



League of Women Voters of Northwest Wayne County
Established in Livonia in 1960

VOTER

www.lwvwww.org

Serving: Canton, Garden City, Livonia, Northville,
Plymouth, Redford, Wayne and Westland

November, 2009
Volume XLVIX, No. 7

Calendar

Next Membership Meeting: Monday, November 16th, 7:00 pm, Livonia Civic Center Library

This meeting will kick off our local League's work on the re-study of the LWVMI's position on Prisons. Our speaker, Penny Ryder, is the Executive Director of the Criminal Justice Program for the American Friends Service Committee. At a later meeting in 2010, we will be working on seven consensus questions. The first question and background information was printed in the September *Voter*. The second question is covered on page 4-7 of this *Voter*. All the questions will be available in handouts at the 11-16 meeting and additional background information will be published in future *Voters*.



Used Book Sale: The weekend of April 23-25, 2010 is planned for our League's only fundraiser. Start collecting books!

50th Anniversary Luncheon: Planned for Saturday, May 1st. Mark your calendars!

VOTER REGISTRATION FAIR

Three beautiful days in September were the setting for the Fall Festival at Schoolcraft College which introduced students to the many resources and activities at the College, and provided a venue for non-profit organizations that support the College's educational mission. Once again, the League was invited to participate, and we successfully registered 60 new voters. Many thanks to Angela Ryan who was the project coordinator for this event. She worked with Schoolcraft to iron out details and organized the schedule of League members to work the event. In addition, she took responsibility for delivering all the new voter registrations to the appropriate clerks in Wayne County.

We are grateful to these members who helped at the Fair: Lena Packer, Val Vandersloot, Jean Cogill, Laura Callow, Toni Shepherd, Roberta Young, Esther Friedrichs, Sue Wabeke and Rosita Trimble.

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The League of Women Voters is a non-partisan, political organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influence public policy through education and advocacy.

The work of the League is financed by the dues of members and by contributions from citizens in the community.



Another election is behind us, and the League did its part to provide non-partisan information about the candidates to our area voters. We held three candidate forums in October and appreciate all those who helped with the Livonia and Plymouth-Canton events: Charlene Krygier, Ann Abdoo, Laura Callow, Anne Marie Graham-Hudak, Toni Shepherd and Angela Ryan. All of our forums received publicity from the Observer Newspapers, and were all broadcast on local cable stations. We are grateful to the Cities of Livonia and Plymouth for allowing us to host the forums in their buildings, and also to Bighthouse Network, Comcast Cable and the WOW Cable.

Voter Guides for all the contested races in our area were posted on our website, and we provided print copies of the Guides for Livonia City Council, Plymouth City Commission and Plymouth-Canton School Board to 5 different libraries. Many thanks to Anne Marie Graham Hudak, Charlene Krygier, Angela Ryan for helping to deliver all the Guides.

This past week, I received an email from our state president, Jessica Reiser, who was passing along a note that the LWV office in Washington had received from a Canton resident. It said,

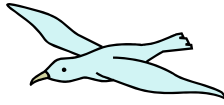
“I live in Canton, MI and today we had an election. The only place I was able to find some information on the candidates running for the school board was your website. Thank you for helping me vote. I depend on your research for each election.”

It is gratifying to know that the information we provide is helpful—and how nice that this voter took the time to send a thank you!

We'll be gearing up soon for the May school board elections, but for now, we'll take a little break and devote our energies to other League projects.

I hope to see you at the November 16th meeting.

ARE YOU A SNOWBIRD?



Like the League of Women Voters, the Tri-County Office on Aging is partnering with the U.S. Census Bureau to help achieve a complete and accurate count of our population as part of the 2010 Census. Conducted every 10 years, the census defines who we are as a nation.

Census data affect us all. Every year, the federal government allocates more than \$400 billion to state, local and tribal governments based on census data.

Question: I am leaving Michigan for the winter; will I be counted in Michigan or at my winter home?

If residents consider Michigan their permanent home and wish to be counted in Michigan, residents must wait until they get back to Michigan and complete the questionnaire. Michigan residents should **NOT** fill out the questionnaire received at their winter home for it will have the winter home address on it already. There is no place on the questionnaire to put another address.

If they arrive back home in April, they can fill out the questionnaire during the mail back period. Residents who need to obtain a Census Questionnaire can at one of their local Be Counted Center (i.e. TCOA, Libraries, etc).

If returning to Michigan in May, a Census taker (Enumerator) will complete the Census questionnaire in person at their home during the Non-Response Follow Up process.

Question: All of my mail is being forwarded to my vacation home; won't I receive my Census Questionnaire there?

The Census questionnaire is not forwarded; forwarded forms will be returned to the US Census Bureau.

HEALTH CARE REFORM – A REALITY YET?

By the time you read this, the House of Representatives will have voted on HR 3962, the Health Care Reform proposal which includes a public option. League members all over the country have lobbied their legislators to pass a bill that will provide affordable health care for all Americans.

At our September 16th membership meeting, we were lucky to have League Member and Health Care Reform Expert, Beverley McDonald help us sort through the lingo, the myths and the challenges that any major change to our health care system will bring. Here were some of Beverley's key points:

- There are 48 million uninsured Americans and one more million is added to that group each time the unemployment rate goes up a percent.
- COBRA, the plan to allow once-insured workers who are now unemployed maintain their health plan, is prohibitively expensive for most.
- Medicare and Medicaid are successful government-run health plans. It is likely that any new system will be built on those models.
- Health care costs account for 17% of the GNP.
- The costs to individuals for their health care is growing: in 2009 almost 19 million Americans under the age of 65 will spend ¼ of their pre-tax income on health care costs. Nearly half of million of these people are Michigan residents, and the vast majority of them *have* health insurance, which is not protecting them from high out-of-pocket costs.
- 27% of Medicare funds are spent on those in the last 3 months of their lives. 'Life end care' instructions will become increasingly important as health care costs rise.
- Payment for providing health care for the uninsured has to come from

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Cont. from p. 3

somewhere. Funding for the President's proposal would come mostly from tax changes to wealthy Americans.

- Development of electronic record keeping systems will likely be part of any health care reform since many see this as a long-range cost savings.

Amidst all the bantering and politicking about this issue, we have to continue to focus on what is important to us as a nation. Delaying the adoption of health care reform legislation that provides health care to all Americans only prolongs the pain caused by our broken system that currently ignores a significant numbers of Americans. Beverley wasn't able to offer all the answers about health care reform, but she helped us understand some of the rhetoric, the players, and the challenges we face to fix the health care system.

Beverley McDonald is the former executive director for Michigan League for Human Services, a member of many state task force committees on health care access, a former member of Blue Cross Blue Shield Board of Directors, a LWV member, and the founding member of Michigan Consumers Health Care Coalition (LWVMI is a coalition member). She is the editor of Consumer Connection, a health care issues bulletin published by the Michigan League for Human Services. Subscriptions for \$20 can be purchased through MLHS office at 517-487-5437 or www.milhs.org.

SENIOR CELEBRATION

As one of our 50th anniversary activities, the League participated in the Senior Celebration in Livonia on October 2nd. This annual event features displays and opportunities for area seniors, and is topped off by a luncheon. Rep. John Walsh's office is the event organizer, and arranged for the League to have a booth where we passed out our *They Represent You* brochure along with a souvenir ink pen that noted the League's 50th anniversary. We are grateful to the following members who staffed the booth and cheerfully greeted the crowds: Laura Callow, Paula Bowman, Joan Gebhardt and Roberta Young.



Welcome new Members!

Martha Maurer, Northville
Mary Posant, Plymouth
Barbara Schirmer, Canton

LWVMI PRISON RE-STUDY: CONSENSUS QUESTION #2

Should the League support alternatives to incarceration?

- Should alternatives be used for individuals who can be safely managed in the community? (yes or no?)
Should an effort be made to find alternatives to incarceration for persons with mental illness who have committed crimes? (yes or no?)
Should the League support ending incarceration of juveniles in adult facilities? (yes or no?)

Background For Question #2

Alternatives to Incarceration

“(T)he goal of introducing alternatives to prison is not only to address the problem of overcrowding in prisons. The wider use of alternatives reflects a fundamental change in the approach to crime, offenders and

their place in society, changing the focus of penitentiary measures from punishment and isolation, to restorative justice and reintegration. When accompanied by adequate support for offenders, it assists some of the most vulnerable members of society to lead a life without having to relapse back into criminal behaviour patterns. Thus, the implementation of penal sanctions within the community, rather than through a process of isolation from it, offers in the long-term better protection for society. There are also economic arguments in favor of alternatives. In western societies, the supervision of offenders within a probation system is normally much less costly than the upkeep of a prisoner.”

Source: Custodial and Non-Custodial Measures, Alternatives to Incarceration, Criminal Justice Assessment Toolkit, United Nations Office on Drugs and Crime, 2006

Alternatives to incarceration include a variety of programs. For example, a survey of programs in Wisconsin identified the following: electronic monitoring, restorative just programs, drug courts, day reporting, pretrial monitoring/bail and bond monitoring, operating after revocation and drunk driving monitoring, deferred prosecution, first offender programs for drug use or crime, and victim/offender mediation, counseling, weekend work project, victim impact panels, and inmate worker programs.

Source: Alternatives to Incarceration in the State of Wisconsin, Lynsey R. Johnson, 2004

Those who oppose alternatives to incarceration argue that incarceration is critical to ensuring public safety.

Source:http://stopthedrugwar.org/chronicle/559/sentencing_reform_initiatives_NORA_tough_on_crime.

Mentally Ill

Confronting Confinement, A Report of The Commission on Safety and Abuse in America’s Prisons, June 2006 contains the following observations:

“The need for mental health care in our country’s prisons and jails is enormous. The most conservative estimate of prevalence—16 percent—means that there are at least 350,000 mentally ill people in jail and prison on any given day (Ditton 1999). Other estimates of prevalence have yielded much higher

rates, even of ‘serious’ mental disorders—as high as 36.5 percent or 54 percent when anxiety disorders are included (NCCHC 2002, Pinta 1999, Teplin et al. 1997). These prevalence rates are two to four times higher than rates among the general public (NCCHC 2002). They reflect what many witnesses told the Commission: that prisons and jails have replaced state psychiatric hospitals as the institutions that house and care for persons with mental illness.”

“Louisiana Secretary of Public Safety and Corrections Richard Stalder warned: ‘Without the resources, without the staff, without the professionalism that’s needed to cope with those kinds of problems, you will not have the kind of safe environment that you promote as a Commission.’”

“The Commission also heard, time and again, that the first step in improving the ability of correctional systems to address the enormous mental health issues of prisoners is to improve and expand community mental health treatment and thus to have options other than incarceration, especially for mentally ill people who commit lower-level offenses. Jails in particular are burdened by huge numbers of people with mental illnesses. In jails more than prisons, treatment options are limited by the very short stays of most people who are admitted, making screening and discharge planning the best way to ensure treatment in the community.”

“‘We should aspire to a zero tolerance policy for psychological misery and pain that could be alleviated by appropriate mental health treatment,’ Jamie Fellner testified to the Commission, “but that standard cannot be met without better funding.” Fellner is director of U.S. programs for Human Rights Watch and an author of *Ill Equipped: U.S. Prisons and Offenders with Mental Illness*. Lawmakers and corrections administrators surely need to commit more resources toward identifying and treating the mentally ill in prison and jail, but that is only part of the solution. Our jails and prisons should not have to function as mental institutions.” “As a society, we need to expand and improve community-based treatment for persons with mental illness.”

In “The Case for Mental Health Reform from a Judicial Perspective,” the Honorable Milton Mack, Chief Judge of the Wayne County Probate Court argues: “Our jails and prisons are filled with people whose

only real crime was not to get timely treatment for their mental illness. Behind that criminal behavior are avoidable victims, if only we would provide timely treatment.... Mental illness should be treated like any other illness, and that means intervening when the individual lacks the capacity to make an informed decision about their illness. For all other illnesses, a third party can be given the power to consent to treatment if the patient does not have the capacity to make an informed decision. For mental illness, involuntary treatment for that illness requires more than a lack of capacity, danger to self or others must also be shown.”

On January 15, 2007, the New York Times published an Op-Ed Column by Bernard E. Harcourt, a professor of law and criminology at the University of Chicago, entitled, “The Mentally Ill, Behind Bars.” In that column, Harcourt makes several points:

- According to a study released by the Justice Department in September, 56 percent of jail inmates in state prisons and 64 percent of inmates across the country reported mental health problems within the past year.
- Over the past 40 years, the United States dismantled a colossal mental health complex and rebuilt – bed by bed – an enormous prison.
- After more than 50 years of stability, federal and state prison populations skyrocketed from under 200,000 persons in 1970 to more than 1.3 million in 2002. That year, our imprisonment rate rose above 600 inmates per 100,000 adults.
- What few people realize, though, is that in the 1940s and ‘50s we institutionalized people at even higher rates – only it was in mental hospitals and asylums.

One alternative to incarceration for the mentally ill is the Assertive Community Treatment (ACT) programming. Assertive Community Treatment uses a multidisciplinary team approach to provide intensive services where and when consumers need them—in their homes, at work and in other community settings—24 hours a day, seven days a week. Teams include peer support specialists and practitioners with expertise in psychiatry, nursing, social work, substance abuse treatment, and employment who work closely together to provide integrated and outreach-oriented services.

States have reported substantial success with ACT,

including the following:

- Oklahoma reports that in the 12 months prior to admission to their ACT program in FY 2006, 229 consumers had a combined total of 9,583 days of hospital inpatient care and 3,614 days in jail. In the year following, the number of hospital days fell to 2,612—a 73 percent decrease. Days in jail dropped to 1,314—a reduction of 64 percent.
- Data for FY 2007 in Virginia indicated that consumers used 76 percent fewer state hospital days after ACT enrollment than in an equivalent period before enrollment. Of consumers served by ACT teams, 92 percent had no arrests during the year and 83 percent experienced stable housing situations.
- In Georgia, a study of a forensic ACT team revealed a 78 percent decrease in jail days, 53 percent reduction in arrests, and 89 percent drop in hospital days, generating a net cost savings of \$1.114 million dollars in one year.

Source: http://www.nami.org/Template.cfm?Section=ACT-TA_Center

Mandated community treatment is another method of managing the mentally ill outside of hospitals, prisons, and jails. Those mandates can take several forms. Money, managed by a representative payee can be used to control the living arrangements and services of the mentally ill. Mandates attached to housing can foster compliance with treatment plans. Management by mental health courts can encourage compliance with treatment plans. Some may follow treatment plans in order to avoid hospitalization. Some mentally ill develop advance directives to specify acceptable and unacceptable treatment in the event they become incapacitated by mental illness. The article cited below discusses the debate that continues over just how much coercion is appropriate.

Source: www.macarthur.virginia.edu/article.pdf

In view of the failures of deinstitutionalization and the poor treatment that the mentally ill receive in prisons and jails, League members are asked to consider whether we should be imprisoning the mentally ill. If so, should we be insisting on specific measures to protect them?

Under Age of 18

In the mid-1990s, due to a number of highly-publicized cases involving juveniles committing serious crimes, forty-seven states and the District of Columbia enacted “get tough” policies to transfer more juveniles to adult criminal courts and bolster their potential sentences. States enacted tougher policies on juvenile crime to deter other juveniles from committing crimes. Florida’s philosophy exemplifies this ideology: “if you are old enough to do the crime, you are old enough to do the time.”

Source: www.law.suffolk.edu/highlights/stuorgs/lawreview/documents/Kellar_Note_FINAL2.pdf

“The Supreme Court itself has noted that ‘(m)ost children, even in adolescence, simply are not able to make sound judgments concerning many decisions.’ The ‘lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.’ Indeed, growing evidence supports the view that even older adolescents, those fourteen to eighteen years of age, lack the developmental awareness of adults.” (Proportionality and Punishment)

Recent studies on the brain activity of adolescents have demonstrated that they “have significant neurological deficiencies that result in stark limitations of judgment. Research suggests that when compounded with risk factors (neglect, abuse, poverty, etc.), these limitations can set the psychological stage for violence. (Adolescence, Brain Development and Legal Culpability)

In Michigan, “On the motion of the prosecutor, and after a hearing, the juvenile court may waive jurisdiction over the case of a child of at least 14 accused of a felony (or any other offense, whether or not designated a felony, that is punishable by more than one year’s imprisonment) if it finds that (1) there is probable cause to believe the child committed the offense alleged and (2) the best interests of the child and the public would be served thereby. The law specifies a number of factors that must be considered in making this determination, but mandates that the court give the most weight to two: the seriousness of the offense and the child’s prior record.” (Michigan Transfer Provisions)

In 2008 Michigan was one of the states that had the most individuals serving life imprisonment without

possibility of parole for a crime committed prior to the age of 18. There were 306 such individuals. There is no evidence that such sentences reduce violent crime among youth.

The UN Convention on the Rights of the Child includes the following:

- For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.
- Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child’s best interest not to do so...

The American Youth Policy Forum, The Child Welfare League of America, The Coalition for Juvenile Justice, the National Collaboration for Youth, the National Crime Prevention Council, the National League of Cities, and the National Urban League copublished *Less Hype, More Help: Reducing Juvenile Crime, What Works--and What Doesn't*. Among their recommendation was: End overreliance on corrections and other out-of-home placements. (USA Today)

Sources:

- “The Age of Criminal Responsibility,” Include Youth, February 2002
- JLWOP Talking Points, American Civil Liberties Union of Michigan
- Michigan Transfer Provisions, National Center for Juvenile Justice, 2008
- Proportionality and Punishment: Imposing Life without Parole on Juveniles, Wayne A. Logan, *Wake Forest Law Review*, Vol. 33, No. 3, 1998
- “Adolescence, Brain Development and Legal Culpability,” Juvenile Justice Center, American Bar Association, January 2004
- UN Convention on the Rights of the Child, Articles 1 and 37
- Adult prisons: No Place for Kids - Law & Justice - juvenile criminals, USA Today, July 2002

Given the evidence regarding the development of the brain and the challenge of protecting juveniles in an adult prison, should the League advocate to end incarceration of juveniles in adult facilities?

Next Meeting: Monday, Nov. 16th.

League of Women Voters
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Become a Partner for Change with
the League of Women Voters.

Yes, I wish to join the League of Women Voters of Northwest Wayne County

Name _____ Phone _____

Address _____

_____ E-Mail _____

Open to any citizen over the age of 18.
My check of \$55 is enclosed.
Make check payable to LWV of Northwest Wayne County
PO Box 51502, Livonia, MI 48151