

Chapter 1 : Public Backs Affirmative Action, But Not Minority Preferences | Pew Research Center

The Painful Truth About Affirmative Action Why racial preferences in college admissions hurt minority students -- and shroud the education system in dishonesty. Richard Sander Stuart Taylor Jr.

Department of Defense , No. Congress lacked a "strong basis in evidence" of discrimination by the Department of Defense "DOD" against socially and economically disadvantaged individuals and businesses referred to collectively as "socially disadvantaged businesses" or "SDBs" ; Lacking a "strong basis in evidence," the race-conscious remedial measures at 10 U. Constitution guaranteeing equal protection to all citizens under the law; and The District Court hearing the case should enter an order declaring that the current 10 U. Since federal procurement includes a hodgepodge of "preferences" for small businesses, minority-owned businesses, women-owned business, veteran-owned businesses, service-disabled-veteran-owned businesses, historically underutilized business zone "HUBZone" businesses, and other small disadvantaged business concerns, the Rothe decision has the potential for a significant ripple effect. Already the "splash" of the Rothe decision is obvious, with news of the recent decision being picked up by bloggers and newspapers alike. However, its ultimate impact remains to be seen and may be overstated by some recent analyses. Background and Discussion The Rothe case concerns the constitutionality of 10 U. After serial district and appellate court proceedings, the constitutionality of 10 U. Rothe appealed to the Federal Circuit, which ruled as follows: According to the Federal Circuit, the key flaw with the factual basis for the statute was that the studies relied upon by DOD demonstrating prior discrimination were fundamentally flawed â€” the studies purporting to measure the disparity between actual and expected contracts for firms owned by socially and economically disadvantaged individuals adopted a faulty benchmark, because they failed to control for firm size and relative capacity. Potential Impact of the Rothe Decision While it is obviously difficult to predict exactly how the Rothe decision will play out in the federal contracting world, we think that there are certain observations that can be safely made: Race-based preferences in federal contracting will continue. While the Federal Circuit struck down this particular statute as unconstitutional, the U. Supreme Court has never completely prohibited race-based preferences in federal contracting. In fact, the U. Supreme Court most recently addressed the issue in *Richmond v. In light of the fact that the statute in question was enacted in â€” years after the Croson and Adarand decisions â€” Congress clearly does not feel that race-based preferences are something that must or should be avoided. We doubt that it has changed its mind, in light of the fact that 10 U. Congress will, more than likely, rework 10 U. To the extent Congress creates a more robust record, courts will likely defer to Congress. The Rothe decision does not call into question all set-asides, simply those based on racial definitions. While some commentators on the Rothe decision speculate that the decision calls into question all small business set-asides, such a conclusion probably overreaches. Definitive guidance from the courts will not be coming any time soon. Even if there is no High Court review, the District Court may take additional time to consider the opinion before issuing a final injunctive order. Given these facts any abandonment of existing SDB contract obligations might well prove to be premature.*

Chapter 2 : In-State Preference Laws

The public has generally been supportive of affirmative action programs, but is decidedly opposed to the idea of providing preferential treatment to minorities.

Those with less than a high school education were less likely to want palliative drugs that might be life shortening. Greater financial strain was associated with worry about receiving too much medical treatment at the end of life, and also with preference for dying in the hospital, for life-prolonging drugs, and avoiding potentially life-shortening palliative drugs. Those who attended church daily were less likely to want potentially life-shortening palliative drugs compared to those who never attend church, as were those with less than weekly personal contact with friends or family. Compared to those in excellent health, those with poorer health were more likely to worry about receiving too much medical treatment at the end of life. Having a condition that often caused pain or discomfort was associated with a greater odds of preferring palliative drugs. Specifically, black beneficiaries were more likely than Hispanic and non-Hispanic white beneficiaries to prefer life-prolonging drugs and mechanical ventilation; both blacks and Hispanics were more likely than whites to prefer spending their last days in the hospital and to avoid potentially life-shortening palliative drugs. Although blacks were more likely than whites to want life-sustaining treatments, they also were more worried about receiving too much medical treatment in their last year of life. Without race-specific cognitive testing information about this survey item, we cannot interpret this finding; it deserves further exploration. The concepts of race and ethnicity in the health services literature are imprecise constructs²⁸ that conflate culture e. For example, Johnson et al. We sought to approach the explanation of differences in responses to our hypothetical treatment preference questions by using the conceptual framework of the behavioral model of health-care utilization and found several interesting relationships. Among these, the most mutable and powerful is the belief in mechanical ventilation, which may be a proxy for belief in health care technology more generally. This, of course, is in stark contrast to the popular representations of life-sustaining treatments. Among variables hypothesized to enable the use of health-care services, living alone was associated with a preference for dying in the hospital and not wanting mechanical ventilation. Daily church attendance and less than weekly contact with friends and family were associated with a preference against palliative drugs that might be life shortening. Some studies have implicated low support for in-home care as one factor in the low uptake of the Medicare hospice benefit among blacks. Among terminal cancer patients, those with greater religiosity are more likely to prefer life-sustaining treatments. The relationships between social networks and preferences for life-sustaining treatments have not been previously explored. Among variables hypothesized to affect need, those in less than excellent health were more likely to worry about receiving too much medical treatment near the end of life, but self-reported general health did not otherwise affect our measures of preference for end-of-life care. Those reporting a condition that frequently caused pain or discomfort were more likely to prefer palliative drugs, even if they might be life shortening. Although blacks and Hispanics were much more likely than non-Hispanic whites to report that their doctor had never or only sometimes spent enough time with them, that there was medical care, tests, or treatment that they did not receive in the last year, and that they believed their community received care of lesser amount and quality, none of these factors was associated with our measures of end-of-life concerns and preferences. Our survey has limitations, including survey and item-non-response, reliance upon a hypothetical scenario, and intentionally over-simplified preference questions³. Non-response may limit generalizability. The non-contact rate was much higher among minorities, as was ineligibility due to inability to complete the survey generally cognitive impairment or severe physical debility. Item non-response was much higher for the mail survey than the phone survey, and Hispanics were more likely to complete the survey by mail. Other potential mode effects include greater pressure for social desirability and greater cognitive demands for phone, compared to mail surveys. We created simplified survey questions, which may not predict actual treatment choices or receipt. Indeed, in a cross-sectional analysis of these data, higher regional end-of-life expenditures did not predict preferences for more intensive treatment. We did not use decision theoretical approaches such as the standard gamble to

ensure all respondents considered the same alternative when offered a choice like mechanical ventilation or drugs for life-prolonging or palliation, nor did we quantify the strength of preferences. Although we used a simplified dichotomy for research purposes, we recognize the danger in perpetuating the myth, held by many acute care providers and perhaps among minority populations, that palliative care is a means to limit life-sustaining treatment or allow death. The implications of this misconception are important for all patients with life-limiting chronic illnesses, but particularly for minorities whose pain is even more undertreated.³⁸

So doing simplified our analytic models, but further oversimplifies the constructs of race and ethnicity. In summary, most Medicare beneficiaries say they would not want drugs with uncomfortable side effects or mechanical ventilation for life extension in the event of a terminal illness. Preference for life-extension, and mechanical ventilation in particular, is associated with an overly optimistic belief in its effectiveness, a misperception that we as providers should seek to rectify because it may have important implications for decision making. From an epidemiologic perspective, our findings reproduce those from smaller regional studies that blacks are more likely than non-Hispanic whites to prefer more intensive treatment near death.¹³ Despite our efforts to control for a broad array of demographic and sociocultural variables, these findings may reflect unmeasured confounding since our survey items are imperfect measures of the concepts that we sought to measure, such as experience and perceptions of providers and the health-care system. And, of course, our findings should not be interpreted as permission to generalize; end-of-life treatment decisions always should be customized to individual preferences and goals of care.

Chapter 3 : The Problem with Preferential Bids for Women, Minorities

Do Group Preferences Do More Harm than Good for Minority Groups? The most devastating charge by opponents of group preferences is that they actually hurt the intended beneficiaries by enticing.

Chapter 4 : FCC auction to grant minority preferences - tribunedigital-baltimoresun

Overviews current and recent preferential admissions cases other than DeFunis, particularly Bakke v. the Regents of the University of California, pointing up major issues in racial preferential admissions cases and concluding that universities and their professional schools, not the courts, must.

Chapter 5 : Testing Minority Preferences in Broadcasting – Northwestern Scholars

for analyzing the constitutionality of minority preference programs. 26 This "standardless" standard made it easier to challenge other minority business programs.

Chapter 6 : College quotas are actually destroying lives of minorities

Choose the Right Synonym for preference. choice, option, alternative, preference, selection, election mean the act or opportunity of choosing or the thing chosen. choice suggests the opportunity or privilege of choosing freely.

Chapter 7 : Racial and Ethnic Differences in Preferences for End-of-Life Treatment

Are Minority Preferences Necessary They add that the programs benefit only "rich minorities," and result in sham transactions.³ Consequently, these critics contend that.

Chapter 8 : Preference | Definition of Preference by Merriam-Webster

Court Rejects Challenge to Women and Minority Owned Preferences. By Paul Emanuelli In its March decision in David Riggins v. Polk County, the United States Court.

Chapter 9 : Testing Minority Preferences in Broadcasting - CaltechAUTHORS

preferences to many types of students, yet affirmative action "the only preference given to underrepresented minority applicants" is the one surrounded by the most controversy.