

Chapter 5: Project 3: Project Recommendation

To help the Church to engage in public policy advocacy, this chapter will offer, A) some hints how to be involved in public policy advocacy process and B) Out of many policy issues it will narrow down to a few policies that force people to stay homeless permanently and therefore they must be changed.

A) Steps for the Church's Participation in Public Policy Advocacy

Many people might be reluctant to be involved in public policy advocacy because they might not know where to start or think it is very difficult. It is, In fact, rather easier than offering direct services to the homeless and more effective in bringing changes. Legislators and public officers whom we elected are more than willing to hear from us.

Common Good suggests the Three Steps¹

Step 1: Study

We need to deepen our thought about justice and the common good as these are clarified by the Christian faith – and to understand the alternative ideals that seek the allegiance of our fellow citizens. Bible study can help with this. Find perspectives in our Christian tradition and in our wider American life. We need to educate ourselves about the details of contemporary social, political, and economic issues so that we can relate Christian convictions to particular political proposals: getting to know issues, the candidates, and their position.

Step 2: Discernment

We use our conscience in discerning how faith in God relates to particular political problems. Through prayer and worship, we can seek to release our conscience from selfish goals and narrow opinions so that we are free to listen with open minds, admit when we are wrong, stand firm when we are right, and be guided in our deliberations and decisions by God's purpose.

Step 3: Action

We use our hands and feet as well as our voices to make the seeds of study and discernment bear fruit. There are many ways to make a real difference. We can participate in registration drives, voter education or elections. We can urge elected representatives to consider the common good in relation to specific issues through our

letters, faxes, and calls. We can discuss issues with our friends and urge them to take

¹ "Public Participation and Welfare Reform" in Faith and Public Issues, *Protestants for the Common Good* (Chicago, 1997), 2-3.

action. We can become members of and give support to organizations whose political purposes agree with ours.

Watkins suggests concrete guideline for public policy advocacy:²

1) Gain access to elected officials and their staffs through building long-term relationships. 2) Organize a significant number of persons of faith to communicate with elected officials and their staffs. 3) Communicating effectively with other people requires: Sensitivity to where they are. b) Clarity about what we want. c) A recognition that there may be compromise.

Communicating effectively:

Remember that you are all politicians. Every day we relate to many different people in order to get things done or to keep things from happening: 1) we recognize where the other person is. 2) Clearly state where we are.

A Congressperson has two major functions:

1) He or she helps constituents as individuals and groups solve problems with the federal government. 2) He or she also represents constituents as public policy is being made. All elected officials have the same two basic functions that U.S. Congresspersons and Senators have – forming good public policy and helping constituents solve problems with the government. Sometimes the most valuable allies we have can be staff.

Forms of direct communication

Involves letter writing, telephoning, visiting, attending down hall meetings, etc. Indirect communication involves writing letters to the editor, submitting op ed pieces to newspapers, calling talk shows, getting a spot on television, etc. Indirect communication helps form the milieu, the general sense of the public that is the backdrop for forming public policy.

Letter writing:

1. A salutation – Say something nice.
2. Your credentials – You are first of all a constituent (which translates into voter). Then you are a parent, student, homemaker, minister, teacher, and physician.
3. A message – State clearly what you are writing about, why you are writing about it and what position you would like the elected official to take.
4. A request for a response.
5. Appreciation for the work of the official.

Effective letters are one page and tightly focused on one issue or piece of legislation.

² Watkins, *Making Difference*, 7-31.

It is generally best not to refer to a group that has asked you to write. What an elected official is looking for is a broad-based consensus among his or her constituency.

Visits:

1. Say something nice.
2. Introduce yourself using the same criteria as the letter.
3. Say you are concerned about this and such because
4. You are wondering where the official is on the issue.
5. Thank the official very much for his or her time.

An optimum number of people to visit an elected official are three.

Phone calls:

For congressional offices, phone calls have the greatest impact if there is a large number of them and if they are made when an important decision is about to be made. State and local officials often prefer phone calls to letters because they do not have staff that can quickly respond to letters.

Persons or groups who want to be effective in communicating with public officials and their staff are always in touch with them.

Any presbytery, synod, or congregation

Would be well served by having a subgroup with responsibility for equipping persons to communicate with public officials who do long-range planning.

Make your denominational public policy office your source for public policy issues; for example, Washington Office for the Presbyterian Church (U.S.A.) or Lutheran Public Policy Office of the Washington State, etc. Join Ecumenical Council or Church Women United in your city and work together with them.

National Low Income Housing Coalition presents lobbying and advocacy tips:³

Lobbying.

Thinking of yourself as a lobbyist may seem intimidating, but lobbying really comes down talking to your Member of Congress or a staff person about an issue of concern to you. As a housing advocate, you can, and should, lobby your Congressional delegation. It is important to remember that you do not have to be an expert on housing policy to lobby. The experience and information you can provide on the housing situation in your Member's district is very valuable to him or her. Indeed, you are the expert when it comes to what is going on in your district or state. And it is the responsibility of Members of Congress and their staffers to be responsive to the concerns of their constituents.

³ *National Low Income Housing Coalition.*

A face-to-face meeting with a Senator or Congressperson is often the most effective way to get your voice heard. However, given the schedule of most Members, you may end up meeting with the staff person who deals with housing issues. Do not be disappointed if this is the case. Staffers have significant input into many policy decisions, so getting to know the staff person and building a relationship with him or her is crucial.

Setting the meeting.

If you know you will be visiting D.C., call in advance for an appointment. If you do not know your Member's phone number, call the U.S. Capitol Switchboard at 202-224-3121 and ask to be transferred. Ask to meet with your Member or his or her staff person who works on housing issues. Tell the person who sets up your appointment: 1) where you are from and what organization you represent; 2) the purpose of the meeting; and 3) the number of people who will be attending the meeting. You may be asked to fax in a request for the meeting rather than giving the information over the phone. Write a short note to the staff person you will meet with to confirm the meeting date, time and purpose and to send any information you think would be useful for the Member or staff person to review in advance. The day before the visit, call to confirm the appointment.

Planning the meeting.

A planned meeting will be a more relaxed and productive. Before you go, set an agenda based on how much time you have—usually no more than 20 minutes or half an hour. Decide what issues you'd like to discuss (usually no more than two or three), how to frame your message positively, and what specific action or actions you would like your Member to take. Unless you have met with them before, do not assume that Members and staff understand the problem. It is best to start with a description of the problem in your community, and then move on to solutions.

In deciding how to frame your message, it helps to know your Member's professional interests and personal concerns, including Congressional committee assignments, memberships and affiliations (often listed on a Member's website). This may help you gauge what your Member's priorities are and why he or she should be interested in what you have to say. It also helps to know how your member voted on housing issues. You can review roll call votes on key bills at <http://thomas.loc.gov>. If the Member's record is favorable, remember to acknowledge his or her past support during the meeting. If a record is unfavorable, remember that today's opponent may be tomorrow's ally.

The meeting.

Be punctual! Security at the House and Senate office buildings can be tight and, if there are hearings or other events in those buildings, the lines to enter the building can be long, so be sure to leave extra time. Be sure also to leave behind items that may trigger a security concern. Before closing the meeting, summarize any agreements reached and any follow up that must be done. Leave the relevant materials. Thank the Member or the staff person for his or her time.

Following your visit.

Send a letter to your Member and his or her staff thanking them for their time and reaffirming your views and any agreements made in the meeting. Send any information or materials you agreed to provide. If you lobbied on an issue being tracked by your state coalition or NLIHC, report the results of the meeting to them. This is especially crucial on an issue such as the National Housing Trust Fund. Monitor your Member's actions on your issue. Continue to communicate with him or her as the issue advances.

Handwritten letters can be especially effective. If you are having a meeting of agency staff, board members, clients, etc., start the meeting by handing out blank paper and having everyone take 10 minutes to handwrite a letter to his or her Member. You can provide a sample letter, but encourage people to describe the problem as they see it.

Collect the letters and then fax and mail them over the course of a few days.

Address letters as follows:

Senate

The Honorable (full name)
Attn: Housing Staffer
United States Senate
Washington, DC 20510

House

The Honorable (full name)
Attn: Housing Staffer
United States House of Representatives
Washington, DC 20515

CALLING YOUR MEMBER OF CONGRESS

The days before a key vote or hearing are critical decision times and an especially effective time to call. A Member of Congress may be contacted through the Capitol Switchboard at (202) 224-3121.

EMAILING YOUR MEMBER OF CONGRESS

Unless you are using an email service like the one on the NLIHC website, it is generally not a good idea to attempt to correspond with your Member using email. Members can receive upwards of 50,000 emails a month and many of these messages will never be read by the appropriate staff. But once you have established a relationship with a staff person and have that staff person's direct email address, email can be an easy and effective way to keep in touch.

OTHER ADVOCACY IDEAS

Visits, letters and calls are not the only ways to communicate your positions to Congress. You can also:

- 1) Invite your Member or Senator to speak at your annual meeting or conference.
- 2) Organize a tour for your Member of your organization's projects that feature real people telling their success stories.
- 3) Get media coverage. Organize a tour for a local reporter, or set up a press conference to tie your issue into a local event. You can also call in to radio talk shows and write letters to the editor of your local paper. Or call your newspaper's editorial page editor and set up a meeting to discuss the possibility of the paper's support for your issue. If you get editorial or other press coverage, be sure to send the clippings to

your Member's office. 4) Elicit the support of potential allies who are influential with your Member-your city council, mayor, local business or religious leaders.

In short, the above hints given by several experts may motivate and encourage the Church in engaging in public policy advocacy.

B) Project Recommendation for Public Policy Advocacy

There are many public policy issues that are related to poverty and homelessness such as Medicaid, Minimum Wage, Second Chance Act, Supportive Housing, Treatment and Discharge Policy for Mentally Ill and Substance Addicted People, Housing Trust Fund, Food Stamp, Section 8, Tax Reform, Civil Rights for the Homeless, Health Care, Temporary Assistance for Needy Families (TANF), Bring America Home Act, Incarceration and Discharge Policy, Emergency Food and Emergency Shelter, Family Self-Sufficiency, General Assistance for Unemployable, Low Income Housing, and many more. But this chapter selected the following five policy issues that have direct impact on and perpetuate homelessness and therefore must be changed.

For this third project I took the following steps to move into policy advocacy action.

1. I consulted local and national advocacy leaders –religious and secular – and compiled 25 policies issues all of which are related to economic justice. After careful study and discussion with advocacy leaders I narrowed them down to a few most pressing policy issues that perpetuate homelessness and must be changed: They are: 1) Medicaid; 2) Minimum Wage; 3) Supportive Housing; 4) Treatment and Discharge Plan for Mentally ill or Substance Addicted people; 5) Second Chance Act. Background information on five policy issues and a sample petition letter to the U.S. House Representatives is attached below.
2. I identified the following groups that are already working on many policies and began to attend their policy advocacy meetings, or joined their group and consulted them and solicited their support.
 - Lutheran Public Policy Office - Rev. Paul Benz – located in Seattle, WA.
 - Universal Health Care- Rev. Paul Pruitt and Mary Margaret Pruitt -Seattle.
 - Washington Association of Churches' Public Policy Commission (WAC). Seattle.
 - Church Council's Public Policy Committee. Seattle.
 - Interfaith Task Force on Homelessness' Public Policy Committee. Seattle.
 - WHEEL - Homeless Women's Advocacy group. Seattle.
 - Governor's Advisory Council – Ending Chronic Homelessness
 - King County Coalition for the Homeless – Committee to End Homelessness –Seattle.
 - Church Women United, Seattle Chapter.

I have been on all these committees except Universal Health Care.
3. I joined the Board of the Seattle Church Women United to bring the advocacy project to its attention and make it CWU's project. The CWU decided to spearhead it.

4. I identified policy makers – local, state and federal level who will receive our letters/petitions. U.S. Senators, U.S. Senate Committees and their subcommittees, Representatives of the Washington State and Washington State Governor.
5. I solicited partners from other advocacy groups to co-sponsor the petitions. They are: Church Women United, Washington State Unit and Seattle Unit, Public Policy Task Force, Church Council of Greater Seattle; Washington Association of Churches; Interfaith Task Force on Homelessness; Washington Lutheran Public Policy Office; Church of Mary Magdalene; Coalition for Women and Religion.
6. I researched and gathered the background information on each of five policy issues.
7. I prepared a petition on each policy to be mailed to seven policy makers, U.S. Congress or local Washington State government.
8. I visited different churches on Sundays and several public meetings to gather signatures on the petition or encouraged them to write letters and to join us on Church Advocacy Day to visit Washington State Legislators.
9. I attended advocacy training workshop offered by Washington Association of Churches and prepared myself with other advocates to visit legislators.
10. I attended the “Church Advocacy Day” at Washington State Government Building in Olympia and talked to Washington State Senators and Representatives on policies related to economic justice and homelessness. I was heard and well received.
11. Although I started this project for my dissertation I committed to work on them even after the dissertation is completed.

1) **Medicaid**

Background information

Medicaid is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.⁴

The Federal statute identifies over 25 different eligibility categories for which federal funds are available. These statutory categories can be classified in to five broad coverage groups: Children, Pregnant Women; Adults in Families with Dependent children; individuals with disabilities, and individuals 65 or over. Within

⁴ Centers for Medicare & Medicaid Services/ 7500 Security Boulevard, Baltimore MD 21244-1850

broad national guidelines which the Federal government provides, each of the states: establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Thus, the Medicaid varies considerably from state to state.

Medicaid program is good one to help the poor. But the problem is that federal as well as local government keeps cutting the funds for Medicaid program. For example, “Governors United in the Fight Against Medicaid Cuts” witnesses:

Fearful that President Bush plans to shift more Medicaid costs to the states, the nation's governors are mounting a bipartisan lobbying effort to stave off new federal limits on the program. Medicaid, the nation's largest health insurance program, is costing the states and the federal government more than \$300 billion a year. The growth of the program, which covers the poor and disabled, has outpaced state revenues, and Medicaid is now a larger component of total state spending than elementary and secondary education combined, according to the National Governors Association. Showing rare bipartisan unity, governors of both parties said in interviews that they would press hard in the coming months to preserve or even increase their current Medicaid allotments.

"I certainly understand the need to balance the federal budget," said Gov. Mike Huckabee of Arkansas, a Republican and the vice chairman of the governors association. "But people need to remember that to balance the federal budget off the backs of the poorest people in the country is simply unacceptable. You don't pull feeding tubes from people. You don't pull the wheelchair out from under the child with muscular dystrophy.”⁵

Here is another New York Times article on *Bush's Proposals Could Lead to Overhaul in State Medicaid*.

The president is considering widespread changes to the Medicaid system, including giving states fixed sums of money, or block grants, instead of basing Medicaid payments on actual health costs and enrollment. It is a prospect that has alarmed governors throughout the nation.⁶

Another local example is this:

Over half a million people in Washington State don't have health insurance and the ranks of the uninsured are rising. Many people cannot afford to pay the rising cost of health care. There are two main reasons that so many people are without health care; people work in jobs that don't provide health care and the state is cutting enrollment in state health care programs. Over 80% of those who don't have health care are working.

Despite the fact that the number of uninsured in the State of Washington is on the rise, state funded health care programs were cut by \$766 million in 2003. Some of the most troubling cuts were to health care for children on Medicaid. Since 2003, 62,000 low-income children have lost their Medicaid coverage. In 2003, the state also cut critical dental services for the

⁵ New York Times December 26, 2004

⁶ Raymond Hernandez and Al Baker, Published: January 9, 2005

nearly 190,000 blind, elderly and disabled and 115,000 low-income parents on Medicaid. Due to pressures in the 2005-07 budgets, all Dental, Vision, and Hearing Services under Medicaid are also deeply threatened. Medicaid which provides health care to 52 million people – including seniors, parents, children, and people with disabilities – is under serious threat.⁷

People who are poor, sick, and have no medical coverage, can easily become homeless and face premature death. Medicaid is directly related to the life and death issue for many poor in this country. We cannot allow that happen.

2) **Minimum Wage**⁸

Background Information

In 1938, Congress passed the Fair Labor Standards Act (FLSA) establishing, among other things, a minimum wage. The law sets a wage floor beneath which workers cannot legally be paid. The minimum wage was last increased in two steps in 1996 and 1997, when it went from \$4.25 to \$5.15, where it remains today. Already, the value of that increase has nearly been eroded away by inflation. Today, a full-time minimum-wage worker earns \$10,712 annually, less than the poverty line for a family of two.

⁷ Health Care Washington

⁸ Source: 2004 Advocates' Guide to Housing and Community Development Policy. National Low Income Housing Coalition; and Presbyterian Washington Office, 2004 Wrap-Up Report. And National Housing (NLIHC) *Out of Reach 2004*.

Over the last 25 years, the federal government has failed to make regular increases in the minimum wage. Because the minimum wage has not been adjusted to account for changes in the cost of living, the minimum wage today actually has less buying power than it did 25 years ago. Legislation to increase the minimum wage to \$7.00 per hour over two years has been introduced, but leaders have not allowed the legislation to be brought to a vote.

HOUSING WAGES (Source: *Out of Reach 2005*)⁹

Table 10 The least affordable states and their Housing Wages are:

<u>States</u>		<u>Counties</u>	
District of Columbia	\$23.56	San Francisco County, CA.	\$29.54
Hawaii	\$22.30	San Mateo County, CA.	\$29.54
California	\$22.09	Main County, CA.	\$29.54
Massachusetts	\$21.88	Stamford-Norwalk, CT.	\$28.88
New Jersey	\$20.87	Ventura County, CA.	\$28.12
New York	\$19.73	Orange County, CA.	\$26.77
Maryland	\$19.62	Santa Cruz-Watsonville, CA.	\$25.83
Connecticut	\$19.30	Alameda County, CA.	\$25.75
Rhode Island	\$18.42	Contra Costa County, CA.	\$25.75
New Hampshire	\$17.58	Nantucket County, MA.	\$25.62
		Boston County, MA-NH	\$25.46
		Westchester County, NY.	\$25.31
		San Jose, CA.	\$25.04

The least affordable metropolitan statistical areas and their Housing Wages are San Francisco, San Mateo, and Main Counties, CA (\$29.54 an hour): *Out of Reach 2005*.

The above figures show that those who earn the minimum wage or less than that cannot afford housing in any state and city. Many of the minimum wage earners are among the homeless with their meager paycheck in their hands. National Low Income Housing Coalition reports that 40 percent of homeless people are working poor. Low wage and minimum wage earners need privilege to live in low-income, subsidized housing but there are not enough of those either. For section 8, most states have long waiting list. Some of them don't even accept applications.

Table 11 State Ranks on 2 bedroom Housing Wage (2005)

STATE RANKS BASED ON TWO BEDROOM HOUSING WAGE AND MIN. WAGE

RANK=LESS AFFORDABLE

Rank	State	Housing Wage for Two Bedroom FMR	Minimum wage for Two Bedroom FMR

⁹ Source: National Housing (NLIHC) *Out of Reach 2005*.

52	District of Columbia	\$23.56	\$5.15
51	Hawaii	\$22.30	\$6.25
50	California	\$22.09	\$6.75
49	Massachusetts	\$21.88	\$6.75
48	New Jersey	\$20.87	\$5.15
47	New York	\$19.73	5.15
46	Maryland	\$19.62	\$5.15
45	Connecticut	\$19.30	\$7.10
44	Rhode Island	\$18.42	\$6.75
43	New Hampshire	\$17.58	\$5.15
42	Alaska	\$17.40	\$7.15
41	Delaware	\$16.46	\$6.15
40	Virginia	\$16.39	\$5.15
39	Nevada	\$16.38	\$5.15
38	Colorado	\$16.01	\$5.15
37	Florida	\$15.68	No Minimum Wage
36	Illinois	\$15.43	\$6.50
35	Minnesota	\$14.64	\$5.15
34	Washington	\$14.55	\$7.63
33	Arizona	\$14.44	No Minimum Wage
32	Pennsylvania	\$14.34	\$5.15
31	Michigan	\$13.92	\$5.15
30	Vermont	\$13.90	\$7.00
29	Maine	\$13.31	\$6.25
28	Texas	\$13.28	\$5.15
27	Georgia	\$13.24	\$5.15
26	Oregon	\$13.12	\$7.05
25	Utah	\$12.98	\$5.15
24	Wisconsin	\$12.45	\$5.15
23	Ohio	\$12.14	\$4.25
22	North Carolina	\$12.14	\$5.15
21	New Mexico	\$12.04	\$5.15
20	Indiana	\$11.97	\$5.15
19	Missouri	\$11.75	\$5.15
18	Idaho	\$11.60	\$5.15
17	Kansas	\$11.55	\$2.65
16	Nebraska	\$11.36	\$5.15
15	South Carolina	\$11.36	No Minimum Wage
14	Louisiana	\$11.31	No Minimum Wage
13	Tennessee	\$11.16	No Minimum Wage
12	Iowa	\$11.07	\$5.15
11	Montana	\$10.98	\$5.15
10	Wyoming	\$10.68	\$5.15
9	South Dakota	\$10.61	\$5.15
8	Oklahoma	\$10.55	\$5.15
7	Kentucky	\$10.33	\$5.15

6	Mississippi	\$10.22	No Minimum Wage
5	Alabama	\$10.14	No Minimum Wage
4	North Dakota	\$10.02	\$5.15
3	Arkansas	\$9.99	\$5.15
2	West Virginia	\$9.73	\$5.15
1	Puerto Rico	\$7.46	\$5.15

The above chart shows that minimum wage is not a living wage, not a housing wage. People cannot afford their life under minimum wage. The national Housing Wage for 2004 was \$15.37 an hour, or \$31,970 a year — almost three times the federal minimum wage. The Housing Wage is the amount a person working full-time has to earn to afford a two-bedroom rental unit at fair market rent while paying no more than 30% of income in rent. The chart shows that the minimum wage has not kept up with the increase in the cost of living. Nowhere in the United States is the minimum wage adequate to afford a 2-bedroom apartment.

Senator Patty Murray wrote to me as her response to my letter in regards to minimum wage issue:

An increase in the minimum wage is long overdue. Had the minimum wage risen with inflation from its height of purchasing power in 1968, the minimum wage would be \$8.70. Millions of hard working Americans will directly benefit from an increase in the minimum wage, as will their families, communities and other workers. In the 109th Congress, Senator Ted Kennedy (D-MA) has introduced S. 1062, the Fair Minimum Wage Act of 2005. This legislation would increase the minimum wage incrementally, to a total of \$7.25 two years after enactment. I am an original co-sponsor of this critically important legislation.¹⁰

Following 13 states have minimum wage higher than the federal \$5.15 (2004)

Washington State -	\$7.16	Oregon	\$7.05
California	\$6.75	San Francisco	\$8.50
Main	\$6.25	Alaska	\$7.15
Illinois	\$6.50	Delaware	\$6.15
Connecticut	\$7.10	Massachusetts	\$6.75
Rhode Island	\$6.75	Vermont	\$7.00
Hawaii	\$6.25		

The following 3 states have lower minimum wages than the federal.

(Kansas - \$2.65; Ohio - \$4.25; Virgin Island - \$4.65)

7 states; Arizona, Louisiana, Mississippi, Alabama, Tennessee, South Carolina, Florida, have no minimum wage law

The rest of 29 states have \$5.15, the same minimum wage as the federal.

Most minimum wage workers are women. The minimum wage has not kept up with the increase in the cost of living. Women earning minimum wage and working full or part-time are unable to afford their housing. Women earn \$.71 for every dollar earned by

¹⁰ A letter from Patty Murray, United States Senator dated October 7, 2005 to Jean Kim.

men. More than half of all women workers are employed in occupations that are more than 70% female.¹¹

Increasing minimum wage is directly related to ending poverty in the United States and offering everyone an equal opportunity to meet ends meet.

The Federal Minimum wage is \$5.15/hour. There is legislation in Congress to increase it to \$7.25.

3) **Second Chance Act**¹²

Background Information

The USA has less than 5% of the world's population, but has 25% of the world's prisoners, which ranks highest incarceration rate in the world. Majority of U.S. prisoners are incarcerated by drug-related crimes (Sojourner magazine, May-June 2003). At the end of 2003, there were 1,470,045 men and women in state and federal prisons in the United States. In addition, counting those inmates in city and county jails and incarcerated juvenile offenders, the total number of Americans behind bars was 2,212,475 on Dec. 31, 2003.

According to Angela Browne, a research scientist at Harvard and Judith Herman, MD, the number of female prisoners has quadrupled in the past 10 years. Women prisoners are the fastest growing segment of incarcerated persons. Seattle Times of November 8, 2004 also reported that the number of women in state and federal prisons is an all-time high and growing fast, with their incarceration rate increasing at nearly twice that of men, the government reported. There were 101,170 women in prisons last year (2003).¹³

The continuing increase in the prison population is a result of laws passed in the 1990's that led to more prison sentences and longer terms, said Allen J. Beck, chief for the Correction Department's Bureau of Justice Statistics.

Few of those who return to our communities every day are prepared for their release or receive supportive services. One-third of all corrections departments provide no funds to prisoners upon release. Many of those leaving jail and prison have chronic health issues, no housing, little education or job training, and generally lack resources to allow them to reintegrate. While research shows that these supportive services are critical to an individual's safe and successful reentry, existing barriers make it difficult, if not impossible, for people with criminal records to access them.

One study found that more than half of these people released from New York state prisons to New York City from 1995 to 1998 entered a homeless shelter in the first month. As a result of these and other barriers to successful reentry, according to a 2002 study by

¹¹ Kim, *Jubilee Manual*, 29.

¹² Source: Human Rights Watch –October 26, 2004 – *No Second Chance*.

¹³ Seattle Times of November 8, 2004

the Justice Department, sixty-seven percent of persons released from state prisons were arrested for a new crime within the first three years after release. Perhaps because they have no other choice but keep committing crime and make prison system or streets their permanent home.

People with Criminal Records Denied Access to Public Housing. Decent and stable housing is essential for human survival and dignity, a principle affirmed both in U.S. policy and international human rights law. The United States provides federally subsidized housing to millions of low-income people who could not otherwise afford homes on their own. However, often U.S. public housing policies exclude many needy people with criminal records.

One-Strike Policies:

Policies mandating criminal record exclusions, generally called "one strike" policies were developed in the 1990s as an attempt to address drug trafficking, violent crime, and disorder in public housing, especially urban high-rise developments. Congress incorporated the one-strike policy into federal housing law. Today, federal law bans three categories of people from admission to public housing: those who have been convicted of methamphetamine production on the premises of federally funded housing, who are banned for life; those subject to lifetime registration requirements under state sex offender registration programs; and people who are currently using illegal drugs, even those with no criminal records. The law unnecessarily harsh and punitive.¹⁴

And therefore, discharge them into the community without much after-care plan can become a huge policy concern. They need to come out of prison with good plan – supportive housing, jobs or job training/educational opportunity, health care etc. Second Chance Act legislation begins to address the reentry of more than 600,000 men and women who return to society each year from federal and state prisons, and the millions more who reenter from local jails.

The Consequence of Exclusion: Denying people the only means of securing safe and affordable housing results in consequences as obvious as they are tragic. People denied public housing live on the streets, in overcrowded shelters, and in squalid transient or SRO (single room occupancy) hotels. Many of them have no housing options other than those that are rife with domestic abuse, violence, crime, and harmful drug and alcohol use. Highly restrictive admission policies are not necessary to reduce crime in public housing. Transient living disrupts a child's education, emotional development, and sense of well-being. Lacking stable housing, children can be removed from their parents' custody, and parents returning from incarceration are often unable to regain custody of their children. Women may be forced consider returning to an abuser to avoid homelessness or find themselves having to exchange sex for a place to stay. People who are inadequately housed, especially those living on the streets or in homeless shelters, are at higher risk for

¹⁴ Human Rights Watch –October 26, 2004 – No Second Chance

communicable disease such as HIV and tuberculosis. For those fighting to remain drug free, relapse is almost inevitable. And the homeless face criminal penalties for living “private lives in public places,” for example, when they sleep and relieve themselves on

the streets. Recidivism becomes a self-fulfilling prophecy when offenders are released from incarceration with scant survival options.

Spending on prison grew 60% over the last decade. Total American spending on private security products and services topped \$57 billion in 1996. New York City now spends \$60,000 per year to keep an adult incarcerated, and \$70,000 for each juvenile – more than ten times the amount the city spends per pupil in public schools.¹⁵

In short, we need a policy to redirect such huge funds to rehabilitate people by offering them a second chance and help reenter society. Forcing them to make prison system and streets their permanent home won’t help them as well as our society in general. Because to survive they have to repeat their crime and it will continuously disrupt societal order and peace. Therefore, we have to find a way to live together.

4) Supportive Housing

Background Information

SUPPORTIVE HOUSING

Source: LEWIN GROUP. Chart Book, November 19, 2004

Table 12 The Corporation for Supportive Housing

	1	2	3	4	5	6	7	8	9
	Boston	Chicago	Columbus	Atlanta	LA	N.Y.	Phoenix	S.F.	Seattle
S. Housing	\$33.45	\$20.55	\$30.48	\$32.28	\$30.10	\$41.85	\$20.54	\$42.10	\$26.00
Jail	91.78	\$60.00	\$70.00	\$53.07	\$63.69	\$164.57	\$45.84	\$94.00	\$87.67
Prison	117.08	\$61.99	\$59.34	\$47.49	\$84.74	\$74.00	\$86.60	\$84.74	\$95.51
Shelter	\$40.28	\$22.00	\$25.48	\$11.00	\$37.50	\$54.42	\$22.46	\$27.54	\$17.00
Men. Hosp.	\$541.00	\$437.00	\$451.00	\$335.00	\$607.00	\$467.00	\$280.00	\$1,278	\$555.00
Hospital	\$1,770.00	\$1,201	\$1,590	1,637.00	\$1,474.05	\$1,185	\$1,671.00	\$2,030.82	\$2,184.00

According to Seattle Post-Intelligencer of November 30, 2004 (B1, B4), in Seattle and eight other cities (Seattle, San Francisco, Atlanta, Boston, Chicago, Los Angeles, New York, Phoenix and Columbus, OH), supportive housing has proven more successful and cost-effective in dealing with the chronically homeless than relying on jails, prisons, treatment centers, emergency shelters and emergency rooms, mental hospitals, and hospitals –as above chart shows. Combining housing with services and supports for the chronically homeless is not only more humane, but also costs less.

Supportive housing” is housing in which an array of services – such as mental health and employment counseling, and drug and alcohol treatment – is provided to help end the persistent homelessness seen in about 20 percent of the overall homeless population locally and nationally. Without such supports, many chronically homeless people repeatedly move

¹⁵ Kawachi and Kennedy, *The Health*, 111.

from streets to shelters, emergency rooms, prisons or mental hospitals – and then right back to the streets.

Supportive Housing Benefits: Studies in various communities have shown that supportive housing can: Reduce ER visits by 58%. Reduce emergency detox services by 85%. Decrease incarceration rates by 50%. Increase earned income by 50%. Increase the rate of employment by 40% (when employment services are provided). Help more than 80% of at-risk people stay in household for at least one year.

About 150,000 to 250,000 people and 30,000 families are considered chronically homeless, said Nan Roman, chief executive of the National Alliance to End Homelessness. Carla Javits, chief executive of the Corporation for Supportive Housing, said an estimated 50,000 to 80,000 units of supportive housing for the homeless are available nationwide. "A lot of groups have been doing this, but there is not enough," she said. "Most shelters can't help them." It costs about \$13,000 a year to provide services to a resident of supportive housing, Javits said. But studies have shown that hospital visits, jail time and detox time fall dramatically for such residents.

5) Treatment and Discharge Policy for the Mentally Ill and Substance-Addicted

Background Information

Each night, about 800,000 Americans are homeless, and 31 percent of homeless adults report both mental-health and substance-abuse problems; an additional 32 percent struggle with one or the other. Mentally ill and substance addicted people are often treated like criminals and thrown into prison system or to the streets. Our government offers neither adequate treatment nor prevention program for this population.

Only 14 percent of them have health insurance that covers all their mental health care needs. The remainder has insufficient or no mental health insurance at all. Most are falling through the cracks. People with untreated mental illness often fail when they become unable to hold a job or keep their home.

Many organizations that administer Medicaid mental health dollars have begun turning away non-Medicaid individuals because there is no funding for their care. Thousands are soon expected to show up for care at the local community health centers and emergency rooms. Washington's community health centers already have seen a 112 percent increase in visits for mental health reasons from 2000 to 2003. This goes on all over the country. Either we start implementing smart solutions to care for people with mental illness or we continue on a path that will create a population of people too sick to heal and a system that cannot ever provide enough care to those needing it.

Leaving mentally ill people on the streets or in prison is immoral and unethical for such an affluent nation like the United States. They don't belong to the streets nor jail or prison. They need to be in caring community with ongoing treatment and support and housing. Therefore, caring for people with mental illness should be the state's and nation's top priority.

Those with addictions generally go through detoxification programs an average of 11 times. These are, typically, the hardest to house: Turned away by programs that demand

sobriety or a clean bill of health, many people with these problems have spent years on the streets or in psychiatric hospitals.

In 1965, Sen. Robert F. Kennedy told Congress, “The addict is a product of a society. In taking up the use of drugs the addict is merely exhibiting the outermost aspect of a deep-seated alienation from his society, of a combination of personal problems having both psychological and sociological aspects...solving it really means solving poverty and broken homes, racial discrimination and inadequate education, slums and unemployment.”¹⁶

Hal Joseph Recinos, professor of theology, culture and Urban Ministry at Wesley Theological Seminary pointed out that our time is a drug culture: Nearly 20% of infants born in American city hospitals are substance addicted. He sees the violence and drugs in the city as, in part, byproducts of the structures of racism: Powerful leaders of white society have limited the structure of opportunity for people of color, forcing the people of the ghetto to find other ways to survive. ...“In 60s, the white’s suburban flight leaving poor people of color in city, Vietnam war brought an increase of heroin traffic to inner cities. Through Reagan’s support of Contras and war in Central America contributed to the spread of crack in North America. Geopolitical realities have a way of directing drugs to urban streets and profits into white-collar hands. Drug trade is an international profit-motive business sponsored outside of the ghettos.”

He added, “African American men between the ages of 15 and 24 would have stood a better chance of surviving combat in the Vietnam War than their own neighborhood.” He also indicated that “the church has failed to address the urban violence associated with the international drug trade.”¹⁷

Mary Barr, recovered drug addict and advocate writes: “I was addicted to crack, was a homeless mother, and had been incarcerated over 40 times. But Thanks to my enrollment in a long-term treatment center. The current U.S. War on Drugs is not working. Instead, it is creating disturbing and expensive consequences for our society, especially for children. Today the U.S. generates the greatest demand for drugs and has the largest number of prisoners in the world, a quarter of which are non-violent drug offenders. Families are regularly broken apart, leaving children to pay the price for a system that prefers to spend more to make people worse off than to invest in treatment and prevention.”¹⁸

In short, our society seems to view the mentally illness and substance addiction as legal problems rather than medical problem. Incarcerating them as criminals wouldn’t solve the problem. Both groups need treatment. We will not end chronic homelessness with this particular population that fills up the street homelessness until we have created a well-funded comprehensive discharge plan with on-going treatment, support service, job training, jobs and housing. Many of them may never become self-sufficient and the society must care for them. They don’t belong to the streets. Period!

¹⁶ Source: Sojourner magazine, May-June 2003.

¹⁷ Source: Sojourner – May-June 2003.

¹⁸ World Pulse Magazine, Winter, 2004,55

A Sample Petition

February 15, 2005

The honorable Representative Jay Inslee
(Washington 1st District)
403 Cannon House Office Building
Washington, D.C. 20515

RE: Second Chance Act

Representative Inslee:

We appreciate to have you representing us in the state of Washington.

We are writing to you to express our concern for discharge plan for incarcerated people in our country. The U.S.A. has the highest incarceration rate in the world. At the end of 2003, there were 1,470,045 men and women in state and federal prisons in the United States. The number of women in state and federal prisons is growing fast. Many of them are mothers.

Decent and stable housing is essential for human survival and dignity. This is a principle affirmed both in U.S. policy and international human rights law. However, in the U.S., people with criminal records are denied access to public housing. They have no means to survive except to keep committing crimes, thus making prisons or the streets their permanent home. Such law has become a substantial moral, ethical and a policy issue.

Therefore, we, the members and supporters of the Church Women United, urge you to support the "Second Chance Act" legislation so that once convicted, a person, especially women who have children, can have another chance to recover from past wounds.

We also hope that you urge U.S. Congress to repeal federal laws that impose bans on public housing for certain types of offenders and urge in place of a ban their having equal accessibility to housing. Thank you very much for your service for us.

Signed by: Print your name Address and Telephone Number

.....
.....

The above petition is sponsored by the Church Women United and co-sponsored by Public Policy Task Force, Church Council of Greater Seattle; Washington Association of Churches; Interfaith Task Force on Homelessness; Washington Lutheran Public Policy Office; Church of Mary Magdalene; Coalition for Women and Religion;