

Why a Caring & Compassionate New Deal for New York City

**CARING &
COMPASSIONATE
NEW DEAL**



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Why “The Caring & Compassionate New Deal for NYC”?

Is New York City without homelessness possible? Is a city without drug overdose deaths unrealistic? Could our city function without jails, prisons and a criminal legal system based on racism, classism and punishment? The Caring & Compassionate New Deal for NYC is based on a simple premise: we can address poverty and public health concerns by providing people the services and care they actually need – not by relying on policing and incarceration.

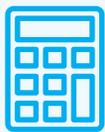
This paper is not a roadmap for achieving this vision; it’s a call to action. It demands that we stop trying to push aside issues of homelessness, substance use, mental health issues, criminalization and incarceration and instead work towards permanent, bold solutions to eradicate these problems. It dares our elected leaders and the public to completely reimagine the role of city government and its methods for delivering social services. It recognizes and harnesses the potential and humanity of the hundreds of thousands of New Yorkers who have fallen into marginalization and are quietly struggling.

This vision is achievable, but we must also recognize the scale of the problem. New York City continues to grapple with historically high levels of homelessness and overdose deaths. Uncounted in the shelter population, moreover, are the tens of thousands of people who are sleeping on city streets, on couches, or living in residential drug treatment programs, three-quarter houses, or jail. Our city is overwhelmed by gentrification and income inequality along overtly racialized lines. Just below the poverty line exists a group of marginalized New Yorkers struggling to survive while cycling through our streets, shelters, emergency rooms and jails – and provided with woefully inadequate care at each turn.

Instead of providing struggling New Yorkers with the tools they need to succeed – housing, social services, and compassion – they are greeted with disinvestment, broken policies, a lack of political will, and a continued commitment to criminalization and incarceration.

Now, these realities, which vastly and disproportionately impact Black, Brown and LGBTQ people, are being exacerbated by the ongoing coronavirus pandemic, the ensuing economic fallout, and longstanding, systemic racial disparities.

Yet our entire city is impacted by these multiple, intersecting traumas. Low-income communities watch as more neighbors join the ranks of this subpopulation, with few resources available to help. Many New Yorkers struggle to know what to do when they see a neighbor in distress, needing access to basic housing, services, and care. Calling 911 is the only widely available option. But the police, when responding to crises involving homeless people, mental health issues, or drug use, not only fail to solve these problems, they exacerbate them – often with violence and even death. As a result, VOCAL-NY members, and many others, are reluctant to call 911 or otherwise seek help from the city because of understandable fears of the police. Over \$14 billion in New Yorkers’ tax dollars continue to prop up the city’s system of [law enforcement](#), [courts](#) and [corrections](#) through policing, criminalization and incarceration. But these systems have not just proven to be ineffective ways of addressing homelessness, mental health issues, drug use, and interpersonal violence – they further marginalize an already vulnerable group of people and expose them to additional violence and harm.



Breaking down the **\$14B** in New Yorkers’ tax dollars that continue to prop up the city’s system of law enforcement, courts and corrections.



\$11b

for NYPD
includes annual
budget and pensions



\$456m

to fund the work of NYC’s five District
Attorneys and the citywide Special
Narcotics Prosecutor



\$2.6b

in FY 2019 for
corrections

16% of the daily jail population has been diagnosed with a serious mental illness, and **75%** have a substance use disorder.

Mass incarceration is perhaps the clearest symptom of our failed social policies. [According to reports](#), in New York City, 16 percent of the daily jail population has been diagnosed with a serious mental illness, and 75 percent have a substance use disorder – these numbers mirror those from across the country. If we truly want to solve these intersecting issues, we must stop the de facto use of police and jails as the only interventions available to manage these crises. There are people-centered, evidenced-based solutions New York City has yet to implement – and that work. To get there, we must end piecemeal approaches, “pilot programs,” and halfhearted criminal justice reforms. The solution calls for nothing short of a historic investment in the creation of housing, social services, and a “caring and compassionate” workforce infrastructure – and a complete realignment in the way city government has previously addressed issues of homelessness, substance use, mental health issues, criminalization and incarceration.

The Caring & Compassionate New Deal for NYC is VOCAL-NYC’s framework for permanently solving homelessness, overdoes deaths, and incarceration.

The Caring & Compassionate New Deal for NYC Framework

The framing of this new governmental orientation intentionally draws from The Green New Deal, which: identifies climate change as a dramatic societal ill and existential threat; calls for a realignment of government to acknowledge and address the problem through major investment in proven interventions; and requires divestment from systems of energy production that cause and perpetuate the problem.

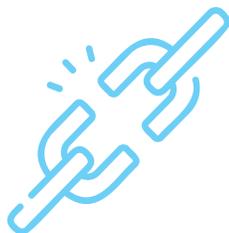
Similarly, The Caring & Compassionate New Deal for NYC: identifies intersecting crises that underpin our criminal legal system and impact all New Yorkers; requires city government to acknowledge the problem and realign itself to tackle it; and calls for divestment from harmful and ineffective tools, and investments into effective ones. Like The Green New Deal, our plan requires the creation of a new workforce that provides opportunities for large scale employment, specifically targeted toward hardest-hit communities. The following framework guided the creation of the Caring & Compassionate New Deal for NYC:



Recognize and Respond to Systemic Racism

While public policy cannot fully eradicate systemic racism, it can play a role in reducing its harm. It can do so by constantly centering the role systemic racism, extreme poverty, and violence has played in perpetuating homelessness, substance use, mental health issues, criminalization and incarceration. Given the overwhelmingly racialized enforcement of laws, and disproportionate punishment, a major reduction in policing and incarceration will play a profound role in reducing the harm done to Black and Brown communities.

Doing so will require a dramatic reduction in the targeting of people of color for incarceration, helping unburden them from the lifelong harm that criminal records produce. The investment in housing, social services and care will help to reverse the historic divestment from communities, families, and people of color who have suffered most under the politics of personal responsibility despite systemic oppression and deprivation.



Commit to Ending War on Drugs Policies

The War on Drugs has made the United States a global leader in mass incarceration and overdose deaths. Despite the drug war’s harms and failures, these policies have supported incarceration and stigma while shunning, and even criminalizing, proven public health interventions that save lives. Although there is global recognition of these realities, our city continues to utilize law enforcement and jails as tools to “reduce” the harms associated with substance use. Members of law enforcement publicly promote alternatives to incarceration, yet still target certain groups — even coercing homeless people who use drugs into becoming confidential informants with offers of cash, and investigating overdoses as crime scenes.

Instead, our city must accept the reality and begin to act on the fact that drug prohibition has only led to more deadly substances, and more organized crime. Only through the decriminalization of drugs and countering the toxic drug supply with a safe supply, can we end overdose deaths — while providing people the necessary care if they struggle with substance use.

Only through the decriminalization of drugs and countering the toxic drug supply with a safe supply, can we end overdose deaths.



Center People with Lived Experience

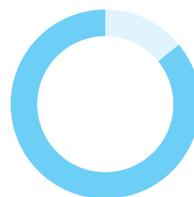
To effectively eradicate the ills of homelessness, substance use, mental health issues, criminalization and incarceration, we must look to the people who have experienced them. We must engage and employ them in identifying problems, developing solutions, assessing our successes and failures – and then employ them in our effort to build better services and care.

To understand what has led to our historically high homeless population, for instance, we should interview those living in the shelter system or on the streets to understand the policy failure that led them there – and hire from their ranks to lead the interviews. We must engage and employ people who use drugs to develop a citywide program to eradicate overdose deaths, and ensure adequate care is provided to all those in need. We must engage and employ those who have harmed others to understand what can be done to tackle violence, and build off the burgeoning systems of community interventions like violence interrupters to not only respond after harm has been done, but root out the causes.

The Scale of the Problem

Homelessness in New York City has reached the highest levels since the Great Depression of the 1930s. Today [78,000 people are homeless](#) in New York City, sleeping in shelters or on the streets. This is up from about 64,000 people in 2012, the year before Mayor de Blasio took office. Though two-thirds of this number represents families, single New Yorkers have also been experiencing record rates of homelessness: [according to Coalition for the Homeless](#), the number of single adults sleeping each night in New York City Department of Homeless Services (DHS) shelters increased by 143 percent, from 7,700 in December 2009 to 18,700 in December 2019. In October 2020, our city [hit another tragic record](#), reporting over 20,000 single adults living in shelters. This problem, moreover, is not impacting New Yorkers equally – a full [86 percent](#) of all homeless single adults identify as Black or Brown. The city continues to face unacceptably high rates of homelessness among unaccompanied and parenting youth as well. On a single night in 2018, over [4,500 young people under the age of 25](#) were homeless in the city, the majority of who come from Black and Brown communities and identify as LGBTQ.

People Homeless in NYC



86% of all homeless single adults in NYC identify as Black/Brown



52,000 out of the 78,000 homeless today represents families

Homeless Single Adults in NYC



Many New Yorkers live in the shelter system or on the streets for years at a time. [Coalition for the Homeless reports](#) that more than half of single adults in shelters are estimated to have a mental illness, and many of them would likely be eligible for supportive housing. However, for every five approved supportive housing applications, only one vacancy exists. The need for supportive and affordable housing far outweighs the production of units for homeless individuals and previous supportive housing commitments are fatally behind schedule.

In fact, the city has long treated homelessness as a fundamentally separate issue from housing — until 2020, when the City Council passed Local Law 19, requiring city-funded development projects to set aside 15 percent of housing units for homeless New Yorkers. Until then, the city's revised housing plan allocated just 5 percent of the city's 300,000 unit housing plan for homeless people.

The city has poured enormous sums of money into shelters and broken rental assistance programs rather than creating adequate housing for people experiencing homelessness. [Community Service Society reports](#) that spending on shelters more than doubled between 2014 and 2018, with the Department of Homeless Services (DHS) budget hitting a record \$1.8 billion in 2018. An additional \$650 million was allocated toward expanding and improving the shelter system. Removing state and federal contributions, the city is responsible for \$1.04 billion in DHS spending — a relatively meager \$147 million in HPD spending on housing is geared toward the homeless.

Preliminary data is illustrating that **2020 will be historically the worst year** for overdose deaths on record.

Overdose deaths, meanwhile, are an intersecting issue. The scale of the problem is national — in 2019, preliminary data from the CDC shows nearly 72,000 people died from a preventable overdose. There has been a 170 percent increase in the number of overdose deaths in New York between 2010 and 2019. In 2019, which is the most recent data available, there were 1,463 overdose deaths, and Black and Brown rates have increased over the last five years while white rates have stabilized. Every six hours, a New Yorker dies from a preventable overdose. The neighborhoods with the highest overdose

rates are the same neighborhoods that face racial and structural inequities. And though policymakers have been well aware of this problem for decades, little has been done to address it. This issue has been exacerbated during the Covid-19 pandemic – preliminary data is illustrating that 2020 will be historically the worst year for overdose deaths on record.

Overdose deaths continue to take more lives than car accidents, suicides, and homicides combined.

Research has demonstrated that the issues of homelessness, mass incarceration, and overdose are systematically related. People who use drugs and are homeless are unable to access supportive housing and effective harm reduction models of care, keeping them at high risk of a fatal overdose. For the last few years, overdose remains the leading cause of death for homeless New Yorkers – these deaths continue to take more lives than car accidents, suicides, and homicides combined. Incarceration also increases the risk of overdose death. Research shows overdose is the [leading cause of death](#) for people with a substance use disorder who are released from jail or prison. Meanwhile, [75 percent of people](#) who enter Riker’s have a substance use disorder. Our city’s reliance on institutions that are ill equipped to address substance use disorder – like the city’s shelter system, police force, and criminal legal system – has only intensified this issue.

Addressing these multiple, intersecting issues, isn’t just a moral imperative to right the wrongs against our most marginalized communities – it is a path to fund programs that ensure our whole city has the services it needs without diverting limited funding to failed systems like shelters and incarceration.

How the Crisis Shows Up

SNAPSHOT 1

Policing a Mental Health Crisis

This past February, a homeless man, who was struggling with mental health issues, stabbed four other homeless people in the New York City subway system, killing two of them. This tragic event occurred less than two years after an attack by a homeless man against five others, sleeping on the streets in Chinatown, resulting in four deaths. Both events attracted [widespread media](#) attention, and we, along with other advocates, called for the expansion of supportive housing and mental health services. The city instead responded with [500 new police officers who now patrol](#) our subway system, even though increased policing has proven itself, time and again, to be an ineffective and dangerous way to address issues of homelessness, mental health needs, and substance use. Demands for increased funding for housing and mental health services still go unanswered.

SNAPSHOT 2

The Grand Bargain for Riker's Island

Even when New York City's elected leaders promise to move towards a system that doesn't rely on policing and incarceration as a response to crimes of poverty, we are left wanting. In 2017, the Mayor's Office and City Council committed to closing Rikers Island — a penal colony made notorious for its violence, corruption, and horrific treatment of people incarcerated inside. Yet since the spring of 2020, the number of people jailed at Rikers has risen each month. During the campaign to close Rikers Island, the city tied its commitment to closing the notorious complex to a requirement that new jails be built in its place. Our response to this demand was consistent: our city does not need new jails. Instead, we need a massive investment of resources and a restructuring of government agencies to tackle homelessness, mental illness, and high-risk drug use. These are the intersecting issues — along with systemic racism — that underpin our criminal legal system, disproportionately burden low-income communities of color, and entrench the marginalization of hundreds of thousands of our fellow New Yorkers.

Three Components of The Caring & Compassionate New Deal for NYC



Restructuring of City Government

As it stands, city government has yet to show the political will to enact bold policies such as those suggested by The Caring & Compassionate New Deal. It also lacks the infrastructure to do so. The City must commit to addressing these deficiencies by:

- **Clearly Acknowledging the Problem**

Only through clear acknowledgement from our elected and government leaders can we begin to move our city towards an effective path forward. That includes acknowledging: the scale of the crises; the harmfulness and ineffectiveness of criminalization and incarceration as means to solve them; and a commitment to investing the resources needed to permanently eradicate these social ills.

- **Realigning City Government:**

The city must ensure it has the capacity to enact change on the scale required by The Caring & Compassionate New Deal. Most critical to this is centering the response inside of City Hall by creating a new Deputy Mayor role to ensure effective implementation and prioritization — supported by cross-agency collaboration between the Departments of Health and Mental Hygiene and Social Services. Under this new restructuring, all relevant agencies and programs will need to work collaboratively and creatively with the new Deputy Mayor — particularly the Department of Housing Preservation and Development (HPD),

which has long been biased towards private market developers as the path to creating affordable housing – to ensure rapid and adequate development of emergency, supportive, and affordable housing for extremely low-income people.

The political will to think creatively does in fact exist. Recent programs like [ThriveNYC](#) billed itself as an “unprecedented, citywide” approach to reaching New Yorkers struggling with mental illness; [HealingNYC](#) similarly promised a “comprehensive and multifaceted” solution to the city’s overdose epidemic. Both are laudable goals, but neither program has made progress towards achieving them, in part, because they lacked the City Hall-centered, cross-agency collaboration needed to succeed. HealingNYC, moreover, allocated half of the initial investment into the program towards the NYPD and half to the DOHMH – all of these resources should have been invested into health and not criminalization.



Permanent Removal of Law Enforcement, Courts and Jails

The continued existence of mass homelessness and record-high rates of fatal overdose, after decades of criminalization, shows the inability of police, courts and jails to solve these issues. This is by design – the role of the police and the criminal legal system in a capitalist society is to manage social ills caused by capitalism, which requires that a certain group of marginalized people be unable to thrive. There is no empirical justification for these interventions if the goal is to actually eradicate these crises. The vast majority of police hours are spent doing things that a growing majority of people believe should be done by another profession. Across the country just [4 percent of police hours](#) are spent addressing “violent crime.”

Responding to mental health calls, homelessness, and drug use should not be the purview of the police, but should be handled by another agency entirely – if an intervention is even needed at all. The same is true of domestic violence and interpersonal violence between parties that know each other. The police, with unlimited resources, have failed

to end these social ills. Once we conceive of arrests and incarceration as a policy failure, we can begin working towards a system that produces zero arrests, people incarcerated, or people harmed. A focus on these end goals requires a strategy outside of the police, who have not been able to meet our needs. And a reallocation of funding must begin immediately:

- **Defund and Reallocate Funds from District Attorneys and Special Narcotics Prosecutor**

The combined operating budget of the District Attorneys from the five boroughs, and the Special Narcotics Prosecutor, is over [\\$445 million in city funds](#). When New York State passed bail and discovery reform in 2019, VOCAL-NY argued that the City should immediately fund housing and healthcare initiatives to support people who were previously incarcerated, rather than increase funding for law enforcement. Instead the City gave \$27 million dollars, annually, to District Attorney offices – which don't address housing and healthcare needs, but instead actively prosecute homeless people for so-called quality of life violations. We must think about prosecutions in general as a failure of other social policies, because these prosecutions create instability that lead to trauma and more social ills.

The Office of the Special Narcotics Prosecutor should be immediately and completely defunded. New York is the only city in the nation with such an office, which was created in 1972 following President Nixon's declaration of the "War on Drugs." Despite its goal of protecting the public from lethal drugs, it has done nothing to reduce drug use or preventable overdoses. In fact, drug war policies of prohibition and criminalization have only fueled these problems – our drug supply is more deadly now than ever and overdoses continue to rise.

- **Defund and Reallocate Funds From NYPD**

The NYPD's current operating budget is \$6 billion dollars annually – this is [more than the city spends](#) on health, homeless services, youth development, and workforce development combined. (The city spends \$11 billion on NYPD every year if pensions and benefits are also considered). Currently, for [every dollar allocated](#)

[to the NYPD and city corrections](#), 29 cents are given towards homeless services, 25 cents towards the Department of Health, 19 cents towards Housing Preservation and Development, and a penny towards workforce development. Allocating even a fraction of this money towards the creation of new housing and supportive health services, and harm reduction services could prove significant in the city's fight against homelessness and overdose deaths.

- **Defund and Reallocate Correctional Funding**

The Department of Corrections Fiscal 2021 Preliminary Budget [totals \\$1.32 billion](#) – which more than doubles if you include pensions and debt service. This funding is used to lock up people struggling with a variety of social issues that the city has refused to eradicate. The City also spends [\\$337,524 annually per person incarcerated](#) in city jails. The destabilization caused by even a short jail stay can upend a person's life and even make it more likely they will be targeted by police for arrest in the future. We spend prodigiously on this failed system instead of investing in services to respond to mental illness, homelessness and substance use needs. The city must instead reallocate this money towards evidence-based programs that work – like the creation of supportive housing, health services, and harm reduction services.



Historic, Annual Investment in Housing, Social Services & Care

We recognize the challenge in calling for huge levels of investment in a time of massive budget shortfalls. But without a commitment to major reallocation of funding, as well as new investments, we will remain in this cycle that perpetuates rather than solves social ills. Over time, these investments will bring about major cost savings in reductions in incarceration, hospitalizations, service provision, and healthcare. As we permanently root out these crises, we will see the long-term impact in the reduction in generational poverty and deprivation making our city dramatically stronger financially. These investments must not be “program” specific, but rather oriented around achieving broad-based

goals, including:

- **A Homes Guarantee**

The single most impactful intervention to improving every health and care outcome is housing. It is critical that New Yorkers receive the type of housing that meets their needs. For those struggling with poverty, this means affordable housing that meets their economic situation. For those struggling with mental health, substance use, or other needs, supportive housing with quality on-site care is critical. In addition, an adequate amount of emergency housing on demand must always be available.

- **Guaranteed Access to Care**

We must ensure that anyone struggling with substance use, or mental health issues, has easy and accessible access to quality care and evidence-based approaches – including harm reduction and overdose prevention centers. This requires a public health and outreach workforce based in the community that actively works to engage people in need and is easily accessible, on demand, via community centers, government offices or phone. It also requires a commitment to providing continuous and ongoing services, as needed, to people as they transition to permanent stability. The care must include people-centered medical and treatment options and be grounded in proven evidence-based approaches.

- **Emergency Care**

To fully replace the role of police to address issues of homelessness, mental health and substance use, we must create a citywide emergency call system either adjacent to or through 911. [Eugene Oregon has long had such a system](#). One can dial that number and call upon a housing or mental health worker to address a need, rather than the police force.

- **“Caring & Compassionate” Social Services Workforce and Development**

The Caring and Compassionate New Deal calls for the creation of a social services and care workforce – which includes an opportunity for a mass employment program that hires and

trains people currently struggling with homelessness, substance use, mental health issues, criminalization and incarceration. This new workforce is critical to the success of reimagining how social services are delivered in New York City. These workers, moreover, should be paid a living wage and unionized. Similarly, this plan requires a major investment into housing and other structural community needs that will generate employment for their construction, which should also be done by a unionized workforce that can guarantee the pay and protections that do not perpetuate poverty, nor abuse those with criminal records who fear speaking up in order to have their labor rights respected.

- **Tackling Extreme Poverty & Alternatives to Violence**

While VOCAL-NY is most focused on the issues of homelessness, substance use, mental health, criminalization and incarceration, we recognize the structural role extreme poverty and interpersonal and community violence play to drive people to these problems. The Caring & Compassionate New Deal will not address or eradicate these important issues, but it should be a priority of the City to do so – without police involvement. This requires public policy interventions and investments to lift people out of poverty, and ensure people never fall into NYC’s invisibilized subpopulation. It also means investing in programs to tackle community violence, such as violence interrupter programs – often led by people who are formerly incarcerated or gang affiliated – and are dedicated to ending community violence through outreach and care.

The Time to Act is Now

The Caring & Compassionate New Deal for NYC is ambitious – but it’s achievable. Perhaps the best evidence in favor of our vision of a city free of homelessness, overdose deaths, and mass incarceration is that our country has embraced such bold ideas before. Our plan, like The Green New Deal, is based on the promise and precedent of the 1930s, depression-era series of reforms included in The New Deal. Much like today, this was a time when our country was engulfed in multiple crises, like historic levels of unemployment and poverty. Nonetheless, elected leaders found the political will to pass a package of bills that expanded the capacity of government to address these issues, along with historic levels of investment in services and infrastructure, that ultimately helped propel millions out of poverty. Today, with the same level of urgency, investment, and commitment from our elected leaders, there’s no reason we can’t build a caring and compassionate city that eliminates homelessness, overdose deaths, and mass incarceration – simply by providing people with the housing, services, and care they actually need.

Who is VOCAL-NY?

Voices Of Community Activists & Leaders (VOCAL-NY) is a statewide grassroots membership organization that is building a movement of low-income people dedicated to ending the AIDS epidemic, the war on drugs, mass incarceration, and homelessness. We fight for systemic change rooted in justice, compassion, and love, and operate a New York State-licensed syringe exchange program to keep people who inject drugs safe. We approach this work with a firm belief in reducing harm and ending stigma, and the knowledge that the issues impacting our communities are driven by institutional oppression, not personal failings. Our campaigns have saved or improved the lives of hundreds of thousands of New Yorkers across the state. Our model of movement building draws inspiration from three traditions: (1) traditional community-based organizing, (2) direct-action AIDS activism, and (3) Black-led social movements for racial justice. Above all, we work with the knowledge that abolishing systemic poverty and injustice will only be done by building the leadership and power of the most marginalized among us.

