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**FINAL REPORT**  
**OF THE**  
**INTERIM STUDY COMMITTEE ON THE PROBLEMS OF BLACK MALES**

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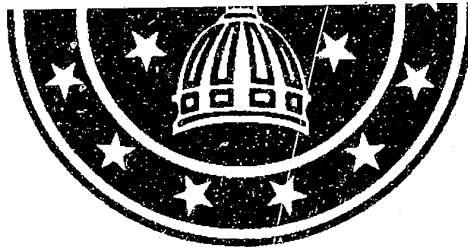
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**November, 1992**

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November, 1992

I. TOPICS ASSIGNED BY THE LEGISLATIVE COUNCIL

The Committee was assigned to study and make legislative recommendations concerning the problems facing Black males in Indiana.

II. INTRODUCTION AND REASONS FOR STUDY

Three legislative proposals were submitted to the Indiana General Assembly during the 1992 session that concerned the establishment of a statutory or interim committee to study the problems of Black males (ESB 190, HB 1081, and HR 31).

III. SUMMARY OF WORK PROGRAM

At its first meeting, the Committee decided that it wanted to hold several meetings in Indiana's largest urban areas with significant Black populations to receive testimony from civic leaders and citizens. The Committee also agreed to permit the Chairman to establish five volunteer lay member subcommittees which would be charged with gathering research and other statistical information. This bifurcation of responsibilities permitted the Committee to discuss the topic throughout the state and to have research gathered in an organized manner. The subcommittees were charged with gathering information about the following topics as they relate to Black males in Indiana:

- Employment
- Criminal Justice
- Health
- Education
- Social factors, including religion and family

The Committee held its first and final meetings in Indianapolis, and held other meetings in Ft. Wayne, Gary, and South Bend. Several members of the Committee also visited the Indiana State Prison for meetings with inmates and staff.

The five lay member subcommittees each held meetings at the call of the respective subcommittee chairman. The chairmen, or their designees, each presented a final report to the full Committee at the Committee's final meeting in Indianapolis.

IV. SUMMARY OF TESTIMONY

At the Committee's final meeting, the Chairman presented a "Preliminary Report For the Interim Committee on Problems of Black Males". The Chairman received the Committee's approval to use that report (as amended by the Chairman to reflect information received and decisions made at the final hearing) as the final report to be presented to the Legislative Council. The following is the amended report as authorized by the Committee.

GENERAL

- The system is a problem.
- No statewide initiative - the problems are evident.

- The State is in a state of denial.
- No general plan or source of help for the African-American male.
- We can't find solutions to the problems of the Black males without finding solutions to the problems of the family. Strong families will remove the A's -- adoption and abortion.
- The root causes of the African-American male problems are:
  - Poverty
  - Racism
  - Discrimination
- Too many programs affecting African-American males are thought out by people too removed from the problem.
- Misplaced priorities--
  - African-American male with no job, no health care, no place to live, can snatch the purse of an old woman waiting for her monthly supplement and we put him in prison and give him dental care, health and three square meals and a place to stay.
  - Self esteem equals a j-o-b.
  - No deposit in our people, no returns.
  - The impact of the media is devastating -- The Amos and Andy stereotype have been replaced with more detrimental stereotypes.
  - Unless American invests in its people, it will have no future.
  - All that is known suggests that more laws, police, prosecutors, judges and prisons cannot solve the African-American males problems and those resulting therefrom.

#### SOCIAL FACTORS

##### Observations:

- The greatest negative social factor is racism.
- Problem of affordable housing for African-American males.
- For the African-American males the choice too often is between a life of poverty or a life of crime.
- Too many African-American males come from dysfunctional homes.
- The problem of the young African-American male will usually begin before he

is born. The odds are that his mother will be a teenager (1 in 3), that his mother, regardless of age, will not have received early and/or proper pre-natal care (more than 1 in 4) and that he will be born prematurely and/or with a low birth weight (more than 1 in 8).

- White government is stricter and harder on an African-American youth than their counterparts.
- African-American males are underemployed, unemployed and fired too often.
- Drugs and alcohol abuse are too prevalent. African-American males use drugs and alcohol as a means to escape reality.
- Make it go away.
- Gangs provide African-American males a sense of self-esteem.
- Lack of discipline in too many houses in African-American community.
- In the 50's and 60's when social problems were not as pronounced, some support systems were naturally in place. African-Americans, whether poor or middle class, lived in the same communities. Stable families interacted with unstable families and the result was positive behavior "rubbed off" on those who may have taken negative routes. African-American communities, to a degree, are "drained".
- The male models no longer live next door.
- African-American women tend to be more socially, politically and economically aggressive than are African-American men. They are more literate, educated and skilled than African-American men.
- Black males are often the victims of a society that does not understand their pain and all too often regards them as insignificant.
- Young Black males are often angry. The anger stems from many sources. It comes as a result of standing by helplessly while your mother is being beaten by your father, stepfather, or her boyfriend. It comes from watching the pain of your father's face because he can't get a decent job; not because he has no skill but because he's Black.
- Some of the anger is the result of watching White teachers interact with other students as though they were special, feeling that the teachers often regard you as a nobody.
- Research has shown that teachers do tend to have a different attitude towards children of different social-economic and racial backgrounds. In other words, racism is alive and doing well.
- When children go to school they do not leave their problems and heartaches at home. They wrap them up and take them to school with them. If not allowed to express the anger and frustration, the feelings tend to manifest themselves

in various ways, namely, poor health and misbehavior.

- In order to properly understand current social problems such as apathy, poor self-esteem, irresponsibility, unemployment, addictions, family destruction, etc., one must examine the psychological effects of the institution of chattel slavery.

- Chattel slavery which ended over 125 years ago still affects behavior of today. Behaviors are learned from the social environment and these behaviors are passed down from one generation to the next. Even though the institution of chattel slavery has ended, the slave mentality has continued among too many African-Americans.

- For over 300 years, African-Americans were conditioned not to own anything. When one is denied ownership, some of the effects are negative. Pride, self-worth, positive self-esteem, motivation, productivity, respect, caring, are all jeopardized.

- Very few African-American adults actually know their role as parents to their children as being the first and most important teacher. Most are ignorant of this vital role because they were never taught and it was not emphasized in school curriculums that it will make a difference.

- Today, many social programs made available to African-Americans. When people are constantly given handouts, it will keep people dependent and complacent. Today, too many African-Americans values are centered around physical pleasures.

- Since male slaves were denied recognition and self-worth for over 300 years in positive ways, then they accepted recognition and self-worth in negative ways, as breeders. To brag and boast on the number of babies one produced was the only outlet for most male slaves to fulfill emotional needs of self-worth, recognition, attention, pride, etc. and at the same time, while this unnatural behavior was conditioned in male slaves, they were not held responsible and accountable for their offspring.

- For over 300 years, male slaves were denied the rights to provide, protect and maintain their families. This obviously affected the positive role as husband and father.

#### DATA:

- Studies show that there is a sizable income gap between Whites and people of color. While 19% of Whites have low income, nearly 44% of African-Americans and 40% Hispanics have low income.

- In 1960 22% of African-American children lived in female-headed households; in 1990 the rate was 52%.

#### SUGGESTIONS/SOLUTIONS

- Need to develop a spirit of volunteerism in the community.

- Need to develop school-community partnerships.
- Need to develop social contact programs with community agencies and organizations prior to releasing inmates.
- Establish "Rites of Passage" program throughout the state.
- Develop programs at elementary level - take the programs into the housing project areas.
- The state should not deny welfare benefits simply because a father is living in the house. Redesign the State welfare system to promote two-parent family supervisors.
- Strengthen neighborhood associations.
- Develop role molding programs targeting pre-school youth aged one through five years.
- Provide programs for African-American males that will allow them the opportunity to express their fears and their anger.
- Legislation is needed to require elementary, secondary and college courses/ studies of cultural appreciation and cultural diversity.
- Need more recreational outlets.
- African-American men must go back to the Lord -- "Be doers of the word, not just hearers".
- Develop "Reaching Out in Love" programs matching sister congregations (Black and White) to further tear down the walls of separation and prejudices.
- Many of the factors which place minorities at risk can be traced to social characteristics and lifestyle choices such as diet/nutrition, education and the level of cultural experience by minority groups.
- Common denominators which have been identified among the various racial/ethnic groups include: poverty; limited education; poor nutritional status and dietary practices; the effect of cultural beliefs; as well as population and provider beliefs as they relate to behavior.
- Due to the fact that large numbers of minorities reside in urban areas, with large concentration in the inner city areas, they are naturally exposed to a greater number of environmental hazards, including pollution, inadequate housing, traffic accidents and crime. In addition, a greater number of minorities are employed in occupations that may present greater exposure to environmental risks, such as physical and mental stresses, and toxic substances.
- Aside from the evident hazards facing residents of the inner city, (i.e., violence, pollution), there are also the additional hazards associated with



isolation. It has been noted in research that oftentimes, such living conditions as have been previously described can cause individuals to become more isolated or removed from the mainstream service delivery system. For example, individuals may reside in areas that have little or no access to public transportation, thus denying them the opportunity or ability to travel far from their immediate vicinity. In addition, there may be few agencies or organizations in the area which provide some type of outreach program or service to reach these individuals. This isolation eliminates the likelihood that they will be linked up to the human service delivery system, or a social support system, which could provide access to necessary health care and other related services.

#### EMPLOYMENT

##### Observations:

- Dollars don't turn over in the African-American community.
- Ex-offenders have grave difficulty finding employment which causes them to re-enter the criminal justice system.
- Unemployed African-American males are not able to participate in training programs because of lack of resources.
- African-American males are "factory inclined" and most of the manufacturers are gone.
- In America and Indiana you used to be guaranteed if you go to college and excel, you will get a job -- today there are no guarantees.
- Drug dealers are major employers.
- African-American males are unemployed, underemployed and the first fired.
- African-American people are suspicious of the census. The resulting undercount among African-Americans affects dollars for employment programs.
- African-American males don't have transportation to get to cities where there are jobs.
- An African-American family can find two jobs to one for African-American males.
- Too many of African-American males have stopped applying for jobs -- "have given up".
- The city of Fort Wayne, as most Midwest cities, suffered loss of jobs in the manufacturing market. It was easier in the 1970's - 1980's to go to work at International Harvester and other companies, making \$10.00 to \$12.00 per hour. Today that is impossible and as a result we are dealing with a generation of young Black males who have never seen an adult male go to work

even though they may be in the home. They grow up with the defeatist attitude that "It doesn't make any difference - They won't hire me anyway."

- Because of this kind of frustration in the central city, it is easy for Black males to turn on each other and hurt or even kill each other for some senseless reasons. Because of Black crimes, Black men are sometimes not given an opportunity in the job market because of criminal records and the perception that Black males are to be feared and are not to be hired.

- Racial earnings gaps among family heads have widened in recent years. The ratio of Black-to-White average wage and salary earnings dropped from .63 in 1976 to .59 in 1985.

- The ratio of Black-to-White family incomes, which include the wage and salary earnings and other income of all family members, also declined. The ratio was almost .65 in 1970; it was about .64 in 1976 and about .62 in 1985.

- In relative terms Black families are losing economic ground. If this decline in the relative economic status of Black families is projected into the next decade, the result will be a persistence of racial income inequality that turns the clock back to the income positions Black families experienced 30 years ago. Moreover, because of changes in family structure, the Black family is more vulnerable today than it was at the start of the 1960s.

- At least part of the explanation for the decline in the economic status of Black families in recent years is related to the increasingly marginalized status of Black males, as evidenced by increases in incarceration and violent deaths. This marginalization translates into fewer marriageable mates and thus fewer opportunities for the formation of two-parent families.

- The earnings gaps have increased for young Black males with less than a high school education. The ratio of Black-to-White earnings for this cohort dropped from 1.11 in 1970 to .35 in 1988. This astonishing decline -- more pronounced than the drop from .86 to .59 in the ratio of Black-to-White earnings among all males under 25 years of age -- meant that by the 1980s, young Black males without high school degrees became one of the most disadvantaged groups in society relative to the same age-education peer group among Whites. While some other age and education cohorts showed improvements, the outcomes were not dramatic enough to reverse the overall deterioration in Black economic well-being.

- If the present patterns persist, wherein there is continued marginalization of young Black males and continued growth of younger families headed by females whose educations are curtailed, then economic disparities will persist into the next century, even as Black middle-class families experience continued improvements.

## HEALTH

### Observations:

- The health problems of African-American males cannot be discussed in isolation; rather, they are intimately related to other problems (particularly those related to employment and the resulting lack of health insurance).
- Problem of funding for chemically dependent African-American males.
- Problem of high homicide rates ("Black-on-Black crime")
- Leading cause of death for African-American males (14-35) is violence.
- The environment is the problem, not genes.
- Drug abuse and alcohol abuse causes massive health problems for African-American males.
- Health problems that particularly affect African-American males are hypertension and diabetes.
- Early diagnosis and preventive treatment are significantly less expensive than treatment of patients whose bodies have suffered damage from diabetes and hypertension.
- Black American males aged 16 to 60 have an adjusted death rate that is three times that of White males.
- The "crack" cocaine problem also appears to affect the African-American community more than any other community.
- The gangs and the drugs make the African-American community a dangerous place to live. First, the gangs and dealers bring with them the increased potential of violence, especially with firearms. Shootings, especially "drive-bys", usually victimize beyond the intended target, if there is one. The increased presence of firearms also increases the risk of an accident. The young too often become victims for no other reason than someone knew how to pull a trigger.
- The perception of racism is evident in the observable practices of institutions in the delivery of health care. The admission practices of hospitals, bed assignments, and the assignment of physicians have historically provoked minorities to seek help from noninstitutional sources. When these sources are not readily available, long periods of travel become necessary for the acquisition of services, especially for indigent Blacks in rural areas.
- Poor nutritional patterns are an important health risk factor. Many of the health conditions are influenced by diet and nutrition. These include: cancer, cardiovascular disease and stroke, and hypertension.
- Many of the unique dietary patterns among minorities are influenced by

historical and regional food availability and food preparation practices. For example, among Blacks living in the southern region of the United States, diets often include vegetables, grains and grain products high in carbohydrates, and meats high in cholesterol. In addition, salt consumption is high among minorities, particularly among Blacks, and excessive salt intake is a dietary risk factor.

- Direct correlations can be drawn between educational levels and health status. This is particularly true among minority populations. Educational level has a direct impact on the economic status of minorities, thus ultimately, having a direct impact on health status. As documented in Health United States 1990, as educational attainment increases, the percentage in each racial and ethnic group who are in fair or poor health decreases. In each group, those with less than a high school education were two to three times more likely to assess their health as being fair or poor than those with 12 years or more of education.

DATA:

- In 1988, the racial composition of the United States was 12 percent Black, three percent Asian Pacific Islander, one percent American Indian and Alaska Native, 84 percent White and eight percent who were of Hispanic origin. This compares to Indiana, where of a total population of 5,544,159 residents, minorities comprise 10.5 percent of the population. The racial/ethnic breakdowns, according to the 1990 Census, are as follows: 432,092 or 7.8 percent are Black; 98,788 or 1.8 percent are Hispanic; 37,617 or .7 percent are Asian/Pacific Islanders, and 12,720 or .2 percent are Native Americans.

- The health problems of minorities in Indiana, as well as across the nation, are many. The root causes can be traced to a variety of sources, including cultural and attitudinal factors, lifestyle choices, and life skill deficits. Many of the leading causes of death among minorities throughout the United States, are also evident among minority population in Indiana. These include cardiovascular disease, stroke, cancer and violence.

- The disparity in the economic status of minorities and non-minorities is a constant barrier to minorities accessing the health care system. National statistics show that one-third of the minority population lives in poverty, and that for every two Black children born, one will be born in poverty. In Indiana, preliminary 1990 Census data reflect that from a total of 9.7 percent of Indiana residents living at the poverty level, 24.5 percent of that number were Black, 14.9 percent were Hispanic, 21.3 percent were American Indian, 16.5 percent were Asian/Pacific Islander, for a total of 77.2 percent of this group being minorities, while 8.6 percent were White. These figures are a small representation of residents living in poverty, and reflect only those residents living at the poverty level, and are not indicative of the numbers living below the poverty level. Patients from minority groups, who often have lower incomes, are faced with particular problems when it comes to seeking health care. Many of these patients do not receive the level of care received by Americans with higher incomes. Even many who are employed are still considered medically indigent because employer-sponsored insurance is

unavailable and their incomes are too high for Medicaid eligibility. In some cases the employee may be covered but the family is not.

- Economic factors block access to health care in at least three ways. The first is that those who are unable to afford health care will many times not seek care until they are forced to do so. Second, providers of health care services are often not willing to provide service to those who have no visible or viable means of payment. This is also true of those who must rely on public assistance programs such as Medicaid. Finally, due to the delay in seeking health care services, treating illness in advanced stages is oftentimes more expensive than preventive care and early detection of the illness would have been. This situation represents an extremely inefficient use and waste of resources available to subsidize health care. It also leads to a reduction in the effectiveness of the health care delivery system, which in turn leads to fewer resources being made available to those most in need.

- The disparities in the health status of minority groups throughout the United States is also evident in Indiana populations. Information obtained from the health statistics collected from 1982-1988 reflect:

- that Black males and females had the highest age-adjusted death rate respectively in Indiana from diabetes and strokes;
- Black infants were twice as likely to die before their first birthday;
- Black male homicide rates were seven times those of White males
- Black males have the highest age-adjusted death rate from accidents;
- and
- Black males had the highest age-adjusted death rate from cancer.

- Cancer is the second leading cause of death in Indiana. Data from 1988 reflect that Black males had the highest average age-adjusted death rate from cancer. Statistics also reflect that Black males in Indiana are more likely to die from other cancers, such as colon-rectal, prostate, lung and bronchial cancer.

- Cardiovascular and cerebrovascular disease (coronary heart disease and stroke), which are linked to elevated blood pressure, continue to be the first and third leading causes of death respectively in Indiana. Heart disease and stroke cause more deaths, disability, and economic loss in Indiana than any other chronic disease. This is true of the population as a whole, but to an even greater extent in minority populations.

- Beginning in 1987, the trend in the age-adjusted death rate for heart disease shifted from a higher rate occurring in White males, to a higher rate occurring in Black males.

- In Indiana, between 1982 and 1989, Black males had consistently higher average annual age-adjusted death rates for cirrhosis of the liver.

AVERAGE AGE-ADJUSTED DEATH RATE-1989  
 CHEMICAL DEPENDENCY (ALCOHOLISM ONLY)  
 (as indicated by Chronic Liver Disease and Cirrhosis)

<u>Race/Ethnicity</u> <u>Gender</u>	<u>Rate</u>
Black Male	16.1
Black Female	8.5
White Male	8.5
White Female	3.5
Other Nonwhite Male	10.4
Other Nonwhite Female	3.5

- On the national level, there is little information available on the actual prevalence of alcoholism and illegal drug use by race and ethnicity. At the State level, prevalence estimates are also limited, due to the same problems noted at the national level. The most readily accessible indicator for chemical dependency, cirrhosis of the liver, is a sign of alcohol abuse.

- In 1989, Black females and Black males had the highest age-adjusted death rates respectively for diabetes in Indiana. Diabetes is a risk factor for health complications and major diseases which include coronary heart disease, end-stage renal disease, and eye diseases.

- In Indiana, the death rates for homicide are much greater for both Black males and Black females than the homicide rate for Whites.

For the purpose of the table shown below, the figures include deaths caused by fires, falls, inhalation, drowning and poisoning. The figures do not reflect those deaths caused by motor vehicle accidents.

AGE-ADJUSTED DEATH RATE-1989

<u>Race/Ethnicity</u> <u>Gender</u>	<u>Rate</u>	<u>Rate</u>
Black Male	36.2	30.1
Black Female	7.3	9.7
White Male	5.1	10.7
White Female	2.6	7.6
Other Nonwhite Male	5.9	11.2
Other Nonwhite Female	0.0	0.0

MORTALITY STATISTICS

Despite advancements in medical research and technology, disparities in the mortality rates for Black males compared to White males continue to prevail.

This statistical report will identify the top ten (10) causes of death for Black males per 100,000 population in the State for 1990, compared to the national level in 1989. Therefore, it is recommended that this data be reviewed in progression rather than a comparison for the same year. This report will also show

disparities in mortality rates as they occurred in Indiana. The data used in this report are the most current and were collected for the state by the Indiana State Board of Health, Division of Vital Statistics, and the Interagency State Council on Black Minority Health.

The Interagency State Council on Black and Minority Health has concluded that in areas where the Black population is high, the likelihood of disparities in mortality rates occurring for Black males is greater. In Indiana, 11 counties (with a population 5,000 or more) have been identified as areas where disparities are apparent. The counties are as follows:

Counties	Black Population
Allen	30,314
Delaware	7,167
Elkhart	7,106
Grant	5,047
Lake	116,688
LaPorte	9,580
Madison	9,870
Marion	169,654
St. Joseph	24,190
Vanderburgh	12,410
Vigo	5,916

In Lake County, the cities of Gary (93,932), East Chicago (11,379), and Hammond (7,743) respectively, have the highest number of Blacks. This suggests that Black males in these cities, particularly Gary, are at higher risk to disparities in the mortality rates.

The top 10 causes of deaths for Black males in the State of Indiana are listed below:

Top 10 Causes of Death for Black Males  
State of Indiana and the Nation

Average Age Adjusted Per 100,000 Population

	Actual Rate 1990	State Deaths 1990	Actual Rate 1989	National 1989
Heart Disease (linked to high blood pressure)	536	262.29 (1)	38,321	263.5
Cancer	511	250.05 (2)	31,452	216.2
Homicide	118	57.74 (4)	4,888	61.1
Cerebrovascular Disease (linked to high blood pressure)	103	50.4 (5)	7,739	53.2
Diabetes Mellitus	48	23.48 (10)	3,071	21.1
Pneumonia	48	23.48 (7)	4,168	28.7

Motor Vehicle Accidents	41	20.06 (3)	9,503	65.3
Other Accidents	41	20.06**	**	**
Nephritis and Nephrosis	39	19.08**	2,047	0.2
Other COPD	39	19.08 (9)	3,593	24.7

\*Rate not included in National State statistics within the top ten.  
 \*\*Ranking not given.

Key: Numbers in parentheses rank disease entities on national level.

Top 10 Causes of Deaths for White Males  
 State of Indiana

	1990	1990
	Actual Deaths	Per 100,000 population
1. Heart Disease	7,827	318.33
2. Cancer	5,727	232.92
3. Cerebrovascular Disease	1,316	53.52
4. Other COPD	895	36.4
5. Pneumonia	711	28.91
6. Motor Vehicle Accidents	668	27.17
7. Suicide	558	22.69
8. Disease of the Arteries	554	22.53
9. Other Accidents	504	20.50
10. Diabetes Mellitus	451	18.34

Source: Indiana State Board of Health, Public Health Statistics, Modified Age, Race, Sex Population, 1990.

Top 10 Causes of Deaths for Black Males  
 State of Indiana

	1990	1990 State Rate
	Actual Deaths	Per 100,000 population
1. Heart Disease	536	262.29
2. Cancer	511	250.05
3. Homicide	118	57.74
4. Cerebrovascular Disease	103	50.4
5. Diabetes	48	23.48



6. Pneumonia	48	23.48
7. Motor Vehicle Accident	41	20.06
8. Other Accidents	41	20.06
9. Nephritis and Nephrosis	39	19.08
10. Other COPD	39	19.08

Source: Indiana State Board of Health, Public Health Statistics, Modified Age, Race, Sex Population, 1990.

#### HEART DISEASE

Heart disease continues to be the leading cause of death for Black males in the state and nation. The disease is linked primarily to hypertension. Black males under the age of 45 are ten times more likely to die of the disease than White males. This percentage is based on the average age adjusted per 100,000 population. The disease is less prevalent among other minority groups.

In 1987, the trend in the average age-adjusted death rates for heart disease shifted from a higher rate occurring in White male, to a higher rate occurring in Black males. This trend has continued.

#### CANCER

Cancer continues to be the second leading cause of death for Black males in the state and nation. The incidence of deaths is 25% higher for Black males than for White males, and the likelihood of Black males surviving is much smaller.

According to Thomas E. Malone, Deputy Director for the National Institute of Health (1985), five years after the diagnosis of Black males with cancer, only 38% of them survive, compared to 50% of White males. This disparity in longevity is attributed to, in part, lower socioeconomic status, and a delay in diagnosis and treatment. Overall, the mortality rate for Black males is higher among Black males with lung cancer, cancer of the esophagus, prostate, and multiple myeloma. In comparison to non-Black minorities, the rate of cancer deaths for Black males is significantly higher.

#### HOMICIDE AND UNINTENTIONAL INJURIES

Homicide and unintentional injuries are the third leading cause of death for Black males in the state. For the nation, the disease ranks number four. In Indiana, the death rates for homicide are greater for Black males than for White males. This trend is also realized at the national level. Black males have a 1 in 21 lifetime chance of becoming a homicide victim, compared to 1 in 131 chance for White males.

According to the U. S. House of Representatives Select Committee on

Children, Youth, and Families (1989), "Homicide is the leading cause of death for Black males between the ages of 15-24."

The Uniform Crime Reporting Program of the Federal Bureau of Investigation reported that in 1986, 95% of the Black murder victims were slain by Black offenders, and 88% of the White murder victims were by White offenders. The report further revealed that males were most often slain by males (83% in single victim/single offender situations). The trend in "Black-on-Black" crime appears to be continuing in the 90's.

#### CEREBROVASCULAR DISEASE

Cerebrovascular disease (stroke) is the fourth leading cause of death for Black males in Indiana. For the nation, it is ranked number five. The disease is linked to elevated blood pressure, like that of heart disease.

Between 1982 and 1989, the disease caused a higher average age-adjusted number of deaths for Black males than White males. Black males under age 45 are ten times more likely to die of the disease than White males. In the state, this trend has continued.

#### DIABETES MELLITUS

Diabetes Mellitus is the fifth highest cause of deaths for Black males in the state and ranks tenth in the nation.

Secretary Margaret Heckler's Task Force Report on Black and Minority Health (1985) revealed that diabetes is 33% more common among Blacks and 300% more common among non-Black minorities on the national level. However, for the state, Black males lead other minority groups. This trend began in 1989 and continues.

Detailed demographic data for the other five (5) leading causes of deaths (pneumonia, motor vehicle accidents, nephritis and nephrosis, and COPD) for Black males in the state are not available to be included in this report.

#### HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The AIDS epidemic has significantly impacted the state and the country. The United States Health Services estimated that 270,000 people would die of AIDS by the end of 1991. The estimate was based on the assumption that no highly effective therapy for the disease would be developed by then (The Epidemiology of HIV Infection in Industrialized Countries, Holmberg and Cuman. 1990).

The deaths of Blacks generally, and males specifically, were not estimated separately. A statistical report of the combined volume of individuals with the HIV virus, and the mortality rate for the State of Indiana, is attached for review and further statistical analysis. Maps indicating the number of cases by county are also attached.

## SOLUTIONS/SUGGESTIONS

- Expectant mothers eligible for Medicaid should be required to have a pre-natal physician as a condition of coverage. Such coverage should provide for all pre-natal examinations (for mother and fetus) deemed necessary or appropriate for those considered to be at risk.
- Physicians delivering children should be required to have newborns' blood tested for the presence of lead.
- Public health departments and child care agencies should be funded at levels permitting such periodic testing and annual physical examinations.
- In-school health centers should be established for health follow-up through the high school level.
- Serious consideration should be given to a Hawaii-like approach that would provide virtually all Hoosiers with basic health care insurance.
- Provide less condoms and more emphasis on abstinence.
- Early diagnosis and treatment are key.
- Further develop and financially support the activities of the Office for Prevention within the Indiana State Department of Health.
- Expand accessibility to health care programs and services by developing a system which would provide adequate coverage for the uninsured and underinsured.
- Develop a consistent statewide data collection system to identify and measure minority health data such as:
  - racial and ethnic grouping
  - morbidity statistics
  - diagnostic groupings.
- State agencies that distribute block grant funds should consider the incidence of health conditions affecting minority populations when allocating funds to minority communities.
- Implement health promotion and disease prevention programs that would emphasize avoiding the health risk factors for conditions affecting minorities.
- Increase the number of minorities in health and social service professions.

DATA:

Gary

- Unemployment rate -- 22% African-American  
8% White

- Interviews on the streets of Gary

Charlie - left Washington, D.C. because of fear  
- high school graduate  
- needs employment  
- staying at Brothers' Keeper  
Shelter for Homeless Men

? - No job  
- completed 10th grade  
- unskilled -- has experience as janitor  
- staying at Brothers' Keeper  
Shelter for Homeless Men

Ervin - Unemployed for 6 years  
- "given up"  
- feels you can do better in jail than in  
the streets  
- had to leave his family  
- needs transportation

Robert - Went to trade school  
- has been a welder and truck driver  
- high school graduate

Calvin - Laid off from American Juice for a year  
- not able to find a job

Edward - 10 year veteran  
- 6 months back in Gary  
- no job  
- wants to support his family

Darryl - 19 years out of prison  
- feels he was systematically reshuffled into  
the judicial system  
- unemployment is the problem

FORT WAYNE

The general employment picture in Fort Wayne is not good and it's even worse for Black men. In 1991 the Fort Wayne Urban League's Employment Department referred 491 Black males to employers in and around the Fort Wayne area. Of this number only 68 were hired. The majority of these jobs were

general labor jobs. In 1992, January to May, 201 were interviewed, screened and referred to employers; of that number only 33 have been hired.

The United States Department of Commerce reports that in March, 1990, there were 13.5 million Blacks 16 years old and over in the labor force. Of these, 12.0 million were employed and 1.5 million were unemployed. Blacks made up 10.8 percent of the total labor force, 10.1 percent of employed persons and 22.2 percent of unemployed persons (table E).

In general, males have higher labor force participation rates than females, and Whites have higher rates than Blacks. The data in table E reflect this general pattern of males having higher participation rates. For example, Black males had an annual average labor force participation rate of 70.1 percent in contrast to 57.8 for Black females. The annual average labor force participation rate for Black men in 1990 (70.1 percent) was not significantly different from the 1980 figure (70.6 percent). For the same period, White men experienced a decline in the annual average labor force activity from 78.2 percent in 1980 to 76.9 percent in 1990, but their participation rate remained higher than that for Black men (70.1 percent) (table E).

However, the estimated 70-plus percent participation rate of African-American males in the labor force is extremely misleading. African-American males continually find themselves employed in lower wage jobs. The employment figure clearly disguises the significant underemployment problem confronting African-American males. For example, a closer view of table I reflects that African-American males are vastly underrepresented in professional positions.

Of those employed, African-American males comprise 33.2 percent in labor and service connected jobs, 34.9 percent in operative and craft positions and 9.7 percent in official/manager and professional positions. Please note that the lowest representation of White males is in the labor and service occupations, with 12.6 percent. The obvious imbalance is further compounded by the fact that 32.7 percent of White males hold the more lucrative professional positions. Additional labor force and employment statistics reflect the same dismal status of African-American males as reported in the NATIONAL DATA BOOK (table 2).

Consequently, as underemployment continues for African-American males, so continues less pay, greater likelihood of low self-esteem and many other social negatives associated with this dilemma.

#### SUGGESTIONS/SOLUTIONS

1) Sensitive Policymakers and the public/private sector.

The state must enforce all current laws, policies and procedures regarding minorities in connection with employment. New legislation needs to be enacted on mandatory sensitivity awareness training for all employees to address stereotypes and perceptions in the workplace. The Civil Rights

Commission and all EEO/Affirmative Action offices should expand their employer/employee education and information to the public. Continuous programming on multi-culturalism is a must. Corporate leadership needs to go beyond recruitment to examine the culture of the workplace.

Sensitize the Bureau of Employment Services staff to the employment needs, along with the barriers, faced by African-American males. Through sensitivity training for the public and private sector, show the significant role society and the media play in creating low self-esteem among African-American men. The portrayal and image of African-American males as untrustworthy, irresponsible and dangerous in the media enforce the perception by African-American males that they are outsiders to the mainstream. Through community-based and corporate mentoring programs, show a positive portrayal of African-American males.

Racial problems need to be brought into the open and then examined and addressed. Mentoring needs to take place to move African-American males from entry level and middle management positions to top management and board of director positions.

Policymakers must become aware that one-third of America's minorities are considered working but poor. This group continues to fall behind economically, but is virtually invisible to policymakers. Many are unskilled workers who qualify for little public aid, and few employment programs reach them. This group must be addressed along with the unemployed.

## 2) Employment Training

Continue funding and developing of new incentive programs directed at the private sector to encourage the hiring of minorities, especially African-American males. Re-examine the reporting practices of minorities hired by the public/private sector. Require African-American males to be a separate demographic reporting category in service, performance and hiring goals.

Employment problems cannot be solved without also addressing education, literacy, cultural values, income, living environment and individual and family responsibility. Education and employment programs need to be linked to community and business intervention programs, which should address issues of male responsibility and mentoring.

Besides educating and upgrading skills to assist urban African-American males, we need to make a commitment to revitalize these communities. Corporations need to create partnerships with local banks and community development groups to bring business back to the urban arena.

Increased funding of traditional job training and employment programs needs to be realized at all levels of government and society. Without the increased funding, programs such as the Job Training Partnership Program administered by the Private Industry Council will continue to address short-term solutions. A long-term commitment is needed to change the lives of African-American males. African-American males must be made a priority.

Juan A. Manigault suggested in his remarks to the Indiana legislature that "The state should consider supplementing federal job training programs with state assistance for work experience programs that combine income with job experience. Such a program could provide additional manpower for a variety of public sector and non-profit organizations...small and medium size companies are the major job creators in our community. These companies often rely on word of mouth and employee networking to fill job openings instead of using newspaper advertisements. Many of these businesses are located outside of the inner city, which leaves Black males out of the communications loop when job opportunities are announced." The subcommittee strongly concurs and encourages this kind of development.

Corporations, chambers of commerce, and business groups should establish counseling and technical assistance to minorities, especially African-American males, to assist minority-owned small businesses with developing business plans, securing capital, identifying markets, and managing cash flow. Public and private businesses should continue to be encouraged to direct contracting to qualified minority suppliers and subcontracting to minority-owned firms by contractors.

### 3) Neighborhood Partnership

The development of a neighborhood partnership initiative represents an additional mechanism to enhance employment possibilities for African-American males. While partnerships between business, industry and education abound nationally, more involvement of this kind is necessary at the local community level. Far too few African-American males who are out of the economic mainstream benefit from such programs. A community-based network spearheaded by volunteers of local entrepreneurs, community leaders, educators, civic officials and parents would foster both employment potential and educational opportunity for this population.

Developing such a coalition would greatly enhance the identification of African-American males who may have already exhausted unemployment benefits and who may have never been identified by employment agencies.

Additionally, the networking process of such a coalition would enhance the dissemination of information on local employment opportunities and training programs.

Structurally, the neighborhood partnership program is cost-effective. Volunteerism is the thread which ideally links the constituents. However, local leadership must consider some degree of local fund-raising activities to support the partnership concept. Local governmental agencies and legislators should also find means to provide funding support.

### Summary of recommended objectives

1. To identify and list all businesses, large and small, and key contacts.
2. To establish a neighborhood partnership committee which represents all

sectors of the community.

3. To identify all social services, support agencies, and all existing neighborhood grass-root programs.
4. To identify key community resource individuals.
5. To formulate a task force made up of community members that will identify existing publications and research new programs and agencies.
6. To establish working committees to coordinate and develop effective and ongoing linkages with the various community organizations/agencies.
7. To incorporate into existing agencies newly identified programs and agencies; and to pay special attention to the services and information provided for disadvantaged and minority groups.

Sample Programs:

"Today's Native Son" by Jacob V. Lamar, Jr.

"Some of the most successful projects are those that offer job training. The Watts Labor Community Action Committee employs 600 people and runs on a \$7.4 million annual budget. Each year the organization trains as many as 400 young men and women between the ages of 18 and 26 and boasts a 90% placement rate in such jobs as security guard, bank clerk and computer operator. Chicago's nonprofit Safer Foundation helps get jobs for about 60% of its clients. But for kids who go to Safer, young offenders with an average of ten arrests in their short lives, just having someone to talk to can be as important as getting work."

- Schools should be encouraged and supported to establish cooperative educational programs with private employers -- using the best available work-study models.
- A state-established and supportive youth corps should provide work-study opportunities in public and other non-profit organizations, available to youth on a year around basis.
- Need to teach test - awareness/wiseness.
- Need to develop employment programs for ex-offenders to break the cycle.
- Need a Marshall Plan for Indiana.
- Need to develop more job programs for African-American youths.



## EDUCATION

### Observations:

- There is a difference in the way African-American males are educated compared to their White counterparts.
- African-American young males are victims of a society that doesn't understand their pain--they are angry.
- They become "turned off" to education at grades 3 and 4.
- The face of education in Indiana is White and female with stereotypical attitudes.
- White female teachers tend to distance themselves from African-American males at puberty. The males see this as a form of rejection.
- Research shows teachers have different attitudes towards various ethnic groups.
- Anger manifests itself in poor health and poor behavior.
- Teachers use words/language and body language which destroy the African-American males' self-esteem, e.g., "dumb".
- Teachers often hold low expectations for African-American males; they tend to perform at that level of expectation. Studies show teachers have higher expectations of females than males.
- African-American males are victims of peer pressure--"It's not cool to go to school" or "It's not cool to perform academically".
- Forces against education:
  - No role models-- cycles of failure
  - Negative peer pressure
  - Illegal opportunities overcome educational opportunities with minimal pay.
  - Schools are not addressing the need of African-American males-- "we have schools for our customers. We are not serving our customers."
  - Counselors don't motivate African-American males who have potential.
  - Teachers fail to lift African-American males' self-esteem, but high school drop-outs recruit gang members and make them feel important.
- 1990's peer pressure is the greatest influence. It used to be the family was first and peer pressure last.

- African-American males, like youth in general, have no appreciation of delayed gratification.
- Many African-American males are "right-brain" learners and "left-brain" learning strategies are used in school.
- Athletics for African-American males is too often more important than academics.
- Schools find it easier to push inner city kids out the front door with a diploma or out the back door without a diploma, rather than give them the adequate classes needed in this increasingly technical world.
- There has been a de-emphasis of human relations training for persons serving African-American males.
- There is a lack of sensitivity (awareness) toward African-Americans in general, and the African-American male in particular.
- There is a lack of cultural knowledge and sensitivity about African-American male behavior.
- Misconceptions exist that African-American males cannot learn, thus creating a self-fulfilling prophecy.
- A misconception exists that skin color signifies inadequacy, low intelligence, and low capacity, among other characteristics.
- The African-American community must mobilize to acknowledge the problems facing African-American males and to take leadership to solve problems within its scope of control.
- Academics need to operate from an Afro-centric perspective.

DATA:

South Bend:

- Of 43 due process cases, 36 are African-American males. Issue: are they more trouble than their counterparts? Or are they less understood and their behavior less tolerated?
- Via Youth Service Bureau: of 22 who received GED's, only 3 were African-American males (14%)--not able to keep them long enough in the program to change negatives.

Gary:

- Too many underachievers among African-American males.
- 231 African-American male teachers out of 1548 teachers; of 231, only 68 at the elementary level.

- 1981 graduation class: 1115 African-American males
- 1981 graduation class: 1129 African-American females
- 1991 graduation class: 749 African-American males
- 1991 graduation class: 850 African-American females
- African-American males make up 60% of student failure.
- Two-thirds of students in special education classes are African-American males.
- African-American males make up two-thirds of the at-risk student population.
- Few African-American males participate in school clubs.
- African-American males make up fewer than 20% of the honor roll and honor society students.
- The overwhelming majority of students who get suspended or expelled are African-American males.

Indianapolis:

- At IUPUI, African-American males comprised 35.4% of the college population in 1976; in 1988, only 35%.
- In 1976, African-American men entered college at the same rate as White men. By 1988, the rate of White men was up 4% over 1976 and African-American male rate was down 11%.
- From 1976 through 1985, more African-American men than women participated in college. However, by 1988, 7% more women than men participated.

SUGGESTIONS/SOLUTIONS:

- Need teachers who are more sensitive.
- Need to hire more African-American male teachers.
- Need to recruit African-American males from Black universities and make it financially feasible for them to relocate.
- Insist on adopting textbooks that accurately describe African-Americans.
- Schedule multi-cultural training for all groups of school employees.
- Develop programs to train African-American male youth how to deal with anger.
- Reward universities not for meeting enrollment quotas but for degrees awarded to African-Americans.

- Intensify efforts to identify academically able African-American males early and support them to advanced levels.
- Allow African-American males who are not scheduled for post-secondary education a longer period of time to complete their secondary education, if needed.
- Need to develop more alternatives forms of education.
- Need to incorporate value programs into the curriculum.
- Need to develop a multi-cultural year-round curriculum.
- In-school suspension should replace out-of-school suspension.
- Implement One School, One Church programs.
- Make sure all students are informed of and enrolled in the 21st Century Scholars Program.
- Develop more programs like the UTEP program at I.U. Northwest.
- Require all parents who are receiving any form of assistance to be intimately involved with their child's education.
- Schools need to focus on the need of individuals, not what the system wants to achieve.
- Utilize study tables after school staffed by teachers who teach a variety of subject areas. Make transportation available to them.
- Athletic programs must be kept in perspective.
- Discontinue the "at risk" syndrome. African-American males need not be privy to special programs; existing programs must be redesigned to accommodate African-American males.

#### CRIMINAL JUSTICE

##### Observations:

- Judicial system is unfair to African-American males.
- Society is not equal, so we can't expect the criminal justice system to be equal.
- Police harass African-American males; for example, using catch-all charges such as interfering with the duties of an officer or resisting arrest.
- Guilt is attributed to African-Americans intuitively because of stereotypes (media).

- In Indiana, the perceived attitude towards African-American males is not "to serve and protect" but "arrest and process".
- The style of the African-American male dress is a problem--a White man in a sweat suit is less of a threat than a Black man in a three-piece suit.
- The system mistreats African-Americans and escalates criminal mentality.
- The problem is really economics and it manifests itself in the judicial system.
- Indiana has too few African-American police officers in major cities.
- The face of Judicial America in Indiana is White.
- An overwhelming number of African-American males involved in the criminal justice system use public defenders (P.D.).
- The public defender caseloads are too heavy. Too often they don't see their clients until the day of the trial, resulting in inadequate representation.
- Too many African-American males are illiterate and can't even read their confessions.
- We spend \$35,000 to put a African-American male in prison and won't spend anything to keep them out (dealing with the problem backwards).
- Prisons are "warehouses"; they do not rehabilitate.
- Criminals are increasingly young and violent. They are angry; the result is often serious violence.
- Gangs are "substitute families".
- Almost all African-American male offenders in the criminal justice system are substance abusers and a shocking number admit to dealing controlled substances, usually cocaine.

Data:

- In 1986, of the 450,416 state prisoners in the U.S., African-Americans comprised 46.9%. 72.4% of all state prisoners were between the ages of 18-34, and 61.6% of these same prisoners had less than 12 years of education.
- In 1990, there were 2,356 prisoners under sentence of death. 40% were African-American men. Between 1977 and 1990, 143 persons were executed under civil authority in the U.S.; 39% (or 56) were African-American men.
- The number of persons under correctional supervision in 1991 (probation, parole, jail and prison) was 4,350,000; 38% were African-

Americans. However, African-Americans comprised 43.4% of the jail population (422,609). There were more than 20 million jail admissions and releases in 1991. African-Americans accounted for 47% of the prison population (823,414) in 1991.

- In Indiana, of the 13,209 prisoners as of August 12, 1992, African-American men comprised 38.8% of them, having an average age of 30. The percentage of African-American males in Indiana prisons is not far behind the national norm.

The causes of crime are individual as well as societal; therefore, a number of strategies and approaches are necessary to prevent African-American males from ever entering the criminal justice system.

African-American males are overrepresented as offenders in the criminal justice system but are underrepresented as public officials in the system, i. e., judges, police officers, probation officers, and correctional officials. For example, in Lake County, Indiana, African-Americans comprise 24.4% of the general population, but only one out of 13 Superior Court Judges are African-Americans.

- African-Americans are underrepresented on Indiana juries.

- African-American males comprise 38.8% of the Indiana prison population and comprise only 8% of the adult population (DOC & U.S. Census Reports).

- White males comprise 58.8% of the Indiana prison population and comprise 91% of the adult population (DOC and Census Reports).

- Black boys comprise 27% of those being released from Indiana Boys School during 1984-1989 (Criminal Justice Institute Study).

- While Black youth account for approximately 10% of youth under 18 in Indiana, they accounted for 24-33% of boys released from IBS over five years (CJI).

- Blacks from Indiana Boy's School were found to perform at lower levels on reading and math tests, to be more likely to be written up for assaults, and to be more likely to have committed offenses against persons (CJI).

- Compared with White boys, Black boys were found to be disproportionately represented across categories of the classification system at Indiana Boy's School (CJI).

- It was recommended that research be conducted to learn why a disproportionate number of Black boys are committed to IBS (CJI).

- Blacks released from IBS tend to recidivism in somewhat greater proportions than did Whites (CJI).

- 80% of Blacks who completed the 8th grade or lower were recidivists compared with 56% of Whites (CJI).

- 90% of Blacks released from IBS with evidence of substance use/abuse in their records were recidivists, compared with 61% Whites.

According to the most recent data regarding recidivism, 56.2% of African-American prisoners with current and prior violent criminal histories were recidivists.

South Bend:

- African-Americans make up 20% population, but 50% of those arrested.

- Blacks get watched more, stopped more, arrested more by the South Bend Police Department. The census of St. Joseph County is approximately 245,000 and 11% are Black; the census of South Bend is 120,000 and 20% are Black. The South Bend Police Department has 234 sworn officers; 31 are Black. The St. Joseph Juvenile Probation Department has 9 probation people, 0 are Black. The Juvenile Detention staff has 30 people; 11 are Black. The St. Joseph County Adult Probation Department has 13 probation officers; 4 are Black. St. Joseph County Community Corrections Project has 23 staff members; 11 are Black. The St. Joseph County Superior and Circuit Courts have 9 judges; 1 is Black. The St. Joseph County Prosecutor's Office has 12 prosecutors; 1 is Black. From July, 1991, to June, 1992, the average jail population was 230 (208 males); 60% were Black. During the same period, 257 were sent to the DOC; 60% were Black. The 1988 South Bend Police Department arrests were 2,534; 50% were Black.

Fort Wayne:

- Every criminal felony case filed in Allen County Court is drug-related. The African-American males' pursuit of money and possessions places them in the majority of offenders.

- While Fort Wayne's African-American population is lower, 54% of all arrests involve African-American people.

- 80% of homicide victims from the period December 1991 - May 1992 were African-American.

- 90.9% of all adult aggravated assault arrests were African-American.

Nationally:

- 47% of total male inmates are African-Americans; they are 12% of population.

SUGGESTIONS/SOLUTIONS:

- Cultural diversity should be taught in our schools.

- African-American heritage must be merged into our school curriculum, not just taught one month.

- Must educate African-American young men about the legal system (rights and responsibilities).
- Need to develop Black role model programs other than role models presented by sports figures and entertainers.
- Need to develop educational programs in the prisons.
- Changes need to be made in the state's plea bargaining procedures, particularly with respect to the procedure used to modify sentences that result from a plea bargain. Under present law, such modifications require agreement by the prosecutor.
- Enact a "Criminal Justice Act". Part of that legislation would provide private attorneys appointed by judges as public defenders.
- Encourage the involvement of organized religion to support the needs of amenable offenders.
- If we must persist in busing children from their neighborhoods into schools too far from their daily associations, then budget after school hours busing programs to enable youthful participation in extra-curricular activities. The absence of activities impedes the development of meaningful relationships among their peers.
- Develop One Church, One Offender Program through the State.

The area of Prevention has focused on five areas: (1) Attitude (2) Mentoring (3) Education (4) Law and (5) Church. These areas have been discussed to provide some strategies and societal interventions to impact African-American males and prevent them from entering the criminal justice system.

I. Attitude - People must have a willingness to do the right thing. They must also have a desire to succeed, plus perseverance and a belief that they can succeed.

1. Work with families who are responsible for shaping the attitudes of African-American males.
2. Work with African-American males individually and collectively to influence the positive development of attitudes and goals (e.g., Home-based, Community-based/School-based and Church-based programs).

II. Mentoring - Mentoring should be used as a major tool in changing and/or enhancing the lives of African-American males. The number and types of positive role models must include respectable, responsible and caring individuals.

1. Define and identify African-American role models.
2. Develop and initiate appropriate mentoring programs for African-



American males.

III. Education - Education is used as a major tool to increase self-esteem, self-awareness, knowledge, and achievement levels, resulting in a better quality of life.

1. Educate African-American males regarding their own culture and history as related to other cultures.
2. Increase the number of African-American male teachers.
3. Expose African-American males to positive alternative routes. African-American males must be educated about and exposed to the various existing opportunities that could positively impact their lives.
4. Provide meaningful jobs for African-American males in order to increase self-esteem, self-worth and provide for livelihood and their families. Employment will decrease African-American male incarceration and recidivism.

IV. Law - African-American males must be educated to appropriately utilize and respect the legal system.

1. Educate African-American males in appropriate responses to authority figures.
2. Educate African-American males about moral values, how they impact daily lives and how to get along with one another, respecting the dignity and worth of every human person.

V. Church - The role of the church should be expanded to deal with all facets of African-American male life, utilizing love and accountability. The African-American church has the power and resources to effect change.

1. Develop aggressive outreach programs and ministries.
2. Develop in-house ministries that deal specifically with African-American male issues (mentoring, economic development, parenting, relationships, etc.)
3. Must be aggressive in recruiting and training African-American men.

Recruitment practices should be reviewed for all correctional positions with specific emphasis on political election of judges.

Educational/vocational programs are available in state institutions; however, the nature or extent of these programs, as well as the numbers of African-American males participating in programs, are unknown. Further data needs to be acquired from the Indiana Department of Correction.

A "watchdog" committee is needed to review criminal cases from the arrest through the duration of confinement. A "watchdog" committee need is typified and supported by State of Indiana v. Henderson, which held that a sentencing could be continued in light of facts that were brought to the attention of the judicial system by an observer.

Research is needed at each stage of the criminal court process to

determine why racial disparities exist at every level from arrest to release from confinement.

Being that the church in the African-American experience is the most viable and effective institution within the African-American community and where most African-American males will return upon their release from prison, ongoing research and data-gathering is extremely important in order to develop a network of churches, mosques and care-givers to provide a holistic approach to assist in preparing prisoners and ex-prisoners to become productive and crime-free citizens.

The Department of Correction should solicit input from the church in the African-American experience in their efforts to develop a comprehensive transitional program as it relates to the problems associated with African-American males.

Develop a formal network comprised of interdenominational African-American church leaders within the State of Indiana to work cooperatively in establishing transitional care models of ministry for African-American males.

CLOSING:

- Everyone wants the best for his child--every Black boy deserves the same.
- The problem is well-defined. The question is will you/we act?
- African-American men don't want to be treated as just equal to other African-American men, but equal to all men.
- Remember, if you are not part of the solution, you are part of the problem.
- The plight of the African-American male is not a Black thing, it is a human thing.

(This is the conclusion of the final report submitted by Chairman and approved by the Committee.)

V. COMMITTEE LEGISLATIVE RECOMMENDATIONS

The Committee, by a 7-0 vote, authorized the introduction of four bills in the 1993 session of the General Assembly. The first of these bills, PD 3672, recommends the establishment for five years of the Commission on the Social Status of Black Males. The commission would be a part of the executive branch of government, but would include four legislative members. The Commission would be charged with continuing the work of the interim Committee.

The Committee also approved PD 3720, concerning the granting of two years of credit time to offenders who earn a GED, an associate's degree, or a bachelor's degree while imprisoned. A maximum of four years of credit time could be earned by an offender under this provision.

The Committee also approved two education-related bills. The first, PD 3459 (final draft number will replace this PD number) would direct that university education departments include "cultural diversity" coursework within the curriculum required of education students.

The second education proposal, PD 3219 (to be replaced with a final draft number), would amend the present minority scholarship program to establish a preference for Black male applicants in certain situations.

W I T N E S S   L I S T

Ms. Judy Williams, a teacher in Greenfield

Dr. Jeff Towles, M. D., Fort Wayne

Dr. Alfred Stovall, Fort Wayne

Mr. Payne Brown, Director, Fort Wayne Department of Public Safety

Judge Thomas Ryan, Allen County Circuit Court

Mr. Kim Spielman, Allen County Deputy Prosecutor

Dr. Sharon Banks, Principal, Ft. Wayne Northrup High School

Dr. Sharon Mukes, Principal, Southern Heights Elementary School, Fort Wayne

Ms. DeLois McKinley, President and CEO, Fort Wayne Urban League

Reverend James Hall, Jr. Vice President, Interdenominational Ministerial Alliance, Fort Wayne

Reverend Vernon Graham, Executive Pastor, Associated Churches of Fort Wayne and Allen County

Ms. Brenda Robinson, Executive Director, Old Fort YMCA, Fort Wayne

Reverend Clyde Adams, Pastor, Union Baptist Church, Fort Wayne

Mr. William Edwards, Fort Wayne

Bishop James Webb, II, Fort Wayne

Mr. James Jones, Fort Wayne

Mr. Jeffrey X, Nation of Islam, Fort Wayne

Mr. Earl Franklin II, Fort Wayne

Mr. Wayne Brown, Fort Wayne

Mr. Ovadyahu Ben-Tsvulun, Fort Wayne

Mrs. Ella Bush, Director, Secondary Education for Gary School System

Mr. Clifton Gooden, Gary School Administrator

Mr. Ed Brock, Principal, Wallace Elementary School, Hammond

Ms. Adella Figures, Gary

Dr. Alfonso Holliday, M.D., Gary

Mr. John Key, Jr., Gary

Mr. Mozell Haymon, Executive Director, Serenity House, Inc., Gary

Ms. Rocharda Moore Morris, Community Development Director, City of Hammond

Ms. Lisa Ross, Hammond

Mr. Bennie Stanley, Gary

Ms. Eloise Gentry, Urban League of Northwest Indiana

Mr. Calvin Turner, Gary Department of Mental Health

Mr. Garnett Watson, Assistant Chief, Lake County Sheriff's Department

Mr. David Wade, Chief of Police, Gary

Mr. Mustafa Suweed, Gary

Rev. William St. John, Gary

Mr. Dwyte Huliburt, Gary

Mr. Solomon Hayman, Gary

Mr. Carl Ellison, Assistant Vice President, South Bend Memorial Hospital

Ms. Gladys Muhammad, South Bend Heritage Foundation

Mr. Terrence Poindexter, Juvenile Probation Office, Elkhart County

Ms. Charlotte Pfeiffer, Director, DuComb Center, South Bend

Mr. Ed Henderson, South Bend

Ms. Loistean Mason, Assistant Principal, South Bend Adams High School

Mr. John Reid, Director, Youth Service Bureau "70001 Program", South Bend

Ms. Debbie Kingsbury, Employee of IU-South Bend

Dr. Frank Steggert, Professor Emeritus, SPEA, IU-South Bend

Mr. Juan Manigault, Executive Director, Workforce Development Services of Northern Indiana

Reverend Larry Davidson, Employment Chairman, Interdenominational Ministerial Alliance, South Bend

Mr. Jimmie Lindsey, Recreation Supervisor, South Bend Recreation Department

Mr. Greg Michum, Case Manager, Center for the Homeless, South Bend

Mr. Tom Brademas, South Bend Developer and Civil Leader

Dr. George Smith, Director, Management Planning Institute, Chicago

Pastor George Joseph, Faith Baptist Church, South Bend

Mr. Lawrence O'Karoke, South Bend

Mr. Floyd Carter, South Bend

Reverend Roosevelt Sanders, Indianapolis

Reverend Anthony Kelley, Chairman, Criminal Justice Subcommittee, Interim Study Committee on the Problems of Black Males, Gary

Mr. Leon Carter, Chairman, Education Subcommittee, Interim Study Committee on the Problems of Black Males, Indianapolis

Ms. Pat Brown, a Member of the Education Subcommittee, Interim Study Committee on the Problems of Black Males, Indianapolis

Dr. Ray Henderson, M.D., Cardiologist, Indianapolis

Mr. Mel Clark, Chairman, Health Subcommittee, Interim Study Committee on the Problems of Black Males, Gary

Mr. Toby Malichi, Chairman, Social Factors Subcommittee, Interim Study Committee on the Problems of Black Males, Indianapolis

Dr. Herbert Miller, Employment Subcommittee, Interim Study Committee on the Problems of Black Males, Kokomo

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