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# Pathologies of the Poor: What do the War on Drugs and Welfare Reform Have in Common?

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*The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) authorized drug testing of welfare recipients as a criterion for assistance eligibility. This raises the question of a possible confluence of War on Drugs and Welfare Reform policies, as indicated by continuity in policymakers' rhetoric. We examine federal-level policymakers' debates surrounding the authorization of drug testing welfare recipients. The analysis reveals that themes of social pathology were present in both policy areas. Crime, drug addiction, welfare dependency, and drug testing themes are comparable in both debates. Teen pregnancy, out-of-wedlock birth, and female-headed households themes were more prevalent in Welfare Reform debates, with the exception of drug-addicted newborns, which crossed both policy streams.*

*Key words: welfare drug testing, Welfare Reform, War on Drugs, social pathology, social construction of target populations, rhetoric*

The idea that politicians make effective use of rhetoric in the policymaking process has been widely acknowledged (Fischer, 2003; Rochefort & Cobb, 1994). It is through the use and manipulation of language that policy problems are defined

and alternative solutions are considered. In the social ordering of relationships, some rhetorical strategies are more potent than others, particularly those that define and promote morality (Ben-Yehuda, 1990). This has far-reaching implications for the social construction of target populations (Schneider & Ingram, 1993).

For decades, social pathology rhetoric, which constructs and promotes demarcation between deviance and acceptable behavior, has been used to shape public views of poverty and welfare (Ben-Yehuda, 1990; Chappell, 2010; Spector & Kitsuse, 2001). In public policy, social pathology rhetoric emerged in reference to welfare in 1965 with Moynihan's Department of Labor report *The Negro Family: The Case for National Action*. In his report, Moynihan describes the social ills plaguing poor black families as a "tangle of pathology" that includes matriarchal family structure and female-headed households, "illegitimate births," teen pregnancy, poverty and welfare dependency, delinquency and crime, and drug abuse (U.S. Department of Labor, 1965). Over the years, the concept of social pathology has been used to describe a range of deviations from mainstream norms and values which are "associated with the development of 'dysfunctional' or 'pathological' patterns of organization and behavior, that is, patterns that impede integration and subvert moral order" (Reed, 1999, p. 187).

The significance of social pathology rhetoric is related to the crucial role it plays in the social construction of target populations, which involves "1) the recognition of the shared characteristics that distinguish a target population as socially meaningful, and 2) the attribution of specific valence-oriented values, symbols, and images to the characteristics" (Schneider & Ingram, 1993, p. 335). Such constructions, presenting groups in either a positive or negative light through the use and management of public and political rhetoric, become widely accepted throughout society, regardless of their accuracy (Brush, 1997; Fischer, 2003; Fraser & Gordon, 1994; Naples, 1997; O'Connor, 2001; Piven & Cloward, 1993). These constructions become so embedded in the public psyche that they can easily be deployed to justify otherwise unacceptable government actions, including those that radically restructure welfare policies (Chappell, 2010).

Research examining poverty and welfare has revealed the intrusive and paternalistic nature of the social welfare system (McCorkel, 2004; O'Connor, 2001; Piven & Cloward, 1993; Soss, 2000, 2005). Recently, the invasion of privacy of the poor in exchange for financial assistance has been legitimized through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which authorized drug testing of welfare recipients as an additional criterion for eligibility, providing yet another articulation of how "the War on Drugs has become a war on the poor" (American Civil Liberties Union [ACLU], 2003, p. 1).

The interface between the war on drugs and the poor has been noted by several scholars who identified the connection between drug use as social pathology and the social construction of welfare recipients (e.g., Brush, 1997; Fraser & Gordon, 1994; McCorkel, 2004). Brush (1997), for instance, demonstrated how "conservative policy reformers revived caricatures of single mothers that played on racist stereotypes of profligacy, dependency, irresponsibility, shiftlessness, and chiseling" (p. 739). This connection emerged from the concept of an "underclass," "which included by definition drug addicts, ex-convicts, former inhabitants of mental facilities, and single mothers" (Brush, 1997, p. 739). Brush (1997) argues that including single mothers in the same category as drug addicts and the mentally ill promoted the position that they were undeserving poor who should not receive public support.

Fraser and Gordon (1994) make the connection through the discourse of dependency, which was used in the 1980s as a euphemism for addiction. They maintain, "because welfare claimants are often—falsely—assumed to be addicts, the pathological connotations of *drug dependency* tend also to infect *welfare dependency*, increasing stigmatization" (Fraser & Gordon, 1994, p. 325). This assertion is epitomized by Vice President Quayle's (1992) infamous "Murphy Brown speech," when he stated, "Our inner cities are filled with children having children ... with people who are dependent on drugs and on the narcotic of welfare ... this poverty is, again, fundamentally a poverty of values" (p. 2).

Noting an escalation in the public and political support for attitudes of condemnation, Beckett and Western (2001)

argue that both criminal justice and social welfare policy have become more punitive and exclusionary, reflecting “a larger shift in the governance of social marginality” (p. 44). Earlier, Garland (1981, 1985) observed an increase in social regulatory practices that involve normalization of behavioral “abnormalities” among “marginal” populations, including the poor, through the work of government agencies focused on social welfare which he terms “penal welfarism.” More recently, Garland (2001) notes that over time, the two systems have become even more intertwined as they share “the same assumptions, harbor the same anxieties, deploy the same stereotypes, and utilize the same recipes for the identification of risk and the allocation of blame” (p. 201).

Despite growing recognition of the coupling of various punitive systems, much scholarship still focuses on only one or the other of two policy areas, War on Drugs or Welfare Reform. In this context, McCorkel (2004) argues, “separate spheres” scholarship tends to mask “how shared or complementary mechanisms of social control, architectures of claims making and need construction, and institutional conceptions of subjectivity and pathology anchor race, class, and gender arrangements *across* state systems” (p. 387). While others (Brush 1997; Fraser & Gordon, 1994) have argued that the discourse of dependency bridges social pathology and welfare discourses, McCorkel’s (2004) institutional ethnography analyzes “how dependency discourses associated with welfare reform were used to justify implementation of get tough policies in women’s prisons” (p. 388). McCorkel’s study is the only analysis of rhetorical coordination of U.S. welfare and criminal justice policies. Yet, McCorkel (2004) only examines the co-opting of welfare reform dependency rhetoric by a state penal institution.

However, exploring possible rhetorical conflation of the poor and drug addicts in policy debates is a critical task. First, such conflation averts the focus from children, who constitute approximately 76 percent of welfare recipients (U.S. Department of Health and Human Services, 2012, p. X-69), and family, however family may be defined. Second, if policy rhetoric coalesces the poor and drug addicts into a single pathological population, this furthers the stigmatization of the poor and the questioning of their worthiness.

Building on and extending McCorkel's (2004) research, this study examines federal-level policymakers' rhetoric surrounding the authorization of drug testing welfare recipients. Specifically, we explore federal-level policymakers' War on Drugs and Welfare Reform debates to establish 1) whether rhetoric used in both debates is similar, and 2) whether social pathology themes that McCorkel (2004) found to be associated with the War on Drugs were present in Welfare Reform debates to justify drug testing welfare recipients. We begin by briefly discussing the background and the context of the two policies.

### Policy Backgrounds and Contexts

President Nixon initiated the National War on Drugs in 1971, and signed it into law in January 1972. This policy approach continued to gain traction through the mid-1980s with Nancy Reagan's slogan, "Just Say No," peaking in 1989-1990 with the passage of additional policies aimed at fighting "the war" on a variety of fronts. During this time span, the focus of the drug war also shifted. The Nixon administration allocated two thirds of federal spending for prevention and treatment and one third for interdiction and enforcement; the Reagan and subsequent administrations reversed the distribution, allocating two thirds to interdiction and enforcement and one third to prevention and treatment (Califano, 2010).

In the context of the War on Drugs, interdiction and enforcement efforts included tougher sentencing (truth in sentencing, mandatory minimum sentences, three strikes laws, and restrictions on sentencing discretion) and increases in prison spending and space (Donovan, 2001; McCorkel, 2004; Sharp, 1994), as well as an effort to implement drug testing for several groups. This latter endeavor began toward the end of the Vietnam War (1955-1975), when returning veterans were found to be addicted to narcotics.

Arguments for drug testing additional groups of U.S. citizens escalated when the focus shifted from veterans to transportation and federal employees. In 1984, the Federal Railroad Administration developed more rigorous and uniform drug and alcohol testing for railway employees in the wake of a number of train accidents involving drug or alcohol use

(Rasky, 1984). Between 1986 and 1998, drug testing was expanded to all federal employees as well as new groups of transportation workers, including airline pilots, flight attendants, and truck drivers ("U.S. to Test Transport Workers," 1988).

Following these drug-testing policies, proposals to test welfare recipients were introduced in 1989, when Louisiana Representative David Duke gained committee passage of a bill requiring welfare recipients to take drug tests. The bill, as proposed, also blocked benefits for anyone testing positive or anyone convicted of a drug offense (*The Advocate*, 1989). While this measure ultimately failed, calls for welfare-related drug testing did not cease.

A few years later, Welfare Reform, or "ending welfare as we know it," rose to the policy agenda with President Clinton's bid for reelection in 1994. The aim was to replace entitlement programs with block grants, implement time limits and work requirements for recipients, and give states greater power and flexibility in providing welfare benefits (Ricucci, 2005). In 1996, this effort was concluded as the Aid to Families with Dependent Children (AFCD) entitlement program was replaced with the Temporary Assistance for Needy Families (TANF) program. TANF was authorized by PRWORA, also known as the Welfare Reform Act of 1996.

Drug testing of welfare recipients as an eligibility criterion was authorized by Section 902 of PRWORA. Whereas the ACLU (2003) argues "the purpose of the drug provision was to further the War on Drugs," (p. 4), this has yet to be established. The policy, however, has maintained a place on the legislative agenda in a growing number of states, as states under PRWORA have authority to design and implement cash assistance programs under the parameters they see fit.

### Extant Research: Dependency Rhetoric

Linkages between state institutions are facilitated by rhetorical strategies as well as interpretive frames (psychological, criminological, medical), which operate in one system and are adopted by other systems "to inform institutional conceptions of deviance and pathology, needs, and subjectivities" (McCorkel, 2004, p. 388). One noticeable rhetorical link

between the welfare system and the criminal justice system is that of dependency. Dependency rhetoric was central to the Welfare Reform Act of 1996 (Naples, 1997), and also “played a central role in the implementation and legitimation of ‘get tough’ policies in the criminal justice system” (McCorkel, 2004, p. 388).

McCorkel (2004) argues that the “welfare and criminal justice systems share a set of assumptions, concerns, and stereotypes” (p. 391). The characterization of dependency within the women’s prison system as being an individual foible rather than a systemic problem, as well as a moral or psychological defect that could be resolved, is the same characterization that was espoused in the Welfare Reform debates of 1996 and was subsequently codified in PRWORA (McCorkel, 2004). This was a substantial shift in prison rhetoric, which historically favored a more paternalistic attitude toward women inmates, encouraging dependence and maintaining “women’s place in a larger gender order” (McCorkel, 2004, p. 401). The more recent view of dependency stresses “dependency would be on a man for money, or welfare, or even on (a) drug to feel good about. But you get dependent on one thing, these women in particular, and it leads to all sorts of behavioral deviance” (McCorkel, 2004, p. 401). As such, dependency is equated with pathology, a conclusion also drawn by Fraser and Gordon (1994).

The duration of the dependency issue, on the one hand, and the drug issue, on the other, on the public radar and political agenda is remarkable. Policy issues typically have a limited lifespan due to the sheer number of problems in need of policymakers’ attention (Sharp, 1994). However, “if a problem can be recast or repackaged in a different light, it can continue to capture attention” (Sharp, 1994, p. 102). The boundaries between drug war and welfare policy regimes appear to have blurred further under PRWORA, wherein Section 115 denies welfare benefits to convicted drug felons including TANF, food stamps, and housing assistance. Welfare drug testing also appears to blur the lines, raising questions regarding the possible merging of the War on Drugs and Welfare Reform through the policy rhetoric that recasts welfare reform issues in a new light.

## Method

In this study, we examine federal-level policymakers' debates surrounding the authorization of drug testing welfare recipients and to establish whether, and the extent to which, themes of the social pathology rhetoric are present in the War on Drugs and Welfare Reform debates. The primary sources of data are Congressional Record documents containing debates over the War on Drugs from the 101<sup>st</sup> (1989 – 1991) through the 106<sup>th</sup> (1999 – 2001) Congresses, and Welfare Reform debate documents, particularly those discussing issues of drug use, drug testing, and disqualification for drug related felonies, from the 104<sup>th</sup> Congress (1995 – 1997). Congressional documents and reports were collected via The Library of Congress THOMAS. Availability of documents on THOMAS (from the 101<sup>st</sup> through the 111<sup>th</sup> Congresses) established the range of documents included in this study. Search terms included: "War on Drugs," and "Welfare Reform."

In the majority of the documents in the initial pool (see Table 1), the War on Drugs or Welfare Reform were mentioned but not debated. Only documents containing legislative debates on War on Drugs or Welfare Reform were used in the analysis. Since some of the debate-centered documents included duplicate speeches and statements by legislators, the duplicate documents were also eliminated from the analysis. Ultimately, 26 War on Drugs documents from 101<sup>st</sup> through 106<sup>th</sup> Congresses (see Table 2) and 33 Welfare Reform documents from the 104<sup>th</sup> Congress were analyzed.

Table 1: Number of Congressional Debate Documents Identified in Initial Search

Congress	War on Drugs	Welfare Drug Testing
101st (1989 – 1991)	819	4
102nd (1991 – 1993)	256	0
103rd (1993 – 1995)	155	0
104th (1995 – 1997)	166	345
105th (1997 – 1999)	254	0
106th (1999 – 2001)	214	0

*Ethnograph*, a qualitative data analysis program, was used to analyze the data. Data files were downloaded into *Ethnograph*. Deductive, a priori coding was used, beginning with focused codes. The overarching code in this analysis was social pathology, with sub-categories including: crime, drug addiction, teen pregnancy, out-of-wedlock birth, female-headed household, and welfare dependency. Additional codes included in the analysis were poverty, pregnancy, prevention/education, affected infants, treatment, drug testing, enforcement/interdiction, trafficking, civil rights penalty, race/ethnicity, social class, gender, and stigma. The two groups of documents were compared for the presence of the specified codes.

Table 2: Congressional Distribution of War on Drugs Documents Used in Analysis

Congress	Number of War on Drugs Documents Analyzed
101st (1989-1991)	4
102nd (1991 – 1993)	1
103rd (1993 -1995)	1
104th (1995 – 1997)	17
105th (1997 – 1999)	1
106th (1999 – 2001)	2

## Results

### *General Themes*

In general, War on Drugs documents discussed drug use and abuse as a great national problem, and major source of social ills, inextricably linking crime and drugs/drug use. Solutions to these problems centered on enforcement and interdiction. Enforcement rhetoric focused on stiffer prison sentences, truth in sentencing, limiting judicial discretion, and three strikes laws. Harsher penalties were called for, including life sentences and the death penalty for using children in drug trafficking and the use/possession of firearms with drug crimes. Additionally, there was a push to extend punishment beyond the criminal justice system and into the social welfare system by the denial of welfare benefits to individuals convicted of felony drug crimes, the removal of drug addiction and

alcoholism as eligible categories for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) benefits, and moves to implement drug testing for welfare recipients. Examples of the rhetoric follow in subsequent findings subsections (Social Pathology, Crime and Drug Addiction, Poverty and Welfare as Social Pathology, Drug Testing, Teen Pregnancy, Out-of-Wedlock Births, and Female-Headed Households).

The dominant rhetoric in the Welfare Reform documents focused on moving recipients into the workforce, time-limited assistance, collection of child support, devolution to the states, personal responsibility, and self-sufficiency. Welfare itself was referred to as a drug or a narcotic. Alternate or opposition rhetoric included concerns over unfunded mandates, unemployment and lack of jobs paying viable wages, corporate welfare, reductions in school lunch programs and heating assistance, and lack of child care. Issues of economic downturn and the provision of sufficient social support in times of recession were also raised in arguments opposing the welfare reform strategies.

The dominant rhetoric for both sets of documents was generally punitive in nature. The Congressional debate over the War on Drugs advocated greater spending on interdiction and enforcement efforts, along with harsher punishments for offenders. Welfare Reform documents focused on increased restrictions, rules, and regulations for welfare recipients. The overall tone of both debates in regard to the target populations was derogatory and reproachful, with numerous examples of social pathology rhetoric.

### *Social Pathology*

Two of the 26 War on Drugs documents (see Table 3) explicitly contained the phrase "social pathology." First, Senator Hatch (R – Utah) entered into Congressional Record a policy document developed by the Task Force on National Drug Policy: "Setting the Course – A National Drug Strategy." This document states,

The American public recoiled at the social pathologies associated with the illegal drug epidemic then (in the

1960s and 1970s), and recent polls indicate that they are just as concerned today that we are about to repeat history because we failed to learn our lesson. (U.S. Congress, 1996c, S9016)

The Task Force, composed of nine Senators and nine Representatives, asserts that “many of our social pathologies, in addition to drug use, arise from causes directly related to a climate that disparages essential moral and ethical principles of personal behavior” (U.S. Congress, 1996c, S9016).

Such social pathology rhetoric is directly in line with Welfare Reform rhetoric, without direct use of the term. In support of “true welfare reform,” Representative Shaw (R – FL) lists the horrors of the “killing compassion of the welfare state,” including:

crack babies who start out life from the first day with two strikes against them. The plague of illegitimacy in our inner cities, as high as 80% in some areas. Children giving birth to children who, we know, will be dramatically more susceptible to low birth weight, disease, physical abuse and drug addiction. An epidemic of violence the likes of which this country has never seen before, so bad that by 1970 a child raised in our nation’s biggest cities was more likely to be killed than an American soldier serving on the battlefield during World War II. And the latest phenomenon: police departments in our cities warn of a new generation of ‘super predators,’ children growing up in a shattered society riddled with drugs who have no compunction about taking a human life. (U.S. Congress, 1996a, p. E857)

These examples of rhetoric from both policy areas illustrate a broad view of social pathology, touching on several sub-categories (e.g., crime, drug addiction, teen pregnancy, out-of-wedlock births).

### *Crime and Drug Addiction*

Sub-categories of crime and drug addiction were apparent in the majority of both sets of documents (see Table 3). In fact, they represent the greatest rhetorical crossover that occurred between the two policy debates. Both debates discussed crime

and drug abuse in pathological and criminal frames with punitive and harsh solution proposals. Specifically, crime was a rhetorical category in 20 out of 26 War on Drugs documents and 18 of 33 Welfare Reform documents. Drug abuse was a rhetorical category in 25 of the 26 War on Drugs documents and 25 of the 33 Welfare Reform documents. These subcategories of social pathology dominated policymakers' remarks and were referred to in tandem in 18 of the War of Drugs documents, as well as 18 of the Welfare Reform documents. For instance, Representative Solomon (R – NY) states,

Illegal drugs play a part in half of all homicides. In fact, 48 percent of all men arrested for homicide test positive for illicit drugs at the time of arrest. Over 60 percent of prison inmates are there for drug related crimes. Illegal drug use is a factor in half of all family violence. Most of this violence is directed against women. Over 30 percent of all child abuse cases involve a parent using illegal drugs. (U.S. Congress, 1995a, p. E9)

Much of the discussion throughout the War on Drugs documents is aimed at expansion of law enforcement, interdiction efforts, and prisons, as well as tougher sentencing requirements, including mandatory minimum sentences and limitation of judicial discretion. Yet, there are also appeals to:

deny Federal benefits upon conviction of certain drug offenses; ensure quality assurance of testing programs; require employer notification for certain drug crimes; require mandatory drug testing for all Federal job applicants; provide the death penalty for drug kingpins; prohibit federally sponsored research involving the legalization of drugs. (U.S. Congress, 1995a, p. E9)

Senator Gramm (R – TX), a proponent of drug conviction eligibility restriction, argues "if we are serious about our drug laws, we ought not to give people welfare benefits who are violating the Nation's drug laws" (U.S. Congress, 1996b, p. S8498). The call for denial of benefits for drug-related convictions was initiated in the War on Drugs, but ultimately realized under Section 115 of PRWORA.

Most references to drug addiction, in both War on Drugs and Welfare Reform documents, were largely from a punitive criminal justice frame advocating punishment, rather than a medical frame, which views addiction as a medical condition requiring treatment, although there were some mentions of treatment and rehabilitation. The main thrust of medically framed discussion in both debates was a dearth of treatment availability and concomitant funding. However, Senator Kennedy (D – MA), in speaking against denial of assistance for individuals with drug convictions, argued that “it would undermine the whole notion of providing drug treatment as an alternative sentence to a first-time drug offender if the individual requires Federal assistance to obtain the treatment . . . if you are a murderer, a rapist, or a robber, you can get Federal funds; but if you are convicted even for possession of marijuana, you cannot” (U.S. Congress, 1996b, p. S8498). Kennedy’s concerns were realized with the passage of PRWORA in that individuals convicted of felony drug crimes, including possession, use, or distribution of controlled substances, are not eligible for SSI/SSDI, TANF, or food stamps; although, States have the ability to opt out of this regulation.

### Poverty and Welfare as Social Pathology

While the War on Drugs congressional documents were replete with drug-related rhetoric, there was also ample discussion of poverty and welfare in a pathological sense; the concern over welfare dependency was raised in 10 of the 26 documents (see Table 3). The distinction between poverty and welfare dependency is not apparent in the War on Drugs debates. Welfare dependency/poverty and drug abuse were linked in 13 documents. Welfare dependency/poverty, crime, and drug abuse were linked in 12 documents. There were several significant statements linking drugs, crime, poverty, and welfare dependency. In one case, Senator Kohl (D – WI) states, “Alcohol and drug abuse costs Wisconsin’s economy \$3 billion a year for medical care, crime, lost productivity, and welfare” (U.S. Congress, 1989a, p. S5950). Representative Moakley (D – MA) asserts that War on Drugs strategy “should include a strong policy to help the many in this country who

are poor” (U.S. Congress, 1989b, p. E3042). Such statements rhetorically connect poverty and drug use/abuse, contributing to the social construction of the poor as drug addicts.

Welfare Reform debates have comparable rhetorical threads making similar connections. In those documents, welfare dependency/poverty and drug abuse were discussed in tandem in 24 out of 33, and welfare dependency/poverty, drug abuse, and crime were discussed in tandem in sixteen documents. Moreover, in one of numerous examples citing welfare dependency, identified in 26 of the 33 documents analyzed, Senator Nunn (D – GA) contends, “The problems we are trying to address in this legislation—welfare dependency and the illegitimacy, violence, and drug abuse that it engenders—are probably the most complex, troubling, and intractable problems facing American society” (U.S Congress, 1995b, p. S14562). Representative Chabot (R – OH) raises the level of the rhetoric, not merely linking poverty and drug abuse, but by equating the use of the social safety net with addiction in his claim,

The lessons of history show conclusively the continued dependence upon relief induces a spiritual and moral disintegration fundamentally disruptive to the national fiber. To dole out relief in this way is to administer a narcotic, a subtle destroyer of the human spirit.... (U.S. Congress, 1995c, p. H3704)

Chabot continues with his welfare reform proposal, which “eliminates taxpayer-financed subsidy payments for drug addicts and alcoholics,” arguing, “We have been paying drug addicts' and alcoholics' welfare benefits and SSI benefits. It is disgraceful” (U.S. Congress, 1995c, p. H3704). And, in fact, in 1996, as part of welfare reform, Congress removed drug addiction and alcoholism as eligible categories in the Social Security disability programs (DiNitto, 2007). Drug testing welfare recipients would soon be proposed and passed to further these goals.

### *Teen Pregnancy, Out-of-Wedlock Births, and Female-Headed Households*

Other aspects of social pathology, teen pregnancy, out-of-wedlock births, and female-headed households, were largely

absent from the War on Drugs discourse based on this analysis (see Table 3). In half of the instances where pregnancy and childbirth were discussed, the rhetoric centered on drug use during pregnancy and drug exposed/addicted infants. Senator Inouye (D – HI) submitted a briefing to address this issue and to further the War on Drugs in light of innocent infant victims. This brief asserts,

The real victims in the war against drugs ... are the children born to today's drug-users and who, tomorrow will constitute a large percentage of the members of our society. The infants being born today that endure the perinatal trauma induced by their parents' drug addictions, may experience throughout their lives the effects of their early drug exposure; the potential costs are incalculable to society. (U.S. Congress, 1990, p. S580)

This problem is linked to poor women in the claim, "The case of large numbers of drug-exposed newborns is straining the resources of hospitals serving poor inner city neighborhoods and is very costly" (U.S. Congress, 1990, p. S580). Representative Shaw contends "as many as ten percent of all babies born in America are exposed to cocaine or crack in the womb," and that "as many as 200,000 drug exposed babies are born annually to mothers on AFDC" (U.S. Congress, 1996a, p. E857). However, recent studies indicate that up to 70 percent of infant drug tests record false positives, which can be triggered by commonly used baby soaps, among other things (Cotton, Duncan, Burch, Seashore, & Hammet-Stabler, 2012).

Furthermore, hospital personnel make determinations as to whether mothers are considered at risk for drug abuse and which infants should be tested, ostensibly based on factors such as admission of prior drug use or lack of prenatal care, but race has also proven to be a determining factor (Kunins, Bellin, Chazotte, Du, & Arnsten, 2007). Researchers recommend that hospitals testing for maternal drug use conduct confirmatory or forensic testing to verify results, but many hospitals do not (Szalavitz, 2012). This calls into question the validity of claims used to bolster the War on Drugs debate, as well as the legitimacy and validity of drug testing, at least in this setting.

In contrast, Welfare Reform documents focused more on bringing men back into the family and reducing teenage pregnancy, topics not addressed in the War on Drugs documents.

Senator Mikulski (D – MD) asserts,

We want men back into the family. We want to remove the barriers to family, the barriers to marriage, because we believe the way the family is going to move out of poverty is the way people move into the middle class, with two-parent wage earners ... The Democratic plan also tackles the growing problem of teenage pregnancy. Under our bill, teen mothers must stay in school and stay at home as a condition of receiving benefits. If they stay in a home that is not desirable, where they are a victim of abuse, or where there is alcoholism or drug abuse, we create a network of second-chance homes. (U.S. Congress, 1995d, p. S11327)

Table 3: Number of Documents Containing Social Pathology Themes

	War on Drugs (N = 26)	Welfare Reform (N = 33)
Social Pathology	2	0
Crime	20	18
Drug Abuse	25	25
Teen Pregnancy	2	10
Female Headed Households	2	14
Welfare Dependency	13	26
Out of Wedlock Birth	1	16

Table 4: Number of Documents Using Social Pathology Themes in Drug Testing Debate

	War on Drugs (101st Congress) (N = 5)	Welfare Reform (104th Congress) (N = 6)
Crime	5	4
Drug Abuse	5	6
Teen Pregnancy	0	2
Female-Headed Households	0	1
Out of Wedlock Birth	0	2
Welfare Dependency	4	5

The plan centers on parental responsibility and “addresses two of the key causes of welfare dependency—teen pregnancy and unpaid child support” (U.S. Congress, 1995d, p. S11327).

### *Drug Testing*

The second part of the research question examines the degree to which social pathology rhetoric is used to justify drug testing welfare recipients. Support for the expansion of drug testing policies was apparent in the War on Drugs debate, and present in five of the War on Drugs documents (see Table 4). Social pathology themes of crime (five out of five documents), drug abuse (five out of five documents), and welfare dependency (four out of five documents) were used to support increased drug testing in a number of venues, including prison inmates and arrestees, state and local governments, and the private sector.

Drug testing was discussed in six Welfare Reform documents (see Table 4), and included the argument that drug testing is prevalent in private sector employment, such as transportation and manufacturing, which was authorized through the War on Drugs’ efforts. The contention is that since the focus is on “welfare to work,” recipients should be job ready. Social pathology themes of crime (in four of the six documents), drug abuse (in all six documents), and welfare dependency/poverty (in five of the six documents) were present in the drug testing debate in Welfare Reform documents. Senator Ashcroft (R – MO) argues,

Since the resources are scarce, let us focus them on individuals who are responsible enough, who care enough about their families, who care enough about their future to be able to benefit from the training program because they are not high on drugs. Let us not stick our heads in the sand, while someone else is sticking a needle in his arm. (U.S. Congress, 1995b, p. S14975)

Welfare Reform documents also include anecdotes to support drug testing for welfare recipients that include social pathology themes. For instance, Senator Bond (R – MO) reported that “some welfare recipients who are turned down

for employment because they flunk an employer's drug test, then turn around and use the results as proof they are actually seeking employment and deserve to remain on welfare" (U.S. Congress, 1996a, p. E857). Representative Shaw (R – FL) uses this anecdote to argue states' rights to require drug testing, and further, to support vouchers in place of cash payments to prevent purchase of drugs and alcohol (U.S. Congress, 1996a, p. E857).

Senator Kennedy (D – MA) was one of a few who stood in opposition to drug testing. In response to Ashcroft, Kennedy states, "Effectively, what this senator is saying is that every worker in this country is somehow under the suspicion of drug usage ... The case has not been made." (U.S. Congress, 1995b, p. S14975). Ultimately, drug testing for welfare recipients was codified in PRWORA, Section 902, which states: "Notwithstanding any other provision of law, States shall not be prohibited by the Federal Government from testing welfare recipients for use of controlled substances nor from sanctioning welfare recipients who test positive for use of controlled substances."

However, the prevalence of substance use and abuse among welfare recipients is contested. Studies vary greatly in their findings, presenting rates from four to 37 percent, depending on "data sources, definitions and measurement methods, particularly the different thresholds used to define substance abuse" (U.S. Department of Health and Human Services, 2011). The inclusion of alcohol and/or prescription drug abuse also factors into the variance. The general consensus is that welfare recipients are no more likely to have substance abuse issues than the general population (Center for Addiction and Mental Health, n.d.; Danziger et al., 2002; Grant & Dawson, 1996; Metsch & Pollack, 2005; Pollack, Danziger, Jayakody, & Seefeldt, 2002). In practice, welfare drug testing has not yielded a substantial number of positive tests. In 1999, Michigan conducted drug tests on TANF recipients for a five week period before the program was halted by U.S. District Judge Victoria Roberts. Of the 268 recipients screened for drug use, 21 tested positive, most for marijuana (Washington Crime News, 2003). More recently, in Florida, in the four month span of drug testing TANF recipients in 2011, 108 of the 4,086 individuals screened tested positive for illicit substances, mostly marijuana (Alvarez, 2012).

## Discussion

The findings of this analysis lend credence to McCorkel's (2004) claim that "welfare and criminal justice systems share a set of assumptions, concerns, and stereotypes" (p. 391) regarding policy target populations. Social pathology rhetoric is present in both War on Drugs and Welfare Reform Congressional debates. Sub-categories of social pathology rhetoric that were prominent in both policy arenas include crime, drug addiction, poverty, and welfare dependency. Drug addiction rhetoric in particular was a focus of both policy debates, and was utilized to support expanded drug testing efforts for multiple groups, including welfare recipients. In regard to teen pregnancy, out-of-wedlock births, and single parent households, the common rhetorical themes between the two policy arenas revolved around drug addiction and included a focus on drug-addicted infants. However, these were marginal in both congressional conversations.

It appears that several themes of social pathology rhetoric utilized in the War on Drugs debate were subsequently utilized in the Welfare Reform debate, particularly those focusing on crime, drug abuse, and welfare dependency/poverty. This supports previous studies (Beckett & Western, 2001; Garland, 1985, 2001; McCorkel, 2004) arguing that the criminal justice and welfare systems are intertwined. In fact, social pathology rhetoric contributes to the social construction of target populations of both policies. Evidence of a confluence of War on Drugs and Welfare Reform policies at the Federal level is apparent in welfare drug testing policy, which can be viewed as punishment or penalty. According to Schneider and Ingram (1993),

public officials commonly inflict punishment on negatively constructed groups which have little or no power, because they need fear no electoral retaliation from the group itself and the general public approves of punishment for groups that it has constructed negatively. (p. 336)

With regard to drug addiction and drug testing policies, the aims of both policy debates appear conjoined, and more in line with Garland's (2001) concept of "penal welfarism." Indeed,

between the two policy regimes, common suppositions and inferences are shared, fear mongering is interchangeable, stereotypes are cloned and disseminated, and “the same recipes for the identification of risk and the allocation of blame” (Garland, 2001, p. 201) are put forth. The attachment of the stereotype of a drug addict to the poor may deter some from seeking assistance, in addition to inciting public hostility toward the population. It also has implications for democratic participation, in that such constructions have the tendency to cultivate withdrawal and passivity (Schneider & Ingram, 1993).

The rhetorical similarities between the War on Drugs and Welfare Reform debates support an ostensible convergence of the respective target populations in that the drug addicts and the poor are often referred to similarly, and sometimes interchangeably, in the same conversations. However, this work is limited to an analysis of the discourse at the federal level from a social pathology perspective.

Although this study examines Congressional debates from the 1990s, it was these two policy arenas, in tandem, that set the stage for today’s welfare drug testing agenda, indicating that the aims of the War on Drugs and Welfare Reform remain ongoing and conjoined. Proposals for screening recipients of social services, including TANF, Supplemental Nutrition Assistance Program (SNAP), Unemployment Insurance, SSI/SSDI, and Medicaid, for illicit drugs have been put forth in 42 states to date, including 29 states just in 2013 (National Conference of State Legislators, 2013; Pollack, 2013). Also, since the 1990s, several states have passed welfare drug testing legislation. For instance, Michigan implemented welfare drug testing in 1999; however, the law was struck down by the 6<sup>th</sup> Circuit Court of Appeals in 2003. Florida enacted a similar law in 2011, which was halted by U.S. District Judge Mary Scriven. Georgia also passed a welfare drug testing law in 2012, but is waiting for the Florida case to play out in the courts before implementation. This opens an opportunity for research of state level policymakers’ discourse surrounding welfare drug testing legislation, the apparent intersection of the War on Drugs and Welfare Reform.

In all, this research offers insight into the merging of policy debates, particularly those affecting marginal populations regulated by criminal justice and welfare institutions. While

the deservingness of the poor has long been questioned, they are now asked not only to justify their worthiness, but also to prove that they abide by drug laws. Policymakers should be cognizant of the impact of their proposals, debates, and rhetoric on their constituents, particularly marginalized groups. This analysis is perhaps more useful for researchers and those working on social justice, in that it contributes to a growing body of literature on the criminal marginalization of the poor and encroachments on their civil liberties. These threats can only be countered by a strong opposition, which such policies have been shown to stifle and discourage. However, as Soss (2005) contends, "By pursuing this dialog, scholars may yet contribute to public policies that support a stronger and more inclusive democracy" (p. 326).

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