watson



"You're in a hospital, Nurse Hill. If you collapse from exhaustion, the emergency room is just down the hall."

As dedicated (or procrastinating) college students we must sometimes pull the infamous all-nighter and suffer the draining consequences of sleep deprivation. Imagine if we were entrusted with people's lives, as nurses often are, while running on little to no sleep. Robyn Watson explores this, and other issues related to non-traditional schedules well and adds, "the information and interventions presented [in this paper] can be utilized by anybody who works rotating, evening or night shifts." Watson is a 26-year-old nursing student and has already completed her AA degree; she will graduate from TCC in August 2009 with an ADN.

Patient care is a 24-hour a day job, and it is essential for nurses to understand the challenges that come with such a schedule. Research on shift work disorders is limited due to the fact that people who can adapt to shift work are most likely to continue working in such an environment; conversely those who cannot adapt effectively opt out of such work. Healthcare workers who are not able to adapt to such extremes in scheduling create risk situations for themselves and their patients when sleep debt begins to accumulate, resulting in decreased mental functioning and altered biological functioning. With patient wellness depending on the vigilance and attentiveness of the nurse, nurses need to understand and effectively cope with the consequences of shift work.

The term "shift work" is a term referring to any shift that falls outside of a normal 8-hour day shift, meaning swing shifts and graveyard shifts, as well as rotating shifts where the employee works one shift for a certain number of weeks, and then rotates to a different shift. Working shifts outside of the "normal" day shift range can cause many problems for healthcare workers in many different aspects of their lives. To understand the difficulties in adapting to such schedules it is important to first understand sleep cycles and circadian rhythms.

In the hypothalamus, there exists a structure called the suprachiasmatic nucleus (SCN). The SCN is responsible for regulating the body's circadian rhythms, which are the regular changes in mental and physical characteristics that occur in the course of a day (Cleveland Clinic (n.d.)). Circadian rhythms can also be largely affected by external cues such as light, temperature,

and sound, which cue the body it is time for sleep. Great challenges arise when a person's schedule works against the body's natural biologic clock and external cues. Results of an unbalanced rhythm include fatigue, insomnia, GI issues, cardiovascular issues, declining immune response, and psychosocial distress (Blachowicz 2006).

Schedules conflicting with the traditional "awake during the day, asleep at night" routine often cause inconsistency in sleep patterns. For those who are on rotating schedules, they often have little time to adjust their life around their current schedule before they rotate to the next schedule. Those who work at night and sleep during the day often find it difficult to get to sleep, and sleep lighter and for shorter periods due to external stimuli not present during night hours such as noise and light. As a result they may find themselves excessively sleepy during the night when they are expected to be wide awake and functional. As the sleep debt accumulates, mental functioning begins to deteriorate. Chronic sleep deprivation can result in overall decrease in cognitive abilities, such as impaired memory and decreased ability to problem solve and make decisions (Blachowicz 2006).

Shift work and sleep deprivation affect areas of the body outside of the mind as well. Cardiovascular health, in particular, appears to decline, and two possible pathways for association between shift work and cardiovascular disease have been suggested: lifestyle habits and disturbed regulation of the endocrine system related to disrupted circadian rhythms (Theorell 2004). The effect a disrupted circadian rhythm has on the regulation of endocrine systems is an area of concern; however, more research in this area is needed to make a clear connection. Abnormal work schedules or fluctuations in work schedules often make keeping a normal life routine difficult. This can contribute to poor lifestyle habits such as a lack of exercise, poor nutrition, and increased stress levels, negatively impacting cardiovascular health. Poor lifestyle habits can affect other body systems as well, such as digestive health. Disturbed eating patterns can cause an increase in peptic ulcers, indigestion and nausea (Peate 2007).

Shift workers experience many disruptions to their physical health, but other areas of their life and wellbeing need to be considered as well. They often experience social isolation related to their sleep schedules, as social events are most often held during the day or on weekends during their normal sleep hours. Social isolation could affect intimacy, since finding a partner may prove difficult while working nights or rotating schedules. Additionally, shift workers with significant others may encounter intimacy issues if their significant other works a schedule that conflicts with their own. Family dysfunction can arise related to the lack of a "normal" routine (Blachowicz 2006).

Job performance is another area shift workers may experience disruption. Overall patient safety is compromised as sleep deprivation causes decreased coordination in psychomotor skills. This can cause an increase in job-related injuries for both workers and patients. Of particular concern to healthcare workers is an increased rate of medication errors related to overall cognitive impairment and reduced alertness. Other areas that can be affected include an increased rate of job absenteeism, and a decreased rate of job satisfaction (Kunert 2007).

Although the consequences of shift work are numerous, there are many coping mechanisms workers can employ to help cope. One of the focuses for coping involves simulating night and day to help keep the circadian rhythm set to the work schedule. Explain the work schedule to family members to gain their cooperation in respecting the differences in sleep and wake times. For workers who work night shift, use bright lights and noise whenever possible to simulate daytime during the

night. Conversely, wear dark sunglasses on the way home from work to simulate nighttime during the day (Peate 2007). Improve sleep quality by keeping the bedroom dark and quiet, using blackout drapes and earplugs, and turning off the phone as necessary. Follow a consistent bedtime routine and sleep schedule, even on off days, to cue body to sleep. Prior to bedtime, avoid the television and computer since bright lights and noise signal time for the body to be awake. (Blachowicz 2006).

Another focus of interventions aimed at improving coping for shift work centers around a healthy body. Nutrition and exercise are key to keeping the body healthy and able to adapt to changes in sleep-wake cycles. Maintain a healthy diet with regular well-balanced meals, and avoid eating large or heavy meals just prior to bedtime. Get 30 minutes of moderate exercise on most days, but avoid exercising immediately before bedtime as this stimulates the body. Avoid other stimulants such as nicotine and caffeine a minimum of four hours prior to bedtime to help the body begin winding down (Peate 2007).

Non-pharmacological interventions are the best strategies for coping with shift work; however, some workers may find their sleep schedules so disturbed that additional interventions are necessary. There are many over-the-counter (OTC) medications available to help induce drowsiness, most of which use diphenhydramine (trade name Benadryl) as the active ingredient. Diphenhydramine is used primarily as an antihistamine, but can also be used for its side effect of drowsiness. Another OTC medication available to induce drowsiness is melatonin, which acts to decrease sleep latency (time it takes to fall asleep) and allows your circadian rhythm to be “reset” to a new sleep time (Buscemi 2004). In addition to OTC medications, there are many prescription medications that can be used to aid in sleeping. Anxiolytics, sedatives, and antidepressants are just some of the therapeutic classes of medications used to manage sleep disorders; however, long term use is discouraged due to tolerance and dependency issues. On the other end of the spectrum, modafinil (trade name Provigil) is a psychostimulant used to enhance alertness and wakefulness. It is taken one hour prior to the start of shift, and is the only FDA-approved drug used to treat sleep disorders (Blachowicz 2006). Long term use of modafinil is still being researched.

An important part of the healthcare environment is understanding the effects shift work can have on the nurse's ability to safely and appropriately care for their patients. By applying various coping strategies, nurses can perform shift work in a safe manner. Understanding personal limitations is an important part of shift work as well, and if nurses simply cannot adapt they need to be responsible for removing themselves from a position that could increase the potential for patient and self-harm.

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[English 102 - Kinerk]

Whales and Sonar

by Kirt Killik

In one of our more scientific pieces, Kirt Killik writes from the perspective of both an environmentalist, and of a man in military service. Killik speaks with deep concern for our planet's wildlife and discusses the complicated quandary concerning whales, naval sonar, and Homeland security.

As a former active duty Marine and prospective whale researcher, I experience the controversy over the Navy's use of low to mid-frequency active sonar in our coastal waters as a personal one. I fully understand the value of and support the need for realistic training to face military threats. The Navy's insistence that this training is absolutely necessary pleases my military mind. The budding scientist in me, however, is very concerned about what this training and the use of active sonar is doing to our whale communities. I find myself empathetic towards such groups as Greenpeace and The Natural Resources Defense Council (NRDC), which led the attack to ban such training and use of military grade sonar in our coastal waters. The environmentalists insist that the damage sonar causes to whales is unacceptable and needs to be stopped. Can a balance between the environmental issues and those of national security be reached? I believe so.

The controversy over the use of active sonar in our coastal waters started with the end of the cold war. When the Soviet Union became defunct, many of the smaller nations that comprised the Union found themselves in need of money; for some the answer to their financial woes was to sell off military hardware. It was in this manner that some of the smaller navies around the world came to possess state of the art submarines. Suddenly the U.S. Navy found itself facing submarines that could not be detected with passive sonar in the hands of nations such as Iran and North Korea. These navies have a history of operating in shallow coastal waters. To meet this threat, our navy had to develop training strategies that would train its sonar technicians

as realistically as possible in using active sonar in these regions of the world. This necessitated opening new sonar ranges off the coasts of America and Hawaii.

Soon after this training started, however, a disturbing trend in whale behavior started to emerge. The occurrence of whales beaching rose sharply, and scientists, environmentalists, and the general public became alarmed. Soon a pattern of correlating evidence started to accumulate. In many cases where there had been a naval sonar exercise the whales in the area acted erratically. It is believed that these erratic behaviors may have caused the animals to beach themselves. In one case, which happened in the Bahamas, sixteen whales of three different species beached themselves soon after sonar exercises were conducted in the area. Six of these animals died. In a report the Navy published, after the investigation, they admitted sonar was likely the cause of the beaching ("Beached", Finkbeiner). This pattern of evidence has led many environmental groups to seek a ban on the Navy's use of sonar in coastal waters.

The NRDC has been one of the most vocal of the environmental groups decrying the Navy's training. Joel Reynolds, a senior attorney for the organization, has filed litigation against the Navy stating that, "The use of mid-frequency sonar violates the National Environmental Policy Act, the Marine Mammal Protection Act, and the Endangered Species Act" (Kiley). The organization has also filed litigation in many State courts, in an effort to force the Navy to abide by state laws concerning coastal waters. The Navy denies the allegations brought forth by the NRDC. Rear Admiral James Symonds, Director of Environmental Programs, states in a rebuttal of one such attack that the Navy has twenty nine scientifically based safety procedures in use to safeguard marine mammals during sonar training, procedures approved by the National Marine Fisheries Service, the agency that oversees marine mammal issues on the federal level. The Admiral goes on to state that many of the measures sought by the environmentalists are without scientific merit. "The Navy," he verifies, "must base its policy decisions on science because sailors' lives are at stake. We're working very hard to further our knowledge for that reason" (Symonds).

Many believe, however, that the Navy's procedures aren't adequate. The damage they believe sonar causes to these animals has been documented many times. Whales that have died after being exposed to active sonar have been found with injuries to their sensory organs. Whales use these highly developed organs to detect sound waves in water, sometimes from sources up to hundreds of miles away. The mid-frequency sonar used by the Navy produces a blast of sound equal to 235 decibels ("Beached"). This is equivalent to what a person would experience if he or she were standing next to the space shuttle when it launches. This intense wave of sound has been seen to cause whales to dive too deep, surface too quickly and possibly to cause the beaching behavior that has become so prevalent. Whales that have beached during sonar exercises have been found with golf ball sized lesions in these organs, others to have bleeding around the eyes, ears and brains (Finkbeiner, Kiley).

The alleged sonar injuries to whales are only speculation according to Navy spokespeople. They agree that there is correlating evidence that links sonar to the erratic behavior of whales, but point out that there is no causal evidential link between the use of sonar and the type of injuries recorded to date. Scientists like Douglas Wartzok of Florida International University have wanted to study the effects sonar has on whales in detail for years. The scientific community agrees that to find exactly how sonar affects whales, they would have to do a series of controlled exposure experiments. Ironically, the environmental groups are blocking the very studies that may prove to be the whale's salvation; on the

grounds that such experimentation is unethical (Finkbeiner). The environmentalists believe there is enough correlative evidence in the matter, based on the pattern seen in the past, to warrant all use of military grade sonar stopped in coastal waters.

This is a very complex issue, one that has polarized the scientists, naval personnel, and environmentalists involved. On the one side are the people who believe the lives of the naval personnel and the national security of our nation are paramount. On the other side are those who believe all life is sacred; therefore the whales' lives are just as important as the sailors' lives and more important than such considerations as national security.

I propose a new way of thinking about the issue. I believe the effects of mid-frequency active sonar on our whale communities is a matter of national security. In explanation, consider this: correlating evidence suggests that the Navy's training exercises are causing whales to beach and some to die. If enough whales die, one or more species will become extinct; if this happens the ecosystem of the world's oceans will become dangerously unbalanced. This could have disastrous effects on our nation and its security, a threat that would be much larger than any we face presently.

Until new technologies can be developed that supplant sonar the Navy has no choice but to use active sonar to detect the submarines that are in use by those who threaten our nation. However, that does not grant the Navy a blank check to be written in the blood of the whales that reside off our coasts. It is time for us to grow up and take responsibility for both sides of this issue.

The safety regulations that the navy has in place at the moment, though based on science, obviously are not enough to protect whales from sonar. Therefore, the Navy should strive to take the whales out of the training equation. The best way to accomplish that would be to train when the whales are not present. The Office of Naval Research needs to track and establish the migratory patterns of all whale species that reside or pass through sonar training ranges. Environmental-protection organizations should lend their manpower to this endeavor, helping monitor the whales and keeping the navy apprised of their location, thus establishing good relations with the military.

Another safety precaution which has been proposed in the past needs to be reexamined: bringing the intensity of the sonar up incrementally. The Navy has refused to do this in the past, but, as a safety measure, it has merit (Kiley). Were the sonar brought on line slowly, it would allow any stray or undetected animals the chance to leave the area.

The most concrete safety regulation, however, would be to simply stop all sonar operations if a whale is detected within an established safety perimeter. Operations could resume after the animal leaves the perimeter. This has precedence in the regulations that govern Marine Corps live fire training on Marine bases. Marine bases have been designated as protected animal sanctuaries since the 1980's. Animals, such as the American bison, commonly roam free. If one of these animals strays onto a range while training is being conducted all training stops until the animal leaves the area. If one of these animals is killed or injured, the responsible Marines face possible reduction in rank, forfeiture of pay and/or brig time. The major difference being that bison are easy to see, whales in the ocean are harder to detect. Researchers at Duke University, however, are working on a system that would detect whales (*Beached*).

Other than helping the Navy track whales, environmental groups have two other key roles in securing the safe use of sonar off our coasts. One is to stop the political wrangling that is blocking scientific study of sonar's effects on whales. Only through such study can a definitive link, if any, to

sonar and injury to whales be established. We will then be in a better position to create measures that will minimize the damaging effects we have on these magnificent animals.

Finally, all litigation that is aimed at banning the use of active sonar needs to be stopped. These organizations need to use their resources to help the Navy find safe practices for the use of mid-frequency sonar. Once these practices are established then groups such as the NRDC can fight for laws that would enforce such practices.

Presently active sonar needs to be utilized to ensure our security, but we need to act now to ensure the safety of our whale communities for the security of the future. If we don't the dire threat we may face in the future will be one of our own making.

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Being a prior service Marine and having definite views on realistic violence, Drake (also an avid gamer) explores the world of virtual violence in this piece written for Hunt's English 95 class. This quick analytical essay offers an insightful understanding of our culture's fascination with a "pixilated reality."

Pixilated Reality

by Robert Drake

Slowly he inches his way forward. The slow methodical pace is almost mind numbing. Shadows are his best friend as he sneaks his way closer and closer to his objective. Finally after traversing the two-hundred meters of high grass he finds his best location and begins to set up. The image starts off blurry but soon clears as he adjusts the dials of his scope. Crosshairs dissect his target's head into four equal portions. Slowly as he squeezes the trigger of his sniper rifle a deafening sound fills his ears. "Johnny! Get down here for dinner right now, or go to bed hungry!" He presses the pause button of his video game, knowing the kill will have to wait at least a little longer. This scene is played out in houses across the world every day. The latest video games are pushing the extremes towards images and situations so real that sometimes distinguishing the difference between game and reality becomes difficult. Game designers have a moral obligation to society when creating video games as discussed in Dean Takahashi's "ETHICS OF GAME DESIGN."

The content of games has changed leaps and bounds over the last sixty years. Takahashi states, "Game designers can justify what they put in their games by falling back on the First Amendment"(14-19). Today we are offered games like Grand Theft Auto, which offers us not only extreme choices but also rewards us if we choose to commit socially unacceptable actions as the main character. Through the game, you are required to run around and steal cars for cash. The game's designers thought that the mere act of stealing cars was not enough, so they also programmed the main character to be able to shoot and kill any character you run across in the game. At certain points in the game, you can go so far as to

hire a hooker and have sex with her in the back of a car. When you are done having sex you can also kill the prostitute to get the money you just paid her for sex back.

The motivation of man is clearly displayed in many games, the want and need to accumulate as much money and the largest reputation possible. Takahashi points out that games “teach people how to make ethical choices and lets [sic] them learn something both about themselves and the consequences of their actions”(14-19). There are often several choices offered to the video game player when they control their game’s main character. The noble choices and the vile choices are both offered to give the player more of a sense of control. The freedom to choose the virtual morality path of the main character helps to connect the video gamer emotionally to the game that they are playing.

This quest to connect gamers on the emotional level has become a driving force in the world of video game designers. In Noah Falstein’s article “A MATTER OF LIFE AND DEATH” Falstein declares “It is [this] desire to raise the emotional stakes that drives so many games to extremes”(48). While the first games offered to the public leant themselves to simple carefree challenges designers found that if you were on a quest to rescue the princess or save the world from an evil force, gamers would not only buy and play your game but also want more of the story in the form of sequel games.

Game designers are not merely driven though by the success of their own games. Takahashi quotes Lorne Lanning as saying “If designers just create ‘fun’ games, but the buying trends are headed toward more realistic and violent games, then the designers that refuse to move along will likely be left behind”(14-19). This drive for success in not only game designers but also the game publishing companies feeds on itself, and perpetuates the extreme content of the games being published. Game designs are getting more and more extreme to help counteract the de-sensitivity that past games have created in gamers.

To what extent will game designers push the limits? Through much of his article Takahashi tries to steer clear of giving advice to current and future game designers. The concept of censoring the content of video games is left in the hands of two main groups, the designers who create the games and the consumers who purchase them. If enough of the gaming population were to decide that they were no longer interested in the violent and ultra realistic types of games that fill the aisles of stores today, the game publishing companies would change their game content to suit the buying desires of the consumer. Until that time comes it is the designers who must ask themselves if what they are putting in the game is there for the sake of shock or if it is integral to the telling of their story.

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Jonathan Gibbon was inspired to write this piece after hearing his professor flippantly reject text messaging as a legitimate form of communication. There certainly seems to be a generational gap in regards to texting, but Gibbon intelligently explores its validity as a medium, leaving even the oldest disbelievers to admit this "trend" has merit. Gibbon, a business major here at TCC, is now an avid "texter" . . . lol.

RU There?

by Jonathan Gibbon

Once, early in the pre-dawn morning, I was awakened by my first text message. It was my teenage nephew looking for advice across two time zones. Simply put, it read: R U There? I, too, was once like you scowling and skeptical at the numerous individuals who, hunched over cell phones, worked their thumbs into a frenzy. Nary a day elapses where I do not see a plethora of people, upon flipping open their phones, laugh to some unseen apparition and begin to dubiously type back. This is the nature of "texting": the ability to send messages of text between people instantaneously despite distance. Looking even closer at those senders and recipients of text messaging an age differential comes into appearance: the youth of the nation are having long distance discourse whereas elder generations scratch their heads. Yet, at six in the morning, typing fragmentary sentences to my bereft nephew, it hit me. This is a form of communication, like age-old pig-latin, that the youth have embraced. These participants are experiencing a syntactic non-verbal communication that, if only we could tap, might bridge the gap between generations.

The medium of texting is a restrictive one. Although it was created in 1985 and its introduction into mainstream culture exploded in the mid 1990's, technologically texting has remained essentially the same. Typically one is only allowed 160 characters of typing space, the screen is small, and each letter is a repetitively struck number key (excepting "full-keyboard" cell phones). These restrictions then tend to taper or truncate messages back and forth, where it is easier to type "4" instead of "for", "lol" instead of "laughing out loud", and so forth. The extent of minimalizing text

due to text messaging spans far and wide across each individual user, and even has begun to infiltrate our collective dictionaries.

This newer staccato writing style has constantly been barraged with criticism. Some fear that the emergence of a truncated language pattern might render the world closer to a vision of George Orwell where the shortening of language becomes a figurative lobotomy. Jonathon Green describes it as merely “jargon, an ‘occupational slang’ geared to a specific set of users and the environment of that use” (126). When it comes to long strings of seemingly indecipherable letters and symbols, i.e. “IOWAN2BWU” (translation: I only want to be with you) he denotes them as “a bit forced” and asks “How many people actually understand such strings?” (128). *Looking In, Looking Out* quotes Neil Randall who points out “a negative...is that their grammar is becoming atrocious...with these abbreviated words and run-on sentences with no punctuation” (164). However, if his problem is coded complexity or incongruent letters, he is forgetting the great E.E. Cummings, an early 1900’s poet, who constructed such lines as “w h e e saysthesea-brE aking-b Re akid g(brea)K” (Cummings, 157). Of course, the deconstruction of formalized language patterns provides degenerative reading and writing skills, but we are not talking about literature here; we are talking about communication.

The point is “texting” is a form of communication. Messages are being sent and received. The structure of “texting” is a non-verbal syntactic language device, where through the use of common symbols messages are being comprehended. When Jonathon Green explains that what the language of “texting” “demands is short, sharp, and to the point” (126), he is actually describing a chiseling away of the transactional communication model, where the environmental noise and constant reverberations of face-to-face interaction are dispelled. Thus, with “texting” we are re-introduced to a linear model of communication “which depicts communication as something a sender ‘does to’ a receiver” (Adler, Proctor 9). This is accomplished when one “texts” a message to a receiver (another person) who then identifies the message on their cellular phone, decodes it, and sends a reply.

This mode of communication, because it is individualistically based, offers another form of validation. Each group, or clique, creates and uses their own specific text variations, based upon their own prerogative and their personal “texting” device (i.e. cell phone). Here we must brush off and consider Marshall McLuhan’s “The message is the medium” (Levinson 35) where “our use of any communications medium has an impact far greater than the given content of any communication, or what that medium may convey” (Levinson 35). Namely, that “texting” as a form of non-verbal communication is relatively dwarfed by the mode which has made it possible, like cell phones, and the societal following that adheres to its constraints. Even more simply put, the fact that this method of communicating has flourished portrays our society as a whole. Is it because of “texting” that we began truncating our sentences, or have we developed, as a society, a need for a more direct form of communication out of the ashes of our collective intent? If so, we have created a speech community formed from “texting” by isolating our “texts” to selective groups where “communities most of whose members are alike in daily experiences and in life aspirations will also tend to show linguistic...range in terms of differentiable varieties” (Fishman, 32). Thus, as we coagulate into groups of like design and the medium of communication is “texting”, then it follows that we will formulate a specific variety of syntactic language individual to that group. Just as each group of friends contains their own jokes, slang, and humor so do they begin to sectionalize their “texting.” The only difference is the medium.

The phenomenon of “texting” is now mainstream; however, a particular group in general utilizes it more than others: adolescents. In 2001 statistics “March alone, 864 million messages were sent in this country, up from 372 million in the same month a year ago” (Ellison, A 1), which is a number that has exponentially grown in the past seven years to the point that “a hundred million texts are sent in the UK every day” (Green 124) during 2007. Of these statistics we can only imagine the percentage that comprises the younger crowd. Though it is a generalization it has shown to be true that those children who grow up with the rise of “newer” technology are more fluent with its use than the elder generations. Consequently, “when we consider our children—whose media choices we are more prone to monitor” (Levinson, 37) the more they revert to characterizing themselves through, unfamiliar to elder generations, ulterior modes of communicating.

Under the pretense of distancing themselves from their parents and guardians, adolescents begin devising ways of communicating that are separate from the elder generation. “Adolescence is not a natural life stage. It is peculiar to industrialized nations, where people approaching adulthood are segregated from the adult world” (Finegan, 382). So that within these segregated worlds speech communities arise; that is collective acknowledgement of specific language varieties. With adolescents it becomes imperative to “convey social meaning somewhat independently of the sentences that are being uttered” (Finegan, 385) even to the point of skewing language through an electronic device.

Essentially, groups of teens create social understanding using lexicons and emoticons and otherwise “texting”, as a form of manufacturing a genre. They attempt to produce “intuitively recognizable (and linguistically demonstrable) kinds of language that arise in particular communication situations and genres” (Ferguson 1994, qtd. Finegan488). To do this they have acquired and mastered a tool of communication and distorted their language to adapt to its parameters. Thus, they alienate those of us who shun “texting” and its values.

It is no wonder that my nephew chose to contact me via a text message. His friends use it; his parents do not. He and many others have sustained an age differential by continually exploiting technology that others do not comprehend but despise. Some people even view “texting” as an oversimplification of linguistics and thereby discount it as a viable source of communication. However, it is evident that “texting” is an adaptive syntactic communication device that localizes direct comments and questions to receivers without environmental noise and distortion. The fundamentally pliable nature that surrounds the use of “texting” with its users creates speech communities that can fortify specific acquaintances and friends. Our goal, as an aging generation, then should be to infiltrate, or at least attempt to understand, the nature of “texting.” It would be far more prudent, instead of hit-and-miss phone conversations with adolescents, to utilize the same device and linguistics that they understand. Perhaps, it might be simpler to ask: R U There?

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*An excellent example of the varied interests found at TCC, Daniel Kirschenbaum's analysis of the 2001 album, *Simple Things* by the United Kingdom's Zero 7, is a beautiful study into the band's diverse array of songs. Kirschenbaum's eloquent use of descriptive language almost paints the music in our minds, and at the very least, may inspire one or two of us to seek out the album for our very own listening pleasure.*

[Music Appreciation]

Album Review

by Daniel Kirschenbaum

Simple Things by British group Zero 7 doesn't fit comfortably into any category. Like the other albums in this band's collection, *Simple Things* seems to be a daring experiment in ambient Electronica transfused with an element of Contemporary Rock. The result is an arresting masterpiece of elegant sound design and makes for a remarkably relaxing listening experience that has the ability to mellow out any stressful day.

The name of the album lends itself to track-number five. The name appears quite appropriate upon playing the song, as it contains a significantly simpler beat than its accompanying tracks. The tempo immediately sets the mood with the piece flowing at a pace of about 90BPM. This relatively slow beat seems to enhance the mellow nature of the song, with emphasis placed on the vocals and bass rhythm. A stable drumbeat fills out the structure of the track, but is hidden away with the vocals at several points for added effect. It is an admittedly sleepy song, and is well suited to accompany work-sessions on the computer. As such, I am listening to it as I write this review, and I believe it helps me concentrate.

The first track of *Simple Things*, "I Have Seen," is quite a varied work. Many musical components are masterfully put to use from beginning to end. The intro leads into the main part with an enticing drum and bass rhythm, and new instrumental elements are added with increasing complexity before the singing begins. The rhythm remains constant throughout the song, but is kept interesting with unsuspected breaks in beat such as at the two-minute mark where mellow rhythm is replaced with a measure of silence before returning to the original beat.

The ambient theme in the songs within this album is centered by a highly orchestrated control of dynamics. Zero 7's exceptional composing abilities are well demonstrated in the last track, which is fittingly called "End Theme." It begins with a single repeating string instrument, and is joined by other complementary string and bass sounds as it progresses. The entire orchestration is kept quite soft in volume until it quickly crescendos at about the two-minute mark. The emotional aspect of the song intensifies along with the instruments, thereby catching my attention before rapidly transitioning into a new rhythm and returning to its neutral volume level.

As I listen to the album, I can't help but notice that the pitch of nearly all of the tracks lean toward the lower-frequency range. Bass notes are used quite abundantly to provide a soothing atmosphere and avoids any jarring or sharp sounds – a preference is clearly established toward smoother sounds. The structure is nonetheless pleasingly evened out in both the high and low sound spectrum by contrasting notes which pitch differs in value.

"In the Waiting Line" is a lesson in consonance with incredibly harmonious vocals during the chorus. It is quite pleasing to listen to, with the tonal consonance of the harmony filling my ears with heavenly and well-matched notes.

It is the structure of this album that I admire most. It seems to have been produced with a touch of perfectionist control over all the musical elements that form what I hear. The level of quality present is remarkably consistent across each track. There is no single "one hit wonder;" all of the songs are incredibly enjoyable to listen to and highly re-playable. Overall, the intricate attention to detail makes this album worth owning and I would not hesitate to recommend it to others, along with the other albums in the artists' discography collection, which follow a similar style.



[English 101]

Scooby-Doo, What's Happening to You?

by Tera Williams

Here's another piece by Ms. Tera Williams in which she explores the ever-evolving life of Scooby-doo. While writing this essay, she used a compare and contrast format that worked well with the chronological order of the information. Williams is interested in Art/Graphic Design and is considering a major in English.

Everyone remembers the apprehensive Great Dane, Scooby-Doo, from the cartoons of their youth, but what has become of the cartoon now? Scooby-Doo all started with the original version, "Scooby Doo, Where Are You?" After further development of the show came a more recent a spin-off series named, "A Pup Named Scooby-Doo." Following that series, "What's New, Scooby-Doo?" was presented with great success. The newest edition to the television saga of Scooby-Doo is the show "Shaggy & Scooby-Doo Get a Clue!" Because the needs of the population have changed over the years, Scooby-Doo's theme has simplified to fit those needs.

Scooby Doo was originally aired in September 1969. Fred Silverman came up with the name Scooby Doo while listening to the Frank Sinatra song "Strangers in the Night." Scooby Doo's name had not yet gained the hyphen at this point. The five main characters were Scooby Doo, Shaggy, Velma, Daphne, and Freddie. There were 25 half-hour episodes of the show. All of the episodes followed a formula. Towards the beginning, the crime fighters would bump into some sort of monster or ghost quite by surprise. Next, they find out the above-mentioned surprise has been bothering the town's folk and offer to solve the mystery. About half way through the show, the "bother" bumps into one of the members of the mystery solving team and results in a chase scene. Finally, Velma adds up all the clues, while Freddy sets a trap and they capture the "monster" who was really just a mortal in disguise. At this point the mortal will usually say something along the lines of "And I would have gotten away with it, if it wasn't for you

meddling kids!” This version was decently believable considering it was set for a younger audience than the likes of me. The show was made until 1976.

“A Pup Named Scooby-Doo” followed the theme of “babyfication” started by other popular shows. It was first shown in America on September 10, 1988. A new character was introduced as well as development on the older characters. The new character’s name was Red Herring. Fred constantly blamed Red as the culprit behind every mystery. Red was only guilty once, the one time Fred didn’t blame him. Daphne was constantly calling her butler, Jenkins, and was afraid to get dirty. Velma randomly appeared with a computer and was always the only one of any real use when it came to connecting the clues. Shaggy and Scooby appeared occasionally as their favorite superheroes Commander Cool and Mellow Mutt. Scooby’s real name was revealed to be Scoobert by his parents and slowly an abundance of Doos were introduced to the audience. The feel of the show was also changed to be more comedy-driven. The show ended with a re-cap of the clues and a spin on the old catch phrase used by villains. The phrase was now, “and I would have gotten away with it too, if it hadn’t been for you pesky kids and that puppy.” This take on Scooby-Doo was not designed to be believable in the least, just to entertain. This version of the show lasted until 1991.

“What’s New Scooby-Doo?” was an attempt to modernize the classic cartoon. It premiered in 2002. It was the first original Saturday morning Scooby-Doo show to air in over 20 years. This adaptation on the Scooby-Doo story followed the original format. The characters went back to being less stereotypical while retaining some of their previously developed traits from the last series. Animation was modernized in this representation of the gang. One flash back was shown that featured “A Pup Named Scooby-Doo” animation of the characters. Technology was introduced to the show. The music and sound effects were also updated. The band Simple Plan sang the theme song for this representation and was incorporated into one episode of the series. The plot is more believable than that of “A Pup Named Scooby-Doo,” but still not all too real. The final episode did not include Fred, Velma, or Daphne. There were 43 episodes of the series that stopped being produced in 2006.

“Shaggy and Scooby-Doo Get a Clue” is a completely new and different take on the show. This new direction was first aired in September of 2006 and no longer includes Fred, Velma, and Daphne as main staples in the show. They appear seldom to help Scooby and Shaggy. The pretense of the new show is based solely on the introduction of new characters. The first of these characters is Shaggy’s unusual and wealthy uncle, Dr. Albert Shaggleford, who disappeared mysteriously. Shaggy is the heir to everything his uncle owned. Robi is a robot created by Shaggy’s uncle that helps them. Robi delivers a message from Shaggy’s uncle stating that he went into hiding due to the targeting of his newest invention by a bunch of evildoers led by Doctor Phineus Phibes. Doctor Phineus Phibes is his uncle’s evil enemy. He has four evil agents with their own developed personalities. Agent 1 is severe, Agent 2 takes on alter egos, Agent 3 is the father of Dr. Phibes, and Agent 4 is short. The mystery machine can now transform due to upgrades paid for by Shaggy, and with the help of Scooby snacks that are infused with top-secret nanotechnology, Scooby-Doo and Shaggy set out to save the world. Some changes to the original characters are that Shaggy isn’t as dimwitted and Scooby basically gets super powers when he eats his Scooby snacks. This series is the least believable of them all, deviating the farthest from the original plan. This version of the show is in the second season so far and 17 episodes have been made.

Scooby-Doo has changed over the years to fit the needs of the population. Originally, the people wanted a Marmaduke like dog with the pretense of there being monsters. Later, a younger audience was targeted with the concept of “babyfication.” Soon realizing that the show was stuck in the past, producers created a new show to fill the need for Scooby-Doo in modern times. The newest version of the show is more of an action-packed good versus evil take on Shaggy and Scooby’s personalities and abilities. I, for one, cannot wait to see where Scooby-Doo is taken in the future.

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[Psychology 200 - Morris]

Tevye: A Development Analysis

by Cindy Varieur

This paper was written by Cindy Varieur for Sabrina Morris's Psychology 200 class. She demonstrates her knowledge of the developmental stages of adulthood in this analysis of the fictional character Tevye from The Fiddler on the Roof.

The character Tevye, in the movie *Fiddler on the Roof*, was a Jewish father living in the eighteen hundreds. This paper will evaluate the slice of his life portrayed in the movie from a developmental standpoint. Based on the age of his five daughters, nine through eighteen, and the cultural norm to marry young, he was likely in his late thirties. According to Erik Erikson, adulthood is the time for meeting two universally acknowledged psychosocial needs, intimacy and generativity.¹ Erikson theorized that humans go through eight stages of development, the final three being in the adult years. However, he later realized that identity concerns, which originally were thought to be an issue of adolescence, could be lifelong (Berger, 2008) In this movie Tevye was traveling through two of the three adult stages while revealing evidence that he had successfully met the task of identity vs. role confusion. The primary focus of this paper will be on two of the three adult stages. Tevye faced several significant challenges related to identity and intimacy and successfully met the tasks. Some aspects of Tevye's physical, social, and cultural life will be addressed as well. Overall, it will be seen that Tevye clears the hurdles of intimacy, and generativity, contemplatively and successfully. Developmentalists would likely have viewed Tevye as a man who "loved and worked" (Berger, 2008) and therefore, a healthy adult.

First, it should be noted that Tevye physically appeared to be in his late forties not his thirties, apparently prematurely affected by

¹ Being productive in a caring way, usually through work or parenthood. (Berger, 2008) P59

senescence,² his hair was salt and peppered gray, his face was wrinkled, he walked slow and deliberate as if tired and sore and he had “middle age spread.” Our text states, the more skin is exposed to sun, rain, heat, cold, and pollution the more creases, discoloration, furrows, sagging, and loss of resiliency is notable. Hair gets thinner and gray; fat cells begin to accumulate around the abdomen while stomach muscles begin to weaken (Berger, 2008). Since Tevye lived in Russia in the 1800s, he was subjected to extremes in climate, while facing ethnic and religious persecution; therefore it is understandable that the affects of ageing would be premature. According to the *World Factbook 2007* (Berger, 2008), the life expectancy of men in 2007 was only 59. Tevye, living 200 years earlier, showed a consistent pattern of advanced aging.

Clearly, Tevye was meeting his need for intimacy rather than isolating because his existing social relationships were engaged, loving and respectful. He lived in a small Russian village called Anatevka among a very close-knit community of Jews. He had a close relationship with the God of Abraham, Isaac, and Jacob—the God of the Jewish people. He talked to God daily, like an old friend and appeared to obtain a sense of peace from that relationship. Believing in a sovereign God along with the support of his community helped Tevye cope with the hardships he faced in life, such as poverty, persecution, and challenges of his belief system. Many of Tevye’s needs for intimacy and identity were met in his relationship with God and his Jewish community.

He had an intimate relationship with his family as well. Almost unconsciously, love appeared to be fundamental in his relationship with his daughters and wife. One endearing scene shows Tevye clearly attempting to assimilate the concept of *marrying for love*, as introduced by his oldest daughter. He began singing to his wife “do you love me?” She was taken aback by the question, not because she didn’t love him, but because, like him, love was not something they consciously thought about. Their daughter’s challenge of the religious norm of arranged marriages raised the idea of choosing a spouse because of love—so now Tevye moved toward a deeper level of intimacy with the wife who had been chosen for him. At the end of the song, they both appeared pleased with the revelation of their mutual love. Observing Tevye’s movement toward a more intimate relationship with his wife, after obtaining new ideas, would indicate that more relational growth would follow; Tevye was a teachable adult.

At the beginning of the movie, Tevye tells the audience that the Jews of Anatevka are sustained by the balance they achieve through obedience to their ancient traditions (Jewison, 1971). In spite of his opinion that those traditions are critical to the Jews equilibrium, Tevye proves that when his beliefs are challenged by new ideas, he can accommodate those ideas and thus regain a new state of equilibrium (Berger, 2008). In an interview with Abby Cohen, she stated that the era in which Tevye lived was experiencing Haskalah—Jewish Enlightenment (Schoenberg, 2009). This intellectual movement was seen throughout the movie and specifically represented by Perchik, a young college student. Tevye invited Perchik into his home, providing room and board in exchange for educating his younger daughters. Perchik needed housing and work, and Tevye although poor offered him a tutoring job. Tevye’s actions showed his openness to change as well as his generativity, contributing to the education of his daughters and the livelihood of a young Jew.

Tevye’s identity remained stable in each challenge, revealing he had successfully completed the task of identity vs. role confusion faced in adolescence. Also, he did not isolate when the daughters

2 The process of aging, whereby the body becomes less strong and efficient (Berger, 2008) P450

he loved made choices that conflicted with the traditions he personally held sacred. First, his oldest daughter Tzeitel requested to marry her childhood friend, Motel, rather than the old, wealthy butcher, Lazar Wolf, found by the matchmaker. Jewish children were not allowed to choose their own spouses. Fathers made all the arrangements as a business transaction (Cohen, 2009). When Tzeitel told her father that she and Motel had given each other a pledge to marry, Tevye was shocked. The movie put Tevye's cognitive process into a dramatic form, showing how he attempted to accommodate the new idea (Jewison, 1971). Ultimately as he gazed into his daughters' eyes, his love for her gave him the strength to amend his expectation. Later his next daughter, Hodel, announced she and Perchik planned to marry. Tevye responded with "no," but Hodel explained that they were not asking permission; instead, they were requesting his blessing. Again, Tevye was shown retreating into his thought process; again, he was captivated by his daughter's eyes and his love for her; and again, he accommodated the new idea, ultimately blessing their union. Each conflict was met with thoughtful consideration and resolved.

Tevye moved on in stride with his amended expectation. On the day of Tzeitel's wedding, he was chastised by his peers for allowing Tzeitel to choose her mate. This was a challenge to his role as a Jewish father, yet with confidence and dignity he remained in relationship with his community and his family. With dignity, he handled the probable humiliation of backing out of "the business agreement" with Lazar Wolfe, a prominent member of their community. Tevye showed characteristics of a leader when he successfully and confidently warded off assaults by his cohorts.³ Tevye became a model of humility and flexibility.

After successfully handling those issues publicly, another issue arose. Perchik invited Hodel to dance at the wedding. Jewish law prohibited men touching women because of the Torah's standard of purity (Cohen, 2009). The guests were hushed by Perchik's guileless advance. Hodel shyly accepted the invitation to dance. Tevye then chose to dance with his wife, as well, modeling acceptance in front of his social peers. Tevye portrayed a man ahead of his time, open to new ideas and change. Later it will be seen he also maintained healthy boundaries. He had limits and knew when to draw the line.

A fourth challenge arose when the village chief allowed a *pogrom*⁴ at the wedding. He and the chief locked eyes for a strained moment, then the chief gave a shamefaced explanation. Tevye was clearly grieved but as always recovered with dignity. In the midst of many challenges Tevye persevered through daily life. He worked as a poor dairy farmer, with one milk cow and one horse to pull his rickety milk cart house to house. He constantly proved to be a man of character and a man with an agreeable temperament, kind, helpful and easygoing (Wikipedia).

Tevye ultimately drew a clear healthy boundary when his youngest daughter, Chava, announced her desire to marry outside the religion; she loved Fyedka, a Russian. Judaism was a family centered, closed community. Even Rabbis were expected to turn away potential converts three times before accepting them into the religion (Cohen, 2009). In Exodus, the Jews were forbidden to marry women in Cannon (Moses, 1600BC). In Ezra, the Jews were reprimanded for marrying foreign women (Ezra, 400BC). Also, after centuries of persecution, outsiders were viewed as the oppressors. So, in addition to the law, bringing an "oppressor" into the family was a huge threat to their sense of security. Tevye

3 A group of people born about the same time, experiencing the same historical events and cultural shifts together (Berger, 2008)

4 A Russian word meaning "to wreak havoc, to demolish violently." (Encyclopedia)

made many accommodations but this was asking too much. He remained true to his core values, to the integrity of his family and the integrity of his religion; he believed if he bent any further he would break. To reject his religion would be to unravel the fabric of his being. He loved his daughter, but rejecting a fundamental aspect of his faith would remove the anchor and plumb-line of his life.

At the end of the movie the Jewish community was being forced out of their homes and village, leaving all that they owned behind because of anti-Semitic powers. Before leaving, Chava and Fyedka stopped by Tevye's home to say good-bye. Tevye refused eye contact and continued loading the cart and tightening the ropes, while Chava looked on from afar with tears in her eyes. Tzeitel attempted to encourage her father to acknowledge Chava's presence, but he refused. At the very last moment, as Chava and Fyedka were walking away, Tevye quietly added "may God be with you" to Tzeitel's farewells to her sister. Chava, Fyedka and Tzeitel were noticeably touched by his words of love. He could not embrace Chava's choice to reject their religion, yet he clearly loved her and desired the best for her.

So, it can be seen that Tevye successfully met the development challenges of identity vs. role confusion—he knew who he was as a Jew, as a father, as a husband and a businessman; intimacy vs. isolation—he was vulnerable to his peers, his wife and his children and loved them deeply; generativity vs. stagnation—he led his community by example and was a fair dependable businessman who made an education available to his daughters as well as a job for a young Jew. Based on how he handled the many challenges of his life and the depth of love for his family it is likely that after he had more time to process, his future would include a closer relationship with Chava. Clearly, Tevye will end his life with integrity rather than despair, because he was living life with integrity and with his heart and eyes open.

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Compiled by Wendy Sharkey (May 1997)



[Economics 202]

Current Challenges for China under the U.S. Financial Crisis

by Yan Wei

As a Chinese-American, the relationship between her home country and ours has become one of this writer's major concerns. In her essay, Yan Wei closely examines the current economic ties between the US and China and possible implications for the future. Wei admits the most daunting challenge she faces when writing stems from English being her second language. She would like to give due credit to Lindsey Stixrud of TCC's Writing and Tutoring Center for her assistance with the final draft of this piece.

While living in China, Wei earned her B.A. in Chinese Language and her M.A. in Curriculum and Instruction. She has won several awards and scholarships for her excellence in teaching and is currently a highly motivated student pursuing a career in Certified Public Accounting.

In the global market, the U.S. and China have a strong interdependency. The United States has needed a helping hand from Chinese capital as much as China has needed the U.S. market since they reestablished diplomatic relations in 1979. Because China has emerged as the United States' largest creditor, if China does not participate in the global bailout plan, the causes of the financial crises will keep recurring until they completely damage China's economy. However, is it safe for China to invest \$1 trillion in American government debt? The Chinese premier, Wen Jiabao, has said he is "'Worried' Over U.S. Treasuries" (Wines 3) since the opportunity cost of \$1 trillion for China is huge. China is understandably worried, not only because China hopes to maintain their investment's value in U.S. securities, but also because China may have to cave in to the pressure to manage its own difficulties. There are four critical issues that China is facing: the rapid appreciation of the Chinese currency, tighter cash flow, increasing unemployment, and the overlooked costs of pollution.

From the exchange rate, The G7¹ and the European Union are in favor of a re-evaluation of the exchange rate in China. The exchange rate is the rate at which one currency trades for another currency in the market. In other words, it is the rate between two currencies that specifies how much one currency is worth in terms of the other. The lower value of Chinese RMB (its currency) will mean that Chinese goods become relatively cheaper on the world market. As a result, foreign residents will want to buy more

1 The G-7: a group of seven industrialized nations: Canada, France, Germany, Italy, Japan, United Kingdom, and United States.

Chinese RMB, and Chinese companies will want to export more goods to meet the higher foreign demand. The world's most competitive economy has become even more competitive through a deliberate policy of currency undervaluation. That is why China's government continues to prevent the Chinese RMB from rising: a stronger RMB would make Chinese exports less competitive. China's currency policy has taken much of Asia out of the international adjustment process. This policy was praised during the unexpected Asian financial crisis of 1998 as it prevented a round of competitive devaluations.

However, from the U.S.'s perspective, Asia accounts for about half the global surpluses that are the counterparts of the US current account deficit. As a result, China has accumulated a great bulk of the increase in global reserves in recent years. China's rapid growth is becoming a threat to the U.S. for international financial and domestic political reasons. Therefore, the United States and other Western trading partners urged the appreciation of the RMB. However, many American companies that depend on Chinese factories—such as computer manufacturers, aerospace companies, discount retailers, and other companies—to supply inexpensive products and components are against appreciating the RMB. Since 2005 the value of RMB has risen nearly 30 percent against the U.S. dollar, and therefore China's exports are experiencing a slump in demand, especially during the current economic recession. Since equilibrium price is determined by market supply and market demand, with the decrease of the demand for products, firms have to decrease the supply of goods in order to keep the same price. For example, the workers who are employed at one of China's largest shoe factories admitted before the financial crisis that each production line was making between 50,000 and 60,000 pairs of shoes a month, but now they just made 30,000 (Moore 24). Small and midsize enterprises are struggling with slower exports. Obviously, without enough capital, appreciation of RMB causes the Chinese government to buy fewer United States treasury bonds, which might hamper improvement in the U.S. economy. If China depreciates its RMB, China can export its way out of the global financial crisis in the end.

The rapid appreciation of the Chinese currency also brings new trends for cash flow in China—fewer dollars are pouring into the country. Recently, the Chinese Ministry of Commerce announced that foreign direct investment (FDI) in China posted a 20.6 percent year-on-year decline in the first quarter to \$21.78 billion in 2009. Conversely, in January 2008, foreign direct investment soared 109.8 per cent from a year earlier (AFP 23). China is facing rapidly draining cash balances due to two main reasons.

First, investment acquisition opportunities have decreased for foreigners. Real industry is a good example. Due to credit markets' collapse, foreign investors have become less optimistic about the future performance of the economy. Once they lose confidence in their own financial circumstances, they are tempted to curtail their search for a new home or delay entry into the "owner-occupied sector." Therefore, in the foreign buyers' market, the demand for houses decreased. Recently, in order to attract foreign investment in China, the Chinese government has been allowing foreign and local real estate investors to enjoy the same level of benefits (like reduced taxes) as citizens, implying that real estate markets are in a slump and the current equilibrium price will probably keep dropping as developments in the Chinese real estate market continue to unfold. As the global downturn has intensified, the combination of a housing bust and a two-thirds fall in the Chinese stock market over the past year has resulted in cash moving out of the country by many overseas investors.

Second, the trend toward “abnormal” capital flowing across China’s borders is increasing. Although the Chinese government forbids citizens from moving their currency abroad, many Chinese are taking their money quietly out of the country and keeping more of their dollar revenues overseas instead of bringing them home, records that will not show up on the central bank’s books. More money flowing out of the border is increasing the risk of liquidity strain in China, which is especially dangerous amid the global financial crisis. According to official statistics, during the first halves of 2005 and 2006, interest on China’s reserves accounted for 80-90 per cent of the country’s reserve accumulation. In 2008, however, shares have declined dramatically to 39 per cent (probably even lower) from January to May. It seems that there are likely to be speculative inflows buried in the trade (Pettis and Wright 21).

Since the pace of cash flow in is much slower than its flow out, China is starting to keep more of its money at home. There is an old saying that “profit is a matter of opinion, cash is a matter of fact.” As the economy staggers into a damaging recession, China is actively looking for ways to conserve cash balances and improve their cash flow. Obviously, China has fewer dollars to buy American bonds and help finance the U.S. trade and budget deficits given that China has already bought more than \$1 trillion in American debt.

Rising unemployment is another one of the biggest barriers for the development of Chinese social harmony since a spike in unemployment could trigger social unrest and snowball into a political crisis. Nowadays, the Chinese government has to face the dilemma that although there are plenty of underemployed people in the Chinese countryside, there is a shortage of workers in factories.

From the labor supply’s angle, in recent years, there is a labor shortage, especially of migrant workers who are needed mostly in low-end, unskilled and underpaid manufacturing jobs. These workers now are no longer willing to take jobs at the minimum wage levels or conditions (long hours) that have been accepted in the past. As the consumer price index has climbed over the years, the nominal wage of migrant workers who stay in the cities actually fell 8%, meaning that the real value of wages actually decreased over this period. In a word, average Chinese wages are far below those in developed countries. Moreover, the one-child policy adopted in the late 1970s has had an effect on the change of population structure. Based on the fact that college increases human capital, more and more families are willing to send their children to college for a higher education because the typical college graduate earns roughly twice as much as the typical high school graduate. These two main reasons have led to the shortage of labor supply in China.

From the labor demand’s angle, the demand for labor is different from the demand for consumer products. Firms use workers to produce products demanded by consumers. According to the principle of output effect, an increase in the wages will increase production costs and squeeze the profit margins of Chinese companies. According to the marginal principle, the firms pick the quantity of workers at which the marginal revenue product of labor (MRP) equals the marginal cost (wage). Because MRP curve is negatively sloped, wage can increase only as the number of workers decreases. Otherwise, firms have to pass on the higher labor costs to their consumers. On the other side, with the global economic recession coming, many households have to save money instead of consuming and investing. In the past, there was strong labor demand generated by heavy investment in certain sectors, especially in the swelling exports and soaring construction. Now more companies that are multi-national are hoarding their cash and cutting back on the production of their factories in China. For example, due

to less profit, some industries have to shift to locations with lower labor costs, either inland or to other countries like India, Vietnam, or Bangladesh.

Generally speaking, the unemployment picture already looks grim. The Chinese government officially says that as many as 26 million migrants have lost jobs, laid off from thousands of factories that have closed down due to the steep drop in production. Moreover, the unemployment rate for new college graduates is at over 12 percent (Tan 30).

Besides different facts, which can have effects on private costs—such as exchange rate, cash flow, labor discussed above—China has to consider the external costs of development since the social costs of production include private costs borne by producers and external costs incurred by someone other than the producer.

Currently China's market is experiencing market failure due to absent considerations of the public interest and equity (social welfare). There is a key reason market failure happens in China—the existence of negative externalities. Negative externalities, also called “external costs” or “external diseconomies,” mean that producers and consumers in markets may not bear all of the costs of the economic activity. Although an externality is not directly involved in an economic transaction, many negative externalities are related to the environmental consequences of production and use. In order to stimulate economic development, China is paying the price for distorted incentives, which are not consistent with the prevailing social objectives—fair for all stakeholders, healthy for the environment and efficient for our economy. For example, the scale and scope of China's coal power plant construction program is almost beyond imagination. Every single week, China adds one new large coal power plant with lack of pollution-control technologies to its energy base. These plants seem to have more concern for pure profit than for resource efficiency. Un-breathable air, undrinkable water, unsafe food and overexploitation of natural resources are becoming threats to the Chinese people.

It is clear that China, as the biggest factory in the world, has to be responsible for the external costs of production. However, pollution abatement is costly because resources, labor, capital, and land are used in the abatement process. This is one of the key drivers of why China's treasury purchases are disappearing.

In addition to the four issues discussed above, there are existing and upcoming problems that need to be solved. The challenges China has to face are almost beyond imagination. China has already approved a \$586 billion stimulus aimed at boosting the country's rapidly slowing economy. It is impossible for China to take a large part of the responsibility for this economic crisis, not the least because its cause did not originate in China. 2009 looks to be a very tough new year for China. Its economy may not be hit as hard as that of the US, but as a poorer developing country and superpower, it could suffer far worse.

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Through the Eyes of a Homeless Man

by Sean VanDommelen

When you walk a mile in someone's shoes, you end up looking through their eyes. In this narrative piece by Sean VanDommelen, we see the problematic issue of homelessness addressed with an intimate understanding of and a compassion for those who live on the street. VanDommelen, an active member of Student Life, is pursuing a degree in Social Work to continue helping others in need.

In the beginning of 2001, I became officially homeless as a result of an intense addiction to narcotic pain medication. I had pushed away my family and burned every bridge imaginable that was available to me. I was homeless for roughly two years and had the opportunity to experience what it was like to live on the streets. Moving from day-to-day completely lost and confused about what to do next was one of the scariest things I have ever experienced.

Homelessness came to me swiftly, and I was swept into its tornado of sorrow and helplessness. I quickly learned that there is an equal amount of discontent for the homeless as there is compassion for their situation. When attempting to politely ask for money to get a burger I was repeatedly told to get a job, or simply chased away with the threat that the authorities would be called. The frustration inside me as a result of these encounters was overwhelming, and I could not get my spirits up long enough to overcome my situation. If society knew how bad I wanted to have a job, and the individual circumstances that led me to being homeless, perhaps their reaction would have been different. Moreover, does society even want to know these things, or should we just sweep the homeless epidemic under the rug so we never have to deal with them?

I also experienced great understanding and assistance from a number of churches in the area, which motivated me to put action into my life, and begin by setting goals to move from homelessness to a productive member of society. The homeless population is out there and it is growing. After all, most of us are only a paycheck away from being in their shoes. Like any difficulty in life, if we

ignore a problem, it will grow. We have to provide better resources for these people and change our attitudes toward the suffering.

Compassion is often described as the sympathy for someone's suffering, and the innate desire to help. It is easier said than done, so how do we appropriately express our compassion for the homeless population? It is more than a smile, or handing over the fuzzy change you might find in the bottom of your pocket. Realizing the true expression of compassion is a good start for society. Internalizing what it means to be sympathetic towards the suffering of another individual is more difficult than one imagines. Though we may have compassion lying within our psyches, it is something we as humans have to develop and practice.

His Holiness the 14th Dalai Lama comments on our need for love stating, "Ultimately, the reason why love and compassion bring the greatest happiness is simply that our nature cherishes them above all else. The need for love lies at the very foundation of human existence. It results from the profound interdependence we all share with one another. However capable and skillful an individual may be, left alone, he or she will not survive" (dalailama.com 2008).

No matter what kind of situation a person is in it is crucial that we lend a helping hand, and show them that there is love and hope available to them. Developing compassion takes practice and dedication to a greater cause beyond our personal perceptions. Using compassion depends on whether or not a difficult situation presents itself for us to begin practicing; it does not just happen automatically (His Holiness the 14th Dalai Lama 2009).

The homeless situation in Tacoma, Washington is definitely here and it is presenting itself at full volume. In "the Road Home", a ten-year plan for Pierce County to combat homelessness, the following information was found during the Pierce County's 2003 Homeless Count. 57 percent of the chronically homeless sleep outside, 37 percent in shelters, and the remaining 6 percent sleep wherever they can (The Road Home).

Some common stereotypes are that homeless people are drug addicts, veterans of war, and just plain dirty people who do not care about what happens to them. Loretta Schwartz-Noble seeks to de-cloak the myths surrounding homelessness in America in her essay titled "America's Wandering Families." Loretta remarks "Twenty-five years ago, the homeless population was composed primarily of the mentally ill, the alcoholic, or the drug addicted" (249). Twenty-five years ago, our perspective regarding the homeless was suffering from "tunnel vision." But times have changed, and there are many other categories of people on the streets today, including entire families.

For instance, in Tacoma, the homeless population is predominately made up of males, while the remaining percentage is chemically dependent, suffering from mental illness, or physically disabled (The Road Home). Recognizing what the chronically homeless population is comprised of is important, but where do the homeless families come in to play? Homeless is homeless, so all human beings should be considered when developing a plan to combat homelessness, not just the male population. Schwartz-Noble comments, "Today homeless families account for between 38 percent and 77 percent of the homeless population, depending on the area. Two-thirds of the people in these families are children" (249).

Whether a family is homeless, or an individual, the issue should be treated the same; they are all human beings and they are affected the same as anyone else in this world. The parents of homeless children require just as much assistance with their situation as the children do because what happens

to the parents carries down through the dynamic of the family. Therefore, the entire family's needs should be addressed. Taking children from their families only compounds the problem and nothing is solved for the parents of these children. This scenario is extremely complex, but there has to be a more efficient way to deal with families who experience homelessness.

Dealing with the issue of homelessness is easier said than done, but it is an issue that America needs to deal with individually and collectively. In our efforts to deal with this issue we have to begin within ourselves. We must remove our anger and hatred, which prevents us from being compassionate towards each other. These emotions can control our ability to be sympathetic towards the suffering individual (dalailama.com 2008).

It is imperative that we look inside ourselves and examine our feelings toward homeless people. As an individual, I feel it is my duty to assist in helping the homeless in any way that I can. I have been in their shoes and I know some of the emotions attached to being in that situation. My hopes are to help eliminate some of the stereotypes surrounding the homeless by sharing my own experience and helping the population on a local level. If it means volunteering at a soup kitchen, or donating extra clothing to the Tacoma Rescue Mission, I have a responsibility to lend a helping hand. As a society it is similar. There is definitely power in numbers. Think what might happen if the majority of Tacoma would dedicate just a few hours a week volunteering at a shelter or preparing meals for the homeless. A difference can be made. Knowing that we all share the human experience will aid in changing our perspective the next time a stranger asks for a dollar so they can fill their stomach for just a few hours.

“I try to treat whoever I meet as an old friend. This gives me a genuine feeling of happiness. It is the practice of compassion.”

-His Holiness the Fourteenth Dalai Lama

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We have come to our last –but certainly not least–piece in this year’s Una Voce magazine. “The Desert Son” is a tender tale of family secrecy, uncertainty, and ultimately, acceptance. This captivating narrative was written during Jeffrey Moore’s first quarter here at TCC for Dr. Scott Earle’s English 101 class. Moore currently resides in Browns Point with his wife, five children, two dogs, and a cat. He tells us, “Writing isn’t the difficulty; making a reader intimately involved is.”

The Desert Son

by Jeffrey Moore

The phone rang. My parents were calling to inform me Leora phoned trying to find me. “Holy shit,” I thought, “Leora?” Of course my parents, and my wife Sonja, questioned who Leora was and why she wanted so desperately to reach me. Mysteriously, she didn’t leave a message, only her contact number. I assured them all it was an old friend from my days in Eastern Washington. This was true, though not totally. It was 16 years since I last heard from her. She was a beauty college student, 16 or 17 years old, I don’t quite remember. I was a 20-year-old disc jockey for the local country radio station, KWIQ, “the kwiquest country on the Columbia Basin.” However, it wasn’t quick at all, but in Moses Lake there isn’t much that is quick. The station played slow, lonely music for a lonely town. Leora was lonely. So was I. We briefly dated; very briefly, long enough to know the relationship wasn’t going to last, but long enough for her to tell me she was pregnant. The news of the pregnancy sent shivers down my spine, and the phone call gave me that sensation once more from her. The lonely girl was calling and I knew why. It was seven o’clock in the morning, the spring sun was lustrous as I stood in the shower, water cascading over my head, thinking silently, “holy shit.”

The son we gave up for adoption, who was hidden from the family and had never been heard of or seen, wanted to make contact. He was tracing and researching, and had found everyone except me. He was close and I wasn’t ready. My secret was out. It’s the type of secret you know you shouldn’t keep, but do. What started as shame became easy to ignore with time, until it was finally hidden. I was 20 years old, and in my parents’ eyes had no proven record for making the “right” decisions. Getting a girl

pregnant certainly wouldn't change their minds. Early during her pregnancy, Leora and I decided to give him up for adoption. We were young; weren't in love, hell we were barely friends. Armed with that, I made the decision that no one had to know. The truth is, I was avoiding judgment and feeling the pain of being a disappointment, yet again.

Joshua was born on a blazingly hot summer day in August, and his birth wasn't without complications. He was premature and had trouble breathing because his nose hadn't fully developed. We spent the next month at Children's Shriners Hospital in Spokane. My shift at the radio station was five o'clock at night 'til midnight. With a tank full of gas and a bucket of coffee I would arrive in Spokane by three o'clock in the morning. This routine lasted 33 days until he was fit to be released. There would need to be more done, but he was okay.

An adoption agency in Moses Lake found Joshua a family happy to raise him. I signed the adoption papers, said goodbye and sealed my lips. Eventually, I let a few people know: my wife, my best friend, and a cousin who notarized the adoption papers. I never disclosed the adoption to my kids or parents, still not wanting to be judged for my actions, thinking by this time it was too late anyway. But, *I* couldn't forget. My secret shadowed me like a heavy cloak. My own thoughts haunted me. The monkey grew stronger day after day, year after year, yet my back held strong. This continued for 16 years—until that telephone call came from my parents.

One thing was certain—it was time to confess my sins. *Repent young man and be free.* I knew I had to tell them, but deciding *how* was difficult. I felt nauseous, my mouth went dry, I felt tingling sensations up and down my arm, and I swear I could feel my balls shrivel. I picked up the phone and dialed. "Hello?" my Mom answered almost asking. "Hi, it's me. Get Dad on the phone, we have something to talk about," I said. The phone line made a clicking noise as my father picked up. I assumed he was sitting in his green Lazy-boy in his man room. I spoke without verifying he was on. "The thing is, when I was in Moses Lake, I got a girl pregnant, we gave him up for adoption and he wants to contact me," I continued at almost a machine gun pace, "Leora is the mother, and how she found you before me beats the hell out of me." I concluded with, "I know you're pissed, and I don't blame you. I am scared; I don't know what to do, and I'm sorry." Then I stopped talking. There was nothing left to say. Silence filled the phone line. No breathing sounds, no clicking, just silence. I was afraid I had killed them. Seconds felt like minutes and then astonishingly.... they thanked me. No yelling, no audible judgments, nothing more than a simple heart-felt thank you. My father finally spoke, "I'm pissed, but I'm proud you told me. I know it must have been hard." He was right. I felt thankful it was over. The secret was no more.

The next few days were a whirlwind; the only thing I was sure of was that I would let Joshua contact me. I was available and willing, but on his terms, when *he* was ready. Days went by with no contact. A strange curiosity, anticipation, and fear hung over me like an old sweater, albeit an itchy one. I wasn't completely comfortable with the developments. On some level, I didn't want to be found; I mean, I did give him up. At the same time I was thankful, excited, scared, even remorseful—all the emotions of a man who left his son in the desert.

We were in J.C. Penney's purchasing a new work suit for Sonja when my cell phone rang. I knew by the area code . . . it was him. Joshua was calling and I was shopping for a woman's suit; not exactly the time or place I fantasized the first conversation with a son I didn't know. Afraid, unsure what to say, I thought of allowing the call go to voice mail, but answered just before it did. Ironically, the

call dropped leaving me laughing at myself. I explained the missed call to Sonja then left her to walk outside and call my son.

Joshua and I spoke periodically from that day forward. Sometimes the calls were frequent; sometimes a month or more would pass in between. We slowly felt our way through, comfortable for awhile, then protective of our hearts. This continued only by phone or email for a little more than a year. After that year there was silence. Joshua didn't write, the phone never rang and I obliged. It was heartbreaking to get so close then have him gone. This was my karma; my desert son left me high and dry. As difficult as it was, I made peace with the fact that I would probably never meet him; I would only have the memories of our conversations and emails.

I later learned Joshua was grounded from the computer and phone, in part for locating us. This time in our fledgling relationship was complicated. He was angry, and I was defensive, and we couldn't see eye to eye. Leora tried to be a mother, best friend, almost a lost lover, which contrasted my analytical fatherly approach. I was Joshua's public enemy number one.

Correspondence continued to be sporadic, but finally he left me a message to call him. I didn't recognize the phone number. Joshua didn't seem upset or anxious, so I delayed calling him back for a couple of days. After dialing the number, the phone went to message, "This is Josh's Dad, he called from this number, and I am returning his call. Have him call me back. I'll be home. Thanks." Two weeks later he returned my call, again from an unrecognizable number. He left a voice message again, "Dad, I need you to call me. I am living with a friend; my parents kicked me out." Concerned and curious, I called the number back, but had to leave a message. After reaching Joshua, I learned how he had come into his nomadic state. Delicately, in a slow, anxious manner he spoke, explaining his parents took him out of school. "What do you mean they took you out of school," I asked. His voice cracked, he became angry like children do when they can't quite hold back. "They think my friends are the devil's influence," he answered. The devil's influence? I knew from other calls that his parents were Russian Orthodox Christian zealots, but pulling your kid from his sophomore year of high school because of demonic friends sounded suspect. "Joshua? Why would your parents think that?" I asked. He said, "Because I am gay." The words hung heavy in the air. I fell silent and so did he. *Five... Four...* For a moment, the air, the noise, everything in the room felt sucked into a universal vacuum and I was a space cowboy without gravity or spurs. *Three... Two...* The world fell silent... *One.* My son, whom I've never met, was homeless, school-less and gay.

Three weeks later, Sonja and I drove to Moses Lake. We weren't sure if we could or would bring Joshua home, yet somehow we knew. I saw my son for the first time in a gravel driveway that belonged to a family not his own, a bewildered boy with a life he wished to escape. The family that provided him shelter stood together on the stairs leading to the porch of their farmhouse—mother and father arm in arm. We got out of the car. He stepped closer toward us. The wind and sun enveloped us all. Everyone began to cry as Joshua and I embraced for the first time in the desert where I first left him.

