

XVI. SOCIAL JUSTICE AND THE SOCIAL TEACHING OF THE CHURCH

A. Statistics

Indicator	Delaware	Maryland
Per capita income	\$23,305	\$25,614
Median Household Income	\$47,381	\$52,868
Percent of Families Below Poverty Level (1999)	6.5%	6.1%
Percent of Households with Social Security Income	26.9%	22.5%
Percent of Households with Public Assistance Income	2.7%	2.4%
Rate of child abuse	28.6 per 1000 children (a decrease of 25% from 1990)	22.8 per 1000 children (a decrease of 34% from 1990)
Children dying as a result of Child abuse	0	0
Children living away from their Families in out of home care	1,098 (on Sept. 30, 2000)	13,133 (on Sept. 30, 2000)
Percent of children reunited with their families when exiting foster care	79.3%	60.4%
Children enrolled in State Children's Health Program in 2001	5,578 (a 19.6% increase from 2000)	109,983 (a 15.4% increase from 2000)
Fair market rent for 2-bedroom apartment in 2002	\$717 per month (72.9% of the income of a person earning minimum wage)	\$895 per month (106.2% of the income of a person earning minimum wage)
Graduation rate of high school Seniors	86.1%	85.7%
Grandparents with primary Responsibility for caring for Grandchildren in 2001	6,699	45,757

B. Description

1. (a) The administration of justice and the violation of human rights.

The legal system in the diocese follows established norms throughout the country based on principles contained in the American constitution. Those accused of crimes are entitled to legal representation. If they cannot afford a private attorney, the state-financed Public Defender's Office provides such representation. In addition, the State Human Relations Division and private groups, such as the National Association for the Advancement of Colored People, the American Civil Liberties Union, and the Anti-Defamation League of

B'nai B'rith, have been established to act as "watchdog" groups for perceived violations of civil rights of certain groups.

Race is a central issue in our nation and our communities. Even when we don't give voice to it, it is present — critical, but unspoken. When we do talk about it, it is often at times of crisis, when racial divisions become apparent or racial tensions turn to violence. There are times of national awareness when the country's problems with race transfix all of us.

Questions of racism and race relations touch us every day, in personal ways. Race affects where we live, where we walk, where we shop, the jobs we hold, and how we are educated. In workplaces, schools, and houses of worship, racial and ethnic divisions persist. Misperceptions, stereotyping, fear, and distrust exist in every ethnic group toward members of other ethnic groups.

Race also has a great impact on our public life. In our communities, racial and ethnic divisions prevent us from working together on pressing common concerns such as education, jobs, and crime.

Racism has existed for hundreds of years, clashing with our founding principles of equality and justice. The wars against Native American tribes and later discrimination against native peoples; the enslavement of Africans brought to this country and the oppression of African-Americans after they were freed; the internment of Japanese Americans during World War II; and discrimination against immigrants — all of these and more have been based on the belief that some people are inferior due to the color of their skin.

In few areas are the disparities between races as evident as in our criminal justice system. The following table provides some indication of that disparity.

Incarceration Rates of Adult Males by Race			
	Rate per 100,000 of each race		
	Black	White	Black/White Ratio (Ranking)
Delaware	6,888	736	9.4 to 1 (19 th highest)
Maryland	3602	353	10.2 to 1 (16 th highest)
USA	4,631	482	9.6 to 1

The unborn, the aged and infirm, and the poor are quite vulnerable to a denial of rights. The unborn have no legal right to life.

Although the U.S. Supreme Court has recently ruled that no constitutional right to assisted suicide exists, there is a strong movement toward legalizing assisted suicide on a state-by-state basis. At this time, Delaware criminalizes

doctor-assisted suicide by statute and Maryland by common law. In Maryland, legislation was introduced (but killed in committee) to permit a physician to prescribe a lethal dose of a drug to a patient suffering from an incurable disease or illness that causes substantial physical pain and suffering.

The treatment of immigrants is quite varied. Legal, educated, English-speaking immigrants generally have the work ethic and skills which result in successful assimilation into society. However, there exists in the diocese a growing number of poorly educated immigrants, legal and illegal, mostly from Central America, who lack English language skills. These individuals often find employment in the area's poultry and agricultural industries, working in jobs and under conditions that most locals would not accept. There have been several raids by INS agents on these workplaces in an effort to detain and deport immigrants who are in this country illegally.

In the mid-1990s, Congress passed the largest changes in immigration law and immigrant access to public benefits since the First World War. These changes were overwhelmingly negative for immigrants.

With the release of the 2000 U.S. Census, the presence and influence of immigrants on our national landscape became impossible to deny. For communities throughout the United States, their economic contributions had become increasingly evident, along with the challenges of providing health and human services to a diverse population. Over the past few years, a number of significant legislative and administrative measures at federal and state levels had begun to address these challenges, while legislation to broaden immigration opportunities was being discussed in Congress. Most prominent during the summer of 2001 was the prospect of some kind of general legalization or amnesty for undocumented immigrants living in the U.S.

Since September 11, 2001 however, there has been no further discussion of a legalization program. In fact, the passage and signing of the USAPATRIOT Act of October 26, 2001 sent the pendulum in the opposite direction. Some have called for greater limits on immigration and other internal restrictions of immigrant rights.

(b) Violence toward ethnic minorities and against other social groups

Although race-relations in general can be strained, violent, racist actions and language directed at minority groups are rare, relegated mostly to graffiti and attitudes expressed by alienated youth. The Ku Klux Klan, the group most noted for fomenting racial hatred, is vilified in the press and by nearly all people, and, although it exists, has no influential presence in the diocese.

Minorities who are victims of crimes are generally victimized by other members of the same minority group. This takes the form of assaults, robberies, and burglaries.

(c) Socio-political problems

Welfare

With sweeping legislative action, the federal government, in 1996, dismantled 60 years of federal responsibility for public aid to families with dependent children. The federal Aid to Families with Dependent Children program (AFDC) was eliminated and replaced with the Temporary Assistance to Needy Families program (TANF). Under this new program, responsibilities for public assistance for the poor have been given to the states in the form of federal block grants with strict rules for work requirements, time limits, and stricter eligibility requirements for the most basic of cash and food assistance. Welfare caseloads have declined significantly and more former welfare recipients are working. However poverty persists despite work.

Welfare-to-work efforts create a dilemma. Even though various work scenarios allow working families to rise above official "poverty," the expenses in their frugal budget still exceed income as did the "pre-work" situation from which the family began.

Health care

Nearly one in every six Americans (42.6 million) is without health insurance. Despite the longest economic boom in history, the number of persons without health insurance dipped just 4% in 1999. With the current economic downturn, some states are already cutting back coverage, with Oklahoma mailing out termination letters to Medicaid recipients and North Carolina imposing a freeze on enrollment in the Children's Health Initiative Program.

Compared to other wealthy industrialized nations, the United States health care system provides coverage to the fewest and costs the most. In 1997, health expenditures as a percentage of the gross domestic product ranged from a high of 13.6% in the United States to 6.7% in the United Kingdom. When compared to the other highly industrialized countries in the Organization for Economic Cooperation and Development, infant mortality rates are the highest and life expectancy rates are the lowest in the U.S.

Market competition has not succeeded in bringing the U.S. health care costs in line with those of other industrialized countries. Market based reform has not expanded health insurance coverage but has rather, directly or indirectly, increased the number of under insured and uninsured Americans. Medical

research and education have suffered and medicine's social mission has declined.

In Delaware 11.4% of the state's population lacked health care coverage in the year 2000, compared to 13.4% for the region (Maryland, Pennsylvania, New Jersey and New York). From the mid 1990's to the present, the rate of uninsured in Delaware decreased from 13.6% to 11.4%. This drop in the number of Delawareans without health insurance is credited primarily to the increased coverage of children through the Healthy Children Program initiated in January 1999.

The bulk of the 96,000 uninsured Delawareans are the working poor who do not qualify for Medicaid, are not provided health insurance by their employers, and whose income is insufficient to purchase health care coverage. The profile of the typical uninsured Delawarean: single, white, male, over age 17, working with an income above poverty level.

In Delaware and Maryland there has been an overhaul of the Medicaid program which provides health care coverage for the poor. Medicaid pays for doctor visits, hospital care, laboratory work, prescription drugs, transportation, routine immunizations for children, mental health and substance abuse treatment. The program has been "privatized," that is, contracted to private insurers which agree to provide certain benefits for a stipulated payment. This recent change has been initially positive in that a) all Medicaid recipients have a primary care physician who manages their care and b) the program covers all poor adults with incomes up to 100% of poverty and pregnant women and children up to 185% of poverty. Medicaid benefits continue for two years for those individuals who leave public assistance for employment.

Medicare is the federally sponsored health care program for those over 65. It covers hospital stays, skilled nursing facility care, home health care, hospice care, outpatient medical and surgical services, laboratory services, and certain medical supplies. It does not cover dental care, custodial care, hearing aids, outpatient prescription drugs, routine foot care, routine eye care, routine physical exams unless the individual is enrolled in a Medicare HMO plan. Recently, congress has been debating the inclusion of an outpatient prescription drug benefit in the basic Medicare plan.

Social Security

Social Security is a federal program for retirement security financed by mandatory worker and employer contributions. It is predicted to be solvent until 2025. However, like Medicare, the future of Social Security is in doubt. Those in the workforce who will retire ten or more years from now will receive less from Social Security than they contributed. This will spur proposals for

alternative private retirement savings plans and investment options likely to be encouraged through tax incentives.

Taxation

In the U.S. approximately 35% of the average person's income goes toward federal, state, county, local, and school taxes. Despite serious tax inequities resulting from a "flattening" of the tax rates in recent years, there is still significant political support for tax cuts which disproportionately favor the well-off and for lowering the upper tax brackets even further.

(d) Labor and the problem of unemployment, unions, and other workers' organizations.

The unemployment rate in Delaware in May 2003 was 3.4% and in Maryland 4.2%. In January 2002 the rates were 4.7% and 4.9% respectively. There is some belief that the reported rates are skewed to the low end with many individuals giving up on finding employment and so not appearing in official statistics. The largest private industries in Delaware are in the areas of manufacturing, service industries, and financial, real estate, and insurance services. Maryland has a strong economic base in biotechnology, telecommunications, aerospace, and goods distribution.

The largest employers in the Diocese are the State (15,000); MBNA Bank America, the nation's second largest credit card company (10,000); the DuPont Company, an international chemical company (9,900); Christiana Care Health System (7,900); and Dover Air Force Base (7,700). Delaware experienced a net loss of 6,000 jobs in 2002.

Unionization of workers in the diocese is similar to unionization in the United States as a whole. In the USA 14.9% of workers are represented by a union. In Delaware the percentage is 14.6% and in Maryland the percentage is 16.7%. The states with the highest percentage of unionization are New York, Hawaii, Alaska, Michigan, and New Jersey (all between 20 and 27%). The states with the lowest percentage of unionization are North Carolina, South Carolina, Virginia, Georgia, and Texas (all under 10%).

(e) The conservation of the environment.

Government agencies, such as the Environmental Protection Agency and state departments of natural resources, and quasi-governmental agencies, such as solid waste authorities, have the major public responsibility for protecting the environment, controlling pollution, and managing waste disposal. There are also voluntary organizations which act as "watchdogs" to monitor government's handling of its responsibilities.

Using its website, Government agencies inform the public of such matters as toxic releases, polluting facilities, the status of superfund sites, pesticide information, and human exposure to environmental chemicals.

Land use planning has become the most important political issue at the county level of government. Building of new housing and commercial developments has outstripped the ability of the transportation, water, and sewer infrastructure to support the growth. There is great public concern and disagreement as to the best means of handling a population growing faster than the national average while maintaining a high quality of life.

In general, during the course of a year, the largest cities in the region, Philadelphia and Baltimore, meet Environmental Protection Agency air quality standards for carbon monoxide, sulfur dioxide, nitrogen dioxide, particulate matter, and lead. Those cities do not meet EPA standards for ozone. Of the six principle pollutants, ozone is the only one in Delaware that does not meet federal air quality standards.

The following table identifies four common environmental causes of health risks and the respective national rankings of Delaware and Maryland: the higher the ranking, the worse the problem.

<u>Health Risk</u>	<u>Delaware</u>	<u>Maryland</u>
Hazardous air pollutants (added cancer risk per 1 million population)	860 (7 th)	870 (6 th)
Chemical releases	10 million pounds (44 th)	44 million pounds (29 th)
Impaired surface water	49% (3 rd)	26% (7 th)
Animal waste	1 million tons (43 rd)	4 million tons (38 th)

(f) Public order and ideological conflicts.

There is generally a high degree of respect for the law enforcement and judicial establishments. While the crime rate in certain areas is high, especially crimes of violence in major cities, there is generally good public order with little open defiance of authority by large segments of the community. Ideological differences are usually handled by means of the electoral process.

The following table shows the rate per 100,000 population and ranking of Delaware and Maryland for crime in general, violent crime, and incarceration of their citizens.

<u>Indicator</u>	<u>Delaware</u>	<u>Maryland</u>
Crime rate/100,000	4,478 (17 th)	4,816 (12 th)
Violent Crime rate/100,000	684 (6 th)	787 (3 rd)
Property crimes /100,000	3,794 (19 th)	4030 (17 th)
Murders/100,000	3 (32 nd)	8 (3 rd)

(g) Conduct of Catholics in public life.

The Church has been able to maintain good communication with those Catholics who hold public office at all levels of government. They do not always support the Church's stand on issues, particularly on abortion. In many other areas of Catholic Social Teaching, Catholic officials are generally supportive.

2. (a) Agencies

The Diocese of Wilmington, having nine counties of the State of Maryland within its borders, belongs to the Maryland Catholic Conference (MCC). This past year the conference focused considerable advocacy attention on efforts to meet basic needs, assist families leaving welfare, attaining quality education for children, improve health care, address the health needs of women and the unborn, oppose the death penalty, address the problems of immigrants, and fight against the expansion of gambling.

During the past legislative session the MCC successfully fought a measure that would have required Catholic clergy to break the seal of confession in child abuse cases. Its advocacy won continuation of energy assistance funding and preservation of particularly important safety-net provisions of state welfare law. In a difficult budget year, state allocations actually increased for community mental health services, services for the developmentally disabled, and assisted living for senior citizens.

The conference also responded to bills permitting unfettered access to abortifacient morning-after pills, disposing of "leftover embryos," eliminating the sexual orientation exemption for faith-based social service organizations, human cloning, and measures to facilitate the movement of immigrants into the societal mainstream.

In Delaware, the diocese has worked on matters such as a 24-hour waiting period for abortions and opposing certain minimum mandatory sentences in favor of education, job training, and substance abuse treatment for prisoners involved with dealing drugs.

(b) Programs

The diocesan *Catholic Campaign for Human Development* helped support grass roots organizing efforts aimed at the empowerment of poverty groups. A poultry justice alliance, an Hispanic organizing group, and a community development agency promoting a campaign to increase use of tax credit programs by the poor were groups assisted this past year with national and local grants.

(c) Publications

Catholic Charities' Office of Parish Social Ministry publishes a monthly newsletter, *Points for Parishes*, and sends alerts emanating from the U.S. Conference of Catholic Bishops to parish social concerns volunteers to keep them informed of important matters of social justice. Catholic Charities also publishes a newsletter entitled *Faith.Works.Wonders*, which keeps the public informed of social service activities carried out under Diocesan auspices.

3. The primary vehicles which Catholic Charities employs to provide formation of the laity regarding Catholic Social Teaching are educational seminars and *Salt and Light Leadership Training*. Educational seminars are provided at parishes to RCIA groups, teachers, and others. This past year, there were 30 presentations reaching 364 people. The *Salt and Light* training conducted by the Office of Parish Social Ministry provides an important foundation in Catholic Social Teaching for parish social concerns leaders. This seven session training, which has been held at numerous sites for over eight years, has been revised and accepted for publication by *Ave Maria Press*.

4. Catholic Charities has historically joined with other organizations to form housing coalitions, public assistance task forces, special committees on the needs of children, aging advisory councils, pro-life committees, and other bodies to proclaim the rights of the most vulnerable and promote social change. Catholic Charities works cooperatively with governmental authorities on most issues of importance to those in need of service and to our constituencies. Communication between Catholic Charities and state policy-makers is generally good.