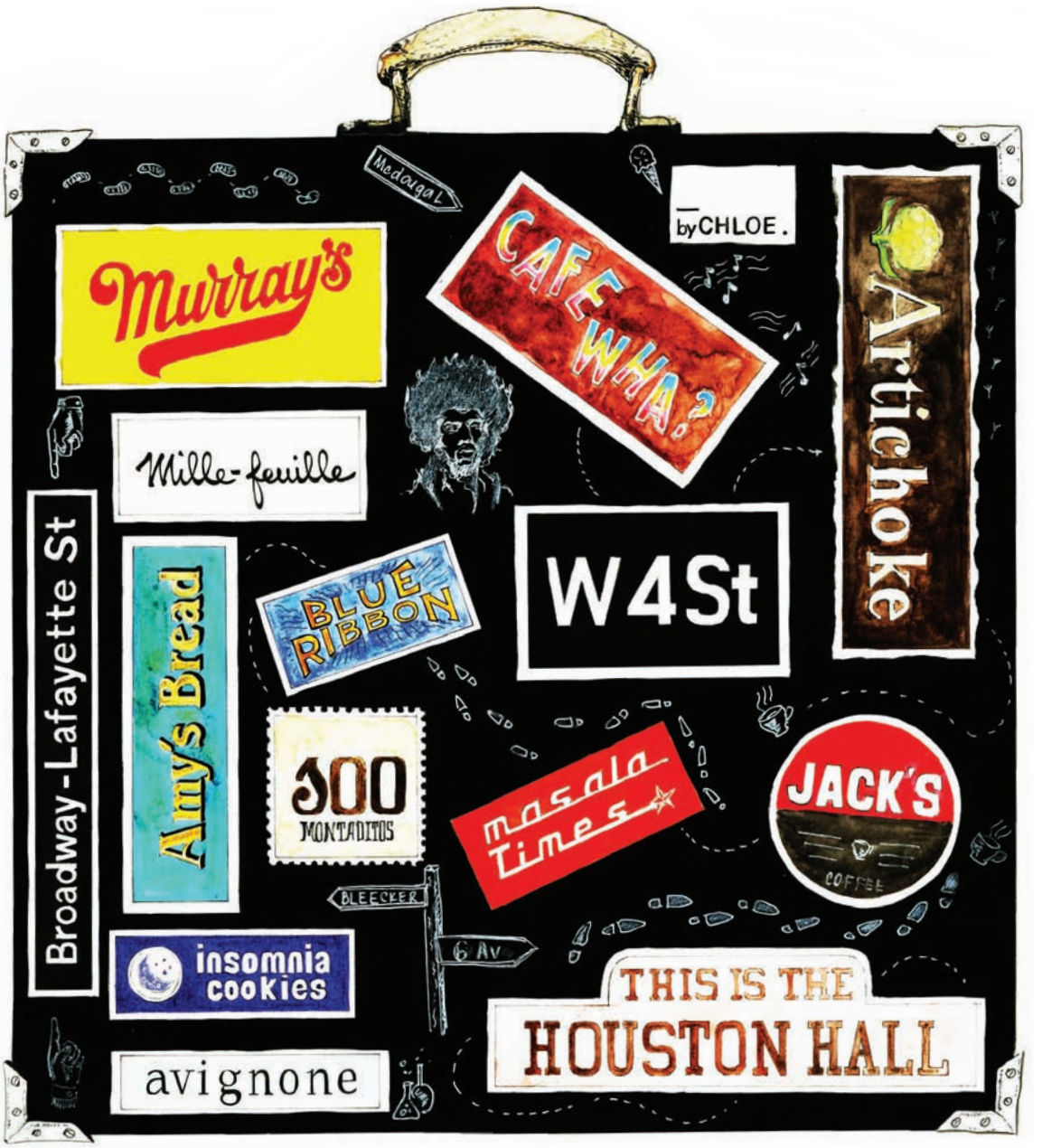
Distinctions

Kingsborough Honors Journal



Volume 12 **Number** 02

DISTINCTIONS

Volume 12 | Number 02

Spring 2017

Distinctions, the journal of the Honors Program of Kingsborough Community College of the City University of New York, welcomes the submission of scholarly articles and creative works that explore all aspects of academic endeavor.

Editorial Staff

Professor Bob Blaisdell | Editor

Advisory Board

Provost Joanne Russell | Vice President for Academic Affairs

Helen-Margaret Nasser | Associate Director of the Honors Program

Book Layout

Tsubasa Berg

Monica Mendez

Cover Art

Elena Archer (front) and Roy Johnson (back)

The works were created in Professor Valerie Sokolova's course in Experimental Typography (Art 74)

Copyright ©2017

Kingsborough Community College, The City University of New York

Editor's Note

I thank my colleagues for giving their classes challenging and compelling assignments and for encouraging their students to submit their work to *Distinctions*. The biggest thanks go to the dozens of students who submitted work, and I apologize to those whose work is not included. Perhaps I should explain my selection method: If the essay challenges and excites my understanding of the world (John Johnson's "Delta *x* / Delta *t*," for example, does this), or clearly and deeply reveals what the student has newly enthusiastically learned (for example, the essays by Nehal Naser and Mayya Lebedeva), or explains better or more personally or more interestingly than other work I've read (Loretta Abhumammour's and Lester E. D. Cook's do this very well), or if a passion has ignited a careful argument (as in the essays by Lobelys Anicet and Renat Khasanov), or if personal fascination and connection are attractively prominent (I have in mind the pieces by Jhovany Duperval, Gabriel Pjatak and Kelly J. Worthington), then I'm hooked, and I say "Yes."

For the bright and clever artwork I have Professor Valerie Sokolova to thank. She submitted her classes' New York City panoramas and "typographical journey" posters, which her students have generously allowed the journal to feature.

I am grateful to Associate Director of the Honors Program Helen-Margaret Nasser, who has as always given me and the journal her encouragement and support. I also owe thanks to Jaime Berco, an assistant with the Honors Program, who organized the submissions. I am indebted to Provost Joanne Russell for funding the journal and to the chair of the English Department, Dr. Eileen Ferretti, for granting me the time to act as editor. I thank Janine Palludan, the Executive Assistant to the Associate Provost, for arranging the budget and contracts. Finally, I express my appreciation to the Kingsborough Center for e-Learning's Tsubasa Berg for his expertise in designing and laying out this issue and to Irina Pistsov for her past contributions to the journal's design.

Professor Robert (Bob) Blaisdell
Department of English
Robert.Blaisdell@Kingsborough.edu

Contents

Nehal Naser
Gender and the Brain 6

Mayya Lebedeva
Heroin Addiction: The Hundred Years War..... 11

Gabriel Pjatak
"Calling a Truce in My Throat"..... 21

Levan Lomaia and Keith Villaroel
New York City Panoramas 30

Kelly J. Worthington
American Foreign Policy and Its Role in the World 32

Loretta Abuhammour
A Study of Islamophobia 40

Junliang Zhu
A Typographical Journey in New York 46

Jhovany Duperval
A Pitch to the Carnival Corporation 47

Lobelys Anicet
Psychiatric Nursing:
Overcoming the Fear of Working with Mentally Ill Patients 51

Lester E. D. Cook
The Two Paradigms of Behavioral Health Care 58

Fanny Lung
A Typographical Journey in New York 66

Renat Khasanov
Cultural Diversity in Health Care: A New Look 67

John Johnson
Delta x / Delta t 78

Contributor photos and statements 92
Submission guidelines 96

Gender and the Brain

Nehal Naser

Fall 2016
English 24 | Freshman English II
Professor Jennifer Oliveri

The human brain is the most complex and complicated system on the planet. Flawless by design, it executes every function of the human body from the moment of its formation until after the individual's death. The brain's role is to function as the command center of our body. It processes incoming stimuli and organizes and executes appropriate responses. Although neuroscience is a natural science, it is not without its fair share of controversy. One of the biggest areas of disagreement in this field is found in the intersection of neuroscience and gender. The question of whether gender has biological roots in the brain is one experts have grappled with for some time now.

The answer to this question has the potential to change our traditionally dimorphic view of society and challenge the way we've come to view gender roles and norms. Research has revealed that although it is true that our brains house traits that are traditionally categorized as masculine or feminine, the presence of a "male brain" or "female brain" is very rare. Instead most individuals possess a brain that is a blend of masculine and feminine qualities. In addition, the very origin of these qualities is up for interpretation because of the interdependent nature of the relationship between biology and culture, nature and nurture. In general, are women more nurturing because they are biologically programmed to be that way, or is it the result of thousands of years of conditioning within a society that delegated to them the task of caring for children? And to what extent can society's imposition of gender roles affect the physical structure of our brains themselves? This paper seeks to explore the biological differences between male and female brains and what implications this has on gender roles

within a given society.

Structural Differences

There are a number of structural differences between male and female brains. Structural difference refers to the size and mass of different parts of the brain. As a result of the advances in neuroimaging we are now able to study parts of the brain that were previously inaccessible. We've learned that all brains are originally female, and that some change into the male form through a process called masculinization. The gonads of the fetus will develop into an ovary unless triggered by the Sry gene on the Y chromosome, which will lead to the development of a testis instead. In "Sex Differences in the Brain," Margaret M. McCarthy states: "the brain will develop as a female brain by default and be directed towards masculinization only if exposed to the steroids produced by the testis." This is the beginning of differentiation between male brains from female ones and the trigger of a host of other structural differences. On a microscopic level, we can see physical differences in dendrites (the extensions between neurons that send and receive messages) and synapses (the space between neurons in which neurotransmitters are released and reabsorbed).

The male brain, on average, is approximately 8-10% larger than its female counterpart. It also has a thinner cortex, which is the outer layer of the brain that is made up of the frontal lobe (responsible for reasoning, planning, speech, movement, emotions, and problem solving), the parietal lobe (responsible for movement, orientation, perception), the occipital lobe (responsible for visual processing), and the temporal lobe (responsible for auditory stimuli). Male brains also have a higher proportion of white matter, which passes information through different areas in the brain. The male brain is also characterized by a larger amygdala but a smaller hippocampus than the female brain. The amygdala controls emotions such as anger, fear, and sadness, and its size has been found to correlate with levels of aggression. The hippocampus is the brain's memory center.

The female brain, although smaller, has been found to be more efficient. Trevor Robbins, professor of neuroscience at Cambridge University, says, "The smaller size could represent more intense packing of nerve cells or more active signaling between them. Meaning they are operating more efficiently."

In contrast to the male brain, the female brain will on average have a thicker cortex, a higher proportion of gray matter, a lower proportion of white matter, a smaller amygdala, and a larger hippocampus. In "Brain Differences between Genders," Dr. Gregory L Jantz states: "Females also often have a higher density of neural connections into the hippocampus. As a result, girls and women tend to input or absorb more sensorial and emotive information than males do. By 'sensorial' we mean information to and from all five senses." In the female brain we also find verbal centers on both sides of the brain, while males have them only in the left hemisphere.

Processing

The levels of gray and white matter in the brain do not equal the levels used by each gender. For example, although male brains have a higher proportion of white matter, they use seven times more gray matter for activity. Female brains on the other hand use ten times more white matter. This affects the function of the brain. Dr. Jantz explains: "Gray matters of the brain are localized. They are information and action processing centers in specific splotches in a specific area of the brain … White matter is the networking grid that connects the brain's gray matter and other processing centers with one another." This can translate into a male's tendency to focus on one task at a time and have trouble with multitasking and a female's ability to quickly switch back and forth between different tasks.

The Nature of the Human Brain

So if there are all these differences between male and female brains, why is it inaccurate to state that we each have either a male or female brain? The reason is that while our brains do contain these characteristics that are understood by society to be inherently male or female, the number of brains that fall on the far right or far left side of the spectrum are very rare. In a Tel Aviv University study, "Sex Beyond the Genitalia: The Human Brain Mosaic," researchers found that "analysis of MRI's of more than 1,400 human brains from four datasets reveals extensive overlap between the distributions of females and males for all gray matter, white matter, and connections assessed. Moreover, analyses of internal consistency reveal that brains with features that are consistently at one end of the 'maleness-femaleness' continuum are rare." This discovery challenges the

long held assumption that men have male brains and women have female brains, and replaces it with the understanding that our brains are a blend of different traits found in males and females.

Implications on Society

The idea that our brains are a blend of characteristics belonging to both genders challenges the very fabric that society has been built upon. Throughout history there have always been divisions between men and women. Each gender was expected to live up to its standard and fulfill its role. Men were traditionally bigger, stronger, and tasked with the job of supporting the family. Women were sensitive, nurturing, and assigned the responsibility of taking care of children. These rules were put into play for many reasons, but one of those reasons was that it was believed that it was in our nature to live according to these rules. For example, a man's brain is superior to a woman's and therefore more fit to, for instance, hold positions of power and authority in society, and that women were too emotional to do the same. If science is now telling us something different, i.e., that there is no inherent biological difference in cognition or IQ between men and women, what's to stop us from challenging every single gender role within our cultures? There are examples all around the world of the gender binary already being challenged. In "Window on Humanity," Conrad Phillip Kottak lists many examples of gender diversity beyond the male and female. In India, the Hijras constitute a third gender. They are biologically male but take on traditionally female roles. They are culturally thought of as neither men nor women. Kottak says: "In Tonga the term fakaleitis describes males who behave as women do, thereby contrasting with mainstream Tongan men. Similar to Tonga's fakaleitis, Samoan fa'afafine and Hawaiian mahu are men who adopt feminine attributes, behaviors, and visual markers" (Kottak, 341). If our brains were as dimorphic as once thought, these variations in gender identity wouldn't exist as we know them today.

The Misconception of Gendered Mental Illness

The misconception that brains are in themselves male or female is sometimes supported by the appearance of gender specific mental illnesses. For example, in the case of major depressive disorder, research has found that women are twice as likely as men to be diagnosed. Anorexia is another example. Women

have a 10:1 chance of being diagnosed. The explanation behind these numbers is simple. In the case of anorexia, women have much more pressure placed upon them by society to be thinner. From a young age, girls are surrounded by this unattainable standard of beauty, which almost always includes being thin. This social pressure is what makes women and girls more susceptible to anorexia. In the case of depression, it is important to note that the information provided does not say that women are twice as likely to suffer from depression, it states that they are twice as likely to be diagnosed with it. Again this goes back to societal pressure and the molds that we are required to fit into to measure up to expectations. It is generally frowned upon for men to talk about their feelings, and thus a culture has been created where men and boys are less likely to talk about how they feel, less likely to discover their depression, less likely to be diagnosed, and, unfortunately, less likely to get help. The appearance of a gender bias when it comes to mental illness in reality may have little to do with our biology and a great deal to do with our society.

Conclusion

The complexity of the human brain is such that one can say in theory that there are male and female brains, but in reality there are not. Every individual's brain is a mosaic of characteristics traditionally ascribed to masculinity and femininity. They are the results of how our brains affect us, but also how we in turn affect our brains, through societal pressure and conditioning. It is through this combination of nature and nurture that we each wind up with a uniquely tailored brain, one that is ever evolving and continuously being shaped by its surroundings.

Works Cited

Jantz, Gregory L. "Brain Differences Between Genders" *Psychology Today.* www.psychologytoday.com/blog/hope-relationships/201402/brain-differences-between-genders

Joel, Daphna. "Sex Beyond the Genitalia: The Human Brain Mosaic." *Proceedings of the National Academy of Science*, vol. 112, no. 50, December 15, 2015. www.pnas.org/cgi/doi/10.1073/pnas.1509654112

Kottak, Conrad Phillip. *Window on Humanity.* McGraw-Hill Education, 2014.

McCarthy, Margaret M. "Sex Differences in the Brain" *The Scientist* www.the-scientist.com

"TEDx Jaffa — Daphna Joel – Are brains male or female?" *YouTube*, uploaded by Tedx Talks, October 8, 2012. www.youtube.com/watch?feature=youtu.be&v=rYpDU040yzc

Heroin Addiction: The Hundred Years War

Mayya Lebedeva

Fall 2016
Nursing 20 | Nursing the Emotionally Ill
Professor Diane McDevitt

Background

Everyone has heard about the heroin epidemic. Social media platforms keep us updated. They inform us that heroin overdose deaths are increasing across the United States. According to the 2016 National Drug Threat Survey (NDTS), "45 percent of respondents reported heroin was the greatest drug threat in their area; more than for any other drug" (DEA, 2016). Even though heroin is an illegal drug, it is available to buy on the street. Therefore, a large number of people can use it, which leads to an increasing number of overdose deaths. Heroin addiction has become a real disaster during the last decade. As an Associated Press report shows, there were "an alarming 47,000 American overdose deaths in 2014—60 percent from heroin and related painkillers like fentanyl" (Klepper, 2016). The people of all ages can become addicted to heroin. The young are especially vulnerable. The researchers "found that the peak period of heroin initiation occurs at ages 17 to 18 years" (Rollins, 2016, p. 109). At this age, young adults are graduating from high school or beginning their college education. That is a very important period of life; it is the time to think about goals, achievements, career, and the future. If they do not stop substance abuse, this will ruin their lives. The best thing that can be done is to prevent people from abusing drugs by educating them about the danger of even the first dose; even one dose can open the door to horrible consequences.

According to the Drug Enforcement Administration Intelligence Report (National Heroin Threat Assessment Summary, updated June 2016), "in 2014, 10,574 Americans died from heroin-related overdoses, more than triple the

number in 2010" (DEA, 2016).

According to the National Institute on Drug Abuse, about 1.6 percent of Americans aged 12 or older "had used heroin at least once in their lives. It is estimated that about 23 percent of individuals who use heroin become dependent on it" (NIDA, 2014b). Definitely, heroin causes a significant harm to our society. Thousands of families have lost loved ones. Why does heroin continue to be on the streets? Let us look more deeply at the problem with heroin. What is heroin?

History

There was time when heroin did not exist. In 1805, a German pharmacist, Friedrich Serturner, isolated opium's active organic alkaloid from opium. He decided to name his "new compound morphine, in homage to Morpheus, the Greek god of dreams ... A German chemical and pharmaceutical company, Merck, began manufacturing morphine commercially in 1827, and within three years Britain was importing 22,000 pounds of opium per year in order to make it" (Blakinger, 2014). At the end of the eighteenth century, a British chemist, C. R. Alder Wright, and a German scientist, W. Dankwortt, using different methods and independent of each other, synthesized what we now call heroin. A German pharmaceutical company, Bayer, started selling heroin in 1898. In the late 1890s, Bayer was testing the drug on its workers. They said it made them feel heroic ("heroisch"). That is why the drug was named heroin. At first, it was used as an active ingredient in cough syrup, as a painkiller, and even to treat morphine addiction. Later, doctors realized that people became strongly addicted to heroin. Then, "in 1914, Congress passed the Harrison Narcotic Drug Act, which attempted to control the consumption of 'mind-altering' drugs by limiting distribution to small amounts that doctors prescribed" (LC, 2015). This was the first attempt to control the use of heroin.

Properties

Heroin is an opioid drug that is "synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant" (NIDA, 2014a). Despite its history as an opioid pain killer, in the United States it belongs to the Schedule I drug list, which means it is "a drug with no currently accepted medical use and a high potential for abuse" (DEA, 2016).

Even though heroin does not have a "currently accepted medical use," it widely exists and, moreover, is very popular among drug users, abusers, and traffickers. Heroin became even more popular than nonmedical use of prescription opioids because it "is cheaper and readily available" (Rollins, 2016, p. 109). It can be used in different ways: it can be "sniffed, snorted, and smoked but is most frequently injected, which poses risks for transmission of HIV and other diseases from the sharing of needles or other injection equipment" (Boyd, 2012, p.600).

Heroin is used and abused as a recreational drug for its euphoric effects, and for the feeling of pleasure it elicits. Heroin is already addictive after only one or two uses. Frequent and regular administration is associated with tolerance and physical dependence. The immediate effects heroin has on the body are pain relief and euphoria, which are "powerful motivating factors for compulsive use and abuse" (Boyd, 2012, pp. 600-601). Long-term use of heroin "affects the brain areas that are associated with long-term memory, decision-making, complex thought and controlling one's own social behavior. The following behavioral changes may be seen: poor ability to regulate one's own behaviors, impaired emotional processing, impaired memory, poor executive functioning (diminished ability in being flexible with tasks, impaired reasoning skills, poor ability to problem-solve, poor planning skills), decreased capacity for making decisions, decreased ability to imagine future events and interactions" (Heroin.net, 2016). The brain function deteriorates very fast, which can lead to respiratory depression, muscular weakness, partial paralysis, and comas.

Addiction

Why do people use drugs for a non-medical purpose even though they know this is a destructive habit? What makes adolescents use drugs for the first time? It is obvious that "heroin use is a socially learned process" (Schaefer et al., 2015, p. 108). There is a very organized network of traffickers who sell and resell heroin. They provide drugs for long-time users and for new ones. The long-time heroin users usually try to maintain their accustomed level of intoxication and do not seek a state of euphoria, the so-called high. Basically, they cannot normally function without this particular low level of heroin in their blood. These long-time users are dependent on heroin and they are the regular customers of the heroin market. Unfortunately, there are always new

heroin abusers. Of course, "the initial decision to take drugs is voluntary for most people" (NIDA, 2014b); however, adolescents and teenagers often see drug abuse as an acceptable behavior and simply follow other adult addicts, or peer addicts. Depression, peer pressure, or even just curiosity could make an adolescent start abusing drugs, but it is a voluntary decision. A significant concern is that teenagers and adolescents are a psychologically non-mature population, and their decision-making capacity is usually not developed well enough to understand the whole extent of the danger associated with heroin abuse: "After becoming addicted, heroin users gradually spend more and more time and energy obtaining and using the drug until these activities become their primary purpose in life" (Boyd, 2012, p. 601). That is why drug abusers often become criminals.

Drug availability plays a devastating role for the young. A lot of families have lost loved ones, and this disease of addiction continues to be an issue nationwide. Why do we not just get rid of heroin? Since it is a Schedule I drug and does not have a medical use anymore, society can just destroy and remove heroin from the Earth for humanity's sake and never produce it anymore. It seems so obvious: no heroin means no heroin abusers. It is so simple! We will cure the existing drug abusers and will not have the new ones.

But there is another side of the coin: "getting opiates from producer to consumers worldwide is a well-organized and, most importantly, profitable activity. The most lucrative of illicit opiates, heroin, presently commands an estimated annual market value of US$55 billion" (UNODC, 2016). Most people from this market do not care that heroin brings acute and chronic health problems, including the transmission of blood-borne diseases such as AIDS, hepatitis, or infective endocarditis. And they do not care about those "alarming 47,000 American overdose deaths in 2014." Society must wage war on this dangerous business. Since heroin is available on the streets now, the best we can do is find ways to prevent people from starting heroin, to provide appropriate teaching widely, especially among the young. Everybody has to be aware of the problem and participate to improve the situation.

First of all, people should be aware of the risk factors that can lead to addiction to heroin (and other substances). The risk factors can be identified as biological and environmental. Biological risk factors include genetic predisposition and

mental illnesses, and they are considered as unchangeable risk factors. Social environment, childhood trauma, stress, and early use of drugs are the environmental or changeable risk factors. Usually, biological and environmental risk factors work together; however, people can alter changeable risk factors, which will decrease their vulnerability and will help to resist harmful temptations. For example, "people who live, work or go to school in an environment in which the use of alcohol and other drugs is common—such as a workplace in which people see heavy drinking as an important way to bond with co-workers—are more likely to abuse drugs" (HBO, Addiction, 2016). If a person removes her- or himself from that environment, there is a greater possibility of avoiding its abuse.

To illustrate, the *New York Post* published an alarming article, "Get them clean. How to fix NY's approach to heroin crisis" by Sally Satel and Sean Kennedy. The Post's photograph (above) presents a man and a woman who look as if they are sleeping in a sitting position in the front seat of a car. Also, we can see a boy, about five years old, in the back seat. He looks at us from the photo, and his sad eyes penetrate deep into the heart. The caption reads: "This Ohio couple overdosed on heroin with the woman's grandson, whom she had custody over, in the back seat. The child will now live with his great-aunt and great-uncle in South Carolina" (Satel and Kennedy, 2016). We can imagine what kind of life this child has had, as well as how many children are abandoned and

neglected because their guardians are substance abusers. Those kids already run at least two risks to become drug abusers such as childhood trauma and an environmental risk factor, and the genetic risks are also fairly high for them. The children of drug abusers are usually deprived of a decent childhood. They are trapped by such tough living circumstances and very often wind up being drug addicts also.

Solutions

The New York State Department of Health developed the Opioid Overdose Prevention Program (OOPP) which aims "to teach those people who are at risk for witnessing an overdose how to prevent overdoses, recognize overdoses, respond appropriately to overdoses, and administer naloxone to reverse overdoses" (ANA, 2016). Naloxone hydrochloride, brand name Narcan, is a Food and Drug Administration-approved medication which "completely blocks the effects of opioids, including CNS and respiratory depression, without producing any agonist (opioid-like) effects" (Nursing central, 2016). Since 1996, naloxone has been widely used by members of the OOPP to reverse opioid-related overdoses. Also, naloxone is a drug of choice for saving lives of drug abuse victims in acute care settings and for detoxification.

Detoxification can also be accomplished by methadone maintenance treatment. Therapeutic effects of methadone are "suppression of withdrawal symptoms during detoxification and maintenance from heroin and other opioids" (Nursing Central, 2016). Detoxification alone does not address the psychological, social, and behavioral problems associated with addiction and therefore does not typically produce lasting behavioral changes necessary for recovery. Detoxification should thus be followed by assessment and referral to drug addiction treatment. The combination of methadone treatment with behavioral therapy helps patients to stop using heroin.

Any stage of recovery from drug overdoses requires competent and skillful nursing intervention: "Nurses, because of our unique hold in a variety of settings, have the ability to greatly impact opioid overdoses" (ANA, 2016). First of all, the nurse has to establish communication that enhances the formation of the nurse-patient relationships. The therapeutic relationships are important for providing an effective assessment, which is paramount for development

of the treatment plan. During work with the patient, the nurse has to use the appropriate interventions and techniques such as motivational interviewing, countertransference, cognitive-behavioral interventions, psycho-education, enhancing coping skills, and others.

We know that prevention is always the best strategy. Members of the medical team, including the nurses, especially the school nurses, and healthcare providers have to identify people with high risk of drug abuse and appropriately provide education on drug abuse prevention. Nurses are encouraged to become active in the prevention of opioid-related overdoses and to incorporate overdose prevention into their daily practice. Patients who are recovering from addiction are supposed to be encouraged to change their lifestyle (for example, to find friends who do not use drugs), and to participate in community support groups such as Narcotics Anonymous. We have to use all possible tools and measures to fight drug addiction. Newspapers, magazines, TV, and Internet resources are supposed to address this problem.

Unfortunately, a lot of unfavorable and negative information comes from social media into our homes. In "Heroin Addiction: Not a Laughing Matter," the author Judy A. Rollins, Ph.D., R.N., expresses her concern about the dark humor about heroin use presented on *Saturday Night Live*: "With the increasing numbers of families experiencing the heartache of a loved one's addiction to heroin, this skit made me feel very uncomfortable" (Rollins, 2016, p. 109). It is really sad that some people still do not understand the whole extent of pain and suffering that accompanies addiction, especially if those people work in social media. This kind of attitude can mislead our young generation and play a harmful role in their immature lives. The internet sources are also loaded with provocative articles containing adverse information. Anybody can find there, for example, thorough instructions how to use heroin and other drugs. I believe that particular restrictions would be helpful for the establishment of a healthy environment online and on-air.

Social media is a powerful tool, and it can and should be used to reinforce the understanding of how dangerous heroin addiction is. All possible measures should be used to warn individuals not to become victims of this disaster. Also, social media have to provide proper information for those who already abuse drugs, but still are not addicted to a large extent and are able to compel

themselves to quit. For them, the information about different community services and treatment programs would be very helpful.

Addressing the heroin addiction problem, Tom Frieden, Director of the Centers for Disease Control and Prevention, states: "To reverse this trend we need an all-of-society response – to improve opioid prescribing practices to prevent addiction, expand access to effective treatment for those who are addicted, increase use of naloxone to reverse overdoses, and work with law enforcement partners like DEA to reduce the supply of heroin" (CDC, 2016).

In the United States, there are a lot of community based treatment programs for those who recover from addiction. NIDA introduced a comprehensive approach to this problem. These are some examples of such programs:

- Long-term residential treatment, a so-called therapeutic community, provides care 24 hours a day (lengths of stay of between 6 and 12 months). Treatment focuses on developing personal accountability and responsibility, with activities that help residents to change their destructive mindset. Many therapeutic communities offer employment training.
- Short-term residential programs provide intensive but relatively brief treatment (3-6 weeks), including inpatient treatment and outpatient group therapy. Treatment focuses on reducing the risk of relapses.
- Outpatient treatment programs are more suitable for people with jobs. They offer the services that can vary in types and intensity. Group therapy is a major component in outpatient programs.
- Individualized drug counseling focuses on reducing or stopping drug abuse. This program helps the patients to develop "coping strategies and tools to abstain from drug use and maintain abstinence …, and makes referrals for needed supplemental medical, psychiatric, employment, and other services." (NIDA, 2014b)

Of course, these treatment programs are costly, but they are necessary for the successful recovery of patients from addiction.

Also, a lot of other actions are taken in response to the heroin epidemic. President Obama's Budget for Fiscal Year 2017 addressed this issue: "The Budget takes a two-pronged approach to address this epidemic. First, it

includes $1 billion in new mandatory funding over two years to expand access to treatment for prescription drug abuse and heroin use and help ensure that every American who wants treatment can access it and get the help they need. Second, it includes funding to continue and increase current efforts to expand State-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose-reversal drug naloxone, and support targeted enforcement activities" (OMB, 2016). That is really important that our hospitals and other health care institutions will receive funds for treatment and services. These measures will allow health care professionals to deal with a problem more successfully by improving the quality of existing community-based treatment programs for those who recover from addiction, and by providing education on the prevention of drug abuse in communities.

In Conclusion

As mentioned earlier, the first attempt to control the use of heroin was made in 1914. More than 100 years (!) later, in other words *today*, we are still at the stage of attempting to control the use of heroin. Why was a hundred years not enough to conquer heroin? Even though people know how much harm heroin can cause, they continue to traffic in heroin, thus perpetuating a horrible addiction. It is time to establish the prohibition on heroin. If the counter-argument to that is the worldwide opiate market, we have to confront it. Any lucrative business cannot be more important than human lives.

We nurses work hard to help people to save their health and their lives, to cure their illnesses, to ease suffering, to overcome their addictions, and to help them to resist any other new temptations. If heroin is easily available, people will suffer. Definitely, we need a new approach! We have to get together and work through credible organizations like the American Nurses Association, the Centers for Disease Control and Prevention, the World Health Organization, and others. These organizations and the government are supposed to develop the new laws that mandate taking drugs off the streets. We can and ought to win this war. If we had done this earlier, that poor sad-eyed boy from Ohio who was forced to live with his great-aunt and great-uncle might today have a good family and be enjoying a happy childhood.

References

American Nurses Association. (2016). Legislative: Responding to the Fatal Opioid Overdose Epidemic: A Call to Nurses. Retrieved October 12, 2016, from http://www.nursing-world.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Columns/Legislative/Responding-to-Fatal-Opioid-Overdose-Epidemic.htmlBlakinger, K. (2014, July 21). Ten Startling Facts About the History of Heroin. Retrieved from http://www.substance.com/ten-startling-facts-about-the-history-of-heroin/9292/

Boyd, M. (2012). Psychiatric nursing: contemporary practice. 5th ed.

Centers for Disease Control and Prevention. (2016). Heroin Epidemic. Retrieved October 19, 2016, from http://www.cdc.gov/media/dpk/2015/dpk-vs-heroin-epidemic.html

Drug Enforcement Administration. (2016). Drugs of Abuse. Retrieved November 3, 2016, from https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf

HBO. Addiction. (2016). Why Do Some People Become Addicted? Retrieved October 26, 2016, from https://www.hbo.com/addiction/understanding_addiction/14_some_people_become_addicted.html

Heroin.net. (2016). Heroin Effects on the Brain. Retrieved October 15, 2016, from http://heroin.net/heroin-effects/heroin-effects-sub-page-1/heroin-effects-on-the-brain/

Klepper, D. (2016). Once unthinkable in US, drug shoot-up rooms get serious look. *Associated Press.* Retrieved November 5, 2016, from http://bigstory.ap.org/article/93726b5c81394e0ab787fcb92ceb3124/once-unthinkable-us-drug-shoot-rooms-get-serious-look

Library of Congress. (2015, July 8). Topics in Chronicling America - Narcotic Drugs, Heroin. Retrieved from https://www.loc.gov/rr/news/topics/heroin.html

National Institute on Drug Abuse. (2014a). Drug Facts - Heroin. Retrieved October 29, 2016, from https://www.drugabuse.gov/publications/drugfacts/heroin

National Institute on Drug Abuse. (2014b). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved October 29, 2016, from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states/types-treatment-programs

Nursing Central. (2016). Drug guide. *Unbound Medicine*.

Office of Management and Budget. (2016). The President's Budget for Fiscal Year 2017. Retrieved October 29, 2016 from https://www.whitehouse.gov/omb/budget

Rollins, J. A. (2016). Heroin Addiction: Not a Laughing Matter. *Pediatric Nursing*, 42(3), 109-111.

Satel, S., & Kennedy, S. (2016, September 16). Get them clean. How to fix NY's approach to heroin crisis. *New York Post*, p. 27.

Schaefer, B. P., Vito, A. G., Marcum, C. D., Higgins, G. E., & Ricketts, M. L. (2015). Heroin Use among Adolescents: A Multi-Theoretical Examination. *Deviant Behavior*, 36(2), 101-112.

United Nations Office on Drugs and Crime. (2016). The global heroin market. Retrieved October 12, 2016, from https://www.unodc.org/documents/wdr/WDR_2010/1.2_The_global_heroin_market.pdf

“Calling a Truce in My Throat”

Gabriel Pjatak

Fall 2016
English 12 | Freshman English I
Professor Eben Wood

Whether we like it or not, the world around us is constantly changing. Changes in the world can be those of nature, which humans have little control over, or changes in the societies that we live in and contribute our opinions to. Although these are ways the world changes objectively, due to different influences, there are ways the world changes just for us as individuals. When we go through subjective changes we must understand that the way we change as individuals subjectively will connect to objective changes in the world around us, affecting not only how we view our society, but how we view ourselves in society. Whether we choose to go along with society’s changes, or decide to stand out and be different, we will always have an effect on and be affected by the people around us. Because the relations of individuals within society as well as society itself constantly change, we can choose to change with them and fit in, or we can choose to stick to what we believe in and not be taken into the crowd. Although most people are forced to select between the two obvious choices, agreeing or disagreeing, there can be a middle stance on things. Just because we don’t want to be like everyone else doesn’t mean we have to be the ones that go completely against it. We have to learn to go along with what society is saying just enough to be aware of what is going on around us, but yet we still must stay true to what we believe in.

In his essay “The Nomads of Language,” Ariel Dorfman speaks about the impact of multilingualism and multiculturalism. When migrating, or moving from one time and place to another, people don’t always have the choice to bring with them a physical object to remember their motherland, but one thing

everyone carries with them is their culture and language. Moving from one culture and nation to another can be difficult, and whether moving to a nation with the same language or culture as the nation of origin, or to that with a completely different language or culture, the adjustment is difficult. Throughout the essay, Dorfman explains the choices each person has, either to assimilate and jump straight into the new culture to fit in as soon as possible, or to reject and refuse to learn the new culture and rather stick to what is comfortable, the language and culture that migrants brought with them. The third choice that Dorfman promotes is to adapt to both cultures and languages, to live with and be proud of both. Although it is easier to live with only one language and culture, it is beneficial to be multilingual and multicultural, to be able to live in two dimensions and see life from two perspectives. Our languages can fight each other for a dominant role, or they can call a truce and both be to our advantage when needed.

The essay opens with Dorfman telling a story he believes was told to him by the Colombian writer Gabriel Garcia Marquez. The fact that Dorfman says "I believe" (89) indicates questions about perspective, about the relationship between the subjective perception of belief and objective meaning of truth. The story told by Marquez was about Colombian villagers that were forced to migrate away from their homes due to natural disasters or manmade catastrophes. As the Colombian villagers were leaving their motherland, "on the verge of becoming nomads they dug up their dead and carried their ancestors on their journey into the unknown" (89). Other than the fact that people are often forced to leave their homes due to natural harms or even man-made catastrophes, this story was not meant to be taken literally. This story is here to tell the reader that when people set out to move, whether they are forced or willingly do so, they take very little with them. Going into the unknown is hard; these people might not even know where they are going, but in being forced to move, all they can take with them is their past experience and culture (represented by the bones of their dead ancestors). Dorfman goes on to say, "Most are barely able to bring with them a photo, a clipping, the keys to a house that is no longer theirs and that may, in time, be demolished, its address lost" (89). He is explaining that when people know they are moving they try to bring with them a memory from their motherland to remind them of the past and where they came from.

People can't always bring a souvenir to remind them of their past, and most of the time when people are forced to leave their homes, all they can bring is "the language that gave them a slow second birth" (90). When describing the "second birth," Dorfman is not talking about a biological birth, rather he is explaining that our first birth is the one that is given to us by our mother, the one from whom we come into this world, while our second birth is into a culture. We are not born with a certain type of culture, but we are born into a culture; we acquire our culture and language from the group of people we grow up around; this is all part of our second birth and our exposure to the culture that is being taught to us.

As migrants travel, they carry their culture and language with them, and whether they choose to carry it with them or leave it behind is all up to them. For nomads carrying their culture and language, they will be "put to the test when the voyage is over" (90), and when they arrive "those who await them at the new location [will] have their own dead" (90). Where these people are going will be nothing like the past; the people who await them will have their own culture and own language and so adjusting to their new lives will not be easy. Dorfman gives two scenarios: a move to a country with a shared culture, such as from Argentina to Spain, or a move to a country with an entirely different culture. The speaker explains that neither scenario is easy; when moving to a shared culture the meaning of certain words or forms of expression will be different and so it will be difficult to fit in, and when moving to a completely different culture, the migrants will have to find a place in that society as well. Dorfman explains how the more common scenario of the two is the one in which migrants are faced with an "alien tongue" (90). These people are "condemned to live a bilingual fate" (90). Most migrants encounter a language that they completely don't understand, and for these people it is almost certain that they will eventually take the middle route between extremes.

Dorfman continues the first section by explaining that this bilingual fate is connected to a feeling of "perverse doubleness" (90). The migrants that will be forced to live with two languages, the one they brought with them and the one they will need to acquire, are in a bad position. This is the first time the speaker really mentions bilingualism; he uses a negative tone when speaking about it and says that these people will have to live in two communities and that

is not a good thing. Dorfman says there are two choices each migrant will have: "assimilation or rejection" (90). If these people that have come into a new land choose to assimilate, they will have chosen to forget all about their past culture and language and try to fit into the norms of their new society. The people that choose to assimilate will "make believe the dead are really, entirely dead" (90). When the speaker says this he is referring to the Colombian villagers that carried their dead with them to their new location, just as all migrants carry their language and culture to their new location. Not all of them keep these things on their backs, as some may choose the easier option and treat their ancestors like they are really dead and keep their former language and culture in the past. On the other hand some migrants will choose to reject the new culture and language they have entered; these people will stick to what they came with and what they know best and continue their culture and traditions in this new location. Most of the people that choose this option are those that "[refuse] to learn more than a few words of the host country's language" (90) because they hope to return to their homeland, and by holding on to their past they not only feel closer to their past, but they have "a down payment on their ticket home" (91).

For migrants, assimilation and rejection both reflect an easy way out. Migrants don't want to get mixed up between two languages, they don't want to be "Janus-like" (91). The reason Dorfman mentions Janus is because this is a Roman god with two faces, one looking towards the past and one towards the future. This is exactly what migrants are trying to avoid; they don't want to make life difficult for themselves and be caught in between two languages and cultures. Instead they want everything clean and clear and so they choose the easier road, *either* assimilation *or* rejection. Dorfman initially argues that finding yourself between two languages is negative; he explains this is bad but also says he understands why migrants will choose one road or the other, because it is the easier way out. Nations use language as borders, and so knowing a language means you fit in. Although we want to learn a language to fit in and be considered normal, we can try to "blend" (91) between two cultures; we try to fit in but hold on to our past just enough to keep our past in our hearts. This third choice of blending is a very hard thing to understand; migrants have to blend, and so they must give up a bit of their past to acquire some of the present life around them. Those migrants that choose to blend keep their past in their hearts,

but only as a method to deal with the fact that they may never go back.

From here, Dorfman changes his tone and starts explaining his experience with bilingualism. Dorfman explains as a child he went through three stages where he "rejected, refused, and embraced" (91) his bilingualism. As a Chilean child exiled to America, Dorfman went through stages of his life where he would want to speak either Spanish or English; he then got to a point in his life where he realized that it wasn't so bad to know both languages and so embraced the fact that he was bilingual. Dorfman states how English and Spanish have "called a truce for my throat" (91), and instead of battling to speak only one or the other, the speaker learned he can use either language when the time comes, and that bilingualism is an advantage. Although Dorfman learned to speak English in his native Chile, he can relate to the Colombian villagers because his family and he were exiled from their homeland Chile in 1973 because of a horrific event in which the military under Augusto Pinochet overthrew the government; this relates to the forced movement of the villagers due to natural or man-made catastrophes.

Although there are many independent countries throughout the world, only a few are the powerhouses of the world. Because they don't have many resources or valuables to offer, many small nations are being forgotten about. With powerful countries that are large in land and control leading the world and forcing their cultures upon everyone, small countries that have nothing to offer are slowly being erased from the map. Dorfman talks about these issues and how power is the main reason for the spread of bilingualism throughout many countries; with certain countries spreading their dominance, the variety of languages is lessening and only major languages are being advertised. This spreading of a dominant power in economic or cultural forms throughout the world is known as globalization; Dorfman goes on to talk about the three main reasons for this developing interconnectedness. The first condition is "mass of migration" (92); people move throughout the world carrying their culture with them.

The second "major condition favoring bilingualism is the way in which distances that used to separate migrants from their native lands have become compressed" (92). Because of technology and travel the world feels subjectively smaller; migrants can travel back and forth between their native lands and their

new homes within hours or days and communicate with their families back in their motherlands within minutes. This travel and technology were not available many years ago for our ancestors, but because we have it today we individually feel closer to our homes and we know that leaving home doesn't necessarily mean that we will never return. The third condition is "movement of bodies and goods and capital" (92). Today people don't need to leave their home to have access to products from all around the world. Because of the advances in technology and capital, people are able to see the whole world from the comfort of their homes; it is possible to explore the many attractions around the world all from your computer at home. Although this can be an advantage, it can also have a bad effect on people because people aren't interacting directly with each other as much. Instead of going out and learning different languages through first-hand experience, people are stuck behind a screen.

While globalization's effect can be positive because of cultures and languages being spread around the world, Dorfman explains that there are some faults in modern globalization: "The ascendancy of English, like so many phenomena associated with globalization, leaves too many invisible losers, too many people silenced" (92). Throughout the entire second section of his essay, he explains how he is all for bilingualism and how it is beneficial to live in two worlds. When he speaks about English being the common language throughout the world, he is threatened because he likes diversity and change and with English acquiring a large role throughout the world, people are brought together only through one powerful or dominant language. The speaker explains how he wants people to be bilingual and communicate through different languages to spread their culture and diversity, and with English as the default world language, many people who don't have English as a main language are lost. Although nations such as America and England have the advantage in the world of travel because they are able to communicate with many different people, other nations that don't speak English are put at a disadvantage. The speaker explains how many people are silenced because of this "lingua franca" (92), and so instead of the world becoming more diverse it is contracting in multilingualism and multiculturalism. Because America is the superpower that it is, English is slowly taking over the world. The speaker is against this because not only is it decreasing diversity throughout the world, less powerful, non-English

speaking countries must adapt to the dominant cultures of the world.

In the third and final section of his essay, Dorfman explains how the ideas of migration and globalization are not only significant today, in the twenty-first century in which movement and travel is at an all-time high, but throughout history. Dorfman goes on to explains how bilingualism doesn't always have to reflect two separate languages: it sometimes means "Taking words out on loan and returning them in different, wonderfully twisted, and often funny guises" (93). Bilingual speakers mix and match the two languages they know and diversity is brought about with two or more languages merging into one. Although they are becoming more widespread today, bilingualism and diversity have been around for a long time. Society has been creating mixed languages since people first interacted "out of Eden" (94). From the beginning of time bilingualism was used throughout the world, but because now is the time it is finally becoming common among people, we can't let our languages die with the past. Instead, we must not only carry forward what our ancestors brought to us, we must also follow in their footsteps to create a more diverse society.

Although bilingualism has been common since the first human interactions, certain relationships have influenced the spreading of culture. Dorfman explains that "trade, war, and love" (93) were the three main reasons for bilingualism in the past. As trade between people expanded, people had to go out and learn new languages in order to interact with different countries, and how with "the bartering of words and the dawning discovery that anyone who knew both tongues would be able to sell and buy" (93), bilingualism was essential for trade between different cultures. Another impetus for bilingualism was during the "crossroads of war" (93). When two countries clashed in the battle for power, they eventually had to come to an agreement about who won. Slaves that were traded and soldiers that were captured or defeated all had to learn to understand their masters. This was another reason for the spread of bilingualism throughout the world.

The third reason is that most people learned and exchanged languages through love: "One language for the man, another language for the woman, coupling the bodies and coupling the minds and coupling the tribes" (93). Love has no boundaries, and so when two lovers meet, they learn to speak to each other in their own languages, then through a shared language they make up

of love, and eventually they spread their new, mixed cultures and languages through their children into the world. Dorfman explains that our society was built on bilingualism and multiculturalism, and because we live in the twenty-first century, a time in which this is more common than before, we should continue spreading our culture and making the world diverse, going towards the future by connecting to the past.

When coming to a new land, migrants have a choice and this choice not only affects them for their lifetime but the future of their family's culture. Migrants can either assimilate and only follow the language and culture of the land they moved to, or they can reject this new lifestyle and stick to what they know and what they are comfortable with. Either option is the easy way out for these migrants. They don't want to find themselves stuck between two cultures but must instead commit long-term to their new home or assure themselves that they will return to their home. What most migrants don't think about is the third option; although it is good to surround yourself with the new culture and language, and to adapt to your surroundings, it is also smart to stay close to your native culture and everything you have known until now. This third option, although the most difficult, is the most beneficial because these migrants aren't completely cutting their roots.

Being multilingual and multicultural opens us up to two dimensions, and while we are open to the present opportunities around us, we are also carrying with us the hard work and pride of our ancestors that worked hard to hand us an easier life. It is not logical to hold onto one language or another but rather to be able to use *both* one *and* the other when the time comes. Yes, by assimilating we are looking towards the future and having an easier life, but it is just as important to hold on to our past and be proud of where we came from. The best way to show our native pride is to not let our culture and language die, to let our future lead us, but carry just enough of our past on our shoulders to not slow us down.

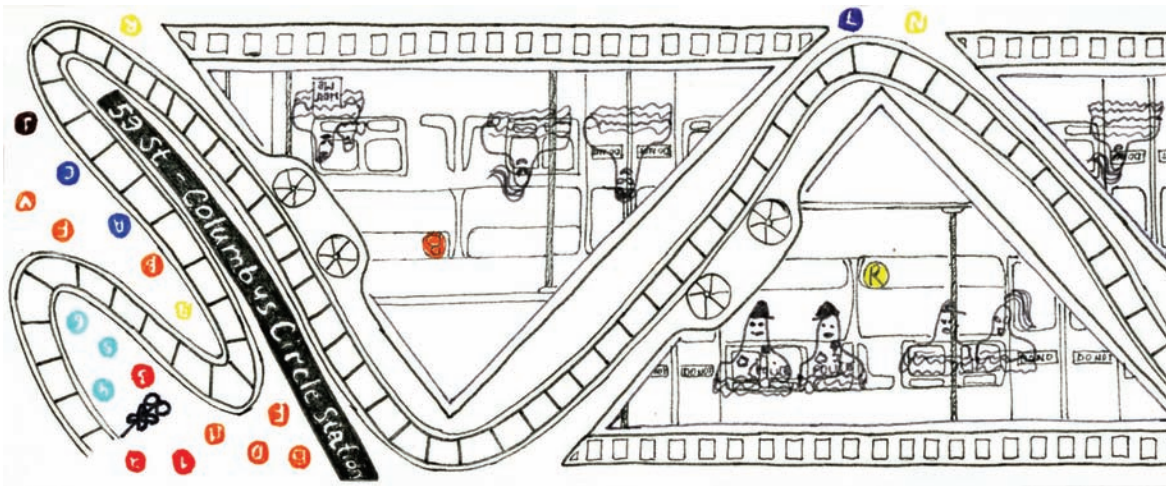
Change is a part of life. As time passes we can't be trapped by the past; we have to adapt and expand our view of the society around us. Just because we adapt to present life around us doesn't necessarily mean we must let go of all of our beliefs; we must learn to hold our beliefs in our heart and be patient with them. What is even more important is to look around. Looking only in

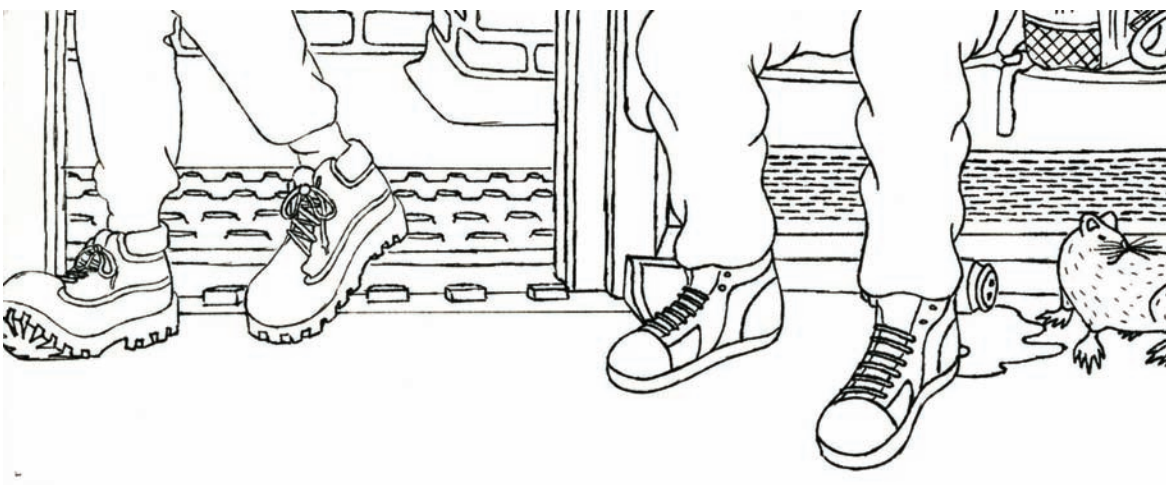
the direction we want is dangerous; people must learn to look around and see objectively what's out there. Whether we fully choose to accept those things or not is something else, but we should always try to connect to the world around us and at least try to accept it objectively as it is. When faced with new conflicts and choices we must learn to change along with society, but we must also stay true to what we believe in. Instead of taking the easy way out, we should look at both sides of an argument, or even recognize that there are more than two sides, and try to comprehend and use a little of both to our advantage. When given two choices there is always an easy way out; the smarter choice may require hard work, but it will pay off in the future.

Work Cited

Ariel Dorfman. "The Nomads of Language." *The American Scholar.* Vol. 71, No. 1 (Winter 2002), 89-94. Web.

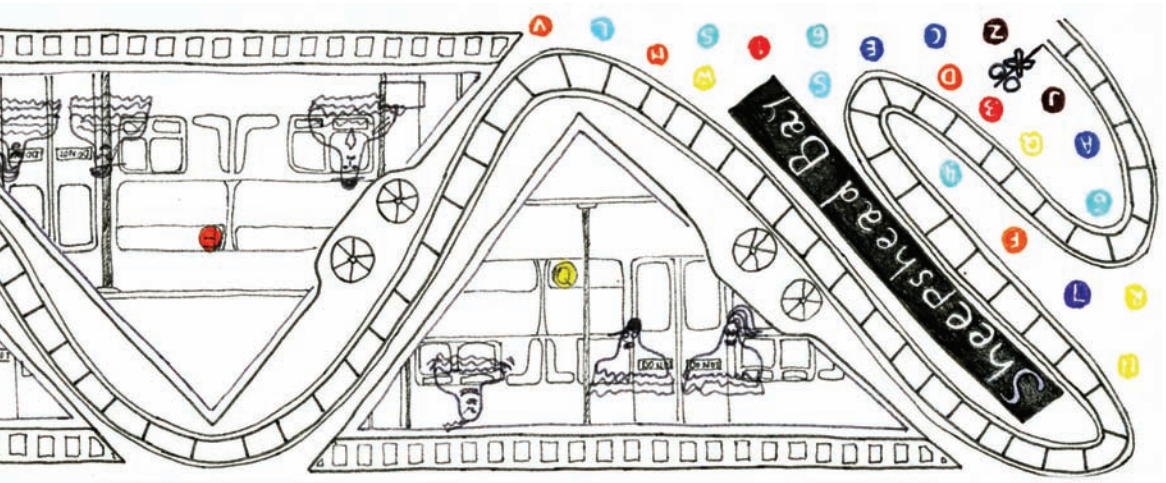
New York City Panoramas



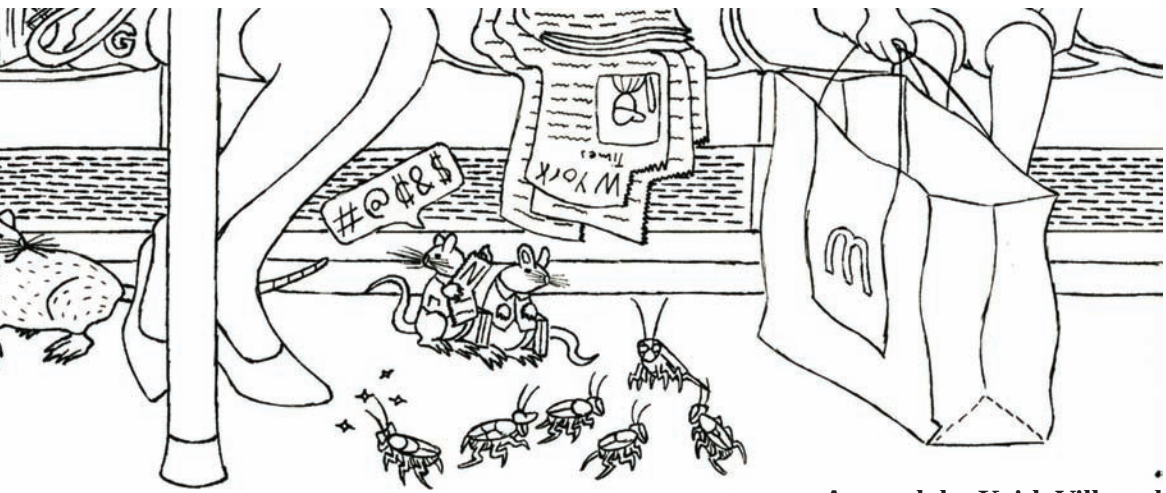


Levan Lomaia & Keith Villaroel

Fall 2016
Art 69 | Illustration Style
Professor Valerie Sokolova



Artwork by Levan Lomaia



Artwork by Keith Villaroel

American Foreign Policy and Its Role in the World

Kelly J. Worthington

Fall 2016
Political Science 51 | American Government and Politics
Professor Tracy Steffy

Foreign policy is quite simply the manner or strategy in which a government deals with foreign nations. The goals of American foreign policy are to preserve the national security of the United States, maintain a balance of power among nations, further cooperative foreign trade and promote democratic values and human rights. Certain considerations must be made when deciding on foreign policy such as who will this policy affect, what would be the negative and positive consequences of the policy and how will it be implemented? Is American foreign policy efficient and equitable? The United States made a major shift in its foreign policy and redefined its role in the world after World War II. Before the war it was more focused on isolationism, but after the war it became more involved in global affairs. In order to understand why, we must first examine the leadership of American foreign policy and certain aspects of its foreign policy in trade and economics, defense and military and finally human rights.

To best understand how decisions are concluded in foreign policy, one must understand the leadership and bureaucracy of foreign policy. Key role players in the foreign policy decisions of the United States are Congress, the President of the United States, and the Executive Branch agencies. Through various diplomatic and intelligence gathering agencies, the Legislative and Executive branch is able to receive and act on intelligence and information received by them. Agencies such as the State Department represent the United States through its more than 270 diplomatic locations throughout the world.[1] The Department of State is

[1] Diplomacy: The U.S. Department of State@Work. https://careers.state.gov/learn/what-we-do

responsible for promoting peace and stability in areas of interest to the United States, supporting American businesses abroad, providing information to U.S. citizens traveling abroad and issuing visas to foreigners who wish to visit the United States. The Department of Defense (DOD), whose mission is to provide military forces needed to deter war and to protect the security of the United States, also plays an important role. The DOD accomplishes this by maintaining mission and deployment readiness. While the President of the United States acts as the Commander in Chief of the armed forces, it is through Congress that war is declared. Our government acts through a system of checks and balances and a separation of powers between the Legislative (those who write the laws), the Executive (those who enforce those laws) and the Judicial (those who determine if those laws are constitutional). [2]

American foreign policy has evolved over time; prior to World War II it was radically different than it is today. The United States was originally more of an isolationist nation, preferring not to be involved in global affairs and conflicts. At the start of World War I, President Woodrow Wilson remained neutral, only barring trade with Germany and trading only with the Allies. It was a German U-Boat attack on a U.S. Merchant Ship that brought the United States into "the Great War."[3] After WWI the U.S. continued its policy of isolationism, remaining neutral, though it allowed for trade through the Lend-Lease Act.[4] Twenty-one years later, however, the Japanese attack on Pearl Harbor brought the United States into World War II. The end of World War II brought about the end of isolationism and the emergence of the U.S. as a world leader. What followed was the establishment of the United Nations, the development of nuclear weapons, the start of a Cold War (which was a catalyst to the establishment of NATO), the Cuban Missile Crisis, the Space Race and the technological impact it had on the world. The United Nations was established October 24, 1945, as a means of addressing issues facing humanity such as peace and security, terrorism, humanitarianism. Today the UN provides a forum for its 193 Member States to express their views in the General Assembly. The creation of the United Nations was particularly important providing security through diplomacy as nations

[2] Benjamin Ginsberg, Theodore Lowi, Margaret Wier, Caroline Tolbert, Robert Spitzer. *We the People* (10th Essentials Edition). New York: W. W. Norton & Company. 2015. 46.

[3] Robert W. Tucker. *Woodrow Wilson and the Great War: Reconsidering America's Neutrality*, 1914–1917. University of Virginia Press. 2007.

[4] Warren F. Kimball. *The Most Unsordid Act: Lend-Lease*. Baltimore: Johns Hopkins Press. 1941.

were developing nuclear capability. Albert Einstein once said, "I do not know with what weapons World War III will be fought, but World War IV will be fought with sticks and stones."[5]

The rise of nuclear powers is also a major factor in the change in American foreign policy. Nuclear war was regarded as a worst case scenario to be avoided at all costs; at the same time, nuclear weapons were being developed in the U.S. to deter other nations from initiating an attack. Deterrence was the essence of the Cold War, which I like to describe as a war of espionage and intelligence, because not a single shot was fired. The closest the Cold War came to escalating into a full-scale nuclear war was the 1962 Cuban Missile Crisis. In response to the Bay of Pigs invasion, the U.S.S.R. placed missiles in Cuba that could reach Florida. Just as tensions were at a boiling point, the Soviet leader Nikita Khrushchev agreed to remove the missiles if the United States respected Cuba's territorial sovereignty.[6] With the end of World War II and the emergence of the Cold War, the United States would never again take an isolationist approach.

Trade, economics and the global market play a major role in shaping the way the United States interacts with other countries. A global market is the activity of buying or selling goods and services in all countries of the world, or the value of the goods and services sold. The term "global economy" refers to the economy of the world, where the economic activities between various countries are intertwined and can affect other countries positively or negatively. Despite only representing less than 5% of the world's population, Americans generate and earn more than 20% of the world's income; the U.S. is the world's largest economy and the leading global trader.[7] The United States creates opportunities and strengthens its economy by participating in the global market and through trade agreements. The Office of the United States Trade Representative (USTR, formed in 1962) is a federal agency responsible for developing and recommending trade policy to the President, conducting trade negotiations and coordinating trade policy within the United States government. The USTR is responsible for administering U.S. trade agreements, which involves monitoring other trading partners' implementation of trade agreements with the United States, enforcing America's rights under those agreements and negotiating and

[5] Alice Calaprice. *The New Quotable Einstein*. Princeton University Press. 2005. 173.

[6] Alice L. George. *The Cuban Missile Crisis*. Routledge. 2013. 89

[7] Economy and Trade. https://ustr.gov/issue-areas/economy-trade

signing trade agreements that advance the President's trade policy.[8] One such policy currently under construction, the largest trade deal since NAFTA (1993), is the Trans-Pacific Partnership (TPP). The TPP is a trade agreement among 12 countries (including the United States) making up more than more than 40% of the global GDP, which will supposedly make it easier for American small business owners, farmers and entrepreneurs to sell their products overseas by eliminating over 18,000 taxes (tariffs) and other trading barriers. It was a part of President Obama's plan to expand into the Asian market.[9]

American foreign policy on trade effects the economic landscape of the world by partnering with other countries to expand its reach. When relations between the United States and another country are sour—for instance, the U.S. doesn't approve of that way another nation goes about human rights—the U.S. may impose economic sanctions or punitive actions against that country. Economic sanctions are the withdrawal of customary trade and financial relations for foreign and security policy purposes. An embargo, or ban on trade and commercial activity, is an example of such sanctions. The United States placed an embargo on Cuba in 1962 after diplomatic relations between the U.S. and the Fidel Castro-controlled Cuba soured. Cuba nationalized more than $1 billion in American assets and signed a trade deal with the Soviet Union.[10] The embargo on Cuba restricted American companies from doing business in Cuba and prohibited Americans from traveling to Cuba and spending money on Cuban goods. It also limited the amount of money individuals could send to family living in Cuba. In 2016, the U.S. relaxed its restrictions placed on Cuba. For instance, it is easier for Americans to travel to and spend money in Cuba in addition to being allowed to return to the U.S. with up to $400 in Cuban goods. The United States operates on both ends of an economic spectrum, working with other countries to create treaties and trade deals and on the other hand imposing restrictions and sanctions on countries with policies of which it does not approve.

Another important aspect of American foreign policy is defense. The United States must defend its sovereignty, interests and allies. With over 662 military bases in 38 foreign countries, a budget of $598 billion (54% of the

[8] Mission of the USTR. https://ustr.gov/about-us/about-ustr

[9] TPP: Why Does It Matter? http://www.bbc.com/news/business-32498715

[10] Jeremy Diamond. US-Cuba Relations: 10 questions on the embargo, embassies and cigars. http://www.cnn.com/2014/12/17/politics/cuban-embargo-questions-answers/

entire U.S. budget[11]), and 2.5 million active duty and reserve personnel[12], the United States places a heavy emphasis on the capability of its military. Despite this large size, the manning of the military has shrunk since World War II. The Navy alone during WWII had 1.7 million sailors and the Army had almost seven million soldiers.[13] Even with such a large military compared to other nations, the general consensus among those in the military consider the U.S. military to be operating at a peacetime capacity. A unique aspect of the United States military is that it has bases all around the world due to treaties set by the United States and the host country. Some bases were gained after a conflict (such as the bases in Germany, Italy and Japan) while others are in place to support allies (such as England and Korea). Most military bases are established to deter threats and maintain security. A majority of U.S. military bases are established under an agreement with the host country; these countries of course can ask the United States to leave.

Some would argue that the United States acts as an empire[14] with the spread of its military might, but in fact many European nations and NATO have asked for more military intervention, particularly in regards to the Middle East.[15] The foreign policy played in the Middle East largely involves the use of the military. Threats such as Al-Qaeda and ISIS are often at the forefront of American foreign policy in the Middle East. After 9/11, the United States took on a larger, more militaristic role in the world's security with its Global War on Terrorism initiative. Recent comments by the President-elect Donald Trump about leaving NATO sent ripples of worry through the organization; the United States is a major part of NATO.[16] When diplomatic measures fail and NATO must resort to military means, a large part of that capacity is due to the United States membership. The stability of NATO would be called into question if the United States with the U.S. military were to leave.

[11] Military Spending in the United States. https://www.nationalpriorities.org/campaigns/military-spending-united-states/

[12] Current military capabilities and available firepower for 2016 detailed. http://www.globalfirepower.com/country-military-strength-detail.asp?country_id=united-states-of-america

[13] The National WWII Museum: New Orleans. http://www.nationalww2museum.org/learn/education/for-students/ww2-history/ww2-by-the-numbers/us-military.html?referrer=https://www.google.com/

[14] David Farber. *What They Think of US, International Perceptions of the United States Since 9/11*. Princeton University-Press. 2007.

[15] Europe to US: Ignore Donald Trump, we need NATO. http://www.politico.eu/article/europe-us-trump-we-need-nato-spending-military-alliance-cuts-russia/

[16] Trump's comments leave some European leaders worried about the future of NATO. http://www.pri.org/stories/2016-07-21/trumps-comments-leave-some-european-leaders-worried-about-future-nato

While contractors themselves do not play a direct role in the foreign policy of the United States, they do provide a great amount of support to the Department of Defense and its mission both in the continental United States and abroad. Most if not all uniformed personnel work with Department of Defense contracted employees at some point in their military career. Contractors can range from nurses, medical assistants, construction workers, accountants and auxiliary support staff to operators (those in the military who are a part of Special Forces such as SEALs, MARSOC, etc.) and trainers.[17] The use of military contractors is to save money and allow for military assets to be used for other critical roles.

During my time being stationed at the School of Infantry, Camp Pendleton, for example, contracted medical personnel would fulfill the clinical role of the corpsman who were sent out to support the Marines in field operations. Contractors are often used to augment and support active duty personnel. Civilian contractors have been used in combat zones since the 1960s, and in 2009, half of the American forces in Iraq were civilian contractors.[18] Contractors overseas often provide more long-term services to their facilities; for instance, a contractor working as a nurse in Naval Hospital Okinawa may work there for only a couple of years to twenty years (depending on their contract and their ability to have it renewed), whereas the military officers of the Nurse Corps would be expected to work at the hospital for three years or so before receiving new orders to report to another duty station.

Human rights are fundamental in a democracy. Often, the philosophical reasoning for American interventionism is to spread "freedom and democracy." The two words are almost used interchangeably. A human right is "a right which is believed to belong to every person."[19] A democracy is a system of government where citizens exercise power directly (direct democracy) or elect representatives from among themselves to form a governing body (representative democracy or a republic[20]). The United States is more precisely a representative democracy because we elect our leaders to represent and govern us. Democracy provides a natural environment for the protection and realization of human rights. A

[17] Who are Civilian Contractors and what jobs do they perform overseas? http://www.your-poc.com/what-are-civilian-contractors-and-what-do-they-perform-overseas/

[18] US Military used Civilian Combat Zones since the 1960s. http://www.your-poc.com/u-s-military-used-civilian-contractors-combat-zones-since-1960s/

[19] Oxford Living Dictionaries. https://en.oxforddictionaries.com/definition/human_right

[20] Benjamin Ginsberg, Theodore Lowi, Margaret Wier, Caroline Tolbert, Robert Spitzer. *We the People* (10th Essentials Edition). New York: W. W. Norton & Company. 2015. 13.

government where the governed have no say in its function is fundamentally authoritative or even tyrannical. Governments such as those in Iran or North Korea, where the citizenry does not have a say in who governs them and how, are often violators of human rights. Iran often violates the rights of women and LGBT, and North Korea, being one of the world's most repressive countries, has operated prison camps and used extermination, torture, and sexual violence in a long list of human rights violations. To respond to nations that violate human rights, before the use of military forces when there is a threat to the United States, the U.S. may impose sanctions against that country. Sanctions are an economic tool used by countries or international organizations to persuade a government to change a policy by restricting commercial activity.[21]

For instance, the United States (with approval by the UN Security Council) imposed sanctions on North Korea for its nuclear, missile testing and human rights violations. The sanctions require North Korean ships and planes to be inspected; place a ban on Pyongyang to export goods; prohibit nations from training North Korean nationalists in fields that could advance missile and nuclear programs; prohibit the sale of aviation fuel and small arms; ban North Korea from opening banks in UN member states; and ban member states from allowing North Korea to charter foreign vessels or aircraft; the sanctions even ban nations from using any vessel that flies North Korean flags.[22]

The United States also sends foreign aid to other countries to protect human rights. In fact it is estimated that the United States will spend $35 billion on foreign aid in Fiscal Year 2017.[23] Foreign aid can be spent on a variety of programs such as humanitarian/relief efforts, health care, food, housing or even military financing. In response to Typhoon Haiyan, which occurred in the Philippines on November 8, 2013, the United States contributed a total of $37 million in the relief effort with a combination of the DoD and the U.S. Agency for International Development (USAID).[24]

In a post 9/11 world, I believe that the unique role the United States plays in the world with its foreign policy is one of security. Some may refer to today's

[21] What are Sanctions? http://usforeignpolicy.about.com/od/introtoforeignpolicy/a/what-are-sanctions.htm

[22] UN Security Council approves tough sanctions on North Korea. http://www.cnn.com/2016/03/02/world/un-north-korea-sanctions-vote/

[23] The US spends $35 billion on foreign aid … but where does that money really go? http://mondoweiss.net/2015/11/spends-billion-foreign/

[24] Fact Sheet: US Response to Typhoon Haiyan. https://www.whitehouse.gov/the-press-office/2013/11/19/fact-sheet-us-response-typhoon-haiyan

United States as the police of the world. Of course, one must understand the history of the United States to understand why the U.S. acts almost as if it were the police of the world, giving birth to terms such as "American interventionism" and the like. Historically, the United States tried to remain mostly neutral, but world events did not allow for isolationism, especially in regards to a nation that was rising in power. Americans unfortunately tend to be isolated on international affairs, knowing little on the happenings of the world.[25] Markets evolved into global ones and the focus of foreign policy shifted towards security after the events of 9/11.

The United States has not only focused on international security but, with the creation of Homeland Security, also on domestic by increasing communication between various security departments and with states through fusion centers. Homeland Security also attempted to improve communication between internationally focused security agencies. The United States has the most powerful military on the planet with a budget greater than the next eight militaries combined,[26] and that military is not even at a full war-fighting capacity. The largest recipient of foreign aid from the United States, Israel,[27] provides key military advantages to the United States. I believe that the United States puts diplomacy first. In particular, the Obama administration tried to shift U.S. foreign policy after the military focus of the George W. Bush administration. However, it holds significant military strength to back up its policy and to deter threats.

Fifteen years after 9/11, the United States is safer due to its foreign and domestic policy. Some would argue that sacrifices to freedom were made in pursuit of that safety, sacrifices such as the Patriot Act or surveillance done by the NSA. The United States is progressing towards its goal of a more secure world with its foreign policy. Moving forward, the question of what is being sacrificed in the pursuit of security must be considered. Has the U.S. achieved an appropriate balance between security and freedom and can it continue to play a dominant and active role in global affairs?

---

[25] David Houghton. *A Citizen's Guide to American Foreign Policy.* Routledge. 2014.

[26] Obama: US spends more on military than next 8 nations combined. http://www.politifact.com/truth-o-meter/statements/2016/jan/13/barack-obama/obama-us-spends-more-military-next-8-nations-combi/

[27] The US spends $35 billion on foreign aid … but where does the money really go? http://mondoweiss.net/2015/11/spends-billion-foreign/

A Study of Islamophobia

Loretta Abuhammour

Fall 2015
English 24 | Freshman English II
Professor Edith Tolins

Over the centuries, people immigrated to America for the opportunities and freedoms they didn't have in their countries of origin. Immigrants have been able to live and work peaceably, build places of worship, and practice their faith with little to no conflict. But what if some people want to limit or negate religious freedom? Unfortunately, those suffering from Islamophobia, or the fear of Islam and Muslims, want to do just that: limit religious freedom for Muslims. Even though some people want limits, the First Amendment of the Bill of Rights in the Constitution, the supreme law of the United States, guaranteed religious freedom two hundred twenty-seven years ago. The Founding Fathers put it there for everyone's benefit: no religion was singled out or excluded. Islamophobia is a disease that affects many races, ages, and demographics.

To understand Islamophobia, one first needs to know its definition. As explained by Sabri Ciftci, Associate Professor from the Department of Political Science at Kansas State University, Islamophobia "is a new form of racism where discrimination targets a religious community." Ciftci adds, "Islamophobia has four interrelated dimensions which affect the values and practices against Muslims. These dimensions are exclusion, discrimination, prejudice, and violence." The implications of this is not what anyone wants directed towards them, no matter who it is.

Defining who Muslims are is harder than defining Islamophobia. Muslims don't have one set look or ethnicity. The reason is Islam is practiced by more than one and a half billion people world-wide: from Great Britain to South Africa,

Morocco to Indonesia, and so many places in between. If you include the people who have converted, you'll find Islam is even more diverse. Islamophobes often mistakenly identify others as Muslim. The misidentified person could be an Arab or a non-Arab Jew, a Christian, a Hindu, or even a Punjabi Sikh wearing traditional clothes and a turban. They could get targeted just because they have an olive or darker toned skin and speak a foreign language. Eric Love, a Ph.D. in Sociology at the University of California at Santa Barbara states, "Islamophobia affects a racialized group of people ... that, like any racialized group, is in fact comprised of an irreducibly diverse collection of individuals who identify with many different ethnicities, nationalities and religions ... and (those) who immigrated earlier in the twentieth century tend to have higher educational attainment and income levels while more recent immigrants tend to have a (wider) range of socio-economic class backgrounds."

To understand the root cause of Islamophobia, one needs to look at how the Middle East has been viewed along with immigration laws and foreign policy. The Immigration Act of 1917 created "barred zones" which included the Middle East and Asia, discouraging emigration to America. Many emigrants from this region were denied citizenship because they were considered Arab or had dark skin. In more recent times with the so-called "war on terror," "the results have been a set of laws that target Middle Eastern Americans as the supposed primary source of terrorism" (Love). After 9/11, the New York Police Department developed its own program to police and watch Muslims in their communities. On a larger scale, the Anti-Terrorism and Effective Death Penalty Act of 1996 was the beginning of policing individual Muslims, their mosques, community centers, and the overall Muslim communities.

To expand focus on Muslims, Homeland Security created Countering Violent Extemism (CVE). Khaled A. Beydoun, an assistant professor at the Barry School of Law and an affiliated professor of the University of California at Berkeley Islamophobia Project, has noted, "although Federal Bureau of Investigation (FBI) statistics show that only 5% of domestic terrorist attacks involve a Muslim culprit, CVE is a programme functionally tailored to prevent and police Muslim Americans." From 2010 onward, thirty-two states have tried passing anti-shariah laws in different forms. Many of them didn't pass, but those that did were overturned and deemed unconstitutional. To Islamophobes, it

didn't matter if business and commercial relationships could be affected here or overseas. Even though "American courts have applied foreign law as long as it does not violate U.S. public policy ... supporters of the bans have yet to point to a single case where foreign law has been used to violate the rights of Americans" (Patel and Toh).

Some people want extreme laws in place against Muslims. It's because a handful of Muslims with distorted ideologies caused incidents like 9/11, the Boston Marathon and London bombings, the Ethiopian Airline crash over Lebanon, the shootings at Fort Hood, and the Paris attacks. Currently (that is, December 2015), there is an international investigation into why a Russian airplane crashed near Sharm El Sheikh, Egypt, after leaving the airport. Like the Ethiopian Airlines crash in Lebanon, it's believed to be a bombing. Each one was a heinous crime with many casualties or injuries. People want to feel and know they're safe. If there's a dubious person or people planning such unjustifiable acts, they want law enforcement and intelligence agencies to be cautious and use whatever means necessary to prevent such things from happening again.

When the Murrah Federal Building in Oklahoma City was bombed in 1995, it was originally blamed on Muslims even though, in reality, it was an American Christian veteran, Timothy McVeigh. However, after the 9/11 attacks, some politicians and their supporters seized upon the Middle Eastern terrorist image and used it as a campaign strategy in 2008 to win election seats. But how did politicians get to the point of such fear-mongering? Leo Strauss was a political science professor at the University of Chicago and specialized in classical political philosophy. He believed that whether Muslims were a minority or majority in any country, they should be policed and "(it) included warfare against those they considered the greatest global threat: Muslim-majority nations unfriendly to the United States or allies ... and the results have been a set of laws that target Middle Eastern Americans as the supposed source of terrorism" (Love). This was why it was easy to justify going to war in Afghanistan and Iraq after 9/11. They were two countries in that region "unfriendly" to the United States and its allies.

Across the United States, average, law-abiding Muslims have been trying to purchase or rent various locations for mosques and community centers and get building or renovation permits. But in many cases, they were denied and

in some cases, zoning laws were changed. Appeals were made and sometimes town meetings were held. The community response was usually to not have Muslims congregate in their neighborhood. The most well-known controversy for this was Park 51. Originally, it was intended to be a mosque and community center serving people who live and work in Lower Manhattan. The problem was it was going to be built two blocks from Ground Zero, a place many believed to be sacred ground after 9/11. Although the Islamic center and prayer space finally opened in 2011, the New York City Department of Buildings received a permit in April 2014 to demolish that building and the one next to it (Reuters).

When terror attacks are carried out, anti-Muslim rhetoric escalates along with retaliation against Muslims or perceived Muslims. For example, "following the terrorist attacks of September 11, 2001, the number of hate crimes directed against Arab Americans, Muslims, and Sikhs escalated dramatically. In 2001, Arab Americans, Muslims, and Sikhs were victimized in nearly five percent of the total number of hate crimes reported that year (481 out of 9,730), a seventeen-fold increase over the prior year" (Hate). In September 2004 in Berkeley, there were eight University of California female Muslim students accosted by three white males who sprayed them with water, threw water bottles at them, screamed insults at them, and mocked the head covers worn by some Muslim women. Two of the Muslim women reported that while this was the first time they had been physically confronted in Berkeley, verbal racial taunts are frequent. In October 2008, an unknown assailant threw a ten-year-old Sikh boy to the ground and cut off his hair. In February 2015, in Chapel Hill, three Muslim dental students were killed in a parking lot. The 2015 attacks in Paris led to another backlash against Muslims here in America: "In Connecticut, shots were fired into a mosque in Meriden. In Nebraska, someone threw a rock through the front door of an Omaha mosque. Worshipers at a mosque in Pflugerville, Texas, near Austin, found its front door smeared with feces and torn-up pages of the Qur'an littering the ground" (Payne).

Then, with the Syrian refugee crisis, thirty-one states declared they wouldn't accept the refugees regardless of gender, religion, or age, despite President Obama clearly stating he wanted to accept ten thousand of them. Jeb Bush, a 2016 presidential candidate and son of former President George H. W. Bush and brother of former President George W. Bush, suggested there should

be religious tests for accepting Syrian refugees into the country. Ben Carson, another presidential candidate, didn't feel a Muslim should be president, let alone elected to any governmental office. He also compared Syrian refugees to rabid dogs. As a presidential candidate, Donald Trump called for a special tracking identification database for the Syrian refugees who entered the country and to strictly monitor or close mosques. Pam Geller, an anti-Muslim activist, is the woman behind the anti-Muslim advertisements that ran in several cities over several months on mass transit systems. She also had a contest where she offered $10,000 for the best drawing of the Prophet Muhammad.

No one will disagree horrible crimes have been committed in the name of Islam, but all Muslims are not alike and they shouldn't be judged as if they are. The crimes were most likely designed for a dramatic, shocking effect to get everyone's attention. If so, it worked.

But what angers us Muslims most is every one of the attacks has been unjustified and contradicts the very tenets of our religion. Any time a terrorist strike occurs, we feel bad for the victims and their families, yet we pray a Muslim didn't do it. If a Muslim did do it, we know some form of retaliation is coming. It could be new laws, more harassment, or something. The media make it seem as if Islam and one and a half billion Muslims are being put on trial and found guilty by religious association. Most of us are quiet, law-abiding citizens; yet we aren't treated as if we are. I've had people get verbally abusive with me and tell me I had to "go home." Little do they know my ancestry goes back to the Mayflower, which means, ironically, they were people who came to this country in 1620 for religious freedom. My father, grandfather, and several family members fought for these same freedoms while serving in the United States Armed Forces, yet I'm the one whose loyalty is questioned and is told to leave the country.

As if rubbing salt into a wound, when mass shootings occur and non-Muslims are the perpetrators, the media coverage is different. The shootings of Columbine, Virginia Tech, Sandy Hook, and those similar weren't treated like 9/11, London and Paris. The perpetrators weren't called terrorists nor were their religions mentioned. The media should be fair across the board, regardless. In our view, terror is terror, no matter who did it. The terrorists don't represent the majority of people anywhere, regardless of religion. In no way am I saying

Muslims are perfect, we're not. Out of one and a half billion Muslims, only a few thousand are Al-Qaeda or ISIS members. We want to be able to practice our religion in peace and have media coverage portray us as we actually are, not as something sensationalized to get more viewers. To us, that just feeds into the hands of Islamophobes.

Muslims are a diverse group of people with varying demographics who want to be able to practice their religion, not to be denied it. They should see us as we truly are, ordinary people. But due to the extreme nature of the terror attacks that have occurred, Islamophobic people live in fear that such acts may happen again. That's why they're vigilant and want to limit religious freedom for Muslims. However, the Constitution works in the Muslims' favor. Yet I wonder: If they can work so tirelessly on attempts to deny Muslims their Constitutional rights, why can't they try to understand Islam, Muslims, and our point of view? They may learn a lot. But until they can learn to face their fears head on and have face to face conversations with Muslims—to know us, see us for who we truly are—being inclusive may be a hard dream to obtain.

Works Cited

Beydoun, Khaled A. "Viewpoint: Islamophobia has a long history in the US." *BBC News Magazine*. http://www.bbc.co.uk/news/magazine-34385051 29 Sept. 2015.

Ciftci, Sabri. "Islamophobia and Threat Perceptions: Explaining Anti-Muslim Sentiment in the West." *Journal of Muslim Minority Affairs*, 32.3 (2012): 293-309. Academic Search Complete. Web. 19 Nov. 2015.

"Hate Crimes Against Arab Americans Muslims, and Sikhs." http://www.civilrights.org/publications/hatecrimes/arab-americans.html

Love, Erik. "Confronting Islamophobia in the United States: Framing Civil Rights Activism Among Middle Eastern Americans." *Patterns of Prejudice*, 43.3/4 (2009): 401-425. Academic Search Complete. Web. 19 Nov. 2015.

Patel, Faiza and Amos Toh. "The Clear Anti-Muslim Bias Behind Anti-Shariah Laws." http://billmoyers.com/2014/02/25/the-clear-anti-muslim-bias-behind-anti-shariah-laws/ 25 Feb. 2014.

Payne, Ed. "Words of Contempt, Acts of Love for Muslims After Paris Attacks." *CNN*. http://edition.cnn.com/2015/11/19/us/muslim-backlash/index.html Web. 19 Nov. 2015.

Reuters. "Park51, So-Called Ground Zero Mosque Site, Has Been Requested for Demolition." http://www.huffingtonpost.com/2014/04/09/park51-ground-zero-mosque_n_5113092.html 8 April 2014.

A Typographical Journey in New York

Junliang Zhu

Fall 2016
Art 74 | Experimental Typography
Professor Valerie Sokolova

A Pitch to the Carnival Corporation

Jhovany Duperval

Fall 2016
Business 33 | Business Communications
Professor Michael Goldstein

Carnival Cruise Corporation has presented an array of themed cruise concepts that have created a buzz, brought in new cruisers, and, most importantly, has created interest that has kept Carnival relevant and succeeding. These are cruises ranging from fitness cruises, where like-minded people can receive training from world-class gym instructors while enjoying a cruise, as well as a Marvel-themed cruise, where travelers can meet and greet their favorite Marvel characters and interact with those who enjoy the same comics. Themed cruises are a great way to be with like-minded people while enjoying a cruise vacation!

Today, I present to Carnival the next BIG theme-cruise: *The School Spirit!*

A Diverse and Extensive Audience

A recent article in Prepscholar.com, "The 35 Biggest Colleges in the United States," shows us that the largest school by on campus undergraduate enrollment is University of Central Florida, with 51,269 (not accounting for online schooling). Ohio State University is not far behind with 45,289 students currently enrolled. To put this into perspective, consider this: a college with 5,000 or less students is considered small. A college with 15,000 students or less is considered medium, and a college with more than 15,000 is considered large. Of the top 100 colleges, four have over 40,000 enrolled on-campus undergraduates, seven have over 30,000, a whopping 50 have over 20,000, and more than 60 schools have over 15,000. Carnival has the opportunity to capture these groups of specific audiences through this School Spirit theme-cruise concept.

Imagine a University of Texas cruise. Knowing everyone on the cruise is an affiliate of Texas University is exciting in itself. The chance to network and be with your own on this cruise will create a buzz on and around campus for all Texas University affiliates to join!

Alumni Associations

I use the term *affiliates* because we are not solely focused on the student body. We are focusing on all school affiliates including alumni. Alumni want to relive the glory days and want to connect with former classmates. Alumni will also have to opportunity to network with various classmates in various industries.

A key target audience that we will focus on, and that Carnival will capitalize on, is the Alumni Association. A recent survey by the Council for Aid to Education shows that alumni contribution to their respective alma maters was 9.4 percent in 2014, an increase from the previous year. Furthermore, in "Deep-Pocket Donors," Kaitlin Mulhere states that 8.3 percent of alumni participate in their alumni associations. Alumni want to be active in representing and keeping their respective college in high regard. It's their pride, it's their school spirit.

Opportunities: Networking And Studying Abroad

We will bring these mixed demographics within the same group all on one boat to share memories and have an experience of a lifetime. As humans we want to connect with our own; it's in our nature to do so. Students will be able to enjoy their friends and classmates while having the ability to connect with alumni and school affiliates. Furthermore, students will have the opportunity to earn college credit on this trip via our various study abroad class options and opportunities.

Sponsorship Opportunities

With gigantic enrollment numbers and increasing alumni association engagement (as high as 150,000 active members for some schools), sponsors have shown support for these various groups. With an established brand affinity, sponsors will relish the opportunity to sponsor a School Spirit theme-cruise.

For example, the University of Michigan recently agreed to a $173.8 million endorsement deal with Nike and Jordan brand. Nike will seize the opportunity to sponsor the University of Michigan cruise. Nike's sponsored activities will include appearances by and meet-and-greet sessions with the likes of current Michigan head football coach and alumnus, Jim Harbaugh. All events will be sponsored and hosted by college alumni and/or school affiliates, bringing home the true definition of school spirit. Furthermore, with established brand affinity, with college affiliates, and those of the alumni association, these respective sponsors would also like to sponsor this event.

Marketing

A study by Pew Research Center revealed a whopping 90 percent of young adults use social media. Marketers have followed; we will engage our young audience and attract them through social media platforms. We will also engage our middle-aged and older audiences by marketing on alumni association websites as well as on athletic sites. These aggressive tactics will generate significant impressions and cite traffic in an effective marketing strategy.

This cruise is the ultimate networking platform for like-minded people who share a common interest, their school. Their passion and school spirit will drive them to not only go on one cruise, but make it a recurring excursion as it builds upon their college memories. These are the people who will bond together and fill up a ship. Overall, we are confident that this themed cruise is Carnival's next major move and an investment in this concept will generate major returns, bring in new first-time cruisers, and generate interest in Carnival as a whole.

References

Lindsay, Samantha. "The 35 Biggest Colleges in the United States." PrepScholar, 23 Aug. 2015. Web. 28 Nov. 2016.

Mulhere, Kaitlin. "2014 Is Record Year for Higher Ed Donations." *Inside Higher Ed*, 28 Jan. 2015. Web. 28 Nov. 2016. https://www.insidehighered.com/news/2015/01/28/2014-record-year-higher-ed-donations

Powell, Farran. "10 Universities Where the Most Alumni Donate." *U.S. News & World Report*. U.S. News & World Report, 18 Oct. 16. Web. 28 Nov. 2016.

Snyder, Mark. "Michigan Finalizes Nike Contract for Up to $173.8 Million." Detroit Free Press, 26 Apr. 2016. Web. 28 Nov. 2016.

"Social Media Use Among College Students and Teens: What's In, What's Out, and Why." *Modo Labs*. Modo Labs Inc. 26 Apr. 2016. Web. 28 Nov. 2016.

"Sponsorship Spending on College Athletics Totals $1.1 Billion." IEG. 31 Aug. 2015. Web. 28 Nov. 2016.

Psychiatric Nursing: Overcoming the Fear of Working with Mentally Ill Patients

Lobelys Anicet

Fall 2016
Nursing 20 | Nursing the Emotionally Ill
Professor Diane McDevitt

Psychiatric mental health nursing is an evidence-based specialty that has been an important part of the holistic care of patients since the early days of nursing practice. Nurses who specialize in this area will have the opportunity to care for a variety of individuals dealing with mental conditions and all sorts of emotional issues. The psychiatric nursing specialty is believed to be very challenging; however, it is a very rewarding career that can give nurses the unique power to make a difference in someone's life (Boyd, 2012). Despite being such a valuable and fulfilling career, psychiatric nursing is very unpopular among nurses and nursing students. A variety of studies have been conducted to determine the reasons why many undergraduate nursing students do not plan to specialize in psychiatric nursing once they move further along in their career (Jansen, Venter, 2014). In the United States alone, "less than 1% of nurses select psychiatric mental health nursing as their practice area" (Hunter, Weber, Shattell, Harris, 2015). This is a problem that the nursing profession is facing today and something needs to be done about it. Throughout this paper, I will discuss some of the factors contributing to the problem, and what others have found to be key in order to attract more nurses to the psychiatric field.

A literature review of a study conducted in Chicago at the DePaul University School of Nursing identifies two significant factors that may cause nursing students to not want to work with patients who are mentally ill. The first factor is social stigma about mental illness, which is basically the belief held by many that people who are mentally ill are awkward, inept, and very dangerous. The second factor is the students' own negative stereotypes regarding psychiatric

nursing. The nurses that conducted the study explained that the patients are not the only ones experiencing stigma of mental illness, but that their professional caretakers can also experience what they call "stigma by association" (Hunter, Weber, Shattell, Harris, 2015). The outdated stigma of mental illness in society is definitely an issue that needs to be addressed and constantly discussed with nurses and nursing students. As long as those beliefs are present in society and within the nursing world, it will be almost impossible for any new graduate to want to care for someone whom they believe will cause them harm and emotional distress. Moreover, all the negative talk portrayed by the media about the mentally ill is more than a reason for nursing students to think twice before choosing psychiatric nursing as their main career choice.

Another factor believed to add to the unpopularity of psychiatric nursing is the anxiety experienced by nurses and nursing students while caring for psychiatric patients. Research findings at the DePaul University School of Nursing showed that anxiety towards the unknown is indeed one of the possible factors that make nursing students reluctant to go into psychiatric nursing. The participants in the study said that a high level of anxiety develops because they do not know what to expect if working with mentally ill patients. Furthermore, they stated that the anxiety was related to the fear of having to care for violent patients among other fearful characteristics (Hunter, Weber, Shattell, Harris, 2015). On the same note, another study, conducted to determine how common it is to experience anxiety as a nursing professional and as a nursing student rotating in a psychiatric setting, found the following: Anxiety symptoms are more prevalent in psychiatric nursing than in any other nursing field. In addition, working as a psychiatric nurse can put physical and psychological distress on the particular individual (Bole, Bregar, 2016).

Besides social stigma, stereotypes, and anxiety, a study published in the *Journal of Psychiatric and Mental Health Nursing* found other factors such as personal, working environment, unprofessional behaviors, and lack of learning in a psychiatric environment to be some of the main reasons why many nurses or nursing students do not want to select psychiatric nursing as their future career. Furthermore, the majority of participants in the study agreed that among all the factors identified, personal factors were at the top of their list. Many different themes were reported by the participants as personal reasons that

prevent them from even considering psychiatric nursing as a choice. Some said that if they chose to work as psychiatric nurses, they would eventually lose the general nursing skills that are constantly used in a medical-surgical floor. On the other hand, many indicated that the emotional stress encountered when dealing with mentally ill patients was a very strong reason for not wanting to work in a psychiatric environment. In addition, they expressed that it would not be easy to have to deal with other people's emotional issues when they also have to deal with their own personal problems (Jansen, Venter, 2015).

An equally significant factor pinpointed by participants in the same study was the working environment they would have to be a part of if they became psychiatric nurses. A recurrent thought among them was that they would be putting their lives in jeopardy every time they had to step into a psychiatric setting. Participants in the study openly expressed that they were fearful to work with mentally ill patients because they would have to be watching their backs at all times. In addition, they stated that it would not be exciting to work in a psychiatric setting given the fact that they would have to deal with the same type of situation every single day. A contrary explanation by some participants was that the unprofessional, unacceptable, and abusive behavior seen by some of the staff at psychiatric settings is what makes them not want to work in such an environment. Students is this study were shocked by the unethical behavior portrayed by some professional nurses who were supposed to be acting not only as role models to future nurses but also as patients' advocates. Not wanting to work with unethical nurses is a critical factor that pushes some nursing students to pursue a career in any other setting but psychiatric (Jansen, Venter, 2015).

Michelle Giddings, a psychiatric nurse practitioner and professor at the University of Nevada School of Nursing, has been trying to change the negative perception that many nursing students have about psychiatric nursing and mentally ill patients. In "Michelle Giddings: Psychiatric Nursing Isn't Scary," by Brian Sodoma, Giddings says the media has played, and still is playing, a big role in how society thinks about the mentally ill. She describes how students come into her classroom already with stigmas about mental illness, which she says "are based on the media representation of mental illness, which is unfortunate." Giddings further states that some students have told her that the only reason why they are taking her psychiatric class is because it is a requirement

to graduate, not because they have any interest in doing it. On the other hand, Giddings states that she has met some students who are actually interested and excited to see what exactly it is like to be in a psychiatric setting. She attributes the unpopularity of psychiatric nursing mostly to the negative way mental illness is presented to the public by the media (Sodoma, 2013).

Despite the negative perception that students bring into Giddings' psychiatric class, she expresses how important and rewarding it is for her to teach psychiatric nursing to new students. Furthermore, Giddings says that she truly loves seeing how the students' stigmatizing and negative attitudes change once she teaches them to look at the patients as whole people, and not only at their mental disorders. A very significant lesson that Giddings teaches her students is that no matter what area of nursing they choose to go into, they will eventually have to care for a person with a mental disorder or emotional issue (Sodoma, 2013). Mentally ill individuals are prone to getting heart diseases, diabetes, the flu, and any other conditions for which they might need to be taken care of in a medical-surgical hospital. It is the responsibility of all nurses and nursing students to acquire the necessary skills to treat and compassionately care for the mentally ill population. Therefore, it is important to ask ourselves if there is anything that can be done today so that nurses and nursing students can consider psychiatric nursing as a possible career choice.

All things considered, and taking into account what others have already found, it seems reasonable to assume that the biggest responsibility to bring about change about the stigma and stereotypes surrounding psychiatric nursing and mentally ill patients falls mainly to nursing educators. In "Psychiatric nursing: an unpopular choice," R. Jansen and I. Venter come to the conclusion that in order to attract more students into the psychiatric field, nursing schools will have to revise their curriculum, and find creative ways to address all the concerns that keep students from choosing psychiatric mental health nursing as a career. Moreover, they explain that nursing schools and nursing educators should be committed to improving their recruitment. As a result, the low percentage of student nurses that chooses to go into psychiatric nursing will start to rise in the years to come (2015). It is also believed that if students were to spend a larger amount of time in their clinicals in their psychiatric rotations, and nursing educators were to constantly stress the importance and value of

becoming psychiatric nurses, the profession would be more successful in its attempts to recruit more students into the psychiatric specialty (Hunter, Weber, Shattell, Harris, 2015).

Another key point that needs to be taken into consideration in order to collectively fight this psychiatric recruitment crisis is for nursing schools to directly address the stigma of mental illness with their students. Many nursing students hold the same beliefs as the rest of society about mentally ill patients. Therefore, it is imperative that nursing educators use any opportunity they have in the classrooms to help students change negative attitudes to more positive ones. If stigma is not addressed today, there is a pretty good chance that students will always carry that negative perception about mental illness way beyond their nursing education (Hunter, Weber, Shattell, Harris, 2015). Consequently, not enough nurses will be available to work in psychiatric units. It will be inhumane and unethical not to give the same compassionate care that is given to a regular individual to one that has a mental disorder. That is the main reason why nursing students in any specialty area need to understand that mentally ill patients need to be cared for the same exact way that other patients are. In order for this to happen, nursing education needs to implement a variety of methods to teach students that mentally ill patients are not as dangerous as many paint them to be. Instead, that they are just people with different mental conditions that all nurses need to learn how to care for.

Although most agree that nursing education is heavily responsible for making psychiatric nursing a more appealing specialty to new students, a different recruitment strategy is proposed by Michelle Cleary, Jan Horsfall, and Brenda Happell of the *International Journal of Mental Health Nursing.* They believe that employing undergraduate nursing students as technicians in psychiatric settings would positively change their perceptions towards choosing psychiatric mental health nursing as a future career. Furthermore, they argue that the employment would not only benefit the employer's recruitment efforts, but that it would also enhance the education experience and economic status of the nursing students (Cleary, Horsfall, Happell, 2012). The authors further explain that given the continuing shortage of psychiatric nurses, hiring nursing students as assistants could turn out to be something more than a temporary position once the students graduate (2012). Not only will this approach to recruitment

bring students into the psychiatric area, but according to Cleary et al., it could possibly help with retention as well. This strategy could be the most efficient one to recruit and retain nurses in the psychiatric area, because nursing students would always welcome any opportunity that can give them clinical experience outside the one they get from their nursing school.

A similar approach to recruitment was taken by one hospital that successfully introduced and recruited new graduates to mental health nursing. Instead of hiring nursing students as technicians, the hospital took it a step further and used a program it called "New Horizons" to give new vocational nursing graduates an opportunity to participate in a four-month mental health paid internship. The details of the program were illustrated and explained in an article by Sharon M. Valente and Ileen Wright (2007). The innovative program's main goal was to introduce future registered nurses to psychiatric-mental health nursing, and to give them the opportunity to acquire knowledge by working side by side with a psychiatric nurse who served as their preceptor. In addition, the hospital used the program as a venue to motivate these vocational nurses to further their education by getting higher degrees, and prepared them with the tools necessary to be successful if they were to specialize in psychiatric nursing (Valente, Wright, 2007).

Recruiting and retaining psychiatric-mental health nursing has been an ongoing challenge for many years now; however, if a collective effort is put forward by nursing schools, nursing educators, and employers, there are many ways in which nurses and nursing students can be successfully trained and motivated to work in psychiatric facilities. Even though the majority of sources that I used in my research agree that it is up to nursing schools to make psychiatric nursing more appealing to students, attracting and retaining nurses in mental health will take more than just a pitch from a professor or two. As some studies have found, it is of the utmost importance that hospitals and psychiatric centers be willing to do their part, and it starts by welcoming and hiring new graduates nurses in their units. By doing that, there's an unique opportunity for the entire mental health care team to guide and arm these new nurses with the necessary skills and tools needed for them to be comfortable when working with the mentally ill. It is possible that nurses do not want to work with mentally ill individuals because they lack the knowledge to interact

with that population. Furthermore, they might have not been exposed enough to a psychiatric environment to see the positive and rewarding side of being a psychiatric nurse.

In short, the need to recruit nurses and to motivate future nursing graduates into psychiatric mental health is a challenging but not impossible one. It is just a matter of having the talk in school about stigma and stereotypes, allowing nurses and students to see the positive side of psychiatric, giving students more time in their psychiatric rotations, and for hospitals to develop programs directed to exclusively hire, train and introduce new graduates into the psychiatric world. If the collective effort is there, if the right training is provided, and new opportunities open up for employment promotions based on performance and years of work, the future of psychiatric nursing will not be lacking any nurses and the problem with recruitment will be resolved.

References

Bole, U., & Bregar, B. (2016). Anxiety levels in employees and students in psychiatric nursing. *ObzorZdravNeg Slovenian Nursing Review*, 50(1). doi:10.14528/snr.2016.50.1.68

Boyd, M. A. (2012). *Psychiatric nursing: Contemporary practice* (5th ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Cleary, M., Horsfall, J., & Happell, B. (2012). Promoting mental health nursing: Employing undergraduate nursing students as assistants in mental health. *International Journal of Mental Health Nursing*, 21(1), 69-74. doi:10.1111/j.1447-0349.2011.00760.x

Hunter, L., Weber, T., Shattell, M., & Harris, B. A. (2015). Nursing Students' Attitudes about Psychiatric Mental Health Nursing. *Issues in Mental Health Nursing*, 36(1), 29-34. doi:10.3109/01612840.2014.935901

Jansen, R., & Venter, I. (2015). Psychiatric nursing: An unpopular choice. Journal of Psychiatric and Mental Health Nursing, 22(2), 142-148. doi:10.1111/jpm.12138

Sodoma, B. (2013, August 5). Michelle Giddings: Psychiatric Nursing Isn't Scary. Retrieved September 18, 2016, from https://www.unlv.edu/news/article/michelle-giddings-psychiatric-nursing-isnt-scary

Valente, S. M., & Wright, I. (2007). Innovative Strategies for Nurse Recruitment and Retention in Behavioral Health. *Nursing Administration Quarterly*, 31(3), 226-230. doi:10.1097/01.naq.0000278936.49491.7d

The Civil Rights Movement and the Movements It Inspired

Lester E. D. Cook

Fall 2016
History 65 | The Civil Rights Movement and the Movements It Inspired
Professor Debra L. Schultz

For as long as we have seen people who are different from us, there has been a fight for them to be seen as human beings and part of the human condition. The fight for rights within the Disabilities Rights Movement has gone on far longer than what we saw in the 1980s at Gallaudet University and the Deaf President Now Movement. It has stretched from Bedlam in London to the New York State Lunatic Asylum in Utica to Willowbrook State Hospital on Staten Island, and, more recently, towards the national disgrace at Kings County Hospital when Esmin Greene was murdered by neglect (Gallaudet University; Clemens; Wessely).

Disability Rights started in the insane asylums and despite the strides that have occurred within the last 35 years they are still fighting to this day (Anti-Defamation League). The sad fact though is that while intellectual and physical disabilities have the political clout to get laws on the books, the Consumer/Survivor/Ex-Patient (CSX) portion of the Disabilities Rights Movement is fractured and contentious (Shapiro). Frankly, the Mental Hygiene laws that are on the books today in the United States typically run contrary to what those in the CSX Movement desire and are not considered best practices by many countries in Western Europe.

While there are many historical factors for the establishment of the Disabilities Rights Movement, it is actually rooted in the treatment of insane individuals who had been relegated to the almshouses, basements, garrets, and prisons. Disability, especially insanity, was stigmatized. Europe made the first strides in correcting these deficiencies or abuses. The environmental conditions

of many of these early facilities were deplorable and treatment was inhumane and non-existent when it did occur (Foerschner). Patients were beaten regularly by staff, lived in squalid conditions, and barely fed. The conditions were so wretched that people died from clearly preventable causes that included the lack of heating, adequate shelter, meals, and even clothing. It was the work of Dorothea Dix and her plea to the Massachusetts legislature in the 1840s that started the move to open insane asylums in the United States (Dix). What had started with the best of intentions failed due to the sheer number of individuals that were moved from these inadequate facilities to the asylums.

As history moved forward, in an odd twist of fate Dix died from tuberculosis in one of the state hospitals that she championed in New Jersey. It was also during this time that basic human rights abuses started to take place as doctors attempted to find cures for insanity. The previous abuses were mostly for a lack of care but now it was about attempting to cure. The work of Dr. Henry Cotton was based on earlier work of Dr. Charles Bouchard of France and his autointoxication theory (Wessely). It was believed that focal infections were the causal factor for insanity and it resulted in the mutilation and deaths of most of his patients. Cotton carved into them and removed everything from impacted and uninterrupted teeth to testicles and cervixes; this was all while looking for that illusive infection. Cotton's work was later discredited, but it took several decades of controlled research to do so.

Fast forward again, individuals in these asylums, the so-called feeble-minded and the diseased, were under compulsory (forced) sterilization (Ko). In many theories, it was believed that insanity was hereditary and the best way to stop these individuals from procreating was to sterilize them. Primarily, it was the women who suffered and it wasn't until the 1970s that most of these laws were struck from the books as unconstitutional. Oddly enough, it was our eugenics laws that inspired Adolf Hitler and the Holocaust. Individuals like Carnegie, Rockefeller, and Harriman were major proponents of the eugenics movement to limit and, eventually, eliminate those who were "unfit to breed." At its peak, 32 states had one form or another of a eugenics board or laws on the books that targeted the poor, "feeble-minded," disabled, criminal or insane. Furthermore, these laws targeted Native Americans, Mexicans, and others who were considered genetically inferior (Ko).

As with any marginalized and stigmatized member of society, there comes a point where these individuals have had enough. In much the same way as the Civil Rights Movement, people revolted and it took many forms. The earliest recorded hints occurred within the writings found in *The Opal*, which was published by the patients at the New York State Lunatic Asylum. It specifically asked, "Who fancies a revolution?" But it was later on that the able-bodied and sound-of-mind were the advocates. As previously mentioned, Dorothea Dix wanted to see improvements in the lives those who were insane (Dix). It was Elizabeth Packard who advocated for the rights of married women; she was institutionalized only because she didn't agree with her husband (MacLean). It was because of Dix, who spoke before the Massachusetts legislature, and Packard, who sued for her rights, that we see some early change (Dix). It was also due to the returning soldiers who bravely served and sacrificed for our nation only to be denied employment because they were now disabled. The techniques that they used varied from letter writing to the president or their national and local politicians. It was the wheelchair-bound that chained themselves together to block access to public places and bus boycotts. Individuals would crawl up the stairs of the Capital Building to show just how important access was. People were asked to keep "discrimination diaries" and testify before the Senate. The students and staff of Gallaudet camped on the lawns of their campus and shut down the school just to get their four demands met (Gallaudet University; United States Dept. of Labor).

While the Disabilities Rights Movement attempted to piggyback on the Civil Rights Movement, there was not much momentum during that time frame. People with disabilities were still stigmatized, marginalized, and hidden away. Disabilities were seen as a fault of a person's character instead of as part of the human condition. It was slow going and attitudes needed to change.

It wasn't until President Kennedy started deinstitutionalization from our nation's asylums and President Johnson signed the laws onto the books that we started to see some changes for the positive. Kennedy was worried about his sister Rosemary; she had had a lobotomy for learning disabilities and required institutionalization for the rest of her life (The Public Broadcasting Organization). What we see later is that the move to community care was limited but with the Willowbrook Scandal, it becomes evident that the abuses

were still ongoing. Senator Robert Kennedy called Willowbrook a "snake pit" and Geraldo Rivera won a Peabody Award for his exposé of the abuses that the individuals housed there suffered (NPR.org). The residents were used in hepatitis medical studies, suffered physical and sexual abuses, and lived in crowded, filthy conditions. It was believed that many of these residents, what has now been called the Willowbrook Class, were abandoned by their families and the system. The Willowbrook Class are now living in group homes and the Willowbrook School has since been closed. (On a side note, CUNY's College of Staten Island now sits on the site of the old school, and I've been in one of the old buildings that have been converted to classrooms. Most of the students that I met there didn't know the darker history of the buildings they were in.)

It wasn't until the Deaf President Now Movement at Gallaudet University that real change began to happen (Gallaudet University). It was Gallaudet students that were outraged over the fact that the Board of Trustees chose a non-deaf president for the school. While legislation was slow going, it started with the Rehabilitation Act of 1973 (Section 504). It was codified to remove physical barriers to public buildings and provide for employment within federally funded programs. Furthermore, it allocated money for vocational training for people with disabilities. In 1975, the Education for All Handicapped Children was passed and it afforded children with disabilities opportunities to inclusive education in mainstream schools. This Act was later renamed in 1990 to the Individuals with Disabilities Education Act and outlined further rights that included the parents in the decision-making process.

We saw for decades since WWII how our returning soldiers fought for help after becoming injured in every military campaign. We saw how parents who had children die of AIDS were unable to bury those children simply because they died of that dreaded disease. We saw how people who had lost jobs couldn't find work because an employer was afraid of the fact that they had cancer. We saw how wheelchair-bound individuals couldn't even get on a public bus because they lacked lifts or couldn't go across the street for a lack of curb cutouts (Anti-Defamation League).

On July 26, 1990, President George H. W. Bush signed into law the inclusive codification of the Americans with Disabilities Act (United States Dept. of Labor; Meyerson). It specifically targets discrimination against individuals

with disabilities in employment, public accommodation, transportation, and governmental activities. It also provides for telecommunications relay services that you see through the 711 Service on your telephone, which allows the deaf to communicate with a hearing person on the other end of the line. What followed from this profound piece of legislation now includes the Olmstead Act that affords people with disabilities the opportunity to reside in the most inclusive setting that their disability will allow. That means that you can't keep a person in the hospital if there are comparable treatment options, including housing, within the community. The last piece of important legislation is the United Nations Convention on the Rights of People with Disabilities (CRPD) that President Obama signed but still needs to be ratified by the states (Stein). The most important part of the CRPD is legal capacity of the individual with a disability and how that must be respected above all else.

Probably one of the more famous persons to come out of the Disabilities Rights Movement is Judi Chamberlin (National Empowerment Center; Shapiro). Chamberlin's *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (1978) is considered a seminal work in any Disability Studies course as well as within any research project, especially if it is the work of an ally. Chamberlin was involuntarily committed in 1970 after a miscarriage when she didn't "just get over it" as many people would tell her she would. She was labeled with schizophrenia and she learned very quickly that people with an assigned psychiatric label had no legal rights to refuse treatment. It was this knowledge that became her life's work after she was discharged from the state institution. It was her belief that people needed non-coercive interventions to heal. She is the reason today that New York City has peer-run respites for when people are in a mental health crisis. These facilities are intended to be a safe place where people are not locked up and infantilized. It is expected that the people entering these facilities will be treated as adults where they are able to come and go as they please and be surrounded by people like themselves. It is this concept of "peer support" that Chamberlin always championed. She believed in the political slogan "Nothing About Us Without Us."

Chamberlin co-founded Ruby's Advocacy Agency and a drop-in center where she provided alternative "Peer Services" for people who had been in traditional mental health services. She ran alternatives that showed the power

of people helping themselves through the Self-Help Movement, as well as having support from others who were just like themselves. While I never knew Chamberlin in life, I knew many of her friends and have had the pleasure of working with them. It was a crushing loss to our community when Chamberlin lost her life to undiagnosed lung cancer, but she is survived by many friends, her partner and her daughter.

Our movements today need to focus on goals to enable actual change to occur. Given the outcome of the election, it calls for us to be proactive but to not settle for window dressings or people who will self-aggrandize for their own benefit. It also calls for us to be cool, calculating and calm. We need to stop getting distracted by what the media wants us to believe and do our own fact checking. So-called normal folks are experiencing a new phenomenon where they are seeing fake news printed for them. For those in the Psychiatric Survivor Movement, that is a normal way of being. Every time there is an episode of gun violence the Disability Rights Movement, especially those of us in mental health, hold our collective breath.

The Disabilities Rights Movement has a big, big fight coming to us. In Congress, there is currently a bill called the "Twenty-first Century Cures Act," which guarantees to set back all the strides that have been made by the entire Disabilities Rights Movement. There is a removal of the Institutions for Mental Diseases exclusion, which would allow people to be hospitalized indefinitely in an institution. It expands the use of community coercion, better known as Assisted Outpatient Treatment or Involuntary Outpatient Commitment, and it allows for the diagnosis and treatment of infants that might or might not meet the DSM-V criteria for a psychiatric label.

If we look for accountability, then NAMI, TAC, the mainstream media, and the pharmaceutical industry all get big handouts and those who will be directly affected get their lives turned upside down with no say whatsoever. You are already talking about people who live on the margins of society. For people with disabilities, the unemployment rate is 85%, and they live 130% below the poverty line. I see many people with assigned psychiatric labels leaving treatment. They are seeking out others like themselves who have developed new ways of being, but they are the first to be condemned if a negative news report airs. I think the Disabilities Rights Movement now has to fight this bill and fight for the lives of

its members. For if the DRM doesn't fight, we will return to asylum medicine once again, because who will speak for us when they start passing euthanasia and sterilization laws to end our suffering. The Rockefellers and Hitler did it before, so what is to stop it again?

There is still work to be done today. We must stop with the "safe space" nonsense and understand life is hard. Those Freedom Riders were willing to face death, and they had it harder than any of us will ever know. It is about time we had their kind of moral fortitude and courage. Their mettle is what drove the Civil Rights Movement forward. They were willing to be more like Malcolm X and less like Dr. King. That is how we need to use our intellect now. We need to recognize and not obfuscate the issues and recognize that it has always been about economics and it always will be. We need to focus there. We have to figure out creative ways to get seats at tables we are normally excluded from and get people to hear us. Policy changes and court decisions help but figuring out how to dismantle the privileges of elites is the only way we get out of this alive. We need to stop dividing ourselves further and unite. What will bring us together is economics. We all bleed red.

Works Cited

Anti-Defamation League. A Brief History of the Disability Rights Movement. 2005. 25 November 2016. http://archive.adl.org/education/curriculum_connections/fall_2005/fall_2005_lesson5_history.html

Clemens, Chris. A Look Inside the Former New York State Lunatic Asylum at Utica. 20 June 2015. 26 November 2016. http://exploringupstate.com/a-look-inside-the-former-new-york-state-lunatic-asylum-at-utica/

Dix, Dorothea. "I Tell What I Have Seen"—The Reports of Asylum Reformer Dorothea Dix. America Journal of Public Health, 96.4 (2006): 622-624.

Foerschner, Allison M. The History of Mental Illness: From Skull Drills to Happy Pills. Inquiries Journal/Student Pulse, 2.9 (2010): 283.

Gallaudet University. The History Behind DPN: What Happened ... 2016. 25 November 2016. http://www.gallaudet.edu/dpn-home/issues/history-behind-dpn.html

Ko, Lisa. Unwanted Sterilization and Eugenics Programs in the United States. 29 January 2016. PBS. 26 November 2016. http://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/

MacLean, Maggie. Elizabeth Packard. 1 January 2013. 25 November 2016. http://civilwarwomenblog.com/elizabeth-packard/

Meyerson, Arlene. The History of the Americans with Disabilities Act. 1992. 25 November 2016. https://dredf.org/news/publications/the-history-of-the-ada/

National Empowerment Center. Judi Chamberlin. 2013. 25 November

2016. http://www.power2u.org/judi-chamberlin.html
NPR.org. Remembering an Infamous New York Institution. 7 March 2008. 25 November 2016. http://www.npr.org/templates/story/story.php?storyId=87975196
The Opal. "Editor's Table." The Opal 2.1 (1852): 28.
Public Broadcasting Organization. Biography: Kennedy Women. 1996-2013. 26 November 2016. http://www.pbs.org/wgbh/americanexperience/features/biography/kennedys-bio-women/
Shapiro, Joseph. Advocate for People with Mental Illnesses Dies. 19 January 2010. 25 November 2016. http://narpa.org/chamberlin.htm
Stein, Michael Ashley. "Disability Human Rights." California Law Review, 95 (2007): 75-121.
United States Dept. of Labor. Americans with Disabilities Act. 2016. 25 November 2016. https://www.dol.gov/general/topic/disability/ada
Wessely, Simon. "Surgery for the Treatment of Psychiatric Illness: The Need to Test Untested Theories." Journal of the Royal Society of Medicine 102.10 (2009): 445-451.

A Typographical Journey in New York

Fanny Lung

Fall 2016
Art 74 | Experimental Typography
Professor Valerie Sokolova

Cultural Diversity in Health Care: A New Look

Renat Khasanov

Fall 2015
Nursing 18 | Fundamentals of Nursing
Professor Barbara Gattullo

Introduction

Despite active measures taken to ensure equal access to quality medical services, there are still alarming disparities in health care due to bias, stereotyping, discrimination and prejudice. Skin color, religion, culture, socioeconomic background, sexual orientation, and language may affect the way patients are treated, which is unacceptable in contemporary society (Sheppard et al., 2014). Given the fact that health care providers regularly deal with minority patients who are subject to this discrimination, they should be aware of the multiple cultural diversity issues affecting their practice. The purpose of this paper is to highlight the major problems related to cultural diversity in the contemporary clinical setting as well as throw light on some emerging issues.

Understanding Cultural Diversity in Health Care

The problem of discrimination and bias in health care has recently attracted increased attention of policymakers and health care providers because of the growing cultural and ethnic diversity in American society. According to the U.S. Census Bureau (2015), by 2060, the minority populations, such as Hispanics and African Americans, will become the majority in the United States, outnumbering people of white European descent. Even now, minority children constitute 50.2% of all children under five years old, which demonstrates that the traditional minority-majority perceptions are gradually changing (U.S. Census Bureau, 2015). Moreover, the number of migrants is expected to increase, adding

to the racial and cultural diversity of American society. These demographic changes have remarkable implications for healthcare because professionals need to understand better the patients they serve and embrace the principles of culturally congruent care delivery.

Diversity is a popular term currently used in cultural and social studies, politics, art, and healthcare. However, because of its flexible and elusive nature, healthcare providers do not realize that cultural diversity goes far beyond respecting minorities' beliefs, values, practices, and customs (Campinha-Bacote, 2003). There are many facets of cultural diversity, which are connected to language, religious affiliations, sexual orientation, disability status, age, education, economic background, physical features, and so on (Feldman et al., 2011). None of these features make a person better or worse than others, and none could justify unequal or biased treatment. Diversity in healthcare implies that each patient has their own unique background, values, attitudes, and norms that should be acknowledged and appreciated when designing patient-centered treatment strategies.

To ensure equal treatment of all patients, the notion of culturally competent care has been introduced. It is based on the framework of social justice, which postulates that every individual is entitled to fair and equal treatment in educational, economic, and social healthcare spheres (Rawls, 1971). Culturally competent care also incorporates human rights principles that challenge inequalities and social injustice and call for a more tolerant and open-minded society. In nursing, this term refers to "the process in which the healthcare provider strives to achieve the capacity to work effectively within the client's cultural context (individual, family, or community)" (Solomon & Berman, 2007). Culturally competent nursing care is based on the standards of critical reflection, knowledge of cultures, patient advocacy, cross-cultural communication, and so on (Douglas et al., 2011). Briefly speaking, all these standards aim at ensuring cultural congruence, which is the social, interpersonal, and intercultural understanding and acceptance of patients' diversity in cross-cultural professional encounters.

Current Issues in Cultural Diversity

The scope of cultural competence has expanded greatly during the past

decades. At first, the notion of culturally competent care, which initially included immigrants only, extended to all ethnic and cultural minority groups affected by disparities in the quality of healthcare (Sara, Beach, & Cooper, 2008). Gradually, it became broader and focused on all features and characteristics that make people different, such as age, gender, race, nationality, sexual orientation, and so on. As the society develops, new aspects of this cultural diversity emerge, attracting public attention to discrimination and bias that persist in health care.

Non-English Speaking Patients

Recent estimates show that nearly 60.6 million people (21%) in the USA speak a language other than English (Wolz, 2014). Many hospitals provide interpreter services to break down the language barriers between medical professionals and these communication-vulnerable patient populations and achieve better health outcomes. However, although federal and state laws ensure healthcare access for non-English speaking patients, some individual providers are unable to provide quality care because of the lack of cultural competence, which is the key to eliminating ethnic and racial disparities (Wolz, 2014).

Caring for the non-English speaking patients, many of whom are migrants from different parts of the world, is challenging because of the language and cultural barriers. It is difficult for a person to explain his/her symptoms, just as it is for the health care provider to discuss treatment options (Meuter et al., 2015). Providers are faced with the necessity of avoiding jargon to ensure the patients' understanding of medication adherence, treatment procedures, and prevention measures. Evidence shows that language barriers may result in increased psychological stress and miscommunication, which in turn can lead to serious complications and acute conditions (Meuter et al., 2015). Additionally, poor patient-provider communication leads to limited health literacy, which is connected to increased health risks, higher rates of hospitalization, and misunderstandings of critical information (Wynia & Osnorn, 2010). This evidence highlights the need for the health care providers to be sensitive to communication challenges confronting non-English speaking patients.

The LGBT Community

One of the most pressing problems related to cultural diversity in contempo-

rary healthcare settings is related to people who are lesbian, gay, bisexual, or transgender (LGBT). Evidence shows that representatives of sexual minorities face considerable health disparities, that is, higher morbidity and mortality rates compared to the rest of the population. LGBT individuals are more likely to report having poor health compared to heterosexuals. Moreover, different groups of the LGBT community have individual health risks and needs. For instance, gay and bisexual men have increased risks for certain sexually transmitted infections, whereas lesbians are often overweight and are less likely to undergo regular screening for cancer (Daniel & Butkus, 2015). The majority of LGBT people experience increased levels of stress and anxiety, which may result in suicides and substance abuse.

Additionally, the LGBT community has increased rates of uninsured persons, which also contributes to poorer health. The problem is that many LGBT people are self-employed or work part-time; therefore, they have few or no health insurance benefits (Barker, 2008). State and federal laws often contribute to sexual discrimination and poorer health of the LGBT community. Banning same-sex marriage causes psychological distress in LGBT people, making them feel discriminated against and oppressed (Daniel & Butkus, 2015). Hospital visitation policies may prohibit a same-sex parent from fully participating in the child's treatment and care. Finally, excluding transgender people from public and private health care plans may induce these people to obtain illegal, often dangerous, medical services. Despite expanding access to health care for the LGBT community, the Affordable Care Act passed recently fails to combat provider-based discrimination or enhance culturally specific care.

Substandard care provided to LGBT individuals under the current law is in turn related to bias and social stigma. Research shows that health care providers prefer patients that have the same sexual identification while simultaneously being less willing to care for LGBT patients (Sabin, Riskind & Nosek, 2015). Discriminatory health care providers deny health services to these people based upon their sexual orientation (Chance, 2013). Provider heterosexism and homophobia in turn prevent LGBT people from obtaining adequate disease prevention, diagnosis, and treatment (Barker, 2008). A study conducted by Shires and Jaffee (2015) revealed that 42% of female-to-male transgender individuals confided experiencing discrimination and prejudice based on their

sexual orientation. No wonder that instead of facing verbal harassment or denial of treatment at hospitals, LGBT individuals prefer to suffer their diseases silently.

Furthermore, LGBT people experience challenges caring for and adopting children. Some people still believe that these individuals should not have a right to marry and have children, and this prejudice affects health care service as well. Couples willing to adopt a child face discrimination and verbal abuse by social workers and providers who do not accept their lifestyle. They may have limited access to public adoption services because of provider bias, so they are forced to make private adoption arrangements. Even if LGBT parents have positive experiences of seeking health care for their children, some still face prejudice and discrimination (Shield et al., 2012).

Lesbian, gay, and bisexual individuals who also belong to racial/ethnic minorities experience even greater injustices (Balsam et al., 2011). Traditionally, the LGBT community is perceived as a homogenous one, which is not true. In reality, the sexual minority population includes a broad range of people belonging to different racial, ethnic, age, and socioeconomic groups (Ard & Makadon, 2012). As a result, some LGBT individuals, such as African American gay men or lesbians, face double discrimination as they age. Older individuals may be subject to greater psychological pressure and prejudice because the acceptance of LGBT lifestyles is a relatively new phenomenon. These people have grown up in the constant fear of discrimination and victimization, and they rarely reveal their true sexual orientation so as not to be judged by others (Foglia & Fredriksen-Goldsen, 2014). Given diverse needs and problems the LGBT community faces in relation to health care, comprehensive research of their experiences is necessary to develop appropriate policies and services.

The Muslim Community

Understanding religious and spiritual practices of patients is also crucial because it may affect the way the patients perceive care, medications, family involvement, and communication (Rumun, 2014). Although religion has always been one of the sources of inequality, Muslims have faced increasing discrimination since September 11, 2001 (Martin, 2015). A recent report published by the Arab American Institute (2015) showed even greater fear of the Muslims and

Arab populations, which may be connected to the increasing terrorism threats. This growing discrimination affects Muslim people's mental health, leading to depression, anxiety, poor self-esteem, and psychological distress, while the reluctance to seek professional medical services results in increased incidence of cancer, mental health diseases, and cardiovascular disease.

Given the significant impact that religion and culture have on their health care attitudes, addressing Muslim patients' needs is crucial. Many aspects of health care may be informed by Islam, from perceptions of disease and treatment to decision-making and healthcare-seeking patterns (Padela, Gunter & Killawi, 2011). For example, Muslim patients need to be informed about the adverse health consequences of fasting during Ramadan, especially if they suffer chronic illnesses. Eating significant amounts of food at night while staying hungry all day may be damaging to health, so providers need to educate Muslim patients about healthy eating and the intake of low-fat and low-sugar diets (Pirsaheb et al., 2013). It is also important to educate these individuals without hurting their religious feelings about the danger of weight loss and dehydration.

Considering gender and family relations is also critical to providing culturally specific care to Muslims. For example, effectively addressing the problem of female genital cutting (FGC) is one of the central issues providers face because it may be challenging to discourage patients from maintaining this harmful practice (Laird, 2007). Parents of young girls should be informed about the adverse, lifelong physical and mental effects this practice will have on their children. Also, they should be aware of mental health problems their children may face from being punished, which often happens in traditional families (Collins, Jordan, & Coleman, 2012).

Moreover, it is important to remember that Muslim women often think it is necessary for their husbands to attend the radical evaluation and treatment sessions with them. Men are usually actively involved in making health-related decisions, which is typical for the Muslim culture (Mboane & Bhatta, 2015). As a result, problems may arise when husbands do not allow their wives to visit a male doctor, or when they object to male interpreters being present during the examinations. Thus, given the multiple challenges providers face when dealing with Muslim patients, understanding and addressing these people's needs is crucial to improving their health and preventing them from resorting to folk

medicine.

The Role of Nurses in Addressing Cultural Diversity Problems

Culturally congruent care is one of the most effective ways to minimize health care issues faced by diverse minority groups. Although many challenges, such as the adoption laws, insurance, or economic situations can be addressed only on the national level, health care providers can contribute much to improving minorities' access to effective and timely treatment. They could improve attitudes to marginalized individuals and try to create more favorable settings for these people so that they would not be afraid of asking for help. As seen from the argument provided above, there can be no one universal strategy to deal with all patients because each person has his/her culture, religious, and socioeconomic background and each one differs regarding age, gender, sexual orientation, and lifestyle. Therefore, learning to identify and respect this diversity is the primary aim of medical professionals working with disadvantaged populations.

Nurses deal with minority patients on a daily basis, so they should be aware of the services and approaches each particular patient may need. For example, there is a high likelihood that nurses will come into contact with representatives of the LGBT community, as well as families headed by LGBT parents. In such cases, they will need to provide culturally congruent care to them and their children, as well as learn to create environments where they could feel safe and respected (Burkholder & Burbank, 2012). Similarly, nurses often deal with Muslim patients, so they should be well-informed about religious practices, family and gender relations, and traditions that may affect the provision of effective care. It is important for them to understand the role of the husband in health-related decision-making and learn to find a balance between patient privacy and religious commitments.

Furthermore, the language barrier should not serve as an insurmountable obstacle to building effective communication with patients, so nurses are expected to learn treat different cultures and languages with due respect. They should appreciate how language and culture can affect patient health literacy and assist in designing educational materials appropriate from linguistic, cultural, and literary standpoints (Singleton & Krause, 2009). Moreover, nurses

can be advocates by demonstrating how poor communication undermines patient safety and showing how addressing language barriers could reduce costs related to medical errors and miscommunication. Finally, changing one's personal attitude about patients from low socioeconomic backgrounds or racial minorities is also crucial for nurses because they are expected to provide equal care for all clients. Providers should learn more about the needs and problems of people they serve and try to advocate for their rights on the local level to eliminate bias and discrimination.

It is believed that stereotyping results from the lack of knowledge and education about cultural diversity and prejudice about other peoples' faith, traditions, and values (Martin, 2015). However, education and training of nurses are traditionally devoid of culturally specific curricular content. Given the increasing number of "minority" patients in the U.S. healthcare setting, it is essential to incorporate awareness education about cultural inequalities into nursing education (Truong, Paradies, & Priest, 2014). Intercultural staff training using empathy, reflective awareness, and active listening techniques could help nurses eliminate their cultural insensitivity and fight implicit biases that affect the way they treat different patients. Other educational strategies may include organizing staff meetings, inviting educators to perform in-service training, or signing up for courses in transcultural nursing. To make the setting friendly, nurses should learn to engage in self-reflection to identify and change their biases against patients from different backgrounds, irrespectively of their religion, sexual orientation, criminal history or financial status.

Because the development of cultural competence is a slow process, regularly assessing nurses' cultural skills may be an effective way to monitor progress within the hospital (Loftin et al., 2013). Moreover, as providers constantly dealing with diverse populations, nurses should be encouraged to design and implement specialized programs for different patient groups and possibly even become advocates for policy changes at the hospital level (Mollon, 2012). Everyday face-to-face communication with marginalized groups helps nurses better understand their needs and challenges, so it is easier for them to develop and promote relevant practice improvements.

Conclusions

American society has always been culturally diverse, and this diversity is gaining new dimensions within the current clinical setting. Cultural diversity from the present-day perspective relates not only to nationality and race, but also to religion, sexual orientation, and socioeconomic status. Evidence shows that people who belong to minorities, such as Muslims or LGBT individuals, face a disproportionate burden of diseases because of the limited access to quality care, provider discrimination, and the lack of legislative support. Therefore, health care providers and nurses specifically are faced with the necessity to offer culturally congruent and tolerant care to all patients irrespectively of their background. Recognizing the unique needs and experiences minority groups have, accepting diversity in all its manifestations, as well as minimizing stigma and discrimination, are the primary responsibilities of nurses dealing with vulnerable groups.

References

Arab American Institute. (2015). *American attitudes towards Arabs and Muslims.* Retrieved from http://www.aaiusa.org/american_attitudes_toward_arabs_and_muslims_2015

Ard, K.L., & Makadon, H.J. (2012). Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. *The Fenway Institute.* Retrieved from PDF file http://www.lgbthealtheducation.org/publication/improving-the-health-care-of-lesbian-gay-bisexual-and-transgender-lgbt-people-understanding-and-eliminating-health-disparities

Balsam, K.F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology.,* 17(2), 163-174. doi:10.1037/a0023244

Barker, M.R. (2008). Gay and Lesbians Health Disparities: Evidence and Recommendations for Elimination. *Journal of Health Disparities Research and Practice*, 2(2), 91-120.

Berenson, J., Doty, M. M., Abrams, M. K., & Shih, A. (2012). Achieving Better Quality of Care for Low-Income Populations: The Role of Health Insurance and the Medical Home for Reducing Health Inequalities. *The Commonwealth Fund*. Retrieved from http://www.ncqa.org/portals/0/Public%20Policy/Berenson_achieving_better_quality_care_low_income_8.30.12.pdf

Burkholder, G. J., & Burbank, P. (2012). Caring for Lesbian, Gay, Bisexual, and Transsexual Parents and their Children. *International Journal of Childbirth Education*, 27(4), 12-18.

Campinha-Bacote, J. (2003). Many Faces: Addressing Diversity in Health Care. *The Online Journal of Issues in Nursing*, 8(1). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume82003/No1Jan2003/AddressingDiversityinHealthCare.html

Chance, T. F., "Going to Pieces" Over LGBT Health Disparities: How an Amended Affordable Care Act Could Cure the Discrimination That Ails the LGBT Community. *Journal of Health Care Law and Policy*, 16(375).

Collins, D., Jordan, C., & Coleman, H. (2012). *Brooks/Cole Empowerment Series:*

An Introduction to Family Social Work. Belmont, CA: Cengage Learning

Daniel, H., & Butkus, R. (2015). Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians. *Annals of Internal Medicine*. Retrieved from http://annals.org/aim/article/2292051/lesbian_gay_bisexual_transgender_health_disparities_execituve_summary_policy_position

Douglas, M. K., Pierce, J. U., Rosenkoetter, M., Pacquiao, D., Callister, L. C., Hattar-Pollara, Milstead, J., Lauderdale, J., M., Nardi, D., Purnell, L. (2011). Standards of practice for culturally competent nursing care: 2011 update. *Journal of Transcultural Nursing*, 22(4), 317-333. doi:10.1177/1043659611412965

Feldman, H. R., Greenberg, M. J., Jafee-Ruiz, M., McClure, M. L., McBride, A. B., Smith, T. D., & Alexander, G. R. (2011). *Nursing Leadership: A Concise Encyclopedia (2d ed.).* New York: Springer Publishing Company.

Foglia, M. B., & Fredricksen-Goldsen, K. I. (2014). Heath Disparities among LGBT Older Adults and the Role of Nonconscious Bias. *Hasting Center Report*, 44(04), S40-S44. doi:10.1002/hast.369

Giang, V. (2012, January 10). Hospitals are Cutting Costs by Not Treating Gunshot Victims Right Away. *Business Insider.* Retrieved from http://www.businessinsider.com/hospitals-saving-money-by-not-treating-gunshot-victims-2012-1

Laird, L. D., Amer, M. M., Barnett, E. D., & Barnes, L. L. (2007). Muslim Patients and Health Disparities in the UK and the US. *Archives of Disease in Childhood*. 92(10), 922-926. doi:10.1136/adc.2006.104364

Loftin, C., Hartin, V., Branson, M., & Reyes, H. (2012). Measures of Cultural Competence in Nurses: An Integrative Review. *The Scientific World Journal*. Retrieved from http://www.hindawi.com/journals/tswj/2013/289101/

Martin, M. B. (2015). Perceived Discrimination of Muslims in Health Care. *Journal of Muslim Mental Health*, 9(2). Retrieved from http://quod.lib.umich.edu/j/jmmh/10381607.0009.203/--perceived-discrimination-of-muslims-in-health-care?rgn=main;view=fulltext

Mboane, R., & Bhatta, M. P. (2015). Influence of a Husband's Healthcare Decision Making Role on a Woman's Intention to Use Contraceptives Among Mozambican Women. *Reproductive Health*, 12:36. doi:10.1186/s12978-015-0010-2

Meuter, R. F. I., Gallois, C., Segalowitz, N. S., Ryder, A. G., & Hocking, J. (2015). Overcoming Language Barriers in Healthcare. A Protocol for Investigating Safe and Effective Communication When Patient or Clinicians Use a Second Language. *BMC Health Service Research*., 15:371. doi:10.1186/s12913-015-1024-8

Mollom, L. (2012). The Forgotten Minorities: Health Disparities of the Lesbian, Gay, Bisexual, and Transgendered Communities. *Journal of Health Care for the Poor and Underserved*, 23(1), 1-6. doi:10.1353/hpu.2012.0009

Padela, A., Gunter, K., & Killawi, A. (2011). Meeting the Healthcare Needs of American Muslims: Challenges and Strategies for Healthcare Setting. *Institute for Social Policy and Understanding.* Retrieved from http://www.ispu.org/wp-content/uploads/2016/09/620_ISPU_Report_Aasim-Padela_final.pdf

Pirsaheb, S., Pasdar, Y., Navabi, S. J., Rezaeim M., Darbandi, M., & Niazi, P. (2013). Fasting Consequences during Ramadan on Lipid Profile and Dietary Patterns. *Journal of Fasting and Health*, 1(1), 6-12.

Rawls, J. (1971). *A Theory of Justice*. Cambridge, MA: Belknap Press of Harvard University Press.

Rumun, A. J. (2014). Influence of Religious Beliefs on Healthcare Practice. *International Journal of Education and Research*, 2(4), 37-48.

Sabin, J. A., Riskind, R. G., & Nosek, B. A. (2015). Health care providers' implicit

and explicit attitude towards lesbian women and gay men. *American Journal of Public Health*, 105(9), 1831-1841. doi:10.2105/AJPH.2015.302631

Saha, S., Beach, M. C., & Cooper, L. A. (2008). Patient Centeredness, Cultural Competence and Healthcare Quality. *Journal of the National Medical Association*, 100(11): 1275-85.

Schleiter, K. E. (2009). When Patient-Physician Confidentiality Conflicts with the Law. *AMA Journal of Ethics*, 11(2), 146-148.

Sheppard, V. B., Williams, K. P., Wang, J., Shavers, V., & Mandelblatt, J. S. (2014). AnExamination of Factors Associated with Healthcare Discrimination in Latina Immigrants: The Role of Health Relationships and Language. *Journal of the National Medical Association*, 106(1), 15-22. doi:10.1016/S0027-9684(15)30066-3

Shields, L., Zappia, T., Blackwood, D., Watkins, R., Wardrop, J., & Chapman, R. (2012). Lesbian, Gay, Bisexual, and Transgender Parents Seeking Healthcare for their Children: A Systematic Review of the Literature. *Worldviews on Evidence-Based Nursing*, 9(4), 200-9. doi:10.1111/j.1741-6787.2012.00251.x.

Shires, D. A., & Jaffee, K. (2015). Factors Associated with Health Care Discrimination Experiences among a National Sample of Female-to-Male Transgender Individuals. *Health Social Work*, 40(2), 134-141. doi:10.1039/hsw/hlv025

Singleton, K., & Krause, E. M. S. (2009). Understanding Cultural and Linguistic Barriers to Health Literacy. *The Online Journal of Issues in Nursing*, 14(3). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No3Sept09/Cultural-and-Linguistic-Barriers-.html

Solomon, J., & Berman, J. (2007). *Tools for Building Culturally Competent HIV Prevention Programs: With CD-ROM*. New York: Springer Publishing Company.

Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to Improve Cultural Competency in Healthcare: a Systematic Review of Reviews. *BMC Health Service Research*, 14:99. doi:10.1186/1472-6963-14-99

U.S. Census Bureau (2015). *New Census Bureau Report Analyzer U.S. Population Projections.* Retrieved from http://www.census.gov/newsroom/press-releases/2015/cb15-tps16.html

Williams, D. R., Mohammed, S. A., Leavell, J., & Collins, C. (2010). Race, Socioeconomic Status and Health: Complexities, Ongoing Challenges and Research Opportunities. *Annals of the New York Academy of Sciences*, 1186:69-101. doi:10.1111/j.1749-6632.2009.05339.x

Wolz, M. M. (2014). Language Barriers: Challenges to Quality Healthcare. *International Journal of Dermatology*, 54(2), 248-250.

Wynia, M. K., & Osborn, C. Y. (2010). Health Literacy and Communication Quality in Health Care Organizations. *Journal of Health Communication*, 15(Suppl 2), 102-115. doi:10.1080/10810730.2010.499981

Delta *x*/Delta *t*

John Johnson

Fall 2016
English 30 | Introduction to Literature
Professor Eben Wood

> *…how can two, the past and future, be, when the past no longer is, and the future is not yet? As for the present, if it were always present and never moved on to become the past, it would not be time, but eternity.*
>
> *—Saint Augustine, Confessions*

"*Bang*!" Many believe that our known universe began with a "big bang." What subsequently followed were the three dimensions of space and the fourth dimension of time. What precedes this event is a mystery that has yet to be fully understood by leading scientists and the general public, but it is generally thought that both space and time did not exist before the big bang. The mystery of what this event and what preceded it lies so far back in our past that even our best telescopes today cannot peer that far back. Hence we must be content to rely on the research of mathematicians and physicists for our best explanation and understanding of the earliest stages of our known universe.

This takes me back to a passionate discussion a peer and I were having—an argument about the number zero. He proposed the following question to me: "Why is it that one divided by itself is one, and that two divided by itself is one, yet mathematicians say that zero divided by zero is *undefined*?" Feeling thoroughly unequipped to answer the question, I gave it a shot and said, "Well, what if we take zero to be the beginning of the universe. Keep in mind that division can be seen as a series of repeated subtractions. If you mean to divide

zero by itself in the same manner in which you may divide two by itself, that is to divide the beginning of the universe by itself. Observe: The universe in which we exist is all we know, and to divide all we know by all that we know, is to leave us with all that we don't know—hence, that which is undefined." While that proved to be a very inaccurate and feeble effort, it shone light on a fundamental quality about the human mind. To try to understand where we've come from, and to explain how it is that we've originated from such a beginning, is one of the innermost desires of the human intellect and consciousness.

On a fundamental level, humans should understand the interconnectedness of what some people call reality. Humans should understand the resemblance in atoms, protons, and neutrons that make up not only the cells in each of our bodies, but all of space that we experience. Humans should understand the holistic picture of reality, which provides a stark contrast and comparison between individuality and collectivism. Essentially, humans should understand that they are mere parables of the past, present, and future, like the microcosmic waves that are echoes of the big bang. But how are humans to remember their own stories, and their own parables? How can we remember that which we struggle to understand?

The idea of the human being as a parable is not a new idea. A parable is usually a story that contains a multitude of meanings, being applicable to the past, present, and future. When we think about the evolution of the *eukaryotic* cell, and its eventual formation into the conscious *Homo Sapiens*, we must recognize the immediate reflection of this idea of a parable. If I were to ask you to recall a memory of a moment you've shared with your oldest relative, it would be striking to me if you could recall anything past your "greats" or "great-greats." Yet I needn't ask your genes to do the same, for they remember your ancestors with an ever-sharp memory. Your genes can "remember" the curvature of a face, jaw structure, pigmentation, amongst many other features of your ancestors' biological makeup. Furthermore, your genes can remember its more primitive days as a pre-bipedal or water dwelling species. This is all to acknowledge the very nature in which parables are shaped.

As human beings, we tend to be addicted to pattern, causing us to become forgetful of the malleability of the fabric of reality. Reality has been shaped, continues to be shaped, and exists to be shaped. Human beings are represen-

tatives of a multilayered reality, for we not only represent a species, we can also choose to represent countries, demographics, communities, families, and individual ideas. Similar to a Russian matryoshka doll which opens unto itself, we represent each layer of reality we identify with, yet unlike the matryoshka doll, we shape each layer we exist within—we are the artist and the creation. Two striking novels which exhibit this idea of how we shape our realities while existing as products of it, making us a living parable, are *Parable of the Sower and Parable of the Talents* by Octavia Butler.

Before one descends into the intricacies of the two novels, I would first like to provide the reader with a frame of context in which I plan to discuss the topics explored in the novels. Establishing a firm footing in space/time is absolutely necessary if one seeks to infer or explain something which does not lie within or without the initial setting of space/time. Albert Einstein, in creating his general and special theory of relativity, would call this initial frame from which we begin our outwardly or inwardly inquiries the "reference frame," and part of the reason why his theory emphasizes the word "relativity" is that each reference frame is essentially relative to its viewer. A classic example of this can be thought of by imagining an observer standing on a sidewalk as a car passes by with a constant velocity. If the car is moving at a constant velocity, then the passenger of the car may not experience any changes of direction within the vehicle, and may only see that the objects that lie outside of the vehicle are approaching with a constant velocity that may be measured. Because the Earth rotates about its axis with a constant velocity, the observer on the sidewalk will not detect change in the motion of the Earth, and will only see that the vehicle is approaching with a measurable constant velocity. From the reference frame of an observer somewhere in outer space, both objects may be seen as moving with differing velocities. We know not what an interesting reference frame God possesses. Perhaps everything in God's reference frame moves with constant velocity, or maybe nothing moves at all.

Returning to the reference frame in which the novel was created, it is important to acknowledge first and foremost that the two novels were written by an African-American woman named Octavia Butler. Born in 1942, Butler grew up in the "integrated" community of Pasadena, California, eventually becoming one of the few African-American women to lead a successful career as a writer

in the male-dominated genre of science-fiction. Born to a strict Baptist family, and nearly isolated due to her slight childhood dyslexia and social awkwardness, Butler eventually lived to receive many acknowledgements and awards. After solidifying her fame and career as a writer with the publication of *Parable of the Sower* (1993), she received the first MacArthur Fellowship awarded to a science-fiction writer in 1995, and then subsequently published *Sower's* sequel, *Parable of the Talents* (1998). Unable to complete the trilogy due to her high blood pressure and heart complications, Butler died outside her Lake Forest Park, Washington, home in early 2006. Nevertheless, while her time here on Earth was limited by the constraints of the human body, her *Sower and Talents* remain unbound by either time or physical constraints. These two novels have stood the test of time. Primarily narrated by a young black girl who lives in a "walled" community in the town of Robledo, California, the book follows the life of a young Baptist girl living in a crumbling society and nation. The book begins in the year 2024, and follows her on a journey filled with the ever-present and relevant topics of today: climate change, drug addiction, rape, racism, sexism, misogyny, marginalization, enslavement, and patriarchy. By the end of the timeline in the book, the year 2090, the reader is introduced to a plethora of topics which stupefy and challenge many American citizens and cultures today. These novels demand that the reader examine the way in which we shape our societies, nations, and realities. Butler shows through the relationship between the individual and the world that the individual inhabits that we are not only the manifestations of our own desires, but we are also products of the desires of the cultures and spaces in which we reside. Understanding, or a lack of understanding, is what allows individuals to ascribe an identity to ourselves and others as a form of categorization, even marginalization. These novels show how the very nature of our unmanaged imagination and creativity can lead to the construction of sexism, racism, misogyny, patriarchy, and power structures and dynamics that still exist and uphold these ideals and institutions of power. Ultimately, and most interestingly, these novels show the repetitive quality and nature of history, and how, if left unmanaged and without attention, history will be left to repeat itself in an infinite series of loops.

Ouroboros ∞

Imagine. Imagine what it would feel like to be a young black girl, nearly seventeen years of age, living in the walled community of Robledo, California. To be born from a mother who took drugs called "paracetco" because she believed, like most parents in her time, that the drug would radically improve intelligence and performance. Imagine that as a result of this you have been born with the effects of what is called "hyper empathy," which allows you to not only feel what people feel emotionally, but physically. As you become more aware of the crumbling reality and society around you, you begin to cultivate your own personal belief system and religion, which you hide from your father, who is the town minister and leader. You have four younger half-brothers: Marcus, the extremely handsome and religious one; Keith, the wanna-be-grown-up who begs for a gun so that he may prove himself; Ben and Greg, who are almost like twins. This is the reference frame from which *Parable of the Sower* begins. This girl with whom I have asked you to empathize, whose name is Lauren Oya Olamina, begins *Sower* with a brief quote of scripture from what would eventually become the holy text of the religion she actively cultivates throughout the novel. The physical architecture of the Robledo community speaks to the psychology of the human mind when seeking to shape the spaces in which we intend to exist. There is a wall set up around the community in order to seclude it from the homeless and poor. The level of danger associated with the homeless and poor in the novel only mirrors an amplified version of what exists throughout the world today. The disadvantaged, homeless, and people living in poverty are not only overlooked but are often feared to the point of being labeled as "other" and completely disregarded as creatures of their own making. Not only is the idea that "all people who live in poverty have become that way due to their own decisions," which is a false ideology, but one that is perpetuated by the American capitalist mentality that pervades the minds of many people, plaguing them with the belief that "we all get in life what we deserve and earn." This way of thinking is a spin-off to the illusive "American Dream" which most people never reach but force themselves to believe still exists somewhere out in the real world, yet it just hasn't happened for them … yet.

One of the first events that foreshadows the looming demise of the community is when Lauren's brother, Keith, goes outside the walls of the community and onto the streets. After Keith finds a way to make a living on

the outside by teaching the poor to read and write, and also by robbing and killing people whenever necessary, he is eventually found dead one day with his body in severe distress. Shortly after this event Lauren's father goes missing, and the community is officially broken down when the "pyros" (drug-addicts) invade the community and begin to burn down houses and kill people. Lauren was then forced onto the road while being separated from her stepmother and little brothers during this chaotic event. Interestingly enough, Lauren decides to take to the streets and embark on her journey up north disguised as a man. Her decision to disguise herself as a man speaks not only to how conscious the narrator is of social and institutionalized patriarchy at play, but it should also strike the reader's interest that Butler has imagined a future where patriarchy is still a prevailing and dominating force.

To be a man is to be protected, privileged, and to have advantages. In a nearly apocalyptic society, we see Lauren choose a different identity in order to protect herself from men seeking to take advantage of any opportunity—which in the context of this novel includes women. What does it mean if physical institutions break down, yet the remnants of its ideologies have embedded themselves in the minds of its practitioners? If not erased from the mind, the subjugating of women and other groups of people who are treated unfairly will continue to pervade human interaction, as clearly demonstrated by the reversion to a caveman-like way of thinking that follows the destruction of the Robledo community, where women are opportunities to be acted upon.

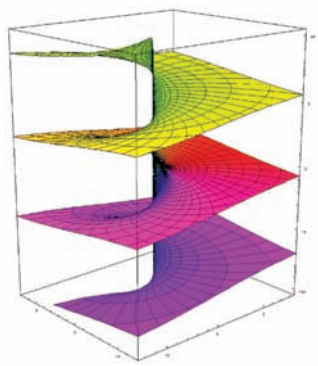
As Lauren progresses on her journey, she finds and collects many individuals who become a part of a community that she establishes. This community is both secular and religious, having its religious foundation based on Lauren's writings and creation of the Earthseed religion. While on her journey up north, she meets a man named Bankole, who is seeking out his property in Humboldt County. She eventually marries Bankole and officially establishes the secular Acorn community on the land that Bankole owns. One of the most startling events in the novels occurs after the five-year anniversary of the Acorn community, when a man named Andrew Steele Jarret is running for president. This particular character in the book illustrates the timelessness of these two texts which I spoke of in the introduction, and shows us how history has the inclination to repeat itself if left unattended.

Outside the world of Butler's novels, the 2016 presidential election shocked many people and put them into a state of fear. Before the election took place and president-elect Trump won the electoral college, many people feared for a legitimate divide amongst the people, due to the language used by Trump. The rise in racial awareness, as well as the discussion of marginalization, sexism, misogyny, racism, xenophobia, as well as many other social, legal, and political issues have increased exponentially since Trump's campaign. The comparison between Butler's fictional character Jarret and the American president-elect Trump is a striking one. Many people are familiar with the slogan "Make America Great Again!" used by Trump, yet in Butler's novel *Talents*, presidential candidate Jarret asks his followers to "Join us! Our doors are open to every nationality, every race! Leave your sinful past behind, and become one of us. Help us to make America great again" (Butler 20). Two things to consider critically when evaluating the rhetoric being used by the fictional character Jarret and the real-life Trump are the ideologies of "one of us" and "great again."

Firstly, the idea of a time period when America was great is a completely illusive and deceitful tactic. If I were to give you the opportunity to travel back into the past, you would be an absolute fool to not consider your identity. One might actually want to take a course in American history before deciding to travel into the past, for depending on your race, gender, and class, you might not want to travel back too far back or too near in time—you might lose some of your rights or even your life. Butler brilliantly plays with this idea in one of her earlier novels titled *Kindred*, where the main character is a black woman who suffers from bouts of unwanted time travel back into the time period where the enslavement of blacks was occurring. In that novel, the main character is married to a white man, and she sometimes grabs her husband before she is transported back in time so that he may be with her. This only makes things a bit more difficult, being that his physical attributes forces him to take on the role of a slave master while she must take on the role of the enslaved. They play these roles in order to stay alive, but the divide in the lives they must lead is what grips the reader. The divide that American citizens face today is a social and institutional one, which many view as a prelude to another civil war. Unsurprisingly, Lauren expresses her fears of this in *Talents,* and following Jarret's election as the president, Lauren and her community become enslaved by Jarret's "radical"

followers.

Throughout Trump's campaign there have been a slew of racists and white supremacists seeking to dominate and harm marginalized groups of people. People have sought to protect these racists and white supremacists by calling them Trump's radical supporters, much like people in the novel do for president Jarret's "Christian America" organization that enslaved the members of the Acorn community. I am entirely distrustful of labeling and categorizing these groups of people as just a sect or a radical portion of Trump supporters. Trump is responsible for the actions and words of these people, in the same manner that President Jarret was held responsible for the enslavement of a community of peoples at the end of *Talents.* Since Trump's election, the white nationalist "Alt-Right" movement have moved into the eye of the mainstream and political media. This group, led by a man name Richard B. Spencer, has reinforced the pre-election comparison of Hitler and Trump. At one of Spencer's congregations, he sputtered the line "Heil Trump," as he was met with the Nazi solute by members of his audience. Here we meet the recurring loop of history with a head-on collision. These are the times where people must pay attention to this loop, *before* it completes its cycle. The U.S. Holocaust museum responded to Spencer's congregation with a message that urges people to confront the Alt-Right's ideologies. One of the the most imperative lines of that message, alluding to the loop-like structure of history, goes as follows: "By the end of World War II, the Germans and their collaborators had murdered six million Jews and millions of other innocent civilians, many of whom were targeted for racial reasons. *The Holocaust did not begin with killing; it began with words.*"



The Derivative

What if your life could be represented on a two-dimensional graph? If you're reading this paper then you've most likely made it through secondary school, and I am sure you at least know what a two-dimensional graph looks like. It resembles an enlarged "+" symbol, and its vertical and horizontal

components (called axes) are usually labeled with letters that mathematicians call "variables." I am aware that that is usually the point where most people turn away from mathematics and begin to pursue other areas of interest. I must admit, were it not for my stubbornness and incurable mental condition that encourages me to constantly prove to myself that I can do something, I too would have turned away from mathematics at that point. Too many children, including myself, were introduced to the concept of "variables" in a very vague and uninteresting way. The first variable that most children see is the letter "*x*," and for many people it has undoubtedly remained as mysterious as it were when they first saw it. We are always led to believe that we may one day figure out what this mysterious letter means and why we are even introduced to it, but if our curiosity is not satiated by the end of the course, and if the math be too rigorous, many of us want nothing to do with the obscure and meaningless letter(s). Why may this be the case?

It casts my mind back to a popular mathematician named Edward Frenkel, who likened the experience of learning mathematics to the experience of learning how to become a painter. Frenkel compared the computational aspect of mathematics that most of us are taught during primary and secondary school to an aspiring painter learning only ever to paint a fence. How could one ever see the beauty of painting, if all one ever gets to do is paint a fence over and over again? Surely it would seem like a frustrating waste of time, and for that I understand those of you who would like to turn away at this point in the essay, for I will discuss our shared histories in the form of mathematics. However, I would like to encourage you to stay and read on, for what I will do for you is not teach you how to paint a fence, but how to see a brilliant pattern in mathematics that teaches us about the current situation in history with which we find ourselves. Here you will see how the past, present, and future has been *graphed*.

The word "graph" comes from the Greek word *graphos*, which means drawn or written, or one who draws or writes. Here already, we see the idea of *shaping* or *creating* taking place, for drawing and writing are both creative acts which can sometimes be unpredictable and extremely malleable. However, a graph can be confined depending on the dimensions in which we seek to observe the qualities of a graph. For example, if we're looking to describe a graph in one dimension, you can understand this by thinking of a tightrope walker going

from one building to another. The tightrope walker is confined to a limited amount of space wherein they may only walk backward and forward. If we seek to observe the qualities of a graph in two dimensions, then one can imagine another tightrope placed perpendicular to the already existing tightrope (thus forming the "+" shaped graph that many of us are familiar with). Now when the tightrope walker gets to the intersection of the two ropes, he has the freedom of choice to go in each of the four available directions. It would be a shame if, after having approached the intersection of the tightrope, the tightrope walker loses his balance and falls off of the two tightropes. Luckily enough though, there is another safety rope attached to the intersection of the two ropes which extends downward toward the ground—this rope characterizes the third dimension, for it adds *depth* to that which only had direction. The fourth dimension, as agreed upon by mathematicians and physicists, is *time*. It is a much harder dimension to describe, but it is deeply entwined with space.

We usually hear the phrase "space/time," and that goes to show just how deeply entwined time and space are. If you have been imagining the tightrope walker in your head, for example, and if you have an exquisite imagination, then you were probably thinking in four dimensions, because the scenario would have been playing out over a certain amount of time.

Another thing that one must take into account when seeking to represent history in the form of a mathematical graph is the idea of a *function*. In English, the mathematical idea of a function can be translated to "cause and effect." Functions in mathematics are often represented by the following expression: $f(x)=$ and they work like a sort of machine. If you plug in a numerical value for the variable x, you should get a corresponding numerical value for another variable. One of the most famous functions in mathematics is the exponential function which is represented by the equation $f(x) = ex$.

Also important to the idea of graphs is the concept of *derivatives and rates of change*. Derivatives allow the observer to see the change in a function by measuring the slope at a particular point on the graph. The slope can tell the observer how to get from one point to the next. It is often described and paraphrased as "rise over run," which relates one point to another. For example, if I plot a straight line on a graph containing the points (1, 1) and (2, 2), then the slope would be 1/1, because you must go one unit up, and one unit to the

right in order to reach the next point. An easy transition into understanding the derivative and rates of change is by imagining those same plotted points, but instead of taking up to mean 1 meter and right to mean 1 second—thus the slope would be 1meter/1 second, which translates to "one meter per second." This would be what we call speed, and it is one form of a rate of change. If this speed has direction, it would be what is called velocity. If one takes the rate of change of velocity (characterized by "meters per second squared"), this would be called the acceleration. One could even go further, and find the rate of change of acceleration, and this would be called the "jerk" (which is what we feel in a car as our heads fly back when a vehicle's acceleration has changed).

All of this is to point out the peculiar nature of the exponential function and its deeper implications. The mathematical formula for taking the derivative of a function goes as follows:

$$d\,[x] / dt = (n)x^{n-1}, or\ x / t$$

Where the *d*, short for "delta" ( ), on the top of the fraction means "change in," while the d on the bottom of the fraction means "with respect to." For the intents of this paper, but also something which is widely common, I will take the variable x to mean position and the variable t to mean time. Therefore "dx/dt" will translate to *"change in position with respect to time."* Interestingly enough though, if one were to take the derivative of an exponential function, one would find that it will equal the same exponential function. Furthermore, being that one could take numerous derivatives of a given function one would learn that they would keep receiving this function as a solution. For example:

$$f(x) = e^x$$
$$f'(x) = e^x$$
$$f''(x) = e^x$$
$$f'''(x) = e^x$$
$$\vdots$$
$$f^{n+1}(x) = e^x$$

Where each mark of the derivative symbol, ′, indicates the number of derivatives taken and n is any real number. Without diving into the immediate complications and complexity of these mathematical statements, one can undoubtedly observe the recurring repetition of the exponential function when taking derivatives. Because I've already explained to you that our derivative deals with a changing of position with respect to time, how is it that things are inherently changing when taking the derivative of the exponential function, yet by the looks of it things appear the same? This would tell us that both our position and time changes, yet what is produced is the same result that we've always seen. Here we see the correlation between history and a single mathematical statement.

The physical topology of the planet Earth has changed due to both man-made and natural factors. Populations of people have moved, and demographics have changed. All of this and much more has occurred over time, yet some things apparently remain unchanged. When you look at the current political and social issues in America today, many of these problems resemble the problems of the past yet they retain a demanded level of relevance. If we were to plug the exponential function into a machine that takes derivatives continuously, it would go on doing so for all of eternity. One must notice the patterns of nature and history in order to stop it. Only then can we begin to understand how we are parables of the past, and how we have the power to change the narrative. Only then can we begin to graph our own futures. Only then can we escape an existing loop and cycle in history. Only then can we create change. Only then can we…

The Solution: The Laws of Thermodynamics

The First Law of Thermodynamics states that "energy can neither be created nor destroyed during a process; it can only change forms" (Boles & Çengel 70). This law carries implications for the way in which we shape the realities in which we exist. Throughout *Sower and Talents*, Lauren is cultivating a religion of her own. It is a difficult thing to have faith in something you've created yourself, let alone to get other people to be convinced of its power. Yet Lauren executes this feat over an extended period of time, proving just how malleable reality is. By cultivating her own religion and gaining followers, Lauren demonstrates how

we have the power to shape internal and external environments.

At the core of Earthseed, the religion cultivated by Lauren, is the principle that "God is Change." She believes in this principle because change is the only thing that is constant, and she believes that one must learn how to cope and adapt with change in order to be an individual who is more prepared for whatever may come. When relaying some of her Earthseed scriptures to a travel-mate, the man remarks that it sounds like she is just worshipping the laws of thermodynamics. While it does sound exclusively scientifically fact-based and unorthodox, her ideals hold more truths than most religions that exist today. One of the interesting things to note, however, is that some of the travelers had trouble accepting these "laws of nature," and one even went so far as to ask her why she doesn't just call god "change." Speaking of change, he says to her, "It's not a god. It's not a person or an intelligence or even a thing. It's just … I don't know. An idea" (Butler 217). Lauren responded that she calls god change in order that people may *remember* the laws, be convinced, and be able to call upon these laws in their lowest of moments. This speaks to the formulation of the illusions we become accustomed to, and how we have the ability to prevent something from becoming mythology and instead solidify it as a firm belief system.

The existence of the foundations of belief that are cultivated and constantly reshaped by human beings goes to show just how much of a parable we all are, and how we have the power to change the stories of our lives. I am always amused when my Christian and Muslim friends and I discuss theology. I always remind us that we would most likely not have our standpoints, convictions and arguments if we were in another time period or another setting, for we would be products of that space/time and would most likely have a different set of beliefs—thus we would represent a different parable.

One of the most influential tools in the modern day life that shows us the exact way in which we shape our existence, which in turn shapes us, is the internet. An author proposed a question to a group of some of the world's leading thinkers: "Is the internet changing the way you think?" One of my favorite responses is by an evolutionary psychologist named Steven Pinker, who says "absolutely not." He then goes on to explain the ways in which the computer has changed as a result of the human mind seeking to create an internet and physical

desktop that is more suited to the needs and desires of the human mind. He examines this by looking at the changes and adaptations of the computer since its first creation. Pinker remarked: "The changes we are seeing more recently include even more natural interfaces (speech, language, manual manipulation), better emulation of human expertise (as in movie, book, or music recommendations, and more intelligent search), and the application of Web technologies to social and emotional purposes" (Brockman 87). On the following page, however, another person argues how the internet is changing the way human beings think. What this shows us is that it isn't a binary case. We shape the things that shape us. We create the experiences that change our lives. We create parables for ourselves and one another. We are parables. Parables are us.

Works Cited

St. Augustine. *Confessions.* Translated by R. S. Pine-Coffin London: Penguin Books, 1961. Print.

Boles, Michael A., Çengel, Yunus A.. *Thermodynamics: An Engineering Approach*. New York: McGraw-Hill Education, 2015. Print.

Brockman, John. Is the Internet changing the way you think?: *The Net's impact on our minds and future*. New York: Harper Collins Publishing, 2011. Print

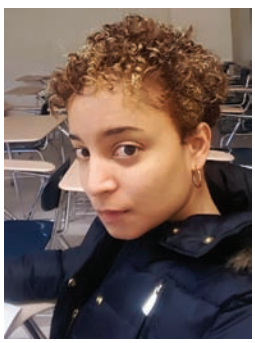
Butler, Octavia E. *Parable of the Sower.* New York: Grand Central Publishing, 2000. Print.

Butler, Octavia E. *Parable of the Talents.* New York: Grand Central Publishing, 2000. Print.

Contributors

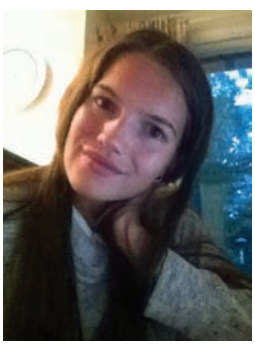
Loretta Abuhammour

"With wonderful guidance, encouragement, and support from my English 24 professor, I was able to write this essay. She helped me explore my inner self, pushing the boundaries of my own writing, hone in, fine-tuning it when necessary, and, in the process, making me a better writer. By being a Kingsborough student, I now have more opportunities open to me because of the amazing teaching staff and its Honors Program."



Lobelys Anicet

"I am a resilient and dedicated Nursing student. My academic journey at Kingsborough started in the spring of 2014, and will soon be coming to an end as I am set to graduate with the nursing class of June 2017. After Kingsborough, I plan to pursue a bachelor's and a master's degree in nursing at SUNY Downstate Medical Center. My ultimate goal is to become a psychiatric nurse practitioner and work for the United States Navy or Air Force."



Elena Archer

"I majored in Graphic Design (with a concentration in Illustration) at Kingsborough and transferred to Hunter College, where I'm getting a B.A. in Art History."

Lester E. D. Cook

"I am an older student returning to CUNY after a 30-year hiatus. I am a Liberal Arts major with a concentration in Secondary Education. In the disability rights movement I know some of the players both personally and professionally; I know people who actually drafted the CPRD Convention on the Rights of the Persons with Disabilities. By the way, I have been a baseball umpire and football referee for 34 years."

Jhovany Duperval

"Sports is my passion. Coupling this with my keen interest in business motivates me to think abstractly in producing projects such as this pitch to Carnival Corporation. Kingsborough is one step in my journey towards pursuing a career in sports business."

John Johnson

"Humans get so comfortable within the confines of the systems that they live within, that they often refrain from venturing out. With this piece of writing I aimed to push readers outside of their comfort zones by forcing them to look at intersectional sociopolitical ideas and contrasting bodies of knowledge."

Roy Johnson

"I'm thankful for the opportunity to express my creative talent and I hope that it will inspire someone one day."

Renat Khasanov

"At some point in every person's life, they will need to decide who they want to be. I made my choice. I resolved in myself that I will dedicate my life to helping people."

Mayya Lebedeva

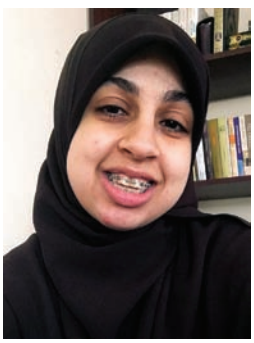
Mayya Lebedeva was born in Ukraine and came to the United States in 2009. She has always dreamed of realizing herself in the medical field.

Levan Lomaia

Levan Lomaia was born in Sukhumi, Georgia.

Fanny Lung

“I think everyone has a busy life, but through this board game of my life, it makes me feel life is colorful and meaningful.”



Nehal Naser

“My journey with Kingsborough started in the spring of 2016 and has been completely transformative. As a Liberal Arts student pursuing a career in psychology, it is important for me to apply the lessons I’ve learned here to the rest of my academic career. This class struck the perfect balance between keeping us focused on a specific theme yet allowing us to apply that information to topics relevant to our chosen field of study. I was able to apply what I’ve learned about gender to something I’ve always been passionate about: the study of the brain. This paper is my exploration of that.”

Gabriel Pjatak

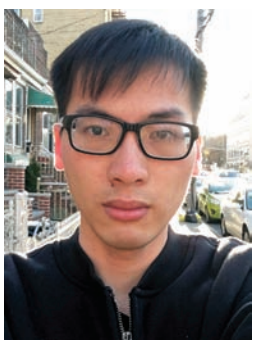
"I was born in Stara Lubovna, Slovakia, and along with my family moved to the United States when I was five years old. I attended James Madison High School before coming to Kingsborough for my first semester of college. Although we have been living in America for 13 years, my family and I continue to speak Slovakian as well as hold on to our traditions. We don't want to let go of our roots, but that doesn't mean that we only hang on to the past. We have learned to speak and adapt to the English culture because although it is important to not forget where you come from, it is just as important to not be disconnected from your current society."

Keith Villaroel

"I do not consider myself an artist. I'm actually pretty far from it; my drawings just happen to look decent."

Kelly J. Worthington

"I am a veteran of the U.S. Navy, where I served as a hospital corpsman. I have a deep interest in foreign affairs, particularly of those involving the Middle East. In this essay, I wanted to define the role the United States plays in the world to better understand the significance of American foreign policy on the global stage."



Junliang Zhu

"I am a young man who lives in Brighton Beach. This art work shows my best wishes for this place, and what this place looks like in my mind; it is beautiful and harmonious."

Submission Guidelines

Distinctions welcomes submissions year-round, but the deadline for the Fall 2017 issue is August 15. Submissions that come in after that date will be considered for the Spring 2018 issue (deadline: February 1).

To the Student:

Please submit to *Distinctions* any outstanding research-related course work, whether you wrote it in an Honors course or not. As for visual art, the present editor is most interested in depictions and projects related to New York City.

To the Instructor:

Please encourage your students who have conducted original and compelling research to submit it to *Distinctions.*

You may submit the work via email to me, Bob Blaisdell, at Robert.Blaisdell@kbcc.cuny.edu with the subject line "DISTINCTIONS SUBMISSION" or on paper to the Honors House in M-377. Include your contact information, please. I will acknowledge all submissions upon receipt.

Contents:

Nehal Naser *Gender and the Brain* | **Mayya Lebedeva** *Heroin Addiction: The Hundred Years War* | **Gabriel Pjatak** *"Calling a Truce in My Throat"* | **Levan Lomaia and Keith Villaroel** *New York City Panoramas* | **Kelly J. Worthington** *American Foreign Policy and Its Role in the World* | **Loretta Abuhammour** *A Study of Islamophobia* | **Junliang Zhu** *A Typographical Journey in New York* | **Jhovany Duperval** *A Pitch to the Carnival Corporation* | **Lobelys Anicet** *Psychiatric Nursing: Overcoming the Fear of Working with Mentally Ill Patients* | **Lester E. D. Cook** *The Two Paradigms of Behavioral Health Care* | **Fanny Lung** *A Typographical Journey in New York* | **Renat Khasanov** *Cultural Diversity in Health Care: A New Look* | **John Johnson** *Delta x / Delta t*