



# JOURNALISM & RESEARCH PORTFOLIO

A collection of research and journalism articles in  
both long and short form.

## **ABSTRACT**

The goal of my writing is to focus in on topics that relate to public health and political science while also pursuing my passion for creating a more equitable, sustainable and healthy society.

***Downs, Sarah J***

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March 8th, 2021

## #ChooseToChallenge:

### A Guide to Challenging Gender Stereotypes and Gender Bias

Today, March 8th, 2021, is International Women's day. It's a day in which we celebrate women around the world, and it's a day where we can reflect on how far we've come in the mission of gender equality and how far there is still to go in the fight for gender equality. In celebration and cameration of this day we wanted to create a playbook of sorts on how to challenge gender bias and gender stereotypes.

Let's start with some basic definitions. According to the World health Organization, gender is "the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other." Due to the fact that gender is socially constructed the characteristics of genders can vary between societies. In the context of this guide, we will be referring to the characteristics of Western society, which is generally Europe, Canada and the United States. Gender bias, according to the Cambridge Dictionary, is "an unfair difference in the way woman and men are treated. And according to the United Nations, Gender stereotypes are, "generalized views or preconceptions about attributes or characteristics, or the roles that are or ought to be possessed by or performed by women and men."

Gender bias, and gender stereotypes are closely linked and interrelated. They both are pervasive around the world, and still cause gender discrimination and gender inequalities. I often face gender bias in our own lives, and sometimes don't recognize it in ourselves or in others. Therefore, knowing the definitions to both terms will help us become more aware of our biases and more likely to address them. So, with all of this in mind, how do you challenge gender stereotypes and gender biases? This question we thought would best be answered by our won community. I interviewed students, faculty and staff about their experiences with gender stereotypes and biases and how they are challenging and overcoming them. These stories may be hard to hear, and may make you feel a tad bit uncomfortable, but we encourage you to continue reading, because we all must become aware of how to challenge these stereotypes and work towards a more equal and equitable future. Sports and exercise science have been and continue to be male dominated. And as women have become more educated and devoted to sports, exercise, and careers related, they have continued to face adversity in the workforce, and in their daily lives.

I interviewed two women to get their stories on what gender bias and stereotypes they have faced and how they have overcome them in sports and exercise since. Ashley Smeltzer-Kraft, is the Senior Woman Administrator/Head Field Hockey Coach here at Shenandoah University. Mrs. Smeltzer-Kraft has often faced challenges in her coaching roles in which male coaches will not take her as seriously or consider her less knowledgeable on sports due to her gender. But she challenges this daily through educating her students on historical women in spirts who often do not receive the attention or credit they deserve. She also fights for women's sports to have greater

visibility in the media and on television. She hopes that more people would take actions to support women in sports by watching their games when available and buying their merchandise.

I also interviewed Dr. Jessica Peacock Assistant Dean and Director of Academic Innovation and Associate Professor of Exercise Science, who started her career off as a personal trainer. She has experienced sexual harassment, gender bias, and gender discrimination while in the workforce. And discussed how she wishes she had had more support and more women in the sports and exercise field when she started her career. She has overcome these adversities by deconstructing the notion that men are the standard for exercise, and by being more inclusive in her teaching. She also continues to show the importance of empathy in leadership, which is often considered a negative quality in women who hold leadership roles. Dr. Peacock and Mrs. Smeltzer-Kraft both hope to see the sport and exercise industry become more inclusive and more equitable for all-genders.

Criminal justice student Nickelle Justice shared the challenges she has faced at the intersection of emotion and gender stereotypes. She discussed how she often has faced situations or been in relationships in which she was not allowed to express her emotions or else she'd be seen as too emotional, or too sensitive. And she also expressed the careful balance between gender stereotypes and emotions because she expressed how it truly goes both ways. She expressed similar thoughts to that of Dr. Peacock in regard to removing the word "should" from sentences and replace it with inclusion, diversity and equity. There is the notion as Dr. Peacock touched on that women leaders should not be emotional because male leaders are not emotional. Or the concept that men should not cry. Both these women challenge the concepts and intersections of gender stereotyping and emotions by emphasizing the positive values of emotions and Nickelle highlights the importance in encouraging both men and women to healthily express and process emotions as a tool in working towards preventing issues such as intimate partner violence. The issue of emotions and gender is one that can be challenged daily through allowing people to just be. And Nickelle hopes that in the future there won't be a "cap" on emotions.

Dr. Karen Bucher and Dr. Petra Schweitzer are two women at Shenandoah who have overcome gender stereotypes and gender bias through their different but similar journeys through gaining their education. Dr. Bucher is the director of financial aid and was the first in her family to receive a four-year degree. She discussed how being a first-generation student caused difficulty for her in navigating her education. She also discussed how as a young woman entering the workforce she was not as skilled in advocating for herself as she is now. Similarly, Dr. Petra Schweitzer, Director of Gender and Women's Studies described her journey through her education. She grew up in Germany and France in a time where women weren't allowed to marry outside of their family's religion let alone speak up for themselves. She discussed how her education and earning her PhD have allowed her to "find her voice". Both Dr. Bucher and Dr. Schweitzer continue to challenge gender stereotypes and gender bias through teaching their students to advocate for themselves and use their voice to stand up and go for what they truly want in life. They both hope that in the future women will gain access to equal pay and continue to gain access to positions of leadership.

Student Amber Wilt discussed how gender stereotypes negatively affect her relationship with her partner. Amber Wilt is a political science major who is one of the first people in her family to pursue a four-year degree. She discussed how her partner's family is traditional, and about how

most of the women do not attend school and are stay-at-home moms. She discusses how she wishes that women and men could just support one another in whatever it is they choose to do that's best for them. She talks about how she consistently deals with judgement and negative comments on her choice to attend college, and not have children. She also discusses the negative comments her partner receives in regard to his choice to be with someone who does not fit in with his family dynamic and tradition. She expressed how she continues to challenge gender stereotypes by just being herself and not letting those comments change her path in becoming a lawyer. She also talks about how she is working to advocate for herself and be firm in her convictions. She like Dr. Bucher and Dr. Schweitzer, is in the process of finding her voice, and she is empowering others to do so as well.

Lastly, I interviewed two men about what gender stereotypes they continue to challenge. Dr. Bryan Pearce-Gonzalez, better known as BPG, is the Department Chair & Professor of Hispanic Studies, has continued to fight for equality and equity through ensuring that his children, family and students are aware of gender stereotypes and biases. He discussed with me how gender stereotypes negatively affect men, stating "the identity of masculinity and what it means to be a man must

be dismantled." He discussed how the world would be a better place if everyone were less concerned with the construct of gender and fitting in, and instead were concerned with just being themselves and empowering others to do the same. We also spoke with Dr. Hakeem Leonard, provost for Inclusion, Diversity & Equity and Associate Professor of Music Therapy. He discussed, similarly to BPG, the concept of masculinity and how harmful it is to our society, stating that we need to "redefine manhood." and evaluate "why manhood is defined as a way to be." Both of them challenges gender stereotypes through their teaching, where they both highlight women in history who shaped the society we have today and use the classroom as a place to educate white males about the privilege they hold because of their gender and teaches all students about biases and how important it is to recognize and dismantle them. They both work towards holding space for women and towards encouraging men to accept themselves, be themselves, and just be, in order to breakdown the toxic masculinity that often leads to the dehumanization of women.

In conclusion, I hope that these conversations inspire you to take action and choose to challenge. I hope that you are encouraged through this article to empower others, work against the tide, use your voice, and to never accept the norm. You can choose to challenge through being yourself, learning about gender inequality, and by addressing your own gender biases, and through working hard to educate others. The next time you hear a comment such as "fight like a man" take a pause and consider how you can turn that conversation into one about the harms of gender stereotypes.

#### Author

Sarah Downs is a senior at Shenandoah University who is double majored in Public Health and Political Science. She is also a student representative to the Presidents Representatives on Inclusion, Diversity and Equity (P.R.I.D.E) Committee here at SU.

October 15<sup>th</sup>, 2020

## What is Mail-In-Voting?

A Podcast Written and Produced by Sarah Downs

[Listen on my website](#)

INTRO: Hello, I'm Sarah Downs and today I'm bringing you a new episode of "In the Know: What Every SU Student Should Know About Elections". Today's episode is titled, "What's Mail-in-Voting, how did it start and why should I care?" Before I get started, let me properly introduce myself. I am a senior political science and public health double major here at Shenandoah. I have a love for civic engagement and therefore I'm so excited you clicked on this episode of In the Know. Just a little over six months ago I went to vote in my state's primary election to pick the candidates that'd be on the ballot in November. I went in person, and it only took me six minutes to get in and out of my polling place. My twin sister went to vote in her primary election where she lives in D.C. in June of 2020, during a COVID-19 spike and waited 2 and a half hours to vote. I felt awful for her, and it got me thinking about better ways to vote. That's when I began to look deeper into mail-in-voting. Stay tuned to find out, what mail-in-voting is, its history and why it matters. (Timed roughly at around 1:10 seconds)

TRANSITION: Play Intro Music. Vote By Jhene Aiko: 30 second sample

SEGMENT 1: Deciding where to begin when doing my research was a little hard. But I figured I would start with the definitions. So in this first segment I'm going to discuss the terminology and definitions used in regard to mail-in-voting and then I will explore who votes by mail and why. (15 seconds)

DEFINITIONS: What is mail-in-voting? Mail-in-voting is exactly as it sounds. When an election year comes around, you can receive a ballot in the mail, fill it out, and then send it back in the mail to a specified elections registrar's office. Let's get one fact out of the way. An absentee vote and a mail-in-vote are the same thing. According to the Virginia department of elections, any vote casts via mail, or in-person prior to November 3<sup>rd</sup> is an absentee vote. ( Virginia Elections, 2020) That being said, there are a select few numbers of states in which there is no such thing as an absentee vote because their entire election is done by mail and these states with vote-by-mail election systems are often studied and compared to other states to see what the differences are between a vote-by-mail system and a traditional in-person elections system. One study by Matt Qvortrup a political science professor at Coventry University in the UK published in 2005 titled, "First past the Postman: Voting by Mail in Comparative Perspective" found that more people vote in an election when vote by mail is available, or when the entire election is done primarily through a voting by mail system. (Qvortrup, 2006) But with that being said there is a lot of research on what demographics are more likely to vote by mail, which leads me to my next question.

WHO: Who votes by mail? Mail-in-voting is a tool for registered voters who reside in a state but will not be able to make it to the polls on election day for a multitude of reasons. For example, in Texas, you can vote-by-mail if you are "65 years or older; sick or disabled; out of the county on election day and during the period for early voting by personal appearance; confined in jail, but otherwise eligible." (Texas elections site). In other states, you don't have to meet any requirement

or need any excuse to vote by mail. Virginia has become a state that no longer requires an excuse and has greatly expanded their vote by mail option primarily due to COVID-19 pandemic. Therefore, mail-in-voting can be a great option for a multitude of different voters. But what research has shown is that despite it being able to benefit many voters, it is only utilized by a few common voters. According to Qvortrups research, “the middle classes,” were more likely to vote by mail in comparison to less resourceful voters such as minorities or individuals of low-income. (Qvortrups, 2006). Another article titled, “Who Votes by Mail?” by Adam Bernisky Director of the MIT Political Experiments Research Lab (PERL), Nancy Burns and Michael Traguott, both professors at the University of Michigan, studied the individual consequences of voting by mail in 2001 and also found that voters in vote-by-mail systems were more likely to be, “current voters: that already participate in comparison to those who do not vote regularly.”(Bernisky, Burns, Traguott, 2001). And they also found that people whom are not rich is resources such as money, time, and knowledge did not have increased turnout in vote by mail systems. (Bernisky, Burns, Traguott, 2001). Finally in their study, “Do absentee voters differ from polling place voters?” Matt A. Barreto, a Professor of Political Science and Chicana/o Studies at UCLA and Mathew Streb Professor at Northern Illinois University, found that voters who voted by mail were more likely to be “older and better educated”.(Barreto, Streb, 2006) In conclusion, when you look at the big picture, you find a voter who votes by mail is more likely to be middle class, have resources such as time, money, and education, have a voting history already, and are usually older. This definition of a vote-by-mail voter led me further down the rabbit hole and led me to evaluate the history of mail-in-voting. Why was it developed? Who was it originally meant for? And what are some important laws that created vote-by-mail as we know it today?

TRANSITION: Music/Sound Cue Timed

SEGMENT 2: So now that you have learned what mail-in-voting is, and who is more likely to vote by mail, lets continue on to learn about the context in which mail-in-voting was created. In this segment we will reveal the history and the laws passed that have brought mail-in-voting to where it is today.

CIVIL WAR: Mail-in-voting was originally intended for soldiers. This is discussed in detail in Alexandra Keyssars book, *Right to Vote: The Contested History of Democracy in the United States*. Traveling back to the war of 1812, Pennsylvania became the first state to offer the absentee vote. (Keyssars, 2000). They only offered this option to soldiers stationed at least 2 miles away from their home during the war. And they later added the requirement that military personnel could vote as long as they stayed in the district, they were planning to vote in for ten days, to minimize confusion, and possible fraud. Then later on, during the civil war, in 1862 Pennsylvania’s supreme court outlawed soldier voting and this was not an anomaly. Between the years of 1861-1864, during the civil war, states began to rush to pass absentee and mail-in-vote election laws since the majority of eligible voters, white men, were fighting in the civil war. (Keyssars, 2000). In his diary, written at the time, David McKelvy wrote about the development of one of the first absentee voting systems in the United States. In August of 1864 Pennsylvania was just able, by a few votes, to amend their state constitution and allow absentee voting, and therefore McKelvy became an elections official appointed by the governor of Pennsylvania. He journaled about his travels from Richmond Virginia all the way up through Pennsylvania where he spent 40 days collecting ballots prior to the 1864 election. On his journey he describes how

“cumbersome, and impracticable” the new Pennsylvania voting laws were due to the restrictions and screening they put in place to avoid fraud but described the “fortune to witness” voting and the union army’s.

**POST CIVIL WAR:** After the end of the civil war, states began to pass more laws regarding the absentee vote and decided to start extending this voting method to citizens. When the ability to vote was expanded to women in 1920, states began to make restrictions on absentee voting laws that would require citizens to have an excuse for requesting to vote by mail, especially in states that were not in favor of the woman suffrage. (ACLU, 2020) These laws remained on the books through the civil rights movement, all the way into the 1970’s. In the 1970’s with the end of the civil rights era and the beginning of the women’s rights era, voting right continued to be talked about heavily. California became one of the first states to increase the mail-in-vote option and by 1988 over 10 percent of the state’s votes were cast via mail according to their election data. In 1980’s mail-in-voting was discussed even more due to the passing of The Uniformed and Overseas Citizens Absentee Voting Act of 1986, which put new standards and expectations on states to ensure that those overseas were receiving their ballots in a timely manner. (FVAP, Justice Department)

#### SOUND CLIP: NBC NEWS CLIP

**OREGON:** As you just heard, in Oregon everyone receives a ballot in the mail today. Let’s roll back to how this began. While the Overseas Voting Act was being passed, Oregon during the 1980’s and 90’s had also begun to experiment in small elections with an all vote-by-mail election system. (Rosenfeld, 2006; Hamilton, 2006). Sam Rosenfeld, professor of Political Science at Colgate University and Don Hamilton former reporter now Oregon public information officer have both studied the revolution of the Oregon voting system. They both write about the process that Oregon went through to discovering that the voting-by-mail system would cut costs on voting machine maintenance and time. (Rosenfeld, 2006). And the majority of the state supported the voting-by-mail system when they conducted their first senate race via the new system in 1996. The state had high turnout and no signs of fraud were found in that 1996 election and therefore in 2000 Oregon became the first state to vote in a presidential election solely by mail. (Hamilton, 2006)

Later, in 2002, the Help America Vote Act was signed into law allowing for more resources and provisions to be allocated to exploring absentee ballot systems, and vote by mail. And to follow this up the Military and Overseas Voter Empowerment Act ("MOVE Act") was passed in 2009, which according to the Justice Department, “amended overseas voting act to establish new voter registration and absentee ballot procedures which states must follow in all federal elections”.(FVAP, Justice Department) Since then Colorado, Hawaii, Oregon, Utah, and Washington all have converted to elections systems that are primarily vote-by-mail. And in other states, the excuse requirement for requesting to vote-by-mail has been removed. This vote-by-mail revolution that has taken place in the past 40 years has led us to the present.

**TRANSITION:** The most recent developments in mail-in-voting have come in the past year which brings me to the last segment of this podcast. Why does voting by mail matter? And how can you vote by mail? (05:15 mins timed roughly)

SEGMENT 3: In this episode I have discusses with you what mail in voting is, who votes by mail and the history of voting by mail. This leads me to the lasts segment of this podcast. Why should you care and how can you request to vote by mail?

Across the nation Coronavirus cases are increasing and due to this unprecedented pandemic, we should all be paying more attention to how we can do our part to decrease our public activity. You know, as well as I do, that we all are now using Uber Eats, Postmates, and Amazon more than ever. In this new time, when we are ordering food, why not order your ballot to come to your residence too? I will spare you the conversation on the importance of voting because I know you are hearing about it from everywhere, but we must utilize our ability to request our ballots absentee to minimize the spread of the coronavirus, and to emphasis to our states that we would like them to expand and continue to offer vote by mail services. Therefore, I will wrap up this podcast with how you can vote by mail.

Step one, go to [www.vote.org](http://www.vote.org). This site is a tool you can use to not only check to make sure you're registered to vote but also on how to get your ballot in the mail. If you click the Vote By Mail button, and fill out the 30 second form, and then submit that form, the website will automatically send you to the state elections website that matched the address you used. Make sure you utilize the same address that you utilized when you registered to vote. If you are registered in Virginia use your Virginia address, if you registered in another state, use that address.

Once you've been sent to your state's elections site, you will want to follow the prompts to request an absentee ballot. The states election website will also have details as to when your ballot has to be returned. You may need to have it postmarked by November 3<sup>rd</sup> or it may need to be at the elections registrar's office on November 3<sup>rd</sup>. So be sure to read through all the information and complete all the steps.

LASTLY, be aware of the instructions. When you receive your ballot be very careful and read, and double read the instructions. Follow them closely, because if you mess up on filling out your ballot it could get thrown out on election day and not counted. Once you have filled out your ballot you can send it back in the mail or drop it off, if you are close to your election's registrar's office. I know this all sounds like a lot but sometimes your Postmates order can be just as complicated, especially if you get Chipotle. So, vote by mail today!

MUSIC CUE OUTRO

CONCLUSION: Thank you so much for listening to "What's Mail-in-Voting, how did it start and why should I care?" in this episode of In the Know: What SU Students Should Know About Elections podcast series. Leaving you is Sarah Downs, SU poli sci major.

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April 21, 2020:

## Spotlight on a Food Non-Profits Organizations COVID Response

In August of 2018 D.C. conducted a grocery store observation, to see where the cities grocers were located. That study found that wards 5, 7 and 8 were disproportionately affected by food access issues. Those wards are also affected by socio-economic issues such as being the wards with the lowest average income and the highest unemployment rates. This data further pushed nutritional nonprofits to increase their work in those areas. Good Food Markets (GFM) is a non-profit grocer that has the mission of providing food access within food desserts in the D.C. area. Good Food



Markets opened their first store front in D.C.'s 5<sup>th</sup> ward and since then has grown and will be operating 3 full-service grocery stores by August of 2020 in the areas of the city that need it most. They also are working to expand nutritional health in those areas of the city by partnering with Oasis Community Partners, a non-profit that works to create comprehensive health education through connecting non-profits and their missions. Through Oasis community partners Good Food Markets has been able to conduct community outreach and food education classes at local YMCA's and D.C. Public Libraries. To incentivize people to shop at GFM they offer SNAP recipients, WIC recipients, and senior citizens discounts on produce. They also create unique ways of getting involved in the communities they serve by participating at local block parties and community events such as Chuck Brown Day, which is unique to D.C. culture.

Within the first year of their first store opening, they not only made a profit but ended up serving 20 percent of ward 5. They have in the past 3 years continued to grow and are currently working on opening two new store fronts. One in ward 8 and one in Prince Georges county Maryland right over the D.C. border, because the need for full-service grocery stores has increased since the establishment of their organization. But with growth and success comes challenges. One of the greatest challenges that GFM has faced is push back from the communities they serve. Many D.C. residents in the ward 5, and ward 8 have concerns about new neighborhood development plans because D.C government, in the past, have supported economic development plans that have economically hurt native Washingtonians. This has led to gentrification and the housing crisis that has resulted in many long term residents being displaced to Maryland, Virginia, and Pennsylvania. With development concerns in mind, Good Food Markets does its best to come to community meetings and listen to those concerns and tries to work with community members, so they understand their mission and goals to provide food access and nutrition, not push them out.

What works particularly well at GFM is their ability to partner with community members and work with other nonprofits in order to achieve their mutual goals. They also have a great team of dedicated employees who are passionate about the work they are doing. The improvements that they need to work on is the organizations leadership and employee structure. Due to the expansion of the non-profit and the creation of new store locations they are having difficulties with establishing new roles and reallocating new responsibilities. The growth of the non-profit shows its success however now they are having to go from a relatively small work team to a larger one, and with new hires and new positions being created there needs to be a reallocating of responsibilities and an improvement in communication. Overall, though, if I were asked to work for GFM I would kindly accept the position. They are all passionate, goal driven, and on a mission to increase food access.



GFM Employees at the 5<sup>th</sup> ward back-to-school block party.

GFM during the pandemic has taken actions to help D.C. residents by providing an emergency food bank. Residents can go to the GFM website and register for a free fresh produce bag with a specified pick up time. On Saturdays they distribute the food and partner with D.C. council members who deliver the food to shut-ins in the community. Through doing this, GFM has been able to provide residents with fresh produce, meat, cheese, eggs and partner with Virginia farmers in order to ensure that no food goes to waste. They have also further discounted certain store items and have taken precautions to keep all store workers, employees, and volunteers safe. They hope to continue providing this food bank for as long as possible.

Overall, GFM is a great non-profit dedicated to increasing food access and improving community nutrition and through observing their organization and interviewing one of their employees they have allowed me to have access to a new perspective on what community nutrition programing can look like. As they continue to grow as an organization in order to remain successful, they must remain focused on their goals and mission and be flexible and welcoming as they expand their team. I foresee Good Food Markets continuing to make an impact in the communities they serve.

Sources:

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<https://opendata.dc.gov/>

December 2019:

## The End of the Wick

### Burnout among nurses, and what needs to be done.

She parks her car and takes a deep breath. She begins to drink her second cup of coffee of the morning that she knows she will not finish. She is walking into what has become the most dreaded place in her life. She walks in, smells the sterile environment, and clocks in, beginning the 12 hours of what she has come to think as a shift that *she just has to get through*. Her passion has diminished, and her compassion has been replaced with exhaustion. She is a local nurse, at a local hospital, currently caring for someone. She is suffering from Burnout Syndrome.

The nurses, who care for you, your loved ones, and who, most of all, carry your hospital system, could be suffering from Burnout Syndrome. Burnout syndrome is a mental disorder that is caused by extreme workplace stress. The syndrome has three dimensions, the first being emotional exhaustion, the second being increased depersonalization and distance from one's job, and the third being a lack of professional accomplishment and efficiency.

Burnout syndrome was officially categorized as a mental disorder by the World Health Organization in April of 2019<sup>[1]</sup>, but it has been studied for the past three decades. A 2013 Department for Professional Employee's report found that one-third of the nurses they studied scored above average for emotional exhaustion on the Maslach Burnout Inventory (MBI)<sup>[2]</sup>, which is the scale most often used to measure the dimensions of burnout syndrome. Burnout has become a much more relevant topic, as hospital systems struggle to fill nursing positions. Roughly 50% of the RN workforce is now age 50 or older according to a 2018 survey conducted by the National Council of State Boards of Nursing<sup>[3]</sup>. On top of this, over 30 million people will be over the age of 65 by 2030<sup>[4]</sup>, causing there to be a 14 percent projected increase in the demand for registered nurses between 2018-2026 according to the Bureau of Labor Statistics<sup>[5]</sup>. As hospitals increasingly face difficulties in RN staffing, the question needs to be centered around how they can retain nurses and attract new ones. A major aspect of answering that question can lay in reducing and preventing burnout.

Therefore, hospital administrators need to start paying attention to burnout syndrome and need to develop programming to help prevent and treat it. These programs need to not only help nurses recognize the symptoms associated with burnout syndrome but also help prevent it by providing access to necessary resources and early screenings.

The steps to creating a program are not clean and cut. Each program can vary greatly depending on the hospital. Therefore, before starting a program create an employee health committee. Most hospitals already have employee health incentive programs that can be used to help design and initiate the program. Then survey your nurses on the symptoms of burnout syndrome using the MBI and in that survey, you can also ask questions regarding depression, anxiety, and stress. This will help you gain data on the necessity for a program and see where it is needed most.

Then create your program. The program should consist of three stages, prevention, intervention, and treatment. The first stage of prevention can be done by requiring your nurses to do a

learning module each year on burnout syndrome, its symptoms, and how the nurses themselves can prevent it. The second stage of intervention can be done by requiring your nurses to do an employee health survey once every 4 months. This survey would ask questions and measure their MBI. This can help your management staff and employee wellness team identify nurses who may need some early intervention measures such as counseling, encouragement or training to improve personal accomplishment and efficiency.

The last stage of the program is treatment. This stage would be for any nurse who scores very high on the MBI. This stage is for nurses who are actively struggling with burnout syndrome and would include resources such as weekly group counseling meetings with fellow nurses suffering from burnout, weekly check-ins with a management or wellness staff member, a once a month mental health paid leave day, and other resources.

This proposal provides a lot of resources to nurses and may not be cost-effective at first. But this can save your hospital system money in the long run because by preventing burnout, you can possibly prevent other occurrences such as patient safety incidents, callouts, patient dissatisfaction, and can save time and money in trying to juggle and recruit new staff. This proposal can also easily be piloted among a few nurses and tweaked before making a large investment. And Overall, this program will help your nurses; those who create the foundation of excellence in patient care. Please take this program into heavy consideration and begin to research today on how you can employ this program or something similar in your hospital.

She parks her car and takes a deep breath. She starts her second cup of coffee as she walks into what has become her favorite place. She knows she will not finish that coffee and smiles at the thought. She clocks in, excited to be changing lives and caring for those who need it most after she has cared for herself. Compassion returned and burnout no longer apart of her narrative. She has been rekindled, and her passion has been sparked. She is no longer at the end of her wick.

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March 15th, 2021:

## A Rationale for the Development of a Program to Prevent Burnout in Long-term Care Nurses and Nursing Aides. Shenandoah University

The term Burnout was developed and identified by the American psychologist Herbert Freudenberger, who wrote about it in the Journal of Social Issues in 1974. At the time he was working at a health clinic when he witnessed the syndrome quote, “manifests itself in many different symptomatic ways which vary in symptom and degree from person to person” (Freudenberger, 1974). Overall, he established Burnout syndrome as a consequence of “severe stress”. Since then, the definition has evolved to include all professions, and according to the Institute for Quality and Efficiency in Health Care, Burnout can be due to “extreme commitment that results in people neglecting their own needs.” and therefore, can even include non-professional work such as being a stay-at-home mother or a college student. But overall burnout is a major problem in our society today. This rationale will explain the prevalence of burnout syndrome, the harm it causes to long-term care nurses and nurses’ aides, and the possible interventions that have been designed to prevent burnout. Lastly it will provide a program to help prevent burnout among long-term care nurses and nurses’ aides in our area.

According to the International Classification of Diseases (ICD) Ten, burnout “is a type of psychological stress” (WHO, 2016). Occupational burnout or job burnout is characterized by exhaustion, lack of enthusiasm and motivation, feelings of ineffectiveness, and also may have the dimension of frustration or cynicism, and as a result reduced efficacy within the workplace.” (ICD-10-CM Code Z73.0) Therefore, the psychological and behavioral symptoms include, but are not limited to, “frustration, anger, a suspicious attitude, a feeling of omnipotence or overconfidence, cynicism, and signs of depression.” (L. Hieneman & T. Hieneman, 2017; Freudenberger, 1974). And although the ICD-10 description only focuses on the psychological components, one study on the consequences of job burnout, found that there were multiple reports of major physical consequences associated with burnout that included “pain related disability, coronary heart disease and severe head injury”. (Salvagioni, et al., 2017) There was also a higher risk of Mortality before age 45. (Salvagioni, et al., 2017).

This problem affects many worldwide, but specifically affects healthcare workers more so than others. According to a systematic review on occupation stress in healthcare, “Healthcare workers can suffer from occupational stress as a result of lack of skills, organizational factors, and low social support at work. This may lead to distress, burnout and psychosomatic problems, and deterioration in quality of life and service provision.” (Ruotsalainen, et al., 2015) Furthermore in a systematic review of burnout and psychiatric morbidity among UK doctors, burnout syndrome was found to affect anywhere from 17% to 52% of UK doctors and the study also showed that there has been an increase in prevalence rates among UK doctors in the past 8 years (Imo, 2017). These rates are further supported by a systematic review of prevalence of burnout among physicians, that examined prevalence on a global scale. This study found burnout to be more prevalent in the UK, and United States but found burnout to affect anywhere from 0% to 80.5% of physicians globally after compiling and examining 182 studies (Rotenstein, Ramos, et al. 2018).

The societal impact of burnout in healthcare workers is also significant to look at. Burnout, according to several studies, can increase the levels of emotional exhaustion in healthcare providers which in-turn can lead to a reduction in patient safety. (Panagioti, et al. 2017; Shanafelt, et al. 2010; Salyers, et al. 2016). Burnout has also been associated with higher turnover rates and lower job satisfaction among healthcare providers as well. (Chamberlain et, al. 2016) With all of this information in consideration, the assertion can be made that burnout is vitally important to prevent in healthcare providers and it's even more vital for health providers caring for the Geriatric population. According to the Bureau of Labor Statistics due to the forecasted increase in the population of individuals 65 or older, geriatric care will continue to necessitate health professionals. (Bureau of Labor Statistics, 2020) And in 2013, the Center for Disease Control found that "the majority of long-term care service users were aged 65 and over: 94.5% of hospice patients, 93.3% of residential care residents, 85.1% of nursing home residents, 82.4% of home health patients, and 63.5% of participants in adult day services centers" (Harris-Kojetin et, al., CDC, 2013) In that same study they found that the majority of healthcare providers in long-term care services, were nurses and nursing aides, and that both populations of health care providers spent the most time serving the clientele daily. (Harris-Kojetin et, al., CDC, 2013)

Nurses and the nurse's aides, home health aides, and personal aids, are highly involved in geriatric care and have similar demographics, both tend to be between the ages of 25 to 50 and both tend to be predominantly careers held by women, according to the Bureau of Labor Statistics. The differences between nurses and nursing aides tend to be education and pay. The majority of nurses' aides have some college, or a two-year degree and they tend to make far less than nurses. On average, in 2019, nurses had a mean yearly wage earning of \$67,119 in comparison to nurse aides who had a mean yearly wage of \$26,440 in 2019 according to the Bureau of Labor Statistics. (Bureau of Labor Statistics, 2020) This average was well below the national average wage of \$51,916 in 2019. (Bureau of Labor Statistics, 2020) And most recently, according to an observational study published in 2020, the authors found that one-sixth of long-term care workers had a second job. (Van Houtven et al., 2020)

In total, when combining the needs presented by the aging population, and their use of long-term care facilities, and the information about nurses and nurses' aides working in long-term care, you find that there is a high, if not higher, potential for similar rates of Burnout that is found in other healthcare professional populations and therefore, we feel it important to specifically prevent it in these populations of long-term healthcare provider. Furthermore, according to the Virginia health information, there are over 200 long-term care facilities in the state and over 51,110 home health aides with roughly 60 percent working in long-term and/or geriatric services. Virginia. (VIH, 2019; Bureau of Labor Statistics, 2020). In the region of the Loud Fairfax Health District, we have identified at least 80 long-term care facilities, therefore making the region a good candidate because there is a fairly large population of long-term care nurses and nurses' aides that our program could give resources to.

In the past, preventative programs surrounding burnout have been limited partially due to its fairly recent discovery and study. But there has been some conducted and they are mainly among doctors, mental and behavioral healthcare staff, and acute care staff nurses. Therefore, there is limited information that is directly applicable to long-term care nurses and nursing aides, but we can still learn a considerable amount from other programs in the healthcare field that made attempts to decrease and prevent burnout.

First, I'd like to evaluate two interventions that specifically focus on education as a way of preventing burnout in healthcare providers. The first of the two studies occurred among behavioral health staff. Rollins, et al. 2016 published an article titled, "Comparative effectiveness of a burnout reduction intervention for behavioral health providers." This article detailed their use of a educational program created to reduce burnout called BREATHE which stands for Burnout Reduction: Enhanced awareness, Tools, Handouts, and Education. The program is a one-day workshop for healthcare providers of all types that educates and discusses burnout syndrome in order to make healthcare providers aware of the symptoms, and what can possibly help prevent burnout such as personal relaxation, meditation, and use of vacation days. The study found that there was no statistical difference between the BREATHE program and other mental health education programs but that it was found to be effective for as long as 6 months later and that the BREATHE program was still useful for creating comprehensive mental health education. In their conclusion, the researchers also propose ways to strengthen the BREATHE intervention. They state that the intervention would be more effective by, "incorporating burnout reduction principles at the organizational level, such as working with managers to introduce BREATHE strategies or identifying methods to increase autonomy or other burnout-reducing factors within the organization, is also warranted." (Rollins, 2016)

The second program occurred in the form of a randomized control trial. Medisauskaite 2019, further tested the effectiveness of interventions similar to BREATHE. Medisauskaite and Kamau conducted an intervention to reduce burnout syndrome among doctors. The intervention included education modules for doctors on burnout, the prevalence rates, the symptoms, and how to manage stress. There were 4 trial groups, each with a different level of the intervention program and one control group with no intervention assigned. The outcomes measured were burnout, anxiety, stress, psychiatric morbidity, grief, alcohol and drug use, insomnia, binge-eating and physical symptoms. The follow up time was seven days. Each of the trial groups were measured before intervention and after intervention. Medisauskaite et al found that there was a significant decrease in burnout-emotional exhaustion and burnout-depersonalization and in anxiety in those who completed the trail group that completed the highest level of intervention.

The study overall sheds light on the prevalence of burnout, finding that as high as 51.6% of the physicians in the study suffered from high levels of burnout. (Medisauskaite, 2019) And the intervention was successful in decreasing burnout and anxiety which they discovered in follow-up evaluation 7 days later. But this study has a limitation in not being able to measure the outcome of preventing burnout long-term. And both of these educational studies do not take into account the organizational, or social factors of the work-environment.

This leads to one study that focused on preventing burnout from a multidimensional viewpoint through an organizational intervention. Shields and associate researchers looked at the effects of the Sanford Medicine WellMD Centers Professional Fulfillment model to decrease burnout among healthcare physicians and increase well-being among physicians. (Shields et al., 2020) An organization attempted to use this model through creating a multidisciplinary Well-Being Task Force that had four focus areas: provider engagement and growth, workflow/office efficiencies, relationship building, and communication. The committee would create goals and objectives for each area that would help contribute to the overall mission of increasing physician well-being and decreasing physician burnout. They measured the effectiveness of the actions of the task force by asking physicians to complete the Physician well-being index tool survey once a year.

The results of the intervention showed a substantial decrease in physician burnout across the organization and a 30 percent decrease in the turnover rate at the institution. This intervention study is a great example of what organizational intervention can look like for preventing physician burnout.

With all this research in mind, a program that will create a solution to burnout specifically in long-term care nurses and nurses' aides in the Virginia Lord Fairfax health district would be a benefit to our seniors in the region. Therefore, the Burnout Reduction in Nurses and Nurses' Aides Through Knowledge and Skills (B.R.I.N.K.S) program is aimed at giving nurses and nurses aides' who work in long-term care facilities the education and tools they need to be able to prevent burnout. Our program is focusing on educating, informing, and preventing burnout in long-term care health staff through providing skills to help with stress. By arming our population with the skills to cope with stress, we in turn hope to prevent burnout. B.R.I.N.K.S has the plan to have nurses and nurses' aides participate in the program through attending one education and skills building session each week for two months. The program is spread out over two months in order to prevent our participants from feeling overwhelmed with information, unlike the above studies that condensed the education into one day-long workshop. We do not have an organizational component to our program, but we hope that through building our participants skillsets to handle stress, it may give them an increased self-efficacy, and encourage them to work towards further changing their work environments.

Overall, burnout syndrome is a major problem in our society that not only has psychological effects but can also cause physical harm. Burnout is a problem that especially affects healthcare workers, with rates estimating to be as high as 52 percent in UK doctors. (Rotenstein, et al. 2018). There is also a concern as to how burnout in healthcare could affect the quality of care, and safety of patients. And if the above concerns aren't great of enough, there are also the concerns about the high turnover rate in healthcare workers. When looking specifically at long-term care nurses and nurses' aides we find that they serve the senior population the greatest and will continue to do so as the aging population grows due to the aging of the baby boomer generation. This population, specifically nurses' aides, have the additives stress of lower pay than other healthcare professionals. With all of this in mind, it's not hard to. Make the connections between the susceptibility of burnout in long-term care nurses and nurses' aides. It's also not difficult to see how the negative effects of burnout could negatively impact the care our elderly in long-term care facilities receive. Therefore, a program aimed at preventing burnout among long-term care nursing staff is a necessity in order to reduce turnover rates and maximize the quality of care our geriatric clientele receive. Therefore, the Lord Fairfax health district presents an opportunity with a large number of facilities in the region to partner with, the B.R.I.N.K.S program can serve not only to prevent burnout in long-term care nursing staff but prevent burnout in our own community. And therefore, the B.R.I.N.K.S program is a necessity that we should ensure receives the funding it needs in order to take care of those who do the caring every day.

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April 2020:

## Application of International Relations Theories To the Genocide Crisis occurring in Myanmar

### **Introduction:**

Myanmar is a country located in southeast Asia and it borders Bangladesh, India, China, Laos, and Thailand. The country is majority Buddhist and therefore, a small Muslim ethnic group called the Rohingya has been systematically discriminated against and forced out of the country in recent years. The Rohingya have been located in Myanmar for centuries but due to the country's government being Buddhist for many years, the ethnic group was never accepted into the country and therefore, the Rohingya are still considered illegal immigrants from Bangladesh and have no legal standing in the country. In the years leading up to 2017 tensions began to rise between the Rohingya and the Myanmar military due to the enforcement of new restrictions on the Rohingya that included limiting travel between villages, taking land and forcing Rohingya to register with the government, essentially forcing them to admit their illegal inhabitation in the country. In August 2017 tensions hit an all-time high and a small group of Rohingya called the Arakan Rohingya Salvation Army attacked thirty police posts and 11 police were killed. Therefore, the military started an attack on the Rohingya that the government said was cleansing the region of terrorists, but it was instead a genocide against the Rohingya.

This genocide has killed more than 9,000 Rohingyas and has caused over 700,000 Rohingya to flee Myanmar to neighboring countries. Myanmar's genocide includes atrocities such as burning children alive, raping women, and shooting people as they run away. The world has thus started to utilize cooperative agreements and the United Nations (U.N.), an intergovernmental organization, to sanction and hold the Myanmar government accountable. Gambia, a small African country, has filed in the U.N. courts to convict Myanmar on charges of Genocide, and the United States have put new sanctions on the country. Why are nations getting involved and trying to enforce consequences on Myanmar? International relations (IR) theory can help accurately describe the international system, explain the international system and predict the future actions of the actors in the international system. The actors include countries, individuals, non-governmental organizations (NGO's), corporations, and terrorist organizations. There are several different IR theories that have been used to describe the international system that includes liberalism, realism, and social constructivism. This essay will be an analysis of why social constructivism best explains the actions of the United States, Gambia and the rest of the global community when it comes to the genocide occurring in Myanmar.

### **What is social constructivism?**

Let's begin by explaining what social constructivism is. Social Constructivism is an international relations theory that is built around examining the international system based on the context of the past and present. Context can be anything, but it is typically something that affects actions such as culture, norms, and religion. An example of social constructivism in your life might be your driving. Have you ever done a courtesy wave while driving to thank a person for letting you over into a new lane? Have you ever thought of why you do that? People often do a courtesy wave while driving because it's a norm in a lot of areas of the United States to be polite. Thus, that norm is the context for your actions while driving. Another example is how a lot of religions have daily prayer and service rituals and therefore many people around the world plan their day around it. Thus, religion is the context within how someone operates day to day. According to social constructivism, actors in the international system operate the same way.

They make decisions and take actions based on context within the international system, and because context is often made of norms, cultures, religions and more, then both the context and the actions of the actors can change over time. The actors in the system, according to social constructivism can be anyone or any organization with influence over the international system and therefore can include everyone listed in the introduction section, such as countries, corporations, individuals, and NGOs. Therefore, social constructivism is a dynamic theory that can explain changes in the international system, especially when discussing human rights violations such as the genocide of the Rohingyas.

The small African country of Gambia filed an appeal in the international courts to criminally charge Myanmar with human rights violations and genocide. But one may ask why Gambia filed this appeal when there are much larger and more powerful countries who could have filed it. And why does Gambia care? Social constructivism explains this action. Gambia, according to the Washington Post, was a leader in human rights during the 1970s and 1980s while under the leadership of Dawda Jawara (Washington Post, 2020). But in the past 20 years, Gambia has faced human rights violations of its own due to another leader overtaking the Gambian government in the 1990's (Washington Post, 2020). Now Gambia is reshaping into a fully democratic government and is attempting to gain global standing by spearheading efforts on human rights. And therefore, they decided to file in the courts against Myanmar. Social constructivism explains this because it shows how when the actors change, the context can change and therefore actions can change. It also explains what Gambia is gaining from filing against Myanmar, which is reputation and better global standing.

Social constructivism also explains the United States sanctions put on Myanmar. The United States has attempted to be a global leader in preventing and interfering in human rights violations for many years. The United States is the largest contributor to the United Nations (U.N.), which is an NGO that seeks to bring peace and provoke cooperation among countries. The U.N. is chiefly responsible for charging and bringing about justice for human rights violations and the victims that suffer. Because the United States is a large contributor, there is an expectation that they will intervene with situations such as the genocide of the Rohingyas, and therefore the United States imposed sanctions on the country in 2017.

Overall, social constructivism is an IR theory that helps explain changes in the global system due to how it allows for an in-depth look at the current actors, current context, and past context to help describe and predict the international system. But let's now discuss why it's the best theory when trying to understand the actions of actors when discussing human rights violations.

### **What are realism and liberalism?**

Realism and liberalism are two IR theories that have been used for many years and are considered traditional IR theories. They are used most often to describe and predict the international system. Therefore, let's discuss how these two theories operate and then explain why they have a hard time explaining the actor's actions in cases of human rights violations. Realism is an IR theory that explains the international system based on the system's nature. Realists believe that the system is naturally anarchical meaning that the system lacks a central authority. Therefore, the way the actors behave in the system is by doing anything to bring about security for the state. The state (a state is a country and the actors within that country), according to a realist, is the only actor that exists and has influence in the international system.

Based on the anarchical nature of the international system states are not compelled to cooperate with one another, and are not compelled to act morally and therefore, they will do anything to secure their nation and do not trust other states to come to their aid in the case of a war or crisis. Realist, therefore, are good at explaining the arms race during the cold war. The cold war arms race was a competition for global power between the United States and the Soviet Union which began after World War two and lasted until the Soviet Union fell in 1991. They competed for power through obtaining large weapons, developing competing space missions and more. This is best explained by realism because it shows how the international system as an anarchical system where countries lack trust, and cooperation and are only interested in maintaining security for their country through showing their power, and weapons.

But it does not explain how states willingly cooperate within the system. It also does not explain why a country would get involved in another country if they don't receive anything powerful from that interaction. And therefore, realism cannot explain why the United States issued sanctions on Myanmar due to the genocide of the Rohingyas and it does not fully explain why a small African country such as Gambia would file criminal charges against Myanmar. If Gambia and the United States were solely focused on maintaining security for their countries, then one could argue that they would ignore the situation and not get involved because they can't gain power through intervening. This is why social constructivism better explains the actions of actors when it comes to them intervening in human rights violations.

Liberalism in IR theory is a theory that better explains cooperation in the international system. Liberals believe that through cooperation and communication among actors in the international system, conflict can be avoided, and rational decisions can be made to build trust among countries and distribute power and security among several countries in the process. This theory is similar to realism in the fact that it also believes the system is naturally anarchical, but they believe that the system can operate without conflict as long as countries think rationally and cooperate for the greater good. A great example of liberalism is the genocide convention. The genocide convention is an agreement among 152 countries around the world that have signed and agreed to promote policies that prevent genocide or ethnic cleansing and to intervene if a country apart of the agreement shows human rights violations. This gives countries security because it allows them to be able to prevent mass refugee immigration due to genocide and is a logical and rational agreement to make in order to prevent wars due to ethnic cleansing. The U.N. is another example that liberalism explains best. By joining the U.N. countries get an opportunity to communicate on issues globally and it also allows there to be a central authority that can be depended upon in cases of crisis, thus helping secure nations across the world from economic hardship and war. It also helps protect countries against other countries with poor leadership who may not make rational decisions. But liberalism cannot best explain the interventions the United States and Gambia have imposed on Myanmar because a liberalist still believes in gaining power and security, may it be through general cooperation and/or through avoiding conflict.

The one thing both realism and liberalism have a hard time explaining is change. Both theories believe that there are certain aspects of the international system and certain interests that the states hold that never change. For example, both theories believe the system will always be anarchical, and they both believe that the interests of the states will always be security and power-based. Therefore, they have a hard time explaining the change between the level of involvement the United States had at the beginning of the Holocaust and the level of

involvement we have now in the genocide of the Rohingyas. Both situations included genocide on a population that identifies with a specific religion, but the reaction to the two situations are different. If the United States had not gotten involved in Myanmar and just ignored the genocide of the Rohingyas then one could argue that realism and/or liberalism could explain the situation better because it would show that the United States' interest in security and power have not changed. But instead, the United States is making the decision to get involved and that is because their interest has changed and the context in which they operate within the system has changed. Therefore, social constructivism better explains the actions of the actors when it comes to intervening in Myanmar's human rights violations.

### **Conclusion**

Overall, because social constructivism is an IR theory that considers context such as norms, religions, and social expectations and it best explains changes within the international system and the change in the United States' approach to human rights violations over the past century. It also better explains Gambia's involvement, for the history of Gambia, creates the context for the decision of filing criminal charges against Myanmar. Lastly, as discussed in the introduction, a theory has to be able to predict the future. Using social constructivism one can predict that the United States and Gambia will continue to get involved in human rights violations as long as the system still expects it from them. When the expectation changes then the actions of the actors will also change. Overall IR theory, especially social constructivism, is important because it helps us accurately describe the genocide of the Rohingyas and will help us predict the actions the actors will take in future genocides and human rights violations. IR theory also helps make decisions and policies for the future of the international system that could affect our day to day life. And overall, IR theory will continue to change and evolve as more and more evidence and situations come up that need to be analyzed and explained.

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