



WHERE ARE THE MEN?

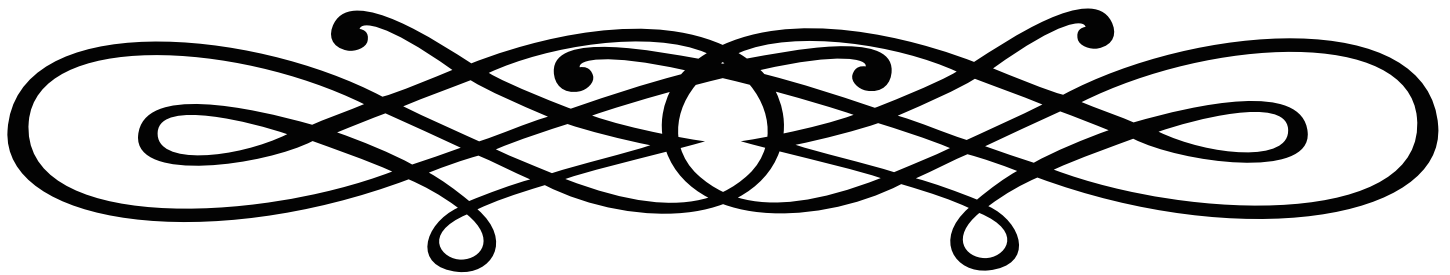
**THE IMPACT OF INCARCERATION AND REENTRY ON
AFRICAN-AMERICAN MEN AND THEIR CHILDREN AND FAMILIES**

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Where are the Men?

The Impact of Incarceration and Reentry on African-American Men and Their Children and Families

By *Natasha H. Williams, Ph.D., J.D., M.P.H.*

Overview

By the end of June 2005, there were over 2.1 million people incarcerated in jails and prisons in the United States – equivalent to one in every 136 U.S. residents (Beck & Harrison, 2006). The mass incarceration of individuals in the U.S. has had a detrimental impact

on people of color, particularly

African-American men.

African-American men

who are incarcerated

and then reenter their

communities upon release

confront numerous obstacles

including unemployment,

disfranchisement, limited

housing, poor health, and

inadequate access to health

services. These obstacles have

health and socioeconomic

impacts on their children, families and communities.

Of those incarcerated in 2005, 548,300 were African-American males between the ages of 20 to 39. Specifically, 4.7% of black males, 1.9% of Hispanic males and 0.7% of white males were incarcerated at midyear 2005 (Beck & Harrison, 2006). In fact, the incarceration rates for all African-American males were 5 to 7 times greater than those for white males (Beck & Harrison, 2006). Equally disconcerting, African-American males ages 25 to 29 have the highest incarceration rate when compared to other racial and ethnic groups. In 2005, 11.9% of African-American males in this age group were incarcerated, compared to 3.9% Hispanic, and 1.7% white (Beck

& Harrison, 2006).

As we examine the impact of the incarceration of African-American men on their children and families, it is imperative that we also look at the social and federal policies that have led to these catastrophic rates of incarceration;

and how these policies have resulted in the disappearance of African-American men from their communities, children and families.

I. The Discriminatory Impact of Social Welfare Legislation on African-American Men

The war on drugs is one of the most significant federal policies that can be attributed to the high incarceration rate amongst African-American

men. While some federal policies have exacted a cataclysmic blow to the African-American community, it is important to understand the discriminatory impact of historic social welfare legislation in the devaluation and stigmatization of the African-American male.

The Roosevelt New Deal legislation created opportunities for many Americans. The Social Security Act of 1935 and later amendments created Aid to Dependent Children, Old Age Insurance, Aid to the Blind, unemployment compensation, and public assistance. However, in order to garner support from the Southern states to ensure passage, certain provisions limited African-American participation. For example, “the



Community Voices: Healthcare for the Underserved

Act's only exclusively federal program protected workers aged 65 and over from loss of income due to retirement, but contained strict eligibility rules which categorically denied assistance to agricultural workers and domestic servants." (Kaufman, 1997, p. 305). Most of these domestic and agricultural workers were African-American men and women. This exclusion ensured that the Southern states maintained their underpaid labor force. (Kaufman, 1997). Even though these provisions were seemingly harmless on the surface, the discriminatory intent was evident.

Aid to Dependant Children (ADC) was the predecessor to the Mothers' Pension statutes. Mothers' Pensions were state-level laws passed between 1911 and the early 1930s that provided payments to poor, widowed mothers so that they could remain at home to take care of their children (Skocpol, 1992). These early social programs benefited a limited number of women who were predominately white (Skocpol, 1992; Albiston, C.R. & Nielsen, L.B, 1995; Cauthen, N.K. & Amenta, E, 1996). Unlike Mothers' Pensions, ADC, which was the precursor to Aid to Families with Dependent Children (AFDC) and later Temporary Assistance for Needy Families (TANF), expanded coverage to include mothers who were "abandoned, divorced, or never married, or whose husbands were unable to work." (Cauthen, N.K. & Amenta, E, 1996, p. 427).

However, as enrollment in ADC increased and the racial demographic changed from white widowed women to include more African-American women, many states restricted eligibility (Kaufman, 1997). These restrictions "included 'man in the house' and 'substitute father' rules that allowed welfare workers to make unannounced visits to recipients' homes and deny assistance to any woman found living with a man based on the rationale that the man's presence was enough to indicate his financial support of the child." (Kaufman, 1997, p. 307). Even though the man in the house and substitute parent provisions were later outlawed by the Supreme Court, the damage was already done. There are countless stories of African-American men, either unemployed or unable to find work, who left their families so that their families could qualify for government assistance to survive. This left numerous children fatherless and many women separated from the father of their children.

As we move forward, we must acknowledge that African-American men did not arrive at this juncture on their own accord. In order to comprehend

the dimensions of the problems that African-American men still face today, it is necessary to understand the history of these policies that form the current social welfare foundation in our society.

II. The Impact of the War on Drugs on the Incarceration of African-American Men

In 1967, the federal government began its war on crime campaign. Initially, this war was geared toward remedying the societal ill of poverty, which perpetuated criminal activity. Programs developed as part of the war on crime "emphasized offender rehabilitation, constitutional rights, and humane treatment" for criminal offenders (Brown, 1997, p. 69). However, in the 1980s, the federal policy's focus shifted from the social welfare reform efforts of the 1960s to a focus on drug-related crime prevention through detention, arrest, and incarceration (Brown, 1997). The change in focus signified the beginning of the war on drugs initiative.

The criminal justice and law enforcement systems instituted the new mandate by "attacking the supply of drugs, dramatically increasing the arrest and conviction of drug offenders, sending more drug offenders to jail for longer sentences, and building prisons at a record pace." (Brown, 1997, p. 70). The arrest rates for drug violations dramatically rose from 661,000 in 1983 to 1,126,300 in 1993 (Brown, 1997). Those who were adversely impacted were people of color, especially African-American men. From 1980 to 1993, the number of white prison inmates rose 163%, whereas the number of African-American inmates increased 217%. "By the end of 1993, black males comprised 50.8% of all federal and state incarcerated prisoners." (Brown, 1997, p. 73). Once arrested, African Americans served



Where Are the Men?: The Impact of Incarceration and Reentry on African-American Men and Their Children and Families



longer sentences than their white counterparts. For instance, in the federal district courts in 1989 “black drug offenders were incarcerated 94% of the time while white drug offenders were incarcerated 88% of the time.” (Cole & Littman, 1997, p. 290). Moreover, “the average sentence for a black drug offender in federal courts was 89.4 months, while the average sentence for a white offender was 70 months, a disparity of nearly two years” (Cole & Littman, 1997, p. 290).

Due to the war on drugs, African-American men were arrested, convicted and incarcerated at rates higher and longer than other racial and ethnic groups. As a result, there has been an excessive removal of African-American men from their communities, creating an emotional, social and financial void for their children and families.

III. Incarcerated Parents

The war on drugs continues today, and has left a lasting legacy for those who are incarcerated and the ones they leave behind. There were 721,500 parents incarcerated in state and federal prisons in 1999 (Mumola, 2000). These men and women were parents to approximately 1.5 million minor children. Most of these children (58%) were younger than 10 years old, with an average age of 8 (Mumola, 2000). Of the 72 million children in the United States, these children represented 2% of all the minor children who had an incarcerated parent and 7% of all African-American children (Mumola, 2000; Travis, 2005). The majority of incarcerated parents were male (93%), resided in state prisons (89%) and, were fathers to nearly 1.4 million children (Mumola, 2000).

Many of the incarcerated parents were low income, uneducated and had

problems with drugs. For instance, of those parents in state prisons, 58% reported using drugs such as marijuana, cocaine, crack, and heroin a month before their offense, 25% had a history of alcohol dependence, 14% had a mental illness, 29% were unemployed a month prior to arrest, and 70% did not have a high school diploma (Mumola, 2000). Of those fathers in state prison, 58% reported using drugs a month before their offense and 33% were under the influence of drugs when they committed their current offense. Two-thirds of fathers in federal prisons were convicted of drug offenses (Mumola, 2000).

African Americans represented the largest ethnic group of parents in both state (49%) and federal prisons (44%). African-American children were nine times more likely to have a parent in prison than white children in 1997 (Mumola, 2000).

IV. The Health Status of Inmates

With the increased incarceration of drug offenders came prison overcrowding and inmates with chronic and infectious diseases such as HIV, tuberculosis, and hepatitis - overwhelming the prison health care system. For example, at the end of 1997, the rate of confirmed AIDS prison cases was at least five times greater than that of the general population (Bureau of Justice Statistics, 2000).

In 1997, 36,000 inmates had hepatitis B, over 300,000 had hepatitis C, and 130,000 had latent tuberculosis infection (NCCHC, 2002). Of those released in 1996, 155,000 had hepatitis B infection, approximately 1.4 million were infected with hepatitis C, and 566,000 inmates had latent tuberculosis infection (NCCHC, 2002). In addition, the overall prevalence of asthma among inmates was 8.5%; the prevalence of diabetes was estimated to be 4.8%; and the prevalence rate for hypertension among inmates was more than 18% (NCCHC, 2002). Many inmates also suffered from mental illness. For instance, in state prisons: 2 to 4% suffered from schizophrenia or another psychotic disorder; 22 to 30% suffered from anxiety disorder; 6 to 12% with post-traumatic stress disorder; 13 to 19% suffered from major depression; 2 to 5% suffered from bipolar disorder; and 8 to 14% suffered from dysthymia (NCCHC, 2002).

In 2003, there were 23,659 people incarcerated in state and federal prisons

Community Voices: Healthcare for the Underserved

who were known to be infected with HIV. Of those diagnosed with HIV, approximately 1.9% were males (Maruschak, 2005). The rate of confirmed AIDS among the prison population was three times higher than the U.S. general population (Maruschak, 2005). Two-thirds of AIDS-related deaths were among black inmates. In fact, black inmates in state prisons were about “3½ times more likely than whites and almost 2½ times more likely than Hispanics to die from AIDS-related causes.” (Maruschak, 2005, p. 7). Those who are incarcerated suffer from a myriad of other healthcare problems including cancer and Alzheimer’s. Many inmates also have poor oral health which can complicate chronic conditions such as diabetes and cardiovascular disease (Treadwell & Formicola, 2005). Once released, these individuals will return to their overburdened and underserved communities, children and families in poor health with limited or no access to healthcare resources.

V. The Collateral Consequences of Incarceration for African-American Men and the Impact on Their Children and Families

Since African-American men are incarcerated at rates higher than other racial and ethnic groups, the collateral consequences of incarceration fall heavily upon them, their children, and families. The impact of incarceration on African-American men has stigmatizing collateral consequences that limit their ability to participate in the political process, to get medical care and financial assistance, to have proper housing, and to become employed. Not only do all of these barriers have a direct impact on the health and socioeconomic status of their children, families and communities, but also “exacerbate the impact of health disparities already evident in the community, and clearly have an adverse effect on the health and well being of the offender, the family of the offender, and the community at large.” (Iguchi, Bell, Ramchand, & Fain 2005. p. 50).

Disenfranchisement

Approximately 5.3 million Americans have lost their voting rights as a result of a felony conviction. Currently, 48 states and the District of Columbia prohibit inmates from voting while incarcerated for a felony conviction, 36 states do not allow felons to vote while on parole, and 3 states deny the right to vote to all ex-offenders who have completed their

sentences (The Sentencing Project, 2006). Of those disenfranchised, 1.4 million (13%) are African-American men, which is seven times the national average (The Sentencing Project, 2006). According to the Sentencing Project, “given the current rates of incarceration, three in ten of the next generation of black men can expect to be disenfranchised at some point in their lifetime.” (The Sentencing Project, 2006, p.1).

Due to voter disenfranchisement, the political voice of many African-American men has been muted while incarcerated and when they return to their communities. Not only have they been physically removed from their children, families and communities, but their political voice has also been extinguished. In addition, communities lose their political power and access to resources when those who could vote are either incarcerated or unable to vote once they are released. This has tremendously reduced the



Where Are the Men?: The Impact of Incarceration and Reentry on African-American Men and Their Children and Families

political power of African-American men and the entire African-American community.

Furthermore, political and financial resources are lost in urban communities with high felony conviction rates when inmates are incarcerated in prisons built in rural areas. The U.S. Census Bureau counts the usual residence of an inmate as the place where they reside during their incarceration, not where they lived. Consequently, “sparsely populated rural communities are artificially enlarged through their inmate population consisting mostly of people of color from urban neighborhoods.” (Mauer, 2004, p. 6). These rural areas receive additional state and federal funds based upon their prison population.

These financial and political resources could be invested in the communities where these inmates lived prior to incarceration thus improving the

education, healthcare, job training, and reentry programs in these underserved areas and directly benefiting their children and families in those communities.

Medicaid

Many ex-offenders do not have health insurance when they return to their families and are unable to receive Medicaid when they are incarcerated. Currently, correctional institutions do not receive federal funds from Medicaid or Medicare to provide health services to prisoners (Commission on Safety and Abuse in America’s Prisons, 2006). Under the Medicaid program, states cannot receive federal matching Medicaid funds to pay for services for inmates of public institutions. However, states are not required to terminate Medicaid eligibility, but may suspend eligibility during incarceration. Therefore, prisoners are ineligible to receive Medicaid while incarcerated, but they may receive the benefit after they are released (Commission on Safety and Abuse in America’s Prisons, 2006; Cuellar, Kelleher, Rolls, & Pajer, 2005).

Even though ex-offenders are eligible for Medicaid upon release, they still may not receive medical care due to delays in reapplying for benefits which may take weeks or months. Meanwhile, these individuals are not receiving treatment or a continuum of care for infectious diseases, chronic diseases, substance abuse, or mental illnesses. This adds a financial strain to the family because an ex-offender who is in poor health may be incapable of seeking employment or unable to work, possibly perpetuating a cycle of poverty for his children and family.

Welfare Assistance and Food Stamps

According to Section 115 of the Professional Responsibility and Work Opportunity Reconciliation Act of 1996, also known as the Temporary Assistance for Needy Families (TANF) Act, anyone who is convicted of a federal or state felony that involved the possession, use, or sale of drugs is barred from receiving cash assistance and food stamps for life (Finzen, 2005; Cooper, 2003). Furthermore, “the amount payable to any member, to any family, or household of which such a person is a member is reduced proportionately.” (Finzen, 2005, p. 5). States have the choice to modify, limit, or opt out of the lifetime ban provisions. Fifteen states have adopted



Community Voices: Healthcare for the Underserved

the ban in its entirety, 12 states and the District of Columbia opted out of the ban, and 23 states have modified it (The Sentencing Project, 2006).

Even though research shows a disproportionate impact of this ban on African-American and Latina women, it also impacts African-American men because they have high rates of felony drug convictions; therefore, they are unable to receive cash assistance and food stamps due to those convictions. As they return to their communities, they are denied the financial support needed to rebuild their lives and to support their children and families.

Housing

Housing is a challenge for many ex-offenders as they are released because many depend upon living with family or friends upon their return. These relationships may have been strained prior to or during incarceration and not available to the ex-offender. If they are allowed to live with family and friends, it is very temporary (Travis, 2005). Still, many ex-offenders may not have had a home prior to incarceration. Therefore, when they are released, they have no home to which they can return. For example, 8% of incarcerated fathers in state prisons reported being homeless a year prior to their admission in 1997 (Mumola, 2000). As a result, as many as one in nine returning prisoners end up living in homeless shelters at some period after their release (Travis, 2005).

Over the years, federal legislation has restricted the access to public housing for many ex-offenders who are returning to their families and communities.

For example, under the Housing Opportunity Program Extension (HOPE) Act of 1996, the public housing authorities (PHA) “may deny public admission to or evict individuals who have engaged in criminal activity, especially drug-related criminal activity, on or off public housing premises, regardless of whether they were arrested or convicted for these activities.” (Cooper, 2003, p. 6) While the PHA may take into consideration rehabilitative factors in rendering their decision, those with criminal records are at a definite disadvantage when applying for limited public housing (Travis, 2005).



Former inmates do not fair much better in the private rental market. Landlords require a security deposit, credit check, previous work histories and references before leasing to a prospective tenant – requirements that many returning ex-offenders cannot meet. In addition, the cost of housing has escalated, making it unaffordable and out of reach for many returning ex-offenders. For example, fathers in both state (53%) and federal prisons (45%) reported incomes below \$1000.00 in the month before arrest (Mumola, 2000).

The lack of housing affects the children and families of African-American men because when they return from prison or jail, they cannot afford or are unable to provide a home for their children and family. In most instances either they must depend upon their families and friends for shelter or become homeless.

Employment

When released, many ex-offenders face barriers to employment due to employers’ unwillingness to hire people with criminal records, legal restrictions on certain types of federal and state employment for those with felony convictions, and the ex-offender’s inability to improve their labor skills for employment in the workforce (Finzen, 2005). Furthermore, many ex-offenders are unskilled, uneducated and feel stigmatized from being incarcerated. As mentioned earlier, 70% of incarcerated parents did not have a high school diploma. Therefore, many do not have the necessary

Where Are the Men?: The Impact of Incarceration and Reentry on African-American Men and Their Children and Families

skills that are needed to gain employment.

In addition, many ex-offenders return to communities located in urban centers with inadequate employment opportunities (Golembeski & Fullilove, 2005). Therefore, even though they may have the required skills for a job, there may not be any jobs available within their community. In order to seek opportunities outside their communities, such as in the suburbs, transportation may be a challenge. Also, under the Higher Education Act of 1998, any individual who is convicted of a state or federal offense involving the sale or possession of drugs loses their eligibility for federal educational aid (Cooper, 2003). The inability to receive financial assistance for school further prevents the ex-offender from gaining access to resources that would improve his employment and financial status, which would ultimately benefit his children and family.

VI. Additional Consequences of Incarceration on Children and Families

The impact of incarceration on children and families is significant. While the father is incarcerated, children and families lose financial and emotional support and suffer the social stigmatization of having a family member in prison or jail (Travis and Waul, 2003). More importantly, the children and families lose connectedness with the incarcerated individual. While incarcerated, many fathers are unable to maintain ties with their children and families because of distance, restrictive visitation rules, and the high cost of telephone calls. Over 60% of parents in state prison were held more than 100 miles from their last place of residence (Mumola, 2000).

Even though incarcerated mothers were more likely to live with their children prior to incarceration than fathers, fathers who did not live with their children still contributed to their financial, developmental and social support. Of fathers in state prison, 60.5% were employed full-time during the month prior to arrest (Mumola, 2000). However, when the father is incarcerated, the financial support ends. This loss of financial support destabilizes the family's finances and places an additional strain on the person who becomes the primary breadwinner.

Other than financial loss, children and families also experience the emotional loss of a father. The incarceration of a parent may have a traumatic impact on a child's development. Many incarcerated parents have

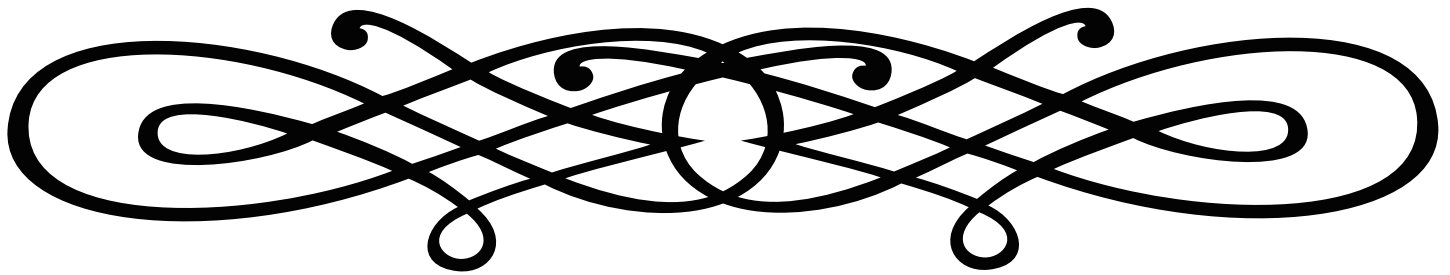
minor children and the removal of a parent from their lives "limit the child's emotional growth, producing stress and anger, and isolating the child from the needed social supports." (Travis, 2005, p. 139).

VII. Conclusion

Over 650,000 ex-offenders are released each year to return to their communities, children and families. Due to the high rates of incarceration of African-American men, the consequences of incarceration impinge distinctively on them. African-American men are punished twice for their criminal offenses. First, they are punished by the criminal justice system when they enter prison. However, once they have served their sentences and return to their communities, they are punished again by social policies and barriers that prevent them from fully reintegrating into their communities and providing for their children and families.

In order for African-American men to fully reintegrate back into society, to provide for their children and families, and to contribute to their communities, it is imperative that they receive the necessary health care, financial resources, and social supports. When African-American men are not able to provide the basic necessities for their families, as a society, we are perpetuating a vicious cycle of imprisonment that will affect future generations. The price we pay today to invest in reentry programs and rewrite legislation and policies that are less restrictive and discriminatory in practice - pales in comparison to the public health crisis that we will face if we do nothing to right the wrongs of history and discriminatory practices.





Where are the Men?

The Impact of Incarceration and Reentry on African-American Men and Their Children and Families

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