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**THE CIRCUMVENTION OF PUBLIC LAW 94-142 AND SECTION 504:
THE SORTING AND CONTROLLING OF BLACK MALES**

BY

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THESIS

**Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Education
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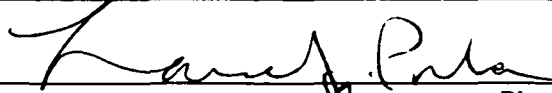
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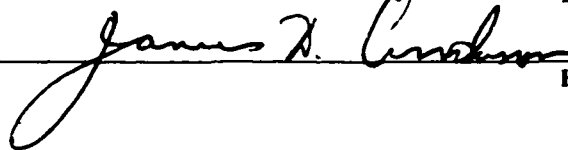
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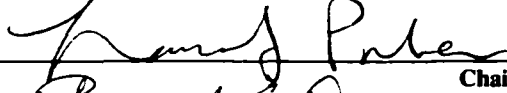


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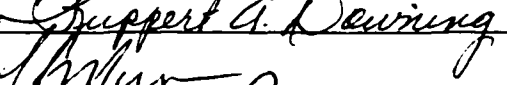


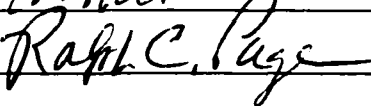
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ABSTRACT

This study is a comprehensive investigation of the racial ramifications of psychotropic drugs used to control the undesired behavior of Black school age boys. The primary focus of the study examined how federal policy of Education for All Handicapped Children Act (EAHCA) of 1975, (P.L. 94-142), known presently as the Individuals with Disabilities Education Act (IDEA) of 1990, has become a gateway for the introduction of behavioral stimulant used with Black males as a mode for social control. In this study, 456 special education records from the local Champaign, Illinois Unit 4 School District was used to show the circumvention of IDEA, issues of social control of the White elite on Black males in regards to possible linkages with historical data of school use of control, punishment, and the placement of Black males within the special education bracket. Through the examination of the special education files, the tallied number of Black males within the special education category was determined. The preliminary results indicate that both White and Black males were disproportionately placed within the category of special education and prescribed psychotropic medication in comparisons to White and Black females. But, the results indicate that Both White and Black males within special education are placed for different reasons. White males are placed primarily due to only academic reasons, while Black males are placed for academic and behavior concerns. In fact, this is also observed within the reasoning for being prescribed medication as well.

To My Mom and Dad

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CHAPTER 1

INTRODUCTION

The spectacle of the ‘spectacle of the scaffold,’ emanating from the secret judicial processes which were ‘privilege of the prosecution’ alone, as meticulously choreographed affairs not simply interested in the state retribution, but in the ritualized regulation of the innocent. The turning of the ‘disciplinary gaze’ from the liturgies of punishment of the body to the control of the mind became the project of establishing new forms of governmentality-for normalizing and regulating the citizenry. Foucault (1979, as cited in Slee, 1997, p.11).

This dissertation will investigate the racial ramifications of psychotropic drugs to control the undesired behavior of Black school age boys. The primary focus of the study will examine how the federal policy of Education for All Handicapped Children Act (EAHCA) of 1975, (P.L. 94-142), known presently as the Individuals with Disabilities Education Act (IDEA) of 1990, has become a gateway for the introduction of behavioral stimulant use with Black males as a mode for social control. Initially, the fundamental purpose of P.L. 94-142, in 1975, was to provide all students with special needs access to a “free and appropriate” public education (FARPE), to protect the rights of parents and students in this pursuit, to assist state and local education agencies (LEA) in educating disabled students, and to assess and assure that state and local education agencies were effective in providing an education within the least restrictive environment (LRE) for all children with disabilities (Turnbull & Turnbull, 1998). In fact, parents were officially included in the construction of their child’s Individual Education Plan (IEP) (Osborne, 2001). This plan includes strategies that a particular school will use to enable the student to progress academically in regards to his/her disability. The act also enabled the federal government to enforce the equal protection clause [20 U.S.C. Sec. 1400(b)(9) (1975)]. This clause disallows state and local agencies from excluding and misclassifying special needs students. Prior the enactment of IDEA, one million children with special needs were segregated

from public schools and more than four million did not receive “appropriate educational services” that were needed in order to gain adequate access to the educational opportunities offered by the public school system (Pressman, 1993). IDEA also provides provisions that ensure that the educational placement of a student may not be randomly changed by the LEA (Osborne, 2001). If a change is warranted, it cannot occur without a written notice provided to the parents. If the parents disagree with the change of placement, they may request a due process hearing. This proceeding is conducted by an impartial hearing officer who is not employed by either the LEA or state education agency (SEA). If the hearing takes place within the local level, the losing party has the right to appeal to the state and possibly the federal courts (Osborne, 2001).

PL. 94-142 was strengthened in relations to disabled children through the amendments of the Rehabilitation Act of 1973. Section 504 (the new amendment enacted in 1996) prohibited the use of discrimination toward the disabled. The new amendment to the act, Section 504 prohibited the exclusion of disabled individuals from participating in any program receiving federal monies. Moreover, school age students who have a history of a disability cannot be discriminated against in education, even if he/she is not a benefactor of IDEA (Turnbull & Turnbull, 1998). The basics of Section 504 cover any student with a mental or physical disability that limits at least one major life activity to a significant degree (Zirkel, 2000). Under Section 504, a school is only responsible for making modification deemed necessary to a students’ learning environment that is seen by the federal government as a “reasonable accommodation.” If a student is still having difficulty and cannot participate within the school program, the school can exclude the student without being in violation to Section 504 (Turnbull & Turnbull, 1998).

Even after the enactment of these measures on the behalf of disabled students within the United States in 1975, there still seems to be a series of issues that are presently looming overhead in regard to minority students connected to IDEA. Black, and to some extent Latino students are still being labeled as special education students at an alarming rate (Pressman, 1993). More recently, an article in the March 3, 2001 issue of the Chicago Tribune used data from a 1997 Education Department study that noted Black pupils were 2.9 times more likely to be labeled with a disability than their White counterparts. Financially, rich school districts were more likely to place Black children in special education by labeling them mentally retarded. The criteria for defining this disability and others such as speech/language, emotional, and specific learning disabilities are highly criticized due to their vagueness and invalid testing procedures (Glennon, 1995). In addition, disabled children are still kept apart from other regular education students within the United States in 1975 (Pressman, 1993). Even though IDEA has helped many disabled pupils, it has failed. In the face of its explicit mandates against the process of misclassification on the grounds of race, it still continues and introduces the concept of behavioral modification drugs such as Ritalin and a host of others into the lives of Black school age boys.

Relationship Between IDEA and ADD/ADHD

The lobbying efforts of Children & Adults With Attention Deficit Disorder/Hyperactivity Disorder (CHADD) in 1990 pressured for the creation of a 1991 memorandum from the U.S. Department of Education that mandated that all LEA must evaluate those children that they or the parents of those children suspect are affected by ADD/ADHD (Frontline, 2001 & Wrights Law, 2002). This pressure from CHADD allowed Section 504 of the Rehabilitation Act, to

include children with ADD/ADHD as eligible for special education services if their disability affected their academic performance. For example, if a student's ADD/ADHD affects their learning and they are deemed as a student with a Learning Disability (LD), he/she is then covered and protected by Section 504 (Wrights Law, 2002).

The Failure of IDEA

Before one could understand the flaws within IDEA and Section 504, one must understand the beliefs that they and other policies that effect children were built upon. For example, they rest upon the notion that race does not influence the identification of students due to the fact that disabilities have "an objectively discernable nature" (Glennon, 1995, p. 1242). Furthermore, the policies are built upon a trust for those who evaluate and work with disabled students. The current beliefs that race and discrimination are not everyday fundamental aspects of Black children's lives, causes many Whites to not be cognizant to the covert effects of racism and discrimination that occur due to the unnoticed socialization experiences of those who work within special education. The premise of IDEA and those within education who feel that racism is not a factor within the determinant classification of students, ignore the subtle acts of discrimination toward Black students that later become detrimental variables in determining the presence of a disability. For example, in the 2001-2002 academic year, I was a part of an interview team for a special education teacher for an elementary school within Champaign, Illinois. When the interviewee was asked for what she has gained from working with a diverse population of students, she noted that "she had learned the Black language" and how "they act in a classroom." Through the interview, one could gather that she was socialized and practiced a sense of racism that was not overtly present to my White peers within the interview. But to a

Black male, the underlying nature of her comments echoed a socialized racism that expressed convictions of prejudice and ignorance.

In the face of its explicit mandates against the process of misclassification on the grounds of race, it still continues. What holes exist that allow for the misclassification of minority students? Zirkel (2001) discussed the flaws within IDEA, but did so in relation to White upper-class college students. The same arguments can be applied in reverse for minority students in public schools. Zirkel (2001) illustrated, according to the American Council on Education (ACE), that in comparison to the 1988 data, the percentage of incoming freshmen that reported that they had a classified learning disability had risen from 15% to 41%. Those who reported a form of traditional physical disability had actually decreased from 32 % to 13%. Zirkel (2001) was witnessing a rise of high socioeconomic White students with these disabilities. Those traditionally labeled with a disability have been shown to be connected to minorities from lower socioeconomic standings. He continued to note that this trend is due to the flaws within IDEA. For example, White parents are able to take advantage of the system due to the language of IDEA. First, the definition of learning disability is not “sufficiently specific.” “The specified criteria include a ‘severe discrepancy’ between achievement and intellectual ability in at least one of seven designated areas (such as basic reading skill or written expression) and the need for special education to help remedy the discrepancy” (Zirkel, 2001, p.639). The interpretation of the criteria varies from state to state and district to district. The parental pressure can also lead the interpretations as well (Zirkel, 2001). This also can do a disservice to Black pupils. If parents are not sophisticated in these regards, and teachers and administrators who are racially biased can use these “fuzzy” criteria to misclassify a Black student. Secondly, the number of children labeled with “other health impairments,” such as ADD/ADHD have increased due to

their implicit coverage under IDEA. A report illustrated by Zirkel (2001), the U.S. Department of Education, found that between 1987 and 1997, there was a 315% increase of students covered under the “other health impairments” criteria of IDEA. Under IDEA, having ADD/ADHD is not enough to be labeled with a disability. But, advocates, parents and experts within the mental health community have sufficiently secured a multitude of “invisible” disabilities such as ADD/ADHD, mood disorders, obsessive compulsive disorders, post-traumatic stress, and other impairments as legitimate disabilities under Section 504 of the Americans with Disabilities Act and IDEA (1996). In order to be covered under these legislative measures, the mental or physical impairment must affect the students’ academic or social life in a major fashion (Zirkel, 2001). This criteria is again broad and easily manipulated for either the savvy White parent or the biased teacher and administrator. In addition to these errors, confusion exists between the federal legislative protective measures of IDEA and Section 504 (Zirkel, 2000, Zirkel, 1995). Section 504 is seen as a legislative policy that covers a wide range of disabilities, including those disabilities covered by IDEA (Turnbull & Turnbull, 1998, Zirkel, 2000, & Zirkel, 1995). This overlapping causes conflicts and confusion between the interpretation on the behalf of parents, school officials, and the judicial system when dealing with parent and LEA conflicts that may occur. Secondly, Section 504 basic elements of coverage illustrated earlier are seen by its critics as very generic and can be misconstrued and effect its application. For example, in my experience, I have seen how the IEP team notes that a student’s ADD/ADHD affect their organizational skills, thus allowing them to be labeled a special education student under Section 504. This use of labeling a child and blanketing them with protection under Section 504 goes against the federal government’s criteria that states essentially that the extent of the limitation of the disability must be ranged against the “average person in the nation” (Zirkel, 2000, p.411) and

not the particular student in question. Next, the phrase covered by Section 504 and IDEA that mandate a disabled child be placed within a “least restrictive environment” toward meeting the goal of full inclusion is a dicey demand (Zirkel, 1995). For example, due to the broadness of the phrase, depending on the attitude of the LEA, political dominance of parent organizations, and political consensus of the district, a child may actually end up in a setting that does not foster full inclusion. Concurring static show that only 35% of all children with disabilities within the country are actually educated fully within regular education classrooms (Glennon, 1995). Therefore, full inclusion has its limitations. “At this point, the concept represents a pedagogical philosophy and not a legal requirement” (Zirkel, 1995).

The defects and broadness defined within the IDEA and Section 504 has caused many to question who is responsible and who can deny the responsibility of providing medication such as Ritalin to children. Due to the fact that there is an increasing degree of interest toward the subject of ADD/ADHD, many school are concerned and feel that it is not their responsibility to administer psychotropic drugs to their pupils within the physical environment of the school (Schultze, 1993 & Madhiraju, 2001). This is evident within DeBord v. Board of Education of the Ferguson-Florissant School District (1997) and Davis v. Francis Howell School District (1998). Within both cases the LEA refused the parents request to distribute Ritalin to their children. The defending school boards had a policy that noted if a prescribed medication for a pupil exceeded the recommended dosage listed in the Physicians Desk Reference (PDR), the school could refuse to administer the medication to the child. The parents claimed that their rights were violated due to their child’s protection under Section 504 and Title II of the Americans with Disabilities Act (ADA). Therefore, under the term “related services” within Section 504, the administering of even high doses of medication is federally obligated and

guaranteed on the behalf of any LEA (Turnbull & Turnbull, 1996, p.108). But, the courts saw it differently. They decided in both cases that the parents had to prove that the schools refused to medicate due to the disability of the children. Since this was not proven, the summary of the courts favored the school district. The implications of the cases gave schools the ability to adopt a neutral policy stance in the administering of psychotropic drugs (Schultze, 1993 & Madhiraju, 2001). But, due to the recent creation of time-released drugs, this is a moot subject. In fact, now schools can, as the cliché states, “have their pie and eat it too.” Public schools can label and push for medication, while allowing the responsibility to administer dangerous drugs to fall back onto the parents.

Due to the overlapping and confusion that arises from the coverage of IDEA, and Section 504, and the subsequent mistakes of judicial analysis within the decisions of Southeastern Community College v. Davis (1979), Board of Education v. Rowley (1982), and Lyons v. Smith (1993), helps to foster the control of Black males within special education (Zirkel, 1996).

Major Issues Concerning the Diagnosis of ADD/ADHD

Under the new broad criteria, gender differences have been witnessed. For example, in regards to the ADD/ADHD label, the ratio of boys to girls with ADD/ADHD is approximately 6 to 1. For this fact, ADD/ADHD is seen primarily as a male disorder (CHADD, 1993). Numerous studies have shown that boys are generally more likely to be diagnosed with ADD/ADHD. deHaas (1986) revealed that boys receive higher scores than hyperactive girls on conduct measurements within schools. Ackerman, Dykman, & Oglesby (1983) suggested that due to the fact that boys are generally more aggressive than girls, they are more at risk for being labeled hyperactive. Greenblatt (1994) concluded that hyperactive boys were more accurately

labeled with ADD/ADHD than their female counterparts with identical hyperactive characteristics.

There is very little information that covers the issue of race and ADD/ADHD. It has been argued that physicians diagnosing these children are not using a uniform diagnostic practice such as scales that diagnose a child as ADD/ADHD. Conners and ACTeRS Scale are two examples of tests that can be used, but these practices actually vary within the medical community (Jarvinen & Sprague, 1995). According to Gordon (1995), there is no set rating scale, interviewing questions, or test that would help physicians to determine whether a child actually has ADD/ADHD. In addition, those who determine if a child will be labeled with ADD/ADHD, such as school social workers, gain their information for diagnosis from either a child's school or solely from parents. Therefore, there may be idiosyncrasies present within the diagnosis of the disorder. Secondly, there are no standard indicators of ADD/ADHD. There is no scale for the degree of normal versus abnormal behavior for a child. The question begs itself: should children who do not place academically where they should be for a certain age be diagnosed with the disorder? Third, there is evidence that assessment of children with ADD is distorted. This distortion can easily take place due to parent's mental health and teachers' reaction to a child's particular behavior. Therefore, these factors can sometimes play a heavy role in the misdiagnosis of children with ADD/ADHD. Finally, assessments are not comprehensive. For example, the DSM-IV, and the Conners' Teacher Rating Scale (1969) do not take into account the total picture of a child's life. First, the DSM-IV possesses 14 phrases and clauses that are not written well for the reader. In addition, the methods used for diagnosing are not considered a precise tool for labeling children ADD/ADHD (R. L. Sprague, personal communication, October 6, 1997). Secondly, the Conner's Teacher Rating Scale holds a 39-item

version for diagnosing ADD/ADHD. This scale is considered by most as a precise method of evaluation. However, the questions within the tool are not precise and do not take into account the positive points of a particular child's behavior. The scale only focuses on the negative points of behavior. The majority of later scales have difficulties with interrupting percentiles of results. (R.L. Sprague, personal communication, October 6, 1997). Most physicians who are assessing a child take approximately thirty minutes to assess before making a decision as to the status of the child. In addition, physicians do not take into account the factors of the child's family history or school interactions (Gordon, 1995). Understanding these complexities of the flaws with IDEA and diagnoses may allow one to see how race might creep into the process, as it is open to objective albeit perhaps subconscious bias.

This study is very important to the academic and social survival of Black children, and especially Black boys who are labeled or prone to being labeled within the special education category on grounds of poor academic or behavioral growth. Through numerous studies, the disproportionately high number of minority students within the special education blanket has been illustrated as a form of discipline and control on the behalf of public schools. Glennon (1995) notes the disproportionate number of Black students identified in special education programs that predates IDEA and continues presently is coupled to unconscious and structural racism. Through retelling stories of students placed in special education, analyzing the Black perspective, and then explaining the public school beliefs in regards to race and disabilities, the researcher illustrates that the disproportionate number of Blacks placed in special education is part of a complex practice that schools unconsciously employ in an effort to impede the academic success of Black students. Through the means of labeling these students, Black students who do not readily comply are easily grouped into a circle of minorities who will be

plagued with an inferior and tracked curriculum, followed with decreased educational expectations by school staff. This in turn reduces the achievement level of labeled students. In addition, Morris, 1990; Rieser & Mason, 1990, and Barnes, 1991 (as cited in Barton, 1996) illustrate how this segregation of special education students also serves to encourage “ignorance and stereotypes” of the disabled (p.11). Therefore, this downward spiral toward academic destruction also leads to the high number of special education students who drop out of school and possibly face issues of unemployment and jail (Glennon, 1995). As of 1988, one out of five Black youths between 18 and 21 years of age did not possess the necessary diploma or certificate in order to secure an entry level position, military service, college, or apprenticeship program (Gibbs, 1998, as cited in Midgette & Glenn, 1991). Those within this bracket are too often tracked within low-skilled vocational educations that do not include the necessary curriculum to be successful in the present fields of employment (Glennon, 1995). In addition to this overall disparity, there appears to be a particularly significant achievement gap for Black males. For example, as of 1988, 40% of all African-American men were functionally illiterate (Jaynes & Williams 1989, as cited in Midgette & Glenn, 1991). In order to alleviate these traumatic rates of academic failure, the issue of IDEA and its relations to drugs controlling Black boys needs to be embarked upon.

These students described are branded with labels such as learning, behavioral, mentally, and developmentally disabled. Many of these children that are classified with learning or behavior disorders are then introduced to use of psychotropic medications. Ritalin and its cohorts are shown to be the great salvation of families who clash in a battle of preservation with the issues of ADD/ADHD and its effects upon their child’s social and academic life. This outlook on the use of medications like Ritalin can be illustrated within the public school setting.

For example, the public school parent-teacher conferences, as well as within school meetings pertaining to the issue of a child's learning and behavior difficulties, are settings where the use of medication becomes a focal components in aiding the teachers to alleviate the unwanted behavior that halts the students pathway to academic success. Teachers then assume the roles of uneducated front line medical workers within these meetings. Here, they spout off terms such as "hyperactivity, fidgetiness," and other phrases to parents. Today, the discussion and the use of Ritalin has become analogous with the themes of reading, writing, and arithmetic. In this country, "more than one million American children take Ritalin regularly to help them with Attention Deficit Disorder, an increase of two and a half times since 1990" (Hancock, 1996, p. 51). More and more children are being diagnosed with this disorder and the numbers do not seem to be decreasing. Despite the fact that long-term effects Ritalin has not been fully explored or understood, presently, the use of Ritalin has increased dramatically (Diaz, 2001, Eberstadt, 1999). Therefore, it is possible that giving millions of children this drug may have long lasting detrimental effects. In 1996, of the 38 million children, ages five to 14 years old in the U.S., 1.3 million took Ritalin in a regular fashion. At that time, the United States used Ritalin five times more than the rest of the world (Hancock, 1996). Between 1990 and 1997, the use of Ritalin dramatically rose to 700% (Schlafly, 2000). Currently, it has been estimated that three to four million children who attend schools throughout the United States are using Ritalin (Schlafly, 2000). In addition, ADD/ADHD, it has been estimated that 7-10% or more children within the United States are taking a variety of stimulant drugs to control unwanted behavior (Breggin, 2001). More specifically, data has shown that one million six hundred thousand and sixty-four children in 1998 were taking a form of antidepressant (Diaz, 2001). The controversial drug has peaked new interest in research that will provide successive alternatives to stimulant medication

as well as new techniques that bring in the family and school as a whole unit in changing unproductive behaviors of children suffering from Attention Deficit Disorder. But, it seems evident by the newly approved drugs such as Adderall RX (a time released pill) that the behavioral drug method is still popular among our society as a method of controlling unwanted behaviors.

Some classifies ADD/ADHD as a developmental disorder that is manifested by developmentally inappropriate, and medically documented degrees of inattention, impulsiveness, and hyperactivity. In contrast, some physicians see ADD/ADHD as the behavior of being inattentive, but actually paying too much attention to many things at once. The disorder is physiological rather than just hyperactivity. In addition, ADD/ADHD has been noted as not the result of mental illness, or cultural, economic, or environmental disadvantages. But, some researchers have passionately described the diagnosis of ADD/ADHD as a phantom disorder that does not exist (Diaz, 2001). Nevertheless, three to five percent of school-aged children are diagnosed with the disorder. The ratio of boys to girls with ADD/ADHD ranges within the area of 6 to 1. These children are observed to suffer from impulsivity and hyperactivity. In connection to the topic, Gregory (1997) illustrated that through the findings of the U.S. Office of Education civil rights survey that boys were disproportionately being suspended, placed in special education categories for behavioral problems, and physically punished more than their female counterparts. In fact, Black male students were frequently punished at extreme rates more than White males and females (Gregory, 1997). It is possible that those within the special education categories are being misdiagnosed with ADD/ADHD. If so, why are males being prescribed psychotropic drugs more frequently than their female counterparts? Moreover, is there a discrepancy between the different races in regard to the medications taken to control

behavior? Are we as a society “curing” a disorder or trying to control our children that do not fit into a defined mold of acceptable behavior? With such discrepancies, it is reasonable to ask whether for the large number of boys being diagnosed and medicated is a continuation provided by the function of corporal punishment?

Even though corporal punishment is not witnessed by the public eye as in previous decades, it still exists. Recent estimates have noted that the nation’s schools are composed of 53 million children (Breggin, 2001). These schools are also overcrowded in outdated facilities headed by teachers and administrators who are stressed with the changing classroom demographics, pressured to meet state and federal education requirements. They are stressed to find solutions to behavior and academic issues that arise; especially with the male student population that many teachers are not equipped to deal with appropriately. Teachers and parents then dash to supposed reliable sources for help on the issue, such as doctors and outside support groups like CHADD, a non-profit organization, founded in 1987 by a group of fretful parents dedicated to working toward improving the lives of people who are affected by Attention Deficit Disorder/Hyperactivity Disorder (ADD/ADHD) (CHADD Homepage, 2001). In addition, parents and school personnel are rallying round doctors who they feel they can trust. But, when organizations like CHADD are taking \$900,000 in contributions from Novartis (then known as Ciba-Geigy), alarming unreported data and statics of drug companies’ clinical trials on the adverse reaction of these drugs (Diaz, 2001), and major distributor of Ritalin along with large numbers of doctors around the country are involved in the receiving of gifts, vacations, dinners, free access to sporting event that have totaled \$6 billion spent by drug companies as tactics to get doctors to promote and use their pharmaceuticals, the pathway to a solution becomes muddy (Ross & Scott, 2002). Once you pull back the epidermis and dermis, rhetoric of organizations

such as CHADD, policies, practices exercised by the government and LEA cast a familiar shadow of punishment and control through the treatment of school age children, especially Black males with psychotropic medications.

Background of the Setting

The dissertation will cover the Unit 4 School District in Champaign, Illinois. The population of the school district is a diverse cosmopolitan community of approximately 10,000 people. The school system serves approximately 9,182 students and is made up of 11 elementary schools, three middle schools, and two high schools (<http://www.cmi.k12.il.us/Champaign/>). Despite their creed of documented beliefs of the value of individuals, understanding cultural diversity and its importance to society, the district has for many years had racial conflict in terms of the degree and quality of education that Unit 4 has offered to its minority students. Issues over the years have included school climate, cultural understanding, discipline, placement into special education, gifted education, and alternative programs, and the hiring, placement, and retention of minority teachers and administrators. In the early part of the 1990s, the district was under attack due to alleged racial inequalities. On the behalf of local community members, a complaint was filed with the Department of Education Office of Civil Rights (OCR). The complaint filed alleged that there were racial disparities in the suspension rate, and special education and gifted placement among Black students. As a result of the charges filed, all parties established upon a series of agreements that would address the issues raised by OCR and the representatives of the initial charges. First, the agreement instituted the "Controlled Choice Program," which dictates that parents are given options to their child's home school in September of 1997. In 1998, the opportunities and treatment of Black students in the district was

doctors to promote and use their pharmaceuticals, the pathway to a solution becomes muddy (Ross & Scott, 2002). Once you pull back the epidermis and dermis, rhetoric of organizations such as CHADD, policies, practices exercised by the government and LEA cast a familiar shadow of punishment and control through the treatment of school age children, especially Black males with psychotropic medications.

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to look at this subject matter through the documented findings of the 2001 School Climate Survey. “The School Climate Survey was mandated under the “Resolution Agreement” to address the importance of school environment in promoting equity. Under the terms of the agreement, the District will “conduct a district-wide school climate study to determine the extent to which each school in the District offers a learning environment that supports all students and provides maximum opportunities for success. The climate study will include a survey of District parents designed to identify problems with District programs perceived by parents and to understand reasons why parents are not able or choose not to become involved in District activities. The climate study will be conducted with the assistance of recognized experts in the field and will include recommendations for implementing actions deemed necessary to correct any identified deficiencies” (p. 3-4 Resolution Agreement Case Number 05975014 as cited in the findings of the Climate Report).

The University of Illinois School Climate Research Team (SCRT) was hired to create the survey. The survey was created and tailored through dialogue with numerous community members concerned with the issue. These concerns were reflected in the themes and questions of the survey that was eventually administered to teachers, parents, and students within the Unit 4 public schools. The next major objective of the survey was to promote discussions of race among community members of Champaign through the findings of the survey.

Following use of the Climate survey findings, the third component used examined the number of poor children using behavioral stimulants as reported by the Illinois State Medicaid Program. This enabled me to investigate the number of socioeconomically disadvantaged Black children that are prescribed behavioral stimulants. Even though this approach has been used previously in Zito, J., Safer, D., dosReis, S., Gardner, J., Boles, M., & Lynch, F. (2000) research

on preschoolers, this current study looked specifically at a larger number of medications the mentioned researcher overlooked as well as included more age ranges. In addition, the mentioned research could not conclude that Blacks outnumbered Whites in the area of behavioral stimulants. But, I feel that she did not look at the numbers proportionate to the Black and White population rates. This particular study examined the numbers found within the November 2000 Medicaid report regarding the number of children within the state of Illinois.

The subsequent chapters will examine the complexities of IDEA and how the flaws within the act are used to introduce another form of control for Black school age boys. More specifically, chapter two examines:

1. The roots of education and its relationship to maintaining democracy through the inculcation of school age children
2. The issue of social justice and the formation of IDEA
3. The uses of historical and present modes of control to ensure the preservation of education
4. The historical and present treatment of Black Americans, and its effects on Black educational attainment
5. The programs and policies that surround Black educational attainment
6. The effects of modes of control on Black males
7. The shifting ideas and betrayal of Blacks through the cycle of political inequality

Chapter three covers:

1. The theoretical framework that will help to explain the current policies and procedures that effect Black children
2. The methods and procedures for conducting the research question

Chapters four and five covers:

1. The findings and conclusions of the study within the Unit 4 School District

Conclusion

Some will say that this need to control boys has converted from flogging and leather straps into prescriptions that go by names such as methylphenidate (Ritalin), Concerta, Metadata, Adderall (a combination of d-amphetamine and amphetamine), methamphetamine (Desoxyn), pemoline (Cylert), and Dextroamphetamine (Dexedrine) (Breggin, 2001). It may be hard to fathom, but in addition to this list, there are numerous drugs such as Prozac and Klonopin or clonidine that are used to off set the occurrences of insomnia and mania that the aforementioned mention drugs have been shown to induce children and teenagers. These drugs are similar to corporal punishment because they are intended to control behavior that some within our society feel is unacceptable in today's schools and homes, as some educators and parents used corporal punishment in the past. Is there an underlying subconscious agenda that is founded within the racial ideologies that gave rise to the historical occurrences of slavery and thus transferred today to all aspects of our society through teachers, school administrators in order to conform and control male behavior, previously done through the uses of corporal punishment? The following chapters will address this issue and its relevance to the preservation of Black males within public schools.

CHAPTER 2

LITERATURE REVIEW

One can become twisted and entangled by the controversy of the proposed topic. This chapter will discuss many different divergent issues that accede to the issue of desire in public schools within the United States to maintain the trend of controlling Black males within the educational process through the sorting mechanism of IDEA and Section 504 and through the uses of dangerous behavioral psychotropic drugs. First, this chapter will be a roadmap that begins with the examination of how the issue of race, specifically in reference to Blacks, fit and affects our societies past and current education system. The following sections will set up the argument of the presumed and potentially subconscious need for control of Black males ranging from policies and procedures within local, federal and educational agencies to the discussion of race and how it historically effect(s) the treatment of and attitudes toward Blacks by a White major ruling segment our society.

Social Justice: The Remedy

To truly understand how Black males are placed into the special education category and subsequently being introduced to behavior psychotropic medications, one must look at the evolution of social justice and its impact on the issue. The quest for social justice for the least advantaged classes within our society has been a part of education since the formation of formal schooling (Taylor, Rizvi, Lingard, & Henry, 1997). In fact, the term social justice has been highly contested due to the interpretation, which has varied due to the changes within the social and economic state of a particular society (Rizvi & Lingard, 1996). Laws such as IDEA were first introduced through theories of social justice that arose through the need for transformation

and improvement of schools in order to allow the poor masses to gain access to the same opportunities as others. Social reformers argued “a society that did not provide educational opportunities to all its citizens could not claim to be fair and just” (Taylor, Rizvi, Lingard, & Henry, 1997, p. 126). The implementation of the early compulsory laws that required all children to attend school as seen as a “fair and just” tool that enabled every child to gain access to the power and privileges that our society had to offer. This, which was once enjoyed solely by the elite, could not be accessible to all. The federal and state government for the most part assumed that their role was only to ensure this accessibility through educational justice measures carried out through provisions that enabled complete access the system (Taylor, Rizvi, Lingard, & Henry, 1997). This approach to special education is based on welfare professionals who have historically and currently claimed the right to define inadequacies of disabled students due to their expertise and knowledge (Troyna. & Vincent, 1996). Therefore, the formulated solutions to these issues are aimed at addressing the need to compensate the “sick” student through special education policies and procedures.

This limited assumption was challenged by social workers, teacher, and other activists in the 1950s and 1960s (Taylor, Rizvi, Lingard, & Henry, 1997). This movement for social justice played an important part of the civil rights and feminist movements in devising programs and policies that addressed the disadvantages in education. For example, a shift in movement can be traced to the case of Brown v. Board of Education (1954) and the passing of the 1964 Civil Rights Act. The legal victories shared by civil rights activists showed that the country was ready to declare that racial prejudice was un-American. Through these and other measures, the effect of schooling on social outcomes of children were marginalized. The challenges of the 1960s proved that the educational policies needed to do more than previously illustrated.

This challenge has continued presently as a theme in the policy process in education. The need for social justice within education has been argued through conflicting and divergent endeavors. These conflicts are not only reflections of economic changes, but also the social perspectives and opinions of the citizens of a particular society (Taylor, Rizvi, Lingard, & Henry, 1997). More so, these divergent and conflicting parties have exerted large amounts of pressure and influence in framing their perspective on a particular problem or issue confronted by children. Examples of this can be traced to the historical influences on behalf of social justice groups in favor of the idea of integration of students with special needs. This idea of mainstreaming students with disabilities materialized in the late 1960s and early 1970s in response to the earlier practices of segregating this population from others considered “normal.” The outlook of segregating special needs students derived from the medical model that views disabled individuals as a group that shared a set of symptoms that could not be remedied, but rather managed with a particular treatment. Those who endorsed this view did not consider issues of morality or ethics in regards to treatment received through the institution of education. In fact, they considered the treatment and handling of disabled students as a health department issue, rather than falling within the educational realm. But those who fought for integration of these children began to challenge this outlook and fought against policies founded in this framework through litigation and protests. Their fight was sustained due to the challenges of the equal opportunity legislation of the 1960s. Through these challenges the field of special education surfaced. The field developed a technical sense that was founded in a positivist framework concerned with issues related to the appropriate treatment of disabled students. The field was considered a separate set of ideologies, language, and expertise from regular education. These challenges to the past treatment of children with disabilities pressured the federal

government to enact numerous legislative acts that enabled these children to be mainstreamed into regular education, beginning with the 1975 Education of All Handicapped Children's Act.

But, many critics of the current approach to special education claim that those "experts" who fought for equality through social justice actions have fostered inequality and segregation within special education (Barton, & Tomlinson, 1984). Tomlinson (1982) and Skrtic (1991) state that the new approach to special education to provide acceptance of the status quo student while providing policies and procedures that secure resources and rights for special education students, allow for equality and support the idea of integration within the educational process is limited. First, the term integration fails to acknowledge the barriers of inequality amongst the ideas of race, class, and gender. Secondly, integration only applies to special education students who would not become disruptive to the status quo. Next, the term seems to be a "reformist" strategy that does not explicitly address the issue of how the public schools' curriculum is presented or learned. Due to these limitations, this approach to champion the weak creates and supports a system of separation amongst the status quo and disabled students within public schools. Troyna & Vincent (1996) also concur that this approach is based on the ideologies of functionalists and liberals that dictate to the idea of social justice through fundamentally advocating for segregation of the "sick" student due to his/her medical affliction from their peers.

Social Justice in Action: The Formation of IDEA

Never the less, social justice for the disabled led to a number of legislative measures that enabled these students to be a part of the regular education framework. The findings collected through the enactment of Education for All Handicapped Children Act (EAHCA) of 1975, (P.L. 94-142) set forth results that noted one million children with special needs were segregated from public schools. Also, the act brought to light that more than four million did not receive

appropriate service within the U.S. educational framework (Pressman, 1993). Education scholarship has recognized the overrepresentation of Blacks within special education actually since 1968 (Glennon, 1995). Prior to the enactment of EAHCA, schools throughout the country excluded school-aged children through individual and group measures depending on their disability (Turnbull & Turnbull, 1998). In proportion to the Black youth population, Black students were in fact separated in larger numbers than their White counterpart. The funding supposedly given by these schools through subsidy programs as often inadequate to send disabled children to alternative settings. When alternative programs were not available, public schools would often place disabled pupils in programs that were not appropriate. Sometimes waiting lists were formed when there was a shortage of special education programs that excluded many disabled pupils. In fact, children who were labeled special education were not ensured to receive proper education that would enable them to overcome their classified disability (Turnbull & Turnbull, 1998). To offset this disadvantage, the EAHCA, now called Individuals with Disabilities Education Act (IDEA), requires all states to identify and help disabled students appropriately in order to receive federal funding. Initially, the fundamental purpose of P.L. 94-142, in 1975, was to provide all students with special needs access to a “free and appropriate” public education (FARPE), to protect the rights of parents and students in this pursuit, to assist state and local education agencies in educating disabled students, and to assess and assure that state and local education agencies were effective (Turnbull & Turnbull, 1998). The act also enabled the federal government to enforce the equal protection clause [20 U.S.C. Sec. 1400(b)(9) (1975)]. This clause disallows state and local agencies from excluding and misclassifying special needs students. In 1997, Congress enacted P.L. 105-17, and included many changes that fell within several domains. For example, “participation of children and youth with disabilities

in State and district wide assessment (testing) programs; the way in which evaluations are conducted; parent participation in eligibility and placement decisions; development and review of the Individualized Education Program (IEP), including increased emphasis upon participation of children and youth with disabilities in the general education classroom and in the general curriculum, with appropriate aids and services; the addition of transition planning; voluntary mediation as a means of resolving parent-school controversies; and discipline of children with disabilities” (NICHCY News Digest 26). But, the pervasive theme to IDEA has stayed the same; to improve student results (Turnbull & Turnbull, 1998). When enacting IDEA 1997, Congress realized and noted that public schools have low expectations and do not utilize advanced teaching methods in order to effectively improve the education of special education students. Therefore, the improvements on IDEA seek not only to improve a disabled students capacity to learn, but also to improve the schools’ capacity to improve the educational results of these students (Turnbull & Turnbull, 1998). In addition to the previous new focus of IDEA, Congress also wanted to address the issue of minority overrepresentation within the special education bracket. Congress’ new focus sought out the provision of “an appropriate education by well trained cadre of minority and non-minority educators who will work in collaboration with students’ parents” (Turnbull & Turnbull, 1998, p.23).

The Relation Between Race and IDEA

Previous to the enactment of IDEA, the tools used to determine the possibility of a student being classified as disabled, such as IQ tests, were heavily criticized (Turnbull & Turnbull, 1998). For example, the battery of IQ tests used around the country were criticized as

questions were regarded as culturally biased against minorities who did not understand the contextual questions that had terms and ideas that were only shared by the White middle-class. Students who were not fluent with English or familiar with White cultural values and norms were held to a disadvantage and seen as deficient and possibly misclassified with a disability label. This form of institutionalization of this population placed great harm on the self-esteem of children within special education. Therefore, Congress, wanted to address the ethnic groups of American Indians, Asian Americans, Blacks and Latinos that had been affected by past and current educational inequalities. Congress noted that socioeconomic conditions, minority status, language differences, increasing number of minorities with limited-English language skills, and the shortage of minority special educators play an intricate role in the misclassification of special education categories. The 1970 case of Diana v. State Board of Education argued that children could not be placed within the special education category on the basis of results from culturally biased tests, and tests that were not given in the language of the test taker. The 1972 cases of Mills v. The Board of Education Columbia, and Pennsylvania Association of Retarded Citizens v. the Commonwealth of Pennsylvania helped to motivate Congress to intervene.

As Karmel (1973, as cited in Taylor, Rizvi, Lingard, & Henry, 1997) regarded these developments within educational policies as representative of the idea of “normalisation” which was first introduced through the works of Wolfensberger (1972). The idea emphasizes the notion of pursuing as normal a life as possible and also requires disabled individuals be granted access to all resources and rights shared by the rest of society. Therefore, the legislation that prompted inclusion, which spawned from the social justice movement for disabled students, was grounded in a moral and educational framework.

Dilemmas of Integration

The process of integrating students with special needs has not been easy. In fact, it has caused the emerging field of special education and the standard field of regular education to have many conflicts (Meredith & Underwood, 1995). First, the conflict can be traced to the different ideologies and relations to disabled students. The special education paradigm constituted through legislation (ex. Individuals with Disabilities Act, 1990) gives parents power, promotes parent involvement, personalizes student instructions, makes school districts accountable, and allows for a federal locus of control. In addition, cost is not a major concern in relation to the quality of instruction. On the other hand, regular education is based in a paradigm that emphasizes the muffled interest in particularized parental participation, is held accountable to the political realm instead of legislative measures, and promotes the idea of group instruction. Also, cost is a central theme in determining the quality of instruction. With regard to cost of resources, regular education contains a number of dangers that can harm the services received by special education students. For example, the argument for integration suggests that on the grounds of egalitarian and progressive measures everyone should be granted access to regular education. But, access does not necessarily grant full participation if the amount of resources and funding are low. Therefore, the idea of equal access becomes no longer an ethical decision, but an administrative one. "In a system which does not have an adequate financial and support base, the needs of students with disabilities often become marginal, even with the best intentions of teachers" (Taylor, Rizvi, Lingard, & Henry, 1997, p.147). This fact has many within the field of regular education asking for the segregation of students with disabilities. This opinion has seemingly become even more popular, especially with the developments within the recent legal

challenges that are demanding free and appropriate education to students covered under the non-funding Section 504 Amendment to Rehabilitation Act of 1973.

So, is it safe to assume that the medical model mentioned earlier, had been replaced entirely with a more moralistic view of disabled students? Slee (1993, as cited in Taylor, Rizvi, Lingard, & Henry, 1997) appeared to disagree, stating, “rather those working with positivist assumptions have simply appropriated the language of social justice to continue to pursue their policies and practices underpinned by the idea of individual deficit” (p.146). The medical model has played a powerful role in the policies that have affected the disabled (Barton, 1996). The disabled are seen as crippled individuals that are in need of policies that approach their needs through strong custodial procedures. These procedures or measures give those not labeled a false sense power that facilitates oppression and separation. This along side the frustration and dilemmas of teachers efforts to teach to a standardized test, dealing with an increasing diverse socioeconomic minority population, and bureaucratic expectations can lead to anger toward a population of school age children (Barton, 1994). This in turn can lead to placing students in special education classrooms, and in turn make recommendations of medicating them as well.

The Continual Rising Number of Minorities

Even after the gallant efforts of social justice activists on the behalf of disabled students within the United States in 1975, their still seems to be a series of issues that are looming overhead in regard to minority students. As noted before, Black, and Latino students are still being labeled as special education students at a frightening rate (Pressman, 1993). A very small percentage of these students ever rejoin their counterparts in regular education (Glennon, 1995). Concurring evidence noted that this paradox within special education has existed since the ruling

of Brown v. Board of Education (1954). Following the desegregation of public schools in 1954, school districts began to implement tracking and ability groupings which introduced a new twist to the continual practice of segregating White from Black students through the labeling practices and programs for labeled mildly retarded students. Students who did not meet the criteria for special education then were placed on segregated lower academic tracking groups. In fact, the passage of IDEA has unaffected the limited educational opportunities experienced by minority students and the racial discrimination that the field of special education has practiced through its policies and procedures in categorizing public school students. The Civil Rights Project at Harvard noted that this is major problem across the nation (Toppo, 2001). Daniel J. Losen, a lawyer for the organization noted that, “across the board, this is a problem for minority students.” In a letter to Senator Tom Hardkin, the organization illustrated that, “there is widespread agreement among researchers that a major contributing factor to minority over identification and placement in unnecessarily restrictive special education settings is the failure of teachers and administrators in regular education to provide effective instruction in reading and math and to effectively manage their regular classrooms” (Civil Rights Project at Harvard University, 2001). In addition, disabled children are still kept apart from their counterparts by teachers who are not certified special education instructors teaching “watered down” curriculums (Toppo, 2001). These students are branded with labels such as learning, behavioral, mentally, and developmentally disabled. Attention Deficit/Hyperactivity Disorder (ADD/ADHD) is a more recent and common disorder that has begun to grow in incidence at a higher rate than other diagnoses.

Much of data exists that point to the over-representation of Black children in special education categories (Jarvinen & Sprague, 1995). For example, Dent (1992, as cited in Jarvinen

& Sprague, 1995) researched the topic in three of California's public schools. He discovered that "the percentage of African American children enrolled in special education was 34 percent higher than the percentage of African American children enrolled in public schools statewide. In certain districts, enrollment in special education for African American students was almost 50% higher than their representation in the districts as a whole" (Jarvinen & Sprague, 1995, p.173). Such findings raise some concern as to potential biases in assigning children of color to special populated groups. Jarvinen & Sprague (1995) makes inferences that the over-representation of minority children in special population categories does not solely occur in the area of special education. He argues that minority children are also being over-represented within the ADD/ADHD category as well. However, present data does not exist to strongly prove that his thoughts are either valid or invalid (Jarvinen & Sprague, 1995). The issue has been brought to the attention of the court system. The Taft City Schools, Taft City, California, were sued by parents who felt that their children were inappropriately labeled ADD/ADHD and placed in special education classrooms. The school settled the issue by paying the parents \$210,000 (Jarvine & Sprague).

Due to the recent debate over the diagnostic practices that determine ADD/ADHD, the AAP issued new guidelines in May of 2000 (ADD/ADHD Clinical Diagnosis Guidelines, 2001). The Clinical Practice Guidelines: Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder states that in combination with the use of the DSM-IV criteria for the disorder, the assessment of a child should also include evidence of symptoms from a teacher or school staff member, the duration and degree of the apparent symptoms, and parallel conditions. A physician then should receive this information directly from the school and take it into consideration before making a formal diagnosis. This new guidelines does not take into

account the potential bias of teachers. Receiving information directly from the school does not make the recommendation more accurate or valuable. In fact, in my experience while working within a public school setting, teachers are very knowledgeable of the appropriate “buzz words” to use in physician referrals that would raise the issue of definite ADD/ADHD symptoms. For example, in initial IEP meetings, teachers will use words and phrases such as fidgety, hyperactive, unfocused, and etc.

Tactics are being aimed to target all families with issues of ADD/ADHD. For instance, the pharmaceutical companies are today offering free medication to low-income families (North Region Newsletter, 1999). Depending on insurance coverage, some companies are allowing families that bring in less than \$40,000 annually to receive free Paxil, Prozac, Valium, and other psychotropic medications for their children (North Region Newsletter, 1999). Although some may feel that this is a generous action, it is important to examine the motivations underlying such actions by pharmaceutical companies. For instance, are they motivated by the potential future economic gains?

State and Federal Outlook Upon Special Education

The previous sections point to the public schools as the guiding post around who gets labeled and possibly diagnosed. But, why is this occurring? One would think that the federal and state governments would be directing and mandating procedures around the issue of ADHD. An example of the federal outlook toward special education difference and ridicule can be exemplified within the feelings of Senator Jim Jeffords of Vermont. As a Republican, he fought for additional education spending, especially within the educational programs of IDEA (Milligan, 2001, Jeffords, 2002, Douglas, Ratner, Stoddard, Moran, & Hartman, (2002). Jeffords

was one of the key legislators who worked on the formation of IDEA. He believes in fully funding IDEA to better address the needs of children with disabilities. But, in 2001, Jeffords became upset by the lack of initiative among the White House in their lack of efforts in funding educational programs such as IDEA, by the George Bush administration. Later, Jeffords felt punished for his pursuits when he was not formally invited to the Teacher of the Year award ceremony at the White House in 2001. In fact, this helped him to later decided to switch from the Republican Party, to an Independent party. This switch then transferred the majority power from the Republicans to the Democrats within the Senate (Milligan, 2001, Jeffords, 2002, Douglas, Ratner, Stoddard, Moran, & Hartman, (2002).

Christensen & Rizvi (1996) note that the traditional thinking regarding social justice may lead to an answer to the question. First, there are three views on social justice that exist. The liberal-individualist, market-individualism, and social democratic views are the most popular of these. For sake of the chapter's focus, I will focus only on market individualism view of social justice. This view is framed from the ideas of Nozick (as cited in Christensen & Rizvi, 1996). Nozick argues that people are entitled to their just "deserts." In other words, individual's entitlements depend on what they produce. The theory rejects the notion of redistribution of entitlements. It also suggests that true social justice derives from competition, and advocates that it is unfair to transfer property belonging to individuals by the state. Therefore, a free operating market leads to an expanding economy, which in turn gives more to the disabled and disadvantaged. In addition, Tomlinson (1997) illustrated how the market approach to education has encouraged competition, but negatively affects the attainment of minority students. Tomlinson notes that in Great Britain the market approach took on a racial dimension that promoted segregation and inhibited minority populated schools' ability to attain funding that all

White schools were gaining. In fact, minority schools were perceived as undesirable schools to attend due to racism on the behalf of White parents. These parents felt that the minority population was undermining the White children's educational attainment. The pressure from White parents within the UK encouraged policies and practices, which promoted a market approach to education, that spawned separation (Tomlinson, 1997).

This view of social justice has been a dominant theory in many of the western countries in past decades. But, there are consequences to adopting such a view. For example, Christensen & Rizvi (1996), notes that the current view of the market in regards to social justice "eliminates all transfer payments through the state, leaving 'sick, the old, the disabled, the mothers with young children and no breadwinner and so on, to the tender mercies of the private charity, given at the whim and pleasure of the donors and on any terms they choose to impose.' The freedom a market conception guarantees benefits the privileged in a disproportionate way" (Christensen & Rizvi, 1996, p.19). In fact, the market approach to social justice has the effect of displacing students with disabilities whom the advantaged feel are unproductive in terms of the economy.

In fact, the manner in which special education has been understood by the government may also lead to a possible answer regarding why the public schools have taken the reins and controlled the direction of Black males with regards to behavioral medications. For example, certified welfare professionals Christensen & Rizvi, (1996) administer the organization of special education. They are seen as professionals who are responsible for defining and formulating solutions that are based on their training, knowledge, and experience. "A host of helping professionals has implicitly propagated the notion that the problems with which they deal could be solved within the existing patterns of economic and social relations, that such problems were marginal, technical and susceptible to solution by appropriate prescriptions of modern medicine

or the latest planning, educational or social work orthodoxies” (Wilding, as cited in Christensen & Rizvi, 1996, p.132). The problem with this view is that it is founded on a medical model. Hence, a treatment or cure is introduced to a medical problem. This approach leads to segregation of children due to their medical diagnosis. The state is deemed to level the field of equality for those at a disadvantage. But, the government has turned its head in relation to the theme of equal opportunity. For example, Britain in the 1990s, and the United States since the late 1960s have experienced this backlash in terms of equality. In fact, Britain is experiencing this in terms of promotion of anti-discriminatory legislation and policies (Troyna & Carrington, and Troyna, as cited in Christensen & Rizvi, 1996). In the 1970s, the government challenged the racial structures that had existed in the country which lead to anti-racist education policies and practices. Later in the 1990s, a change has occurred in the government due to the disillusion of anti-racist policies.

History of Corporal Punishment

“In its most frequent usage discipline becomes a synonym for control or punishment (Slee, 1997). The discussion of corporal punishment within public education is an important historical component tied to understanding the current treatment of males, especially Black males within the system. Even though the use of corporal punishment in public schools has been outlawed in a number of states, the primary objective of corporal punishment continues today within the current trends of psychotropic medications for those students not deemed as the mainstream norm. An examination of historical and current trends shows a pattern of attempting to control children through uses corporal punishment.

In Colonial New England, Puritans viewed children much differently than today. They were described as “creatures of sin” who were ignorant and evil (Ryan, 1994). Parents felt responsible for bringing their children into the light of righteousness through the introduction of religion. Through religion, the children could be delivered from the evil that they were naturally born into. Once a week, by law, fathers were responsible for teaching their children the Puritan system of Christian doctrine from a catechism, a book composed of questions and answers regarding their belief (Ryan, 1994). Embedded in the doctrine of religion was the administration of corporal punishment. The Bible was quoted to provide the reasoning for the use of corporal punishment (Cryan, 1987). Proverbs were quoted that read: “Foolishness is bound in the heart of a child; but the rod of correction shall drive it from him.... Withhold not correction from the child; for thou beatest him with the rod, he shall not die. Thou shalt beat him with the rod and shalt deliver his soul from hell” (Cryan, 1987, p. 148).

Even though parents had the responsibility for teaching their children values that were prescribed by the Bible and the teachings of the catechism, schools in the Colonial period were used to further the mission of the parents. The term in “loco parentis” (in place of parents) has been in place since the use of the Bible as rationale for corporal punishment. In English law, in loco parentis gives responsibility to school officials to act as a parent when a child’s parents are absent (Cryan, 1987). The curriculum used in the schools contained an underscore of religious and social necessity to conform. Children were instructed to recite and memorize the teachings of the Bible. Their major goal was to strictly memorize their catechism. Originality in the classroom was seen as the devil’s work (Ryan, 1994). The Puritan system, in regards to conformity, included corporal punishment as well. The use of corporal punishment was

endorsed in sermons, pamphlets, and even the New-England Primer, at the time the most popular reader in all the existing colonies (Ryan, 1994).

The use of punishment was seen as a tool that saved children from being damned in the eyes of God. The use of discipline is made explicit through the writings of witnesses of the time. In 1870, the following passage was written to demonstrate the harsh treatment of children in the Colonial Schools:

Wanting elbow room, the chair would be quickly thrust on one side, and Master John Todd was to be seen dragging his struggling suppliant to the flogging ground in the center of the room. Having placed his left foot upon the end of a bench, with a patent jerk peculiar to himself, he would have the boy completely horsed across his knee, with his left elbow on the back of his neck to keep him secure on ... having his victim thus completely at his command..., once more to the staring crew would be exhibited the dexterity of master and strap....Moving in quick time, the fifteen inches of bridle rein would be seen...leaving on the place beneath a fiery streak at every lash.

‘Does it hurt?’

‘Oh yes, Master! Oh don’t master!’

‘Then I’ll make it hurt thee more....Thou shan’t want a warming pan tonight’

(Cryan, 1987, p. 148).

In a Jamestown school for girls, the students were forced to wear a necklace made of sharp weed-burs if they allowed their head to move forward. If their work was not taken seriously, they were made to wear a morocco spider on their back held in place by a belt (Cryan, 1987). Excessive acts of corporal punishment also occurred in Native Indian educational institutions at the hands of European American teachers (Trennert, 1989). The acts were employed to maintain obedience and morality while promoting educational opportunities. Corporal punishment was alien to the world of the Indian. Their mixture of play and learning conflicted with Euro-American emphasis of formal strict training. Native Indians were horrified at the thought of striking children (Trennert, 1989).

Later in the eighteenth century, Puritan clergymen and educators sought corporal punishment reform (Ryan, 1994). They felt that corporal punishment was excessively harsh and cruel. They saw corporal punishment as a counterproductive method in shaping children. The reformists felt that in order to win the minds of the students, an approach of love and understanding should be utilized. This revolt against the use of corporal punishment occurred during the same period that England began to speak out against the use of corporal punishment. Their 1669 and 1698 petitions to Parliament to address the severity of corporal punishment and American efforts to reform classroom management in the eighteenth century laid the foundation for reform during the nineteenth century (Ryan, 1994).

During the nineteenth century, corporal punishment was viewed as harsh, yet occurred more frequently in schools. The acceptance of corporal punishment spread throughout the country. A former student of Common Schools reported ““a twist of the ear, or a snap on the head from her thimble finger, reminded us that sitting perfectly still was the most important virtue of a little boy in school”” (Ryan, 1994, p. 73). In other schools children were flogged until they vomit or wet themselves. When the rod was not used, other malicious forms of punishment were administered. For example, for some offenders, a four to six pound log was placed on their neck. The log was designed to strain the neck when the student tried to turn their neck to the left or to the right. Other students’ legs were tied to wooden shackles and they were forced to walk.

Disgusted by such practices, a silent curriculum reform was made by Horace Mann. Drawing on the ideas of Pestalozzi, Mann and other reformists emphasized reward instead of punishment. In fact, their idea entailed meaningful learning instead of the rote memorization that had been used since the colonial period. Under the influence of the progressive education movement, school officials were rethinking their position on corporal punishment by the 1920s

(Ryan, 1994). The new philosophy calling for more therapeutic approaches to child discipline took a negative turn however. Due to the increase of juvenile misconduct during WWII many school officials and parents felt that there needed to be a return to the use of the strap. A nation wide survey at that time showed that 87 percent of the sample group endorsed the use of corporal punishment, while only 13 percent rejected it (Ryan, 1994).

Many opponents of corporal punishment have gone to the courts for help. Court battles demonstrate the current philosophy toward corporal punishment. Cases such as Baker v. Owens (1975) and Glaser v. Marietta (1972) are signs of the courts failure to reach a common interpretation of the in loco parentis concept. The Supreme Court in 1977 considered the constitutionality of corporal punishment (Ryan, 1994). The court held that in Ingraham v. Wright (1977), the punishment in question did not violate the Eighth Amendment (cruel and unusual punishment clause) of the Constitution. In fact, the decision of the courts refused to deny teachers the right to use corporal punishment (Hyman, 1979). They noted that the U.S. Constitution did not discourage the use of corporal punishment (Cryan, 1987). Even today, twenty-nine states allow the use of corporal punishment in the classroom (Randall, 1999). In most states, the use of corporal punishment has to be administered in front of a witness (Randall, 1999). The consequences of the use of corporal punishment can be dramatic. Research has shown that children who have been administered corporal punishment have a tendency to dropout from school, increase acts of aggression and, increase absenteeism, truancy, and tardiness (Bauer, Dubanoski, Yamauchi, & Honbo, 1990). These children also exhibit fear, anxiety, low self-esteem, and in some cases symptoms of Post-Traumatic Stress Disorder (PTSD) (Bauer et al., 1990).

Today, within the United States, people who are Fundamentalists, Baptists, or affiliated with a major religion, people living in southern and southwest states, and school administrations throughout the nation all tend to respond more positively to the use of corporal punishment than do northerners, parents, and those not affiliated with major religions (Bauer et al., 1990). However, the current trend of corporal punishment is difficult to interpret. The Office of Civil Rights (OCR) has indicated that the use of corporal punishment has declined in recent years (Bauer et al., 1990). OCR reported in 1988 that 1.5 million incidents of corporal punishment occur each year (Bauer et al., 1990). On the other hand, critics have argued that the OCR has underestimated the number of incidents that occur. In fact, the number of incidents of corporal punishment has been estimated to fall between two and three million. Many incidents of informal punishment such as slaps, shoves, and kicks are never officially recorded. Also, corporal punishment may not be recorded if it occurs within a particular state where corporal punishment is legal (Bauer et al., 1990). Slee (1997) illustrates that economic changes, changing community dynamics, and student expectations leads to patterns of school control. "The deviant is not so scrutinized for crude punishment. S/he is pathologized" (Slee, 1997). Is it possible, as Michele Wallace, the author of *Black Macho and the Myth of the Superwoman* (1979) noted that the practice of punishing Black males in a public manner is simply a technique for sending a statement to society that is simply rooted within the historical treatment of Blacks through slavery into the era of segregation.

While a broad use of corporal punishment seems to exist legally in many states, a more insidious practice that might be considered a new form of corporal punishment has sprung up nation-wide -- the use of psychotropic drugs. Although formal corporal punishment is generally frowned upon, this new method of behavior regulation through the use of behavior-altering

medications is widely accepted. The corporal punishment parallel is ongoing. Furthermore, it has been hypothesized that the uses of behavioral stimulants today are also biased toward males, and in particular Black males. The use of corporal punishment can also be paralleled to the historical tracing of the punishment of juveniles within the United States. Moreover, the view regarding children held by society and the courts through the past centuries gives credence to the treatment of children whom society deems “broken” and “unsalvageable.”

Societies Treatment and View of Children: The Juvenile Court System

The historical and present treatment of these children can also be noted within the juvenile court system. Evidence for societies ideological view and worth of these children can be traced and observed within the judicial system. The treatment of Black males within the criminal court system is another avenue in which discipline becomes synonym for control as was mentioned with corporal punishment. The manner in which children were handled in the justice system has come full circle.

In the past, people viewed children as “little adults.” The justice system treated juveniles in the same manner that they treated adults. The philosophy has changed from an aim of punishment to rehabilitation to a return to present day punishment of convicted juveniles (Elsa, 1995). Reformers in the nineteenth century began to notice problems with the treatment of children in the justice system. First, the incarceration of children and adolescents with adult criminals would further their “education” regarding behavior. Secondly, due to pity, many jurors were reluctant to punish children and adolescents in the same fashion they would if the guilty were an adult (Elsa, 1995). In addition, new philosophies and ideologies of development rose in the Progressive Era. The once popular classic view postulated that all rational individuals

could make rational decisions. These criminals were then to be punished to serve as a device for protecting society by forcing the criminal to change his or her ways through a harsh form of punishment. During the latter part of the nineteenth century, a new school of thought arose. The positivist school of thought proposed that crime was not caused by choice, but rather was mediated by external forces, not within the control of an individual. Therefore, their criminal activity mirrored their external forces. These external forces were believed to be made up of one's psychological, biological, sociological, cultural, and physical environment. Furthermore, this new school of thought rejected the classic view that criminals were rational and were similar to law-abiding citizens. These new ideologies, possibly coupled with the fact that the nation was transforming from an Agrarian to an Industrial economy, are considered by some historians as the reason why the juvenile justice system was formed (Mills, 1996).

This new justice system was founded on the concept *parens patrias*, which when translated means "the best interest of the child." If parents' failed and troubled children were the outcome of their failure, the court system would now intervene and maintain the juveniles' welfare. The court system was willing to do this due to the fact that the child or adolescent was not considered accountable for his or her own conduct. Delinquency was seen as the result of immorality and poverty. Thus, the purpose of the juvenile court system was to rehabilitate, to fix the effects of immorality and poverty. The first juvenile court established was in Illinois in 1899. This system of law acted in the best interest of the child by intervening in the lives of innocent, dependent and neglected children. Within thirteen years, almost every state, with the exception of two, had a juvenile court system that attacked crime and poverty. These courts executed law in a fashion that protected and did not punish juveniles. One of the first services offered to

rehabilitate juvenile delinquents was the House of Refuge. This refuge was implemented to pull juveniles out of adult prisons and rehabilitate them (Elsa, 1995).

The practice of rehabilitation of juveniles continued until the 1970s. The tide of thought which sought to protect the best interest of children and which had begun to take the initial steps forward, began waning back in the opposite direction, first seen in the landmark decision in *In re Gault* (1967). The United States Supreme Court decided that juvenile hearings were similar to adult criminal proceedings. Therefore, juveniles were entitled to the same rights as adults. Moreover, before this decision, the courts were considered non-adversarial (Elsa, 1995). The juvenile courts were considered places for civil, not criminal proceedings. But with this new ruling, juveniles no longer had a lower standard compared to adult courts. Juveniles were now subject to potential incarceration (Mills, 1996).

This change in ideologies could have been affected by the rising crime statistics for juveniles. Arrest of people under the age of eighteen had dramatically increased by 144 percent, while arrest for those over the age of eighteen had only increased by 12 percent. In regards to these rising numbers, the public was crying out to the justice system for protection against those who threatened their safety. People wanted to see more delinquent offenders being incarcerated and punished for the severity of their crimes against the public. Citizens wanted to see the courts take a tougher stance on juvenile offenders. The support once given to rehabilitation programs was shifted dramatically to punitive measures (Elsa, 1995).

This outcry led to juveniles being transferred into adult courts, pushing juveniles into adult courts due to State legislation, and creating the transfer mechanism. Earlier, the juvenile court system acted on the principal that transference of juveniles into adult courts should only happen in exceptional cases. Citing the President's Commission on Law Enforcement and

Administration of Justice (1967), the juveniles within in the juvenile court system “should be protected and rehabilitated rather than subjected to the harshness of the criminal system because children, all children are worth redeeming” (Cintron, 1996, p. 1261). Critics of transferring juveniles saw that this change in justice systems deprived juveniles of certain rights and immunities that were available to them only in the juvenile court system. Also, the consequences that they had to face within adult courts were much graver than those handed down by the juvenile court system (Cintron, 1996). Between the years of 1978-1982, half of the state legislatures amended juvenile codes that made it simpler to expedite juveniles into adult courtrooms. Also, some of these legislatures had amended their juvenile codes to reflect a more punitive approach. These changes signaled a change from a rehabilitation to a retributive philosophy (Elsa, 1995).

The deprivation of rights and immunities that were taken away from juveniles changed with the decision in Kent v. United States (1966). The decision stated that the transfer mechanism that was set up by State legislators was not a juvenile court power that was granted automatically to use at their discretion. The Supreme Court decided that the rights possessed by juvenile offenders must be preserved in the decision to transfer them. Therefore, before the juvenile court can transfer an adolescent, they must grant a hearing to the juvenile, legal competent counsel, access to documented information regarding the case, and a court’s rationale regarding the reasons for the transference decision. This important decision also established some factors that must be evaluated before transference occurs, for example, the seriousness of the crime committed and the maturity of the juvenile. These factors should be assessed before a case is transferred into adult court system (Cintron, 1996).

The rising use of transference and the change in philosophies pertaining to juveniles were signs of changes in the models used with this population. These models provide the foundation for juvenile codes within the nation. In some states, these codes were simply changed by the removal or addition of, new and different phrases. The classic phrase of *parens patriae* was replaced by ideologies public protection, punishment, accountability, incarceration, and deterrence. This can be seen, for example, in the California legislature that changed their view of the juvenile system to reflect a present goal of protecting the rights of the victims as well as the public. Moreover, these new provisions show that the juvenile justice system places a priority on public safety over the rights of the offenders. These changes have lead to provisions in juvenile codes that make the offender accountable.

The familiar phases of the adult justice system found their way into the realm of the juvenile court system. These new philosophies regarding how to deal with juveniles were captured within the passing of the Juvenile Justice Act and Delinquency Prevention Act, P.L. 93-415 U.S.C. 5601et seq (1977). This act was first passed in Washington for the purpose of reshaping the juvenile justice philosophies in order “to enact a determinate sentencing statute for juvenile offenders” (Frost & Elin, 1992, p. 2). The new law stated that:

‘[T]he broad purposes of [the bill] should be fairly clear. In terms of the philosophical polarities that have characterized the juvenile court debate for more than a century, the new law moves away from the *parens patriae* doctrine of benevolent coercion, and closer to a more classical emphasis on justice. The new law requires the court to deal more consistently with youngsters who commit offenses. The responsibility of providing services to youngsters whose behavior, while troublesome, no criminal, is assigned to the Department of Social and Health Services and the agencies with whom it may contract. The juvenile court is to view itself primarily as an instrument of justice rather than as a provider of services.’ (p. 2)

This law lays out a philosophy that makes law the agent in making juvenile offenders accountable for their crimes and to provide these offenders with a punishment that compensates for the age, crime, and criminal background of the offender. This sets up legislatures in determining the sentencing system. The change from rehabilitation to retribution was advocated by many groups thereafter. Among these groups were the American Bar Association in 1980 and even a variety of children's rights advocates. They all believed that juveniles should be punished for their offenses, and not for their need to be rehabilitated or treated for their problems in life (Frost & Elin, 1992).

The punishment handed down is in fact a form of retribution. But, there seems to be a dispute as to the nature of punishment. For example, some within the legal system see punishment as a form of retribution. Judge McGee, of "Measured Steps Toward Clarity and Balance in the Juvenile Justice System," said that "there should be some form of punishment involved in every delinquency disposition, clearly identified to the perpetrator as being his just desserts" (Frost & Elin, 1992, p. 3). This is a common theme that existed at the time of change and continues today in our legal system. But others see punishment as utilitarian in nature. These people view punishment as an avenue to change juvenile offenders. This group sees punishment being used in helping offenders to develop a sense of responsibility. Thus, punishment is transformed into a form of rehabilitation for juvenile offenders. As a result, the court's divided philosophy has effects on the supposedly universal manner in which the justice system is to deal with juvenile offenders. This can be seen in the actions of justices in the system. Two example of this are Eddings v. Oklahoma (1982) and Thompson v. Oklahoma (1988). In the first case, the United States Supreme Court noted that children have a special place in the law. In addition, the court mentioned that adolescents have a lower maturity level than

most mature adults. In Thompson v. Oklahoma (1988), the Supreme Court stated that adolescents fall within a class filled with immaturity and possess less responsibility than adults. Thus, juveniles have less education and intelligence to make reasonable decisions (Frost & Elin, 1992). This frame of thinking gave way for different forms of “fixing” children. For example, Schrag & Divoky (1975) argues that due process given through to court system and earlier discussed within the educational setting, “helped make (the) medical model fashionable and prompted the concomitant resort to psychoactive drugs... what is punishment within the confines of the institution becomes rehabilitation before the court of law” (p.224). If this is assumed, it begs the question: how can the justice system punish children with the same severity as they punish adults if juveniles are not responsible for the acts they commit? (Frost & Elin, 1992). Nine juveniles were executed between 1985-1993, of which four were executed in 1993. A recent report notes that currently 74 offenders are on death row in the U.S. who were sentenced before they were 18 years of age (Fox News, 2000). Of the 38 states that allow for capital punishment, 23 permit the execution of prisoners who initially committed the particular crime before they were 18. It might be questioned whether they can be considered fully responsible for the crimes that determined their ultimate sentence.

Who is most affected by this cycle? Today it is estimated that Black males are particularly at risk of becoming involved within the juvenile court system (Weatherspoon, 1998). In 1980, the rate of arrest for both Black and White youths in the domain of drug abuse was almost equal. Between 1984 and 1989, Whites declined by 33% while Blacks increased by 200% (Witherspoon, 1989). The shock of the punitive drug policies of the Reagan Era led to this amazing increase in Black incarceration (Platt, 1994). Black males youths in 1992 were estimated to be disproportionately involved in juvenile arrests when compared to other races by

27 %. In general, minority male youths had a higher probability of being jailed before they turned 18 years of age in relation to their White counterparts (Witherspoon, 1989). Currently, minority children with no criminal record are six times as likely to be incarcerated than their white counterparts within the same socioeconomic background. In fact, Black youths are more likely to face longer prison sentences while being tried as adults as well (Worden, 2000).

The above statements have outlined the evolution of the juvenile justice system. Yet, it should be understood that this is only one part of the complex process related to the identification of children viewed by society as in need of behavioral modification and treatment. The use of the juvenile system is important in understanding society's overall view of children.

I have outlined the trends within U.S. society in controlling Black males through the uses of corporal punishment and the current treatment of Black males within the juvenile court system. The discussion now leads to the current method of control. There are a number of psychotropic drugs that exist on the pharmaceutical market today, but due to the popularity of Ritalin, the dialogue will primarily focus on this medication.

Shifting Ideas on Race

Another example of the ideological outlook upon Black males can be illustrated within the shifting ideas of race. A shift in thought can be traced to the case of Brown v. Board of Education (1954) and the passing of the 1964 Civil Rights Act. The legal victories shared by civil rights activists showed that the country was ready to declare that racial prejudice was un-American (Edley, 1992). Other examples exist which demonstrate shifts within the government regarding inequality through racist ideologies disguised in political rhetoric and policies within the White House. A good example of this is found in the presidential election of 1968. George

Wallace, a segregationist governor out of Alabama, had decided to run as an independent instead of with his previous Democratic affiliation. This transfer from the Democratic Party sent a message to his old party that by winning 46 electoral votes and five states, the Democratic and Republican Party was vulnerable to the southern-white blue-collar voters with old discriminatory values. Therefore, Richard Nixon showed some connection to these voters through criticism of court decisions supporting the desegregation of schools and the method of busing to integrate students across the country. In fact, during his presidency, he attempted to put two segregationists, G. Harrold (F.L.) and Clement Haynesworth (S.C.) onto the Supreme Court (O'Riley, 1995). On the other hand, Nixon and his administration had made some contribution to the cause of civil rights. This can be specifically seen in the creation of the "goal and time table strategy" that later turned into the "Philadelphia Plan," which basically was an affirmative action goal to balance the diversity of the workplace among large government contractors (Edley). As previously stated, the Nixon political moves could be categorized as a matter of "Newtonian Politics," which was introduced as a method of standing on the conservative side of the issues of race. Some discussed this approach as a "southern strategy" which actually has its roots dating back to the Constitutional Convention of 1787 (O'Riley, 1995).

By the presidential campaign of 1976, the election of Jimmy Carter showed a drift of federal activity in regards to civil rights that was maintained and progressed in the 1960s (Edley, 1992). Many Black activists perceived President Gerald Ford as no champion of their cause. Jimmy Carter was a symbol of the new south, holding down a "center-left" position on the issues of race. Many within the United States were apprehensive about both candidates. This division was made clear by the scarcely won victory of Jimmy Carter. In addition, Carter won 36% of the White southern vote, while attaining the Black vote in 12 states (O'Riley, 1995). This fact

allowed him to attain the margin of victory. White southerners voted for Carter due to his continual use of the southern strategy. The large Black turnout came courtesy of Carter's public accounts of his childhood "befriending" Blacks, wife Rosalynn's campaigning approach which showed the public her willingness to mingle and listen to the plight of Blacks, and Martin Luther King Jr's family public endorsement of his Carter's candidacy. This approach sent mixed messages to the public. This fact was illustrated within his discussion of busing Black students to predominately White schools. He was quoted within the discussion using phrases such as "Black intrusion" and "ethnic purity" in reference to the topic.

With the presidential election in 1980, Black leaders and activists were torn between Senator Edward M. Kennedy, who had an inspiring record with regard to civil rights as in comparisons to Jimmy Carter (Edley, 1992). This heavy decision by Black voters not only cost Carter the election, but also made the risk of electing the Republican candidate, Ronald Reagan, appealing for Black leaders. Even after, Jimmy Carter had called Ronald Regan a mix between Nixon and Wallace and the media's reports of his hatred toward Blacks, Ronald Regan was later elected president (Delaney, 1983). As noted by Carter, Regan also publicized his "befriending speech" of Blacks during his young adult life during his term as the governor of California and his run for president (O'Riley, 1995). The speech had been used so much whenever speaking to Blacks or defending himself against claims of racism, that White House staff members coined the story the "Burky story." In fact, this linking attempt to Blacks was later witnessed in the speeches performed by soon after president Bill Clinton. Nevertheless, the political maneuvers of Ronald Reagan after the 1980 election proved to be disastrous for Blacks throughout the country. Reagan's narrow ideological view of civil rights became clear in his policies and his appointees in every federal agency (Edley). "Reaganaunts' had to pass a litmus test, and the

more zealous a person was, the better” (Edley, 1992, p.33). Later, when George Bush took office in 1988, liberals saw Bush as a reincarnation of Gerald Ford. He was neither a friend nor a heavily favored foe to the opponents of equality and civil rights (Edley, 1992).

Finally, the liberal savor of social issues was dawned upon the country through the sweet rhetoric and promises of Bill Clinton in the 1992 presidential elections. Due to the attrition of the earning power of Americans, loss in faith of Reagan and Bush’s ideology of allowing capitalism to roam free without governmental restraints, and the dramatic level of unemployment, Clinton was given the reigns of the country by American voters (Kramer & Michalowski, 1995). But, as he took office, it was apparent through his policies that the new direction witnessed by political observers was not new at all. In fact, he and some of his policies were replicas of his past predecessors. This was also evident in the dumping of Lani Guinier as Assistant Attorney General for Civil Rights in 1994 due to her journal writings that discussed the need for ensuring minority representation in voting strategies (O’Riley, 1995). As the controversy surrounding her arose, Clinton’s attempt to distance himself from her proved that their still existed a polarized state around issues of race and equality. For this fact, Clinton as his past predecessors rode the line of “conservatism” and southern strategy to ensure his voting base. Later, this point was especially evident in his “get tough” on crime approach. Clinton’s “Big Stick” was drawn in his Violent Crime Control and Law Enforcement Act of 1993. The bill provided 10,000 additional police officers, new prisons, and expansions on the death penalty that included defining more federal crimes, new facilities for juvenile offenders, and a ban on assault weapons with the aide of \$23 billion dollars (Kramer & Michalowski, 1995). In addition to these proposals was the “Three Strikes and You’re Out” strategy that gave a life sentence to criminals convicted of a third felony (Platt, 1994). Even though the senate package on the bill contained

some monies for prevention, there was an apparent imbalance between the strict new punishments and the preventive strategies proposed. In addressing the issue of the crime bill, Clinton noted the findings of sociologist William Julius Wilson, which concluded that the inner cities of the United States had fallen apart. Clinton went on to say that he did “not believe we can repair the basic fabric of society until people are willing to work hard to work.” Work, the president said, ‘organize life. It gives meaning and self-esteem’ to parents....It gives a role model to children” (Kramer & Michalowski, 1995, p.91). But nothing, he stated, could be reconstructed from his approach on crime and how it affects a majority of Black males who are at risk of being involved with the system. This is also evident in the addition House liberals proposed in the crime bill. The Racial Justice Act, on April 21, 1994 added a provision that “would allow minority defendants to escape execution by introducing statistical evidence of racial bias in the application of the death penalty in that jurisdiction” (Kramer & Michalowski, 1995, p. 94-95).

The Congressional Black Caucus (CBC) became involved within the making of the proposal in 1993 (Platt, 1994). The bill proposed five billion dollars in preventive programs. But, Clinton withdrew his support for that particular aspect of the proposed Senate crime bill, even though this withdrawal stood in contrast with his knowledge of the works of William Julius Wilson, and the effects of racism and poverty on inner city Blacks (Kramer & Michalowski, 1995). In fact, research at the time, such as Aguirre & Baker’s (1993) findings from data collected through the National Opinion Research Center (1984), noted that the prejudice of Whites is expressed “symbolically in their support of capital punishment” (Aguirre & Baker, 1993, p.153). In fact, their findings suggest a relationship between White opinions of the death penalty and issues of equality of Blacks.

In the 1980s and 1990s, there was another shift in the position of the government on research. Some members of Congress went as far as to introduce legislation that abolished the federal Department of Education (Vinovskis, 1999). Such actions were urged on with the help of ideas of researchers such as Charles Murray and Richard Herrnstein of The Bell Curve: Intelligence and Class Structure in American Life. Their book basically attempted to further the idea that the measure of ones IQ was biologically determined (Fillmore, 1997). Furthermore, these differences would determine ones' earning, academic, and social potential. This argument is nothing new, but a continuation of Arthur Jensen's argument went on to assert that Black underachievement resulted from a lack of ability, not from a lack of access to educational opportunities. These works noted, especially the work of Murray and Herrnstein, give reason for the policy recommendations of the Reagan Era. Secondly, the literature noted that IQ differences are inherited across racial groups. The research also helped "to justify not only the differential treatment people receive in our educational and economic system, but also the outcomes... It is part of the game plan to justify the abandonment of social programs that [were] meant to help those who have been disadvantaged by the society" (Fillmore, 1997, p.128). From a Foucault perspective, that illustrates that the policies that followed were examples of how, "all contemporary knowledge is based fundamentally on the need to exert power and control over individuals: science [can] reduce the individual to an observable, knowable, and therefore controllable subject" (McCaughan, 1993, p.90).

The educational policies that were instituted by the Reagan era called for decentralization and deregulation within the education field (Stuart & Oakes, 1995). By the end of his first term, "equity" was thrown from educational policy jargon, and replaced with "excellence," "individual competition," and "standards of performance;" "social" and "welfare" transformed to

“productivity concerns;” the term “common schools” was replaced with “privatization” and “choice;” “need” and “access” to “ability” and “selectivity;” from “federal interests” to “state interests” (Astuto, Clark, Read, McGree, & Fernandez, 1994). These new terms and set of thoughts within educational policy were soon reified in 1992. This is apparent through the use of performance standards for both school systems and individual students. Also, governmental allocations took a steep drop. Federal spending on re-distributive programs dropped approximately 11% between the years 1980 and 1985 (Wong, 1994). Even though major categorical programs received new and improved levels of support during the Bush administration, the role of the federal government fell below that of the 1980s. During the administration of Reagan and his predecessor Bush, voucher plans were adopted and support for privatization of schooling was sought through Congress. Policies began to take on a meritocracy smell and texture. The role of both administrations replaced the broad liberal base initiatives of Kennedy and Johnson with Reagan and Bush’s neo-federalist move to individual responsibility in education. This new direction was aided and enforced by educational research like A Nation at Risk (1983). The report made by the National Commission on Excellence in Education portrayed the United States public schools as lagging drastically behind their international counterparts. This fueled and gave way for the debate over privatizing public schools, abandoning liberal education programs that had existed since Lyndon Johnson, and emphasizing performance testing to monitor the progress of public schools (Astuto et al., 1994).

There were also cases of political agenda setting in the area of statistical research within the federal government by neo-federalists. In the early 1980s, the new leaders in the National Institute of Education (NIE), set up in the early 1970s to improve schooling through means of reducing educational inequalities, such as Robert Sweet and Edward Curran, desired to change

the agency through creating a more scientific agency and by insisting they had no intended political direction of the department (Vinovskis, 1999). However, the firing of many of the existing NIE leaders created an unequally balanced agenda that formed more to the new Republican president (Vinovskis, 1999). Embedded in the rhetoric of this era are the similarities with the mentioned philosophy of functionalism that points to the fact that everyone is allotted equal access to resources, on a level social and economic playing field within the U.S. In regards to people of color or those who are disadvantaged due to the lack of power within their own interest group, this functionalist perspective does not take into account poverty, institutional racism, and inequality when devising the new federal approaches to education. This denial leads to, as Weber noted, "interest groups competition" as the prime existing determinant of policy outcomes. The new approach to education therefore can be viewed as having negative effects on poor children and children of color (Astuto et al, 1994).

Richman, Bovelsky, Kroovand, Vacca, and West (1997) discussed how racial attitudes and Eurocentric perspectives are formed early and are reinforced in the school setting. They investigated the expectations of twenty White classroom teachers for students of color. They were shown pictures of children and told to guess their IQ level. Even though the scope was small and questions of validity exist, they study found that White teachers estimated that children of color in the pictures were inferior to White children in the pictures. In addition, Wynne (1999) discussed that teachers have an unconsciously lower expectation for Black children. Herrera (1998) studied ten U. S. cities and the racial composition of the special education classes in the schools in these cities. She found that cities with large numbers of White teachers had high proportions of Black males in the special education classes. Cities with a predominately Black staff had the lowest rate of Black males in special education categories in their local

education agencies. The cities with the highest number of Black male students in special education categories were Cleveland, Miami, Chicago, Houston, and Detroit. New York, Milwaukee, and San Diego were the cities with the lowest number of students in special education classes.

This denial of racism has been a common trait of those within the dominant groups within the United States. As in the beginning to the present date, the linkages between genocide and effects of enslavement have been strongly attacked by a majority of Whites (Feagin, 2000). Many Whites deny the effects and continuing occurrences of racism. In interviews with some members of the elite, Feagin (2000) noted that they saw racism on the decline and saw no need for governmental actions to remedy discrimination. Instances such as the disproportionate use of school corporal punishment and the administration of medication to Black males would not be viewed as discriminatory in their use. Furthermore, other elite White men such as Bob Dole and Representative Henry Hyde noted that the federal government should not have to “pay” for past acts of discrimination. Elite powerful government officials like George Bush, Bill Clinton, Jimmy Carter, Ronald Reagan, Trent Lott, and other high-ranking judges and present officials grew up in a society that overtly discriminated against Blacks, which in turn keep them in a lower status (Feagin, 2000). Therefore, it is conceivable that the new direction of neo-federalists, federal programs, research funded by the federal government, along side a new wave of meritocracy shared by the dominate class and ignorant, and the rejection of the broad-liberal base initiatives of the 1960’s and the early 1970s ignores the effects of past enslavement on Blacks. This combination of variables leads to the current situations within education that negatively affect Black students to be the “victim” of the dominant class in their pursuit to advance their interests and attain political power. This type of tactic is evident in the political

resistance of the power interests within the federal government in closing the gap of achievement between the majority and the minority population of school age children (Wong, 1994). For example, the federal and state government have done little to reform the distribution of resources from the rich to the poor areas of the country. Political opposition has been strong in this area.

Ritalin Is Here to Save the Day

I got my Rit-lin; you got your Dex. Slip us a pill; we won't be wrecks (Schrag & Divoky, 1975, p.72). Researchers do not know how behavioral stimulant medication works, but it has been used to increase attention among children who have been diagnosed with Attention Deficit/Hyperactivity Disorder (ADD/ADHD) (Diaz, 2001). Until recently, due to the expansion of Adderall, it was the number one drug prescribed to children (Frontline, 2001). According to the organization Children & Adults with Attention Deficit Disorders (CHADD) (1993), Attention Deficit Disorder (ADD) is a developmental disorder. It is manifested by developmentally inappropriate and medically documented degrees of inattention, impulsiveness, and hyperactivity. In contrast, some physicians see ADD not as the behavior of being inattentive, but as actually paying too much attention to many things at once (Hancock, 1996).

The disorder is considered to be physiological rather than just a manifestation of hyperactivity. When a nerve-cell within the brain fires, it releases neurotransmitters (Livingston, 1997). If the brain has too many or too few of these neurotransmitters being released in the brain, disorders can occur. Researchers have proposed that ADD and ADHD are disorders in which there is a neurotransmitter dysfunction in the brain (Livingston, 1997). According to the organization CHADD, ADD/ADHD is not the result of mental illness, cultural, economic, or environmental disadvantages. Three to five percent of school-aged children are diagnosed with

the disorder. These children suffer from impulsivity and hyperactivity. These feelings of impulsivity and hyperactivity are expressed in the child or adult who has poor time management skills, sleep disorders, mood changes, disorganization, and hyper focusing (becoming too engrossed with an activity). Also, these children and adults may possibly suffer from what has been termed mental restlessness; commonly know as ADHD (CHADD, 1993).

Hancock (1996) stated that doctors and researchers are still not fully knowledgeable about the disorder. What they have ruled out as causes are factors such as improper diet, bad parenting, or brain damage. Some doctors, like Dr. James Swanson, a psychologist at the University of California, believe that ADD is caused by a mishap that may occur in pregnancy. For example, the effects of alcohol or lead on a fetus may be linked to the disorder. In addition, Dr. Lawrence Greenberg, a specialist in ADD in Minnesota, estimates that of the surviving premature infants born, approximately one quarter of them may have the disorder. Also, some medical experts feel that children who suffer from ADD will have children of their own who also suffer from the disability (Hancock, 1996).

Researchers have begun examining children with this disorder, looking specifically at the difficulties they encounter in the classroom. For example, certain theories have been applied within academic institutions to aid children with ADD in their educational pursuit. Conte, Kinsbourne, Swanson, Zirk, and Samuels (as cited in Fiore, Becker, & Nero, 1993) studied children with and without the disorder and traits of hyperactivity by presenting them with paired associate learning tasks and material. The material and tasks were manipulated in the experiment to be presented at slow, fast, and mixed rates. The researchers concluded that children with the disorder “failed to benefit from consistently slow presentation compared with fast presentations, but did benefit from slow rate items within a mixed-rate task” (Fiore, Becker,

& Nero, 1993, p. 167). Thus, children who suffer from the disorder were affected by the slow rate of learning over along period of time. Zentall and Gohs (1984) found that children with hyperactivity took a great amount of time to complete designated tasks when information given by teachers was detailed rather than global. For example, when instructions were too detailed, the meaning to the student was lost in the connection process of details. Therefore, giving the student a broad sense of what to do is a sufficient amount of information to start the student toward completing a task (Fiore, Becker, & Nero, 1993). In another related area, Cramond (1994) discussed the connection between ADHD and creativity. He discussed the similarities between being diagnosed ADHD and being creative. For example, inattention and impulsivity are common characteristics of children diagnosed ADHD. Cramond (1994) notes that inattention can be a form of creative daydreaming. In addition, it nourishes a child's creativity when this particular period is not interrupted. Robert Frost was known to be a persistent daydreamer and later dropped from school for his inattention. It has been demonstrated that impulsivity was evident in many childhood lives of creative producers. Cramond notes that the possible overlaying traits may not be seen due to various interpretations of situations and viewpoints of those labeling a particular child behavior. Therefore, medicating children with Ritalin and other mood altering drugs could be destroying the growing creativity of our possible future authors, poets, and movie directors (Cramond, 1994).

In addition to concerns related, Whalen, Henker, and Dotemoto (1981) looked at the effects of teachers' behavior toward children diagnosed ADHD, more specifically boys using Ritalin. Teachers' behavior toward these children was compared to the behavior of hyperactive boys using a placebo. Their findings suggest, "medication status of hyperactive boys had a clear impact on the behavior of their classroom teacher, even though she did not know that many of

her pupils were considered hyperactive and were taking medication (Whalen, Henker, and Henker, and Dotemoto, 1981).

Some studies show that Ritalin can have an effect upon completion of tasks and creativity. Arntzen, Sagvolden, and Slatta (1993), researched the effects that Ritalin had on operant responses in rats. Furthermore, they wanted to determine if high doses of Ritalin reduced their subjects ability to complete a task of nose-poking on an “intelligence panel.” They concluded that as the doses of Ritalin were increased, the rats’ response in completing the task was altered. The subjects began to nose-poke outside of the correctly designated holes. The final results demonstrated that Ritalin reduced “ the occurrence of ‘correct’ operant responses (Arntzen, Sagvolden, and Slatta, 1993 p. 223).” If children are being misdiagnosed or receiving a high dosage of Ritalin, it is possible that their completion of tasks in school or at home can be Dotemoto, 1981 p. 1010.” Furthermore, the teacher used a higher degree of control with children she perceived were taking a medication. These children actually were the group taking the placebo. Therefore, teachers possibly treat children on medication differently than other children. This fact points to a concern fact that the extra control used by teachers might increase the negative perception that these children already possess due to the stigma of being diagnosed children. This fact points to a concern fact that the extra control used by teachers might increase the negative perception that these children already possess due to the stigma of being diagnosed ADD/ADHD (Whalen, Henker, and Henker, and Dotemoto, 1981).

This fact gives weight to the possible harms that Ritalin may have biologically and academically (Arntzen, Sagvolden, and Slatta). Slee (as cited in Christensen & Rizvi, 1996) notes that the likelihood of schools in promoting the beguiling diagnoses, is due to public school failure. He goes on to explain that schools have historically produced failure. “The unskilled

labour market and a segregated system of special education colluded in the concealment of the failure of schools to provide a comprehensive education for all comers” (Christensen & Rizvi, 1996, p.109). Before the collapse of the unskilled labor market, students seen as slow learners or disruptive could join the factory lines, mills, mines, and etc (Slee, 1997). But now, schools are forced to keep children longer. “Students however remain at school not because they are excited by the learning packages on offer... but because there is nowhere else to go...the extension of student dependency coincides with a world that screams at them to consume, to purchase and give label [designer label] to their identity” (Slee, 1997, p.10). These students with learning differences and behavioral issues are then labeled as undesirables and are categorized within a second tier of education. In the UK they are called Behavior Units, within the US they are called alternative placement, expulsion, and special education. Stephen Ball 1994, (as cited in Slee, 1997) notes that the curriculum of public schools are “dead” and fails to engage students. Teachers then are now imposed to compensate for the incapacity of the curriculum with forms of external control when students become aware that schooling is leading nowhere. Therefore, students become disruptive and placed at a greater risk of failure and being placed in a behavioral management program or worse, corporal punishment (Slee, 1997).

Today, critics such as Peter Breggin, M.D.. author of Talking back to Ritalin: What doctors aren't telling you about stimulants and ADHD (2001) noted that recent studies by the American Academy of Pediatrics and the Institute of Mental Health have not shown evidence that ADHD is caused by biological measures. But, still as of today, these organizations have continued to call ADD/ADHD a “ ‘neurobehavioral disorder’ ” (meaning a nervous system caused behavior (Breggin, 2001, p.24).

Evolution of Ritalin

Prior to the use of Ritalin, Benzadrine was used to help stimulate children diagnosed with behavior problems in the mid 1930s. This was the era where treatment of behavior disorders was practiced exclusively with children, generally through both individual outpatient and inpatient treatment (Estrada & Pinsof, 1995). In 1954, Ritalin entered the pharmaceutical stimulant market. Some of the first initial trial tests of the medication were completed on Black inner city children (Estrada & Pinsof). Youths receiving psychotherapy with behavioral problems were initially treated with Ritalin (Safer, 1980). At the time, behavioral problems among children were believed to be caused by deviant emotions driven by terrible caregivers. Therefore, the administration of stimulant medications was seen as an appropriate treatment in the face of bad parenting. Researchers scientifically engineered a drug that would increase the amount of dopamine within the frontal lobe of the brain, in turn effectively regulating impulsivity and attention.

In the 1950s, the treatment of emotional disorders for patients being prescribed Librium, Tofranil, and Thorazine dramatically increased while larger numbers of children were being prescribed Ritalin. Soon following the new medications came a wave of acceptance for giving children medication as a form of therapy. In the 1970s, children with ADD/ADHD were usually treated with either sedatives or tranquilizers, such as Mellaril. The number of children being treated with these types of drugs was equal to those being treated with Ritalin. But, Ritalin soon took over as the leading treatment for children suffering from behavior disorders. It became the “miracle cure” for the nation’s number one childhood disorder. In the 1980s, sedatives and tranquilizers dropped to approximately three percent while Ritalin drastically jumped to 90 percent of the total drugs being prescribed to children with ADD/ADHD. This soon became a

national concern when newspapers began reporting that a good number of students were being treated with the stimulant medication (Safer, 1980).

More recently, older forms of stimulants have been remarketed to promote the use of these drugs to children (Breggin, 2001). For example, in the late 1950s, Ritalin and Dexedrine were promoted to control the behavior of unruly children. But, later Gradument and Desoxyn (both forms of Ritalin) were later approved for the same use to children. More recently, Adderall, Concerta, and Metadate have been added to the list as other forms of behavioral stimulants. Those mentioned are either mixtures of amphetamines or longer acting forms of Ritalin. Therefore, the market of behavioral stimulants are very closely related drugs with similar adverse reactions and risk of addiction and abuse. Even though the newly developed drug Cylert does not hold the same similarities toward addiction, it has been shown to hold other dangers, most specifically, “fatal liver toxicity” (Breggin, 2001, p.6).

In 1971, a federally appointed panel began to investigate the use of Ritalin (Safer, 1980). In February of 1986, the United Nations released a report that expressed concerns over the use of Ritalin with children in the United States (Livingston, 1997). The report noted that approximately 10 to 12 percent of all male children in U.S. schools were taking Ritalin, a rate far beyond other industrialized countries in the world (Livingston, 1997). Recently this number has changed dramatically with Great Britain, Australia, and other parts of the European continent have reporting a rise in the use stimulant behavioral medications (Breggin, 2001). However, back in 1986, the manufacturers of Ritalin were met with opposition from a segment of the U.S. population. An anti-Ritalin campaign was embarked upon, beginning with a large number of lawsuits that were filed by parents of children prescribed the medication during the year. These lawsuits brought attention from the media, which resulted in a decrease in both the use and

prescription of Ritalin. Most attentive to the information coming to light were parents, frightened of the side effects, and professionals, frightened due to the threat of litigation. In 1990, the campaign significantly died down, as the group's focus was drawn toward a dramatic increase in the use of Prozac in the United States. The decrease in negative attention caused the use of Ritalin to dramatically increase once again. Between 1990 and 1995, the rate of diagnosing children with ADD had doubled from previous years. The number of medication-treated middle school children soon began to mirror the amount of children within elementary school that were using behavior stimulant medications (Safer, 1995). The number of ADD/ADHD cases diagnosed increased dramatically in 1991 (DeWeese, 2000). The increase has been linked to the addition of Section 504 in regards to including children with ADD/ADHD (Frontline, 2001). CHADD's desire to change the classification of Ritalin would have gone unheard without the financial support of Novartis. In addition, incentives were given to public schools. Education grants of \$400 annually were issued for each child diagnosed with ADD/ADHD (DeWeese, 2000). In fact, that same year, ADD/ADHD was recognized as a disability.

Through these years, the Drug Enforcement Administration (DEA) recorded Ritalin distribution in the United States averaging in 1990 at approximately 60g per 10,000 people to 168g per 10,000 people (Morrow, Morrow, & Haislip, 1998). This was recorded and monitored due to the fact that Ritalin was a Schedule II drug (Eberstadt, 1999). This class includes other drugs like cocaine, morphine, and opium.

In 1995, CHADD led an ADD/ADHD campaign and pressured the DEA to change the classification to a Schedule III drug (eg. codeine). CHADD complained that parents would have to make appointments with their doctor every time they ran out of the medication for their

children. In addition, CHADD argued that the classification of Ritalin as Schedule II made parents feel like criminals when obtaining a new prescription and that a switch would help reduce the stigma felt by the children being treated. But, the assault by CHADD came to a halt when the DEA discovered that Novartis (then known as Ciba-Geigy), a major distributor of Ritalin, had contributed approximately \$900,000 to CHADD over a five-year stage.

Currently, litigation has once again rose in opposition to the use of behavioral stimulants. A class action suit has been filed against the American Psychiatric Association (APA), Novartis (Ciba Geigy), and the parent advocacy group CHADD (Moss, 1988). The suit is based on the notion that they all have played a vital role in the promotion and sale of behavioral stimulants. This suit is filed by an attorney that fought against the asbestos and the major tobacco companies. Attorney involved feel that these cases are similar due to the blatant targeting and mistreatment of children. Moreover, the suit alleges that Novartis (the manufacture of Ritalin) “deliberately, intentionally, and negligently promoted the diagnosis of ADD/ADHD and the sale of Ritalin through its promotional literature and its training of sales representatives” (Breggin, 2001, p. 12). The suit also charges the company with financially (and through other means) supporting CHADD in order to promote the stance of the drug companies while drug sales were increasing. The APA is named due to conspiring, cooperating, and colluding with Novartis and CHADD “while taking ‘financial contributions from Ciba [Novartis] as well as other members of the pharmaceutical industry...’” (Breggin, 2001, p.10). The suit calls for compensation for anyone who has paid for Ritalin for themselves or their children regardless of appearances of affects of the drug.

Three hundred and fifty million dollars was reaped from the sale of Ritalin in 1995. Furthermore, the United States of America uses Ritalin five times more than the rest of the

world. Of the 38 million children ages 5 to 14 years old in the United States in 1996, 1.3 million took Ritalin on a regular basis. Regionally, the distribution varies state to state, but statistically, all regions of the U.S. showed an increase prior to 1995. Investigations by the DEA showed that Ritalin was not being stock piled, but rather quickly distributed to patients (Morrow, & Haislip, 1998). Two and a half million children were prescribed Prozac in 1998, to treat ADD/ADHD and depression. The number of prescriptions of Prozac and other similar drugs tripled by the year 1999 (DeWeese, 2000). More recently, Ritalin has increased tenfold in the last decade (Breggin, 2001). A University of Maryland study researched the number of children who were using psychotropic medication. Within the 200,000 researched, they found that between the years of 1991 and 1995, children between two and four years old, prescription medications rose 50% (DeWeese, 2000).

“While there is no comprehensive statistics concerning that total number of children taking stimulants, it probably is reaching four to five million” (Breggin, 2001, p.1). But still, no long-term studies have been researched regarding the effects of these medications on children. It is possible that the children in preschools being treated with medication for ADD/ADHD will have long-term brain developmental affects due to the adverse reactions to the prescribed drugs. Prozac, another psychotropic drug administered to more than three million children within the U.S. whom are classified as ADHD and depression is another example of the failure of the FDA (Diaz, 2001). The drug was first tested in 1985 and later introduced in 1987 by Eli Lilly to the U.S. people. In 1986, a medical doctor for the FDA reported that the adverse effects of Prozac might create within patients’ symptoms of depression. In fact, the FDA later discovered that Eli Lilly did not report their data regarding episodes of psychotic behaviors within the experimental trials of Prozac. Within the controlled clinical experimental trials, 27 deaths had occurred.

Furthermore, 15 of the deaths were related to suicide, while 4 others involved violent deaths associated with guns. Despite the deceiving techniques of the drug company, the FDA approved Prozac in 1987. Today, due to the failure of the FDA and untrustworthy tactics of Eli Lilly, many other deaths have been reported due to the patients' adverse reaction to Prozac.

The Food and Drug Administration (FDA) has also failed to do any test related to the topic with children. In fact, it was not until 1999 that a proposed and finalized plan from the FDA would allow for special clinical studies that involved new drugs targeted for children (Diaz, 2001). Some researchers and experts within the field feel that the lack of pediatric testing result in the increase rate of adverse effects, under-dosing, and over-dosing of treated children.

An article published in the Journal of the American Medical Association noted that due to the rise in number of children being treated with behavioral modifying medications, a crisis has occurred in the field of mental health. One of the most astounding facts about the subject of ADD/ADHD is that approximately 50 percent of those diagnosed with the disorder are never properly diagnosed. These facts have caused a large majority of people who either have children or who work in their benefit to feel worried and unsure (Safer, 1995). More and more children are being diagnosed with this disorder and the numbers do not seem to be decreasing. Are we simply discovering an actual population that needs attention and intervening with a "wonder drug," or are we as a society over prescribing an addictive Class III amphetamine drug to our nation's children to a phantom syndrome? Ritalin is a drug that has no previous pre-documented long-term effectiveness. Therefore, it is possible that giving millions of children this drug may have long lasting detrimental effects (Hancock, 1996).

Anti-Ritalin Policies

Some policies have been formed around the use of Ritalin and other psychotropic medications. For example, the International Olympic Committee has prohibited athletes who are using the medication (Schlafly, 2000). Similarly, in the United States the military bans any recruit who has taken Ritalin beyond the age of 12 for treatment of ADD/ADHD (Fox News Service, 1996). One out of 50 recruits are rejected for this reason. Unlike, the NCAA, who are obligated by law to permit athletes who are treated with Ritalin, the military is exempt from the policy of the American Disabilities Act of 1990. They have the right to discriminate against people who have a history of taking behavior modification medications. In addition, in 1999, the Colorado State Board of Education composed a resolution against the promotion of medicating children within their public schools. The resolution calls for teachers and other public school staff members to no longer recommend the use of psychotropic medication due to the fact that teachers were using the recommendations in order to deal with academic and discipline issues (Colorado State Board of Education, 1999). The resolution also notes that public school staff to be encouraged to use other techniques to resolve these issues of behavior and academics while encouraging a greater degree of communication between the medical community, educators, and parents in regards to the effects of drug usage on student safety and academic achievement.

Alternative Treatment

Some professionals do not believe that Ritalin is the only answer to correcting the problem behaviors of children. Ayllon, et al. (1975) feel that the implementation of effective behavior management alone or either concurrently with pharmacological treatment could help parents and children to meet their goals. There have been many different methods discovered, aimed at helping children with ADD and ADHD, such as behavior therapy and cognitive

behavioral therapy. Such therapy is cost effective and is easily applied by parents and teachers. In addition, behavior therapy is easily adapted to a large range of settings. Behavior therapy refers to the method of using punishment, reinforcement, or both (response cost) to target the child at a particular behavior. It uses social praise as the reward for positive behavior, since this particular type of reward improves reaction time within children who have characteristics of hyperactivity. Ayllon, et al. (1975), concluded that from their study of three children who suffered from hyperactivity and learning disabilities, the token reward system reduced hyperactivity to the studied levels of subjects using Ritalin. In addition, those students using both behavioral modification medication and the reinforcements used within behavior therapy exhibited great improvements in their academic performances. The application of punishment is used to reduce unwanted behavior. Specifically, researchers only use mild aversive contingencies such as taking away privileges. This mild form of punishment has been proven to decrease unwanted behavior, while increasing academic performance in their subjects (Fiore, Becker, & Nero, 1993).

Abramowitz, O' Leary, and Rosen (1987), compared the effects of teachers using rewards, no feedback, and mild forms of punishment (teacher reprimands), concluding that the use of teacher reprimands caused students with ADD/ADHD to have lower off-tasks rates (which stem from the occurrence of uncontrollable hyperactivity) within the classroom. Moreover, Abramowitz, O' Leary, and Fattersak (1988) concluded that short reprimands resulted in lower rates of off-task rates than longer reprimands. Long reprimands were seen as positive reinforcements due to the fact that to administer them the teacher was forced to give large amounts of attention to a particular child (Fiore, Becker, & Nero, 1993).

Researchers have also shown that a combination of both reinforcement and punishment works well in decreasing off-task behavior while increasing the academic performance of children with behavior problems. O' Leary (1990) compared the effect of reinforcement only and response cost. He concluded that while both aided children in producing immediate on-task behaviors, only response cost maintained on-task behaviors once the programs that administered the therapies faded out. In addition, the academic performances of the children receiving response cost were better than those who were administered reward-only therapy. Furthermore, Rapport, Murphy, and Bailey (1980) concluded that the combination of punishment and reinforcement was more effective than positive reinforcement in decreasing off-tasks behavior and academic performance. Rapport et al. also concluded that the use of Ritalin along with response cost did not increase their subjects' academic performance, but did slightly increase on-task behavior.

There have been new techniques, recently developed, which have been used within the realm of response cost. Response cost is any method which helps children to learn that certain behaviors are not appropriate through the use of rewards and repercussions. Researchers have come up with an electronic device that could be placed onto the desk of a child who has ADD/ADHD. The device can demonstrate to a child a visual automatic tally of positive reinforcement, while giving the teacher the option to subtract points as a form of mild punishment. Gordon, Thomason, Cooper, and Ivers (1991) within a classroom, and DuPaul, Guevremont, and Barkley (1992) within a clinical setting investigated the device on a population of children diagnosed with specifically ADD. Both groups concluded that the device brought about improvements for all the children in the areas of on-task behavior, product completion, attention, and general level of ADD (as cited in Fiore, Becker, & Nero, 1993). One concern with

this method of treatment surrounds the stigma the device may create for the children diagnosed with ADD.

Recently, researchers have looked to the connection between ADD/ADHD and sleep deprivation (Doctor's Guide, 1998). Based on the neurological connection between ADD/ADHD and the disruptions in the brain, some researchers feel that by treating the sleep disorder of a child with ADD/ADHD characteristics, improvements in behavior will be effected (adders.org).

Ritalin has raised many questions pertaining to academics, some researchers have tried to prove that Ritalin alone will add benefits to a child in his or her education. But, these researchers in their investigation have used achievement test scores to prove their theory that Ritalin alone is useful in aiding a child diagnosed ADD/ADHD academically. These tests only measure the cumulative effects that Ritalin has on a child's education. Therefore, the scores are not optimum measures of the effects of Ritalin in improving a child's education. For these reasons, others feel that medication alone cannot help a child in his or her studies. Chase and Clement (1985) addressed this particular issue by designing a study that had provided a intensive experimental design that measured the daily performance of children within the classroom. This, in effect, gave them the opportunity to measure the treatment effects of Ritalin alone, self-reinforcement alone, and self-reinforcement in combination with Ritalin (Chase & Clement, 1985).

The study used six boys between nine and 12 years of age. These children were diagnosed with ADD/ADHD. In addition, they had difficulties with reading, impulsivity, hyperactivity, and inattentiveness. The children who used self-reinforcement were rewarded with money for adequate behavior and academic performance within the classroom. The study

concluded that the sole intervention of Ritalin alone failed to improve the participant's academic performance. Self-reinforcement alone yielded better results with the children diagnosed ADD/ADHD. This was determined by the number of correct answers provided on reading comprehension exams. In addition, 83% of the students improved due to the intervention. Finally, Ritalin with self-reinforcement was found to be the best of the three intervention tactics. The combination of the two resulted in 100% academic improvement (Chase & Clement, 1985).

The positive effects of combining certain treatment tactics along with the use of Ritalin were observed in another study performed by Shafto and Sulzbzcher (1977). However, this study exhibits problems in terms of its validity due to the fact that the study intervened in the life of only one child. The study still holds some evidence to future larger studies using the same framework as this particular study (Shafto & Sulzbzcher, 1977).

This child was a seven-year-old child diagnosed with ADD/ADHD, mental retardation, and delayed language development. The subject was treated with positive reinforcement (food and praise) and varying doses of Ritalin. The researchers looked for changes in academics, verbal behavior, isolate play (interaction with other children), and activity changes. In addition, the side effects of the treatment combination were studied. Shafto and Sulzbacher (1977) discovered that the child had increased his attention to academic tasks. But, when higher doses of Ritalin were introduced, the subject showed a decrease in response to the commands of the teacher and intelligibility of speech. In addition, the child showed no increase in interaction in play with other children (Shafto & Sulzbzcher, 1977).

Finally, hypnotherapy has been used in treating children with behavior disorders. Calhoun and Bolton (1986) proposed the use of this particular treatment with ADD/ADHD. The study used seven boys and four girls. The groups were later reduced to one-on-one treatment

sessions. The hypnotherapy along with medication (pemoline, a substitute to Ritalin) improved the children's behavior (Calhoun & Bolton).

Their study raises questions of validity as well, however, Calhoun and Bolton (1986) point out that in their study, success was only achieved by treating one subject with the hypnotherapy treatment at a time. This was necessary due to the difficulties in using hypnosis on groups. In addition, there was no control group and the subject that had a positive response to the treatment later engaged in more typical acting-out behavior. This points to the need for a hypnotherapeutic follow up in future research to judge actual efficacy of treatment (Calhoun & Bolton, 1986).

Cognitive behavioral therapy in combination with Ritalin is regarded by some researchers as the most instinctively appealing methods of intervention in working with children with the disorder. It "combines behavioral techniques with cognitive strategies designed to directly address core problems of impulse control, higher order problem solving, and self-regulation" (Fiore, et al., 1993, p. 166). The evidence obtained from the use of the therapy exhibits that it can aid a child in producing positive changes with hyperactivity, attention span, and impulse control. Brown, Wynne, and Medenis (1985), Brown, Borden, Wynne, Schleser, and Clingerman (1986) (all as cited in Fiore et al., 1993) demonstrated the effectiveness of cognitive behavioral therapy with Ritalin. They concluded that the medication only produced improvements in sustained cognitive impulsivity, attention, and academic achievements. Once the medication was taken out of the experiment, the posttest measure showed no effects of the interaction between the therapy and the medication. Hall and Kataria (1992) demonstrated similar results. Moreover, the only significant improvements came from the combination of medication and cognitive training. Thus, research produced the findings that cognitive-

behavioral therapy is not very efficient and has not produced positive effects upon children with ADD/ADHD (Fiore et al., 1993).

There have been some recent findings regarding alternatives used in helping children with ADD/ADHD in the past five years. One that seems to hold promise is the Family Therapy model. Ana Estrada and William Pinsof (1995) reviewed the effectiveness of family therapy. Family therapy can be applied to children who have autism, conduct disorder, and ADD/ADHD. The therapy takes an alternative route in helping these children by bringing in the family as instruments that would hopefully aid positive change within their children. The focus is then on improving the interactions between family members in addressing the disorder. This approach is based on the context of the parent management-training model of intervention (Estrada & Pinsof, 1995). The parent management training model of intervention assumes that problems with certain behaviors of a child are inadvertently developed and “sustained by maladaptive parent-child interactions” (Estrada & Pinsof, 1995, p. 405). Specific procedures are taught to parents by therapists in altering interactions between parent and child. This interaction is designed to replace and decrease deviant, unwanted behavior with pro-social behavior. There are many versions of the model, but they all share similar traits. First, the treatment is fundamentally conveyed and implemented by the parents. Secondly, parents learn to label and identify the problem behaviors which occur. Third, the treatment usually involves positive reinforcement, punishment, or both. Finally, the strategies used to aid the child are taught through play-therapy, modeling, and interactive discussion with the therapists. However, this type of therapy did have some limitations. Families with multiple risk factors such as marital discord, social-cognitive deficits, socioeconomic disadvantage, and parental psychopathology tend to drop out

of treatment, are less likely to maintain gains, and show fewer gains when completion of the treatment has been undertaken (Estrada & Pinsof, 1995).

Within family therapy, children who have ADD/ADHD are treated in a manner which focuses on the child's management skills. Those who used the treatment were reported as having an increase in both family relationships and confidence. Follow-up studies showed that the treatment effects were maintained up to nine months. Much of the research produced by Estrada and Pinsof (1995) showed that noncompliance and aggression were drastically reduced. However, traits of ADD/ADHD were not significantly affected (impulsivity, inattention, and etc.). In addition, the research concluded that the therapy would best serve longer results if it was coupled in conjunction with a psychostimulant medication (Estrada & Pinsof, 1995).

According to Pfiffner and Barkley (1992), for interventions to be successful, there are certain variables that must be discussed and dealt with in order to provide the necessary help for the ADD/ADHD population. First, the contributions that teachers have to the success of these interventions must be recognized. Teachers need to be more interactive with ADD/ADHD children. Teachers cannot allow the negative behavior (inattention, hyperactivity, and etc.) of such children to frustrate them and to cause negative interactions between them. This would only lead to a child continuing his/her poor academic performance, poor self-esteem, and lack of motivation to change unwanted behavior. Secondly, teachers and administrators need to grasp the nature of ADHD. They need to be knowledgeable of the variables that interact within the lives of these children, for example, family life, physical environment, etc. Next, teachers need to keep accurate records, administer rewards and punishment accurately, and monitor the child very closely. These requirements might be too much for teachers presiding over large classrooms. Therefore, it would probably be necessary for teachers and administrators to tailor

the mentioned interventions to fit their classroom routine and size. It is necessary to give weight to how teachers' philosophy, training, experience, and beliefs may hinder the effectiveness of interventions with ADD/ADHD children. For example, some teachers may need additional training to deal with a particular population that they have no experience working with. This would aid them in their effectiveness with this population. If their beliefs and philosophy conflict with a particular intervention, then that child should be moved from that classroom environment or the administration should hold the teacher accountable for educating all children in any method that would aid them academically. Close collaboration is important to the intervention as well. Parents of ADD/ADHD children feel that the school system has historically halted their child's learning by not giving them the necessary tools to succeed. Also, unknowledgeable teachers feel that lifestyles and parenting methods, or lack thereof within the home are the causes for the disorder. In order for these children to succeed, it is necessary that the barriers between parent and teacher are taken down. Finally, regularly scheduled weekly meetings need to occur among teachers, therapists, and parents. This enables the therapist to provide instructions on behavioral management to parents and teachers. In addition, this allows everyone to evaluate the effectiveness of the intervention, and to mention possible changes that need to occur within the program. When the child reaches the age of 7 and older, he or she needs to be involved in the meetings. They can be involved in goal setting and determine their preference for rewards if used within the specific intervention (Piffner & Barkley, 1992).

There are many issues surrounding the intervention of medications such as Ritalin with children who are diagnosed with behavioral disorders. The majority of the articles and books that exist today do not cover these issues in depth. Nevertheless, issues of race, class, physical

environment, school administrations, and possible biological effects of medication need future exploration.

Problems With Diagnosis

Attention Deficit Disorder is not a disease, it's just part of the spectrum of children's behavior. The issue is not to find the line where abnormality stops and normality begins...and the line moves according to who's drawing it Swann, 1995 (as cited in Slee, 1997).

It has been argued that physicians diagnosing these children are not using a uniform diagnostic practice, such as scales that diagnose a child as having ADD/ADHD. Conners and ACTeRS scales are two examples of tests that can be used, but these practices actually vary with in the medical community (Jarvinen & Sprague, 1995). According to Gordon (1995), there is no set rating scale, interviewing questions, or test that would help physicians to determine whether a child actually has ADD/ADHD. Secondly, there are no standard indicators of ADD/ADHD. There is no scale for the degree of normal versus abnormal behavior for a child. The question begs itself: should children who do not academically place at age group appropriate levels be diagnosed with the disorder? Third, there is evidence that assessment of children with ADD/ADHD is distorted. This distortion can easily take place due to a parent's mental health or a teacher's reaction to a child's particular behavior. Therefore, these factors can sometimes play a heavy role in the misdiagnosis of children with ADD/ADHD. Finally, assessments are not comprehensive. For example, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, book of disorders and criteria used by psychiatrists) possesses 14 phrases and clauses that are not written well for the reader. In addition, the methods used for diagnosing are not considered a precise tool for labeling children ADD/ADHD (R. L. Sprague, personal communication, October 6, 1997). The Conner's Teacher Rating Scale holds a 39-item version for diagnosing

ADD/ADHD. This scale is considered by most a precise method of evaluation. However, the questions within the tool are not precise and do not take into account the positive points of a particular child's behavior. The scale only focuses on the negative points of behavior. The majority of later scales, which have followed the DSM-IV, and the Conner's Teaching Rating Scale have difficulties with interpreting percentiles of results (R.L. Sprague, personal communication, October 6, 1997). Finally, the actual administration process is problematic. Most physicians who are assessing a child take approximately thirty minutes to assess before making a decision as to the status of the child. In addition, physicians often do not take into account the factors of the child's family history or school interactions (Gordon, 1995).

Assessment rarely includes actual observations made in the classroom by the assessor, as mandated by Public Law 94-142. In my observation, if this does actually occur, the observations are taken within only one setting for a very limited time period. The evidence that is usually gathered is actually taken from observations within laboratory and clinical settings, in a simulated classroom with classroom tasks to be completed (Meents, 1989). However, the social and physical environment of a child can play a distinct part within the behaviors exhibited by a child. For example, a child that comes from a low socioeconomic community, where a certain behavior is normal, can exhibit problems within a school environment where similar behavior is not tolerated, especially when the child has a teacher who is not knowledgeable and understanding of different cultures. Therefore, a Black child that is unruly within a classroom with an un-understanding and un-enduring teacher, could trigger the school to make recommendations for the child to be diagnosed ADD/ADHD to the parent and physician. Teachers and physicians who do not understand the constraints of these factors can pass false judgments about a particular behavior (Estrada & Pinsof, 1995). According to Hoffman,

Engelhardt, Margoli, Polizos, Waizer, and Rosenfeld (1974), Ritalin is a successful intervention in alleviating unwanted classroom behavior with deprived hyperactive children who come from urban ghettos. Even within their study, the researchers did not take into account the above variables. Therefore, it is extremely possible that they were trying to medicate a social problem instead of a possible biological disorder (Hoffman, Engelhardt, Margoli, Polizos, Waizer, & Rosenfeld, 1974).

Finally, there are similar traits exhibited by children with ADD/ADHD and other disorders such as, delinquency, conduct disorder, and aggression. Even though they may have similar traits, treatment may need to involve individualized approaches. In order to do so, there needs to be compelling evidence that demonstrates that ADD/ADHD is present with a child. For example, demonstrating certain behaviors that only effect a child's academics is not enough evidence to prove that a child needs to be medicated. In the situation of children that display negative behavior which carries throughout all aspects of their lives (school, home, and peer interactions) are evident that medication is a necessary intervention to improve behavior. This can only be done with physicians implementing a uniform assessment procedure. Proponents of this side of the argument strongly feel that the over-use of the drug Ritalin is an indicator of the frustration of school officials and parents in dealing with difficult children and situations (Gordon, 1995). In another related area, Cramond (1994) discussed the connection between ADHD and creativity. He discussed the similarities between being diagnosed ADHD and being creative. For example, inattention and impulsivity are common characteristics of children diagnosed ADHD. Cramond (1994) notes that inattention can be a form of creative daydreaming. In addition, it nourishes a child's creativity when this particular period is not interrupted. Robert Frost was known to be a persistent day-dream or later dropped from school

for his inattention. It has been demonstrated that impulsivity was evident in many childhood lives of creative producers. Cramond notes that the possible overlaying traits may not be seen due to various interpretations of situations and viewpoints of those labeling a particular child behavior. Therefore, medicating children with Ritalin and other mood altering drugs could be destroying the growing creativity of our possible future authors, poets, and movie directors (Cramond, 1994).

In addition to concerns related, Whalen, Henker, and Dotemoto (1981) looked at the effects of teachers' behavior toward children diagnosed ADHD, more specifically boys using Ritalin. Teachers' behavior toward these children were compared to the behavior of hyperactive boys using a placebo. Their findings suggest that "medication status of hyperactive boys had a clear impact on the behavior of their classroom teacher, even though she did not know that many of her pupils were considered hyperactive and were taking medication (Whalen, Henker, and Dotemoto, 1981 p. 1010)." Furthermore, the teacher used a higher degree of control with children she perceived were taking a medication. These children actually were the group taking the placebo. Therefore, teachers possibly treat children on medication differently than other children. This fact points to a concern fact that the extra control used by teachers might increase the negative perception that these children already possess due to the stigma of being diagnosed ADHD (Whalen, Henker, and Dotemoto, 1981).

Some studies show that Ritalin can have an effect upon completion of tasks and creativity. Arntzen, Sagvolden, and Slatta (1993), researched the effects that Ritalin had on operant responses in rats. Furthermore, they wanted to determine if high doses of Ritalin reduced their subjects ability to complete a task of nose-poking on an "intelligence panel." They concluded that as the doses of Ritalin were increased, the rats' response in completing the task

was altered. The subjects began to nose-poke outside of the correctly designated holes. The final results demonstrated that Ritalin reduced “ the occurrence of ‘correct’ operant responses (Arntzen, Sagvolden, and Slatta, 1993 p. 223).” If children are being misdiagnosed or receiving a high dosage of Ritalin, it is possible that their completion of tasks in school or at home can be impaired by the drug. This fact gives weight to the possible harms that Ritalin may have biologically and academically (Arntzen, Sagvolden, and Slatta).

Dark Side of Ritalin

Most recently Ritalin gained negative attention, being linked to deaths and violent, homicidal tendencies. One young man, Matthew Silber, started taking Ritalin at the age of six. On March 2000, at the age of 14, he collapsed and died that same evening (Schlafly, 2000). The medical examiner in Oakland noted the cause of death to be the Ritalin that had been taken for eight years. The long-term exposure to the medication was the only cause to be accounted for in relation to his death (Schlafly). Pressure was put on the examiner to change his diagnosis, but Dr. Dragovis said in an interview that “[He’s] not telling people what to do with their children, or patients. These are [his] findings. Take them or leave them” (Schlafly, 2000, p. 5). Also as a result of this case and others related, the American Heart Association (AHA) is currently attempting to put out new guidelines: “There’s no clear evidence in the literature that Ritalin is associated with higher incidence of sudden death in children...nevertheless, the AHA isn’t taking any chances” (Channel 2000, 2000, p.1). These guidelines entail taking into consideration heart problems and family history before starting treatment of a child. In addition, the AHA feels that if any evidence is found during these investigations, a cardiologist is to be referred. But currently, how feasible is this due to the small amount of time doctors spend with their patients before prescribing medication? Breggin (2001) noted that through numerous

summaries of controlled clinical trials on the use of stimulant effects on children, he pointed out that these drugs disrupt the growth hormone production that in turn affects the entire body including the brain. Reports to the FDA between 1985 and March 1997 included reports of 38 cases of psychosis, 43 cases of hallucination, and 11 incidences of psychotic depression. Diaz (2001) & Breggin (2001) reported that only a small number of adverse reactions to these stimulants are ever reported to the FDA, especially when drugs such as Ritalin have been used for decades.

With the increase in school shootings occurring in the past three years, again Ritalin comes under examination. For example, Kip Kinkel (Oregon high school and killed his parents), Eric Harris (Columbine shooting), T.J. Solomon (Georgia high school shooting), Shawn Cooper (non fatal school shooting), Chris fetters (killed her favorite Aunt) and Seth Trickey (Oklahoma school shooting) were all either on Ritalin, Prozac, or Luvox (Diaz, 2001). These along with six million other children are prescribed one form of psychotropic medication that ranges to cope with disabilities such as depression, ADD/ADHD, Obsessive Compulsion Disorder (OCD), and a ray of other labels. Through this form of drug therapy, drugs do have the likelihood of endorsing dissociative response. This response can numb the consequences of violent behavior toward themselves and others. For example, one out of twenty children prescribed Luvox caused episodes of psychosis (Diaz, 2001).

The isolation of the born criminal... prevents his perfecting himself in evil, and what is more important, prevents fruit, congenitally rotten, from tainting hundreds that are sound Cesare Lombroso (1876). Due to the limited research that has been completed in reference to the historical policies that have paved the way for the introduction of psychotropic drugs administered to children, the following sections will rely heavily on the works of Schrag &

Divoky (1975). Their controversial book, The Myth of the Hyperactive Child, relied on sources of information that were copies of memos and other sources of data that were not identified within the book. Therefore, it was difficult to gain access to the original documentations due to their comprehensive approach to the issue; opponents of behavioral medications in addition rely on the foundation set by these researchers as well.

A request through John D. Ehrlichman, Domestic Affairs Advisor, from President Richard M. Nixon to the Secretary of Health, Education, and Welfare, was sent on December 30, 1969. The president wanted the Secretary's opinion "as to the advisability of setting up pilot projects embodying some of [the] approaches" presented by Arnold A. Hutschnecker, M.D., in his 1,600 page memo which advised the government to conduct nation-wide testing on all children six to eight years old (Schrag & Divoky 1975, p. 3). This national testing approach proposed to detect children who possessed homicidal and other violent tendencies in children (Schrag & Divoky). The memo in fact had ideologies that bore similarity to those advanced in Crime: Its Cause and Remedies, written by the Italian criminologist Cesare Lombroso, and published in the United States in 1911. The resonance of his work would later be seen in the works of H. M. Goddard, Edward Thorndike, Lewis M. Terman, and Sheldon and Eleanor Glueck. Goddard completed a historical trace of three generations of deviants, which included prostitutes, paupers, and criminals in 1908 in his piece The Kallikak Family. Terman made attempts to research the "racial stock" of individuals. He noted that "most prolific of gifted children [were] from Northern and Western Europe, and Jewish [while] the least prolific [were] the Mediterranean races, the Mexicans and the Negroes" (as cited in Schrag & Divoky 1975, p.12). Terman later went on to be responsible for the sterilization of approximately 6,200 United States citizens in the 1920s as a leader of the California Human Betterment Foundation. Thorndike promoted the

ideas of selective breeding and selective immigration practices in the U.S. in the 1920s. In 1923, in an address to the National Education Association convention, he noted ““that if the present differential birth rate continues, 1000 Harvard graduates will at the end of 200 years have but 50 descendents, while in the same period 1,000 South Italians will have multiplied to 100,000”” (Schrag & Divoky, 1975, p.13). Goddard and Eleanor Glueck developed delinquency predictors in Physique and Delinquency in 1958. The main point of the book introduced the theory that crime was similar to a disease, and should be treated through the field of medicine. Their theories concerning ““psychic anomalies””(p.10), criminal associations of ““atavism,” people who were epileptics, left-handed individuals, cranial size, and ““physiopsychic hyperexcitability”” would later resurface in the 1970s through hypotheses that were introduced by researchers regarding characteristics associated with people with learning disabilities, social deviance, and other forms of delinquency.

Dr. Hutschnecker, who was at the time engaged in psychotherapy, hoped his proposal for nation-wide testing would allow the children identified as having problems to be subjected to ““corrective treatment”” (Schrag & Divoky, 1975, p.3). The children Hutschnecker mentioned would be put in special camps, counseling sessions, and day care centers that specialized in correcting their violent delinquent tendencies. In his memorandum to President Nixon, he expressed the idea that it was possible to identify those children with possible ““future delinquent tendencies”” nine out of ten times. He primarily believed that one must attack and intervene with the problem of the delinquency of children through the minds of children.

Later, the Director of the National Institute of Mental Health, Dr. Stanley F. Yolles in 1970, replied to the President for the Secretary through a draft which noted that:

Predictions aimed at events which have relatively low frequencies (e.g. violent crimes and homicides), almost invariably have rather high rates of erroneous predictions. Such

errors are two types: those predicted to be violent who in fact do not later display such behavior (false positives), and those predicted to be not violent who in fact later display violent behavior (false negatives). Thus, while some devices...do pick out high proportions of youngsters who may actually become delinquent, they do this at the cost of having a rather high rate of “false positive” errors (as cited in Schrag & Divoky, 1975, p.4).

Dr. Yolles also noted that the Hutschnecker proposal had some possible violations to the Constitution as well as to some social policies if the government planned to intervene in the lives of children who have yet to actually display delinquent behaviors (Schrag & Divoky, 1975). At the time of the draft to the Secretary, Dr. Yolles felt that the advancements of technology did not yield to the possibility of aiding mass testing. But, he did not deny the possibilities of Hutschnecker’s proposal for rehabilitation camps along with residential treatment centers through the development of “Comprehensive Community Mental Health Centers.” These centers and camps were proposed to be located in, or in the vicinity of, local communities. At the same time, Dr. Yolles, the Medical Director of the American Psychiatric Association, noted to the media that Dr. Hutschnecker did not have the support of others within their profession as to the capability of such a proposal to identify this target population (Schrag & Divoky, 1975).

Very shortly after the Hutschnecker’s proposal was leaked to the media, the then Assistant Secretary of Education, James E. Allen delivered a speech at the National School Board Association convention that advocated for a Dewey philosophy that would send a “revolutionary” plan throughout all U.S. public schools:

Under the plan, there would be available in the school district a Central Diagnostic Center to which, at age 2.5, a child would be brought by his parents or guardian. The purpose of the Center would be to find out everything possible about the child and his background that would be useful in planning an individualized learning program for him. This would be accomplished through an educational diagnosis, a medical diagnosis, and home visits by a trained professional who would in effect become the child and family’s counselor. By the time the tests and home visits were completed, the Center would know just about everything there is to know about this child--his home and family background,

his cultural and language deficiencies, his health and nutrition needs, and his general potential as an individual. (Schrag & Divoky, 1975, p. 6)

Between the ages of two and six years, a periodic evaluation would be done approximately every three weeks. After six, the evaluations would take place every six months. Allen went on to explain that the data would be entered into a central computer where all the data on each child would be analyzed and then sent to professionals who would give a “detailed prescription” for the child. If the family were in neglect with regards to the child’s development, they would receive aid. During his address to the convention, Allen fantasized about “Good Start Centers” and a “Central Academy.” These centers would aid children in strategies of getting along with their peers of different backgrounds. The academy would serve as the central nervous center for the domains of academia, specialized help, and supervision in the area of instructions. Furthermore, the child and/or the family would receive evaluations and updated “prescriptions” which would be filled by either the local Health Department, Board of Education, or family physician periodically throughout the child’s stay in public schools (Schrag & Divoky, 1975).

It is evident that the proposals did not result in immediate action, but a profound change in practice toward children was amidst. Currently, these proposals are echoed in the Mental Health Early Intervention, Treatment and Prevention Act of 2000 (NAMI, 2000). This act is designed to increase the resources and aid treatment of people within the criminal justice system through screening, education, and diagnosis. As such, this policy will affect the children and adolescents within the criminal justice system. The act will attempt to prevent the negative results of mental illness, such as suicide and acts of violence. The two historical proposals were flares within the dark skies of education, by signaling a renewed approach to social control of children in the United States. A shift from the 1950s wanting to fix the institution began to shift

to fixing the individual child. The techniques of shaping young children through corporal punishment, and threats of expulsion and suspension were being replaced with an ideology of psychochemical and psychosocial techniques. Prior to the 1950s, schools approached bad behavior in terms of labeling children “lazy” or euphemistically “slow.” During the 1950s, schools began to invest in the findings of Freudian psychology. Then, experts in the field were hired by schools to identify those children who failed in their academics due to “emotional handicaps, reading blocks, or overbearing fathers” (Schrag & Divoky, 1975, p.37). Later in the 1960s, the emphasis on culture and the social ills of discrimination was adopted as the reasoning for failure of minorities. These variables were addressed through education reparation by way of the Elementary and Secondary Education Act (ESEA) and others means within the educational institute, and the Office of Economic Opportunity, that fostered new approaches to the problem of failure amongst pupils within the educational system.

One approach to the problem of academic failure was reform for all academic levels in the public school through techniques such as peer group teaching, and individualized teaching, and collaborative learning. These programs appealed to all conceivable ethnic groups. Education during the 1950s took a flexible approach by attempting to accommodate every style of learning. This approach follows the attempt to fix the system, and not the child. But, during the 1970s, this system had begun to phase out. The national attitude had changed, as evidenced by the low number of federal monies that were given through the federal government and by the number of tax increases for education being voted down throughout the country. The complaints of the past, which focused on better teachers and curriculum, began to take shape in complaints surrounding school violence and classroom disruption. Parents began to ask why promises of the past were not kept by the schools. Many were complaining about why their children could not

meet the basic requirements of an education after gross amounts of money were spent within the system of education. Parents basically wanted the budget to be kept in check while kids were taught the basics. The pressure within and around schools renewed the approach for discipline and control. The disciplinary technique of corporal punishment needed to be replaced. The courts also began to impose due process standards for school punishment (expulsion, suspensions, and transfers). Therefore, a new clinically based reform approach was needed.

The new era of psychological control within the late 1960s through 1970s had begun with the introduction of proposals that would test and treat children in America through psychoanalysis and psychotropic medication. For example, the proposal with San Francisco Unified School District proposed starting such tests for all children at the age of three. The Hutschnecker theme also resurfaced in proposals in Baltimore, Southern California, and Illinois. These states wanted to look for maladaptive tendencies to pre-delinquents through statewide approaches using medical and psychological testing. The state of Maryland went as far as establishing a "central computer data bank." Data regarding every child that had a "handicap" and received medical or psychological services was recorded and stored. The spark lit by Hutschnecker and Allen to detect and treat dysfunctional children was beginning to again ignite a new era throughout the country in teacher training programs, research, experiments in behavior modification, conferences that focused on learning disabilities and delinquency, and thousands of other programs pertaining to children.

In response to the Hutschnecker memo and the change in attitude toward fixing children and not the institutions that surround them, these terms were founded in conjunction with the practice of a growing number of states attempting to screen all children for disabilities, and develop new techniques to intervene in the lives of children and their families in the 1970s. In

the 1960s, there were no training programs that focused on children with learning disabilities (LD). By 1974, the number of programs reached into the hundreds, and the Office of Education was promoting an increase in projects that focused on learning disabilities. In 1967, the Journal of Learning Disabilities was founded. Within four years, the circulation had grown from 7,500 to 15,000 subscribers. Other journals previously documented three to four pieces pertaining to learning disabilities in previous years. In comparison, by 1974, the number of pieces increased to at least three or four per week. Universities around the country were producing scores of research projects dedicated to the topic. They were given financial support through millions in federal and private grants. A prediction made by the National Education Association in a Forecast for the 1970s, suggested that by the end of the decade, educators would be servicing children as young as two years of age, and working with parents and their children in early diagnosis and identification of nutritional needs and handicaps. Later, referrals to local agencies would be made for treating psycho-behavioral problems. This prediction was quite similar to the overtones of Allen's proposal in earlier years.

The Association for Children with Learning Disabilities (ACLD) was created during the same period. They were bringing in approximately 5,500 participants at their annual conferences. They were responsible for setting up information on LD for parents, including local resources and locations of evaluation centers through the Massachusetts Institute of Technology. By 1974, the issue of ADD/ADHD was one of the most widely discussed topics in the mainstream press.

Another result of the new labels to identify children with disabilities was the increase in the funds spent between 1966 and 1972 on local public school programs for the disabled. The funds have been estimated to have tripled to nearly two billion. The budget and number of

programs through the U.S. Office of Education skyrocketed during this era. Large numbers of children were labeled, and monies were sent to local districts. Schrag & Divoky (1975) noted that “the labeling itself is often enough to get the money, to put the stigma on the child, and to rid the classroom teacher of a person she considers a nuisance” (Schrag & Divoky, 1975, p.32). There seemed to be hysteria around the topic for parents and the nation. Parents were appearing on local talk shows discussing diagnosis of their children and basic comparisons of issues ranging from medication to the diets of their children.

Parents in increasing numbers around the country began to suspect their child’s behaviors, lack of interests, or failure in school as associated with a Mild Brain Disorder (MBD) or other learning disabilities. Confusion ruled the minds of parents. In some respects this is understandable, for the professionals and supposed experts in the field of medicine had incited confusion since the early 1900s. Physician, George F. Still reported a connection between an absence of morality in children and meningitis, brain tumors, and epilepsy. In 1937, a book called Reading, Writing, and Speech Problems in Children, by Samuel Torrey Orton, linked language problems with defects in specific parts of the brain. His theory connecting IQ levels with academic and school behavior led the way for the modern-day LD theory (Orton, 1937). In the New England Journal of Medicine in 1934, an article called Organic Drivenness: A Brain-Stem Syndrome and Experience, by E. Kahn & L. Cohen, suggested deviant behavior in children was associated with hyperactivity, short-attention span, and appeared as a the result of a malfunction within the central nervous system (Kahn & Cohen, 1934). Alfred A. Strauss in 1947 described children with brain injuries exhibiting specific behaviors of hyperactivity. He associated the behaviors and injury to diseases of injuries that occurred during the perinatal period of a child’s life. Later, with the aid of Newell C. Kephart, the concepts mentioned

included “normal brain-injured children,” whose behavior, similar to the ones mentioned, could not be linked to trauma during the perinatal period (Schrag & Divoky, 1975, p.41).

This leap, mentions, would be later built on by other researchers decades to come after Strauss and Kephart. Laufer, Denhoff, & Solomons (1957), made an announcement to the medical community that noted, deviant behaviors in children, could be rooted to severe brain injuries, encephalopathies, measles, and encephalitis. However, the same dysfunctional behavior in children with no clear medical history of a cause was presented. With this announcement, “hyperkinetic impulse disorder” was coined to the world (Laufer, Denhoff, & Solomons, 1957). This label included those found with or without organic cause. The disorder was linked to a child’s short attention span, impulsiveness, visual-motor difficulties, and low tolerance within school all contributing to a child’s difficulty for a child to be success in reading, math and handwriting skills (Laufer, Denhoff, & Solomons, 1957, & Schrag & Divoky, 1975).

Was there a consensus among professions within the medical community about the cause of MBD or other learning disabilities? Apparently not, for in 1966 a team of professionals, supported by the National Institute of Neurological Disease and Blindness of the Public Health Services and the Easter Seal Research Foundation, determined that in “the purist point of view’ minimal brain dysfunction was ‘in most instances an unproven presumptive diagnosis’” (as cited in Schrag & Divoky, 1975, p.43). Within this study, after reviewing the 38 then present terms used to describe children with deviance or poor academic behaviors, they chose MBD as the official label to describe the extreme behaviors previous researchers had observed and studied. In summation of their study, researchers determined that MBD would simply cover any behavior adults found deviant. The findings seemed to be confusing, for at the time, there were at least 99 symptoms that described MBD reported. They ranged from low achievements, left-handedness,

basic awkwardness, and sleeping problems to spelling problems, nail biting, and poor drawing ability. Later, his descriptions were dispelled as invalid. But regardless, his findings, in combination with others at the time, legitimized the term MBD.

Educators of the time ignored the confusion and questions about the validity of information presented by the scientific world in relation to the disorders discussed at the time and focused their attention on looking for means of control for the population of children displaying these behaviors. Parents were also included in that group searching for a light to guide them out of the dark confusion that the medical world had created. The term MBD had grown inclusive and vague. MBD was being linked to cigarette smoke, food additives, household products, genetics, nutritional deficiencies, and even fluorescent lights. People at the time were even trying to identify the occurrence of MBD by the texture of a child's hair, or by observing the shape of their heads. Mothers across the country were blaming themselves for their child's academic and behavior difficulties. The National Education Association in 1973, issued a report to the public that warned of a national phobia. It seemed at the time that every problem within the home was associated with a learning disability or MBD. Therefore, middle class families began to join in numbers and enrolled in organizations like the Association for Children With Disabilities (ACLD) and the California Association for Neurologically Handicapped Children (CANHC). They helped to spread information, including sharing advice from the medical and educational communities about disabilities, monitoring legislative policies that would effect their children, organizing workshops and in service meetings, raising funds, and printing newsletters and pamphlets. These groups became powerful advocate groups in support of middle-class families throughout America. These parents came together and discovered through doctors and research that the faults within children were not due to parents,

but due to neurological and chemical deficiencies. They guided parents toward answers that included medication, therapy, and special classes. The guilt once felt by parents soon disappeared. One parent noted, “Even though it wasn’t true, my being told that my child’s problems were my fault -- I had gone through all that guilt. That was the worst part. Once we knew we had this special problem, all that guilt was gone.” (Schrag & Divoky, 1975, p.50); and another; “I have no problem with labeling’ said Nancy Ramos, the Palo Alto mother who [served] as CANHC president. By the time we got one, I was very glad for anything that told us where we were. When you don’t have a reason it’s pretty frustrating” (Schrag & Divoky, 1975, p.51). This illustrates that neither teacher or parent is called into account for the deficient. The child who was once thought to be bad is seen now as having a pathological dilemma that can be relieved through an offered cure. For those children who do not desire medication, they “may be quieted by other means” (Slee, 1997, p.13).

The Warehousing Effect

Traditionally within the United States, this could include suspension, expulsion, alternative settings, retention, and exclusion. Black males are twice as likely to be suspended from school as compared to White males (Edelman, 1975). Recent data show that the number of Black male are being suspended and expelled at larger rates than their White counter parts (Johnston, 2000). The 1998-1999 academic year yielded information pointing to the fact that 33% of Black were suspended across the country, while only comprising of 17% of the student population within public schools (Johnston, 2000). More specifically, Chicago Public Schools have experienced such an increase in the number of expulsions, that in 1992-93 academic year, the number of students expelled rose from 14 to 737 in 1998-99 (Civil Rights Project at Harvard

University, 2001). Through this data, Blacks represent 73% of those expelled from Chicago Public Schools. The response of perceived school violence has caused parents and teachers' unions to pressure and force for the increase measures of separating "good" and "bad" students (Dunbar, 1999). In fact, students who are labeled as underachievers are consequently forced into an education dead pool fostered by teacher perceptions that deem these children as incapable students (Collins, 1988). This form of labeling is further justification for removal of the student from their regular education physical setting (Dunbar, 1999). Goffman (1963) call these students "spoiled identities" (p.3). This phrase describes how students are reduced to an unsalvageable individual and translates into the motivation of public schools to proceed with exclusion of this population on the behalf of teachers. This process of exclusion results in alternative placement that resembles placing poor, minority, and disabled students within a "warehousing" system. More specifically, Black males are regulated within separate academic tracks that isolate them from their White counterparts. This separate track is filled with academic instruction that does not mirror the active participation and quality of learning that is done in regular public school settings (Darling-Hammond, 1990). The policies that allow for the creation and maintenance of these schools do not adequately prepare these students with skills to hold positions within entry-level jobs (Dunbar, 1999). In fact, this practice too often takes alternative placed children from the alternative school setting into a life within juvenile detention center, and to finally youth or adult prisons.

Attacking The Black

Through the above sections, the disparity between genders has been established in both the use of corporal punishment and the administration of medication. But the question still remains, how has the use of corporal punishment and psychotropic medication affected Black males? Some researchers have theorized that corporal punishment is used in a discriminatory fashion. They have investigated racial and gender inequalities with regards to the use of corporal punishment. Rose (1984) randomly surveyed 324 school principals in 18 states in the United States concerning the use of corporal punishment. He discovered that female principals were more likely to administer corporal punishment than their male counterparts. But, of those male principals utilizing corporal punishment, they reported that they use corporal punishment more frequently than female principals. In addition, principals who were located in rural communities reported a disproportionately higher use of corporal punishment than school officials in larger areas did (Rose, 1984). In comparison, Hyman, Clarke, & Erdlen (1987) concluded from 846 newspaper articles addressing reported cases of corporal punishment in schools across the U.S., that severe punishment in schools was more likely to be administered by male school officials to boys up to the ages of 12 and 13 years of age, but decreased thereafter. Wooldridge & Richman (1985) concluded from their study that a high number of teachers in their sample recommended that severe corporal punishment should be administered to a disproportionate number of male students. Jennings (1988) interpreted data that showed of all paddling incidents in the study, 80 percent were administered on male students.

With regard to racial inequalities that exist with the administration of corporal punishment, Black students are more likely to receive corporal punishment than White students are. For example, as of 1988, in Arkansas schools, Black students, who comprised 24 percent of

punishment. White students, who comprised 75 percent of the total enrollment, accounted for 60 percent of recorded incidences of corporal punishment (Slate, Perez, Waldrop, & Justen, 1990). Furthermore, 11 percent of Whites in Arkansas schools were paddled while 23% of Blacks were punished (Slate et al., 1990). Burrell (1971) found that school officials allowed for stereotypes and bias to influence their judgment in the use of corporal punishment for offenders. This caused school disciplinarians to punish Black students more due to bias and preconceived stereotypes (Burrell, 1971).

Until 1994, no national data were available to examine the use of corporal punishment in schools with regard to race and gender. Gregory (1995) studied the first available national data set forth by the OCR. He found that out of the national survey of 4,692 public school districts and 43,034 public schools, Black students accounted for 127,103 cases of corporal punishment (44 percent) and White students accounted for 97,420 cases (34 percent). Furthermore, the analysis found that boys were four times more likely to be punished physically than were girls. Black male students were approximately three times more likely than a Black girl or White boy and sixteen times more likely than a White girl to be struck by a school official (Gregory, 1995). There is not concrete data regarding the number of children being diagnosed by ascriptive factors. But, due to the number of children that are being labeled into special education categories with either a learning or behavior problems, it is possible that Black children are among the largest number being treated with psychotropic medication. Since the Gregory (1995) study found that Black males were being punished more than their peers, Black children, in proportion to their representation in the population, are being labeled in greater numbers than White children.

There is very little information that covers the issue of race and ADD/ADHD. Large numbers of data exist that point to the over-representation of Black children in special education categories (Jarvinen & Sprague, 1995). For example, Dent (as cited in Jarvinen & Sprague, 1992) researched the topic in three of California's public schools. He discovered that "the percentage of African American children enrolled in special education was 34 percent higher than the percentage of African American children enrolled in public schools statewide. Even though the sample was small, it raises questions and further validates the need for future research. In certain districts, enrollment in special education for African American students was almost 50% higher than their representation in the districts as a whole (Jarvinen & Sprague, 1995, p.173). Such findings raise some concern as to potential biases in assigning children of color to special populated groups. Dent (as cited in Jarvinen. & et. al, 1992) makes inferences that the over-representation of minority children in special population categories does not solely occur in the general area of special education. He argues that minority children are also being over-represented within the ADD/ADHD category, more specifically. Hampton (1996) went on to note that Blacks are being placed in behavior classes, expelled, or suspended for deviant behavior within the classroom setting.

Unfortunately, teachers are not always cognizant of the effects of race when it comes to these issues (Siegel, 1999). Coulter (1996) indicated in a study, that out of 66 local education agencies in southern states, 28 showed a disproportionate number of Black students in special education settings. Children classified with a behavioral, mental, emotional, or learning disability were disproportionately students of color as well. Coulter (1996) showed that Black students in special educational settings dominated 62 out of the 66 local education agencies.

Handy (1999) pointed to racism and cultural differences between Blacks and Whites as the reasoning for this disparity.

Court Battles

The courts have struck back at parents in regard to the issue of medicating their children. In Albany, NY, a Family Court Judge ordered parents to give their seven-year old girl Ritalin that was prescribed by a physician for the diagnosed made by a psychologist. The little girl was diagnosed with ADD/ADHD. When the parents informed their child's school that they wanted to take her off the Ritalin, the school district accused the parents of educational neglect and were threatened with custodial removal of their child by the courts if they did not medicate their child (Schlafly, 2000). Also, in May 2000, a Dallas, Texas law firm had filed a lawsuit against Novartis, manufacturers of Ritalin, and the organizations of the American Psychiatric Association (APA) and CHADD (Moss, 1988). The suit accuses the organizations of fraud in plotting to overly endorse the diagnosis of ADHD and its treatment with Ritalin. In addition, in 1987, Parker v. American Psychiatric Association, a class action suit against the Gwinnett County School Board, Georgia charges the school system in violating an estimated 20,000 children's constitutional rights through coercion in taking Ritalin and misrepresenting the effects of the drug to their parents (O' Leary, 1993). The suit also charges the APA for fraud in their creation of the broad definition of the diagnosis of hyperactivity that causes an overrepresentation of children being labeled ADD/ADHD. Other similar cases have been filed in Atlanta, New Hampshire, Boston, Minneapolis, California, and Washington, D.C. (Moss, 1988).

These cases have met some major opposition within the court system. O' Neal & Freestone (2001) discuss how 4 out of the five cases within California have been dismissed due to the anti-Strategic Lawsuits Against Public Participation (SLAPP) statute, which is in Section 425.16 of the state's code of Civil Procedures. The statute protects any statement made "in a public forum on a matter of public interest, or any conduct in furtherance of the exercise of the constitutional rights...of free speech in connection with a public issue or an issue of public interest" (O'Neal & Freestone, 2001, p.485). Therefore, all comments and communication of Novartis concerning the important public health issue of ADD/ADHD with the medical community, parents, educators, and the general public, fell within the protection of the statute.

Forcing Parents to Medicate

The first case to be recorded that brought judicial authority, psychotropic drugs, privacy rights, and parental sovereignty into the national forefront was when the administrators of Berne-Knox-Westerlo School District in Albany, N.Y. accused the parents of 7-year old Kyle Carroll of educational neglect (Caher, 2000, Thomas, 2000, & Karlin, 2000). Like so many other children, he was diagnosed ADHD and given an IEP Plan which is covered by Section 504. Ritalin followed along with side effects that included sleeplessness and a loss of appetite that concerned his parents. The parents soon informed the local LEA that they would decide to take him off of Ritalin. This caused a visit from the local Child Protective Agency and a petition accusing the parents of educational neglect. The courts then ordered the parents to "comply with the doctor's treatment regimen" or suffer the consequence of having your child taken away (Caher, 2000, p.2). Due to the threat of change of custody, the parents consented to the adjournment and are currently on a Child Protective Services list of possible state abusers. Since the parents did not fight the decision, a formal trial was not required. This incident occurred again in Millbrook,

N.Y., New Hampshire, Boston, M.A., when the LEA, Child Protective Services, and the judicial system threatened parents, when psychotropic medication was withdrawn on behalf of parental decisions. Currently, there is no valid statistics on the issue, but it is apparent that increasing number of parents around the country are being accused of abuse and/or neglect in regards to the issue of medications such as Ritalin. Board member of CHADD, Peter Jensen noted that “this is going to happen more and more” (Thomas, 2000, p.3).

In the cases illustrated, the questions is asked, why were the courts compelled to act in a manner that intruded upon parental rights and discretion, because normally the courts are reluctant to do so? The Supreme Court cases of Troxel v. Granville (2000) is an illustration of the point (Caher, 2000). Within the case, the Supreme Court reaffirmed a parent’s rights to raise a child without interference from the state or federal government when the element of harm toward the child was not present. But, the decision did implement a broad interpretation when the courts “did not clearly identify the appropriate standards for review in determining when an exercise of parental discretion results in the type of harm that can invoke government intervention (Caher, 2000, p.4). Therefore, the question to what is appropriate rises. Appropriate standards normally involve a parents’ responsibility to provide appropriate items such as food, shelter, and etc. but to what degree?

Rights of Parents to Say, No!

O’ Leary (1993) stated that by forcing a child to take psychotropic medication solely to control unwanted behavior of students is a clear violation ones constitutional rights. The U.S. Supreme Courts identification with individuals’ rights to privacy in regards to refusing blood transfusions to other undesired medical attention and treatment within Grisworld v. Connecticut (1965). The findings of the case basically recognizes an individuals right to refuse medical

treatment only when there is no justifiable state interest in following the recommended medical procedure, and that there were no other offered medical procedure that were less intrusive methods that would accommodate the interest of the state. More specifically, the notion of forcing parents to medicate their children with psychotropic drugs can be possibly connected to the Supreme Courts decisions in regards to the treatment of mental patients within the penal system and psychiatric facilities. The United States Federal Courts of Appeals first dealt with this issue in Roger v. Okin (1980). The lower courts concluded that under the First Amendment, individuals have the right to be “free to generate ideas” and be free from forced medical treatment (O’Leary, 1993, p.1183-1184). But, the Court of Appeals decided to look also at the issue of individual right to privacy as apposed to the legal method of only looking at the issue within the First Amendment context. Therefore, they decided that an individual’s right to be free from forced medical treatment must fall under two legal paradigms. First, the courts could intervene upon an individuals First Amendment privileges and their right to privacy when the use of offered medical treatment would aid a patient placed in harm. Secondly, a patient could be forced to be medicated with a psychotropic drug when patients are deemed mentally incapacitated and unable to make competent decisions in regards to their well-being. This is based on the previous stated theory of *parens patriae*. Another example can be found in Vitek v. Jones (1980), where the Supreme Court stated that a form of medical treatment could be forced upon an individual by the state if the desired treatment is used to protect the patient from harming themselves or others. These decisions by the courts were not clear in defining the substantive limits of an individual’s rights to be free from forced medical treatment under the liberties granted through the constitution (O’Leary, 1993). Therefore, this absence could allow for the assault on parents who refuse to medicate their children as illustrated earlier. In fact, the

rights of children with ADD/ADHD under IDEA, can be compared to the same liberties and rights granted to patients within penal and psychiatric facilities covered under the U.S. Constitution (O'Leary, 1993). The question now asks if the state could intervene and force children to be medicated? Under the discussed cases, this can only happen if a child with ADD/ADHD is constituted as a large enough threat to others or themselves. But, due to the fact that hyperactive children are seen as generally physical, and the broadness and biasness of observation by teachers and others school officials could definitely continue to bring the issue to the forefront of the state and federal court system when the issue of medication are opposed by parents.

Victimization of Blacks

The victimization of Blacks has been traced throughout the United States history. John Franklin (1965) discussed the existence of two "worlds" in the United States. He noted that there is a White world and a Black world. According to Franklin, these worlds divided from the arrival of the first slave ship in the colonies of America. He describes the feelings of inferiority Whites projected onto the slaves. In essence, this set up the rationale for slavery and the doctrine of hate which Whites have historically accepted and practiced. This entrenched inferiority resurfaces time and time again and is described through the historical tracing of the relationships between Whites and Blacks. These ideologies of inferiority set up the reasoning for the two separate worlds of inequality, including inequality in education and social settings. For example, Swadener (1995) discussed the stratification that was operating in America around childcare, social programs, and education. She discussed that early childhood programs and policies formed two agendas. One aided the rich White through supplemental emphasis on cultural

capital. These children were being pruned to be a part of the upper class. The poor White and Black were, in contrast, provided with simple food and shelter, and a clean environment. They were seen as unsalvageable, and therefore only required that their deficiencies of poverty be met. A more current example of this kind of philosophy is the Head Start program. Its intent was and is to break the effects of poverty, not to instill in all children cultural capital (Swadener, 1995).

Regardless of the fight to bring the two worlds together, they seem to be still divided due to the inherent nature of the doctrine of inferiority (Franklin, 1965). Kal Alston (1999), in the critical essay "The Pragmatic and Politics of Difference," addresses this issue. She noted that traditionally, minority groups, such as Blacks, were never included as a group that was recognized as being bestowed the rights and privileges or equality in the United States. For example, traditionally, the privileged justified their philosophy of inequality by maximizing the difference between Blacks and Whites. This is exemplified in the "one drop" rule, the argument that slaves could be counted as half the worth of a White person, and Thomas Jefferson's attempted justification of slavery. These three examples are illustrations of how those with power used, and continue to use, differences between the races to justify denying equality to Blacks (Alston, 1999).

In summary, the evolution of sociology of education has dramatically changed focus from the initial thoughts of Durkheim and Weber. The field has continued to diverge and split into oppositional camps in studying the effects of schooling on Black males. The research studied also has, and will continue to be politically polluted for the benefit of powerful interests groups within the federal and state government. This is a logical maneuver in the face of major racist and classist ideological frameworks that exist within the United States government and public school system. Both Friedrich Engels and Karl Marx noted, "the ideas of the ruling class

are in every epoch the ruling ideas: i.e. the class, which is the ruling material force of society, is at the same time its ruling intellectual force” (as cited in Feagin, 2000, p.70). The history documented in this scholarship in relationship to the study of corporal punishment and medicating Black children with psychotropic medication demonstrates that the elite have dominated the discussion around the real problems within public schools.

Due to the information presented regarding to the history and present day stance of corporal punishment and medicating children in public schools throughout the United States, and the possible reasoning behind the number of Black males disproportionately being spanked or medicated, further research needs to be conducted. There is no data present on the number of Black males being diagnosed and treated with psychotropic medication. Future research needs to be done to explore the theories mentioned and how they play out in today’s system of education. Due to the social ills of racism, false perceptions of Black students, and the possible danger of Ritalin, the reins of revolution must be grasped and held tight for the salvation Black children today and those of tomorrow.

The Cycle of Political Inequality: Nixon to Clinton

Lift up your face, you have a piercing need
 For this bright morning dawning for you.
 History, despite its wrenching pain,
 Cannot be unlived, but if faced
 With courage, need not be lived again...
 Here on the pulse of this new day
 You may have the grace to look up and out
 And into your sister’s eyes,
 And into your brother’s face,
 Your country,
 And say simply
 Very simply
 With hope-
 Good morning. Maya Angelou (1993) as cited in (Platt, 1996, p.9)

The aspirations of hope and courage in the face of a painful past are necessary for an innovative tomorrow, but it is not the only ingredient needed to fix the problems associated with the social and academic progress of Black males within the United States. This approach to the problem first of all needs to be advanced through a close scrutiny of racism that exists within the American political and legal system (Burns, 1992). Through peripheral vision, the attempts of Louis Farrakhan and other supporters of the Million Man March, in Washington, D.C. on October 1995, looked to be the answer of saving the plight of Blacks, especially black males, through the primary responsibility of Black males within the Black community. But how can this be attempted in the face of the fact that “The American legal system has not managed to escape the racism that permeates American life...the law has been the vehicle by which the generalized racism in the society has been made particular and converted in policies and standards of social control” (Burns, 1992, p.18). Therefore, the role and responsibility of the federal government must be called to answer for these occurrences within the Black community. As Cornel West was quoted within the works of Noguera (1997) that these attempts are “‘the undermining and dismantling’ of racial reasoning and [and need] replacement with ‘...moral reasoning, to understand the black freedom struggle [is] not an affair of skin pigmentation and racial phenotype, but rather as a matter of ethical principles and wise politics...’” (p.155). In order to do so, the treatment of Blacks, especially Black males must be scrutinized through close examination of the legal system and policies of the federal government.

In regards to the connection between the policies and practices of the federal government and the promotion of drugs for use in treating children, the available literature is very limited. But, the recent critical book, Talking Back to Ritalin: What Doctors Aren't Telling You About Stimulants and ADHD, by Peter Breggin, M.D. critically analyzes the issues of stimulant drugs

among children. Breggin (2001) noted that the federal government, in combination with the pharmaceutical companies, is continuously trying to prove the safety and in addition, advocating the use of these drugs in the behavior treatment plans for school age children. Instead of promoting the interest of the people they are serving, the federal government has begun to take an increasing advocacy role of “Big Business” in the promotion of diagnosis and drug treatment. For example, in the 1990s, the National Institute of Mental Health (NIMH) attempted to explain the occurrences of violence within the inner cities. Their basis was founded on the possible biological and genetic defects in Black Americans. They proposed to do numerous studies that would have involved intrusive measures such as spinal taps, brain studies, and blood tests. Strong opponents had halted the initiative, which resulted in the later resignation of Fred Goodwin (head of the NIMH).

More recently, the NIMH has taken on the job of directly funding the study of drugs on children in clinical trials. Breggin (2001) noted that these trials have been riddled with more flaws than the trials conducted by the drug companies. Furthermore, to prove the safety of Ritalin, in the mid-1990s the agency planned a national conference, which was lead by Peter Jensen. Peter Jensen is currently a psychiatrist at Columbia University. He believes in the endorsement of police power in order to force parents to drug their children. According to Jensen, “society requires that children’s caretakers see that children get immunized, fed, clothed, and receive treatment for other disorders such as asthma and diabetes” (p.49). Therefore, it is not hard to believe that the panel conceived by Jensen was very biased toward pro-diagnosis and medicating of children. Throughout the conference, this point was made more evident through the repeated dialogue confirming the validity of the diagnosis of ADD/ADHD. But, the origin of the ADD/ADHD was not clearly proven by the panel’s testimony, for they illustrated that there

was no conclusive “data to indicate that ADD/ADHD is due to a brain malfunction. Further research to establish the validity of the disorder continues to be a problem” (15). But, Jensen and the others on the panel deleted this fact from their final report to the public. Instead of allowing the truth to become available to the general public, the final statement released to the press read, “although research has suggested a central nervous system basis for ADD/ADHD, further research is necessary to firmly establish ADD/ADHD as a brain disorder. This is not unique to ADD/ADHD, but applies as well to most psychiatric disorders, including disabling diseases such as schizophrenia” (p. 16). Once again, the premise that ADD/ADHD is a biological entity was brought to the attention of the public as a cause for the disorder. In a feeble attempt to avoid the truth, Jensen noted that the symptoms of ADD/ADHD are biological within the central nervous system. But, the fact that all behaviors, whether abnormal or normal, emotions and behaviors reside in the brain riddles his logic.

Another example of the government advocating on behalf of the “Big Drug” companies can be found in the issue of rebound and withdrawal from Ritalin. Withdrawal symptoms occur when a drug like Ritalin is stopped, and the initial behavior observed in a child worsens. Rebound occurs if the reaction to Ritalin causes behavior to become worse than the initial behavior when the drug is initially given. Scahill & Lynch, (as cited in Breggin, 2001), noted that there are cases of children rebounding 5 to 10 hours after the last stimulant is given. In fact, a valid study by the NIMH, which had a double-blind variable, examined non-diagnosed children ages six to 12 who were given one “typical” dose of amphetamine. Five hours later, parents observed a behavioral rebound. For 10 of the 14 children studied, observations revealed overactivity on behalf of the children. “Most of the children had been diagnosed as bordering on mania (Hypomania)” (p. 49). This extraordinary finding could have exposed to the public to

warn impending dangers, but the government agency's authors of the study did nothing to warn the public. The findings of the study were actually minimized.

The government push for diagnosing and medicating children is evident from the White House as well. Shortly after school shootings were engulfed as the topic of conversation in the country, the White House on June 1999 held the first ever Conference on Mental Health. The Clintons and Gores grabbed on to a topic that concerned many Americans at the time. The conference centered on advocating for more psychiatric interventions, along with a push for psychotropic treatment of children. More interesting, the conference did not touch upon the issue that a majority of the school shooters who were focused on by the media were actually prescribed and taking a variety of psychotropic drugs. The shooter at Heritage High School in Conyers, Ga, T.J. Solomon, was taking Ritalin. In addition, Eric Harris of Columbine High School in Littleton, Co was on Luvox (a form of Prozac). Luvox has been known to cause psychotic mania that can engross ideas of elaborate and bizarre violent acts. Psychiatrist, Harold Koplewicz, of New York University, a radical advocate of diagnosing and drugging children, was brought aboard to head the conference by Hillary Clinton. He is known for believing that "absent fathers, working mothers, over-permissive parents' do not and can not cause mental disturbances in children" (Breggin, 2001, p.18). In addition, he argued that the sexual and physical abuse of children also couldn't cause psychiatric disorders in children. He went on to say that 12% of all children under 18 years of age in the United States suffer from such traumas. On the contrary, this view goes against the numerous studies that are present today that show otherwise. The director of the NIMH, Steve Hyman was another advocate who discussed that the disorder was neurological in origin. He discussed that there were differences between the brain scans of people diagnosed as depressed and those who were diagnosed as having this

disorder. But, Hyman refuses to realize that a brain scan is not able to identify such disorders. Breggin (2001) alleged that the use of a brain scan was “all smoke and mirrors for the public relations purposes” (p. 19). Finally, on the opening day of the conference, President Clinton announced plans that would begin a push for psychiatric interventions through video satellite to approximately 1,000 schools. Later, he proposed to reach every school in the country. But, his presidency came to an end, and it never occurred. Positively, the conference did succeed by encouraging all teachers to become “front-line” experts within the mental health field.

After the February 2000 issue of the American Medical Association (JAMA) was released, the White House made attempts to cover up their stance on the issue. The article, Trends in the prescribing of psychotropic medication to preschoolers, illustrated the large number of preschoolers being medicated with Ritalin, Clonidine, Prozac, and other psychotropic drugs. It was noted that 1% to 1.5% of these children were receiving dangerous drugs. The article went on to discuss the possible effects of drugging such a young population. Following the release, the Clintons and Gores did a turnabout on the issue of advocating for the use of drugs. But, Hillary Clinton continued to covertly believe in the legitimacy of stimulants by calling them ““God-sends for many children”” (p. 21). In addition, she instituted another conference, with the help of the FDA commissioner, Jane Henney, Allan Tasman, President of the American Psychiatric Association, and the Surgeon General, David Satcher, which would give the NIMH political approval to spend five million within five years to study the effectiveness and safety of Ritalin on preschoolers. However, this approach is flawed from the beginning because it does not call for the absence of a double blind/placebo control. Before, many would have charged that it was unethical to experiment on children, but with the endorsement of Hillary Clinton, there was no out cry from the public. Breggin (2001) claimed

that the clinical trials on preschoolers were already being achieved even before the public endorsement of Hillary Clinton: “Hillary Clinton’s call for more ‘research’ did not promote the interest of children. Instead, it enabled plans already in the works by the nation’s most avid drug advocates” (Breggin, 2001, p. 22).

The discussed topic sets up the rationale of desired control for public schools toward Black males. The historical observation of the public school setting, the uses of corporal punishment, followed by policies and procedures within the juvenile court system leads to the understanding of how race has affected this realms in their assault upon the social and academic well being of Black males. In fact, the objective to control an unwanted population within the public school setting allowed for the vagueness of policies that were initially set forth by the U.S. government to protect these children to in fact continue the trend of control and affect the academic outcome of Black males. The lack of protection through controlling policies and procedures enacted upon this population is translated and seen within the gapping low academic achievement and resistance to the educational system that is occurring across the country in every public school among Black students, especially Black males.

The Black Achievement Gap: The Effects of Self-Defeating Resistance

Reasons that teachers, school administrators, and parents are pulled to the conclusion of millions of school age children being diagnosed with ADD/HD can be rooted to either a behavior or academic issue of minority children within their school. In regards to academics, the achievement gap between Black and White students has pushed the issue of some type of intervention. Therefore, the inability of students in being interested in school, off-task, and etc has sometime been seen by the school and parents as a possible ADD/ADHD symptom.

article went on to discuss the possible effects of drugging such a young population. Following the release, the Clintons and Gores did a turnabout on the issue of advocating for the use of drugs. But, Hillary Clinton continued to covertly believe in the legitimacy of stimulants by calling them ““God-sends for many children”” (p. 21). In addition, she instituted another conference, with the help of the FDA commissioner, Jane Henney, Allan Tasman, President of the American Psychiatric Association, and the Surgeon General, David Satcher, which would give the NIMH political approval to spend five million within five years to study the effectiveness and safety of Ritalin on preschoolers. However, this approach is flawed from the beginning because it does not call for the absence of a double blind/placebo control. Before, many would have charged that it was unethical to experiment on children, but with the endorsement of Hillary Clinton, there was no outcry from the public. Breggin (2001) claimed that the clinical trials on preschoolers were already being achieved even before the public endorsement of Hillary Clinton: “Hillary Clinton’s call for more ‘research’ did not promote the interest of children. Instead, it enabled plans already in the works by the nation’s most avid drug advocates” (Breggin, 2001, p. 22).

The discussed topic sets up the rationale of desired control for public schools toward Black males. The historical observation of the public school setting, the uses of corporal punishment, followed by policies and procedures within the juvenile court system leads to the understanding of how race has affected this realm in their assault upon the social and academic well being of Black males. In fact, the objective to control an unwanted population within the public school setting allowed for the vagueness of policies that were initially set forth by the U.S. government to protect these children to in fact continue the trend of control and affect the academic outcome of Black males. The lack of protection through controlling policies and

behind with low academic achievement. In previous decades, African-Americans have used education as a mechanism for advancement and economic fortitude (Billingsley, 1968; Duncan & Duncan, 1969; Hill, 1971; Proctor, 1966; White & Parham, 1990, as cited in Midgette & Glenn, 1991). But, the current educational dilemma has left the future of Black males in a state of dismal belief. Why has the gap between White and Black continued to grow and fester within the United States? Is the school to blame? Are the children and their families to blame for the down sparrow of low achievements? Or is the explanation for low achievement a combination of these variables?

Prevailing Beliefs for Low Achievement

In 1972, linguists believed that the low academic achievement of Black males was due to the relationship between the student and the school. Linguists at the time believed that the school should change directions and adapt to the child's learning and language styles. "They did not believe that the standard language [was] the only medium in which teaching and learning [could] take place, or that the first step in education [was] to convert all first-graders to replicas of White middle-class suburban children" (Labov, 1972, p. 1). Currently, this approach has taken a side step to the new focus of early language testing and services offered with the Bush education package for Head Start. The deficit theory used in the 1970s tried to explain the low achievement of Black students as a result of cultural deprivation (Labov, 1972). If enriching positive verbal interactions with adults were not occurring in the home, the ability to reason and other cognitive skills would suffer. The problem with this theory is that it does not take into account societal influences--only the interaction between parent and child (Labov, 1972).

A more extreme view regarding the low achievement of Black children is offered within the work of British social psychologist Basil Bernstein (Labov, 1972). His bias against the

behaviors of the working class is reflected in his view of their language. "Much of lower-class language consists of a kind of incidental 'emotional accompaniment' to action here and now" (Labov, 1972, p. 2). Furthermore, he believed that Black children had no language, in comparisons to the White children.

Catsambis (1994) discussed the low levels of achievement and learning opportunities for African-Americans in the area of mathematics. She found that low overall the largest obstruction to full mathematic involvement. In addition, Entwisle & Alexander (1996) noted that African-American students who came from good economically stable homes and whose parents had high expectancies for their children's academic performance did better than their counterparts in the area of math and reading.

Type of school seems to play a role in or is correlated within low achievement as well. Data collected in numerous studies show that Blacks are least likely to succeed academically within urban school systems (Polite, 1993). Those labeled special education students drop out of school at much higher rates than those within regular education programs (Glennon, 1995). More specifically, within such cities as New Orleans, it has been estimated that Black males accounted for 80% of expulsions, 45% of the drop out rate, and 65% of the suspensions, while overall only accounting for 43% of total students in the New Orleans Public School system in 1992 (Garibaldi, as cited in Polite, 1993). This occurrence has taken root in cities like Milwaukee, Atlanta, Chicago, Baltimore, Cleveland, Washington D.C., and Detroit (Garibaldi, 1992, as cited in Polite, 1993). In gifted programs within public schools, Black are truly underrepresented in large numbers. It has been estimated that they are 30 to 70% underrepresented (Rose, as cited in Ford & Thomas, 1997).

Graham (1994) researched the concept of motivation within African-American males in regards to academic achievement. The research summarized close to 140 studies that examined the self-appraisal, casual beliefs, and motivational traits of Blacks. The reviews of these studies were summarized into three area findings. First, African-Americans beliefs in ability and anticipation of future success are relatively high even when the achievement results are possibly otherwise. Next, the present literature argues against that African-Americans more frequently attribute external and/or uncontrollable causes as explanations for achievement, and that perceived uncontrollability has maladaptive motivational consequences. Finally, the findings suggested that the current literature did not support the idea that African-Americans lack the necessary personality traits linked with motivation (Graham, 1994).

Some within the education community believe that those students who have poor grades should be held back within a particular grade. This tactic has been described by researchers such as Alexander, Entwisle, and Dauber (as cited in Davis 1994) as being an intervention that decreases academic achievement. Furthermore, many Black males continue to lose academic ground and too often give up by dropping out of school. This is an intervention tactic that is over used on low achieving African-Americans.

Some studies have linked low achievement of Black males to low-self-esteem Howerton, Enger, & Cobbs (1994) linked self-esteem to low achievement of Black males in an investigation of 42 black males within a rural middle school who were identified by their teachers as "at-risk." The study showed a significant link between low self-esteem and the students' test scores in the areas of math, science, social studies, and English. Even though the study was small and was centered exclusively in a rural setting, the study gives credence to further research in the area of

self-esteem linkages to low achievement of Black male students (Howerton, Enger, & Cobbs 1994).

For some researchers have discussed the physical characteristics of a particular school as being related to low achievement. Kennedy (1992) found that in a multilevel study consisting of a random sampling of 76 schools populated by approximately 5,400 third grade students in Louisiana, that low socioeconomic Black male achievement was low, due to a large school setting.

The low achievement of African-Americans is evidenced in gifted programs as well as regular education. In 1983, the U.S. Commission on Excellence in Education (as cited in Ford and Thomas 1997) noted that 50% of gifted students were underachievers. Ford and Thomas (1997) found that 46% of Black gifted students surveyed were underachievers as well. Due to the lack of consensus in determining a true definition of underachievement among those considered gifted, large discrepancies exist in determining a true estimate of gifted students who are thought to be underachievers. In addition, very little is known in particular about Black gifted underachievers, especially Black males. But, Ford and Thomas (1997) found that some of the factors related to the underachievement of African-Americans included family, a variety of school factors, and sociopsychological factors of Black students. Moreover, poor self-esteem and low social concepts contribute to Black student achievement. Students with strong racial identities may not be as vulnerable to peer pressure. In addition they may equate achievement as not "acting white," as other Black students who may fall victim of the criticisms of their peers (Ford & Thomas, 1997). As cited in Ford and Thomas (1997), Lindstrom and Van Sant found that minority gifted students had to choose between a need for affiliation with peers and a need for achievement in the face of ostracism. It was reported that Black students with an external

locus of control (attributing their outcomes to outside forces, e.g. discrimination) may put forth less work academically than those students who use internal locus of control (outcomes are related to their own abilities and efforts) (Ford & Thomas, 1997).

It is also possible as Jenks (1998) noted in The Black White Test Score Gap, that stereotypes presented could “trigger an internalized anxiety or low expectancy about one’s ability that has already been established as a result of prior exposure to stereotypes” (Jenks, 1998, p. 404).

Student Resistance

To better understand the low achievement of Black males, it is important to understand the conditions within their environment as they relate to their actual educational achievement, as well as their views regarding education and success. In regards to education, Swadener (1995) discussed the stratification that was operating in America around childcare, social programs, and education. She discussed that early childhood programs and policies formed two agendas. One aided the rich White through supplemental emphasis on cultural capital. These children were being pruned to be a part of the upper class. The poor White and Black were, in contrast, provided with simple food, shelter, and a clean environment. They were seen as unsalvageable, and therefore only required that their deficiencies of poverty be met. An example that still exists is the Head Start program. Its intent was to break the effects of poverty, not to instill in the children cultural capital (Swadener, 1995). Regardless of the fight to bring the two worlds together, they seem to be still divided due to the inherit doctrine of inferiority (Franklin, 1965).

Lisa Delpit (1995) in Other People’s Children: Cultural Conflict in the Classroom discussed the misunderstanding that occurs between the culture of White teachers and minority children. She noted that White teachers misread students in regards to aptitudes, abilities, and intent due to the minority child’s styles in language and socialization patterns. Therefore, the

misunderstand that goes on causes teachers to adopt a style of instruction and discipline that are at odds with the norms of the child. In addition, Delpit (1995) goes on to illustrate that White teachers operate on stereotypes, social distance, racism, biased research, and ignorance of community norms of minorities in which they are working with. This along with not acknowledging a particular child's culture and race effects the population they are working with in a negative fashion (Delpit, 1995). Schools act as mechanical sorters through the tools of evaluation, ranks, and standardized tests on the basis of conformity (Ferguson). An illustration of this within the urban school setting can be found in Miron (1996), in two inner city high schools located in Louisiana. Miron (1996) found that minority students fall victim to discrimination when issues of school and student culture clash. In the diverse high school, Black students generally expressed a disliking of their treatment by teachers and administrators. The sense of tense racial and social conflict was present as well. The curriculum was observed as a tool used to discriminate against Black students. Whites were found to be not as stringently observed as Black students in the areas of behavior and academics. But, in the school with 100% Black students, a strong sense of pride and caring was fostered. The teachers were seen as positive mentors to the students. Each group observed in the school mobilized to achieve academic success. In fact, the academic expectations for these students were high. This is an example of how cultural conflicts between school and student can create and foster a sense of disparity due to the conflict (Miron, 1996). Goodenow & Grady (1992) investigated the link between Black academic achievement and motivation to friend's values and school belonging. The findings suggested that a large number of urban students have a low school motivation and a poor sense of school belonging. Those students with a high sense of belonging are more than likely to be academically motivated than their counterparts. These researchers also uncovered

gender and ethnic differences in the pattern of school motivation and school belonging. For example, the study found that of the 301 students in two urban middle schools, “school belonging was more highly associated with expectancy for success among [Latino] students than among African-American students, and among girls than boys” (Goodenow & Grady, 1992, p.60). Goodenow & Grady (1992) suggest that schools should implement programs that foster psychological membership within the school environment. These programs would instill a sense of belonging. Price (1999) examined the ways two Black male students resisted and held onto their educational experiences. Even though the sample was extremely small, it gives an important observation into the psyche of African-American males within a social and educational context. He noted as that the males experienced similar problems (e.g., racism, etc.), they responded differently. One “chose to transform his sense of cultural self and be a certain kind of student to connect with teachers” while the other “chose to use his sense of cultural self to challenge teachers” (Price, 1999, p.259).

Graham and Taylor (1998) examined the achievement values among African-American students. The study found that Black males least valued those high achieving classmates. Girls, on the other hand and White males valued the high achieving same ethnicity peers. The researchers credited Black males’ low valuation of high achieving peers as resulting from protecting their self-esteem, perceiving structural barriers, and adopting a deviant oppositional identity to mediate within the school system, instead of seeking the pathway to academic success through valuing the high achievement of others (Graham & Taylor 1998). Any other action on the behalf of African-American males could be seen as “acting white” as Ford & Thomas (1997) noted in their study.

Losey (1995) studied Mexican-American students and classroom interactions through a Vygotskian perspective that considers all learning to be a social method that results from the relations between two or more people. Furthermore, “the social process by which learning occurs creates a bridge that spans the learner’s ‘zone of proximal development’” (Losey, 1995, p. 284). The results indicated that cultural mismatch could occur between teachers and students. This mismatch could affect their academic achievement. Even though this piece of scholarship deals with Mexican-Americans, it could correlate with the possible mismatching between the culture and linguistics of Black male students with low achievement and the predominantly White school personnel (Losey, 1995). Therefore, the interaction between teacher and student might illuminate reasons behind the low achievement of Black male students. More recently, Orange and Horowitz (1999) used the theoretical lens of the newly revived Vygotskian theories to explain the mainstreaming of minority students into literacy tasks and schooling. They concluded from their study that student low achievement and disengagement in school was affected by teacher misconception toward student preferences. Teachers were found to be very resistant to the preferences of their students. It was postulated in the article that this occurrence was a result of teachers’ inability to relinquish control with the form of choices presented to students on schooling tasks. The differences that teachers perceive, for example different values and language, could cause barriers to form in understanding what is best for the minority population that teachers are serving (Orange & Horowitz, 1999).

Polite (1993) examined the “school-to-work” and the “school-to-college” transition of Black male students in a suburban predominately Black high school between 1986 and 1989. The findings of the study indicated that the students’ had developed individual resistance to school. This, coupled with the lack of support from teachers and counselors, affected their

academic achievement. While Polite (1993) concluded that the Black male students' opportunities to excel academically were "stifled" by student resistance to schooling and the lack of positive and enriching direction by school staff. Polite (1993) noted that this was a phenomenon of the late 1980s, he described the relationship between teachers and students in the 1960s and early 1970s as "caring informality." The social distancing between Black students and their teachers however, caused "high formality" evidenced by high drop out rates, negligible attention and lack of caring by school personnel, high expulsion rates, poor student achievement, and low attendance rates. From this research, one might suspect that the academic opportunities of other Black males at other institutions are also suffering similar problems. The research lends towards the reproduction theory as an explanation for this occurrence. That is, as the school in question served higher socioeconomic students, a high percentage of those students graduated and went onto college and later assumed positions within the middle class. As the socioeconomic make-up and race of the students changed, so did the academic outcomes and environment. The school then became oriented toward utilizing a philosophy of discipline, and no longer academic excellence (Polite, 1993). When this occurs, teacher's time dealing with discipline issues wastes valuable time for instruction, which in turn hurts the achievement of Black males who are at the stage where they chose to invest in their academic life, or not (Davis & Jordan, 1994). In addition, these conditions sometimes cause teachers to have low expectations for their students. Therefore, little homework is assigned. When homework is not complete or poorly done, and little investment is shown, teachers begin to buy into the belief that those students actually deserve poor grades and are incapable of more (Davis & Jordan, 1994). In addition, when students are diagnosed with a learning or behavior disability, the expectation of these students will also diminished on behalf of their classroom teachers (Glennon, 1995).

Therefore, on topic of the issue of race, the supposed presence of a disability will more than likely further push the public school teacher to expect lower academic achievement of this population, which will in turn limit the aspiration and achievement of the Black student.

Rist (1970) illustrated that academic achievement is correlated to the social class of a student and his/her teachers' expectations. Rist (1970) observational study showed how ghetto students within elementary school were placed within particular reading groups due to their teachers' stigmatized racial and social beliefs. The academic expectation was shown to be based on the teachers' belief that minority children from low socioeconomic backgrounds were not able to achieve high degrees of academic success. Thus, the actions of the teachers set up these children to become "socialized" for their academic and social role of low self-expectation. Those students who were considered low achievers and/or "special" were socialized to an educational experience of caste segregation. They were taught that their social class determined the quality of teacher interactions due to their placement in lower ability reading groups. In fact, their social class helped to maintain an organization of unequal treatment and opportunities that would in turn perpetuate their state of poverty (Rist, 1970).

This occurrence has spread to numerous parts of the country. As discipline becomes the default solution for problems in a school, low achievement as an issue, takes hold. And unfortunately, this "trouble" may ripple out into the community. For example, African-American male drop out rate has dramatically increased within the past decades (Vokl, Welte, & William, 1999). As students disappear from classrooms, they appear in court. Thornberry, Moore, and Christenson (as cited in Stephens and Repa 1992) investigated the correlation between dropout rate and incarceration. They concluded that dropping out of school was positively related to the occurrence of male adult criminal deviance.

Volkl, Welte, & William (1999) investigated the link between delinquency and school behavior of both White and Black males. The study concluded that African –American males with poor grades drop out and commit greater numbers of minor and serious forms of delinquency (Volkl, Welte, & William, 1999). Also research has shown that academic failure is a predictor of alcohol abuse, teen pregnancy, and drug use (Gottfredson, Grissom & Shepard, as cited in Rodney, Crafter, Rodney, & Mupier 1999). Elliot & Voss (as cited in Rodney, et al. 1999), found that variables within school are more closely related to acts of delinquency than the variables of friends and family. Furthermore, research has shown that academic performance and delinquency are strongly correlated for chronic delinquents (Rodney, et al, 1999). With regard to mental stability, Andre (1999) found that within a longitudinal study of 892 African-American male youths found that parental educational accomplishment was a noteworthy negative predictor of depression.

This effect of troubled youth within the education system trails with LeClere, Rogers, & Peters (1997) study into the mortality rate of Black males. In the study, they noted that people with higher mortality rates come from disadvantaged and poor places. For example, minorities within the community of Roxbury in comparisons to the other parts of Boston, and the community within New York City's Central Harlem in comparisons to the rest of New York substantiated an elevated mortality rate in low socioeconomic communities dominated by African-Americans (LeClere, Rogers, & Peters, 1997). Recent demographic data indicates that Blacks on average live significantly less than Whites (Feagin, 2001). Historically, slaves approximately died by forty, while their slaveholders lived longer than forty years of age. Even though Blacks on average have increased in life expectancy since the period of slavery, the gap between Black and Whites is still large. African-American men are placed at a greater risk

within our society with the stressors of poverty, unemployment, and racism (Price, 1999).

Coupled with negative interactions in school, delinquency, and their own personal observation of the mortality rate of their peers, a profile forms regarding their situation in this society. Is it possible that racism in the school even further complicates this profile? If so, is that particular barrier strong enough to affect the students serviced by teachers in the classroom? Researchers like Emil Haller disagree with the question. “Undoubtedly there are some racially biased people who are teachers....However...the problem does not seem to be of that nature. Conceiving it so is to confuse the issue, to do a serious injustice to the vast majority of teachers, and ultimately to visit an even more serious one on minority pupils. After all...children’s reading skills are not much improved by subtly (and not so subtly) labeling their teachers racists” (Jenks, 1998, p. 275). She seems to oppose the findings of the other research implying the importance of teacher interactions with Black pupils. For example, Rosenthal and Jacobson (as cited in Crain & Mahard, 1982) noted that as a result of teachers’ prejudiced and racist practices, they failed to motivate Black pupils and held low expectations for their academic performance.

Consequence of Low Achievement: The Black Hole

The previous research discussed attempts to identify reasons to explain the high number of African-American males academically lagging behind their White counterparts. If these students are lagging behind their White counterparts, and in addition, are not included in gifted programs as discussed before, where do they fit into the educational system?

In 1975, the Education for all Handicapped Children Act (EHA, which was later changed to the Individuals with Disabilities Act, IDEA) was enacted to provide services for students who could not profit from regular education settings (Harry & Anderson, 1994). IDEA was intended to regulate services to all children, regardless of disability through the use of special educational

services that were already in use throughout public school settings within the country. This service was to be unbiased with regard to race, gender, culture, and language. But, by the time the law was enacted, there were signs of misuse. Numerous researchers have pointed to the process as practicing biases, particularly toward African-American males (Harry & Anderson, 1994). Numerous data exist that point to the disproportional over-representation of Black children in special education categories (Jarvinen & Sprague, 1995). The Office of Civil Rights (OCR) in a 1992 survey of elementary and secondary schools reported that African-American males accounted for only eight percent of total school enrollment nationally, but accounted for more than twice that percentage in the categories of Educable Mentally Retarded (EMR), Severely Emotionally Disturbed (SED), and Trainable Mentally Retarded (TMR) (Harry & Anderson, 1994). Dent (as cited in Jarvinen & Sprague, 1992) researched the topic in three of California's public schools. He discovered that "the percentage of African American children enrolled in special education was 34 percent higher than the percentage of African American children enrolled in public schools statewide. Even though the sample was small, it raises questions and further validates the need for further research. In certain districts, enrollment in special education for African American students was almost 50 percent higher than their representation in the districts as a whole (Jarvinen & Sprague, 1995). Such findings raise some concern as to potential biases in assigning children of color to special populated groups. Dent (as cited in Jarvinen. & Sprague, 1995) makes inferences that the over-representation of minority children in special population categories does not solely occur in the general area of special education. He argues that minority children are also being over-represented within the ADD/HD category, more specifically. Hampton (1996) went on to note that Blacks are being placed in behavior classes, expelled, or suspended because of deviant behavior within the classroom

setting. It has been argued that physicians diagnosing these children are not using a uniform diagnostic practice, such as scales that diagnose a child as having ADD/HD. Conners and ACTeRS scales are two examples of tests that can be used, but these practices actually vary with in the medical community (Jarvinen & Sprague, 1995). According to Gordon (1995), there is no set rating scale, interviewing questions, or test that would help physicians to determine whether a child actually has ADD/HD. In addition, those who determine if a child will be labeled with ADD/HD, such as school social workers, gain their information for diagnosis from either a child's school or solely from parents. Schlafly (2000), stated "the multi-disciplinary clinics of the past that brought together pediatric, psychiatric, behavioral and family dynamic expertise for difficult cases have largely ceased to exist... children are now increasingly subjected to quick and inexpensive pharmacological fixes" (Schlafly, 2000, p.7).

Secondly, there are no standard indicators of ADD/HD. There is no scale for the degree of normal versus abnormal behavior for a child. The question begs itself: should children who do not academically place at age group appropriate levels be diagnosed with the disorder? Third, there is evidence that assessment of children with ADD/HD is distorted. This distortion can easily take place due to a parent's mental health or a teacher's reaction to a child's particular behavior. Therefore, these factors can sometimes play a heavy role in the misdiagnosis of children with ADD/HD. Finally, assessments are not comprehensive. For example, the DSM-IV (book of disorders and criteria used by psychiatrists) possesses 14 phrases and clauses that are not written well for the reader. In addition, the methods used for diagnosing are not considered a precise tool for labeling children ADD/ADHD (R. L. Sprague, personal communication, October 6, 1997). Another example is the Conner's Teacher Rating Scale (1969), which does not take into account the total picture of a child's life. The Conner's Teacher Rating Scale holds a 39-

item version for diagnosing ADD/HD. This scale is considered by most a precise method of evaluation. However, the questions within the tool are not precise and do not take into account the positive points of a particular child's behavior. The scale only focuses on the negative points of behavior. The majority of later scales that have followed the DSM-IV and the Conner's Teaching Rating Scale have difficulties with interrupting percentiles of results (R.L. Sprague, personal communication, October 6, 1997). Finally, the actual administration process is problematic. Most physicians who are assessing a child take approximately thirty minutes to assess before making a decision as to the status of the child. In addition, physicians often do not take into account the factors of the child's family history or school interactions (Gordon, 1995).

Unfortunately, teachers are not always cognizant of the effects of race when it comes to these issues (Siegel, 1999). Coulter (1996) indicated in a study, that out of 66 local education agencies in southern states, 28 showed a disproportionate number of Black students in special education settings. Children classified with a behavioral, mental, emotional, or learning disability were disproportionately students of color as well. Coulter (1996) showed that Black students in special educational settings dominated 62 out of the 66 local education agencies. Handy (1999) pointed to racism and cultural differences between Blacks and Whites as the reasoning for this disparity. Taken in combination effect, poorly designed scales, lack of standard diagnostic procedures and inattention to important cultural issues may all be contributing to the over-representation of Black males in special education.

The issue has been brought to the attention of the court system. As noted before, Black parents who felt that their children were inappropriately labeled ADD/HD and placed in special education classrooms have sued the Taft City Schools, Taft City, California (Jarvine & Sprague, 1992). A good number of these children are not only being labeled, but also recommended by

teachers and the medical community to become medicated in order to adapt to their school environment. It has been estimated that three to four million children who attend schools throughout the United States are using a behavioral modification stimulant (Schlafly, 2000). There has been no research into the area of exactly who is on drugs such as Ritalin, but I hypothesize that a good number of children on Ritalin are within the special education category.

There are lasting effects resulting from being labeled within special education categories as well, and although much of the research in this area does not specifically address Black males, the results are likely similarly applicable to this population. As an example, researchers have witnessed the negative effects of labeling a child with a disability. Labeling people with a disability can have adverse effects on people with mental illnesses. Scheff (as cited in Rosenfield, 1997), state that a “persons who have mental illnesses are evaluated as ‘not quite human.’”(p.660). Link (as cited in Rosenfield, 1997), later revised the statement “to claim that the devaluation and discrimination created by labels interfere with a broad range of life areas, including access to social and economic resources and general feelings of well-being” (Rosenfield, 1997, p.660). In addition, the stigma of being diagnosed with a mental illness causes damage to an individual’s self-esteem. If the illness is seen as long-term, the degree of damage increases and becomes an entangled part of their self-concept. Therefore, people with chronic mental illnesses experience a loss of their selves by organizing their view of themselves and their abilities in a limited fashion. Through studies and interviews, Link (as cited in Rosenfield, 1997) concluded that stigma and self-concept were associated to loss of self. Through studies, he discovered that when others know that a particular individual is receiving psychiatric treatment, the patient’s anxiety increases, they feel less appreciated, and perform

more poorly around those individual than in comparisons to patients whose labels are concealed Link (as cited in Rosenfield, 1997).

Kaplan & Johnson (1991) investigated the effects of labeling children with deviant behavior disorders. Farrington (1977) stated that youths that were publicly labeled had higher self-reports of delinquency than youths with no label. Furthermore, Kaplan & Johnson (1991) stated that one of the most important personal and social responses of deviant youths is the loss of “motivation to conform to, and acquisition of motivation to deviate from, conventional norms” (Kaplan & Johnson 1991, p. 100). Once a person commits the initial deviant act, social sanction causes the person to be labeled publicly as a deviant. The ostracism creates negative consequences to the deviant publicly identified. This act, in turn, creates the adverse social result of continued exclusion from traditional groups. As a result, the labeled individual may be deprived of educational and employment opportunities which may hinder other achievements that they deem socially valuable. Furthermore, the negative social sanctions and social isolation greatly decrease the deviant’s motivation to associate with the conventional order of society. The loss of motivation is likely due to negative self-esteem caused by being publicly labeled and punished, as well as due to the barriers that exist which make re-entry into conventional society difficult and almost impossible. The result of the negative sanctions and ostracism by conventional society increases the labeled child’s interaction with other deviants, and as a result motivates the deviant to value the status of being deviant in a positive manner (Kaplan & Johnson, 1991). Labeling children can be actually traced to the actual frustration of the classroom teacher (Schultze, 1999). Students who are unable to conform to the expectations of their teacher can “produce an almost automatic reaction” by school officials to proceed toward labeling a child within the special education domain, which will likely result in the introduction

of a medical treatment that would help the school to gain control of the student's behavior while improving the classroom environment for the teacher (Schultze, 1999, p.795). In fact, the labeling procedure of special education students not only limits and stigmatizes them socially, but also their educational opportunities in a dramatic fashion (Glennon, 1995). Therefore, the treatment of unwanted behaviors with the use of psychotropic medications is introduced as a mechanism for curing the witnessed symptoms, rather than the actual underlying causes for the disruptive behavior or low academic achievement of the labeled student. Conforming to the behavioral and academic norm seems to rule the determination for labeling a student.

CHAPTER 3

METHODOLOGY

Theoretical Framework

How do we examine the current barriers that are impeding the academic and social success of children in U.S. public schools? Why are Black males being marginalized within special education? Within the topic discussed, many different approaches should be considered to better understand the dynamics between race, public schooling, and the administration of psychotropic drugs. This section will link and discuss the importance of using a “multifocal” approach that will best describe the logic of the issue at hand. In fact, this section will specifically discuss the importance of qualitative research in reference to the use of special education and behavioral stimulants among Black males. First, a multifocal approach, as Young (1999) discussed, is needed to enhance the theoretical framework and possible findings of the discussed policy study. Previously, policy studies have taken a single traditionalist-approach, that have created problems within the ontological, epistemological, and methodological aspects of policy studies. The traditionalist paradigm has lacked a diverse manner in which to operate. By using a multi-layered approach to policy studies, a richer understanding of the problem, policies, and procedures surrounding the issue of Black male control through psychotropic medication is gathered.

Secondly, Scheurich’s (1994) radical approach to policies studies lends an approach to discussing the issues mentioned with regard to race and this particular topic. Policy archaeology, which is derived from Foucault’s post-structuralist concepts of policies studies, discusses four arenas of policy studies methodology. Arena II reflects with the content involves in this paper.

Arena II deals with “the social regulation,” more specifically, the dealing of networks of regulations across social and education problems (Scheurich). This arena suggests that powerful networks “that are constitutive of the emergence or social construction of a particular problem and what is not labeled as a problem...the [networks] also, constitute the range of acceptable policy choices” (p.301). This arena of study suggests that problems do not become visible as problems naturally, but rather the social regularities constitute them as visible and denote them social problems and then determine a visible range of solutions in the form of acceptable policies. Scheurich makes note that no particular interest group or controlling party consciously creates social regularities, but some may benefit from their visibility. Scheurich and Foucault both felt that those who control policies, possessed a shared state between them, described as a ““positivist unconscious”” (Scheurich, 1994, p.302). Therefore, social regularities fall under the thoughts of policy makers and policy analysts. In reference to the topic, the production and reproduction of inequality to Black Males is generated in the policies and actions surrounding issues such as corporal punishment and the administration of psychotropic drugs. In fact, the Radical Schooling Theory and Foucault’s Theory of Disciplinary Power help to normalize the findings of the research mentioned. The Radical Schooling Theory states that schools reflect the ““cultural hegemony”” of the ruling class to reinforce the inequalities as a way of insuring dominance over minority cultures (Bowles & Gintis, 1976). Foucault’s Theory of Disciplinary Power explains the happenings in school, such as expulsion, corporal punishment, labeling students, are in place to maintain social control over all children. As the theory postulates “the Disciplinary techniques of the school actively produce individual social identities of ‘good.’ ‘bad,’ ‘gifted,’ ‘having potential,’ ‘troubled,’ and ‘troublesome,’ rather than ferret them out and reveal them as they ‘naturally’ exist” (Ferguson, 2000, p.52). Therefore, schools act as

mechanical sorters through the tools of evaluation, ranks, and standardized tests on the basis of conformity or violation of school policies and rules (Ferguson). Similarly, rooted within the works of Foucault, a genealogical exploration would also help to describe these phenomena (Grinberg & Saavedra, 2000). This particular method attempts to deploy an understanding for policies and procedures in terms of tactics and strategies that are organized in a manner to produce power for a certain group of individuals. This understanding of power occurs around themes and chronological sequences of events, unlike traditional historical analysis, such as Scheurich's Policy archaeology, that rest upon the use of only chronological sequences of events. Therefore, within the illustrations presented in previous chapters, narratives provided move backward and forward through time to better provide an analysis of the issue. Genealogy is an important method to use due to the fact that it allows for a better understanding of the effects that public schools have in "sorting" Black males into special education categories, and as a result possibly fueling the rationale for medicating. The method of analysis operates not only in a historical aspect between public schools and Black males, but also to demonstrate that the history observed rests within a complex organization of control and power over certain realms. Moreover, the method helps to understand that the flaws within IDEA and Section 504 are shaped and controlled within a social and political context of the ruling class of this society (Grinberg & Saavedra, 2000).

Another theory that is embedded within this study of Black males is the conflict paradigm, that states that our society is divided and heavily conflict ridden. Within our society, these divided groups fight to compete for control of the education system in order to secure societal and educational attainment for their children (Bell, 1980; Brady, Eatman, & Parker, 1999). In fact, Bell (as cited in Feagin, 2001), illustrates that powerful Whites will only act on

the behalf of Blacks when a particular intervention benefits Whites as well. One example of a “counter-attack” against a poor status quo is in the new aggressive campaign to lift the achievement level of Black students by the Black Alliance for Educational Options (BAEO) (Britt, 2000). The group headed by Dr. Howard of Marquette University has brought legislators, educators, parents, and community activists together to help target Black families and to increase their options for educating their children. The BAEO has chapters in 35 cities that all want to expand the educational options for Black families (e.g. tax credits, vouchers, charter schools, private scholarships, and home schooling) (Britt, 2000). The elite group uses rhetoric that illustrates some need for societal changes that would benefit all in the society. Another example of competition for control would be President Bush’s new education policy that pushed for accountability on behalf of the LEA and student. But, in concealment, in both examples rhetoric is used to camouflage interests that would advance their own particular group.

These parameters of the conflict paradigm can also be applied in a recent advocating for increasing standardized examinations. The need to protect the elite’s hold on power and privileges can be linked to the changing demographics of our country. Increases in the Black Middle class, the population of Asian Americans, the growing pool of the Latino population, and the ever-increasing number of immigrants will increasingly threaten the hold on power. These factors, in combination with the decreasing White birthrate threaten the elite’s hold on power and privileges over other classes. In order to retain the elite’s privileges and positions, the use of superior power is exercised through the school system in the form of standardized examinations, behavior modification, and lack of support and caring on the part of the teaching community (Ladson-Billings, 2000)

Another set of theories that could explain the current setting of Black males is the Critical Race Theory (CRT) perspective. The roots of CRT were forged within the 1960s and early 1970s due to the cultural conflict between Black Nationalists and the White/Black Integrationists (Peller, 1990). The CRT movement of thought is in addition a product of the critical legal studies (CLS) that was used by activists who sought to illustrate the link between the legal system and the practices that occur within our society (Guinier & Torres, 2002). The CRT model is built with five elements (Solorzano, & Yosso, 2001; Solorzano & Bernal, 2001). First, even though the theme of race is central to the discussion of CRT, it incorporates the concept's interaction with other variables such as language, gender, and etc. Secondly, CRT allows for challenging frameworks that discount the traditional civil rights discourse of the past that operated on the thought that race was a "simple legal category" (Guinier & Torres, 2002). Race before the 1960s was simply viewed as meaning "Black," and thus implementing this "fixed" idea of race. Therefore, the use of the CRT connects the "ideas of race to ideas about the way power constructs relationships" and it aids in the unraveling of the practices of U.S. institutions such as education, founded upon White ideologies that are covertly tucked within the blanket of neutrality (Guinier & Torres, 2002, p.35; Peller, 1990). The use of CRT offers a chance for social justice to occur through the recognition of the experiences of the oppressed through a liberatory response to their status. Finally, of the theory draws upon an historical and contemporary context through interdisciplinary methods of discovery (Solorzano, & Yosso, 2001; Solorzano & Bernal, 2001).

This conflict paradigm explains and depicts the institution of education as a mechanism that the privileged (upper socioeconomic class) use to perpetuate inequality amongst the lower-class groups in order to convince them of their inferiority. In addition, the upper-class continue

to improve and secure their power, prestige, and privileges by using their superior resources in maintaining the structure of domination over the lower-class groups within the United States (Parker, 1998). Furthermore, the paradigm explains racism as a normal part of American society due to the enmeshment of racist ideologies with in the foundation of American society (Ladson-Billings, 2000). Derrick Bell, 1992 (as cited in Ladson-Billings, 2000) illustrated that “racism is a permanent fixture of American life...the strategy of those who fight for racial social justice is to unmask and expose racism in all of its various permutations” (264). Therefore, the negative consequences of a racialized society include the forced marginalization of issues and the shunning of minorities from public discourse (Ladson-Billings & Tate, 1995).

To gain insight into the relationship of Black males and the use of psychotropic drugs in public schools, some of the theoretical understanding of CRT will be used. This theory is particularly important to the topic because the theoretical framework of the CRT supports the belief that White people in the United States have enjoyed the benefits of privileges, which have incredible advantage over minority groups, through analyzing the historical analysis of the relationship between the minority population and the dominant culture of White Americans (Parker, 1998). Ladson-Billings, 2000 noted, that the “dominant culture is defined by the powerful and often operates as a kind of tyranny against those defined as other” (p. 267). In addition, by using CRT, one is able to question the stance of equity in regards to people of color through a theoretical lens. The benefit in using the CRT for this study is also that it helps to raise questions of possible “control” efforts to using psychotropic drugs and effects on Black males within the education system. The analytical tool aids in understanding the issue of inequalities, with regard to policies and procedures of IDEA and Section 504 and their role in the special education labeling and psychotropic medicating of Black males that occurs within U.S. public

schools. This is useful scholarship, which can enable those involved in the education of Black males to better understand these complex issues and as a result more successfully educate and enable these children to gain access to the power, and privileges, that education can offer. Next, the use of the CRT acknowledges the “multiple consciousnesses” of those involved in the process of educating Black males. This includes the perspectives of teachers, administration, parents, and students. In fact, it acknowledges my interest within the subject matter as not only a researcher, but also as a Black male that has experienced the advantages and disadvantages of being a person of color immersed within a White culture that has attempted to barricade me from the privileges and power that are afforded to Whites through racism and stereotypes.

For the purposes of this dissertation, the CRT methodology is used specifically to illustrate that the disproportionate use of psychotropic medication with the special education labeling Black males within special education and policies and procedures that effect this population, have been used to marginalize Black males through racialized notions perceived and sustained by the White elite power structure within the U.S. By giving credence through the voices and experience of the oppressed, the CRT methodology and pedagogy will be used to illustrate the “intercentricity of racism,” with noted forms of oppression and control that have been discussed within previous chapters in reference to Black males within public schools (Solorzano & Yosso, 2002). As Solorzano & Yosso (2002) noted, the critical race methodology the uses the experiences of the oppressed through the form of counter-storytelling and historiographies. In this way, this dissertation it is used to explain how Black males are responding to classism, racism, and even sexism from the predominately White female classroom teachers, White male administrators, and White policy makers. In fact, these forms of resistance, through the CRT, can explain how this process recreates and enforces the oppressive

conditions by the dominant class. The use of the CRT methodology also grasps the effects this elite ruling class has on the academic life of Black males. The use of this tool can generate and enable new brands of knowledge to evolve specifically to address the issue of medication and the labeling process within special education through theories of “social transformation.” In addition, as Guinier & Torres (2002) stated, this particular study aimed to “enlarge the idea of what is possible and to study the way race can signify differently as a political instrument for social change” (p.37). Advancing the CRT analysis into the governmental practices and political theory achieves this end. The current use of CRT has been noted to not adequately address the conditions of oppressed minorities through legal dogma and theory.

Research Design

For this particular study, a “multifocal” approach is used. More specifically, a qualitative and quantitative research design was used for a more detailed approach to the topic. In terms of a qualitative inquiry, this approach emphasizes and employs an empirical observation of the treatment of Black males within special education and the trend of controlling this population through medication from an observational approach through the use of the documented findings of the 2000 School Climate Survey was analyzed. This survey was conducted to clarify the relationship between Whites and Blacks within the Unit 4 School System in Champaign, Illinois with respect to their understanding and experiences of racism and oppression with policies, procedures, and interactions with school officials. As Solorzano, Ceja, & Yosso (2000) noted, the use of qualitative inquiry generates a better understanding for a particular phenomenon and the participants’ views and experiences involved, and improves the base of knowledge in reference to the subject matter for further research, in this case the impact of racism, classism,

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4. Therefore, I was only granted access to the special education files. Through examination of the special education files, I was able to tally the relative number of Black males within the category. In addition, I was able to gauge the number of these students on behavioral stimulants in comparison to their White peer counterparts.

Despite their creed of documented beliefs of the value of individuals, and understanding cultural diversity and its importance to society, the district has for many years had racial conflict surrounding the quality of education that Unit 4 has offered to its minority students. Issues over the years have included school climate, cultural understanding, discipline, placement into special education, gifted education, and alternative programs, and the hiring, placement, and retention of minority teachers and administrators. In the early part of the 1990s, the district was under attack due to alleged racial inequalities. On the behalf of local community members, a complaint was filed with the Department of Education Office of Civil Rights (OCR). The complaint filed alleged that there were racial disparities in the suspension rate, and special education and gifted placement among Black students. As a result of the charges filed, all parties established a series of agreements that would address the issues raised by OCR and the representatives of the initial charges. First, the agreement instituted the "Controlled Choice" program in September of 1997, which allowed parents to choose to send their children to any school as spaced allowed. In 1998, the opportunities and treatment of Black students in the district was addressed through an Education Equity Agreement. In order to ensure that Black students were provided access to a high quality education, Resolution Agreement was met by Unit 4 and OCR, which included a mandated school climate survey study. Lastly, a comprehensive education audit was commissioned by Unit 4 to ensure its responsibilities and priorities in providing an equitable education.

Since I was not personally able to investigate and discuss the notion of racism and oppression through interviews with White and Black parents, teachers and students, I chose to look at this through the documented findings of the 2000 School Climate Survey. The School Climate Survey was mandated under the Resolution Agreement to address the importance of and perceptions of school environment. “Under the terms of the agreement, the District will: conduct a district-wide school climate study to determine the extent to which each school in the District offers a learning environment that supports all students and provides maximum opportunities for success. The climate study will include a survey of District parents designed to identify problems with District programs perceived by parents and to understand reasons why parents are not able or choose not to become involved in District activities” (p. 3-4 Resolution Agreement Case Number 05975014 as cited in the findings of the Climate Report). In addition, The survey was conducted with the assistance of Mark Aber, Ph.D. and the University of Illinois. Due to the issues described above, the University of Illinois School Climate Research Team (SCRT) created and tailored the survey through dialogue with numerous community members concerned with the issue. These concerns were reflected in the themes and questions of the survey that was eventually administered to teachers, parents, and students within the Unit 4 public schools. The next major objective of the survey was to promote discussions of race among community members of Champaign through the findings of the survey. The use of the climate survey, aids to the discussion of the barriers that race and racism are overtly apparent and drastically effect the academic achievement and placement of Black males within the public school system as illustrated in earlier discussions. It also leads into the occurrences of the labeling practices of this population within special education and thus medicating them due to the conflicts and perceptions Whites within public education hold to Black youths.

Participants

The system of education under observation is the Unit 4 School District in Champaign, Illinois. The population of the school district is a diverse cosmopolitan community of approximately 10,000 people. The school system serves approximately 9,182 students and is made up of 11 elementary schools (K-5th), three middle schools (6th-8th), and two high schools (9th-12th) (<http://www.cmi.k12.il.us/Champaign/>). The district also has one middle school and one high school alternative placement facility. For this study, I have obtained the special education records from six schools within Unit 4. The total records observed are composed of 456 total special education files obtained for review from four elementary schools and three middle schools. The elementary schools include:

B.T. Washington (43 Special Ed. Files). Located within the predominately Black and Latino Northeastern section of Champaign. Initially the school was founded as a “magnet” school after desegregation plans were set within the area in 1968. The school is composed of 314 students in the 2001-2002 academic session.

Garden Hills (81 Special Ed. Files). The school is located in a central region, in a mixed lower middle class neighborhood. Within the academic year 2001-2002, the school was composed of 507 students ranging from Pre-K-5th grade.

Robeson (74 Special Ed. Files). The school is located in a southern locality of the town within middle to high socioeconomic neighborhood. Within the academic year 2001-2002, the school was composed of 499 students.

Barkstall (64 Special Ed. Files). The school is a recently built school located in the outer upper socioeconomic southern region of Champaign. The school in 2001-2002, was composed of approximately 414 students.

In addition, I have obtained the special education records from three middle schools:

Jefferson (119 Special Ed. Files). The middle school is located in a low to middle class area of Champaign. The school served 778 in 2001-2002.

Edison (74 Special Ed. Files). The school is located within the western section in a low to middle socioeconomic class section of town. Approximately 660 students attended in 2001-2002.

Columbia Alternative Placement Center (13 Special Ed. Files). Within the northern section of Champaign, the school serviced approximately 45 students in 2001-2002. Students are recommended for placed due to behavioral or social conflicts that may have occurred within their home school (ex. expulsion).

Criteria for Special Education Within Unit 4

To truly understand the records discussed in the following chapter, the guidelines for special education within the district must be clarified. The following is the actual guide to special education services that is published and distributed by the Unit 4 School District:

There are several steps that the school district must go through to ensure that the rights of children are protected when they are referred for special education.

Step 1: Referring a Child to Special Education

The parent/guardian, teacher or other professional may refer to special education.

The referral will be discussed with the parent/guardian. This is usually done by the classroom teacher.

Once a child has been referred to special education, the Building Support Team, including the building principal, school psychologist, social worker, teacher(s), etc., will work together to complete the comprehensive case study evaluation. The district personnel has 60 school days to complete this evaluation.

Step 2: Evaluation (Comprehensive Case Evaluation)

Once your child has been referred for special education, you will be asked to sign a consent form giving the staff permission to evaluate your child. This comprehensive case study evaluation is done by a team that includes a school psychologist, a social worker, teacher, and other professionals as needed (speech/language pathologist, occupational therapist, etc.).

The school will do an evaluation when:

- A new referral is made by a teacher or parent.
- A three-year reevaluation is needed to determine the continuation of services.
- There is a recommendation to terminate services.

During the evaluation, the school professionals are required to examine several areas of your child's development. The areas are:

Academic

Medical

Psychological

Social

Other (audiological, speech, etc.)

The district has 60 school days to complete this evaluation. After the team has completed its assessment or evaluation, you will be contacted to arrange a conference.

Note: As a parent you have a right to have an independent evaluation done in any of the areas that are required. The information from the independent evaluation would be used to assist in determining the recommendation at the EDC/IEP conference.

Step 3: Eligibility Determination Conference (EDC)

The multidisciplinary conference is the meeting where the various components of the evaluation are discussed. There may be several professionals attending this meeting because all of them are required to summarize their assessments and answer any questions you may have. At this meeting, the results of the evaluation are discussed and the student's eligibility for special education is determined. The eligibility is based on the degree to which an impairment interferes with the education of the student. The disability must have an adverse effect on the education of the student.

Parental input is an important part of this process and as a parent/guardian, you should be an active participant at the conference.

Step 4: Individualized Education Program (IEP)

The IEP conference is the meeting where a specific individual program is developed for your child. The information discussed involves the current functioning of your child in the areas of:

Academic	Social/emotional	Communication
Vocational	Independent functioning	Motor
Other		

Once these areas are discussed, then you and the professionals will establish annual goals and objectives that can be completed during the school year. You will also describe what special services are needed and where your child will receive those services. The services should be provided in the Least Restrictive Environment.

This is determined at the conference, and it means that services will be provided in a regular classroom through consultation services, or provided through resource services where special education is provided less than 50% of the day, or instructional services where special education is provided more than 50% of the day.

Related Services:

These are support services required to assist a child with disabilities to benefit from special education. If the child's IEP requires any related services, the school will provide them as a part of the educational program. Related services include:

Audiology	Special Transportation	OT/PT
Speech/language	Prevocational Training	Social Work

Others

Step 5: What Happens Next?

If your child is eligible for special education, then you must give your consent for initial special education placement. Services will begin in ten days or sooner if you waive the ten days. If services cannot begin in 10 days then an interim program will be developed. As the parent/guardian, it is your responsibility to work closely with your child's teacher or case manager. You may request an IEP conference anytime you want to discuss your child's program. The school will request an IEP conference to discuss any revisions that are made to the IEP during the year and at least once a year at the IEP annual review.

The school also has two parent conferences scheduled each year (fall and spring) to discuss your child' progress. (Unit 4 Special Education Handout 2001)

As a next step I examined the number of poor children using behavioral stimulants as reported by the Illinois State Medicaid Program. The program's goal is to assist poor families in obtaining quality health care through the Medical Assistance Program and is administered under the provisions of the Illinois Public Aid Code (305 ILCS 5/5 ff.) and Title XIX of the Social Security Act. This enabled me to investigate the number of socioeconomically disadvantaged Black children that are prescribed behavioral stimulants. Even though this approach has been used previously in Zito's (2000) research on preschoolers, this current study looked specifically at a larger number of medications Zito (2000) overlooked, as well as included more age ranges. In addition, the mentioned research could not conclude that Blacks outnumbered Whites in the area of behavioral stimulants. But, I feel that she did not look at the numbers proportionate to the Black and White population rates. The current study examined the numbers found within the November 2000 Medicaid report regarding the number of children within the state of Illinois. Particularly, 2,564 Other, 19,316 Asians, 2,223 American-Indians/Alaskan, 419,345 Blacks, 213,637 Hispanics, and 308,047 Whites received medical services for themselves and their families through the aid of the program in 2001-2002. More specifically, information was obtained on the psychotropic medications of Adderall, Concerta, Dextroamphetamine Sulfate, Methylphenidate HCL, Prozac, Wellbutrin SR, Zyban, Prozac Weekly, Cylert, and Buspirone HCL. This study reports only the findings on Adderall, Concerta, Dextroamphetamine Sulfate, Methylphenidate HCL, and Prozac.

Case Study Methodology

Using the above described qualitative and quantitative approach to the CRT methodology, the current study describes the relationship that institutional and societal racism/oppression have on the labeling process and issue of medicating Black males within Unit 4 with various forms of psychotropic controlling drugs. The descriptive techniques will enable the investigation to map out the set of events that aids in the subordination of this population through the observation of the data.

CHAPTER 4

RESULTS

The fundamental theories discussed earlier argue that the classification and medication trends of Black males are inheritably founded within the paradigms of racism and covert attempts of the elite White class in maintaining power and control over resources within the U.S. These attempts are maintained through conflict and resistance in regards to minorities within the country, and their response to the inequality that exists within public schools today. Therefore, the following results will illustrate the public schools' techniques of control and power over Black males through the special education process within the Unit 4 school system. The following sections describe the findings from the data collected. The first section will discuss the findings of the Climate Survey. As clarified earlier, it was initially intended to gauge the perceptions of fairness, cultural understanding, qualities of desegregated schools, and perception of "need for a change" through interviews with White and Black parents, teachers and students within the Unit 4 School District. As noted before, since I was not personally allowed to investigate and discuss the notion of racism and oppression through interviews with White and Black parents, teachers and students, I chose to determine the perceptions of the Unit 4 School System through the documented findings of the 2001 School Climate Survey. Next, the second phase of the data results will explain the findings of the examination of the special education files. I will report the tallied number of special education students within the seven schools discussed earlier. In addition, I will offer and analyze more specifically the number of these students on behavioral stimulants and the nuances behind the reported data in relations to race and gender. Finally, the number of low socioeconomic children using behavioral stimulants as

reported by the Illinois State Medicaid Program for the state of Illinois, and specifically the numbers of children within Champaign, Illinois, will be revealed.

Phase I Findings

In order to understand the relations between Black and Whites within a school district that has historically had political turmoil in regards to the issues of minority student discipline, staff hiring/assignments, and student assignment within segregated school schools, a Climate Survey, conducted by Mark S. Aber, Ph.D. and the University of Illinois School Climate Research Team was conducted in 2001. The team used a Parents (SCSPV), Staff (SCSSV), Elementary (SCSEV), and High School Version (SCSHSV) as multi-dimensional assessment tools to measure this group's perception of schools' social climate. The surveys were composed of seven to eight demographic questions. The questionnaire allowed respondents to respond to the 76 statements with whether they strongly agreed, agreed, were neutral/not sure, disagreed, or strongly disagreed. Seventy-five percent of all Unit 4 School building staff, 35% of all Unit 4 parents, and 90% of students within 3rd through 12th grade were respondents. This study was built upon the findings of the Robert Peterkin and James Lucey's Educational Equity Audit. Briefly, the findings of this particular study focused on access, fairness, outcome, support structures, and strategic interventions within Unit 4 Schools. The audit noted that within the academic year 1997-98, in regards to special education, discipline, and suspension, Black students were over-represented in comparison to their White peers. In terms of enrollment, mobility, and attendance, Black students had lower attendance and graduation rates than other ethnic groups. Finally, within the gifted, talented, and advanced placement program, only Black students were disproportionately under-represented within these settings.

In order to fully understand the climate in which these incidences occur, for both Blacks and Whites within the community, the Climate Survey in 2001 was utilized. In terms of results, Black and White parents generally agreed upon the areas of influence, trust and respect, school-parent contact, importance and encouragement of parental involvement, and barriers to parent involvement. But, the study also reported two different climates within the district. In regards to the areas of general fairness, cultural understanding, qualities of desegregated schools, and need for change, White and Black views on the subjects were very different. On the one hand, White parents, staff, and students within the sample reported that they saw Unit 4 Schools as being fair in regards to how all children are treated, regardless of race and socioeconomic backgrounds. But Blacks, on the other hand, were less likely to agree that there was an acceptable degree of fairness that occurred within the schools. White parents and staff within the district were more likely to feel that there were illustrations of cultural understanding that occurred within the classrooms than Blacks and White high school students. In regards to qualities of desegregated schools, few White staff members perceived the importance of teaching cultural sensitivity, hiring a proportionate number of Black staff members and administrators, and the inclusion of Black perspectives within the learning material and curricula. This reported perception countered that of Black parents and staff members. Fewer numbers of Whites than Blacks felt that the district was in need of change in relation to the racial disparities illustrated within the Peterkin and Lucey Educational Equity Audit Report.

The above information describes the reasons for the findings of the equity audit report. In fact, the disparate differences between Black and Whites shown through the Climate Survey transcends into the dismal findings for Black students reported by the audit in terms of academic achievement and punishment of Black students, especially Black males. Within a clearly divided

community where minority parents, students, and teachers' feel that their culture is not relevant to their White counterparts, a form of resistance has occurred through Black students, which translates into low academic achievement and thus forced a culturally insensitive district to punishment at a disproportionate rate as illustrated within the Peterkin and Lucey Educational Equity Audit Report. Moreover, simultaneously, a form of "backlashing" against these forms resistance occurs through the labeling of Black students, especially Black males within the special education category of Unit 4 and through the introduction of psychotropic medications as a form of control. For example, within B.T. Washington Elementary, the BST referrals for the academic years 2000-2001 and 2001-2002, were composed of a total of 36 cases (not including students who had come up more than once for referral). One-hundred percent of those students having behavioral difficulty were Black males (see Table 1).

Table 1

BST Referrals in Unit 4, 2000-2002 Academic Years

Race and gender	Academic	Behavior	Both
Asian male	1	0	0
Asian female	1	0	0
Hispanic male	4	0	0
Hispanic female	2	0	0
White male	4	0	0
White female	1	0	1
Black male	6	6	10
Black female	4	0	4

More specifically, two of the four White males that had been referred were reported to have not been "academically challenged" in regards to their current grade level, while teacher/parent requested for a new advanced grade placement. Hispanic and Asian students had been referred only due to English language difficulties. Finally, Black males were disproportionately referred more than once for BST in terms of behavior and academics issues.

Within the comments made by classroom teachers on the BST process form, Black males were overly represented with comments such as “Should be able to interact with others in a positive manner,” “not staying focused,” “poor attention,” difficulty following the simplest direction,” and “not respectful to adults.” These comments were not shared on forms for White and Hispanic students. In fact, these statements are the key phrases mentioned in Chapter 2 that teachers use in reference to students they feel are ADD/ADHD. The above information clarifies an example of the resistance expressed by Black students and counter measures met by the public school system in relation to behavioral and academic concerns of Black males. In terms of the backlashing I mentioned, the labeling practices and use of medication observed within the seven schools is a clear example of this observable fact.

Therefore, the pathway for control is founded within the discussion of race. The noted differences are examples of “racial residue” that was discussed earlier. Moreover, the outlooks among Whites and Blacks within the Unit 4 community are micro-analytical examples of the racial barriers that exclude the power and validity of the voices of the oppressed, while maintaining a sense of ideological segregation that has increased the polarization and tension between Blacks and Whites, similar to what is actually occurring across the country within public schools. The conflict and resistance to cultural understanding displayed within the Climate Survey further aid powerful elite White social groups in ensuring, while extending their status quo from opposing minority groups. This assurance and treatment is nothing less than a continuation of the once overt treatment of Blacks, that can be traced from the transplantation of slaves to Jamestown, Virginia, in 1619, Plessy v. Ferguson (1896), and the Jim Crow Laws that proceeded, to the current covert ideological perceptions and behavior toward Blacks. Therefore, the perceptions of Black males within public schools among educators are directly connected

with their behaviors toward Black males (Foster, 1995). The Climate Survey and the mentioned BST referrals illustrate that the elite Whites continue the theme of covert segregation, campaigning “Separate but equal,” but practicing as in the past, contradictory methods of inequality within the public school setting. Consequently, the resistance and behavior mentioned on the behalf of Whites within the area transcends into Black resistance. This is displayed by the number of Black male behavioral issues that were noted within the BST information within B.T. Washington Elementary School. Black males begin to cope with the disadvantages and stressors presented by the culturally ignorant and power hungry LEA by conceptualizing and buying into what schools perceive them to be, academically and socially ill-equipped. As the reins of power are held tighter by Whites who refuse to confront the racial barriers and injustices that are occurring within the public school classrooms, Black males are increasingly becoming outspoken through unwanted classroom behaviors and rejecting the academic track. This coupled with racial ignorance of White school staff members begins to place Black children, especially Black males on the pathway to special education and possibly the introduction of psychotropic medications. The following phase is an example of this occurrence within Unit 4 special education records. The children described are forced into a form of segregation through the label of special education. They are then possibly segregated at a higher degree once behavior becomes an issue. Finally, Black males are controlled through the modes of behavioral medicates.

Phase II Findings

The previous phase and the following information within Phase II illustrates an example of the resistance expressed by Black students in relations to behavioral and academic concerns.

But in terms of the backslashing I mentioned, the labeling practices and medication use within the seven schools observed illustrate this observable fact. The following information was tallied from 456 total special education files obtained for review. The students were divided into three different categories (Academic, Behavior, and Physical Disabilities). Any disability that impeded upon a students academic achievement, such as Mental Impaired, Learning Disability, and/or Other Health Concerns, as categorized as an academic disability. For students with a who also had issue in regards to behavior only or a combination of academic and behavior, were categorized as a behavioral disability. Students with physical impairments were lastly classified as simply having a physical disability (see Tables 2 through 18). Next, the students were narrowed more specifically to those who were noted to be taking a form of psychotropic medication.

Table 2

B.T. Washington Elementary Special Education Population 2001-2002

Category	Black male	Black female	White male	White female	Other male	Other female
Academics only	11	10	2	2	5	3
Physical	0	0	0	0	0	0
Behavior and academics.	10	1	1	0	0	0
Total number	11	11	3	2	5	3

Table 3

B.T. Washington Elementary Special Education Drug Usage 2001-2002

B. T. Washington	Black male	Black female	White male	White female	Other male	Other female
Total drug usage	7	0	2	0	0	0
Changes initiated after EDC	0	0	0	0	0	0

Table 4

Barkstall Elementary School Special Education Population 2001-2002

Category	Black male	Black female	White male	White female	Other male	Other female
Academics only	14	15	22	8	0	0
Physical	3	0	3	0	0	0
Behavior and academics	1	0	2	0	0	0
Total Number	18	15	27	8	0	0

Table 5

Barkstall Elementary School Special Education Drug Usage 2001-2002

Barkstall Elementary	Black male	Black female	White male	White female	Other male	Other female
Total drug usage	0	0	5	0	0	0
Changes initiated after EDC	0	0	5	0	0	0

Table 6

Columbia Alternative Center Special Education Population 2001-2002

Category	Black male	Black female	White male	White female	Other male	Other female
Academics only	2	2	4	0	0	0
Physical	1	0	0	0	0	0
Behavior and academics	3	1	1	0	0	0
Total Number	6	3	5	0	0	0

Table 7

Columbia Alternative School Special Education Drug Usage 2001-2002

Columbia Alternative School	Black male	Black female	White male	White female	Other male	Other female
Total drug usage	2	0	3	0	0	0
Changes initiated after EDC	2	0	1	0	0	0

Table 8

Edison Middle School Special Education Population 2001-2002

Category	Black male	Black female	White male	White female	Other male	Other female
Academic Only	23	15	18	2	1	3
Physical Only	0	0	1	0	0	0
Behavior & Academics.	7	1	0	0	0	0
Total Number	30	16	19	2	1	3

Table 9

Edison Middle School Special Education Drug Usage 2001-2002

Edison Middle School	Black male	Black female	White male	White female	Other male	Other female
Total drug usage	11	3	6	3	1	0
Changes initiated after EDC	8	2	2	1	1	0

Table 10

Garden Hills Elementary School Special Education Population 2001-2002

Category	Black male	Black female	White male	White female	Other male	Other female
Academics only	22	20	22	10	0	3
Physical	0	0	0	0	0	0
Behavior and academics.	8	1	1	1	0	0
Self-contained	7	0	0	0	0	0
Total	37	21	23	11	0	3

Table 11

Garden Hills Elementary School Special Education Drug Usage 2001-2002

Garden Hills	Black male	Black female	White male	White female	Other male	Other female
Total drug usage	7	1	5	2	0	0
Changes initiated after EDC	5	0	1	1	0	0

Table 12

Jefferson Middle School Special Education Population 2001-2002

Category	Black male	Black female	White male	White female	Other male	Other female
Academics only	23	14	41	11	3	4
Physical only	1	0	2	0	0	0
Behavior and academics	13	2	3	2	0	0
Total number	37	16	46	13	0	0

Table 13

Jefferson Middle School Special Education Drug Usage 2001-2002

Jefferson Middle School	Black Male	Black Female	White Male	White Female	Other Male	Other Female
Total drug usage	14	2	15	5	0	0
Changes initiated after EDC	10	1	10	2	0	0

Table 14

Robeson Elementary School Special Education Population 2001-2002

Category	Black Male	Black Female	White Male	White Female	Other Male	Other Female
Academics only	24	6	24	7	0	0
Physical only	0	0	0	0	0	0
Behavior and academics	1	3	1	0	0	0
Total number	25	9	25	0	0	0

Table 15

Robeson Elementary School Special Education Drug Usage 2001-2002

Robeson Elementary	Black male	Black female	White male	White female	Other male	Other female
Total drug usage	1	4	2	1	0	0
Changes initiated after EDC	0	3	1	0	0	0

Table 16

Total Talled Sample of Special Education Population 2001-2002

Other male	Other female	Total
119	67	133
0	0	11
43	9	9
167	76	148

Table 17

Total Sample Special Education Drug Usage 2001-2002

Black male	Black female	White male
1	1	103
25	6	21

Table 18

Total Sample Special Education Reasons/Category Within 2001-2002 IEP Files

Gender	Academics	Behavior component
Black male	15	29
Black female	4	6
White male	25	10
White female	9	3
Other male	1	0
Other female	1	0
Total number broken down for reasons within IEP	55	48

Figure 1 shows that 37% of Black males, 32% of White males, 17% of Black females, and 9% of White females within the sample files are labeled within a special education category in the Unit 4 School System. Thirty-one percent of Black males, 35% of White males, 18% of

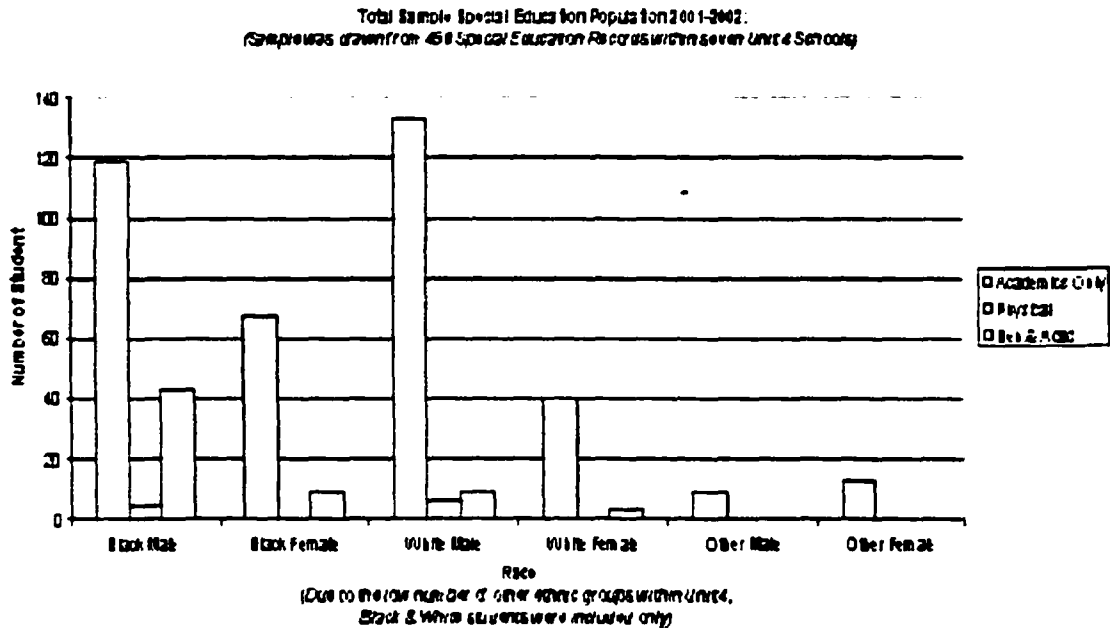


Figure 1. Total sample special education population 2001-2002. Sample drawn from 456 special education records of Unit 4 schools.

Black females, and 10% of White female special education students were within the category for academic rationale. But, for behavioral issues, 67% of Black males, 14% of White males and Black females, and 5% of White females were labeled due to behavioral conflicts that impeded upon their academic achievement.

The following figures report the number of special education students receiving a form of behavioral stimulant. Figure 2 reports the total number of students within the sample receiving a behavioral stimulant. Figure 3 narrows the sample into two divided classifications, those pertaining to academic and behavioral issues. Students noted with only academic concerns within their Special Education files receiving medication were separated from those students with behavioral concerns. Forty-three percent of Black males, 34% of White males, 10% of Black females, and 12% of White females within the sample are currently taking psychotropic medication. The data revealed some interesting points for those students not receiving a form of

medication before the EDC (the process that officially labels special education students). As noted earlier, the federal government mandates that every three years a special education student must be evaluated again by their LEA.

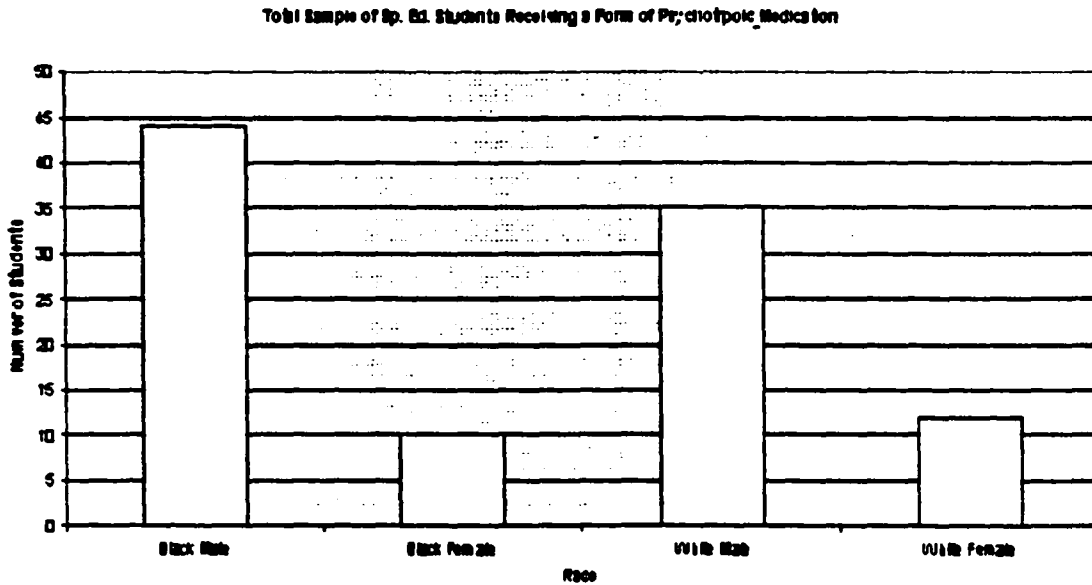


Figure 2. Total sample of special education students receiving form of psychotropic medication.

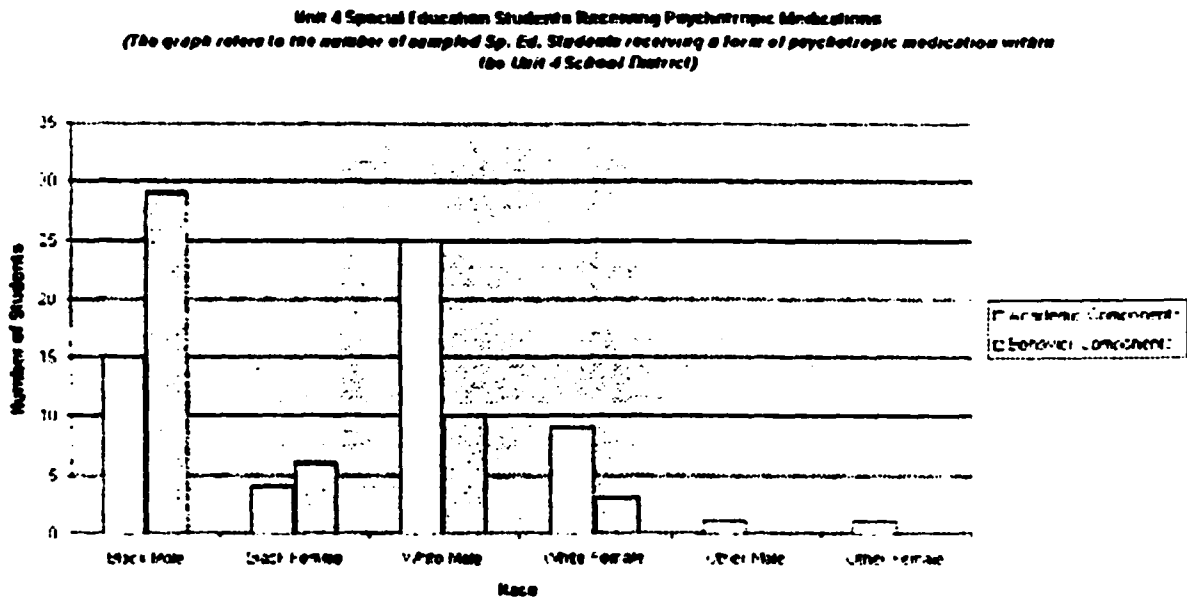


Figure 3. Unit 4 school district special education students receiving psychotropic medications.

The data showed that Black males initially not taking any medications were 43% more likely to be on a form of psychotropic medication before their next state mandated reevaluation, while the data showed that White males were 36%, and Black and White females were 9-10% likely to be introduced a behavioral stimulant during the three-year period before their reevaluation. But Figure 4 illustrates the number of these students whose files showed a change within the three-year reevaluation update. It is reported that males began to be prescribed medications in greater numbers than their female counterparts after being introduced to the special education process. In fact, 57% of Black males and 60% of White males in comparison to 60% of Black females and 42 % of White females on medication were initially not on any form of psychotropic medication before being labeled special education students.

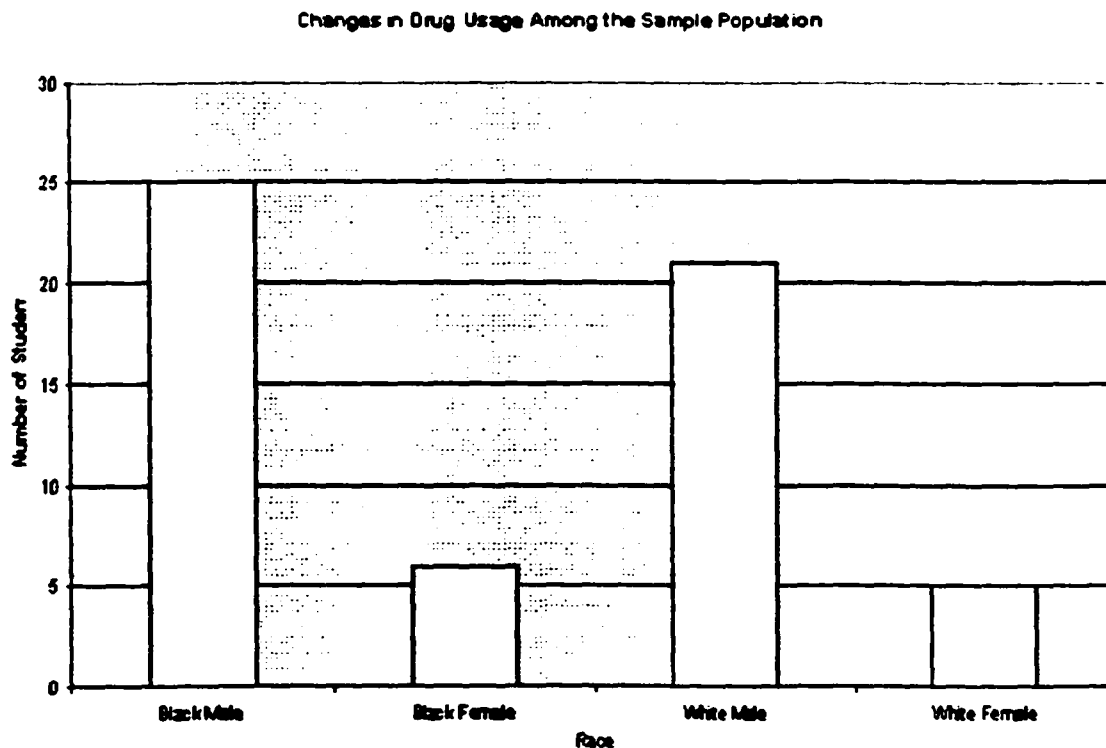


Figure 4. Changes in drug usage among the sample population.

The reported data are examples of the machine of oppression. Once these students are introduced into special education, examples have shown how race and the cultural resistance of Whites contribute to the expression of academic and social forms of resistance among Black children, especially Black males. The data illustrates that this trend only applies to Black males. The numbers show how forms of oppression not only affect Black males by introducing them to special education, but also to behavioral stimulants. If minority children do not become barriers for children deemed as the status quo, they simply become seen as Black males with learning disabilities. But once they become unbearable due to their more aggressive forms of resistance, they are labeled with behavioral components and possibly placed in alternative placement settings. For example, the Columbia Center had a 12% White population in comparisons to the 77% Black population. In addition, those who are deemed unsalvageable, because of unwanted behaviors, are then introduced to covert forms of control through medication. As the literature presented within earlier chapters notes, Black males are victimized within the criminal justice system and through the uses of corporal punishment within public schools. This victimization is apparent as within the data representing Black males within special education and behavioral medication usage, due to the considerably high rates of diagnosis and medication with this population in comparison to their White male counterparts who are at a much lower rate of being incarcerated, murdered, physically punished within schools, labeled with behavioral concerns, and thus medicated in comparisons to their population. Therefore, there is a trend of control within our society that can be seen within the above examples of control.

Phase III Findings

In order to fully understand the people of lower socioeconomic status whom I felt would

take advantage of the reduced or in some cases free psychotropic medication advised by inadequate medical, psychological, school social work, and general school administration recommendations in regards to Black males they deemed in need of medical control, I obtained data from the Illinois Department of Public Aid. The following findings were collected from the Illinois Department of Public Aid, Bureau of Rate Development and Analysis. For the fiscal year 2001, there were approximately 1.8 million people eligible for Public Aid in Illinois. In Champaign, Illinois, there were 12,724 adult people, and 4,581 0-18 years of age eligible for their services. As noted earlier, there are numerous medications that are used for controlling supposedly unruly and low achieving students; I focused only on Methylphenidate HCL (Ritalin), Prozac/Prozac Weekly, Wellbutrin/SR, Adderall, and Concerta. The data yielded approximately 51,905 children in the state of Illinois currently using one of these listed psychotropic medications who are receiving aid for payment from the Illinois Public Aid Department (see Figure 5 and Table 19).

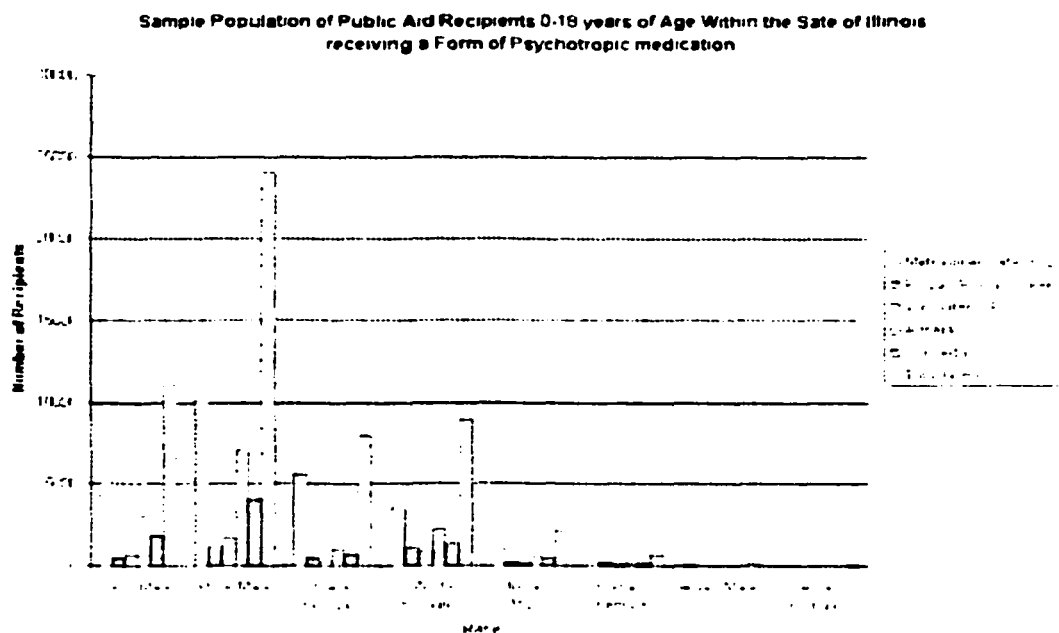


Figure 5. Sample population of Public Aid recipients 0-18 years of age within the State of Illinois.

Table 19

Total Number of Students in the State of Illinois Currently Using Psychotropic Medications

State of Illinois	Black males	White males	Black females	White females	Hispanic males	Hispanic females	Asian males	Asian females	American Indian/Alaskan males	American Indian/Alaskan females	Other males	Other females
Methylphenidate HCl	5103	10138	5566	3483	983	269	58	16	19	9	64	27
Prozac/Prozac Weekly	468	1120	451	1082	102	128	16	8	2	11	11	43
Wellbutrin/SR	647	1667	284	863	135	64	8	7	6	3	6	9
Adderall	3027	7041	968	2160	502	113	24	8	22	5	56	20
Concerta	1814	4057	648	1318	368	104	19	7	9	1	42	8
Total number	11059	24023	7917	8906	2090	678	125	46	58	29	179	107

Most noticeable, approximately, in the state of Illinois, those eligible for Public Aid, 20% of Black males, 46% of White males, 15% of Black females, and 17% of White females are on one of the five drugs mentioned (see Tables 4 and 5). Within the Unit 4 school district, Champaign has been noted to having approximately 895 children prescribed for either Methylphenidate HCL (Ritalin), Prozac/Prozac Weekly, Wellbutrin/SR, Adderall, or Concerta (see Table 20 and Figure 6).

Table 20

Champaign Public Aid Recipients November 2001

	Black males	White males	Black females	White females
Methylphenidate HCL	87	194	40	64
Prozac/Prozac Weekly	2	6	1	8
Wellbutrin/SR	8	26	1	6
Adderall	56	139	15	28
Concerta	39	97	22	47
Total Number	192	462	79	153

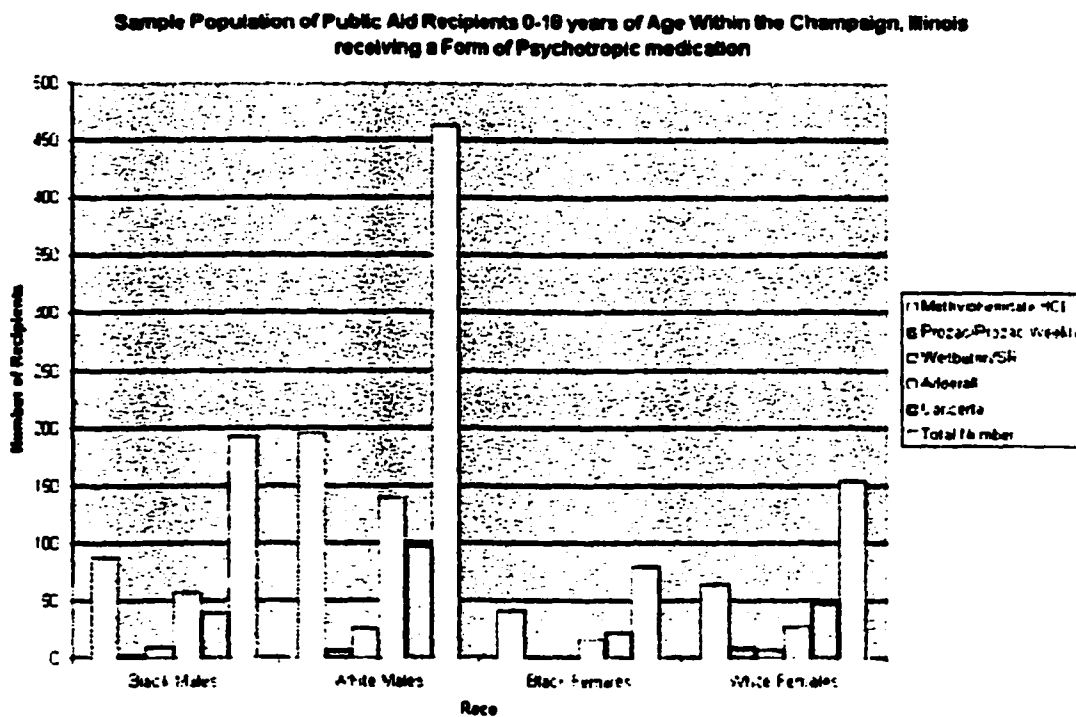


Figure 6. Sample population of Public Aid recipients 0-18 years of age within Champaign, IL.

In Champaign, the data illustrated that 22% of Black males, 52% of White males, 9% of Black female, and 17% of White females 0-18 years of age receiving funding from Public Aid are currently on one of these listed behavioral stimulants. Therefore, out of the 4,581 recipients 0-18 years of age receiving Public Aid, 20% are using one of these drugs listed. This percentage is dramatically higher if other popular drugs were included.

This is an example of how the mode of control has reached beyond Champaign. It has reached the entire state of Illinois. The fact that millions of dollars are spent on allowing low income parents to obtain these medications is a clear indication of the state's outlook on the issue, allowing the special education segment of public schools to push their agenda of control founded within the medical model discussed earlier. Even though a vast amount of federal and state monies are allotted, the government seems to be allowing this to occur due to their trust in those deemed as "experts," within a field that views special education students as "sick" and in need of aid.

Methodological Representation of Data

In order to fully understand the data reported, a methodological comparison must be made to fully grasp the underlying theme represented within the findings. First, previously stated within the previous chapter, the "multifocal" approach of Young (1999) used within this study relied heavily upon the works of Bowles and Gintis (1976), Scheurich (1994), and Grinberg and Saavedra (2000). But, more specifically, the use of the CRT was described in relations to the described topic. First, by looking through the data exemplified, within Phase I, the discrepancy between Blacks' and Whites' perception of racial disparities in regards of the academic achievement of the students within the Unit 4 School District community is an

example of the conflict paradigm (Bell, 1980; Feagin, 2000). Moreover, the information obtained in the study noted that Whites, differing from Blacks, did not feel that racial tension surrounding the achievement gap, hiring/firing of Black staff members, curriculum, and cultural awareness of Blacks needed to be confronted by the local education agency. This clearly illustrates as Bell (1980) stated, that the powerful White only act on issues that are particularly beneficial to their power structure. In fact, the tension that resides within Black teachers, parents, and more importantly Black children leads to the issues discussed within B.T. Washington's BST referrals. By not adequately addressing the concerns of the less powerful minority population, the model predicts the White elites' intentions of holding power through ignoring their voices, as well as the "counter-attack" techniques of Black students evidenced through forms of resistance acted out as unwanted behaviors. These behavioral issues that arise draw teachers, administrators, and to an extent, parents into believing that medication needs to be issued in order to combat an invisible disorder. In fact, the cause of the behavior is believed to reside within Black males, and not contained by the workings of the public school setting. Therefore, the academic underachievement of Black males continues without proper intervention from the federal and state education agencies (Davis & Jordan, 1994; Midgette & Glenn, 1991).

Secondly, genealogically, the findings of Phase II and III are instances for the CRT to be used to gather a full understanding of the special education categories and medication issue described previously. For instance, the data collected that reported that Black males within the sample schools were placed with high frequency within academic and/or behavioral special education categories, in comparisons to their peers, clarifies the sorting mechanism that fuels the rationale for the data of medicating trends among the sample group. Moreover, even though White males composed a high percentage of those students receiving psychotropic medications,

the reasoning for diagnosis and medication was quite different from that posed for Black males. Since it was reported that Black males were disproportionately placed within special education and receiving behavioral stimulants due to behavior concerns, as opposed to academic, than all other groups observed, the use of the CRT paradigm then points to the findings as another example of the privileged classes' ability to perpetuate the inequality between themselves and Blacks. This in turn furthers the technique of convincing all groups of the level of inferiority of Blacks, especially Black males, while giving credence for taking advantage of the flaws of IDEA and Section 504 in order to control Black males. This method proceeds to negatively affect the social, emotional, and academic well-being of Black males, due to their resistance that occurs as a response to the racial intolerance and need to control translated within the LEA policies, procedures, and labeling techniques. Thus, these negative consequences continually force a marginalization of the issue concerning Black males within special education. Through this process, the consequences of falsely labeling Black males exerts a number of dire effects upon them. The stigma of being labeled has been shown to relate to the dropout, suspension, expulsion, and "warehousing" rate among Black males (Ford & Thomas, 1997; Glennon, 1995; Rosenfield, 1997). As an example, with Unit 4 in Champaign, the rising number of Black males not conforming to regular education settings are being placed within the Columbia Alternative Center. The Black males displaced from regular education are labeled as underachievers, and as a result are pushed into a salted, displaced soiled education setting that is fostered by teacher perceptions that deem these children incapable students (Collins, 1988; Edelman, 1975). The idea of integrating these students is only appealing for public schools where special education students are not disruptive to the status quo (Skrtic, 1991; Tomlinson, 1982). Furthermore, as noted previously, those students labeled with mental impairments are sometimes seen as "not

quite human.” This negative view of this population of students causes peers and teachers to socially isolate and sanction the actions of those deemed “not normal” in the traditional academic and social sense. This fact gives schools the rationale for removing these students from their regular education placement and in turn, has dramatic effects upon the self-esteem of these children and possibly their future outcomes and aspirations (Farrington, 1977; Kaplan & Johnson 1991). As self-concept decreases, those labeled deviant conform to what they are depicted by teachers and administrators as through emotional and academic withdrawal within their school setting. Later in life, these students reap the effects of their deprived educational experience through dismal employment opportunities. The negative effects described here seem to call into question whether IDEA and Section 504 legislative intent actually discriminates against Black students that they claim to protect. The public punishment Wallace (1979) discussed of Black males is clearly sending a statement to the public about the worth and categorical placement that are held in a society that ignores the severity and dismal effects of race and upon Black males.

The data reported on the medicating trends of Black males confirms that while the psychotropic medications are primarily given to White males, but medication seems to be heavily used with Black males as a means for controlling unwanted behavior. In comparisons, this phenomenon has been shown to occur with the use of corporal punishment as well (Gregory, 1995). The use of corporal punishment has been shown to be used in a discriminatory manner (Rose, 1984). The data shows that White males are in fact punished at a high rate in comparisons to Black males, but not in proportion in relation to the population. Within this study, the number of Black males and White males being medicated for an academic or behavioral disability are analogous. But, Black males, in proportion to their representation in the population, are being labeled in greater numbers than White males within the sample group. In

fact, the data reported by Jarvinen and Sprague (1995) stated that the Black students' enrollment in special education classes is almost 50% higher than their representation in the certain public school districts as a whole. The data shown from this sample, then, leads one to believe that those labeled, especially with a behavioral component, are also possibly advised heavily by school officials and later prescribed by physicians, behavioral stimulants in order to rid public schools of undesirable behaviors. In addition, the data presented within Phase III, shows that the powerful White elite are allowing for the need for controlling males, and especially Black males, with an approximately five million dollar state of Illinois expenditure for psychotropic medications of the poor. Clearly, this fact points to the federal and state governments' role with allowing for millions to be spent on the issue of control. As noted previously, those advocates on behalf of special education students within and outside of government have allowed for the continuation of policies that foster inequality and segregation (Barton & Tomlinson, 1984; Skrtic, 1991).

The labeling practices of Black males, and medicating them in order to assume a sense of control, is based on ideologies founded through ignorance and fear. Historically, this has been noted in reference to the past and current treatment Whites have posed for Blacks, and especially Black males. From the beginning, these ideologies set up the reasoning for the two separate worlds of inequality, which has been illustrated through the data reference to the education and social settings that exist within the U.S. (Franklin, 1965; Swadener, 1995). Social stratification is continued through the use of labeling and medicating special education and regular students. Regular and special education students continue to be divided due to the inherent nature of the doctrine of inferiority, even after the landmark decision of Brown v. Board of Education (1954). Today, as seen before 1954, those students that are seen as unsalvageable are segregated, and the

language of federal and state policies state that public schools are only required to meet the deficiencies of these students, and public schools then proceed to do the minimal in providing a solid academic foundation. Due to the consequences of racism and ignorance, a false perception of Black students, and especially Black males occurs. Labeling and medicating of Black males has been shown to be an alternative method of control in the struggle for elite Whites to continue their reign over economic and social status within the country.

CHAPTER 5

DISCUSSION

Conclusion

The purpose of this study was to investigate and report the racial implications of the use of behavioral psychotropic medications to control the unwanted behavior of Black school age boys. In addition, the principal focus of the study scrutinized how the federal policy of Education for All Handicapped Children Act (EAHCA) of 1975, (P.L. 94-142), known presently as the Individuals with Disabilities Education Act (IDEA) of 1990, and Section 504 of the Rehabilitation Act of 1973, have become a gateway for the introduction of behavioral stimulant use with Black males as a mode for social control. The data used was gathered from three main sources. First, the special education files from several schools within the Unit 4 School District were collected and analyzed. The students were divided into three categories where students either comprised, academic, physical, and/or behavioral concerns that warranted for special education classification. Secondly, the University of Illinois 2001 School Climate Survey, which identified problems with the local school district's programs perceived by parents, teachers, and students, was used to gauge the notion of racism and oppression within the community observed. Finally, the November 2000 Medicaid report concerning the number of low socioeconomic children in the Illinois who were prescribed a form of behavioral stimulant, was used to look at the numbers proportionate to the Black and White population rates in reference to use of these drugs.

Limited generalizability is recognized. Therefore, despite the limitations of the study, which will be discussed later in this chapter, the results of this study indicate that Black male

public school age children were as likely to be categorized within the special education fold within the Unit 4 School System as White males. But, with respect to the specific reasoning, Black males were more likely to be labeled special education students due to behavioral concerns than their White counterparts. In fact, even though the results of the data illustrated that both White and Black males were comparable in terms of numbers receiving psychotropic medication, Black male recipients had a higher likelihood of having a behavioral concern while receiving these drugs than White males who were generally seen as having primarily academic concerns while being prescribed behavioral stimulants. In terms of the data results observed within the Illinois State Medicaid Program for the state of Illinois, and specifically the numbers of children within Champaign, Illinois, both lower socioeconomic status Black and White males, ages 0 to 18 years of age were at a disproportionately higher rate to be prescribed behavioral psychotropic medication than all other ethnic and gender groups. These findings are quite comparable to the scholarship in reference to the correlation between corporal punishment and race (Gregory, 1997). The discriminatory aspect of the use of corporal punishment within U.S. public schools seems to mirror the findings of this particular study. Black males seem to be the recipients of targeted discrimination in public schools due to the disproportionate aversive treatment within public schools.

Threats to Validity

There are a number of threats to the validity of the study. First, within the special education files obtained, a number of files were missing. Some of the Unit 4 secretarial staff within each building noted that special education and regular education teachers were very likely to check-out files from the schools' main office without signing out files. Secondly, I observed

through my work within the district, its teachers have gained a reputation for not returning files for periods up to an entire academic year. Next, the ability level of the social workers, whose documentation within the files that this study relied heavily upon varies. Social workers who are thorough within their documentation in relations to investigating all information related to the medical history of prospective special education students, note within the files if medication is taken, reasons, and etc. I could not use some of the files, as a number of discrepancies were present which alerted me that the files were inaccurate and incomplete. Therefore, the numbers obtained through my observation are very likely to be possibly quite higher than reported.

In reference to the 2000 November Medicaid Report, The Bureau of Rate Development and Analysis noted within their report that the data was not entirely totally "true." The department said that caseworkers could incorrectly enter the race, age, and gender of recipients within their caseload. Therefore, the count could be a little under or over stated.

Policy Implications & Future Directions

The techniques of control within public schools have been masked within the uses of corporal punishment, suspension, expulsion, alternative and special education placement. Despite the fact that within the past five decades the decisions of Brown v. Board of Education (1954), Title IX, P.L. 94-142, and etc. barred discrimination while protecting children regardless of race and gender, legislative measures have proven counterproductive to their intent. Overt symbols of discrimination and control that were once found within Jim Crow laws have been replaced with covert techniques that are present and continue to flourish within public schools today. Clearly, the traditions of racism and discrimination are dictated and continue through

cultural conditions maintained by the White elite. Therefore new approaches to public policies need to be addressed.

The first stage to changing policies that effect school age children is for all involved to acknowledge the negative consequences that race plays upon the continued segregation of Black students, especially Black males within the labeling practices of special education students. The evidence suggests that Black males horrifically resist to the classification through unwanted academic and social behavior. This in turn has been shown to effect their academic and social attainment as adults. In addition, the social baggage surrounding discussions of race must no longer be ignored, but embraced. As seen within the Climate Survey, Whites continue to ignore the fact that race continues to play a heavy role within lives of all within the United States. In order to fully understand how race continues to effect policies and teacher outlook upon Blacks, Whites within public school system and governmental positions must acknowledge and address the historical and present plight of Blacks. The dynamics of being both Black and a male must be addressed as well, for this population experiences unique issues in comparison to Black females. Some researchers have noted that there is a need for additional schools that are run by only Black educators. Since the majority of teachers presently are females, Black females would primarily hold these positions in these recommended schools. This idea is not necessarily a panacea either, for the stereotypes and prejudices about Black males has also affected Black females as well. For example, internalized oppression has been shown in Black females. Hutchinson (1994) noted that in order to maintain the rights of slave owners to control Blacks, myths about Black men portrayed as savages and over-sexual beings, the doctrine of hate was instilled through scientific and academic theories of inferiority of the Black man, to present day media portrayals. Works presented by such authors as Terry McMillan and the celebration of her

material by Black women, are examples of how the Western ideologies of Black males has been bought into by Black people. The portrayal of Black men as savages, as Shakespeare themed in Othello, has been transcended through the current talk shows, books, movies, and comedians who are created and portrayed to the public by Blacks. Therefore, the internalized oppression has seeped its way into the mindset of Black America as well.

Next, the flaws within IDEA and Section 504 must be heavily scrutinized and addressed. Due to the “fuzzy” language of these policies, I have shown how parents and public school staff members have taken advantage of the uncertainty of the legislative measure in order to meet their objectives in the lives of children. In fact, further research needs to investigate the severity of this issue in situations pertaining to Black males. There is no data that has investigated this aspect regarding the uses of IDEA and Section 504 on behalf of only minority students labeled special education students. Previously reported, schools do receive funding for additional children labeled as special education. The effect these monies have on this process must be discussed in changing policies.

Policies that address the training of school personnel need to be implemented. Research indicates that teachers who are stressed are prone to label and medicate students. In addition, they are more than likely to ignore school based effects upon students’ academic and social behavior, and look for a cause outside of the school environment. Teachers must become more knowledgeable and aware of how their actions, reactions, and internalized prejudices affect the negative behavior and low academic achievement of Black students. Further research needs to address the effect teachers have on the process of recommending medication. This particular study only infers that teachers’ influence has a dramatic effect upon parents’ decision to have their child medically tested and prescribed psychotropic medications. Even though research is

present that illustrates the court battles between schools that attempt to force parents to medicate their children, there is a gap in the literature. The assumption, that is present but not entirely researched within this study, points to the fact that teachers and administrators do attempt “strong-arm” tactics with parents who may refuse to medicate. Next, policies within schools should address the discussions regarding medication that occur within BST and other school meetings. As noted earlier, teachers have even documented statements that call for children to be medicated. Policies should be enacted which halt teachers and administrators from influencing this process due to their inadequate medical expertise.

Also, federal and state policies are needed to confront the over-crowding situation that has become an epidemic within public classrooms across the country. The large influx of a very diverse and increasing student body within small classrooms, upon culturally ignorant teachers and administrators increases the likelihood of occurrences of undesired behavior from students toward an already under paid staff. This in turn affects teachers looking for quick fixes found in the labeling and medicating practices. Meeting the needs of stressed and uninformed teachers through increases in salaries, mandatory culturally workshops, and decreasing class size would help to address the issue at hand.

Another way of minimizing the labeling and medicating of Black males would be to create policies surrounding the influences which drug companies are allowed to exert on physicians. The lavish gifts and money provided to doctors and groups such as CHADD, by drug companies needs to be examined and ameliorated through mandated policies by the federal and state governments, and/or through the American Medical Association (AMA). Parents, teachers, and the legislative sectors must acknowledge the influences on doctors and supposed support groups both claiming to aid parents by proposing to medicate their children, and in

prescribing new medications for children. The millions of dollars discussed earlier exert dramatic effects upon what doctors and support groups do and say in reference to the issue of psychotropic medications. In fact, further research needs to investigate the possible correlations between drug companies' advertisement tactics and physician rate of prescribing elected medications, and to what degree this influence affects the decision making of doctors.

Finally, teachers and parents need to become more knowledgeable about the possible long-term effects of behavioral stimulants. Many parents and teachers within my observation within the Unit 4 school system were ignorant to the fact that these drugs caused more than the generic adverse effects, such as loss of appetite and sleeplessness. When discussing the others possible effects, paranoia, homicidal tendencies, violence, loss of creativity and memory, these same parents were astounded that their physician or classroom teacher did not mention these possible reactions when discussing the use of these drugs. The federal government needs to meet this need to inform the general public by mandating that all drug companies that solicit drugs for children be responsible for informing all recipients of the possible dangers. This issue leads to possible policy changes within the FDA. I have shown how the loose mandates the FDA has designed cause many clinically proven dangerous drugs to be released in the public for use upon children. So in order to protect the public, the FDA has to become increasingly strict with their testing protocol. Further research within this area call for longitudinal studies on the effects of drugs such as Prozac and Ritalin upon children. Currently, there are no such studies present. Also, the use of drugs such as Ritalin have been linked as being "gateways" drug to other hard drugs. Studies that address the correlation between currently incarcerated drug abusers within facilities across the country and the use of Ritalin as children need to be investigated.

Final Thoughts

The argument discussed is clearly an example of transcended and continued aggression toward Black males by the elite social class of the U.S. History has shown how the assault on Black males began was founded within the foundation of this country. In order to deem slavery as ethical, myths of Black males began. This gave way for the overt forms of violence seen within the numbers of lynched, castrated, and murdered Black males within the history of this country. Once the 1954 Brown v. Board of Education U.S. Supreme Court decision was enacted, the struggle for racial equality and justice fatally harmed overt forms of oppression, but at the same time gave birth to new forms of covert forms of control through tracking, expulsion, alternative placement, introduction to special education, labeling, and ultimately drugging of Black males. The hatred and fear of Black males founded within the sinister racial past of our country, continues secretly today within our public schools.

The information and data presented are illustrations of how the social ills of racism, false perceptions of Black males, false special education labeling techniques and the evident danger of drugs such as Ritalin, must be addressed and the reins of revolution grasped and held tight for the salvation of Black children today and those of tomorrow. If this covert plight is not addressed, the achievement gap between Black and White students within public schools will be continue to grow and widen. The severity of these and other issues pertaining to the lives of Black males will worsen. But, "as things stand now, it may be that many an African American boy is rather like the batter in American baseball who gets three strikes. Such a batter is declared 'out.' The difference, of course, is that in the case of the child who is 1) poor, 2) Black, and 3) male, that

child may walk in the classroom door with the three strikes already called” (Gregory, 1997, p.32).

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