The Poor People’s Campaign Calls Out ‘Policy Violence’

The campaign wants to advance a new understanding of poverty as a traumatic experience inflicted by policy-makers.

By Greg Kaufmann

Rev. William Barber (L), Rev. Jesse Jackson (R), and Rev. Liz Theoharis hold a Poor People’s Campaign rally at the US Capitol in Washington, May 21, 2018. (Reuters / Jonathan Ernst)
Shortly after her husband was assassinated in 1968, Coretta Scott King spoke at a rally in front of tens of thousands of people, including members of the original Poor People’s Campaign. She reflected on society's “routine” violence against people in poverty and minorities. “Starving a child is violence,” she said, and continued:

Suppressing a culture is violence. Neglecting school children is violence. Punishing a mother and her child is violence. Discrimination against a workingman is violence. Ghetto housing is violence. Ignoring medical needs is violence. Contempt for poverty is violence.

Today, a revived Poor People’s Campaign is making new use of the term “policy violence” to describe the impact of legislative decisions on people living in poverty. It is part of the campaign's effort to shift the national conversation about poverty away from one that demonizes people struggling economically to one that questions the morality of public-policy choices that sustain and deepen poverty.

“You're not going to change the policies until you change the narrative,” the Rev. Dr. William Barber III, campaign co-chair, told The Nation at a gathering of campaign organizers this summer. At a hearing on Capitol Hill in September, Barber argued that denying Medicaid, cutting food assistance, preventing a living wage, and apathy towards poverty are all “forms of political and policy violence” that “cause violence in the lives of children,” in particular.

Policy choices indeed leave an indelible physical and social-emotional mark on people in both the near and long term—there is no shortage of studies that shine a light on that fact.
Children’s HealthWatch, a network of pediatricians and public-health researchers in urban hospitals across the country, examines the impacts of policy on the health, nutrition, and development of children ages 0 to 4, and often on their caregivers too. “These policies don't happen in a vacuum,” said Stephanie Ettinger de Cuba, executive director of the organization. “They are written on the bodies and brains of the family.”

Dr. Mariana Chilton, principal investigator for Children’s HealthWatch in Philadelphia, put it this way: “The experience of poverty in and of itself is a violent, traumatic experience, and it’s inflicted by policy-makers and our own society.”

Here are just some of the ways in which policy choices that limit access to basic necessities can physically harm children and their families.

**HOUSING**

Low wages, unpredictable work schedules, lack of paid leave, unaffordable health care and childcare, and above all, a lack of affordable housing and housing assistance—these policy choices and more contribute to homelessness and housing insecurity in America, which in turn has consequences for children’s health.

On any given night, more than 500,000 people are homeless and more than one-third of them are families with children. Some estimates indicate that 2.5 million children are homeless at some point during the year. A recent study by Children’s HealthWatch revealed that young children who experience homelessness are at an increased risk for lifetime
hospitalizations, of being in poor or fair health, and having developmental delays, compared to children who don't experience homelessness. Other research has shown the connection between homelessness and changes in the brain and body that can lead to “higher levels of stress-related chronic diseases later in life.”

In 2014, 671,000 children ages 4 and under were homeless. This led to 18,600 additional hospitalizations at a cost to the health-care system of approximately $238 million, according to Children's HealthWatch.

Ettinger de Cuba noted that “homelessness is just the tip of the iceberg—what we see.” A study by Children's HealthWatch earlier this year found that families behind on rent, moving at least twice in a year, or having a history of homelessness are all at risk for fair or poor child and caregiver health, maternal depressive symptoms, increased child hospitalizations, and household material hardship (including food insecurity, and being unable to pay for utilities and health-care services), compared to stably housed families. Over 10 years, the costs of housing instability are nearly $77 billion for maternal health conditions, and more than $34 billion for children under 18, including for hospitalizations, ambulatory visits, dental procedures, mental-health care, medication, and special-education services.

These health effects and their associated costs are easily avoided. According to the Center on Budget and Policy Priorities, when families receive a housing voucher, the likelihood that they will become homeless decreases nearly 75 percent and they move 35 percent less often compared to
low-income families that do not receive housing assistance. Moreover, when a family receives a housing voucher, its children “are much less likely to be placed into foster care than other homeless families.” Yet only one in four families that qualify for housing assistance actually receives it, and we spend four times more on housing benefits annually for households making over $200,000 a year than on households making $20,000 a year or less.

“In some ways we don't need more science to keep demonstrating that these programs work, we just need to fund them,” said Ettinger de Cuba. “Choose any program—Section 8, vouchers, public housing—you will find gigantic wait lists. In some cities they’ve completely closed down waiting lists, or they open them one day a year. It’s absurd when we know what incredible positive effects we could have if we just assisted people.”

**FOOD**

As with housing, the data around food insecurity and policy solutions are clear. Children who receive SNAP (food-stamp) benefits—which are $1.40 per meal for the average recipient—are less likely to be at risk of being underweight or having developmental delays than children who are eligible but not receiving food stamps. These children also have fewer hospitalizations and emergency-room visits, and less need for special education in school. Families receiving SNAP are also 28 percent more likely to be able to pay for medical expenses without having to give up necessities like food, rent, or utilities. According to one long-term study, SNAP “is linked with a lower risk of heart disease, diabetes, and hypertension in adults.”
“If a child is already developmentally delayed as a young child, they are between 8 to 12 times more likely to be unable to work as an adult,” said Chilton. “Food insecurity is a form of **toxic stress**, which is linked to having a smaller brain size, and it affects the organs in the body—the liver and lungs don’t function well.”

Chilton says that it's not just Republicans with their proposals to add additional work requirements to SNAP that demonstrate a hostility towards children and low-income families. “Before the Trump administration—when Democrats had all of this information about the importance of SNAP benefits for child health and well-being—many of them voted to take money out of the SNAP program in order to fund **school breakfast and school lunch**. They knew that if they cut SNAP, children would be damaged. How is that not state-sanctioned violence against children?”

**INCOME**

By **tracking** children born in the late 1960s and early 70s and their adult outcomes, researchers have shown that for young children in low-income families, a boost of less than $4,000 in annual family income (in today’s dollars) is **associated** with improved academic performance, increased earnings in adulthood, and significantly increased work hours annually after age 25.

But policy-makers have made it increasingly difficult for families to access cash. The minimum wage is now a **poverty wage**, and cash-welfare assistance (TANF) has been so restricted that nationwide it reaches **only 23** of every **100** families with children in poverty.
In Ohio, for instance, between 2010 and 2014 only 43 percent of children living in deep poverty—meaning they had an annual income of less than about $9,500 for a family of three—received TANF. Jack Frech, who was the director of the Athens County Department of Jobs and Family Services for 33 years, described it to The Nation as “state-sanctioned child abuse.” In Massachusetts, advocates are fighting a “family cap” rule that not only denies additional benefits for families receiving TANF when they have a new child, but also penalizes the family by deducting from its current benefit, pushing them deeper into poverty. The result of this policy is that 8,700 children in Massachusetts are not eligible to receive the assistance. Children’s HealthWatch found that children in families not receiving the full TANF benefit were more likely to be hospitalized and living in food insecure households than those receiving the full benefit.

**VOTING TO END POLICY VIOLENCE**

Conservatives and some Democrats say that the problem with poverty is that we don’t know what to do about it—that we need to get more data and make better use of it. In fact, what we need to do is to stop ignoring the data that we have.

By using the term “policy violence,” the Poor People’s Campaign is demanding that the public and political leaders recognize the real impacts of policy choices, as well as the available alternatives. The framing is part of the 40-state voter-education and registration drive the campaign is operating in impacted communities, where many people have sat out past elections.
“We are making sure people understand what’s going on, and that they take that understanding into the voting booth,” Barber told The Nation. “So they are not voting for people, they are voting for issues.”

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