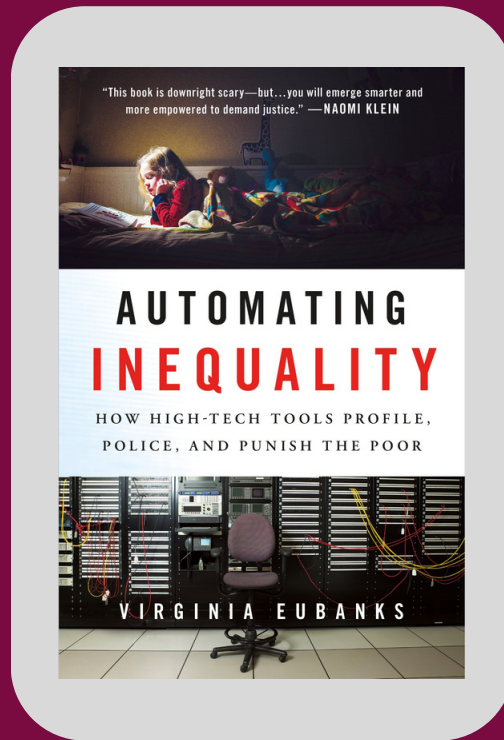


# AUTOMATING INEQUALITY: STUDY GUIDE



HOW HIGH TECH TOOLS PROFILE,  
POLICE, AND PUNISH THE POOR

PREPARED BY  
**DATA FEMINISM NETWORK**



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# INTRODUCTION

## Meet the Author!



**Virginia Eubanks**



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“Virginia Eubanks is an Associate Professor of Political Science at the University at Albany, SUNY. She is the author of *Automating Inequality: How High-Tech Tools Profile, Police, and Punish the Poor*; *Digital Dead End: Fighting for Social Justice in the Information Age*; and co-editor, with Alethia Jones, of *Ain’t Gonna Let Nobody Turn Me Around: Forty Years of Movement Building with Barbara Smith*. Her investigative reporting and personal essays have appeared in *The New York Times Magazine*, *Scientific American*, *The Nation*, *Harper’s*, and *Wired*. She is currently working on a memoir about community violence, PTSD, and caregiving. With Andrea Quijada, she is gathering oral histories of the global automated welfare state for *Voice of Witness*. She is a 2022 scholar-in-residence at the Electronic Privacy Information Center (EPIC). She lives in Troy, NY.”

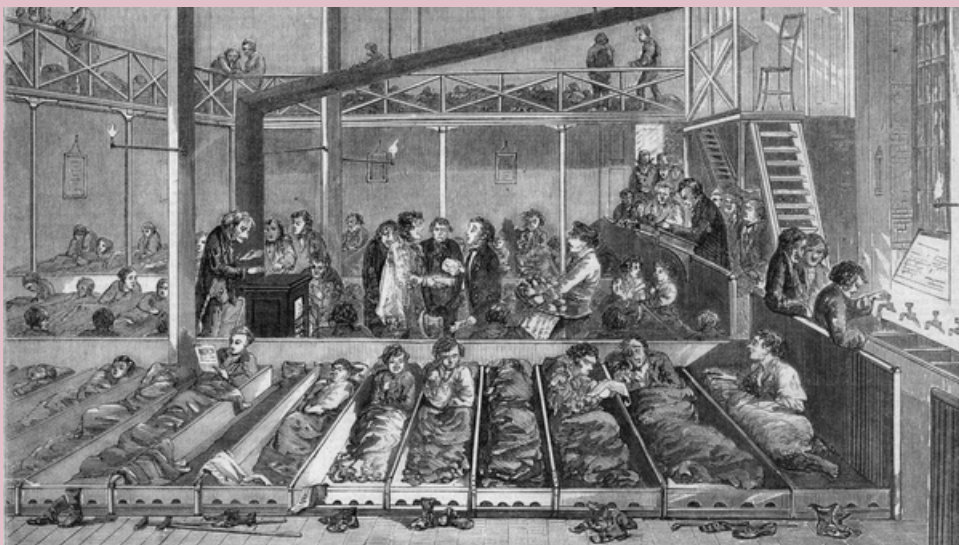
Source: <https://virginia-eubanks.com/about/>

# INTRODUCTION

One night in NYC Eubanks' partner of 13 years, Jason, was jumped by four men who broke both his eye sockets, one of his cheekbones, and his jaw in half a dozen places. A few days after surgery, Eubanks went to pick up Jason's prescription but was told it was canceled because they "no longer had health insurance". As far as Eubanks knew, they did indeed have health insurance. She was told this error was a technical glitch, but Eubanks assumed they had been red-flagged. Just one week before the accident, Eubanks had switched insurance providers. They had the new insurance for barely one week before accumulating thousands of dollars worth of claims. This was common fraudulent behavior and was most likely the cause of their canceled insurance coverage. **Insurance providers increasingly use algorithms to automatically red-flag fraudulent behavior.** Health care fraud is a massive issue - according to the FBI, it costs nearly \$30 billion a year. Employing algorithms to identify fraud doesn't seem like a terrible idea, but when you take a moment to explore the implications automated decision making has on human lives, you'll see it can exacerbate inequalities. In Eubanks' experience, "being cut off from health insurance when you feel most vulnerable, when someone you love is in debilitating pain, leaves you feeling concerned and desperate" (4). Eubanks acknowledges that she was lucky. She had a generous community who helped fundraise, she had the knowledge to understand that she had probably been red-flagged by an algorithm, and she had a flexible job that allowed her to spend endless hours on the phone with her insurance provider to advocate for herself. **Marginalized groups are often made worse off by automated decision making tools** and are scrutinized when accessing public services or simply by existing as they are.

## What is the 'digital poor house'?

The digital poorhouse originates from 19th century government facilities, known as poorhouses, that attempted to 'manage' poverty by providing housing and labor to the poor. Poorhouses promised to provide relief for the poor, yet they instead blamed, imprisoned, and punished them (15). One poorhouse confined mentally ill people to 4.5 by 7 foot cells for up to six months at a time with only straw to sleep on and no sanitary facilities (15). While physical poorhouses no longer exist, "their legacy remains alive and well in the automated-decision making systems that **encage and entrap today's poor**" (16). Today's digital tools, Eubanks explains, "spring from punitive, moralistic views of poverty and create a system of high-tech containment and investigation" (16). The digital poorhouse "deters the poor from accessing public resources, polices their labor, spending, sexuality, and parenting; tries to predict their future behavior; and punishes and criminalizes those who do not comply with its dictates" (16). What is the result of these poverty management systems? A society that "creates ever-finer moral distinctions between the "deserving" and "undeserving" poor, categorizations that rationalize our national failure to care for one another " (16).



HOMELESS MEN COMING FOR SHELTER IN 19TH CENTURY LONDON.  
(CREDIT: MANSELL/THE LIFE PICTURE COLLECTION/GETTY IMAGES)

\*The following sections explore three different case studies that “investigate the impacts of high-tech sorting and monitoring systems on poor and working-class people in America”. As the cases will demonstrate, the supplementation of automated tools in the public sector in America resulted in either losing access to the public care and services poor people relied upon or **increased surveillance for using public resources** in the first place. The systems were more so built upon the goal of increased efficiency and spending rather than lifting people out of poverty.

## CASE #1: AUTOMATED ELIGIBILITY FOR INDIANA’S WELFARE SYSTEM

In Indiana, Lawmakers used automation to save money and streamline the state’s welfare system. By the way it rolled out, it seemed like one of the intentions was actually to break the relationship between caseworkers and the families they served. Prior to automation, welfare workers would be in charge of specific cases and develop relations with those they were helping. Workers were replaced with online forms and regional call centers, which meant workers were no longer connected to ongoing cases. This disconnect resulted in a million benefits denials in the first three years of the experiment, which was a 54 percent increase from the three years before.

Eubanks visits the town of Tipton, Indiana, to meet Sophie Stripes, a six-year old girl who lost her medicaid benefits during the automation experiment. Sophie was diagnosed with failure to thrive, global developmental delays, and periventricular leukomalacia, a white matter brain injury that hurts newborns and fetuses. She also had 1p36 deletion syndrome and significant hearing loss in both ears. For the first two years of Sophie’s life, all she could do was lie on her back (40). Thanks to medicaid and public health resources, Sophie’s life drastically improved as she got older - she could move, go to school, and socialize. In 2008, however, Sophie’s dad lost his job and as a result, their family’s health insurance.

Her mom applied for the Healthy Indiana Plan that provides health insurance for low income adults in catastrophic situations. Due to changes at FSSA, application decisions were no longer made at the local level but with a call center operator 40 miles away. Soon after, there was a letter from the FSSA addressed to six-year old Sophie, telling her she would be kicked on Medicaid because of a “failure to cooperate” in establishing her eligibility for the program. Kim was told her application would be taken care of and did not know of the other required conditions to ‘cooperate’. Sophie's medical care cost nearly \$6,000 a month. Her family sought out the help of Dan Skinner, a volunteer with United Senior Action, who rallied a huge team of supporters, including the director of the Generations Project, an organization dedicated to addressing health care issues in Indiana, and spread the word about Sophie's case on the media and through a press conference. They were able to get a meeting with Lawren Mills, the Governor's policy director for human services, and the next day, Sophie's Medicaid was reinstated. Sophie's life improved over the following seven years, but unfortunately, one day she got sick and the doctor said “her heart simply stopped” (83).

The impacts of automation were especially devastating to poor and working-class people of color, despite the majority of public assistance recipients in Indiana being white. “According to census data, in 2000, African Americans made up 46.5 percent of the state's TANF rolls, and whites held a very slim majority in the program, at 47.2 percent. At the end of the automation experiment in 2010, the gap between white and African American TANF and food stamp/SNAP recipients had widened” drastically (80). The African American population had grown over the decade, yet TANF rolls were now 54.2 percent white and only 32.1 percent African American.

“By narrowing the gate for public benefits and raising the penalties for noncompliance, it achieved stunning welfare roll reductions” (82).

“In the end, the Indiana automation experiment was a form of digital diversion for poor and working Americans. It denied them benefits, due process, dignity, and life itself” (83).

## CASE #2: AN ELECTRONIC REGISTRY OF THE UNHOUSED IN LOS ANGELES

In 2013, LA initiated a coordinated entry system to make the process of housing those who were most vulnerable more efficient. In essence, it was a sort of match.com for unhoused people and appropriate available resources. It was built upon two philosophies: prioritization and housing first. Prioritization is supposed to focus resources for the chronically unhoused as opposed to those facing crisis homelessness. Previously, the crisis homeless, those facing short-term emergencies due to job layoffs, evictions, sudden illness, etc., would self seek resources and with a small, time-limited investment, could “avoid the downward spiral into chronic homelessness” (92). The chronically unhoused, on the other hand, “got nothing at all” (92). The initiative aims to put individuals and families into housing as quickly as possible and then offers other support and treatment resources to address issues like addiction. **In return for potential housing, the system “collects, scores, and shares some astonishingly intimate information”** of the unhoused and “catalogues, classifies, and ranks their traumas, coping mechanisms, feelings, and fears” (85).

To sign up for the service, people were asked to answer deeply private or even intentionally criminalizing questions about personal behavior. The assessment tool “collects vast amounts of information and sifts it for risky behaviors” (93). Some of the assessment questions include:

- “In the past six months, how many times have you received health care at any emergency department/room? Used a crisis service including sexual assault crisis, mental health crisis, family/intimate violence, distress centres and suicide prevention hotlines?”
- “Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that?”
- “Have you threatened to or tried to harm yourself or anyone in the last year?” (93)



This data is then distributed to 168 different organizations, from city governments to nonprofit housing developers, to health-care providers, and most notably, the Los Angeles Police Department “when required by law or law enforcement purposes... to prevent a serious threat to health or safety” (94).

To examine the impacts of this new coordinated entry system, Eubanks visits Skid Row, a notoriously impoverished neighborhood in LA. She meets Monique Talley at the Downtown Women’s Center (DWC), an organization dedicated to supporting poor and unhoused women. Monique had a history of unstable housing before she ended up at the DWC. She faced many challenges: “maintaining sobriety, being separated from her children, and dealing with mental and physical health issues that grew more severe the longer she lacked housing” (96). A case worker approached Monique one day to see if she wanted to take the coordinated entry system survey. She preferred to take the survey with someone she trusted, but was willing to be vulnerable to get a roof over her head. She was fortunate to receive housing and be off the streets. Monique doesn’t actually know why she was prioritized for housing, over the other women she knows. “They went through the same shit I did,” Monique explained, “and three years later they’re not housed. In the back of my mind it’s like... something’s wrong with that picture” (98).

Another person Eubanks meets is Uncle Gary Boatwright. He had significantly worse luck than Monique with the coordinated entry system. Gary has had many careers: welder, mason, paralegal, door-to-door salesman, law student, and most recently, a processor for a wholesale mortgage lender (99). He was laid off and forced to sell his car, what he considered his “piggy bank,” when he got a ticket for leaving it in a public park. Once his unemployment benefits ran out, Gary was kicked out of his sober living home and moved to the streets. Over the course of five years, he collected twenty five separate tickets for crimes affiliated with homelessness: “unlawfully entering or remaining in a park, failure to leave land as ordered by a peace officer, storage of personal property in public spaces, jaywalking, littering, and unauthorized removal of a shopping cart, among others” (101). Gary has applied through the coordinated entry system three times.

He doesn't know exactly why, but assumes it is his "inability to bow down" and keep his personal integrity (103). In other words, he refuses to give up his privacy and rights.

Gary was fully justified in his skepticism of the system, as **these data were being used for other purposes like to surveil and criminalize the unhoused** (114). "The pattern of increased data collection, sharing, and surveillance," Eubanks explains, "reinforces the criminalization of the unhoused, if only because so many of the basic conditions of being homeless - having nowhere to go to the bathroom - are also officially crimes. If sleeping in a public park, leaving your possessions on the sidewalk, or urinating in a stairwell are met with a ticket, the great majority of the unhoused have no way to pay resulting fines. The tickets turn into warrants, and then law enforcement has further reason to search the databases to find "fugitives". Thus, data collection, storage, and sharing in homeless service programs are often starting points in a process that criminalizes the poor" (117).

The unhoused in Los Angeles are faced with a difficult dilemma: either share risky or illegal behavior on the survey to score higher on the priority list and risk law enforcement scrutiny, or withhold sharing vulnerable information and not get housing at all. The coordinated entry system, therefore, "is not just a system for managing information or matching demand to supply. It is a surveillance system for sorting and criminalizing the poor" (121).

## CASE #3: A RISK MODEL THAT ASSESSES WHICH CHILDREN WILL BE FUTURE VICTIMS OF ABUSE IN ALLEGHENY COUNTY, PENNSYLVANIA

For the third case study, Eubanks examines how the Allegheny Family Screening Tool (AFST), a predictive risk model used by a small county in Pennsylvania to forecast child abuse and neglect, disproportionately impacts poor people. The AFST makes its predictions based on 132 variables, including length of time on public benefits, past involvement with the child welfare system, mother's age, whether or not the child was born to a single parent, mental health, and correctional history (137). When the child abuse and neglect hotline is called, intake screeners extensively review the family's history and then run the AFST to make the final call if a family will be screened in for investigation. The AFST is meant to support, not supplant, human decision making. Yet, it demonstrated to be very influential on the final decision.

There are two major problems with the model: 1) it only has access to the data it has access to. The AFST is built on data about access to public programs, so, if you're receiving mental health services through private insurance or you access financial help through your family, you're not in the system. **This is a form of poverty profiling where poor parents who rely on public services for child support are drawn into a feedback loop of highly invasive surveillance.** Similar to the Indiana automated eligibility system, the AFST "interprets the use of public resources as a sign of weakness, deficiency, even villainy" (168).

The second major problem is that the system uses proxies to stand in for actual child maltreatment data. This means there's not enough data to actually produce a viable model. For example, in Allegheny County black and biracial families are 3 and ½ times more likely to be called on by either mandatory reporters or anonymous callers. This leaks racial injustice into the system. The design flaws that are inherent to the algorithm limit its accuracy. Because it uses proxies, it "predicts referrals to the child abuse and neglect hotline and removal of children from their families ... but not actual child maltreatment" (145).

According to the US Centers for Disease Control's Division of Violence Prevention, the biggest risk factors for child abuse and neglect include "social isolation, material deprivation, and parenting stress, all of which increase when parents feel watched all the time, lose resources they need, suffer stigma, or are afraid to reach out to public programs for help. A horrible irony is that the AFST might create the very abuse it seeks to prevent" (169). In other words, parents may stop accessing public resources out of fear of scrutiny and therefore put their children at more risk.

"A family scored as high risk by the AFST will undergo more scrutiny than other families. Ordinary behaviors that might raise no eyebrows before a high AFST score become confirmation for the decision to screen them in investigation. A parent is now more likely to be re-referred to a hotline because the neighbors saw child protective services at her door next week. Thanks in part to the higher risk score, the parent is targeted for more punitive treatment, must fulfill more agency expectations, and faces a tougher judge. If she loses her children, the risk model can claim another successful prediction" (169)

# DISCUSSION QUESTIONS

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1. What are public systems like in your country and how do they uplift or subordinate poor people?
2. How can the support/supplementation of human decision making with automated tools harm the people they are intended to support?
3. In what ways could people of color, minoritized genders, people with disabilities, and people with intersecting minoritized identities be impacted by automated eligibility, the housing match-maker, and the AFST?
4. Eubanks explains how reliance on public resources leads to increased surveillance and scrutiny, how can we rethink our systems to equitably benefit everyone?

