

POVERTY IS NOT NATURAL. IT IS  
MAN-MADE AND IT CAN BE  
OVERCOME AND ERADICATED BY THE  
ACTIONS OF HUMAN BEINGS.

**Nelson Mandela**



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# **POVERTY:** Research & Reflections from the Black Perspective

*Edited by*

Tracy R. Whitaker, DSW

Jeanni N. Simpson, M.Ed., MSW

**Howard University School of Social Work &  
The E. Franklin Frazier Center for Social Work Research**

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## *Message from the Dean*

The Howard University School of Social Work's vision is "to enhance human well-being and transform those human, organizational, social and economic conditions which impact African Americans, Africans in the Diaspora, other people of color, and the global community." Poverty eradication is embedded in our vision and this publication is critically important to our school. With the 50th Anniversary of the War on Poverty as the backdrop for the past academic year, our faculty members have explored various dimensions of poverty with a focus on preparing the next generation of social workers and scholars for culturally competent and informed practice with poor persons and their communities.

The articles in this monograph offer their views and insights about the War on Poverty as well as contemporary issues and challenges. As the dean of the school, I welcome this needed discourse and look forward to the voice of our faculty, students, and alumni in addressing important topics that can contribute to the fulfillment of the vision and mission of the Howard University School of Social Work.

It is especially fitting for the first monograph to coincide with the commemoration of the 80th anniversary of social work education at Howard University. We stand on the shoulders of social work pioneers, including Howard alumni, who developed and implemented many of the anti-poverty programs and this document acknowledges them. The critical discourse sets the stage for the next generation of Howard prepared social workers and scholars to forge new solutions.



Sandra Edmonds Crewe, Ph.D., ACSW  
Dean  
Howard University School of Social Work

# Poverty Matters

Sandra Edmonds Crewe, Ph.D.

Poverty kills. Poverty hurts. Poverty endures. Poverty destroys. Poverty matters. Poverty, from the inception of social work practice, has been a primary target of interventions at micro, mezzo, and macro levels. Across the life span, poverty has historically contributed to compromised quality of life for individuals, families, and communities. Despite the important gains achieved by the War on Poverty programs, many continue to experience negative outcomes that can be directly traced to income insecurity and the barriers it presents to health, education, housing, mental health and other quality of life measures. Today, over 50 years after the historic War on Poverty, the U.S. poverty rate hovers around 15 percent with almost 47 million people, according to the US Census Bureau, still trapped (United States Census Bureau, 2014). Sitting just above the poverty line are another 53 million persons. The sheer number of poor or near poor is reason to sound the alarm for laser attention.

Racial and ethnic disparities, according to a 2014 Kaiser Family Foundation report, continue to exist with Blacks (26%) and Hispanics (24%) having more than twice the poverty rates of Whites (10%) (Kaiser Family Foundation, 2014). An astounding 40 percent of African American children are in poverty and face the pernicious effects that are likely to follow them a lifetime. Data on poverty and older persons support this claim. In 2013, the official poverty rate among Hispanic adults was almost three times larger than among white adults ages 65 and older (20% versus 7%) and two and a half times larger among older black adults (18%) according to the Kaiser Foundation (2015). These data suggest that our focus on poverty requires a life course perspective that addresses the cumulative disadvantage and interlocking oppressions.

Poverty is a crisis globally, according to UNICEF, 1 billion children worldwide are living in poverty representing every 2nd child. And sadly 22,000 children die each day due to poverty. According to a 2015 World Bank report,

access to good schools, healthcare, electricity, safe water and other critical services remains elusive for many people, often determined by socioeconomic status, gender, ethnicity, and geography. Moreover, for those who have been able to move out of poverty,

progress is often temporary: economic shocks, food insecurity and climate change threaten to rob them of their hard-won gains and force them back into poverty. It will be critical to find ways to tackle these issues as we make progress toward 2030 (The World Bank, n.d.).

Despite the prevalence of poverty and the undeniable negative outcomes it fosters at every stage of life, I am disturbed by political candidates who feel the urgency to address the plight of the middle class and muffle the longstanding needs of poor people. It seems that the porous proximity of the two groups is ignored. Although economic neighbors, the poor and the middle class, are pitted against each other. What is striking about this is that the new middle class (near poor) is fragile and the impact of foreclosures, high unemployment, gentrification and more make them vulnerable to slipping in and out of poverty. And for racial and ethnic minorities, the impact is greater.

For these reasons, for the entire academic year, our faculty members have explored various dimensions of poverty with a focus on preparing the next generation of social workers and scholars for culturally competent and informed practice with poor persons. The articles in this monograph offer their views about the War on Poverty as well as contemporary issues. Each of the contributors bring critical consciousness to an understanding of poverty and the role that social work must play in addressing it is glaring and hidden forms.

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## Remembering Mark G. Battle: Fifty Years Later, a War on Poverty Innovator

Ruby M. Gourdine, MSW, DSW, LICSW, LCSW

Professor Mark G. Battle, a former professor at Howard University, was an innovator, social justice advocate and a change agent. Mr. Battle's leadership led him to achieve many firsts. An example of his leadership and innovations is the creation of an interracial summer camp in upstate New York. This effort was possible as he joined with two notable persons, Chuck Boddie and Richard Cloward, who were involved in inter-group relations. By the force of his personality and beliefs, he was able to convince a local community board, find funding, hire staff, find a campsite, and recruit participants to make this a successful project.

His motivation to become a social worker/community organizer was evident during his second year internship at the Cleveland Urban League. He organized a community

project that resulted in people of color having jobs in the driving industry, such as taxi and truck drivers. At a very early stage in his social

work training and career, he noted racial injustices and sought to alleviate them.

Mr. Battle took an opportunity in 1952 to go to Chicago where he was hired to manage a program located at the Lower North Center. He was able to build a new community center by partnering with the Federal Housing Administration. After several years, he moved to Detroit where he became the first Black executive director of the Franklin Settlement House. Here, again, his leadership proved to be rather astonishing, as he was able to move the program from insolvency and create new programs. This was achieved as the demographics of the city were changing. His abilities were being noticed by the Federal government as his employment programs had an entrepreneurial aspect to them. As result, he was asked to consult with the Labor Department and his involvement led to the design and implementation of the Hubert Humphrey Youth Employment Act.

Mr. Battle consulted with President Johnson's Administration. This relationship led to his eventual hiring at the Department of Labor and his participation in designing

**In this position, Mr. Battle's advocacy, social justice, and management skills shone — a true testament to the Black Perspective as espoused by Howard University School of Social Work.**

what would become the "War on Poverty" programs. While there, he was appointed as the administrator of the Bureau of Work Training Programs. In this position, Mr. Battle's advocacy, social justice, and management skills shone—a true testament to the Black Perspective as espoused by Howard University School of Social Work. Being insightful and creative, Mr. Battle was able to: 1) obtain the appointment of Blacks and Chicanos to Regional Director positions in the Department of Labor; and 2) get the social work degree as a qualification for two positions (Social Science Analyst and Employment Development Specialist) by the Civil Service Commission and the Department of Labor. These opportunities were critical to assisting Blacks and others to work in professional positions at the federal level.

Later, Mr. Battle was appointed to direct a youth employment program. The focus of these programs were education, training, career development and jobs. Currently, the "War on Poverty" is celebrating 50 years since its enactment. Mr. Battle's contributions benefitted many over the last fifty years and are a lasting testament to him. His contributions to

programs went a long way in providing new opportunities previously denied to certain groups of people. Under his administration, the Neighborhood Youth Corps, Job Corps, and New Careers Program were incorporated in the Economic Opportunity Act. This involvement led to Mr. Battle being named the first National Director of Field Operations for the Neighborhood Youth Corps. This program helped participants to continue or resume their education and increase their employability.

Mr. Battle first joined the faculty of Howard University School of Social Work (HUSSW) at the request of the founding dean, Dr. Inabel B. Lindsay. She recognized the strengths he brought to the school and the need for development of the Macro Sequence at USSW which occurred under Dean Douglas Glasgow. Mr. Battle redesigned the curriculum of macro course offerings at Howard. His positions in leadership allowed him to cultivate alliances with a range of government agencies. Some of these relationships evolved into field placements. His presence on the faculty provided wonderful opportunities for the students to actually be taught by someone so integral in developing jobs and programs for the

underserved. He took this opportunity to mentor students. His efforts at creating new ideas for curriculum building resulted in other schools of social work using his models at their schools of social work (Mark Battle [obituary] (2011, October 28).

As we celebrate and remember the “War on Poverty” we at Howard University cannot ignore the contributions Mr. Battle made, not only to the United States, but also to the School of Social Work. In addition to the oppor-

tunities he made available to our students, many others also benefited from his efforts in developing programs that assisted them in obtaining education, job training and job attainment. Our legacy builds upon contributions from a man who represented a leader par excellence and one who can be described as a “Great Man.”



# The War on Poverty: 50 Years Later and Still No Victory

Janice Berry Edwards, PhD

In April 24, 2015 we celebrated yet another decade of the War on Poverty, post the initiation of the signature initiative. America remains engaged, some 50 years later. Yet, the question remains, why is there no victory? The programs emanating from the War on Poverty were funded from revenues "... [of] a relatively and steeply progressive tax system" (Piven, 2014). Today, many of these early social programs have been tattered by drastic cuts and elimination. Post the sequestration of fiscal year 2013 numerous programs were cut or their funding was severely reduced as proposed in the OMB (2012) report pursuant to the Sequestration Transparency Act of 2012. These cuts were directly related to diminished revenues from our tax system and politics. This is a war that will remain unfinished and continue until our country's economic base and tax system stabilizes.

As stated in the *Revision in Poverty Statistics, 1959 to 1968*, when the War on Poverty was declared the poverty rate for all Americans was 19 percent (United States Department of Commerce, 1969). Since that declaration there was a steady decline in the poverty rate that continued throughout the 1960s. This rate reached a low of 11.1 percent or 22.9 million individuals, in 1973 (Aaron, 1967). During this time there were a cluster of programs that offered hope and realization. Over the next decade, the poverty rate fluctuated between 11.1 and 12.6 percent, but it began to rise steadily again in 1980. By 1983, the number of poor individuals had risen to 35.3 million individuals, or 15.2 percent. For the next ten years, the poverty rate remained above 12.8 percent, increasing to 15.1 percent, or 39.3 million individuals, by 1993. The rate declined for the remainder of the decade to 11.3 percent by 2000. From 2000 to 2004 it rose each year to 12.7 in 2004. In 2013, approximately 15.8% or 48.8 million people in the U.S. lived in impoverished situations and below the poverty level (United States Census Bureau, n.d.).

Today, one in six Americans live in poverty, and approximately 20 percent of the nation's children live below the federal poverty line (Yoshikawa, Aber, & Beardslee, 2012). Mostly families and children live in

poverty, representing a greater percentage of those in poverty than any other time. These approximations are likely to be larger and may under represent the following populations: immigrants, minorities, children, the homeless, and others who do not report census data. We also have a new population of poor people that are the former middle class.

When looking at race and the issue of poverty, Blacks have not succeeded; the playing field has not been leveled. Blacks are the one group in America that has consistently suffered the ravages of poverty. The poverty rate for all persons masks considerable variation between racial/ethnic subgroups. Poverty rates for Blacks and Hispanics greatly exceed the national average. In 2010, 27.4 percent of Blacks and 26.6 percent of Hispanics were poor, compared to 9.9 percent of non-Hispanic Whites and 12.1 percent of Asians. Poverty rates are highest for families headed by single women, particularly if they are Black or Hispanic. In 2010, 31.6 percent of households headed by single women were poor, while 15.8 percent of households headed by single men and 6.2 percent of married-couple households lived in poverty.

At Howard University School of Social Work, we well know that poverty has no simple answer and its complexities extend worldwide.

There are also differences between native-born and foreign-born residents. In 2010, 19.9 percent of foreign-born residents lived in poverty, compared to 14.4 percent of residents born in the United States. Foreign-born, non-citizens had an even higher incidence of poverty, at a rate of 26.7 percent. Since the late 1960s, the poverty rate for people over 65 has fallen dramatically. The poverty rate for children has historically been somewhat higher than the overall poverty rate. The poverty rate for people in households headed by single women is significantly higher than the overall poverty rate (Blank, 2000; Gilder, G. 2012).

Howard University School of Social Work (HUSW), since its inception, and intrinsic to the school's mission, has advocated for the social welfare of all and providing opportunities to the oppressed (Gourdine, Crewe & Brown, 2008). The School of Social Work has produced many leaders who have taken leadership roles in the War on Poverty. Dr. Inabel Lindsay, the founding dean of the School of Social Work and a

pioneer in social work education, worked tirelessly “to raise the nation’s consciousness in the struggle for social [and economic justice] (Gourdine, Crewe & Brown, 2008, p. 366). Dr. Lindsay was committed to the improvement of social welfare systems. From the time of Dr. Lindsay, Howard University social workers have been invested in following her legacy and continuing to be drum majors for social and economic justice.

E. Franklin Frazier, who served as the director of the social work department at Howard University, was a scholar and an untiring advocate for social equality. He was also a critic of the effect of the economy on poverty and its impact on Black families (Frazier, 1939). Following in the footsteps of the preeminent social worker Whitney Young, John Jacob, was also a U.S. Civil Rights leader. He served as the president of the National Urban League between 1982 and 1994. Dr. Jacob made significant contributions to the War on Poverty as President of the Urban League. He initiated many significant job development initiatives, and “directed the Urban League to give direct assistance from its own resources to poverty-stricken minorities and whites, including housing and job placement” (Encyclopedia of World Biography, 2005-2006).

Distinguished faculty members, Dr. Douglas Glasgow and Professor Mark Battle also were steeply involved in research, scholarship and community action on poverty and the Black community. Dr. Glasgow addressed his profound concerns in his book entitled *The Black Underclass: Poverty, Unemployment, and Entrapment of Ghetto Youth* (1980). Professor Battle was an administrator of several programs that were part of the War on Poverty. In their scholarship, the faculty at the Howard University School of Social Work continues to raise critical issues of concern in the areas of social and economic justice. Students are taught to investigate these issues in practice, as well as, to promote them through advocacy on the micro, mezzo and macro levels of practice. At Howard University School of Social Work, we well know that poverty has no simple answer and its complexities

extend worldwide. In moving forward on the charge established by the “War on Poverty” we will continue to penetrate this complex terrain in our scholarship, practice and advocacy.

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# The Moynihan Report and the Black Perspective

Jeanni N. Simpson, M.Ed., MSW

In 1965, Daniel Moynihan published “The Negro Family: The Case for National Action,” also referred to as the Moynihan Report. The purpose of the study was to focus on the single most impactful issue affecting the experience of Black families in America. The problem-centered approach used in the study diametrically opposes the Black Perspective of the Howard University School of Social Work (HUSW). The Black Perspective, formalized in the 1970s, consists of six principles that serve as the guiding philosophy for the school: affirmation, strengths, diversity, vivification, social justice, and internationalization (HUSW, n.d.). While the Moynihan Report was conducted as a call to action, the data and results from the study perpetuated negative characterizations of the Black Family and bolstered existing negative stereotypes.

## THE BLACK PERSPECTIVE

### Affirmation

The principle of *affirmation* celebrates the abundance, efficiency, and robust nature of the African Diaspora at the individual and collective levels. The intent of the Moynihan Report was to focus on the problems of the Black family, which directly conflicts with this principle. There was no celebration of resilience in Black families in the report. Throughout the report, demeaning and culturally insensitive language was used in references to Black people such as ‘disturbed group’ and mention of the negative experience of the Black family as a ‘plague’ (Moynihan, 1965). Historically, referring to Blacks as Negroes was acceptable, however, the term is inextricably linked to slavery, thus a consistent reminder of three centuries of oppression. While slavery is mentioned in the report, it’s discussed solely for the purpose of historical background. The study did not make clear connections between slavery and the visceral effects experienced by Blacks at the time of the study. Another point of contention lies with the assumed perspective from which the writer speaks. He is critical of the Black family structure without accounting for unconscious biases that may be the result of his membership in the dominant culture, thus promoting ethnocentricity and white patriarchal dominance.

### Strengths

The *strengths* principle of the Black Perspective first acknowledges that there are strengths in every situation, whether it is in reference to the individual, family, environment, or larger community. This principle focuses on identifying ways in which strengths can be used as a means to combat oppression. Throughout the Moynihan

Report, the dominance of women in Black families is discussed as a weakness, undermining the role of men. With respect to this principle, the role of women in the Black family is, in fact, a strength. Women entered the workforce as needed and in the absence of men in the

home, took on the responsibility of the transmission of culture as a means of combatting oppression. The position of women as the heads of households can also be linked to slavery. Moynihan (1965) states, “E. Franklin Frazier makes clear that at the time of emancipation Negro women were already ‘accustomed to playing the dominant role in family and marriage relations’ and that this role persisted in the decades of rural life that followed” (p. 12). During slavery, families were frequently separated and sold to the highest bidder. This practice created a systematic removal of men from Black families that could be interpreted as a war on Black families, as it lasted for three centuries.

### Diversity

*Diversity* in the Black Perspective rejects the overgeneralization of Black families, individuals, communities and groups. This principle celebrates the uniqueness of culture, economics, politics and social bonds which exist within the African Diaspora. Throughout the Moynihan report, there is consistent juxtaposing of white versus non-white, therefore grouping all members of minority groups together. This reasoning is problematic, as the report is focused on Black families. There are also instances where references are made solely to Black families. This grouping is concerning as the data overgeneralize members of minority groups at the expense of Black families. Additionally, the report celebrates one type of family structure, the traditional nuclear family. Moynihan asserts that family structure, typically single parent homes with women as the head of household, is the source of the struggles of Black families. These households are referred to as “disorganized” (Moynihan,

Black women rejected social norms that promoted oppression and inequality by entering the workforce and attempted to preempt the transmission of intergenerational trauma through empowerment, thus making the role of women in Black families valuable to the greater society as a whole.

1965). This characterization promotes the values of dominant white culture and assumes the presence of a man in a home will create order; therefore, the man is the solution to the problems of the Black family. Moreover, Moynihan does not discuss the role of government policy and program requirements that incentivize the absence of men in the home.

### Vivification

The principle of *vivification* encourages positivity and inclusion and seeks to enliven and brighten the experience of the oppressed and marginalized. The findings in the Moynihan Report reinforce the Matrix of Domination (Collins, 2000), patriarchy, and Marxist views of women rather than celebrate the role of women in the preservation of the Black family. Black women rejected social norms that promoted oppression and inequality by entering the workforce and attempted to preempt the transmission of intergenerational trauma through empowerment, thus making the role of women in Black families valuable to the greater society as a whole.

### Social Justice

The *social justice* principle is focused on the daily experience of oppressed and marginalized groups. Social justice emphasizes the equal distribution and access to opportunities in a society. Moynihan clearly outlines the manifestation of oppression throughout the report in relation to education, employment, military service, socioeconomics and poverty. The report was thorough in highlighting the need for government intervention to address the inherent inequality experienced by Black families in all of these areas. Unfortunately, the characterization was at the expense of the subject, the Black family. While the need for intervention is evident based on the findings, the report, perhaps unintentionally, endorses the “father knows best” role of government and fosters dependence on the government and is therefore counterproductive to the purpose of social justice.

### Internationalization

According to HUSSW (n.d), the principle of *internationalization* emphasizes the experience of individuals displaced within their own country and those displaced across national borders. In the case of the Black family in America, their presence in this country is the result of involuntary

displacement due to slavery. The Moynihan Report does not account for this uprooting as a variable impacting the experience of the Black family. This oversight is deeply concerning, as they were stripped of their culture, language, customs, and religion. Once Black people were freed from the bonds of slavery, they were expected, as newly enfranchised individuals, to function within the norms of society, despite living within a subculture of society since their arrival to the country. Despite their resilience, Black families are not exempt from the side effects of intergenerational trauma, as evidenced by the findings presented Moynihan.

### CONCLUSION

While the Moynihan Report was conducted to create the foundation for a call to action, it may have unintentionally legitimized biases related to Black families. Due to the problem-centered nature of the report, the results could be interpreted as a form of victim blaming. In this report, the Black family is discussed as if it functions within a vacuum. Additionally, the report does not account for the distorted history of Blacks in America, nor does it account for the influence of individuals in positions of power in relation to the experience of Blacks in America in 1965. Another point of concern is that the report did not account for additional variables such as, history of trauma, health, white flight, and the effects of policy that impact Black families. Although, it has been more than fifty years since Moynihan’s call to action, Black families are still experiencing great disparities in American society.

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# Legacy of the War on Poverty: Food Insecurity Alleviation Programs and HIV Collusion in the 21st Century

Amber Davis, MSW

## Historical Context of Anti-Hunger Programs

Hunger existed as a social ill long-ignored in the country until the 1960's when the national Food Stamp program was created as part of the 'War of Poverty' initiative of Lyndon B. Johnson's Administration. Johnson would sign into law the Food Stamp Act of 1964, thereby, enacting a federal entitlement program which provided state appropriations for means-tested food assistance to the poor. The contradiction of food surplus in the U.S. and yet hunger among the urban poor, became a glaring social justice issue and culminated in the creation of the Food Stamp program (DeVault & Pitts, 1984). There have been modifications and amendments made to the program since its inception, as eligibility requirements are restricted or loosened depending on national economic cycles. The Food Stamp program was renamed the Supplemental Nutrition Assistance Program (SNAP) in 2008 under the Agricultural Act of 2014, also known as the Farm Bill.

With the dire consequence of food insecurity moderating increased HIV transmission, it is critical that legislation to reduce food stamp eligibility be stymied in favor of health promotion.

## HIV/AIDS Overview

HIV/AIDS came on the national radar in the U.S. in 1980s as many individuals began dying of rare infections caused by a compromised immune system (Timberg & Halperin, 2012). There is not yet a cure for HIV, although medical advances have increased the chances of living with HIV as a chronic condition rather than a terminal condition. HIV has evolved to a disease that disproportionately impacts men who have sex with men (MSM) and persons living in poverty. Currently, the national HIV burden is most rampant in African Americans with a rate eight times that of Caucasians (CDC, 2014).

## Food Insecurity & HIV: Critical Interplay in the 21st Century

The United States Department of Agriculture captures food insecurity along a spectrum with a range of high,

marginal, low, or very low (USDA, 2015). Very low food security is equivalent to being food insecure. Food insecurity means compromised nutrition intake and irregular eating patterns due to limitations in access to food. Food insecurity is a global issue that also is a problem in capitalist, developed countries, such as the U.S., where poverty is structural.

Food insecurity is increasingly being understood as linked to the transmission of HIV (Weiser et al., 2011). Beyond HIV, food insecurity is also associated with elevated risk for heart disease, diabetes, anxiety and depression in adults (Weiser et al., 2011). Food insecurity is described by Chilton & Rose (2009), as "an outcome of social and economic processes that lead to lack of access to food" (p. 1204). Per Weiser et al., (2011), HIV disparities impacted

by food insecurities can be explained by structural factors (poverty, social policies); individual factors (transactional, exchange sex); and social factors (gender, stigma). High risk sexual activity is a major behavioral pathway for infection transmission as safe sex is either difficult to negotiate in the case of sex exchange or safe sex is neglected all together as a concern for an individual with diminished coping secondary to being food insecure.

## Policy Implications

With the dire consequence of food insecurity moderating increased HIV transmission, it is critical that legislation to reduce food stamp eligibility be stymied in favor of health promotion. It is imperative that federal decision makers have a full awareness that eligibility changes that make it harder for individuals to qualify for SNAP benefits will have adverse health implications, including HIV. Nationally, it is important to examine the impact and effect of SNAP and other social policies on social determinants of health (i.e., food insecurity), as social policies have the potential to either mitigate or exacerbate health disparities (Osypuk et al., 2014).



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# Gross, Scary, Funny:

## Challenging Media Stereotypes of Families Living in Poverty

Tracy R. Whitaker, DSW & Nadolphia Andou, MSW

As the demographic diversity of the families served by social workers continues to expand, so too, will the diversity of their socio-economic indicators. Whereas most social workers would agree that an influx of clients from a particular region of the world might require some targeted multicultural or cultural competence training, those same considerations are not often invoked regarding clients' economic status. Some social workers might even resist such training, by insisting that the core of social work education and practice is built upon service to those who are disenfranchised, vulnerable, and economically and socially disadvantaged. However, despite their training, knowledge and values, social workers are not inherently immune to the multitude of negative characterizations they receive about people who are poor. In addition, social workers may underestimate the extent of the influence these depictions have in shaping the direction and tone of both social policy and social service delivery.

The profession's efforts over the last half-century to secure licensure and third party reimbursement have resulted in significant penetration of social work into the mental and behavioral health arena. Social workers currently represent the largest group of clinically trained mental health providers and many clinical social workers are employed in solo or group mental health practices (Substance Abuse and Mental Health Services Administration, 2012). As a result, social work clientele are likely to include a broader representation of all socio-economic classes than previously associated with the profession.

The expansion of social work service delivery to middle- and higher-income clients notwithstanding, social workers are also likely to see higher concentrations of families living in extreme, intractable, or multi-generational poverty among their clients. The incidence of poverty has significantly increased in this country since the "Great Recession" began in 2007 (Desilver,

2014). More than 46 million Americans are currently living in poverty, and over half of poor families in households headed by women (Desilver, 2014; Fessler, 2014; Povich, Roberts & Mather, 2013-2014). Overall, people living in poverty are more likely to be African American, Hispanic, in female-headed households and without college degrees (Fessler, 2014; Malai, 2012; Vo & Kim, 2014).

The increased prevalence of poverty has been accompanied by a similar increase in negative depictions of individuals and families who are poor (Blake, 2012; Teadt, 2013). The War on Poverty has become a war on poor people, driven by the defunding of social welfare programs, and fueled by public cynicism, misconceptions, stereotypes and blame (Schwartz, 2014; Tucker, 2014). As a social institution, mass media has influenced how society views people who are less fortunate (Silverblatt, 2004). Former President Ronald Reagan's "welfare queen" stereotype of the undeserving, urban hustler scamming the welfare system has been supplemented by even more insidious characterizations (Blake, 2012). "Quantitative and qualitative studies have examined how the framing of the poor changes public policy or the attitudes of the public or policy elites, often focusing on the discussion of the poor as 'deserving' or 'undeserving' or on race as a determinant of public support" (Rose & Baumgartner, 2013, p. 25). In both urban and rural areas, families who are poor face significant social and political forces that depict their family members, behaviors,

attitudes, and interactions as tangled webs of low aspirations, ignorance and pathology (Teadt, 2013). Despite the real challenges these families face—to stay housed, fed, clothed and educate their children—their obstacles are often dismissed as a simple lack of motivation, a substandard work ethic, or just laziness (Schwartz, 2014; Teadt, 2013). Adults who are poor are not only identified as personally responsible for their social and economic conditions, but also often ridiculed and vilified (Polite, 2013; Ridgway, 2013). Ridgway (2013), cautions, "By only viewing America's poor portrayed as invisible, as numbers, as always

*In both urban and rural areas, families who are poor face significant social and political forces that depict their family members, behaviors, attitudes, and interactions as tangled webs of low aspirations, ignorance and pathology.*

solely responsible for their own plight – regardless of what life’s thrown at them – we diminish their worth as humans.”

Conservative commentator Bill O’ Reilly characterizes the lives of poor people, particularly African Americans living in poverty, as generally chaotic, fueling an ongoing negative narrative about the lack of personal responsibility that permeates the “culture of poverty” (Isqirith, 2014). Although Gorski (2008) debunks the “culture of poverty” as a myth, it was vividly revived in Lee Daniel’s 2009 film, *Precious*. Despite the film’s obvious vilification of people who were poor and dark, and the simultaneous glorification of those who were not, Daniel’s film, “rang true” to many people (White, 2009). This film, replete with stereotypes about how people who are poor mistreat and abuse their children—from incest and physical abuse to sabotaging their educational goals to feeding them unhealthy food—reinforces ideas that poverty and pathology are deeply and irreversibly intertwined (White, 2009).

Similarly, rural families who are poor, also provide fodder for ridicule and scorn. The Learning Channel (TLC)’s former hit reality show, *Here Comes Honey Boo Boo*, was brimming with stereotypical images of a rural family whose members were crude, gross, and ignorant (The Associated Press, 2012; Ghazi, 2013; Yarow, 2013). The portrayal of families with low incomes as people whose behaviors are beyond our comprehension, and whose needs are undeserving of our assistance, contributes to a narrative that has resulted in

aggressive criminal justice strategies and hard-hearted, punitive social policies (Columbia School of Social Work 2014; Ghazi, 2013).

Amidst the clamor for more personal responsibility among the poor, the social work profession, long-recognized as the vanguard for social justice, will be challenged to maintain its voice for social change and income equality (Columbia School of Social Work, 2014; Sadowski, 2014). However, social workers too, can be unduly influenced by the steady stream of negative depictions of families who are poor. Although not immune from these influences, social workers can choose to actively reject deficit theories that define people in terms of weakness, and to hold true to a strengths perspective that emphasizes people’s resiliency, courage and power (Gorski, 2008). Social work services will be increasingly defined by the degree to which social workers challenge or perpetuate the stereotypes of families living in poverty.



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# Poverty in South Africa

Cudore L. Snell DSW, Fariyal Ross-Sheriff Ph.D., Julie Orme, MSW & Feinula Bhanji, B.Sc.

Historically, poverty and related oppression have been most prevalent among the Black population in South Africa, for over 300 years beginning with the colonization, during the era of apartheid and continuing with the current situation of large numbers of poor Black residents in tenements and townships. This article examines poverty within the larger perspective of well-being rather than income alone or consumption during the 21st century; provides a definition and a brief discussion of poverty and oppression among Blacks in South Africa; and presents a discussion of redressing poverty and shackles of oppression within the Black Perspective principles of the Howard University School of Social Work.

## Poverty and Well-being

Redressing poverty cannot be accomplished by looking at income alone or measurements of consumption. For purposes of breaking the cycle, poverty should be explored within the context of well-being for factors beyond income such as poor housing, lack of education, health care, unavailability of assets and inadequate social support. According to the 2010 World Development Summit for Social Development report, “absolute poverty is a condition, characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to social services” (United Nations, 1995, para 19).

Nevertheless, twenty years into South Africa’s democracy, Blacks still continue to be disproportionately represented among the poor.

*Poverty has also been described as discrimination, obstacles, and exclusion in satisfying the basic necessities of life; in the use and development of an individual’s physical and human potential, capacities, and creativity; in seizing the opportunities and choices for fashioning a fulfilling and dignified life; in the realization of one’s aspirations; from participating in the formulation and decision-making stages of the social, political, and economic transformation processes (Poverty Wellbeing, n.d., para. 1).*

For the purposes of this article, poverty in South Africa is defined as income below Rand 544 per person per month, i.e. \$1.22 US dollars per day per person (as cited in Statistics South Africa, 2015), plus inadequate resources related to housing, education, health care, social support and assets. Housing provides safety and stability for individuals and families. Education assists individuals in acquiring the knowledge and skills to secure profitable employment. Health care is critical to the maintenance of well-being and occupational functioning. Community networks enhance psychological health among families and provide the necessary social support for optimal well-being. All families require assets during times of crisis and calamity for survival and for income generating activities.

Nevertheless, twenty years into South Africa’s democracy, Blacks still continue to be disproportionately represented among the poor. Despite remarkable progress in reducing the effect of deprivation for many of its poorer citizens, the country is still plagued by poor quality of education, high levels of unemployment, particularly among its youth and black citizens, and widespread dissatisfaction with the pace and quality of basic service delivery. Despite government intervention in a number of forms over the past two decades, many children born to poor households for example, continue to suffer the indignities of poverty. This often includes lack of access to adequate nutrition, clean running water or adequate sanitation. While a small percentage of Black citizens in South Africa live in relative luxury and have access to world class education and health services, a large proportion of Blacks face threats to their development in the form of poor living conditions, poor nutrition and poor access to basic services.

The economy has not grown rapidly enough to draw enough unemployed numbers as anticipated into the labor market. Those typically excluded are also marginalized in other ways, as they tend to be the rural, the uneducated, the women and the young. Many still

remain outside the mainstream economy and each full participation in society due to a poor education: poor in terms of both level of attainment and quality. Even a fairly high level of educational attainment is no guarantee of a strong enough base of literacy and numeracy for full engagement in a modern society. Absolute poverty has declined within South Africa, based on a period of economic growth combined with a series of redistributive measures carried out by the government of the day. Most notable, is the five-fold increase in the number of people benefiting from social grants. In 2011, there were only 10.2 million people living in extreme poverty as compared to 12.6 million in 2006 (Statistics South Africa, 2014). However, inequality and income disparity remain challenging issues for the nation (Statistics South Africa, 2014). According to the Poverty Trends Report conducted in 2011, South Africa has one of the highest levels of inequality in the world (Statistics South Africa, 2014). The wealthiest 20 percent of the population account for 61 percent of national consumption and the poorest 20 percent are responsible for only 4.5 percent of national consumption (Statistics South Africa, 2014). As one of the few middle income countries in Africa, south of the Sahara, South Africa faces serious challenges with poverty and inequality.

### Housing data

Housing shortages are a major challenge for South Africans, especially for those who are poor and black (Mafukidze & Hoosen, 2009). In 1994, the democratically elected government “inherited an urban housing backlog of approximately 1.3 million units” (as cited in Mafukidze & Hoosen, 2009, p. 380). The economic consequences of apartheid are visible in the poverty rates across different socio-economic groups and geographical regions; the black majority resides in townships, homelands and rural areas and the Whites reside in urban and suburban areas (Duclos & Verdier-Chouchane, 2011). According to Mafukidze and Hoosen (2009), “millions of South Africa’s poor black households live in shacks, hostels and crowded houses in marginalized townships and informal settlements awaiting access to government-availed land and houses” (p. 380). Lack of low-income housing has been exacerbated by population growth, migration,

and slow construction of government housing (Mafukidze & Hoosen, 2009).

In 2011, approximately 13.6 percent of the nation’s population was living in informal settlements (Statistics South Africa, 2012). Approximately, 7.9 percent were living in traditional dwellings and 77.6 percent are living in formal dwellings. Regarding rental status, 41.3 percent owned their home, 11.8 percent were still making payments on their home, 25 percent of the population were renting their home, and 18.6 percent were living rent free in their residences (Statistics South Africa, 2012).

### Health Care Issues

The Council on Scientific and Industrial Research reports that in South Africa “20 percent of households do not use electricity for lighting, 42 percent of homes do not use electricity for heating, 34 percent of units do not use electricity for cooking, 53 percent of households have no access to piped water inside the unit, and 45 percent of households have no access to flush toilets connected to sewerage facilities” (Van Rooyen, 2010, p. 51). “South Africa has the highest incidence rate for the disease in the world, this links to HIV where over 70 percent of TB cases are co-infected with HIV” (Van Rooyen, 2010, p. 53).

An additional burden to the economic and social development of the country is the high rate of HIV/AIDS in South Africa, one of the highest rates in the world (Duclos & Verdier-Chouchane, 2011). In 2009, researchers estimated that roughly “17 percent of South Africans between the ages of 15 and 49 were living with HIV” (Duclos & Verdier-Chouchane, 2011, p. 125). The factors that have contributed to the HIV/AIDS epidemic include “poverty, gender inequality, inter-generational sex, illiteracy, stigma and discrimination, alcohol abuse and lack of communication about HIV and AIDS due to cultural barriers” (Banjo, 2009, p. 56).

### Education

The educational system of South Africa continues to experience significant challenges which include: high student drop-out rates in tertiary education, teacher shortage, remaining apartheid disparities, and low

staff morale (Maree, 2010). Approximately half of all students in tertiary institutions drop out by their third year (Maree, 2010). New teacher enrollment rates, especially within predominantly black schools, are particularly insufficient due to the low image and status of the teaching profession (Maree, 2010). There are huge differences in the quality of teaching and learning between private and former Model C schools, and public schools located in the rural areas and townships (Maree, 2010). Students in public schools lack resources, support and constructive academic environments (Collins & Millard, 2013). According to Collins and Millard (2013), “the majority of disadvantaged black students are struggling to bridge the gap between poor secondary feeder schools and what is still essentially a privileged white minority’s educational system” (p. 71). Although the current educational structure is not based on a system of exclusion, socio-economic inequities have a strong impact on scholastic outcomes for students (Collins & Millard, 2013).

One of the Millennium Development goals for 2015 is for South Africa to provide universal access to primary education for young children (Statistics South Africa, 2012). Of those attending school in 2011, 92.7 percent went to public schools and 7.3 percent went to private schools. From 2007, there was a two percent increase in the number of children attending private schools. The census revealed that approximately 20.8 percent of those 20 years old and higher of the Black-African population had no schooling at all. For the same age group, 8.5 percent of Coloureds, 5.8 percent of Indians, and 1.2 percent of Whites did not have school. As evidenced above, the White population remains the most highly educated racial group within the nation (Statistics South Africa, 2012).

### Current Status of Poverty in South Africa

Although several changes have occurred since the fall of apartheid, there has been little improvement for the majority of black South Africans. Poverty and inequality seem to be increasing rather than decreasing. How were the dreams of social and economic equality for all so quickly shattered? What has changed in the post-apartheid period is the expansion of a Black

middle class. Though many middle class Blacks have moved out of the townships, the inequality in township housing is one indication of the enrichment of this small class. Some of the township homes have full access to amenities and iron gates to safe-guard property. On the other hand, the shacks occupied by poor Blacks in the townships are devastating. Visibility is nearly nonexistent in the smoky environments inside and outside the shacks. Animals, not cars, park here and township goats and other “domestic” animals walk along the highway.

There have been improvements in housing since the African National Congress (ANC) became the elected government party in 1994, but the legacy of apartheid is palpable. The crude racial laws of apartheid have been abolished. Grand and petty apartheid that determined where people lived, where they worked, and how they were represented has been abolished. The Truth and Reconciliation Commission, for all its shortcomings, did make public the terrible legacy of apartheid: murders, tortures, beatings, and forced removals. These have all become part of the historical record. There is no going back. The homelands have been abolished. There is a universal suffrage, freedom of movement, freedom of speech, freedom of religion and freedom of sexual orientation. There is the right to love whomever you want and to live wherever you want.

The government has failed in its attempts to alleviate poverty, not simply due to a lack of resources but also from specific policy choices. For example, the much-vaunted ANC program of building a million new houses has fallen short, not only in numbers and location, but also in the quality of housing. The government’s desire to privatize the financing and building of new houses has, in many cases, simply exacerbated the dire situation of the poor. The new construction has passed them by or incorporated them into an ever increasing spiral of indebtedness.

### The Black Perspective

With the unique position of Howard University as a prominent historically black university, the School of Social Work promotes the Black Perspective in social

work practice education at the micro and macro levels (Howard University of School of Social Work, n.d.). Principles from the Black Perspective of the Howard University of the School of Social Work (HUSSW) provide a framework for addressing poverty in South Africa. The recommendations below embrace the six principles of the Black Perspective which include: affirmation, strengths, social justice, diversity, vivification and internationalization.

We recognize that all people have strengths regardless of their position, creed, ethnicity, sexual orientation, race, gender or social class. By focusing on strengths, macro and micro-level social workers can empower impoverished communities and persons to recognize and utilize their inherent capacities to thrive. Social work practice should work towards the Millennium Development goals for ending poverty. Social workers should pursue social justice, especially for oppressed and marginalized groups, to ensure equality and nondiscrimination when attempting to access housing, health care services, sufficient food and social security (Kaeane & Ross, 2013; Patel & Wilson, 2003; Triegaardt, 2006). The Black Perspective affirms the Bill of Rights of the South African Constitution which calls for reformation of the current poor housing conditions, education and health services. Public and social services should be developed to a level which ensures that impoverished persons can achieve a better quality of life and personal well-being.

Using the principle of diversity, the needs of overshadowed populations must be addressed. The principle of diversity affirms social services and social support to diverse populations in South Africa living in poverty which include: women, children, elderly, cultural and ethnic groups, refugees, immigrants, internally displaced, street children, and homeless individuals. Additional vulnerable populations consist of persons: living with HIV/AIDS, with physical disabilities, without formal education, living in informal settlements and living in rural areas. As a rainbow nation, macro-level social workers can support and promote policies that are globally inclusive of different groups, particularly for those who are displaced.

HUSSW prepares social workers regardless of race, class religion, national origin, gender and educates students for practice, research and policy development. This includes poverty alleviation strategies within the African diaspora. South Africans are part of the global black diaspora that includes countries in Africa, in the United States, the Caribbean, the Pacific Islands and South America. Poverty alleviation strategies within the diaspora are critical for a student's professional development.

### Implications for Social Work

Although South Africa has made significant progress in redressing poverty since 1994, tremendous challenges remain in the areas of housing, employment, health, education and social services, especially for the historically disadvantaged populations (Duclos & Verdier-Chouchane, 2011). There is a great need to align poverty alleviation policies with housing, education, health and labor matters. The following comprehensive strategy to promote sustainable development is offered by the government to overcome the legacies of apartheid and promote sustainable development. The strategy includes: creating employment and education opportunities, improving living conditions and improving the social security system to protect vulnerable groups. The actual implementation of these strategies remains a challenge for the nation. Social workers possess the unique tools to assist with government reach the Millennium development goals through the following methods.

Macro-level social workers must engage in community organizing to empower communities to advocate for the redistribution of resources and improvement of schools, health care facilities, and housing. For example, social workers in non-profit organizations can collaborate with labor unions to ensure fair and just employment practices. Social workers can also create societal pressure through the use of social media and challenge corporations to develop socially conscious employment practices which prevent labor exploitation (Jägers & Rijken, 2014). Faith-based community organizations can be strengthened by uniting with tertiary institutions in poverty relief efforts. These combined agencies can work together



on poverty alleviation projects within their local and neighboring historically disadvantaged communities.

## CONCLUSION

While progress on poverty alleviation efforts has been commendable, ending poverty in South Africa remains a persistent challenge. Future strategies must include a focus on overall well-being of all South Africans, especially for those living in absolute poverty. Social workers must answer the clarion call to end poverty by engaging all dedicated stakeholders and collaborating with agencies to promote improved quality of life for all South Africans.

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# The Intersection of Loss, Grief and Poverty

Cynthia E. Harris, DHA, MBPA, LICSW, LCSW-C & Nichola Nolan, MSW

Most often, poverty is defined using relative or absolute measures. Absolute measures, as defined by the World Bank, are living on less than a dollar a day (Brady, 2003). Relative measures on the other hand, set specific thresholds, starting with 50 percent of the median income, and people below this threshold are considered too far down the income level to integrate fully in society (Brady, 2003). Relative measures look at lack of income, with the exclusion of hardship and physical deprivation. They are most widely used to define poverty, despite criticisms of failure to capture the complexity of poverty by failing to include such variables as health care, child care and loss and grief (Brady, 2003). This article examines relative poverty in relation to loss and grief.

According to Simos (2000), loss represents having possessed and now no longer having a relationship, item, goal or role. “Whenever people experience change they are touched by loss in one form or another and its ensuing grief. Grief and loss is a diverse multidimensional phenomenon and pervades all aspects of the lives of social work clients”

(Goldsworthy, 2005, p. 169). There has been a paucity of research on the relationship between poverty and loss and grief.

**Social workers must recognize the association between poverty and loss and grief for both those thrust into poverty, and those born into poverty.**

When one examines Simos’ definition of loss, it can be readily noted that persons who have been thrust into poverty as the result of death of a breadwinner, loss of employment, or debilitating illness can become impoverished. For example, when a breadwinner dies and a family moves from a two-parent income to a one-parent income status, families are often forced into poverty. This change in status can also have an influence on children’s development if the loss and grief associated with this time of loss is not addressed. Further, “loss of employment may entail multiple cascading losses...including loss of income, financial security, social status, role in the family, and access to other potential reinforcements association with employment” (Papa & Maitoza, 2013, p. 153). The question is, does a person born into poverty, experience loss and grief if they have never had monetary stability? We assert that a person born into pov-

erty and who may never have had financial stability, does experience loss and grief.

Simos (2000), identifies four categories of loss: loss of significant other; loss of part of self which includes physical, psychological, social role, and cultural loss; developmental loss; and loss of external objects. Persons in poverty may be at greater risk of developing mental health challenges (psychological loss) due to the high stress associated with daily life experiences of attempting to feed their families, living in neighborhoods in which they witness violence and trauma, inadequate educational opportunities, and having poor access to health care and higher rates of chronic diseases and malnutrition (physical loss). According to Schneider (2014)

Despite food assistance programs, children are at risk of going hungry in the United States.

Department of Agriculture surveys have found that 11 percent of households are food insecure meaning that they have limited or uncertain

access to nutritionally adequate foods...Poor nutrition increases children’s risks of stunting (physical loss), inadequate cognitive stimulation (psychological loss), iodine deficiency, and iron deficiency anemia. It also

increases the risk of overweight and obesity, in that high-calorie processed foods are often less expensive than fresh, perishable foods such as fruits, vegetables, and low-fat dairy products (p. 316).

We also know that socioeconomic status is associated with health outcomes and groups with the lowest socioeconomic status have the highest mortality rates (Schneider, 2014). Death is the ultimate loss (loss of significant person). Further, those born in poverty may experience developmental loss due to the impact of poverty on learning. According to Marquis-Hobbs (2014), there is a direct association between poverty and learning as indicated by the student’s inability to focus, comprehend, and retain information. Further, poverty may represent lost opportunities for higher education that could lead one out of poverty.

Loss of safety may also result from living in impoverished neighborhoods. More children living in poverty are exposed to lead toxins which can lead to physical, psychological, and developmental losses. “Twenty-one percent of poor children between the ages of 1 and 5 had 2.5 more micrograms of lead per deciliter of blood, compared to 10 percent of children above the poverty line” (The ETS Center for Research on Human Capital and Education, n.d., p. 19).

Social workers must recognize the association between poverty and loss and grief for both those thrust into poverty, and those born into poverty. The impact of loss and grief can have long-range implications at the micro, mezzo, and macro levels of practice. Social workers must address both poverty and loss and grief if we are to truly effect change in our client population. We must renew our advocacy and social justice mandates to work cooperatively in eradicating poverty and addressing the results from poverty on the often unrecognized impact of loss and grief.

Regardless of how poverty is measured or defined, one question remains “How can we eliminate poverty and improve quality of live? (N. Nolan, personal communication, 2015).

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# Poverty, Displacement and Xenophobia in South Africa

Julie Orme, MSW, Feinula Bhanji, B.S., Fariyal Ross-Sheriff, Ph.D., & Cudore L. Snell, DSW

This article explores the interrelated factors of poverty and xenophobia among displaced persons in South Africa. The historical antecedents of colonialism and apartheid continue to negatively influence current disparities in income, quality of housing and education across racial lines. Displacement trends in sub-Saharan Africa are examined, with specific focus on refugees and asylum seekers who experience a double burden of poverty and anti-immigrant violence in South Africa. Using principles from the Black Perspective, implications for social work are presented for addressing poverty and structural inequalities for displaced people.

After the fall of the apartheid regime and the political transition to democracy in 1994, South Africa became a symbol of stability and drew thousands of refugees and asylum seekers to the 'rainbow nation' seeking improved economic and social opportunities (Adjai & Lazaridis, 2014). Since this democratization process, South Africa has struggled to provide for its own citizens due to overburdened social systems and growing poverty rates (Hoozeveen & Özler, 2006; Rugunanan & Smit, 2011). Displaced persons in South Africa continue to be strongly impacted by the economic, political and social conditions of the nation and the neighboring African countries.

## Background

According to Banjo (2009), "Consequences of poverty often serve to reinforce the causes, leading to further impoverishment, thus making the causes-consequences reinforces/drivers of poverty almost a permanent chain or a vicious circle along a continuum" (p. 45). Political instability, civil conflict, and bad governance have disproportionately affected the poor of Sub-Saharan Africa (Banjo, 2009). Corruption of private entities and government organizations threatens poverty alleviation programs and strategies and has been noted as a major factor impairing service delivery in South Africa (Banjo, 2009). Unemployment is both a cause and a reinforcer of poverty (Banjo, 2009). High unemployment rates are related to "geographical isolation of the poor, low saving rates, low domestic investment" and limited support for employment in the informal sector (Banjo, 2009, p. 50).

Poor socio-economic conditions are also linked to the natural and human made disasters that cause displacement. Southern Africa is prone to natural disasters due to its geographical location (Banjo, 2009). Natural disasters such as cyclones, droughts, famine, landslides and floods have displaced numerous individuals in Sub-Saharan Africa (Banjo, 2009). In Mozambique, which borders South Africa, floods have caused massive displacement in 2000, 2001, 2007 (Stal, 2011). In 2008, approximately 80,000 were displaced due to the flooding of the Zambezi River in Central Mozambique (Stal, 2011). Civil war and conflict, political upheaval, religious or political persecution, and development projects (e.g. hydro-electric dams) are human made disasters that cause high levels of displacement (Kett, 2005). Beginning in 1998, the Democratic Republic of Congo has experienced years of political conflict related to the control of natural resources (Shah, 2010). Approximately 5.4 million people have died and experts estimate 1.5 million people have been displaced internally and internationally (Shah, 2010).

Among the Sub-Saharan nations, South Africa has become a safe haven for refugees and asylum seekers (Manicom & Mullagee, 2010). With liberal economic policies, South Africa receives a considerable number of refugees, asylum seekers and economic migrants from neighboring countries that experience significant challenges related to poverty.

## Economic well-being, Displacement and Poverty in South Africa

South Africa is identified as having the most advanced economy on the African continent and has experienced remarkable economic growth since the dismantling of the apartheid regime (Duclos & Verdier-Chouchane, 2011). Between 1996 and 2011, the gross domestic product increased by 4 percent every year (Duclos & Verdier-Chouchane, 2011). From 1995 to 2005, there was a decline in headcount poverty with significant declines in headcount poverty at lower poverty lines (Bhorat & van der Westhuizen, 2013). However, income disparities between the rich and poor have increased substantially. The Gini coefficient, which measures levels of inequality, is 0.63. In

2014, South Africa was “ranked as the fourth most unequal society in the world” (Human Sciences Research Council, n.d.). More than 10 percent of South Africans live on less than \$1 per day (World Bank, 2005). Approximately two thirds of the nation’s population lives on less than \$2 per day (World Bank, 2005). The South African Government “is still struggling to redress the imbalances of the past, particularly in the areas of health, education, housing and other social issues” (International Organization for Migration, 2013, p. 12). Refugees, asylum-seekers and undocumented immigrants are often among the poorest of the poor. Arising differences among ethnic, culture, race and country of origin have created tensions between

displaced persons and South African citizens. The challenges experienced by displaced persons are explored below.

### Displacement in South Africa

The status of displaced persons in South Africa is strongly tied to the economic and social conditions of the nation. Despite high income disparities, South Africa is recognized as a middle income nation and is a major destination country for persons seeking better life opportunities (United Nations High Commission on Refugees (UNHCR), 2015). As a safe haven for asylum seekers from all over Africa, South Africa falls

Table 1. Number of Refugees & Asylum Seekers in South Africa

Category	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Refugees	27,683	29,714	35,086	36,736	43,546	47,974	57,899	57,899	65,233	65,987	65,668
Asylum Seekers	115,224	140,095	131,107	170,865	227,125	309,794	171,702	219,368	230,442	237,270	243,948
Total Pop. of concern	142,907	169,809	166,197	207,601	270,671	357,768	229,601	277,267	295,676	303,257	309,616

Source: United Nations High Commissioner for Refugees (UNHCR, n.d.; UNHCR, 2015).

behind only two other nations (Germany and the United States) for the highest amount of new applications for asylum (UNHCR, 2015). The number of refugees and asylum seekers has increased substantially from 143,000 in 2004 to 309,616 in 2014, which is approximately a 217% increase.

The data presented in Table 1 indicate a steady increase from 2004 to 2014, with significant increases in 2008 and 2009, then tapering off in 2010 followed by continuing increase each year till 2014. Possible explanations of the increases which are explored below, include a worldwide recession in 2008, and continuing turmoil in neighboring countries. In 2008, mass refugee movements occurred in the (DRC) and the Central African Republic with 55,700 and 24,800 persons respectively leaving their countries (UNHCR, 2008). South Africa hosted approximately 11,000 refugees from DRC and 8,500 from Somalia (UNHCR, 2008a). During that same year, South Africa received 227,125 applications for asylum (UNHCR, n.d.). With the global economic recession in 2008, employment rates in the formal and informal sectors decreased

causing significant discouragement among the impoverished populations, particularly the black South Africans (Verick, 2010).

In neighboring country Zimbabwe, futile political negotiations and poor socioeconomic conditions led to mixed migratory patterns in and out of South Africa during 2008 (UNHCR, 2008b). In a qualitative study with 20 Zimbabwean refugees, participants cited lack of basic resources such as food, water and shelter as reasons for migrating (Idemudia, Williams, & Wyatt, 2013). Without water and electricity, provision of health care and medication was inadequate and costly. Participants also left Zimbabwe for political reasons to escape violence and civil unrest. Upon entry to South Africa, refugees were confronted with the same challenge of scarce resources and unemployment as described by one of the participants “The problem we are facing here in South Africa is accommodation. Jobs as well. Food as well. We expected greener pastures here, but it’s not the way we were expecting” (Idemudia, Williams, & Wyatt, 2013, p. 23). The refugees were also vulnerable to exploitation by

employers and coercion by soldiers due to their immigration status. For example, some of the refugees worked on a farm, but were chased away by dogs without payment. In order to avoid being detained in jail, some of the refugees paid South Africa soldiers royalties. This qualitative study poignantly depicts the challenges experienced by refugees and asylum seekers as they migrate and attempt to settle in South Africa.

Some Zimbabweans applied for asylum in South Africa, but the majority remained in the country without legal status (UNHCR, 2008b). High unemployment rates caused by the worldwide economic recession of 2008 (Verick, 2010) and large numbers of foreign nationals in South Africa fueled racial and class tensions resulting in riots (UNHCR, 2008b). Official statistics indicate 62 persons died and approximately 46,000 persons were displaced as a result of the xenophobic attacks in South Africa (UNHCR, 2008a). The causes for these attacks are interwoven within the discourse on poverty. The UNHCR asserts:

Criminality remains a matter of grave concern in South Africa and is more prevalent in the bigger cities due to the lack of job opportunities, large disparities in income and the inability of the criminal justice system to cope with these challenges. There is continuous migration from rural areas and from other countries to South Africa's major urban areas. It is estimated that foreign migrants in the country number between 3 and 5 million. As a result, competition for jobs, housing and social services is particularly intense in the urban areas. (UNHCR, 2008a, p.116-117).

Upon entry to South Africa, undocumented immigrants, asylees and refugees often encounter significant hardships. Obtaining legal papers, finding employment, securing housing with adequate living conditions and gaining access to education are just some of the challenges these individuals face within the already overburdened social systems of South Africa (International Organization for Migration, 2013; Rugunanan & Smit, 2011). Displaced persons often

live in geographic areas where employment opportunities are scarce and low-paying (International Organization for Migration, 2013).

A large survey of 2,028 participants in 2009, in the Alexandra Township, a semi-informal settlement outside of Johannesburg revealed that migrants, as compared to South Africans, generally lived in poorer housing conditions, i.e., shacks without electricity and running water (as cited in International Organization for Migration, 2013). Landau and Segatti (2009) reported that approximately one third of foreign born school age children are not enrolled in school for monetary reasons (school fees, uniforms, books, transport) or exclusion policies.

Although the South African Constitution guarantees health care to anyone residing in the country regardless of legal status, many displaced persons are often denied access to health care (International Organization for Migration, 2013). According to a study by Misago et al. (2010), 39 percent of cross-border migrants were refused healthcare due to lack of proper documentation (as cited in International Organization for Migration, 2013). Because the public health care system is already overtaxed, priority is often given to the "local population" (International Organization for Migration, 2013, p. 23). HIV infection is another significant challenge for displaced persons. Because of limited access to health care services and precarious financial situations, women experience higher HIV infection rates than men. When working on farms or in overcrowded living situations, migrant women are particularly vulnerable to rape and other forms of violence (International Organization for Migration, 2013). Thus, refugees and asylum seekers experience high levels of poverty and related challenges of well-being to include poor housing, access to health care and good educational programs, and lack of assets which are necessary conditions for getting out of poverty. The well-being of displaced persons has been even further impacted by xenophobic attitudes and attacks within the nation.

*With a history of race-based policies and practices in South Africa, displaced persons have become an easy scapegoat for the current social problems.*

### Xenophobia in South Africa

Approximately 300,00 displaced persons in South Africa continue to compete with South African citizens for rare job opportunities, housing and public services (Hölscher & Grace Bozalek, 2012; UNHCR, 2015). With a history of race-based policies and practices in South Africa, displaced persons have become an easy scapegoat for the current social problems (i.e. poverty, unemployment, educational disparities, health care issues and inadequate housing) (Hölscher & Grace Bozalek, 2012). As a result, xenophobic attacks have been on the rise.

Charman and Piper (2012) assert that the reasons for the attacks against foreign nationals in South Africa should not be solely attributed to xenophobia. In a mixed methods study interviewing over 100 participants, Charman and Piper (2012) discovered that violence against Somali shopkeepers in Cape Town, South Africa was often related to criminal activity and economic competition.

Unfortunately, xenophobic attacks have re-emerged in 2015, with complaints that undocumented immigrants are stealing limited job opportunities (Torchia, 2015). In April 2015, six people died as a result of anti-immigrant attacks and 112 people were arrested in Durban, South Africa (Torchia, 2015). Several immigrant businesses and cars were burned to the ground and 112 people were arrested (Torchia, 2015). Johannesburg is experiencing similar violence as immigrant shops were looted and rioters burned tires and built street barricades (Torchia, 2015). More than 2,000 foreigners have been displaced by the violence and are now residing in temporary refugee camps to escape the violence (Chutel, 2015). Immigrants that had the resources were planning to leave the country and government officials in Malawi were preparing transit camps for Malawians returning home (Chutel, 2015). Presently, the South African government is making efforts to quell violence and address complaints (Torchia, 2015).

Despite these problematic issues, South Africa remains a destination country for asylum seekers and migrants searching for improved life opportunities (United Nations High Commissioner for Refugees

(UNHCR), 2015). Between 2005 and 2012, South Africa was the leading destination country in the world for new asylum seekers (UNHCR, 2013). Zimbabweans accounted for half of the new asylum applications in South Africa between 2008 and 2013 (UNHCR, 2013). As of 2014, there were approximately 65,668 refugees and 243,948 asylum-seekers residing in South Africa (UNHCR, 2015). The majority of these displaced persons are from Democratic Republic of Congo (DRC), Somalia, Burundi, Ethiopia, Rwanda and Zimbabwe (UNHCR, 2015). With several asylum court cases on appeal (157,200) or undecided (86,600), the South African Government is currently considering developing a visa for economic migrants (UNHCR, 2015). This visa would hopefully remedy the high numbers of asylum applications within an overburdened asylum system (UNHCR, 2015).

### Implications for Social Work and the Black Perspective

Given the oppression of displaced people in South Africa, policies and services undergirded by principles from the Black Perspective from the Howard University School of Social Work should be developed to redress poverty and enhance the well-being of this population. This would include policies emanating from the principles of the Black Perspective which include: social justice, diversity, internationalization, strengths, vivification, and affirmation. These policies would include poverty alleviation strategies for health care services, shelter and educational programs. Income maintenance support for a minimum period of six months would enable displaced persons to increase their capacities and gain access to opportunities in South Africa. Macro-level social workers can lobby the government for the implementation of temporary work visas for economic migrants, refugees and asylum seekers to provide protection and necessary relief for those living in precarious situations.

In direct practice, social workers can apply the principle of strengths to improve interactions among displaced people and local residents, by focusing on their inherent determination to work and thrive despite adverse circumstances. Keeping in mind the principle of diversity, micro-level social workers

can learn how to provide culturally relevant care to refugees and asylum seekers coming from several nations with varied experiences. These principles can be used effectively as social workers attempt to assist displaced persons overcome poverty and achieve optimal levels of well-being. However, an additional paradigm shift for the social work profession in South Africa may be necessary.

Brown and Neku (2005) suggest the current social development model has not been successful in alleviating poverty in South Africa. Therefore, social workers should be trained in the implementation of micro-level interventions to address poverty and displacement (Brown & Neku, 2005). Two examples are presented below. In Johannesburg, an art therapy center named Lefika La Phodiso was established in 1993 to provide individuals art-therapy techniques to assist people dealing with the trauma related to political violence (Atlas, 2009). The mission of the center has since transformed and they now provide displaced persons a safe space to receive counseling and support regarding their experiences of migration and xenophobia (Atlas, 2009).

Bonne Esperance, a refugee shelter for women and children formerly operating in Cape Town, South Africa, was a case example of a model of comprehensive support for displaced people (Catholic Welfare and Development, n.d.). The agency's goal was to improve human security and development through provision for transitory shelter, income generation skills, child care, pre-school facilities, and language skills, towards enhancing their social, cultural and economic potential within their host society. Resident facility and support were directly provided to refugee women and children for a period of six months with support for counseling and rehabilitation, specifically addressing psychosocial effects of displacement, violence, and social ills. Trauma workshops included mother-to-child bonding. A "healing garden" was introduced at the shelter consisting of vegetable beds and rose bushes. During this time, women received additional support for life skills development, technical training for jobs in the service industry, small business training and mentorship for entrepreneurs. A community level

program that fostered integration between refugee women and South Africans enabled an avoidance of resentment and conflict between poor residents of the host community and refugees as they gained economic self-sufficiency. Thus, Bonne Esperance was an example of the Black Perspective that empowered poor refugee women through a comprehensive program with provision for healthcare, education, job skills for gainful employment, and safe and secure housing until women are less vulnerable and ready to manage on their own in the local community, training/workshops to prevent racism, xenophobia and social violence and preparation for reintegration into South African society by building bridges between local communities and refugees. Finally, the program increased participation, promoted diversity and strengthened the voice of refugees in the surrounding community.

Grass roots interventions such as Lefika La Phodiso and Bonne Esperance have the potential to be quite effective in uniting South Africans and immigrants and curtailing anti-immigrants sentiments.

## CONCLUSION

Although South Africa has made progress in redressing poverty since 1994, tremendous challenges remain in the areas of health, education and social services, especially for the historically disadvantaged populations (Duclos & Verdier-Chouchane, 2011). The challenges experienced by displaced persons are amplified by the systemic issues of a middle income nation with high levels of inequality. The high influx of refugees and asylum seekers has created a large pool of displaced laborers who are vulnerable to exploitation within a nation that is burdened by systemic issues of poverty and inequality. Refugees and asylum seekers experience a double burden of poverty and xenophobia as they strive to earn a living in an unfamiliar country. With the mission of social justice for vulnerable and oppressed populations, social workers should play a leading role in redressing poverty and assisting displaced persons achieve stability and well-being. With a mandate to advocate for the oppressed and underserved, social workers and



service professionals can uncover new ways to address poverty and social disparities among displaced persons.

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# Poverty as a Component of Social Determinants of Health

Cynthia E. Harris, DHA, Cudore L. Snell, DSW, Janice M. Davis, Ph.D., Tracy R. Whitaker, DSW, & Janice Berry-Edwards, Ph.D.

A client informed one of the authors, “If there was a clinic on every corner of the city, I would not go into the clinic for prenatal care. The Lord gave me this sixth child and He will either give me a live child or He would not. I have too much on my plate with five children, not enough room, not enough food, and no one to help me.” An elderly diabetic, hypertensive client with Chronic Obstructive Pulmonary Disease (COPD) stated, “I cannot eat the foods the nutritionist told me to eat. Those foods are too expensive. I don’t take my medication correctly because I can only afford to get half of the medication at a time and my COPD is getting worse because of poor heating in the winter and no air in the summer. They told me to have the landlord install hepa-filters, but he said they are too expensive and I could move if I did not like the conditions.”

Unfortunately, these scenarios are not uncommon as many families are living in poverty or find that the high cost of catastrophic illnesses can thrust them into poverty. According to Marmot, Friel, Bell, Houweling, and Taylor (2008), over 100 million people find themselves in poverty due to high cost of illnesses and the lack of adequate health insurance. Further, a family’s very struggle to survive often overshadows their ability to access healthcare. Research by the World Health Organization (WHO) found that the impact of poverty is interrelated with health outcomes. WHO went so far as to suggest that poverty is the largest determinant of health. Further, ill health negatively influences social and economic development (World Health Organization, n.d.).

The concept of social determinants of health is designed to address the myriad of complex factors that impede a person’s ability to access healthcare. According to Healthy People 2020, “social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People.gov, 2015).

When poverty is superimposed with health outcomes, one can see that poverty is a major factor when considering contributing factors to social determinants of health.

The Center for Disease Control and Prevention (2014) identifies five determinants of health of a population. Biological and genetic factors include a person’s genetic make-up, gender, or age. Individual behavior may include alcohol and drug use, smoking, or failure to seek preventive health care. Health disparities and income are examples of social environmental factors. The physical environment may include factors such as overcrowded living conditions or low income housing located in areas with air pollution. The fifth factor identified by the CDC is health services defined as limited access to healthcare and being underinsured or uninsured.

When poverty is superimposed with health outcomes, one can see that poverty is a major factor when considering contributing factors to social determinants of health. In a study conducted by Braveman, Cubbin, Egerter, Williams, & Pamuk (2010), the authors found that people who are the poorest and least educated have the worst health. In addition, the authors indicated that even those in the middle socioeconomic strata were less healthy than those in the highest socioeconomic strata. Further according to Holt (2007):

Individuals living in poverty tend to be exposed to social, psychosocial, and physical factors associated with increased morbidity and mortality more than do middle-class or wealthy people. These factors include acute and chronic stress, overburdened or disrupted social supports, material deprivations, and exposure to hazards such as toxins or pollutants in the physical environment. The psychosocial stresses often lead to increases in unhealthy behaviors and a lowered ability to access health information, health services, or technologies that could protect them from exposure to health hazards or reduce their risk from such exposure (p. 2).

Research has found that social gradients in health have causal relationships with more than one biopsychosocial factor. An increase in economic resources, such as decreases in poverty-related stress, better nu-

trition, and healthier housing and neighborhoods, is related to better health outcomes (Braveman, Egerter, & Williams, 2011). As indicated by the Commission on Social Determinants, generational patterns of poverty are barriers to improving health and reducing health inequality.

Addressing poverty and its impact on health outcomes will require a strategic and multiplex approach which includes determining individual challenges in healthcare utilization, conducting community based needs assessments to determine unique factors contributing to poor outcomes and health disparities at the neighborhood and community level, working cooperatively with other healthcare providers, and influencing policy at the local, state, national and global levels. This is a social justice issue. Hence, social workers must move from a narrow definition of healthcare and traditional healthcare services to a more comprehensive, systematic approach.

Social workers are uniquely qualified to address poverty and poor health care outcomes. In fact, social workers have an ethical responsibility to eradicate health disparities and to ensure all citizens have equal access to quality health care. Social workers are trained in understanding biopsychosocial assessment and intervention at the micro, mezzo, and macro levels of services. The WHO Commission on Social Determinants of Health proposed three interventions to address and close the gaps in health (2008, p. 2):

1. Improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources—the structural drivers of those conditions of daily life — globally, nationally, and locally; and
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

By the very theories, practices, and principles of the social work profession, these intervention strategies

are already incorporated in our practice. We strive to improve the living conditions of persons in our caseloads helping clients achieve self-sufficiency and breaking out of the bonds of poverty and poor health care access. We are often at the forefront of confronting social injustice and economic inequality. Further, we use a problem solving approach to identify the problem as well as barriers or obstacles to addressing challenges, we develop strategies to ameliorate problems at the individual, family, community, and organizational levels and we evaluate the effectiveness of our interventions.

As previously mentioned, addressing poverty its impact on poor health outcomes is a multidimensional, complex task. As indicated by the Grand Challenges for Social Work Initiative (Walters, Spencer, Smukler, Allen, Andrews, Browne, et al. 2016). This [grand] challenge entails an explicit commitment to eliminating health disparities at individual and population levels. Meeting the challenge also involves eliminating social determinants that function as precursors to adverse health conditions and outcomes.

Social work's pursuit of health equity as a grand challenge means that the profession strives to ensure the highest possible standard of health and wellness for all people while prioritizing upstream interventions and primary prevention efforts among those who are at greatest risk for poor health—those who, because of social and economic disadvantage, experience the extremes of health inequalities. This prevention approach is critical in that it provides the social and ethical framework for action (p. 9).



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# HOWARD UNIVERSITY SCHOOL OF SOCIAL WORK

## Poverty Practice Competencies for Social Workers\*

Social workers enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty (NASW, 1999). As such, social workers should be able to:

1. Understand that poverty is a social and economic injustice.
2. Understand the history of and root causes of poverty especially the interconnectedness of factors which perpetuate poverty.
3. Understand the difference between the poverty of economics and the poverty of spirit within culturally diverse populations.
4. Increase the knowledge and understanding of the negative impact of poverty on the well-being of the individual, family, local community, nation, and global community.
5. Actively challenge and deconstruct myths and stereotypes surrounding people living in poverty.
6. Promote research, advocacy, and interdisciplinary collaboration to eradicate poverty.
7. Empower people living in poverty with the biopsychosocial skills and educational resources necessary to eradicate poverty.
8. Foster a climate in which the dignity and worth of those most impacted by poverty are upheld.
9. Acquire knowledge to promote the understanding that a person's intrinsic human value is not defined or limited by income.
10. Employ strength-based language and strategies when working with people affected by poverty by highlighting resilient behaviors.

\*These competencies were developed by the Howard University School of Social Work faculty, October, 2014.

## CONTRIBUTORS

### HOWARD UNIVERSITY SCHOOL OF SOCIAL WORK FACULTY

*Sandra Edmonds Crewe, Ph.D., ACSW*  
Professor & Dean

*Janice Berry Edwards, Ph.D.*  
Associate Professor

*Fariyal Ross-Sheriff Ph.D.*  
Professor

*Janice M. Davis, Ph.D., MSW, LCSW-C*  
Assistant Professor

*Cudore L. Snell, DSW*  
Professor & Assistant Provost for International  
Programs

*Ruby M. Gourdine, MSW, DSW, LICSW, LCSW*  
Professor

*Tracy R. Whitaker, DSW*  
Associate Professor

*Cynthia E. Harris, DHA, MBPA, LICSW, LCSW-C*  
Associate Professor

### STUDENTS & ALUMNI

*Nadolphia Andou, MSW*

*Nichola Nolan, MSW*

*Feinula Bhanji, B.Sc.*  
Masters Student, Johns Hopkins University

*Julie Orme, MSW*  
Doctoral Student

*Amber Davis, MSW*  
Doctoral Student

*Jeanni N. Simpson, M.Ed., MSW*  
Doctoral Student

### GRAPHIC DESIGNER

*Shavon D. Minter*



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**Sandra Edmonds Crewe, Ph.D., ACSW, Dean**

Howard University School of Social Work  
601 Howard Place NW  
Washington, DC 20059  
[www.socialwork.howard.edu](http://www.socialwork.howard.edu)  
[www.howard.edu](http://www.howard.edu)

