The Roosevelt Institute at Cornell University

ROOSEVELT REVIEW: OPINION EDITORIALS

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Cornell University

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SPRING 2023 CENTER DIRECTORS

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Sahil is a sophomore majoring in Government while minoring in History and Law and Society in the College of Arts & Sciences. He is interested in immigration reform, including new congressional legislation and altering the citizenship test. Outside of Roosevelt, Sahil is a member of the Cornell Mock Trial Team and is involved in research about historical crises in U.S. democracy.

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DOMESTIC POLICY

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The One-Day National Presidential Primary Is Long Overdue

By Fatima Al-Sammak, fma29@cornell.edu

On February 4th, 2022, the Democratic National Committee voted to overhaul the Democratic Presidential Primary beginning with the 2024 election. For the first time since 1972, Iowa will no longer be the first state to select its Democratic candidate for president and influence the outcome of each subsequent primary and caucus by giving its winning candidate important momentum for the remaining races. The honor will instead go to South Carolina, giving Black voters a greater say in the primary earlier in the process. However, if the goal is to design a primary system that reflects the diversity of Democratic voters nationwide, the best way to achieve so would be to hold a single-day national presidential primary.

As it stands, the current primary system encourages a phenomenon known as "frontloading," where individual states push for their primary to be held far enough in advance to be among the early or Super Tuesday states in an effort to gain more attention from candidates. Candidates focus significant time and money on earlier states in the hopes of winning these first states and gaining momentum, so each state wants to have the opportunity to have that influence. In most cases, because of the extended primary schedule, candidates can secure the party nomination before each state has held its primary. Frontloading results in "later" states such as Pennsylvania and New York which construct an important portion of the Democratic and national electorate falling by the wayside and receiving less attention from candidates. The system as it stands is highly unfair to these later states who should have equal say in selecting the party nominee; holding all primary elections on the same day for all states would prevent candidates from frontloading their campaigning.

We cannot purport to elect a party nominee representative of the will of the national Democratic party through a piecemeal, state-by-state election process. While putting South Carolina's primary first might amplify the Black vote within the party, what of representation of the plethora of other experiences of Democratic voters? The modern Democratic party is made up of voters young and old, across all levels of income, from New York and Texas and California and everywhere in between. In order to ensure that the party nominee is a

candidate who is able to address the issues that matter to voters of such vastly different backgrounds, those voters must all be able to influence who that candidate will be. Furthermore, the candidate is being nominated to a national general election, so it is only logical for them to be nominated by a national primary process that contextualizes the general election that lies ahead, where the electorate and the path to victory will look different.

The current primary system also allows the party establishment to manipulate the outcome of the primary election by strategically consolidating the field at key points in the election calendar. In the 2020 Democratic primary, as then-candidate Joe Biden floundered for votes after losing Iowa, New Hampshire, and Nevada, moderate candidates coordinated to drop out of the race and endorse Biden one day before Super Tuesday. Ultimately, this move helped boost Biden towards a strong performance in the remainder of the primary season and, eventually, the nomination. The very nature of the drawn-out primary schedule allows party elites to make strategic decisions to advance their preferred candidate rather than allowing individual voters to have their say. A single-day national primary would prevent party establishment manipulation of the field and instead shift the focus to the candidates' ability to garner votes, which ought to be the only focus of the primary race.

One important concern with a unified primary day would be the requirement for candidates to raise a significant amount of money to campaign in such a large number of states at the same time. However, candidates must already raise quite a lot of money to campaign effectively in early and Super Tuesday states due to the frontloading phenomenon caused by the current primary schedule. Especially in the context of the primary election, barring the case of a self-funded candidate, the ability to raise a significant sum of money would indicate a candidate's popularity and would work in the advantage of more widely supported candidates, which is the intended purpose of a primary election. Overall, a single day national primary would create a more democratic and representative nominee selection process, so the Democratic National Committee should adopt it for future primaries.

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Give Me Your Tired, Your Poor: The Case for Increasing the Refugee Cap

By Meghan Brady-Fuchsman, mgb235@cornell.edu

In 2021, President Joe Biden announced his intention to raise the cap on refugee admissions to 125,000. This increase was a marked shift from the Trump-era cap, which was at the historic low of 15,000 admissions, and a huge increase from the 62,500 cap in the early days of Biden's presidency. However, in 2022, the total number of refugees worldwide had increased to 32.5 million people, according to the UN. Of these refugees, 85% of them are being temporarily hosted in developing countries, placing the vast majority of the burden on countries with fewer resources. While the US has historically resettled the most refugees of any nation, these efforts are barely a drop of what is needed to help the millions of vulnerable migrants worldwide. The US has the resources to support greater numbers of refugees and should fulfill its humanitarian obligation to do so.

To start, the US should make greater efforts to fill its refugee quota. Although the ceiling was set at 125,000 refugees in FY 2022, the US only resettled 25,645 migrants. Prior years reflect further shortcomings as well as record lows, with around 11,500 migrants being accepted in FY 2020-2021; the previous low had been around 27,000 in FY 2002. Since the passage of the Refugee Act of 1980, the US has fallen several thousand refugees short of filling the cap most years. Under the Trump Administration's nativist policies, the resettlement system was gutted, and it is in desperate need of reform to regain full functionality. Closing the gap would require the US to increase funding and rehire staff to the agencies involved in refugee resettlement, including the Department of State and US Customs and Immigration Service.

However, the US government should not stop at fulfilling its promise to take in 125,000 refugees; it should go beyond this quota. Refugees have well-documented positive social and economic effects on their host countries. Many countries, including the US, have noted a boost to their GDPs on account of refugees. Much of the economic stimulation provided by migrants is through innovation and job creation; 25% of entrepreneurs are migrants, a much higher share than their percentage of the total population. Refugee businesses have generated billions of dollars in income and create millions of jobs each year.

A frequent concern with refugee acceptance is that they are a drain on resources and tax money. While it is true that refugees often require significant assistance when they arrive in the destination country, the long term economic benefits of migration outweigh the costs. Over a decade, the federal government spent about $206 billion on refugee assistance, but refugees provided about $269 billion in tax revenue over this same decade, resulting in a net positive of $63 billion. An international study also demonstrated that refugees increase access to social services for all residents of the host country as well.

Opponents also suggest that refugees will take jobs from native citizens; however, this has been disproven by economists. The presence of more migrants in a labor market does not depress employment opportunities for native residents because these populations typically have different skill sets and thus are not in competition for the same jobs. Additionally, the US is at present experiencing a labor shortage, particularly in the construction, retail, and service industries. As the US population ages, there will continue to be a need for new laborers, and jobs in these industries tend to be attractive to migrants. Accepting greater numbers of refugees could help fill in the existing labor gap.

As the number of displaced migrants continues to increase, the US must recognize its humanitarian commitment to providing aid to vulnerable populations. This focus would especially alleviate concerns about the influx of migrants at the southern border. Many of the individuals taking the dangerous journey through South and Central America to the US-Mexico border are fleeing persecution and qualify for asylum or refugee status. Increasing the refugee cap would provide more migrants a safer pathway to entry and minimize the risks associated with seeking asylum at the border and illegal border crossings.

Throughout its history, the US has been a nation that welcomes immigrants and provides opportunities for a better life. The US is neglecting some of the most vulnerable migrants by accepting low numbers of refugees. It is imperative that the US reaffirm its humanitarian responsibility to refugees and raise the resettlement cap. There are millions of refugees worldwide who are seeking a new home, and huge numbers must be resettled to truly make a difference. Refugees are a net positive to the host country and its residents, and accepting more would be a benefit to all.

A 21st Century Suffrage Movement: Ending Felony Disenfranchisement in the US

By Meghan Brady-Fuchsman, mgb235@cornell.edu

Since the 2020 election, there has been a renewed conversation around voting rights in the US. Shortly after the inauguration of President Joe Biden, Georgia was the first of many states to pass a restrictive voting bill; since then, over 42 restrictive voting laws have passed in 21 different states. Alternatively, there is an effort seen across states to expand voting rights, with 81 expansive laws having been passed since January 2021. However, while most of the legislation centers around voter registration, mail-in ballots, and accessibility, one major area has been overlooked: disenfranchisement of incarcerated and formerly incarcerated individuals.

Mass incarceration in the US is a serious problem, with the American incarcerated population being larger than that of any other country. In all states and territories except Maine, Vermont, Washington, DC, and Puerto Rico, felons lose the right to vote while incarcerated. In most of these states, the right to vote is not restored immediately after release. Felons remain disenfranchised during parole or probation in 16 states and remain disenfranchised indefinitely or permanently after release in 11 states. Of the 5.2 million people disenfranchised due to their criminal status, 75% of these have completed their sentence.

Felon disenfranchisement is against international human rights law if interpreted as an unreasonable deprivation of fundamental rights. This violation is even more egregious because mass incarceration disproportionately affects Black Americans; they are four times more likely to be disenfranchised than the rest of the adult population, and 6.26% of all eligible Black voters in the country are disenfranchised due to a felony conviction. Felon disenfranchisement is a vestige of Jim Crow era policies and a tool that continues to suppress the Black vote today.

Disenfranchisement has been shown to increase community isolation and have a negative effect on recidivism rates. Research shows that non-voting is highly correlated with criminal activity. If formerly incarcerated individuals cannot vote at all, their likelihood of recidivism increases, with one study revealing that

non-voters had a recidivism rate of 27% compared to 12% of voters. Disenfranchisement of felons after they have served their sentence is in direct contrast with the goal of rehabilitation and reintegration into society.

Some research has also shown that even former felons who have had their right to vote returned post-incarceration are discouraged from voting. In some states, the procedure to have voting rights restored is extremely confusing and cumbersome. *De facto* disenfranchisement persists as formerly incarcerated individuals are not made aware that their voting eligibility has returned, possibly doubling the number of votes suppressed.

Felons also occupy a unique set of interests in the US population that deserve to be adequately represented in the electoral process. They bring the important perspective of an individual who has experienced incarceration and are significantly affected by legislative decisions, such as this very issue. In turn, more policies that negatively affect the incarcerated population are likely to be passed by silencing their electoral power.

In addition to the punitive argument, opponents suggest that felons are not likely to vote, and if they do, they pose a risk of facilitating voter fraud and could compromise the integrity of the election. However, these claims have been disputed. There is limited data available about felon civic participation, but studies show that prior to arrest, felons and non-felons voted at the same rate. Secondly, there is no reason to believe that a felon would necessarily be likely to commit an electoral crime and no empirical evidence to support this assumption.

The mass disenfranchisement of adults is absolutely unacceptable in today's America. Since the mid-20th century, suffrage has been extended to all adults except felons. More felons are disenfranchised in the US than in any other democratic country. Denying so many Americans basic voting rights and essentially banishing them as political outsiders is too steep a punishment on top of deprivation of liberty, especially for those who have already served their sentence. The US must protect civil rights and end this second-class of citizens who are unable to vote due to their criminal status.

Economic Policy

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It is Time to Stop For-Profit Colleges For Good

By Sahithi Jammulamadaka, sj549@cornell.edu

The pandemic imposed a significant economic toll on American families across the country, especially in the higher education industry. This tumultuous time led many high school students to reevaluate their higher education plans, deciding whether or not college would be worth its cost. This shift led many to wonder if an "online" degree would be a cheaper alternative to replace hundreds of thousands of dollars in tuition. Additionally, many working individuals were laid off from their jobs and were unable to find new employment due to the downward trend in the job market. High unemployment led to an increase in workers thinking about going back to school for higher education to make themselves more marketable in anticipation of improvements in the job market.

The downturn in the job market has led higher education experts to worry; experts warned that the sudden interest in higher education is an opportunity for for-profit colleges to make a comeback. For-profit colleges are higher education owned and operated by a private company or business. This comeback proved to be true with a 5.3% year-over-year increase in enrollment by the fall of 2020. Although for-profit college enrollment moved back to pre-COVID levels, falling by 9.3% by the fall of 2022, there is a cause for concern about the predatory behaviors of for-profit colleges as the US enters a recession.

For-profit colleges and universities are usually non-accredited schools created for the sole purpose of making money, and these colleges are able to use this business model to take advantage of students. This profit-first business model is seen through for-profit colleges only spending 29 cents on student instruction for every dollar in tuition, with private colleges spending 84 cents, and public colleges spending $1.42. However, for-profit colleges spend around $400 per student for advertising, while public institutions spend only about $14 per student, demonstrating the predatory nature of for-profit institutions.

By offering specific vocational majors such as automotive industries, cosmetology, art, and culinary arts, for-profit colleges market themselves as an easy and potentially cheaper way to obtain an education. They target students with less experience and have a 100% acceptance rate to admit as many students as possible.

However, students enrolled in these colleges have greater post-graduation debts with significantly lower salaries in comparison to non-profit, public, and private, non-profit institutions. For-profit colleges only account for 10% of all college admissions but account for 50% of all student loan defaults.

An analysis of post-secondary employment outcomes shows that students who graduate from for-profit colleges make significantly less than those from not-for-profit institutions and do not necessarily make more than those with a high school diploma. Post-graduation outcomes are even worse for Black and Latino students, with 65% and 67% of students, respectively, taking loans and dropping out of for-profit colleges. Additionally, many for-profit colleges are not accredited, so if a student were to complete the program, their degree would not be worth much because it is not recognized by the Department of Education.

As a way to cut costs and increase profits, for-profit colleges have been fighting to have increased access to federal funds. The Higher Education Act has long allowed the use of federal student aid funds at for-profit colleges "to prepare students for gainful employment in a recognized occupation." In 2009, Obama chose to define the term "gainful employment" by removing federal funds from for-profit colleges that had high loan default rates and low unemployment rates. Schools were required to prove that their students had positive employment outcomes post-graduation. When Trump came into office and appointed Secretary of Education Betsy Devos, a huge proponent of for-profit colleges, she repealed many Obama-era policies that protected students such as gainful employment and accreditation policies, helping students avoid scamming themselves and losing money. For example, Devos eliminated federal sanctions on the worst-performing career preparation programs. Many for-profit colleges follow the boom-scandal-bust cycle. This is a phenomenon when for-profit colleges attract a large number of students through false advertising and then undergo a scandal or scrutiny which causes the college to close. This model leaves many students without a degree after paying thousands for their education. She also repealed Obama's fiscal regulation of gainful employment, allowing for-profit institutions to make false promises to attract students without actually living up to any of them.

Many of these repeals come from Trump's stance on for-profit colleges. These decisions go against traditional conservative principles, which revolve around holding the government accountable for the

performance of programs that use taxpayer dollars. It is imperative that the Biden administration work to bring back sanctions for low-performing schools and reinstate gainful employment. The real people being harmed by these lax policies are low-income, marginalized, and non-traditional students. By not taking measures to protect these students from the predatory nature of for-profit institutions, the government is failing to support disadvantaged students who should be entitled to having quality education.

Joe Biden Betrayed America's Rail Workers – Here's How He Can Fix It

By Suraj Parikh, sdp93@cornell.edu

See if you can guess who said the following quote: "I intend to be the most pro-union president leading the most pro-union administration in American history." If you guessed President Joe Biden, you'd be right. Now, see if you can guess who said this quote: "I voted to increase the number of paid sick days for rail workers." If you guessed President Joe Biden, you'd be dead wrong. Instead, Biden imposed a brutal and unfair contract on railroad workers in December 2022, which directly contradicts the statement. The person who actually said the latter quote is the infamously conservative Texas Senator Ted Cruz. We live in a world where Ted Cruz is more pro-union than Joe Biden. With a simple stroke of a pen, President Biden has the ability to change that reality and guarantee every railroad worker in America fifteen days of paid sick leave.

When twelve unions representing over 115,000 rail workers could not unanimously agree on a new contract with American railroad companies, the Biden administration stepped in to negotiate a deal. Big Rail spent $3.5 million lobbying Congress, who forced the inadequate presidentially-negotiated contract on American rail workers. While the contract contains moderate pay increases, the primary concern of paid time off went almost entirely unaddressed. Railroad companies currently have a brutal attendance system in place, forcing workers to be on call for 90% of their lives, including nights, weekends, and holidays. While these workers labored tirelessly, they were threatened with termination for medical absences that could not have been planned months in advance. The cruelty of railroad scheduling practices is so blatant that even the National Association of Chemical Distributors, a massive industry trade association, begged railroad companies to give their employees more days off to avert an economic crisis. However, instead of solving this crisis, the contract imposed by Congress and the Biden administration gives rail workers one, singular, paid day off, and three periods off for medical visits, which must be scheduled a month in advance on a Tuesday, Wednesday, or Thursday. Rail workers, who make our country function, deserve more, and many members of Congress agree. Led by Senator Bernie Sanders, progressives in the House and the Senate rallied behind an effort to add seven

days of paid sick leave to the contract. The resolution passed the House and received a bipartisan majority of votes in the Senate, including staunch conservatives like Ted Cruz, Marco Rubio, and Lindsey Graham. However, it ultimately failed to overcome the Senate filibuster. By early December 2022, Congress passed the administration-negotiated agreement, and a strike was averted. Regardless, railroad workers were still betrayed.

Railroad companies have no reason to sentence their workers to such harsh conditions. Big Rail closed out 2021 with a massive 41% profit margin – the highest in decades. In 2022, US railroads made $21 billion in pure profit and spent another $25 billion on stock buybacks and dividends. What is the price tag for giving their employees basic dignity? $688 million for, not seven, but fifteen whole days of paid sick leave – double what the Congressional sick leave resolution would have implemented. Greedy railroad corporations, swimming in nearly $50 billion, couldn't spare less than 2% of their money for the employees that make their business, and our country, run. Instead, Big Rail has cut nearly a third of its entire workforce over the last six years, pushing the remaining employees to the brink with strict scheduling and exhaustion.

Here is where it all comes back to the so-called "most pro-union president", Joe Biden. Sending the Cabinet to Congress to rally support for the insufficient contract without doing the same for the sick leave resolution was his first mistake. Signing a bill that did nothing to address the sick leave crisis plaguing America's railroads was the next one. However, President Biden can try to salvage his reputation by simply expanding on an executive order that his self-proclaimed "good friend Barack" passed eight years ago. In 2015, President Obama signed an executive order requiring federal contractors to provide paid sick leave to their employees. Although railroad companies have "hundreds of contracts" with the federal government, the 2015 policy did not apply to railroad workers. President Biden has the full authority to expand this executive order and mandate railroad companies to give employees fifteen days of paid sick leave – a policy that will push Big Rail to use its profits to hire more workers, and drastically improve the health and well-being of its existing workforce. If Blue Collar Joe wants to become the "most pro-union president" – or just beat out Ted Cruz – an executive order giving rail workers fifteen days of paid sick leave is the place to start.

Fingers Crossed for 2022's Net International Migration Figures

By Nguyen Vo, ntv4@cornell.edu

In 2017, the Census Bureau projected that the US population would approach 389 million by 2050, assuming that net immigration would follow the trend of previous years to add roughly 1.01 million people per year by 2020 and 1.15 million by 2060. However, net migration to the US decreased to 702,000 in 2018 and 595,000 in 2019 thanks to the Trump administration's clampdown on both legal and illegal immigration. With COVID-19 prompting further reductions in movement and migration, net international migration fell to 477,000 in 2020 and 245,000 in 2021. These developments caused the US to see the decade with the lowest proportional population growth since the Great Depression, followed immediately by the year with the slowest population growth rate in the nation's history.

While there is indication that immigration levels are recovering from the COVID nadir, given the consistent fall in net migration in recent years and its accompanying economic woes, one may start to question whether net migration will return to pre-Trump levels anytime soon. As the period from July 2021 to June 2022 was the first 12-month interval since 2019 where most COVID-related restrictions were absent, the net migration observed during the period will be a valuable data point for immigration trends that play a leading role in the current and future state of the US economy.

In fact, the COVID-induced 1.7 million-person shortfall in working-age immigrants is already worsening inflation and hurting important industries. With 10.7 million job openings and only 5.8 million unemployed workers, the labor supply crisis exacerbated supply-driven inflation, which arguably contributes more to US inflation since April 2021 than demand-driven inflation. Worse, immigrants disproportionately make up industries such as agriculture (73%), construction (24%), healthcare (19.8%), hospitality (21.8%), and service (19.8%), which employers are struggling to find alternatives among the US-born labor pool.

The long-term implications of reduced immigration are even more dangerous, however. Under the Census Bureau's 2017 projection's "low immigration" scenario, which cuts net immigration each year by roughly half compared to baseline predictions to around 500,000 per year, the US population would reach only 368.1 million by 2050. Median age would reach 42.9 years, 0.6 years higher than baseline, and the old-age dependency ratio—the number of seniors of retiring age per 100 adults of working age—would rise to 39.6% compared to the baseline scenario's 38.1%. In other words, with sustained low immigration, the US would be emptier and older, and those working would find themselves supporting more retirees – an unwelcome development as the US expects to see skyrocketing proportions of seniors in the next decades.

This demographic shortfall would not affect all communities evenly. Rural areas and small towns, many of which already suffer population declines from migration to metropolitan areas, would see even larger declines in the working-age population. Worse, fewer immigrants may even reduce job opportunities for the average rural resident, as each additional international migrant was associated with 1.2 new jobs in rural counties from 2010 to 2018. Short on young people, these areas may even wind up lacking care workers, intensifying the healthcare undersupply crisis in some of the oldest parts of the country.

This is not to say that the rest of the country would not suffer from the decrease in immigration, however. Overall, immigrants do not impact even low-skilled natives' wages noticeably, making it dubious that even the minority of people working in fields that heavily employ immigrant labor would benefit from low immigration. Immigrants without college degrees comprise outsized portions of vital industries, such as farming and construction. Moreover, unless the US vastly expands the scale of its non-immigrant visa programs, a decrease in total immigration also lowers the number of highly-educated immigrants. This outcome would both hurt the productivity of the American economy and reduce employment for natives.

Equally importantly, cutting immigration means denying millions the chance to find better lives in the US. Moving from a low-income country to a high-income one raises migrants' income by three to six times. Referred to by economist Michael A. Clemens as "trillion-dollar bills on the sidewalk," reducing barriers to migration has the potential to increase world GDP far beyond what free trade or the free flow of capital can.

The price of making the US smaller and less diverse is increased poverty for those who could have been future Americans.

As low immigration becomes an ever-larger threat to the health of the American economy, the state is becoming essential in fixing the problem that it has largely caused. Unfortunately, a Congress that has failed to enact major immigration reform laws for decades leaves most of the influence in the hands of the executive and judiciary branches. 2022's net migration numbers will be the first real test of the US' capability to reopen itself to immigrants with COVID and Trump in the rear view mirror.

EDUCATION POLICY

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Housing Reform as the Key to Equitable Education

By Isabelle Friedberg, icf23@cornell.edu

Housing segregation by redlining, the illegal practice of denying credit, loans, and mortgages to individuals on the basis of ethnicity and race, was a discriminatory banking practice used throughout the 20th century to ensure that certain impoverished neighborhoods could not benefit from financial services. The term "redlining" came about during the New Deal when government officials and banks used maps to decide on which neighborhoods were worthy of government-issued home loans and which areas were not credit-worthy enough, and therefore "hazardous," by shading those zones on the map in red. This biased financial strategy ended up preventing primarily black families in redlined districts from obtaining home loans regardless of their actual creditworthiness, and ultimately entrenching these families in impoverished, economically depressed communities for generations. Additionally, despite the 1977 Community Reinvestment Act requiring banks to meet all credit needs of low-income neighborhoods, private lending decisions continued to be racially-biased, and there is even evidence of its existing today.

Redlining practices, though now illegal and investigated by the Justice Department, continue to have pervasive residual ramifications across the United States, most notably in public education. A 2021 investigation by Harvard University researchers proved that the 1935-1940 redlining policies of federal The Home Owners Loan Corporation (HOLC) is linked to current-day educational inequities of public schools across the country in these once-redlined, segregated neighborhoods. As a result of historic redlining, school districts within these neighborhoods, primarily attended by students of color, which suffered the lowest credit ratings by the HOLC during the late 1930s, were set on a long-term path of scholastic inequity. Students in these districts now suffer a combination of low per-pupil spending on a district level, lower average test scores relative to schools in highly-rated districts, and–because of academic losses–an inability to be integrated into alternative school districts or learning environments.

Our current federal solutions to combat the residual effects of redlining in education, while well-intentioned, have fallen short, leaving millions of American children suffering irreversible achievement gaps

due to extraordinary lack of school resources, insufficient high-quality teachers, overly large classroom sizes, and decrepit facilities. To date, the primary method used by the federal government to try to repair the damage to education in these neighborhoods has been to award a higher percentage of education funding, particularly federal Title I dollars, for schools in concentrated poverty areas. There is some rationale to this finance framework, since it long understood that wealthier school districts with wealthier tax bases have better school resources, directly translating into student achievement. However, the amount of federal funds now allocated to historically redlined districts (about $1,300 per student) is woefully insufficient to close entrenched achievement gaps. Despite increases in federal funding for years, grade point averages and testing scores for students in these regions show long-term failure to improve. Part of this stagnation is because recipient-school districts tend to use Title 1 money for teacher development, not necessarily for student resources. But the bigger challenge is simply that paltry federal funds allocated do not make up for the enormous shortfall in education costs per student in highly impoverished school districts. According to the Annual Survey of School System Finances released by the U.S. Census Bureau, country-wide per pupil spending increased to about $13,187 during the 2019 fiscal year. Moreover, the nation's largest school districts, New York City School, Washington D.C., Boston, and Atlanta spend between $17,000 and $28,000 per pupil. Limited additional Title 1 dollars to historically relined districts cannot even hope to bridge these costs. Accordingly, education experts are looking for new ways to dramatically change the downward educational trajectory for students in historically redlined and impoverished neighborhoods, and the answer they are looking for is new housing plans.

The argument is that years of zoning laws and land use laws which deliberately restricted population density in suburbs and rural areas have been historically used to keep out lower income, racial diverse families, and those laws must be dismantled in order to create new housing in wealthier enclaves with strong tax bases so that children can receive the benefits of better resourced education to close learning gaps. The federal government's long-term failure to redress the educational effects of redlining through Title 1 funding has spurred recent legislation to help create affordable housing in wealthier suburban highly resourced school districts. In May 2022, the Biden Administration announced the Housing Supply Action Plan, which financially

rewards jurisdictions for removing restrictive zoning and land use laws in their state or localities in order to boost affordable housing supply in wealthier neighborhoods and will result in more underrepresented students sharing equitably in school district resources. The White House initiatives have already spurred traditionally hesitant States like New York and California to consider changing their zoning laws. Indeed, three new zoning reform bills were proposed last year in the New York State legislature to end exclusionary zoning in many suburban and upstate neighborhoods, and Governor Cathy Hochul recently unveiled the New York Housing Compact, which accelerates housing initiatives and also focuses heavily on zoning reform. California's efforts to rezone wealthy neighborhoods like Atherton in Silicon Valley to accommodate multi-family housing units has encountered opposition from some famous existing home-owners in what has been termed the "Not in My Backyard" ("NIMBY") protest, but, overall, it is likely that education resource-sharing through ending exclusionary zoning will become the future of these enclaves.

An increase in new housing opportunities for underserved families in well-resourced, wealthier school districts will be a game changer for closing achievement gaps and changing the lives, opportunities, and potential for all of our nations' students.

HEALTHCARE POLICY

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Neural Electroceuticals: Neurodegenerative Remedy or a Device for Mind Control?

By Rachel Kim, rhk76@cornell.edu

Modern-day technology has brought about advances in developing therapeutic treatments for neurological disorders, but what if you were told you could be treated with electrical impulses from the comfort of your own home? This prospect is not too far into the future because neural electroceuticals are garnering more interest than ever. Neural electroceuticals are non-invasive devices, often wearable technology, that use electrical impulses to "target individual nerve fibers or specific brain circuits" in therapeutically treating neurodegenerative disorders such as dementia.

These non-invasive, wearable electroceuticals in the field of medicine are attracting great attention from researchers and physicians due to their potential in the clinical setting. With Alzheimer's disease expected to grow in incidence to almost 13.9 million in the U.S. alone, developing new interventions in treating neurodegenerative diseases have become vital in mitigating and deterring possible neural damage that may result in memory loss and cognitive decline. Furthermore, without any viable treatments for neural disorders, the possibility that such electroceutical technologies may be the cure to reducing one of the leading causes of death for older Americans seems compelling.

The application of neural electroceuticals is not limited only to disorders such as dementia. Electroceutical techniques have been consistently used for years in treating neuropsychiatric disorders such as depression. Research shows that patients with depression resistant to traditional treatment methods, such as pharmacotherapy and psychotherapy, have expressed a positive response to deep-brain stimulation (DBS) in the subcallosal cingulate (SCC) white matter, which reflects a 60% response rate at one year and notable improvement in symptoms such as higher energy levels, improved insomnia and concentration levels. Though invasive, DBS is highly rated in patient satisfaction and demonstrates the potential for electroceutical techniques in treating other illnesses. Non-invasive techniques such as Electroconvulsive Therapy (ECT) and

Repetitive Transcranial Magnetic Stimulation (rTMS) also show successful current use in the clinical setting in treating depressive disorders.

In addition to the possibilities of treating neurodegenerative diseases, neural electroceuticals also show us a sliver of what the future may hold regarding the practice of medicine. The potential of such technology hints at the transition toward patient-centered medical care, treatment outside traditional hospital settings, and prevention-based medical care. One company has developed a wearable technology called MINDD-STIM+ that aims to treat major depressive disorders from the comfort of one's home, appealing especially to those who want an alternative to pharmacotherapy. Being able to attend to one's health through subtle interventions may bring about even greater results in comparison to making visits to the clinic when symptoms persist.

However, there are some ethical questions to consider when observing the development of neural electroceuticals. In a practical sense, there is a strong stigma and resulting hesitance regarding the stimulation of our neural pathways and its potential consequences. For this reason, many patients are initially deterred from seeking such treatments due to fear and social perception (eg. rumors regarding mind control) but ultimately stem from a lack of information known to the general public. Furthermore, neural electroceutical techniques are expensive procedures where patients may feel dissuaded and revert to traditional antidepressants and other medication more cost-effective and familiar to most. Though many insurance plans now cover procedures such as rTMS due to its experimental success, the co-pays for individual sessions may range from $10 to $70. In addition to such high copayment costs, there are no national legal barriers in place to regulate ECT. For instance, each state varies in its regulation of who may qualify for the treatment, who can perform treatment, the extent of consent, and administrative costs among others. The combination of these factors ultimately makes it difficult for patients and physicians alike to utilize neural electroceuticals when conventional pharmacotherapy options are available.

With no effective treatments for neurodegenerative diseases currently, the benefits that electroceutical technology can bring to the field of neuroscience are exciting to say the least. Research shows that the techniques such as ECT and rTMS have also been effective in treating patients with dementia in addition to

depression. However, there still exist ethical concerns regarding accessibility disparities and legal administrative regulations, but also the struggle against preconceived notions due to mind control rumors. The lack of research done on such technologies in terms of the short-term and long-term consequences is substantially reducing the potential for revolutionizing neurology. Thus, it is imperative that we are not only cognizant of its immense potential but are evaluative in a way that will allow us to explore beyond current findings of neural electroceuticals and bring an end to neurological diseases.

Challenges Estimating the Effects of Medicaid with Existing Poverty Measures

By Harkirat Sangha, hks52@cornell.edu

On January 20, 1961, John F. Kennedy started his presidency by saying, "For man holds in his mortal hands the power to abolish all forms of human poverty in all forms of human life." The United Nations had established the goal of ending poverty in all its forms by 2030 back in 2015. Everyone says they want to "end poverty" and "help the needy," but what *is* "poverty"?

Poverty is a multidimensional concept and should reflect the many different aspects of personal well-being. Personal well-being consists of more than just food and housing; it also includes healthcare. Currently, the most widely used measures of poverty in the United States are the official poverty measure (OPM) and the supplemental poverty measure (SPM). The OPM only includes cash income before taxes with the consideration of essential cost of food. Is healthcare not a necessary expense? Does health not matter for personal well-being?

You'd think the SPM would fix this issue, right? Well, it doesn't. The SPM captures the indirect effect of Medicaid on poverty by reducing the maximum out-of-pocket (MOOP) spending on healthcare and insurance, since Medicaid benefits free up financial resources that can be spent on other necessities. The SPM falls short when it comes to recognizing a need for healthcare or insurance. The current measures in use do not capture the effects of healthcare costs and coverage on poverty.

Currently, the SPM method is inherently flawed, as it defines the health need of a family as whatever a family spends on health in a year. The SPM does not determine whether or not healthcare or insurance needs are met, meaning that the deprivation of healthcare (or underinsurance) is not measured when uninsured people forgo needed medical care. Also, the SPM poverty rate will increase when people spend more on health insurance or medical care, meaning that the poverty rate will increase even though that insurance or care may be heavily subsidized. Wealthier people who buy more care or insurance will be deemed poorer by the MOOP subtraction, despite their investing in more/better care. Additionally, this formula makes it seem as though those going without or spending less on healthcare/insurance need less of it instead of highlighting an unmet need for uninsured

populations. The SPM also does not count the value of subsidized insurance as a resource, but it does subtract premium payments; this formula means that health insurance subsidies, such as those provided by the Affordable Care Act, could actually make someone appear poorer.

These limitations result in the SPM only being able to show how health insurance benefits reduce poverty by reducing out-of-pocket healthcare costs. This methodology limits the estimation of the effect of healthcare benefits on poverty as it does for other cash benefits.

A health-inclusive poverty measure (HIPM) would be a more insightful measure to utilize. By using a HIPM that includes a need for health insurance in the threshold and for health insurance benefits in the resources, the antipoverty impact of Medicaid and other health benefits is more easily captured. In a 2021 study investigating the estimation of Medicaid's effect on poverty, researchers found a 2.5 percentage point reduction in the HIPM among those younger than 65. To put it in comparison, the estimated Medicaid impact on SPM poverty is 1.0 percentage points, which is less than half of the estimated impact on HIPM poverty. The SPM is underestimating the impact of Medicaid, which has the political implications of limiting future expansion of Medicaid and similar programs supporting health initiatives for low-income individuals.

Poverty measures are used to inform policy and the rationing of social benefits and services. By using a poverty measure that fails to incorporate health needs and benefits of healthcare, policymakers will continue to underestimate the effects of social programs, such as Medicaid. Policymakers and administrators nationwide should be using the HIPM when considering future contractions or expansions of social programs. To understand (and appreciate) the true impact of social programs on poverty, how we measure poverty needs to be changed. It is important to note that the HIPM is one way to do that, but the definition of poverty is ever-changing and requires continuous refinement as different effects of social programs are captured.

Case Study of Baltimore: Urban Health Issues and Climate Change

By Harkirat Sangha, hks52@cornell.edu

Climate change is often portrayed as a problem for the future, but it is truly an issue that has already wreaked havoc on the residents of many urban areas in the United States. Baltimore, once a thriving hub of industry and commerce, is now grappling with crumbling infrastructure and struggles to adapt to climate change.

The city's most urgent infrastructure problem is the century-old sewage system that has sent human waste flooding into over 5,100 residential basements. Baltimore City's sewer system had been untouched since it was built in 1905 until the Environmental Protection Agency (EPA) sued the city in 2002 for its violations of the Clean Water Act (CWA). The city used to rely on overflow valves to direct excess sewage into local waterways until it entered into a consent decree with the EPA and Maryland Department of the Environment to reduce the damage inflicted on the environment. As a result, the relief valves were closed to comply with the CWA. Yes, this new policy was beneficial for the environment, but it resulted in a new issue of basement backups where sewage wastewater floods residents' basements due to problems with the sewer line. Despite $1 billion in repairs, there has been nearly a tenfold jump in backups since the consent decree.

Issues with the city's sewer system, including leaks, overflows, and backups, can result in raw sewage entering local waterways, which can pose a significant risk to public health. When raw sewage enters the water, it can contain harmful bacteria, viruses, and other pathogens that can cause a range of illnesses and infections if people come into contact with it. Basement backups result in severe financial and mental stress, and they compromise residents' health. If they cannot afford professional cleanups, many residents end up doing it themselves, leaving them exposed to diseases such as cholera, hepatitis A, and E. coli.

The city's infrastructural issues are rooted in historical social and political inequalities, as are many other issues in Baltimore. Redlining was a systematic racial policy in the 1930s that blocked majority Black neighborhoods from receiving investment; this policy has led to areas lacking access to quality schooling, transportation, and infrastructure. Majority African American communities in Baltimore are bearing the brunt of

these sewage backups since they have worse sewage infrastructure than predominantly white neighborhoods. An analysis of data from the Department of Public Works (DPW) shows that the top five neighborhoods experiencing the most backups in 2021-22 were all predominantly African American communities. Redlining and other racist policies have left a chasm between Black and White household wealth, meaning that these costly sewage backups tend to hit Black households harder. To conceptualize this disparity, Canton, a neighborhood that is 79.9% White, had a median household income of $134,208 in 2020, whereas Northwest Baltimore, which is 90.7% African American, had a median household income of $34,041. Despite having a similar number of backups, 175 and 218 respectively, there is a difference in the financial impact that these neighborhoods' residents experience.

While the city has launched several programs and initiatives aimed at upgrading and improving the sewer system and reducing the financial stress of overflows and backups, these initiatives are ineffective. DPW runs programs for affected residents to claim financial assistance in cleaning up their homes for up to $5,000, but the strict criteria and the complexity involved in qualifying for aid have resulted in less than 10% of all applications being approved. The situation is particularly dire for Baltimore's most vulnerable populations which are also disproportionately dealing with poverty, unemployment, and limited access to basic services.

This issue will continue to be exacerbated by climate change and sustained inaction against environmental problems. Models project that Baltimore's climate in 2080 will resemble that of Cleveland, Mississippi; this prediction means a 9.1°F increase in average temperature and a 58.5% wetter environment in the winter. Increased rainfall and flooding from sea-level rise can also lead to the spread of waterborne diseases, such as the spread of West Nile virus through mosquitoes. Climate change will continue to overwhelm the city's sewer system, resulting in an increase in basement backups and floods and exasperating existing health disparities.

Baltimore can still invest in its infrastructure and lay the foundation for a more prosperous future, but it will require a sustained commitment from policymakers, business leaders, and residents. Policymakers must immediately invest in upgrades to the city's sewage systems as well as in the people who maintain and operate these crucial assets. We cannot afford to continue neglecting this issue, and we must take action now to ensure that Baltimore's infrastructure is strong and resilient as climate change is now an unavoidable part of our future.

Is an Individual's Body Mass Index a Proper Measurement of Health?

By Tydarius Jeremiah Moxie, tjm288@cornell.edu

For many years in the United States, one's body mass index, commonly known as a BMI, has been the key indicator to whether or not one is considered healthy. In addition, many U.S. employers are using their employees' BMIs as a yardstick for health when determining employee healthcare costs. But does the usage of BMI take into account individual health differences? A new University of California, Los Angeles study has found that using a BMI to indicate health inaccurately labels more than 50-million Americans as unhealthy, when in reality they are not.

The concept of the BMI, developed in the 1830s by Belgium mathematician Adolphe Quetelet, essentially measures a person's height-to-weight ratio; however, it mainly describes an individual's health via their placements within large groups through percentiles. While looking at the BMIs of large groups, it can be hard to ignore the fact that certain percentile ranges are associated with greater probability of mortality or disease. Consequently, many thresholds were set, leading individuals to think of healthiness and unhealthiness as a binary. Yet, after analyzing the link between BMI and many other health markers using data from the National Health and Nutrition Examination Survey, researchers conducting the 2016 UCLA study concluded that about "47.4 percent or 34.4-million Americans" who are considered overweight in terms of their BMI are in fact healthy, "19.8 million" of which were considered obese. Such data indicates that using one's BMI is an improper and non-entirerly accurate measurement of health.

An additional research study from Louisiana State University in 2012 shows that Black women have less metabolic risk at higher BMIs than White or Asian women do. Such a study emphasizes the differences that race can play with regards to an individual's muscle mass and/or body fat for which a BMI does not account, leading to confusion and inaccurate determinations of one's health. What can be attributed to such findings? Well, first and foremost, a BMI does not take into account individual differences such as muscle mass, especially sexual and racial differences. It is no secret that athletes, who are constantly working to increase lean muscle mass, may have

a lower percentage of fat mass than someone who does not. Such factors can throw off athletes' BMIs, causing them to fall within the overweight category despite being in good health.

With several fundamental flaws evident in using one's BMI as a measurement of health, many may ask what can be done to improve anthropometrics. According to researchers, one's waist-to-hip ratio is a more accurate approach to determine whether one is at risk for obesity-related disorders. Since the waist-to-hip ratio (WHR), like the waist circumference, is used to assess abdominal obesity, it is calculated by taking the waist and hip measurements (at the largest width of the buttocks) and dividing the waist measurement by the hip measurement.

A meta-analysis of 31 studies including over 300,000 men and women discovered that waist-to-height ratio was more accurate than BMI in predicting various health risks linked with obesity, such as high blood pressure, diabetes, heart attacks, and strokes. In one particular study, the researchers examined data from around 25,000 men and women who had submitted health information up until their deaths. The participants were matched at random to a set of controls of the same age and gender. As the researchers examined the individuals' body measures–including their BMIs and waist-to-hip ratios–to discover if they possessed genes associated with obesity, researchers discovered that people with a low waist-to-hip ratio were less likely to die young than those with a larger ratio. As a person's waist-to-hip ratio grew, so did their chance of dying young.

In closing, BMIs have no allowance for the relative proportions of bone, muscle, and fat in the body, so an individual with strong bones, good muscle-tone, and low fat will have a high BMI. Additionally, there are genetic differences in the correlation between muscle mass, weight, and disease within different races, all of which BMIs do not account for. Using a BMI to solely indicate good or poor health poses a crucial problem, further emphasizing why medical specialists should use the waist-to-hip approach as the standardized process to properly measure an individual's health.

No Place Like Home: How New York's Housing Crisis Is a Great Threat to Residents' Overall Health Outcomes

By Tydarius Moxie, tjm288@cornell.edu

What embodies the American Dream? Naturally, for many people, a home is the first thing that springs to mind. Children play, families eat, and life happens in a home. Our homes are the primary building block that embodies health and prosperity, since they are the location of our most treasured memories, close connections, and refuge from the outside world.

Unfortunately, however, millions struggle to achieve the "American Dream" due to absurd housing markets and lack of affordable housing. In particular, the housing crisis in New York City is a critical issue that is not only affecting the state's economy but also the health of its residents. New York has one of the highest housing costs in the world, with many families struggling to afford adequate and safe housing. According to the online listing site 'Apartment List,' rents in New York City alone rose 33 percent between January 2021 and January 2022, almost double the national rate and the highest increase among the 100 largest American cities tracked by the group. This lack of affordable housing is leading to overcrowding and substandard living conditions, which in turn are causing significant health problems for residents.

Studies have shown that poor housing conditions are linked to a range of health problems, including respiratory illnesses, lead poisoning, infectious diseases, and mental health issues. Instances where families, due to financial reasons, are left with no other choice but to live with other families or individuals can result in overcrowding. Overcrowding can lead to the spread of diseases, as people are living in close proximity with little room for social distancing. This issue was amplified during the COVID-19 pandemic in which several studies found that the percentage of overcrowded households was a stronger predictor of COVID-19 mortality during later periods of the pandemic. Therefore, it can be deduced that overcrowding can play a pivotal role in the transmission of diseases as it does when predicting COVID-19 mortality.

In addition to physical health problems, poor housing conditions are also contributing to mental health issues. In a study done at Boston University, researchers examining maternal health found that mothers who experienced housing dismay and/or instability were more likely to screen positive for depression than those not. This trend further emphasizes that the stress of living in overcrowded or substandard housing conditions, combined with financial insecurity and the fear of eviction, can lead to depression, anxiety, and other mental health problems outside of just physical health conditions.

The health problems caused by the housing crisis in New York are not only affecting individuals but also the health system as a whole. The strain on the healthcare system is significant, with hospitals and clinics facing increased demand for treatment and care. This past January, about 7,000 New York City nurses went on strike, given the overcrowding in hospitals and increased demands for treatment, illustrating the dire situation. The cost of healthcare is also rising, putting a strain on the city's finances and making it more difficult to provide quality care to all residents. It won't be until we invest in New York's residents will we be able to see any relief in regard to the healthcare system.
The pandemic has heightened the need to address the health impacts of eviction. Emergency rental aid and increased unemployment benefits have kept evictions lower than normal, but demand for rental assistance has exceeded funding and rent payments are continuing to rise. As moratoriums end, various economists predict that evictions will spike sharply; therefore, it is imperative that New York takes action to address the housing crisis.

To take action against this crisis, a thorough eviction moratorium that protects tenants who have suffered job loss from becoming homeless should be implemented, as evictions would not only disrupt their lives but also significantly worsen health outcomes and healthcare services. The State should establish permanent, secure, and affordable housing programs for the homeless and work to prevent evictions, such as the Housing Access Voucher Program. Additionally, New York should explore new strategies for acquiring and converting multi-family buildings into social housing, given the potential for economic hardship and foreclosures in such properties, and enforce regulations that ensure housing conditions are safe and healthy.

In conclusion, the housing crisis in New York is a critical issue that is having a significant impact on the health of its residents. It is essential that New York takes action to address this crisis, as it is not only affecting the well-being of individuals but also the healthcare system as a whole. Improving access to affordable and safe housing is essential for promoting good health and wellbeing, and it is the responsibility of the state to ensure that this type of promotion gets prioritized.

Medical Checklists: The Guide to Eliminating Avoidable Deaths

By Kaitlyn Varriale, kzv4@cornell.edu

Medical error, the "preventable adverse effect of medical care, whether or not it is evident or harmful to the patient," plagues the American healthcare system. Causing over 250,000 deaths annually, medical error is America's third leading cause of death. The leading causes of this devastation are "poorly coordinated care, fragmented insurance networks, the absence or underuse of safety nets,…[and] unwarranted variation in physician practice patterns that lack accountability." This disorganization is so pervasive that 1 in 5 Americans have suffered from a medical error.

To stop this ineffective, inefficient, and deadly error, hospitals nationwide must adopt universal guidelines to eradicate missed crucial tests or procedures. In this manner, no potentially life-saving metric would go to waste due to a hasty check-up, evaluation, treatment, or surgery. As Professor Woolf from the National Library of Medicine explains, medical guidelines "have increasingly become a familiar part of clinical practice." Such influential guidelines aid physicians by delineating concise instructions on proper stay length, tests, and medical services for each given scenario. In fact, a study found that 17 out of 19 hospitals that used guidelines improved their care and patient outcomes,clearly proving clinical guidelines' efficacy. When implemented on a national scale, this successfully tried and tested measure will enable all hospitals to improve their safety precautions and health outcomes nationwide.

Using national uniform guidelines helps reduce healthcare discrepancies potentially harming patient health. For instance, standardizing the hospitalization of patients diagnosed with type 1 diabetes ensures every patient is properly stabilized and onboarded to the newest technology. With such uniformity, no patient is left behind. While some physicians may argue against such guidelines which supposedly reduce their freedom and physician art, these guidelines ensure basic healthcare needs are met and medical procedures occur. Across virtually every disease healthcare inequity based on geographic location or physician competency is reduced with national guidelines, as every practitioner follows this professionally agreed upon approach. This data-

driven methodology provides an equitable, systematic approach to healthcare. National medical guidelines enable the healthcare system to reach an approach where cost control, expertise, holisticness, and patient autonomy can flourish.

However, guidelines can fail to acknowledge the diversity of patients with potential "blanket recommendations." While the best approach for one patient may be a certain test or procedure, a different contributing factor may be more crucial for a patient of differing backgrounds. As a result, practitioners need to understand that these guidelines are the basics and backbones of care. These guidelines must design and curtail healthcare to the individual patient for optimal approaches. These guidelines should ensure that the basic framework prevents death, but a holistic view is key for the best quality of care. To help address this holisticness, policymakers at conferences for practitioners and administrators can explain the importance of and way to implement these guidelines. In addition, the guidelines would incentivize each state to develop nuanced guidelines to best represent each of their counties' health needs in addition to the federally mandated one. However, it is still vital that the federal guidelines avoid yes-or-no questioned algorithms as these "binary [] decisions" tend to ignore the "complexity of medicine" and remove "clinical judgment."

In all, to save a myriad of lives annually, implementing national guidelines for all American hospitals is vital. The current American healthcare system is ridden with harmful variances and inadequacies. National guidance is crucial. Taking the time and effort to formulate a federal process involving representatives from all stakeholders with a list of comprehensive scenarios is key to saving the American healthcare system and all the patients within it.