**Chapter 14: Becoming Policy Advocates in the Criminal Justice Sector**

***Policy Advocacy Learning Challenges and Exercises***

***Excerpted from the book*POLICY ADVOCACY LEARNING CHALLENGE 14.1**

**Connecting Micro, Mezzo, and Macro Policy Interventions**

*By Marilyn Montenegro, PhD, MSW*

*2002 NASW Social Worker of the Year recipient*

Stella is a 62-year-old woman with a long history of addiction and convictions for drug-related violations. When she was released from prison in 2010, she was able to enter a drug treatment program. She said that she had been trying to get into treat­ment for some time and that this was her first opportunity to change her life. While she was in the treatment program, a social worker assisted her in applying for Supplemental Security Income (SSI) based on her mental illness, diabetes, and hepa­titis C. Stella graduated from the treatment program in 2011 and decided to move into the agency’s sober living facility. A few months later she was approved for SSI and now receives $854 a month.

As a result of her sobriety, she reestablished relationships with her family. Stella and her sister decided that since they were both eligible for low-income housing, they would get an apartment together in a building for low-income seniors. The women applied at a number of senior buildings; often they were placed on a waiting list, but two of the buildings had immediate openings, and the sisters filled out rental applica­tions and agreed to a background check. In addition to a credit history, a criminal history was obtained for both women. Stella was denied housing based on her criminal history (Code of Federal Regulations 24 C.F.R 982.553). Her sister, who has no criminal history, was approved and has since moved into the senior building.

Stella says she is tired of sharing a room with strangers and has been looking for an unsubsidized single apartment, hoping that they will not check her criminal his­tory. So far she has been summarily rejected.

**Learning Exercise**

1. What are some of the ethical violations that Stella experienced?
2. If you were the social worker assigned to Stella’s case, what could you have done at the micro policy level to avoid, or remedy, this situation?
3. Imagine that the California Department of Fair Employment and Housing has com­missioned you to write a policy brief on housing practices affecting formerly incarcerated persons. Using Stella’s case, outline some of the mezzo- or macro-level recommendations you would propose to reform current policy.

**POLICY ADVOCACY LEARNING CHALLENGE 14.2**

**Connecting Micro, Mezzo, and Macro Policy Interventions**

Discussing the Ethics of “Three Strikes”

Visit the website of Families to Amend California’s Three Strikes (www.facts1.org) and read one of the “3 Strikes Stories.” In small groups, discuss the following:

1. Do you think this person deserves to be sentenced to life in prison? If so, why?
2. If not, what would be a fair or more appropriate sentence?
3. In what ways could social workers intervene at the micro and mezzo levels to help individuals keep from repeating crimes?
4. In what ways could social workers intervene at the macro level to change three-strikes laws in their state?

**POLICY ADVOCACY LEARNING CHALLENGE 14.3**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

Should They Be Released?

Material drawn from The Real Cost of Prisons Project website: [realcostofprisons.org/writing/Muise\_Compassionate\_Release.pdf](http://realcostofprisons.org/writing/Muise_Compassionate_Release.pdf)

Picture 92-year-old Nick leaning on his cane, out of breath, in the quad at the largest men’s prison in Massachusetts. Nick is making one of his three trips a day across the prison complex to get his life-sustaining medications, and is forced to ask another prisoner to dig nitroglycerin out of his pocket so he can address the heart episode he is experiencing. Nick was sentenced to life in prison more than 40 years ago for murdering his wife when he caught her with another man. He was drunk at the time. He had no prior criminal history, and has expressed remorse for his crime.

Also picture Frank, a 70-year-old diabetic and Vietnam War veteran, in his wheel­chair. Frank has had both legs amputated and is unable to see well enough to write his son to tell him about a guard in the assisted care facility at the prison who would not allow him to be wheeled over to a church service. Frank was sentenced to life in prison 27 years ago on a third strike for armed robbery. His previous convictions include unarmed robbery and petty theft. As a young father, Frank had been laid off and resorted to stealing to support his wife and three kids. His wife is now deceased. Like Nick, Frank has also expressed remorse for his crimes.

Both men are model prisoners, with no infractions in the past 25 years. The family members of both men are fighting for their release, but Massachusetts is one of only a few states that does not have some type of compassionate/medical release law that allows seriously ill prisoners to be released to more appropriate care. The cost to care for aging MA prisoners ranges from $75,000 to $115,000 per prisoner per year, as opposed to about $44,000 for a healthy man or woman. The managed care these men would receive outside of prison walls is a fraction of the cost of in-prison care.

**Learning Exercises**

Consider the following questions from the points of view of (1) a terminally ill pris­oner’s doctor, (2) a terminally ill prisoner’s son or daughter, (3) a member of the victim’s family, and (4) a concerned taxpayer:

1. Should prisoners like Frank and Nick be granted compassionate release?
2. What guidelines do you think should be used to determine the release of elderly or severely/terminally ill prisoners?
3. Who should ultimately get to decide the fate of terminally ill prisoners?
4. Do the risks of releasing prisoners like Nick and Frank outweigh the benefits in terms of the healthcare savings?
5. How might you engage in micro, mezzo, and/or macro level policy advocacy to improve the situation of terminally ill prisoners?

**POLICY ADVOCACY LEARNING CHALLENGE 14.4**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

Improving the Rights of Prisoners

*By Marilyn Montenegro, PhD, MSW*

*2002 NASW Social Worker of the Year recipient*

Manuel was raised in an urban community, and most of the young people identified to some extent with the neighborhood gang. After a series of encounters with law enforce­ment, he was sent to prison for a four-year term, not an unusual progression for young Latinos from his neighborhood. Once in prison, he found old friends, gang members from his community. He was quickly identified as a gang member and confined in the Security Housing Unit (SHU). He was placed in a windowless, soundproof 8-by-10-foot concrete cell (about the size of a small bathroom). On a good day he remained in the cell for only 22 hours; often it was longer. He was told that the only way he could return to the “general population” was to “debrief” or identify fellow prisoners as gang mem­bers. He knew that Hugo Pinell had been held in the SHU for over 40 years and was overwhelmed with fear that he would live the rest of his life in the SHU.

Manuel joined approximately 6,000 other prisoners in the SHU hunger strike in 2011, supporting the five key demands to (1) end group punishment, (2) abolish the debriefing policy, (3) end long-term solitary confinement, (4) provide adequate food, and (5) provide constructive programming.

After three weeks, prison officials agreed to consider the demands but asked for time. The strike stopped, and many, including Manuel, were filled with hope. But even after a legislative hearing and a second hunger strike, nothing changed. Two attorneys, members of the mediation team, were barred from the prison pending investigation. Investigative journalists became interested in the story of torture and attempted to visit the SHU and interview prisoners involved in the hunger strike. The prison refused to allow media to conduct face-to-face interviews with specific prisoners or even indi­viduals involved in the strike (Title 15, Section 3261 (a)(2) and 3261.5(a)(1)). A prison spokesperson later said, “The department is not going to be coerced or manipulated.”

Manuel remains in solitary confinement, exhibiting symptoms of severe depression interrupted by bouts of rage.

**Learning Exercise**

1. Imagine that you are a social worker who has decided to become Manuel’s advo­cate. What are some avenues you would explore at the micro level to help his current situation?
2. What might be done additionally at the mezzo level to improve conditions and change regulations within individual prisons related to solitary confinement and hunger strikes?
3. A local senator has agreed to meet with you regarding Manuel and the ethical concerns you’ve raised about his solitary confinement. Develop a 15-minute PowerPoint presentation about macro-level correctional polices for youth gang members, including preventative services.

**POLICY ADVOCACY LEARNING CHALLENGE 14.5**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

The Impact of Prisons on the Communities That Surround Them

View the four-minute trailer for the film Prison Town, USA (it can be accessed at <http://www.pbs.org/pov/prisontown/> ). Download the discussion guide to learn more about the town portrayed in the film and the impacts of the Susanville prison on residents of the town. Pay particular attention to the economic impact that building the prison had on the community (p. 9 of the discussion guide). Think about what the possible micro, mezzo, and macro implications of building a prison would be in your town.

**POLICY ADVOCACY LEARNING CHALLENGE 14.5**

**Connecting Micro, Mezzo, and Macro Policy Advocacy**

Go to the [PBS archives of *Frontline*](http://www.pbs.org/wgbh/pages/frontline/view/)and access its documentary “[The New Asylums](http://www.pbs.org/wgbh/pages/frontline/shows/asylums/)” (2005). After watching the one-hour documentary, discuss these questions:

1. Why do such a large proportion of inmates suffer from substance abuse and mental health problems?
2. Why is it difficult to engage many inmates in mental health interventions in prison settings?
3. Why don’t prisons provide better mental health and substance abuse services?
4. Do you think released prisoners receive follow-up mental health and substance abuse treatment in the community?
5. Does evidence exist regarding whether mental health and substance abuse services decrease the likelihood that prisoners will be repeat offenders?
6. What micro, mezzo, and/or macro level advocacy interventions might help to reduce the number of people suffering from substance abuse and mental health issues who become involved in the criminal justice system?

**POLICY ADVOCACY LEARNING CHALLENGE 14.6**

**Connecting Micro, Mezzo, and Macro Policy Interventions**

View the video *Enough is Enough* (available at http://www.facebook.com/video/ video.php?v=1371013354970) about formerly incarcerated people. In small groups, discuss the following:

1. At what point do you think a person has paid his or her debt to society?
2. Should restrictions be placed on convicted felons, even after they have com­pleted their sentence (including parole/probation)? If so, what types, and why?
3. Should people with previous convictions be allowed to re-acquire rights they possessed prior to their conviction?
4. What types of micro, mezzo, and/or macro level advocacy might you engage in to help formerly incarcerated people become successful after release?