
Civil Rights in Oregon
Issues and Concerns Moving into the 21st Century

**A Report of the Oregon Advisory Committee to the
United States Commission on Civil Rights**

September 2015

State Advisory Committees to the U.S. Commission on Civil Rights

By law, the U.S. Commission on Civil Rights has established an advisory committee in each of the 50 states and the District of Columbia. The committees are composed of state citizens who serve without compensation. The committees advise the Commission of civil rights issues in their states that are within the Commission's jurisdiction. More specifically, they are authorized to advise the Commission in writing of any knowledge or information they have of any alleged deprivation of voting rights and alleged discrimination based on race, color, religion, sex, age, disability, or national origin, or in the administration of justice; advise the Commission on matters of their state's concern in the preparation of Commission reports to the President and the Congress; receive reports, suggestions, and recommendations from individuals, public officials, and representatives of public and private organizations to committee inquiries; forward advice and recommendations to the Commission, as requested; and observe any open hearing or conference conducted by the Commission in their states.

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Letter of Transmittal

Oregon Advisory Committee to the U.S. Commission on Civil Rights

The Oregon Advisory Committee to the U.S. Commission on Civil Rights submits this report, *Civil Rights in Oregon: Issues and Concerns Moving into the 21st Century*, as part of its responsibility to examine and report on civil rights issues in the state under the jurisdiction of the Commission. This report was approved by the members of the Oregon Advisory Committee by a vote of 7 yes and 0 no at a meeting of the Committee in Portland, OR, on April 1, 2015.

As Oregon embarks on the 21st century, the good news regarding the status of civil rights is that the premise that all persons deserve equal rights has widespread general support. Despite overt expressions for equal opportunity, however, centuries of stereotyping and prejudice along racial, religious, ethnic, and gender lines have left lingering scars on society; and cultural and demographic changes continue to present challenges for equal opportunity.

In the course of this project, the Oregon Advisory Committee examined emerging civil rights challenges in four areas: (1) human trafficking, (2) domestic violence, (3) disparities and inequalities in healthcare in Oregon, and (4) the militarization of police forces.

Trafficking in persons is now the second largest criminal industry in the world, and tens of thousands are trafficked annually in the United States. Specific to Oregon, Portland has been identified as a major hub for sex trafficking operations.

Over the past 35 years, violence against women has become recognized as a major public policy issue in this country. Each year in Oregon an average of 18 people die as a result of domestic violence, and overwhelmingly these victims are women. The costs of domestic and sexual violence injuries in Oregon exceed \$50 million dollars a year.

Health disparities are differences in health outcomes and their determinants between segments of the population as defined by social, demographic, environmental, and geographic attributes. Eliminating health disparities that still exist requires that everyone is valued equally, and that societal efforts are focused and ongoing to address avoidable inequalities.

Federal equipment programs provide for the re-use of military equipment and contribute to the protection of the public and reduce operational risk to peace officers. But a concomitant result is that many American neighborhoods are increasingly being policed by officers armed with military weapons and using tactics of war. Over the last 25 years, America has seen a disturbing rise militarization of its civilian law enforcement, along with a dramatic and unsettling rise in the use of paramilitary police units.

Challenging these issues and other obstacles to civil rights and overcoming the adverse effects of the often subtle, unstated prejudice is the new challenge for those committed to civil rights. The Oregon Advisory Committee hopes the U. S. Commission finds the recommendations contained in this report of value as it faces challenges to civil rights moving into the 21st Century.

Respectfully,
Marilyn E. Johnston, *Chair*
Oregon State Advisory Committee

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I. Oregon and the Nation's Journey to Accept Civil Rights for All

The Modern-Era Civil Rights Movement and Oregon's Civil Rights Journey

In 1787 the Constitution was ratified by the 13 colonies, and with its adoption the United States became a new Nation. Despite the ideals expressed in the colonies' Declaration of Independence, the uncomfortable truth is that slavery was encoded into the new Nation's Constitution. Ultimately the Nation would fight a brutal civil war to abolish the institution of slavery, and in the aftermath of the war the Thirteenth Amendment to the Constitution was adopted that formally ended slavery.¹

Tragically, the enactment of the Thirteenth Amendment and its sister Fourteenth and Fifteenth Amendments would not ensure civil rights and racial equality. Opposition to racial equality and overt segregation would remain entrenched in many parts of the country for another century. Moreover, in opposition to calls for racial equality, the position of white supremacy was often espoused as the consummate moral position on the issue. William H. Buckley, noted author and publisher of the *New Republic*, epitomized this view in a 1957 editorial entitled, *Why the South Must Prevail*.

The central question that emerges...is whether the White community in the South is entitled to take such measures as are necessary to prevail, politically and culturally, in areas in which it does not prevail numerically? The sobering answer is Yes – the White community is so entitled because, for the time being, it is the advanced race.

It is not easy, and it is unpleasant, to adduce statistics evidencing the cultural superiority of White over Negro. But it is a fact that obtrudes, one that cannot be hidden by ever-so-busy egalitarians and anthropologists. National Review believes that the South's premises are correct.... It is more important for the community, anywhere in the world, to affirm and live by civilized standards, than to bow to the demands of the numerical majority.

The South confronts one grave moral challenge. It must not exploit the fact of Negro backwardness to preserve the Negro as a servile class.... Let the South never permit itself to do this. So long as it is merely asserting the right to impose superior mores for whatever period it takes to effect (sic) a genuine cultural equality between the races, and so long as it does so by humane and charitable means, the South is in step with civilization, as is the Congress that permits it to function.²

Gradually, however, the mores of racial equality prevailed. In 1954 the Supreme Court declared racial segregation in public schools to be unconstitutional. In 1957 the U.S. Commission on Civil Rights was established and charged with the responsibility to report to the President and the Congress about civil rights issues. In 1964 Congress passed the Civil Rights Act,³ which encoded racial equality into federal law. And in 1965 Congress protected the right to vote with passage of the Voting Rights Act.⁴

¹ Amendment XIII (ratified December 6, 1865) "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to its jurisdiction."

² William H. Buckley, "Why The South Must Prevail," editorial, *The National Review*, Aug. 24, 1957.

³ Pub. L. No. 88-352, 78 Stat. 241 (codified as amended in scattered sections of 2 U.S.C., 28 U.S.C., and 42 U.S.C.).

⁴ Public Law 89-110, 42 U.S.C. §§ 1973–1973bb-1.

Emboldened by the efforts of African *Americans* in the second half of the 20th Century to gain some measure of equality, other minority groups also began to advocate for long denied equal rights. The American Indian Movement was founded, and Cesar Chavez brought public attention to the plight of Hispanic farmworkers. Women's groups as well pressed for opportunities equal to men, and prevailed with the passage of the Equal Pay Act of 1963⁵ and Title IX,⁶ which provided equal opportunities for women in employment and education.

Persons with disabilities also pushed for equal opportunity. In 1973, Section 504 of the Rehabilitation Act of 1973 became the first civil rights statute for persons with disabilities.⁷ In 1990 the Americans with Disabilities Act (ADA) provided civil rights protections to individuals with physical and mental disabilities and guaranteed them equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications.⁸

By the end of the 20th century, the premise that all persons deserved equal rights regardless of their race, color, religion, gender, disability or national origin, had widespread acceptance and support. Nevertheless, centuries of racial, religious, ethnic, and gender prejudice and stereotyping have left lingering scars on society. Overcoming the adverse effects of these often subtle and unstated prejudices is the new challenge for those committed to civil rights. In addition new civil rights issues have emerged, making the struggle for equal justice and opportunity an ongoing concern.

The Changing Demographics of Oregon

In November 1805, Meriwether Lewis and William Clark arrived at the mouth of the Columbia River, now the site of Astoria, OR. As word of the exploration spread, European emigrants started to trek toward the new lands and Euro-American settlement in Oregon spread rapidly.⁹

The Continental Congress articulated the philosophy for development of the new territories by extending the Northwest Ordinance of 1787 to the Oregon region. The Ordinance forbade slavery; however the welcome mat was not out and Oregon's early generations defined opportunity narrowly. The Provisional Legislature banned permanently the residency of free African-Americans and mulattoes; and any African American in the new territory upon reaching the age 18 had two years to leave the Oregon Country.

Subsequent legislation confirmed the racial prejudice of the frontier generation moving into the Willamette Valley. The land and resources were the domain of men and women of Caucasian background; others need not apply. Although minorities were few in number, racism and bigotry were imported ideas. They came with newcomers from other parts of the country and grew in soil that already nurtured suspicion and tendencies to vigilante action.¹⁰ Sometimes racial episodes erupted and these occurred sporadically in several parts of the state over a period of 70 years.

⁵ Pub. L. 88-38.

⁶ Pub. L. No. 92-318, 86 Stat. 235 (June 23, 1972), codified at 20 U.S.C. sections 1681.

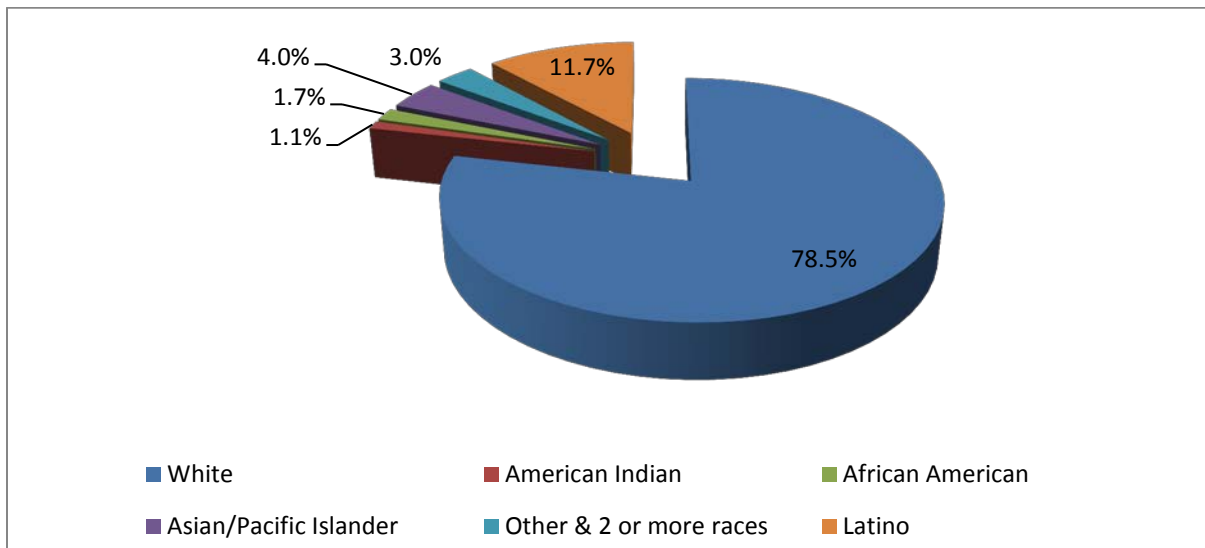
⁷ Pub. L. No. 93-112, 87 Stat. 394 (Sept. 26, 1973), codified at 29 U.S.C. § 701 et seq.,

⁸ Pub. L. No. 101-336, 104 Stat. 328 (1990).

⁹ Stephen Dow Beckham and Robert B. Pamplin, Jr., Oregon Blue Book, *History of Oregon*, at <http://www.bluebook.state.or.us/cultural/history/history.htm> (hereafter cited as Oregon Blue Book, History of Oregon)(last accessed Aug. 2, 2014)

¹⁰ Ibid.

Figure 1: Oregon population percentages, by race and ethnicity



Source: Oregon Advisory Committee from U.S. 2010 Census.

Although African-Americans were unequivocally not wanted in Oregon in the 19th Century and early part of the 20th Century, some nevertheless persisted quietly and settled in the state. Despite exclusionist attitudes, other minority groups also found a home in Oregon and this included large numbers of Japanese and Chinese. Religious minorities, such as persons of the Jewish faith, also formed thriving communities in the state. As a result, Oregon by the end of the 19th century and in spite of exclusionist attitudes had an emerging complexion of increased diversity. Today the state's population has grown to more than 3 million residents, and includes an increasingly racial and ethnic diversity.¹¹

According to the 2010 Census, 21.5 percent of Oregonians belong to a minority race or ethnic group—compared to 36.3 percent in the United States. The largest minority racial group in Oregon is Asian or Pacific Islander—accounting for 4.0 percent of the population. Latinos, however, are the largest minority group and account for 11.7 percent of Oregon's population, compared to 16.3 percent in the Nation.¹²

Notably, minority groups as a whole in Oregon are growing at faster pace than the corresponding rates at the national level thereby accelerating the diversity of Oregon's population. However, although the state's minority population is increasing rapidly, the state still remains one of the least diverse in the country in terms of race and ethnicity.¹³

¹¹ Ibid.

¹² Figure 1. (According to the Census, Latinos are not considered a separate racial group.)

¹³ State of Oregon, Office of Economic Analysis, Oregon's Demographic Trends, November 2011, at http://www.oregon.gov/DAS/OEA/docs/demographic/or_pop_trend2011.pdf.

II. Emerging Civil Rights Issues for Oregon in the 21st Century

Human Trafficking

Human trafficking has emerged as a major civil rights issue of the 21st Century. Each year as many as 800,000 persons are trafficked across international borders, and this figure does not include the thousands of persons who are trafficked within their own countries.¹⁴ Victims are treated as instruments of gain rather than free and responsible persons. Victims lose their self-worth as well as ties with their former life and family. Sex and labor trafficking is a serious problem in Oregon, exacerbated due to the heavy traffic corridors of Interstates I-5 and I-85 and the state's many coastal and river ports.

Aspects of Human Trafficking

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.¹⁵ Human trafficking is a civil rights violation in the United States because it contravenes the prohibition of the Thirteenth Amendment against slavery and involuntary servitude.

To the Oregon Advisory Committee there are two major categories of human trafficking: (1) sex trafficking and (2) involuntary servitude. Sex trafficking includes the commercial sexual exploitation of children and the illicit provision of adult sexual services through the use of force, fraud or coercion. Sex trafficking occurs within numerous venues within the broader sex industry to include street prostitution, online escort services, residential brothels, and brothels disguised as massage businesses. Illicit sex trafficking activities often find cover behind legitimate operations, which are rarely subject to oversight or accountability once established.¹⁶

The second form of human trafficking, labor trafficking, is the more prevalent form of human trafficking. It occurs in diverse contexts that encompass all forms of labor or services. Locations where forced labor has been found in the United States encompasses household domestic services, small-scale “mom and pop” labor operations, and large-scale operations such as farms and factories. Certain labor brokers that supply labor to multi-national corporations have also been identified as an emerging type of labor traffickers.¹⁷

¹⁴ U.S. Dept. of State, Office to Monitor and Combat Trafficking in Persons, Trafficking in Persons Report (June 2005).

¹⁵ 18 U.S.C. Chapter 77. This definition is in line with the more detailed international definition found in the United Nations Protocol: *Trafficking in Persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs* (Art. 3(a), 2000 UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children).

¹⁶ Finnemore, Melody, Oregon State Bar Association, *Human Tender: Oregon Attorneys, Law Enforcement Forge Collaborative Strategy to Combat Growing Trade in Human Trafficking*, December 2009.

¹⁷ Florida State University, Center for the Advancement of Human rights, *Florida Strategic Plan on Human Trafficking*, 2011, p. 1.

A useful way to understand the concept of human trafficking is to break it down into *process, means, and goals*. For an act to constitute human trafficking it has to meet at least one condition from each of these three categories.

- *Process is an act of recruitment, transportation, transferring, harboring, or receiving a person.*
- *Means is an expressive capacity that includes threat, coercion, abduction, fraud, deceit, deception, or abuse of power.*
- *Goals are outcomes that result in prostitution, sexual violence or exploitation, forced labor, involuntary servitude, debt bondage, or slavery.*¹⁸

Trafficking in persons is now the second largest criminal industry in the world, and tens of thousands are trafficked annually in the United States.¹⁹ In 2010, for the first time, the United States was ranked in the State Department's annual *Trafficking in Persons Report* that documents human trafficking and modern slavery. The report found that in America, men, women, and children were subject to trafficking for "forced labor, debt bondage, and forced prostitution."²⁰

Many social issues such as poverty, homelessness, poor education and broken homes play a role in allowing human trafficking to exist and thrive. It is an accelerator of criminal activity as it is a lucrative enterprise with high profits and low risk.

Human Trafficking in Oregon

Most citizens and residents in Oregon have a negative view of human trafficking and support law enforcement efforts to prosecute perpetrators of human trafficking. When victims of human trafficking are cruelly and viciously transported and used for the purpose of labor or sex exploitation, there is clear social denouncement.

Human trafficking, however, can be more complex and nuanced than it seems on the surface. In the employment sector, exploited workers forced to live in over-crowded barracks, without food, and having their wages garnished is clearly a violation of civil rights.²¹ Voluntary employment at minimum wage and living in difficult circumstances is not human trafficking.

Some observers claim that Portland has one of the largest sex industries of any city in the United States. Other parts of Oregon are attracting trafficking activity as well. Federal prosecutors have reported a recent surge in sex trafficking and related arrests in the Springfield-Eugene area.²² The U.S. Attorney for Oregon recently commissioned a study in an attempt to obtain reliable statistics regarding the number of underage girls being trafficked through the Portland area. The study stated that at least 469 underage children were exploited as commercial sex workers from 2009 to 2013 in the state, and the researchers admitted that even this number was

¹⁸ U.S. State Department at <http://www.state.gov/j/tip/rls/tiprpt/2008/105487.htm>.

¹⁹ U.S. Department of State, *Trafficking in Persons Report* (2009).

²⁰ Ibid.

²¹ See *inter alia*, Department of Justice, Office of Public Affairs, Florida Couple Sentenced in Forced Labor Conspiracy to Exploit Filipino Guest Workers, Dec. 10, 2010.

²² International Human Rights Clinic, Willamette University College of Law, *Modern Slavery in Our Midst: A Human Rights Report on ending Human Trafficking in Oregon*, June 2010, p. 3.

likely lower than the actual figure due to the same inherent difficulties that provided the need for this study in the first place.²³

Results of the study also revealed that nearly one in five victims reported a history of family exploitation and that 11 percent were exploited by their own families.²⁴ Tragically, data produced from the study revealed that while the average age of a victim was 15.5 years old with the youngest being just 8 years of age, 16 percent of all victims had already had one or more.²⁵

The Polaris project, an international anti-trafficking organization, issues annual state ratings regarding the presence or absence of state statutes considered critical to a comprehensive anti-trafficking legal framework. Oregon was given a “Tier 1 Ranking” by the organization based on the state’s anti-trafficking statutes and civil remedies.²⁶ The rating, however, did not assess the effectiveness or implementation of these laws, nor the anti-trafficking efforts of task forces, law enforcement, prosecutors, judges, service providers, and advocates in the state. In addition, the report noted the state lacked a human trafficking task force, the posting of a hotline, and a state-funded safe harbor for minors.²⁷

Keith Bickford, detective for Multnomah County, told the Oregon Advisory Committee that the Multnomah County Sheriff’s Office received a human trafficking grant in 2005. At that time the main focus was on domestic child sex trafficking cases. By 2012, however, the trend was clear that the child sex trafficking battle was moving very rapidly toward foreign born trafficking.²⁸ This development needs particular attention. According to Detective Bickford:

Trying to find and help foreign born crime victims proves to be very difficult. These are people that do not call 911 when they are in trouble. Most of them do not even understand that they are a victim of a crime, nor do they believe they have rights. They prefer to stay hidden for many reasons. I have interviewed over 300 immigrants from all over the world. One common denominator is that they have trust issues. Each victim had a story about how they entered the United States. All of them were told lies of a better life without poverty, disease or war. I realized that words meant nothing to these immigrants. They needed more tangible proof that the Sheriff’s Office could help.²⁹

The Newport OR *News Times* reported on a June 2013 seminar that concerned human trafficking in Washington County. Lena Sinha of the Beaverton-based Sexual Assault Resource Center (SARC), and Yonsoo Lee, detective with the Tigard Police Department, among others, spoke on the issue to attendees.³⁰

²³ Christopher Carey and Lena Teplitsky, Portland State University, *Commercial Sexual Exploitation of Children in the Portland Metro Area*, Aug. 5, 2013.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Polaris Project, http://www.polarisproject.org/storage/documents/2014_State_Reports/Oregon_State_Report.pdf.

²⁷ Ibid.

²⁸ Interview, Keith Bickford, detective for Multnomah County, Nov. 9, 2014.

²⁹ Ibid.

³⁰ Kathleen Rohde, *News Times*, *Human trafficking on rise in county--Youth sex trade more common here than elsewhere experts say*, July 3, 2013. (Note: Washington County is the second largest county in Oregon, and according to the 2010 census had a population of 529,710 residents. The county seat and largest city is Hillsborough. Neighboring Multnomah County is part of the Portland metropolitan area and is the most populous county in the state. According to the 2010 census had a population of 735,334 residents.)

Table 1: Race and ethnicity of sex trafficking victims, Portland OR, 2009-13

	Frequency	Percent
African American	127	27.1
Asian	13	2.8
Asian American	2	0.4
Caucasian/African American	1	0.2
Guatemalan	1	0.2
Haitian	1	0.2
Hispanic	39	8.3
Middle East	1	0.2
Native American	12	2.6
Pacific Islander	1	0.2
Peruvian	1	0.2
White	190	40.5
Unidentified	80	17.1

Source: Portland State University, *Commercial Sexual Exploitation of Children in the Portland Metro Area*.

As reported, Lena Sinha said that SARC takes referrals from law enforcement officials and the Department of Human Services (DHS) and works in collaboration with partners in the Portland area to help victims, which is necessary because the needs of the victims are so diverse.³¹ According to Sinha, the Portland metropolitan area is a hotspot for human trafficking because of its high population of homeless youth and close proximity to other state lines, and the major freeways such as I-5 running through it. In 2011, SARC began tracking numbers on sex trafficking victims, and most victims had links to Washington County.³²

Detective Lee said that sex trafficking was more common in Washington County than anywhere else in Oregon. The Tigard Police Department found 68 percent of minor victims were recruited from or exploited within Washington County. According to Lee domestic sex trafficking occurs when girls showing signs of chronic truancy and runaway behavior—the most common risk factor—are befriended and seduced into manipulative sexual relationships.³³

In 2007 the Portland Police Bureau re-built the Detective Division Sex Crimes Unit, and as part of this revision hired two full time non-sworn victim assistance specialists whose mission was to address a broad range of victim needs and provide investigative support. Ultimately the Portland Police, Multnomah County District Attorney’s Office, the State’s DHS Child Welfare, SARC, the United States Attorney’s Office, and Lifeworks Northwest have become the core team in Portland directly involved in the identification, support, and recovery of victims, and the prosecution of those who engage in sex trafficking. Comparing total statistics from 2005-08 to 2009-12 shows enhanced prosecution and prison time:³⁴

- 174% increase -- Human trafficking cases referred from law enforcement agencies,
- 221% increase – Human trafficking cases issued by County District Attorney Office,
- 349% increase – Total amount of prison time for human trafficking cases.

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Portland Police Bureau.

Domestic Violence

Recent public incidents have focused attention on domestic violence as an emerging major civil rights issue of the 21st Century. In 1994 Congress passed the Violence Against Women Act (VAWA)³⁵ in recognition of the severity of crimes associated with domestic violence, sexual assault, and stalking. In 2013 President Obama signed an expanded Violence Against Women Act into law; renewing the 1994 measure that had been credited by many for curbing attacks against women. VAWA had lapsed in 2011 amid partisan bickering.

Aspects of Domestic Violence

Over the past 35 years, violence against women has increasingly become recognized as a major civil rights issue in this country. The violence may be perpetrated by those closest to the victim/survivor or by a total stranger. Domestic violence encompasses a continuum of crimes and related behaviors that include sexual assault, domestic violence, dating violence, and stalking.

In the opinion of the Oregon Advisory Committee, preconceived ideas remain about the role of women in society. Women are sometimes trained by life experiences to be dependent on men. Many in society hold the view that men should control the family money, work outside the home, and make all the major decisions of the household. These attitudes work in favor of abusers and against women who are their victims.

Domestic violence has nothing to do with anger. It is a control issue. The abuser will usually stop abusing the victim when someone knocks on the door or the phone rings and they often direct punches or kicks to parts of the body where the bruises do not show. The abuser believes they are entitled to have power and control. The abuser will many times pretend low self-esteem to make *others* think that the violence is not the abusers fault. Abusers often look for women with high self-esteem because they provide more of a challenge to control.³⁶

Domestic violence is the greatest cause of injury to women in the United States. Children are very aware of the violence in a home even if it is not directed to them. Men who abuse their partners are also more likely to abuse the children in the home. Studies have found that 30 percent of male children, who witness abuse, choose to become abusers as adults. The good news is that 70 percent of the male and female children, who witness domestic violence, will become advocates for children when they grow up and are committed to raising their children without the use of violence.³⁷

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³⁵ Title IV of the Violent Crime Control and Law Enforcement Act of 1994, Pub. L. 103–322.

³⁶ Marion County Oregon, Domestic Violence Council, *Myths and Facts about Domestic Violence*, at <http://www.co.marion.or.us/DA/victimassistance/Domestic+Violence/Myths+and+Facts+About+Domestic+Violence.htm> (last accessed Oct. 23, 2014)(hereafter Domestic Violence Council report).

³⁷ *Ibid.*

³⁸ Title IV of the Violent Crime Control and Law Enforcement Act of 1994, Pub. L. 103–322.

The law also authorizes some \$659 million a year over five years for programs that will strengthen the criminal justice system's response to domestic violence. The law also focuses on ways to reduce sexual assault on college campuses. The law authorizes programs to reduce the backlog in rape investigations and offers protection for gay, lesbian, bisexual and transgender Americans and gives tribal authorities the power to prosecute non-Indians for abuse committed on tribal lands.³⁹

Domestic Violence and Women of Color

African American women and domestic violence

According to the Institute on Domestic Violence, African American women who are battered have more physical ailments, mental health issues, and are less likely to practice safe sex. These women also have a greater risk of attempting suicide, especially if they were abused as a child. There is a high risk of abuse in very poor neighborhoods especially if the spouse is unemployed or underemployed. Twenty-nine percent of African American women and twelve percent of African American men reported at least one instance of violence from an intimate partner.⁴⁰ In the opinion of the Oregon Advisory Committee, domestic violence in the African American community seems to coincide with low income, low levels of self-esteem, poor performance in school, and loss of hope to get out of difficult economic situations.

Latina women and domestic violence

Among women, uncounted and undocumented Latinas continue to be victims that are not protected by the law. In the opinion of the Oregon Advisory Committee such women are reluctant to report domestic violence incidents because of fear of deportation, seeing their families split, or enraging their partners and making the abuse worse. As previously stated, domestic abusers are controllers. Women whose immigration status has not yet been established are very susceptible to domestic control and manipulation.

American Indian women and domestic violence

American Indian women, living on an Indian reservation, experience unique challenges and suffer domestic violence and physical assault at rate exceeding women of other ethnicities. Seventy percent of violent acts experienced by American Indian women are committed by persons not of the same race.⁴¹ Most Indian women do not report domestic violence because they believe nothing will be done. Native American women are more than 2.5 times more likely to be raped or sexually assaulted than women in the USA in general. One in three Native American women will be raped in their lifetime.⁴²

Alcohol and drugs play a large role in the sexual attacks of American Indian women. Law enforcement on many tribal lands is complicated because of insufficient funding, inadequate training, and the victim's lack of trust in any outside authority. Poverty contributes to the problems and creates increased stress and trauma. The good news is that some American Indian communities are developing sensitive interventions for violence against women both within and outside the criminal system.

³⁹ Violence Against Women Reauthorization Act, Pub. L. 113-4 (March 7, 2013).

⁴⁰ Domestic Violence Council report.

⁴¹ U.S. Dept. of Justice, Office of Justice Programs, American Indians and Crime, 1992-2002.

⁴² Patricia Tjaden & Nancy Thoennes, U.S. Dept. of Justice, *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women* (2000).

Table 2: Race and ethnicity of primary client in Oregon domestic violence shelters, 2012

REGION	Af. Amer.	Am. Ind.	Latino	Asain	White	Other
1	4.1	1.4	6.1	0.7	86.5	1.4
2	22.5	9.5	15.8	1.4	49.0	1.8
3	3.5	5.7	15.6	0.9	69.5	4.8
4	4.3	9.6	4.6	0.7	77.5	3.2
5	2.6	12.6	7.3	2.4	73.6	1.5
6	1.8	8.1	7.2	1.3	80.7	0.9
7	5.5	5.5	11.5	1.1	75.3	1.1

Source: Oregon Department of Human Services, *Striving to Meet the Need*, p. 9. (Region 1: Clatsop, Columbia and Tillamook counties; Region 2: Clackamas, Multnomah and Washington counties; Region 3: Benton, Linn, Lincoln, Marion, Polk and Yamhill counties; Region 4: Curry, Coos and Lane counties; Region 5: Douglas, Jackson, Josephine, Klamath and Lake counties; Region 6: Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Sherman, Wasco and Wheeler counties; Region 7: Baker, Malheur, Morrow, Umatilla, Union, Wallowa counties.)

Domestic Violence in Oregon

In 2012, Oregon domestic and sexual violence programs answered 156,665 calls for help. This included calls about domestic violence, sexual assault, stalking and other threatening situations.⁴³ Each year in Oregon, an average of eighteen people die as a result of domestic violence and overwhelmingly these victims are women. A survey by the Oregon Department of Human Services found that at least 1 in 10 Oregon women between the ages of 20-55 (more than 85,000 women) have been physically or sexually assaulted by a current or former intimate partner in the preceding five years.⁴⁴

Together, domestic violence and sexual assault crimes make up one-third of all violent crimes statewide. The costs of domestic and sexual violence injuries in Oregon exceed \$50 million dollars a year. Nearly \$35 million of these costs are for direct medical and mental health care services. Approximately \$9.3 million of these costs are from victims' lost productivity from paid work, and \$10.7 million of these costs are lifetime earnings lost by victims who are killed.⁴⁵

According to Jayne Downing, executive director, Center for HOPE and SAFETY, domestic violence crosses all areas of people's lives in Oregon and across the nation.

Domestic violence is a civil rights, public health, and public safety issue. Domestic violence knows no boundaries; affecting our homes, schools, workplaces, faith communities, and institutions. It has to be seen as every person's issue or we will never be able to address and stop domestic violence in our communities. In Oregon, we have had a horrible wave of domestic violence homicides, with more than 160 women and children murdered in less than five years. Three of those homicides occurred in our county in the last 10 months. In addition, we know those homicides are not the full extent of the problem. Every day individuals are silently living in fear, intimidation, coercion, and abuse. It will take every segment of our society to send the message that abuse in any form will not be tolerated in our communities.⁴⁶

⁴³ Oregon Department of Human Services, *Striving to Meet the Need: Summary of Services Provided by Sexual and Domestic Violence Programs in Oregon*, April 2013, p. 3.

⁴⁴ Oregon Department of Human Services, Office of Disease Prevention and Epidemiology Injury Prevention, *Oregon Women's Health and Safety Survey*, 2004.

⁴⁵ Ibid.

⁴⁶ Interview, Jayne Downing, Nov. 3, 2014.

Disparities in Health Care

Healthcare—as a 1-word term—refers to systems that offer, provide, and deliver health care. Health care disparities are differences between one individual or a specific group of individuals in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates and the health status to that of the general population.

Aspects of Health Care Disparity

With respect to equal access to health care, disparities in health care are differences in the quality of health care that are related to race, ethnicity, or other inherent characteristics and are not caused by differences in clinical need, patient preferences, or appropriateness of intervention.⁴⁷ Using standards adopted by the National Information Center on Health Services Research and Health Care Technology (NICHSRHCT), equity in health care has three principal components: *access*, *quality*, and *cost*.⁴⁸

- Access to health care can be defined as the potential and actual entry of a population into the healthcare system and by features such as private or public insurance coverage. Entry is based on wants, resources, and needs, and is influenced by distance from health care, waiting time, income, and regular source of care.
- Quality of health care is the benefit provided by a treatment, service or technology to an individual or a group of people and its effectiveness.
- Costs of health care are the expenses incurred in the provision of services or goods, and include allowable, direct, indirect, and operating costs.⁴⁹

The overall health status in the United States seems to have improved in recent decades as demonstrated by the dramatic increase in life expectancy across all demographic groups. However, in spite of improvements in healthcare, gaps still exist by race, ethnicity, gender, disabilities, and other related sub populations with respect to premature death and preventable disease. While the causes of these disparities may be institutional, these gaps may also in part be related to demographic changes in the U.S. population.⁵⁰

The population of the nation grew by 13 percent over the last decade, and has increased in diversity at even a greater rate. Racial and ethnic minorities are among the fastest growing of all communities in the country, and today comprise approximately 34 percent of the total population.⁵¹ It is projected that by 2030, 40 percent of the population will be non-white. Consequently the country is experiencing greater diversity with people living longer, which may pose additional inequities along racial and ethnic lines in the provision of health care.⁵²

In 2009, the U.S. Commission on Civil Rights examined health care disparities through the microcosm of cardiovascular disease and the related condition of hypertension. Conditions arising from cardiovascular disease are the leading cause of death in America, cutting across all

⁴⁷ National Information Center on Health Services Research and Health Care Technology (NICHSRHCT), equity in health care at <http://www.publichealthsystems.org> (last accessed Oct. 10, 2014).

⁴⁸ See U.S. National Library of Medicine, National Information Center on Health Services Research and Health Care Technology at <http://www.nlm.nih.gov/nichsr/iHCM/01whatIs/whatIs08.html> (last accessed Oct. 22, 2014).

⁴⁹ Ibid.

⁵⁰ U.S. Commission on Civil Rights, *Health Care Disparities*, Executive Summary, December 2010.

⁵¹ Ibid.

⁵² Ibid.

racial and ethnic groups, socioeconomic levels, and affecting both men and women. Within this context, the Commissioners heard experts discuss relevant data and their conclusions as to why disparities persist. While presenters did not agree on the causes of disparities in both health status and health care, suggested factors for observed health care disparities included:

- receiving care from health care providers who were not Board-certified;
- bias resulting from insufficient numbers of minorities in the health care workforce;
- inadequate health insurance coverage and the high cost of healthcare;
- lack of data available for specific populations;
- differences in provider expertise and use of diagnostic and treatment resources; and
- geographic and demographic distributions.⁵³

People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. According to the Center for Disease Control and Prevention, the perspectives and needs of LGBT people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities as research shows discrimination in health care and poor health outcomes for this community.⁵⁴ Specifically, a recent survey of the LGBT community showed health outcomes for all categories of respondents revealed the appalling effects of social and economic marginalization, including much higher rates of HIV infection, smoking, drug and alcohol use and suicide attempts than the general population. The survey also showed high refusal of care rates, uninformed doctors, high HIV rates and postponed health care. Specifically

- 19 percent of the sampled respondents reported being refused medical care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey,
- 50 percent of the sample reported having to teach their medical providers about transgender care.
- respondents reported over four times the national average of HIV infection, and
- survey participants reported that when they were sick or injured, many postponed medical care due to discrimination (28%) or inability to afford it (48%).⁵⁵

Health Care Inequity in Oregon

In 2012, Oregon began a process of health care transformation, part of a statewide effort to re-make how health care is delivered to more than 650,000 low-income Oregonians on the Oregon Health Plan (Medicaid). As part of this effort, an internal examination of health delivery services was conducted by the Oregon Health Authority in part to ascertain the existence of any systemic barriers in the delivery of health care. As part of this initiative, Oregon Health Authority (OHA) analyzed client civil rights complaints both against the Department of Human Services as well as against the newly created Coordinated Care Organizations (CCOs) that are implementing health care reform in the state.⁵⁶

⁵³ Ibid.

⁵⁴ Center for Disease Control and Prevention, *Lesbian, Gay, Bisexual, and Transgender Health*, at <http://www.cdc.gov/lgbthealth/about.htm> (last accessed Dec. 10, 2014).

⁵⁵ Injustice at Every Turn A Report of the National Transgender Discrimination Survey at http://transequality.org/PDFs/NTDS_Exec_Summary.pdf (last accessed Nov. 21, 2014).

⁵⁶ Oregon Health Authority, Client Civil Rights' Office.

Table 3: Selected allegations of discrimination investigated by the Client Civil Rights' Office at the Oregon Health Authority in 2012 and 2013, by type of discrimination and number of complaints

Type of Discrimination Complaint	Number of Complaints		Total
	2012	2013	
Claim of mistreatment by unprofessional/rude staff	8	6	14
Claim of discrimination due to disability	5	6	11
Claim of unfair denial of medical services	3	7	10
Claim of racial discrimination	6	3	9
Claim of mishandling of private information	1	2	3
Claim of discrimination by age	2	1	3
Claim of discrimination by national origin	1	2	3
Claim of language discrimination/language barrier	2	-	2
Claim of gender discrimination	-	1	1
Total	28*	28**	56

Source: Oregon Advisory Committee from Oregon Health Authority, Client Civil Rights' Office.

*Note: Two cases of alleged discrimination based on a combination of “disability and age” and two cases “disability and race/national origin.”

**Note: One case of alleged discrimination based on a combination of “disability and race;” two cases of “disability and national origin” (disabled Americans who speak English instead of a foreign language); and one case of “age and mishandling of private information.”

The OHA found incidents of discrimination because of disability, race, and national origin; in addition language barriers were also found to impact the equal delivery of health services. These civil rights reports were filed in 2012 and 2013, and once analyzed by type of allegation the 48 allegations of discrimination resulted in 56 different complaints. The complainants who submitted the most civil rights complaints in this non-statistical sample were adult Oregonians with disabilities. Since these individuals receive healthcare services due to their documented physical or mental health conditions, the complaints are submitted either by the clients or by advocates/caretakers on their behalf.

As to race discrimination, all of the alleged complaints for racial discrimination received were made by individuals who self-identified as white. Of the 56 complaints, only one (1.8 percent) alleged gender discrimination and only three (5.3 percent) alleged discrimination on the basis of national origin.⁵⁷

The Oregon Advisory Committee reviewed grievance data from Trillium—a CCO provider for OHA, which were received during 2013. Overwhelmingly, the complaints were about quality of service—not discrimination in service. The main concerns expressed were: (a) inability to get a medical appointment; (b) health care provider was rude or unprofessional; (c) medical explanation and/or /instruction was inadequate; (d) treatment produced adverse outcomes; and (e) concerns about prescribed medication.⁵⁸

Lucy Zammarelli, an official with Trillium Health Plan, told the Oregon Advisory Committee that her goals are to have her agency and all other CCOs to “think more about health equity, and have this embedded in the culture of the CCO and that after finding what the providers want, her office will implement trainings and the CCO has the personnel dedicated to conducting training on topics of health equity and quality improvement.”⁵⁹

⁵⁷ Table 3.

⁵⁸ Oregon Advisory Committee from Trillium Behavioral Health Plan data.

⁵⁹ Interview, Lucy Zammarelli, Health Equity Officer, Trillium Behavioral Health Plan, March 14, 2014.

Zammarelli also told the Committee that in 2013 Trillium distributed a cultural competence and equity survey, which was completed by 80 percent of the healthcare providers affiliated with the CCO. Data from this survey will help Trillium document access to care across provider organizations, and identify areas in which the CCO might improve access. In addition, Trillium produces posters, fact sheets, and constant reminders to foster awareness about culturally appropriate and responsive service delivery. Her office and the Diversity and Health Equity Committee, an internal group at Trillium, have the goal of decreasing health disparities among the population served. Additionally, Trillium Business Managers organize quarterly meetings with staff to raise consciousness about cultural competence issues.⁶⁰

The Oregon Advisory Committee also consulted with a Qualified Mental Health Professional (QMHP) currently practicing at Center for Family Development in Eugene, Oregon. This bilingual (English-Spanish) and bicultural health care practitioner, who wishes to remain anonymous, is a clinical social worker offering services to improve the clients' mental health or to treat mental illness. Most of her clients are members of Oregon Health Plan, living in low-income households already exposed to potentially harmful "social determinants of health."

When asked about her experience with clients who may have experienced unfair treatment resulting from health care delivery inequities, she said that in the first three months of 2014, she recorded in her treatment charts that two of her clients said they had been mistreated by their medical providers.

These events produce adverse outcomes in mental health clients, and are aggravated for those individuals who may also have a physical disability, or experience a language barrier. For example, an adult with speech impairment and a mental health condition was reported to the police by the receptionist at a clinic, who wrongly thought that this person was under the effect of illegal drugs. The interviewee speculates that these types of inequities are underreported because mental illness and linguistic barriers often disempower her clients, and reduce their ability to exercise self-advocacy.⁶¹

The Oregon Advisory Committee also consulted with an elderly Spanish-speaking woman currently receiving medical services at Volunteers in Medicine, in Eugene, Oregon. Citing possible recrimination, this individual also wished to remain anonymous. When prompted to describe experiences with the local healthcare system that may have resulted in health inequities, this person singled out the problems with medical interpretation. Even when the clinics provided interpreters, often she was left with the impression that important information had been left out or missing in the exchange with the healthcare professional, noticed that the provider would interact with the interpreter instead of addressing her directly as the patient, and that her own thoughts and accounts were not taken into consideration.⁶²

This interviewee said that, given the option, she always chooses to be seen by older providers because she feels that older, more experienced professionals really take the time and interest to communicate with the patient. She said that discrimination based on national origin and race goes underreported in healthcare setting because patients scheduling appointments at the community clinics usually feel disempowered, and are grateful for any assistance that they receive.⁶³

⁶⁰ Ibid.

⁶¹ Interview, Oregon Advisory Committee, April 10, 2014.

⁶² Ibid.

⁶³ Ibid.

Militarization of Police

The militarization of the police has come into the public limelight as a civil rights concern. America has seen a disturbing militarization of its civilian law enforcement, along with a dramatic and unsettling rise in the use of paramilitary police units (most commonly called Special Weapons and Tactics, or SWAT) for routine police work.

Aspects of Police Militarization

Americans have long been accustomed to the principle that our police forces have the job of protecting the public from each other, while the military protects us from outside enemies. Militarization of the police bring the danger that the police may begin to see the citizens as enemies, and vice versa.

Over the last 25 years, America has seen a disturbing militarization of its civilian law enforcement, along with a dramatic and unsettling rise in the use of paramilitary police units (most commonly called Special Weapons and Tactics, or SWAT) for routine police work. The most common use of SWAT teams armed as para-military units today is to serve narcotics warrants, usually with forced, unannounced entry into the home.⁶⁴

Potentially exacerbating this concern, is the possible phenomena of cultural bias by the police, albeit unconscious bias, that along with increasing militarization imprints on police officers an “us versus them” mentality. The work of researchers such as UCLA’s Phil Goff and other researchers provides evidence that it is often the case that police officers bring subconscious biases to their work that they themselves are not even aware they have. These subconscious preconceptions can impede effective policing with the diverse cultures.⁶⁵

In 1990, Congress authorized the 1033 Program, which allows the Department of Defense (DoD) to give and sell surplus military equipment to local police agencies. DoD administers the program through the Defense Logistics Agency’s (DLA) Law Enforcement Support Office (LESO). According to LESO, the 1033 Program has transferred \$4.3 billion worth of property through to local police forces nationwide.⁶⁶ The 1033 Program (formerly the 1208 Program) permits the Secretary of Defense to transfer, without charge, excess DoD personal property (supplies and equipment) to state and local law enforcement agencies (LEAs).⁶⁷

As the country continues in the longest wartime period of its history, the military has turned over thousands of surplus weapons and armored trucks to local police. The 1033 Program has allowed law enforcement agencies to acquire vehicles (land, air and sea), weapons, computer equipment, fingerprint equipment, night vision equipment, radios and televisions, first aid equipment, tents and sleeping bags, photographic equipment and more.⁶⁸

⁶⁴ *Overkill: The Rise of Paramilitary Police Raids in America*, Cato Institute, at <https://www.cato.org> (last accessed January 18, 2014).

⁶⁵ See Center for Policing Equity, University of California at Los Angeles, at <http://cpe.psych.ucla.edu>.

⁶⁶ Nevada Advisory Committee to U.S. Commission on Civil Rights, *Police Militarization: An examination of the acquisition and deployment of military equipment by local police in Nevada*, June 2015, p. 4.

⁶⁷ *Ibid.*

⁶⁸ Nevada Advisory Committee to U.S. Commission on Civil Rights, *Police Militarization: An examination of the acquisition and deployment of military equipment by local police in Nevada*, June 2015, p. 4.

Table 4: SWAT Impact Rates for Selected Law Enforcement Agencies (2011-2012)

	SWAT Impact Rates Per 100,000		Times more likely Af. Americans Impacted
	White	Af-Amer	
Allentown, PA, Police	12	281	23.5
Bay County, FL, Sheriff	6	39	6.6
Burlington, NC, Police	9	414	47.1
Caldwell County, NC, Sheriff	54	215	4.0
Chatham County, NC, Sheriff	74	1,146	15.5
Concord, NC, Police	44	485	11.1
Fort Worth, TX, Police	12	154	12.9
Gwinnett, County, CA, Sheriff	1	7	5.5
Huntinton, WV, Police	11	415	37.1
Little Rock, AR, Police	3	40	14.1
North Little Rock, AR, Police	6	200	34.6
Odge, UT, Police	8	300	39.6
Salt Lake City, UT, Poilice	5	36	7.3
Spokane County, WA, Sheriff	57	588	10.4
Unified, UT, Police	3	26	10.3
Wilson County, NC, Sheriff	16	98	6.0

Source: ACLU, *War Comes Home: The Excessive Militarization of American Policing* (June 2014).

Rules and restrictions for police agencies to obtain military equipment under Program 1033 are the following:⁶⁹

- The requesting agency must be a government agency that has a primary function of enforcing laws and with officers who are compensated and have powers of arrest.
- The property must be drawn from existing DoD stocks.
- The receiving agency is responsible for all costs associated with the property after it is transferred, as well as for all shipping or federal repossession costs.
- Property may not be sold, leased, rented, exchanged, bartered, used to secure a loan, used to supplement the agency's budget or stockpiled for possible future use.

As reported by the ACLU, federal funding in the billions of dollars has allowed state and local police departments to gain access to weapons and tactics created for overseas combat theaters.⁷⁰ After a decade of sending military equipment to civilian police departments across the country, it seems to the Oregon Advisory Committee that there are serious civil rights concerns to consider in light of the violence in Ferguson, Missouri. Of particular concern to the Committee is the possibility that police militarization in Oregon may be employed in a disparate

⁶⁹ National Law Enforcement and Correction Technology Center, Justnet, available at https://www.justnet.org/other/1033_program.html.

⁷⁰ ACLU, *The Militarization of Policing in America, Towns Don't Need Tanks*, at <https://www.aclu.org/militarization> (last accessed Jan. 18, 2014).

fashion in communities of color. For as reported by the ACLU in its report, when the number of people impacted by a para-military police group was known, 42 percent of the persons impacted were African American and 12 percent were Latino.⁷¹

As the trend toward police militarization continues, it is not definitively established to what extent federal money incentivizes this trend in the state.⁷² According to David Harris, a police expert at the University of Pittsburgh law school, “Every police force of any size in this country has access to those kinds of weapons now. It makes it more likely to be used (and) is an escalation all by itself.”⁷³

In August, President Obama ordered a review of federal funding and programs that help equip state and local law enforcement agencies (LEAs). The purpose of the review is to explore whether existing federal programs: (1) provide LEAs with equipment that is appropriate for what their communities need, (2) ensure that LEAs have adequate policies in place for use of the equipment, and that their personnel are trained and certified on how to use this equipment, and (3) encourage LEAs to employ practices and standards that prevent misuse or abuse of this equipment.⁷⁴

Subsequent to the review, a report released on December 2014 by the White House found there are inconsistencies in how federal programs that provide surplus military equipment are structured, implemented, and audited. The report acknowledged that federal equipment programs provide for the re-use of military equipment can contribute to the protection of the public and reduce operational risk to peace officers.

At the same time, when police lack adequate training, make poor operational choices, or improperly use equipment, these programs can facilitate excessive uses of force and serve as a highly visible barrier between police and the communities they secure. When officers misuse equipment, the partnership, problem-solving and crime prevention collaboration with citizens that is at the heart of effective policing can be eroded. With significantly improved coordination and oversight, these programs can provide more effective and efficient contributions to public safety.⁷⁵

The report identified four areas of further focus that could help ensure that federal programs providing military equipment be revised in a manner to maximize the safety and security of both police officers and their communities. These strategies include:⁷⁶

- Local community engagement,
- Federal coordination and oversight,
- Training requirements,
- The community-policing model.

⁷¹ Ibid.

⁷² Notably, the Nevada Advisory Committee to the U.S. Commission on Civil Rights has made such an assessment for Nevada. See, *Police Militarization: An examination of the acquisition and deployment of military equipment by local police in Nevada*, June 2015.

⁷³ Tami Abdollah and Eric Tucker, Houston Chronicle, *US rethinks giving excess military gear to police*, at <http://www.houstonchronicle.com/news/texas/article/US-rethinks-giving-excess-military-gear-to-police-5692662.php> (last accessed August 19, 2014).

⁷⁴ White House, *Building trust between communities and local police*, Press Release, Dec. 1, 2014, at <http://www.whitehouse.gov/blog/2014/12/01/building-trust-between-communities-and-local-police> (last accessed Dec. 10, 2014)(hereafter *Building Trust* press release).

⁷⁵ Executive Office of the President, *Federal Support for Local Law Enforcement Equipment Acquisition*, December 2014, p.6.

⁷⁶ *Building Trust* press release.

In light of this review, President Obama is planning to issue an Executive Order directing relevant agencies to work together and with law enforcement and civil rights and civil liberties organizations to develop specific recommendations within four months.⁷⁷

Similar to the concern of the Oregon Advisory Committee, the Nevada Advisory Committee to the U.S. Commission has expressed concern about police militarization. The Nevada Advisory Committee has formally begun an examination of the issue of police militarization following a briefing to the Committee on August 21, 2014, in Las Vegas, NV. Mike Zieba, Chairman of the Nevada Advisory Committee, said the Nevada Advisory Committee “was looking at the acquisition of military equipment, military training, anything that develops a warrior attitude, anything that blurs the line between a military force and a police force as we think of them in the United States. The Committee wants to learn what the trend is in Nevada and if this should be a concern in Nevada.”⁷⁸

⁷⁷ Ibid.

⁷⁸ Interview, Michael Zieba, Aug. 26, 2014.

IV. Committee Conclusions and Recommendations

The following recommendations made through the U.S. Commission on Civil Rights are submitted in accordance with the provisions of Section 703.2(e) of the Commission's regulations calling upon Advisory Committees to "initiate and forward advice and recommendations to the Commission upon matters which the State Committee has studied."

Human Trafficking

Human trafficking has emerged as a major civil rights issue of the 21st Century. The trade in human persons constitutes an offense against human dignity and violates fundamental civil rights. Victims are treated as instruments of gain rather than free and responsible persons. Victims lose their self-worth as well as ties with their former life and family. Sex and labor trafficking is a serious problem in Oregon, exacerbated due to the heavy traffic corridors of Interstates I-5 and I-85 and the State's many coastal and river ports.

By its very nature, human trafficking is a cruel and vicious practice. Tragically, Oregon has emerged as a significant location for this this illegal activity. A recent study cited in this report identifies Portland's commercial sex industry as the largest per capita in the nation. Other parts of Oregon are attracting trafficking activity a well.

Many social ills such as poverty, homelessness, and broken homes allow human trafficking to exist and thrive. These social conditions produce the environments in which the vulnerable become prey and perpetrators and patrons alike act with impunity. Human trafficking, however, does not exist in a vacuum. None of these conditions alone would be sufficient to perpetuate human trafficking without a state of general unawareness by the community and the willingness of some persons to engage the services of these victims.

To combat human trafficking, the Oregon Advisory Committee recommends the U.S. Commission support a number of initiatives. First, strong anti-trafficking legislation must be enacted not only in Oregon, but also nationally and internationally. This should be supported with the resources to employ well-trained law enforcement officials, investigators, prosecutors, and border guards, who work in designated anti-trafficking task forces.

An important complement to law enforcement is adequate support for social service agencies that provide rehabilitation service for the victims need more support. The citizens of Oregon should support and help provide the necessary resources to rehabilitate the victims. This includes support for publicly-supported assistance as well as support of the efforts of non-profit organizations, churches, and ministries that rehabilitate victims of human trafficking.

Finally, although sex trafficking attracts the most notoriety, labor trafficking is the more prevalent form of human trafficking. It occurs in diverse contexts and under a variety of circumstances. Oregon consumers have the power to make a real difference on this issue, since forced labor is often a component of supply chains domestically and around the world—from overseas sweat shops to abuse in the domestic service industry. How businesses choose to conduct business can be affected by consumer behavior, and consumers can and should use the power of purse to refrain from supporting companies that abuse their workers.

With widespread support and resolve, human trafficking in Oregon and the United States is a civil rights problem that can be significantly curtailed. We ask the citizens of Oregon to join the Oregon Advisory Committee in being on the right side of history and doing the right thing and end human trafficking in Oregon.

Domestic Violence

Recent public incidents have focused attention on domestic violence as an emerging major civil rights issue of the 21st Century. Every day individuals are silently living in fear, intimidation, coercion, and abuse. After centuries of tacit denial and acquiescence, the general society needs to send the message that domestic abuse in any form is not acceptable behavior.

Women are the overwhelming victims of domestic violence. As set out in the Presidential Proclamation on National Domestic Violence Awareness Month 2014, domestic violence affects every American. It harms communities and weakens the foundation of the Nation. It is an affront to our basic decency and humanity.

The year 2014 marks the 20th anniversary of the Violence Against Women Act (VAWA). Before the law's passage, domestic violence was often seen by many as a low-level and insignificant offense. VAWA marked a turning point, and it has helped to slowly transform the way people think about domestic abuse.

Despite VAWA, however, today on average more than three women each day are murdered by their husbands or boyfriends; and women experience two million injuries each year from intimate partner violence. Every nine seconds in the United States, a woman is assaulted or beaten; and 1 out of every 10 teenagers is physically hurt on purpose by someone they are dating.

To combat domestic violence, the Oregon Advisory Committee recommends to the Commission that it support a number of initiatives.

In addition to strong laws, community prevention programs are needed. Programs need to be in place throughout the community that educate potential victims to identify warning signs, recognize reasons for domestic violence, and to provide contact information to available hot line numbers. Specific programs are also needed to handle language barriers in support of immigrant women and women with disabilities; and protection services should not neglect victims in gay and lesbian communities.

Most importantly, the issue of domestic violence needs more public, local, state, and national attention than one month a year. This includes at the national level Congressional funding and appropriation for VAWA programs, the Family Violence Prevention and Services Act (FVPSA), and the Victims of Crime Act (VOCA) Fund to support comprehensive responses to the needs of victims of domestic violence.

Also, funding for the Family Violence Prevention & Services Act (FVPSA) must remain intact. FVPSA is the only source of federal funds dedicated directly to domestic violence shelters and programs, including the National Domestic Violence Hotline.

In addition to these federal funding priorities, other policies can directly or indirectly affect victims and survivors of domestic violence. These include confidentiality guarantees, economic justice, housing, and immigration reform.

With respect to confidentiality it is essential that victims can flee violence and access domestic violence services without being vulnerable to tracking by an abusive partner.

Economic justice is an issue, because often victims must choose between staying in an abusive relationship or facing economic hardship when leaving.

Housing is an important component to ending domestic violence as many women and children struggle to find permanent housing after leaving an abusive relationship.

Finally, immigration reform at the federal level would help remove a number of obstacles that victims from undocumented circumstances face, such as language and cultural barriers and fear of deportation, when they seek help from domestic abuse.

Inequities in Health Care

Healthcare as a civil right emerges when equal access to health care is denied or the quality of health care delivered is unequal because of race, ethnicity, gender, or sexual orientation. Paraphrasing from the OHA and DHS 2013 State of Equity Report, the Oregon Advisory Committee recommends the following actions towards the elimination of disparities/inequalities that still exist in Oregon:

- *Quality of customer service:* Provide a consistently high quality of assistance with respect and consideration for each individual's cultural strengths and personal needs.
- *Services and programs:* Recognize and mitigate disproportionate levels of need experienced by some communities, while meeting the unique needs of each client.
- *Access to services and programs:* Facilitate the ability of all Oregonians to access services through any point of contact, free of barriers

The Oregon Health Authority continues to be deliberate, strategic, and intentionally focused on achieving the best possible outcomes for clients and communities at every level of service. In particular, the Office of Equity and Inclusion appears to the Oregon Advisory Committee to recognize and mitigate disproportionate levels of need experienced by some communities, while meeting the unique needs of each client.

Additionally, it seems to the Oregon Advisory Committee that the Oregon Health Authority is holding accountable the various Coordinated Care Organizations in the State that are implementing health care reform; and meaningful indicators by race and ethnicity inform programs and policies. For example, an officer with Trillium Community Health Care reported that the organization feels pressure from Oregon Health Authority to better understand health equity issues, set measurable goals to decrease health disparities among the population served, and create policy language supporting and valuing diversity.

Our analysis of allegations investigated by the office of Client Civil Rights as well as our interviews with practitioners and affected persons seems to indicate that perceived health disparities on the basis of disability are sometimes compounded by other factors. Similarly, to the Oregon Advisory Committee, it appears that to a large extent inequity in the delivery of health services on the basis of national origin are often underreported, in part because the challenges facing these communities are combined with other situations that disempower them and limit their capacity for self-advocacy.

The Oregon Advisory Committee specifically notes, however, the need for members of the LGBT community to have equal access to the delivery of health services should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.

To the Oregon Advisory Committee, while initiatives appear to be in place to ensure health care is provided without respect to race, ethnicity, gender, or sexual orientation, the effort to ensure equal access to health care system is an ongoing endeavor.

The Oregon Advisory Committee recommends that the Commission support public scrutiny of health delivery systems to ensure there is equity in the delivery of health care services irrespective of race, gender, national origin, or sexual orientation.

Police Militarization

After a decade of sending military equipment to civilian police departments across the country, it seems to the Oregon Advisory Committee that there are serious civil rights concerns to consider regarding this program. Of particular concern to the Committee is the possibility that police militarization in Oregon may be employed in a disparate fashion in communities of color, and reference has been made herein to report that shows the number of people adversely impacted by a para-military police activity is predominantly minority.

In 1990, Congress authorized the 1033 Program that allows the Pentagon to give and sell surplus military equipment to local police agencies. The Department of Defense supplies law enforcement agencies with military equipment through the 1033 Program. The program is administered through the Defense Logistics Agency's Law Enforcement Support Office (LESO). According to LESO, the program has transferred \$4.3 billion worth of property through the 1033 Program. The 1033 Program permits the Secretary of Defense to transfer, without charge, excess U.S. Department of Defense personal property (supplies and equipment) to state and local law enforcement agencies (LEAs).

The Oregon Advisory Committee notes that in August 2014 President Obama ordered a review of federal funding and programs that help equip state and local law enforcement agencies (LEAs). Over the course of the review, the White House explored whether existing federal programs: (1) provide LEAs with equipment that is appropriate for what their communities need, (2) ensure that LEAs have adequate policies in place for use of the equipment, and that their personnel are trained and certified on how to use this equipment, and (3) encourage LEAs to employ practices and standards that prevent misuse or abuse of this equipment.

The Oregon Advisory Committee recommends that the Commission call for a formal review of the 1033 Program in the state to address issues related to military equipment acquisition. Such a review should involve federal agencies, local law enforcement agencies, local civil rights organizations, and local communities to develop specific policies and protocols regarding the acquisition and deployment of military equipment by local police agencies.

Additionally, while having as its goal the maximum safety and security of both police officers and their communities, the review should also:

- examine the effectiveness of state and federal coordination and oversight of the transfer of military equipment to local police agencies,
- examine the necessary and actual training received by local police officers in the use of military equipment, and
- include the impact on police-community relations when military equipment is deployed by police officers, be conducted in an open manner, and have the results of the review made public.

**Oregon Advisory Committee to the
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