

Opinion

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COMMENTARY

Child abuse study suggests ‘solutions’ that will make problem worse

**Richard Wexler**  
The problem of child abuse is serious and real — in Alaska and everywhere else in America. But a recent study by researchers at the University of Alaska Anchorage about the rate at which children known to the Office of Children’s Services are reabused is built on a foundation of faulty assumptions and questionable data. As a result, it points toward “solutions” likely to make things even worse.



Wexler

The report, compiled by UAA’s Institute of Social and Economic Research, implies that OCS errs only in one direction, screening out cases that should be investigated and failing to substantiate maltreatment. In fact, child welfare systems are arbitrary, capricious and cruel — they err in all directions. It is because Alaska investigates too many families, substantiates too many cases and takes away far too many children that the system is overwhelmed. And because the system is overwhelmed, workers don’t have time to give any case the attention it deserves. So they leave some children in dangerous homes even as many more are taken from homes that are safe or could be made safe with the right kinds of help.

Alaska needs to learn from states that have rebuilt their systems to emphasize safe, proven programs to keep families together.

Even when rates of child poverty are factored in, Alaska takes away children at a rate well over double the national average. How extreme an outlier is Alaska? In 2014, nationwide, 264,000 children were taken from their homes. Were every state like Alaska, it would have been 625,000. The rate of removal in Alaska is nearly quadruple the rate in states such as Alabama and Illinois, where independent, court-appointed monitors have found that reforms built around keeping more children in their own homes improved child safety. Of course, after reading the UAA study, some might think Alaska is a cesspool of depravity, with vastly more child abuse than the rest of America. It isn’t. Rather, the Alaska data reflect the subjectivity that goes into deciding what constitutes abuse and, especially, neglect. Alaska defines “neglect” as “the failure of the person responsible for the child’s welfare to provide the child necessary food, care, clothing, shelter or medical attention.” By that definition, there is hardly an impoverished child in Alaska who couldn’t be declared “neglected” at some point. Any call to OCS, even an anonymous call by someone with an ax to grind, must be investigated if the allegations meet this incredibly broad definition. Yet the UAA researchers claim even calls that are screened out may well be child abuse. On the contrary, with a definition this broad it’s no wonder that 76 percent of the reports that are screened in wind up unsubstantiated. The researchers argue that’s because caseworkers wrongly label some cases unfounded. Undoubtedly that’s true — sometimes. But in Alaska, as in most states, to “substantiate” a case a worker need only believe, in her own mind, that it is slightly more likely than not that the child was maltreated. So it’s no wonder that the only national study to second-guess these decisions found that workers are two to six times more likely to wrongly substantiate a case than to wrongly label it unfounded. All of this created a system that does enormous damage to children it is supposed to help. It traumatizes children taken needlessly from everyone loving and familiar. Many will be moved from home to home, emerging years later unable to love or trust anyone. Two studies comparing more than 15,000 typical cases found that children left in their own homes typically did better later in life even than comparably maltreated children placed in foster care.

Many children are taken from safe homes only to be placed at enormous risk in foster care. Several studies have found abuse in one-quarter to one-third of foster homes. And, as noted above, all the time, money and effort wasted on all that needless investigating and needless foster care is, in effect, stolen from children in real danger. That may explain the high rate of reabuse in Alaska.

Another possible explanation: A state that is quick to label anything and everything child abuse will be quick to label anything and everything re-abuse. If you confuse a family’s poverty with “neglect” and six months later the family is still poor, you are likely to label that family neglectful again.

There’s no reliable way to compare rates of re-abuse among the states. But if the UAA researchers insist on doing it anyway, I’ll point out that rates of reabuse in Illinois and Alabama are lower than in Alaska.

So the real lesson of this study is the lesson Alaska has been ignoring for decades. The take-the-child-and-run approach makes all children less safe. Alaska needs to learn from states that have rebuilt their systems to emphasize safe, proven programs to keep families together.

Richard Wexler is executive director of the Virginia-based National Coalition for Child Protection Reform, www.nccpr.org.



COMMENTARY

Alaska would be better off with its own single-payer health care system

**Patrick Cunningham**

As the year comes to an end, many of the headlines predict hard economic times ahead for many Alaskans, given the anticipated \$3.4 billion state budget gap, the cost of health care in Alaska being the highest of any state, property taxes going up, new taxes and user fees being proposed, and talk of limiting the Permanent Fund dividend. What are Alaskans to do? And may we look to government and/or the private sector for answers to this dilemma?

The citizens of Colorado have developed one proposal that is predicted to save individuals and businesses \$4.5 billion, if a ballot initiative is passed in their November 2016 election. It is called ColoradoCare, and according to its campaign website, “It is a resident-owned, nongovernmental health care financing system designed to ensure comprehensive, quality, accessible, lifetime health care for every Colorado resident. The benefit package would enhance the comprehensive health care services required by Medicaid and the Affordable Care Act. Premiums would be collected from Coloradans based on income, securing health care regardless of financial circumstance. This efficient, universal system would operate in the interests of Coloradans. By eliminating layers of bureaucracy and reducing administrative and other nonmedical costs, ColoradoCare would cover all residents and cost less than the current system.”

The sponsors of this initiative recognized that it would be folly to ask their Legislature to create this program because of the divisiveness not only in the Legislature but also the heavy lobbying that would occur from all those who benefit from the existing health care system. The initiative process was effective in legalizing recreational marijuana in 2012, and the best chance of ColoradoCare becoming a constitutional amendment is believed to be through the initiative process.

The present health care climate in Alaska represents soaring costs, with now, only two insurance companies — Moda and Premera — operating in the state. Yearly increases in premium costs are a given. And that doesn’t include co-pay and deductibles when health care is required. “Obamacare,” while beneficial to many, is reviled by others, including Alaska’s congressional



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delegation, who recently voted to end it. Gov. Bill Walker and the Republican-led Legislature continue to battle over Medicaid expansion and proposing major reform next year. According to the Henry J. Kaiser Foundation, the cost of Medicaid in Alaska was \$1.4 billion in fiscal year 2014. In September, 125,616 Alaskans were enrolled in Medicaid.

What may one expect if Alaska residents were to select the initiative process — as Colorado has done — and create a single-payer health care system, Alaska-style? Public Citizen, a nonpartisan, nonprofit organization in Washington, D.C., which advocates for all citizens, has listed some characteristics of a single-payer system:

- Comprehensive: Covers everyone under a single, publicly financed insurance plan that provides comprehensive health care.
- Access to Prevention: Gives everyone access to primary care without cost barriers that reduce how many people get sick in the first place.
- Early Intervention: Allows everyone to have a regular source of care, without cost barriers, catching illness and injury before it becomes serious and expensive to treat.
- Reducing Insurance Overhead: Private insurance companies spend from 10 percent to 30 percent of every health care dollar on overhead: public insurance less than 5 percent. Single-payer plans don’t need to advertise or compete on a market.
- Reducing Provider Overhead: When hospitals and physicians send all their bills to one payer (the public insurance plan), they don’t need a billing department to juggle different forms for hundreds of insurance companies, and each doctor and each health care practitioner wastes less of their time on paperwork and devotes more time to actual care.

- Bulk Purchasing Power: When there is only one payer for basic medical services and goods, that payer can bargain the best possible prices, and make sure that middlemen aren’t overcharging patients. This in particular drives down the cost of prescription drugs.
  - Power of Health Insurance Companies Disappears: No longer in charge of setting prices and life-and-death treatment decisions. Millions saved in administrative costs, waste and profit.
  - Money Saved: Drug prices cut by 40 percent or more. Single record data base. Prevention emphasized. No more personal bankruptcy.
  - Cost: Rather than paying premiums and deductibles, citizens will pay taxes, which will be less than the premiums and deductibles now paid. The Affordable Health Care Act has a provision where states may opt out of the program if it ensures that residents receive insurance that is at least as comprehensive and affordable; ensures that at least as many people are covered; and does not increase the federal deficit in doing so. Alaska opting out would end the debate and complaint of federal overreach and provide Alaska with the opportunity of creating a health care plan that is “locally grown.”
- In 1997, Sens. Jim Duncan and Johnny Ellis introduced a bill to create the Alaska Health Insurance Corp. and in 2009, Sens. Hollis French and Ellis submitted a bill to establish universal health insurance in Alaska. Although admirable, neither proposal saw any movement in the Legislature. Given the political stalemate that has occurred in the Legislature in the past few years, any progressive changes have occurred because of the initiative process. Good examples are the minimum wage and marijuana initiatives. Thus, if Alaskans wish to reap the benefits of a single-payer health insurance program for all Alaskans, it will best come from the initiative process. Use Google to find an example of how ColoradoCare will be implemented when it passes as an initiative in November 2016. It is far less complicated than the Affordable Health Care Act.

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