

**Commission on Voluntary Service & Action**  
In Special NGO Consultative Status to ECOSOC since 2013

Report to the HLPF on our Contributions to the Implementation of  
the 2030 Agenda for Sustainable Development  
July 10, 2016

**Commission on Voluntary Service & Action (CVSA)** is an all-volunteer, coordinating and consultative body of nongovernmental volunteer service organizations with over 200 member organizations that serve communities in need and are organizing for change and systemic solutions to problems. Founded in 1945, CVSA enjoyed NGO status with DPI beginning in 1946 and has had NGO Special Consultative Status to the Economic and Social Council since 2013.

In the framework of paragraph 35, 39, 45, 47, 60, and 89 of “Transforming Our World: the 2030 Agenda for Sustainable Development” and consistent with the “Voluntary Common Guidelines for Major Groups and other Stakeholders to Report to the HLPF on their Implementation of the 2030 Agenda” we submit this report to the HLPF meeting of July 11 through 20 under the auspices of ECOSOC for the purpose of providing input from the experience of hundreds of organizations CVSA works with in the United States to: encourage our government to carry out these goals and engage all stakeholders; and to offer other NGOs and stakeholders a methodology for involving people at the community level in taking ownership of the 2030 Goals, so that together we ensure “no one is left behind.”

In specific, this is a report on **CVSA’s nation-wide Community Education Campaign for the Implementation of the Sustainable Development Goals in the U.S.**, which we launched in February 2016. The report brings to our membership of U.S.-based non-profit, nongovernmental volunteer-involving organizations, as well as small business organizations, religious leaders, colleges and universities, information, tools and training they can use to mobilize and educate their communities about the SDGs; and how to advocate to local, state, and federal government bodies for the implementation of the 2030 Agenda.

A/RES/70/1, Para. 35 “...*The new Agenda recognizes the need to build peaceful, just and inclusive societies that provide equal access to justice and that are based on respect for human rights (including the right to development), on effective rule of law and good governance at all levels and on transparent, effective and **accountable** institutions.*”

A/RES/70/1, Para. 39 “*The scale and ambition of the new Agenda requires a revitalized Global Partnership to ensure its implementation. We fully commit to this. This Partnership will work in a spirit of global solidarity, in particular solidarity with the poorest and with people in vulnerable situations. **It will facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, the private sector, civil society, the United Nations system and other actors and mobilizing all available resources.***”

A/RES/70/1, Para. 45 “*We acknowledge also the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments. **Governments and public institutions will also***

***work closely on implementation with regional and local authorities, subregional institutions, international institutions, academia, philanthropic organizations, volunteer groups and others.”***

A/RES/70/1, Para. 47 “*“Our Governments have the primary responsibility for follow-up and review, at the national, regional and global levels, in relation to the progress made in implementing the Goals and targets over the coming 15 years. **To support accountability to our citizens**, we will provide for systemic follow-up and review at the various levels, as set out in this Agenda and the Addis Ababa Action Agenda. The high-level political forum under the auspices of the General Assembly and the Economic and Social Council will have the central role in overseeing follow-up and review at the global level.”*

A/RES/70/1, Para 60 “*We reaffirm our strong commitment to the full implementation of this new Agenda. We recognize that we will not be able to achieve our ambitious Goals and targets without a revitalized and enhanced Global Partnership and comparably ambitious means of implementation. **The revitalized Global Partnership will facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, civil society, the private sector, the United Nations system and other actors and mobilizing all available resources.***”

A/RES/70/1, Para 89. “*The high-level political forum will support participation in follow-up and review processes by the major groups and other relevant stakeholders in line with resolution 67/290. **We call upon those actors to report on their contribution to the implementation of the Agenda.***”

## **1. Summary.**

CVSA launched a nationwide Community Education Campaign for the Implementation of the SDGs in the U.S. in February 2016, run entirely by volunteers, with a phone campaign to inform over 200 community-based, nongovernmental volunteer-involving organizations across the country of the unanimous adoption of all 193 UN member states — including the U.S.— of the SDGs, and began scheduling meetings and group presentations about the 2030 Sustainable Development Agenda and the need for their participation toward its implementation.

The organizations that CVSA represents involve volunteers in their work on the front lines of the social and economic problems stemming from growing poverty, hunger, lack of access to health care, lack of access to legal justice, as well as workers’ rights, problems with access to affordable clean water or affordable heat and electricity, and who work with local environmental issues, overall environmental protection, obstacles to sustainable agriculture development, and more. These organizations are located in urban and rural areas throughout the United States; CVSA also works with international volunteer organizations and works in solidarity with volunteer organizations throughout the world. Our Community Education Campaign for the SDGs is focused on the hundreds of organizations throughout the U.S. who seek sustainable development solutions here in the U.S. in solidarity with the people of developing nations and the people of other developed countries.

Through CVSA’s Community Education Campaign for the Implementation of the SDGs, we are working with these groups to provide the tools, information and training in organizing methodology needed to enable them to mobilize their constituencies in support of the SDGs and to participate in monitoring the progress. We have asked them to begin providing reports with current

data from their direct experience on current conditions that people in their community face in relation to the SDGs, as their contribution to an overview of where the U.S. stands currently compared to what is defined in the SDGs, and therefore have a material, evidence-based picture of what work needs to be done. We provide in this report the data from the initial reports we have received.

CVSA's objective is to involve community-based nongovernmental volunteer-involving organizations throughout the country that are already engaged in serving people in need which are addressing problems of poverty, hunger, health care, housing, water, environmental destruction and other areas, and to utilize their experience, knowledge, expertise and leadership in building a groundswell of interest and involvement — from local level up — for the SDGs to be seriously planned for and carried out. We are building ownership by “the people” in the U.S. for implementation of the SDGs in the U.S. and in solidarity and cooperation with the people of all nations.

In the months of February through May, 2016, CVSA volunteers made in-person and in-depth presentations about the SDGs to community and church groups in the New York City metropolitan area, northern New Jersey, Boston and Lynn, Massachusetts and has more presentations scheduled throughout the Summer and Fall of 2016. CVSA volunteers have spoken on the phone with over 100 additional organizations about the SDGs and sent them basic materials about the 17 Goals and how the 2030 Agenda was written over the past three years. We are mailing over 2,000 copies of our newsletter with full-length articles about our Community Education Campaign for the SDGs and a copy of the 17 Goals to people across the U.S. this month, explaining the role they can play in advancing these goals. Over 30 other volunteer-based community organizations across the country have now published articles on the Sustainable Development Goals in their own newsletters with their endorsement of the 2030 Agenda, as a result of CVSA's contact with them. We are broadly publicizing the commitment made by the U.S. government, along with the other 192 member states, to the achievement of the SDGs in this country and around the world by 2030.

As we began the Community Education Campaign, we learned that 19 out of every 20 nonprofit or community-based organizations we contacted knew nothing about the SDGs until we called and explained it to them. None of the church leaders we spoke to and enlisted in the campaign knew of the SDGs previously, and none of the civic engagement counselors on college campuses we spoke to had heard of them. There has been no publicity in media and no promulgation by the U.S. government.

Upon learning what the 2030 Agenda for Sustainable Development is, and reviewing the 17 Goals, and understanding how they are supposed to be carried out, we have received 100% agreement that the SDGs urgently need to be carried out in the U.S., are 100% relevant to unsolved and growing social, economic and environmental problems in the U.S. Those with global perspectives also understand that if the U.S. does not apply and implement the Goals here in the U.S., current U.S. economic, social and environmental policies will remain a major obstacle to the achievement of the SDGs around the world. Everyone we met with expressed interest in participating at some level in the planning for achieving the SDGs and to assist in monitoring their progress; their interest was materialized initially in their contributions of reports on conditions in

their community as they relate to the SDGs. These reports can be used as a baseline measurement for what needs to change and for what action is needed.

In Section 5 of this report you will find reports contributed by seven member organizations. Any nonprofit, nongovernmental, volunteer-involving organization based in the U.S. interested in contributing a report to CVSA about the conditions in your community and what your organizations is doing about it is welcome to contact us and we will provide the report format.

## **2. Introduction: Context and objectives:**

The reports submitted to CVSA to date from community-based nongovernmental organizations describing the conditions of people in communities across the United States in relation to the SDGs and what these community-based organizations are doing about these problems and to achieve the SDGs, are one initial step in their commitment to promote the SDGs in their area. These reports come from organizations that are working in communities and areas where tens of thousands of people have already been “left behind” in many ways, and seek to reverse this trend. We are working with organizations on how to incorporate the SDGs into their programs and how to promote the SDGs in their community and build a groundswell of involvement to hold the U.S. government responsible to their commitment for the implementation of the 2030 Agenda here in the U.S. as well as in cooperation with the peoples of all nations and to leave no one behind.

A source of concern expressed in every presentation we have conducted so far, is the absence of proper public education and promotion about the SDGs to the people of the U.S. and the absence of an **official call for their involvement in the planning and monitoring**. CVSA will continue to teach organizations how they can promote these goals in their communities and involve people to advocate for them from the local levels up.

In Section 5 of this report you will find reports contributed by six CVSA member organizations about their work and their assessment of existing conditions in relation to the 17 SDGs.

## **3. Methodology and process for preparation of the report**

CVSA carries out our work through involving volunteers who join us from the ranks of college students, non-profit professionals, religious leaders, working people, retired people and anyone who is interested. We break down the work into areas of responsibility and into tasks and processes so that people at all skill levels can learn, take as much responsibility as they want, and help coordinate any aspect of the campaign. Volunteers learn to make the presentations, put together the publications and fliers, set up speaking engagements and meetings around the SDGs, and process reports. We teach through on-the-job training methods so that anyone interested in conducting this Community Education Campaign in their own community or area of work can pick up the tools and learn. We have created phone narratives, presentation narratives, flyers, posters, and more, and are teaching people how to use these tools in a systemic way so that they can do it themselves and teach it to others.

This process is integral to our plan of action for engaging communities and volunteer organizations across the country in taking ownership of the SDGs and playing an active role in their implementation.

#### **4. Policy and enabling environment.**

##### **4. (a) Creating Awareness and Ownership of the Sustainable Development Goals:**

A common response CVSA has heard each time we make our presentation about the SDGs or tell people about it on the phone is, “Why haven’t I heard about this before?” and once they had read the 2030 Agenda, “This is a very comprehensive plan, we need to get this going. What agency is coordinating the planning?” However, the government of the United States has yet to promulgate the 2030 agenda and goals to its citizens.

We did find an interview done by the Center for Global Development with Tony Pipa, the U.S Special Coordinator for the Post-2015 Development Agenda and Deputy Assistant Administrator of USAID in August 2015. Pipa was asked what will the U.S. do differently domestically once the 2030 Agenda is adopted. He said the government’s policies are already in line with the SDGs. When asked again if the SDGs have been discussed within the U.S. government, he said that conversations have been held with a caucus (unnamed) in Congress about the SDGs. CVSA volunteers have been unable to find any published outcome or minutes of that consultation; if they exist they were not made available to the public and participation from NGOs and all relevant stakeholders in the conversation was not then and has still not been solicited, as far as we have been able to find.

We note that it is USAID agents that have been assigned as the U.S. official spokespeople for the SDGs. CVSA has not been able to locate any documented track record of USAID’s successful achievement in attaining sustainable development as it is defined by the 2030 Agenda; however, USAID does have an unfortunate negative reputation for interference in the domestic affairs of sovereign nations. Further, USAID does not have any programs or experience addressing problems of poverty, hunger, inequality and environmental destruction in the U.S., as it is not a domestic program.

Therefore, we advance the question that has been asked in each presentation we have made to grassroots organizations about the SDGs: “Who is coordinating the implementation of the SDGS in the U.S.?” “What are the avenues for making proposals towards implementation of the SDGS?”

In the meantime, we are mobilizing volunteers to participate at the grass roots level.

##### **4. (d) Goals and Targets:**

###### **Summary and highlights of reports received:**

Below are excerpts from seven of the reports submitted by CVSA member organizations; these excerpts explain the material result of current government policy effecting social, economic and environmental conditions which these organizations have direct experience with, and convey what the organizations see needs to be done by the government to build solutions:

**Big Creek People in Action**, formed in 1990 in McDowell County, West Virginia, with a population of 22,000, and is in the seventh poorest area of the U.S., whose mission is to “foster a community in which people learn, work, play, and grow together to prepare themselves for success.” In their report, they stated, *“40% of the population lacks a high school education, 18.9% of kids drop out of school, only 5.7% of the people are college graduates, 46% of students do not live with their biological parents, 72% of students live in a household without gainful employment.... These alarming statistics show that our families are in crises and need support from*

*organizations like ours, volunteers, the government and others to address these issue which are impeding their success.” Their report further states, “These issues of poverty, hunger, and poor health are all interconnected. Many of our families see no hope in their future and continue on a downward spiral. News agencies from all over the country publish articles about the problems we face in McDowell County, West Virginia. But we need our government officials and others that can actually do something to step forward and do what is needed to bring us new highways, jobs, and a better education system to give people a path to a brighter future.”*

**East Michigan Environmental Action Council (EMEAC)** is a non-profit environmental justice organization focusing on climate justice, water justice, and food justice. They work with youth and families in the city of Detroit, Michigan. They said, *“Each year in Detroit, approximately 40,000 households have their water shut off due to the inability to pay. The city of Flint had its water system contaminated by mismanagement, which resulted in the lead poisoning of children. In both cities, under emergency financial managers appointed by the governor, people have been denied their human right to clean, potable water. Through EMEAC's work with the People’s Water Board, we have been opposing the undemocratic use of emergency financial managers and demanding a water affordability plan based on income to be implemented.”* EMEAC and the People’s Water Board have developed a comprehensive plan for sustainable water management in the region, which would prevent all the current patterns of shutoffs and poisoning, which city and state governments have refused to consider.

**CUMAC/ECHO**, based in Paterson, New Jersey, a once-industrial city now a largely impoverished town, is focused on their mission is to “feed people and change lives.” It works to alleviate hunger at its root causes for those in need in Paterson and throughout Passaic County in Northern New Jersey. CUMAC reported, *“Passaic County has an official poverty rate of 18.2 %. This means that just under 20% of the population exist on annual income of under \$12,331 for singles, and \$24,036 for a family of four (two parents and youth under 18). It is important to note, New Jersey has one of the highest costs of living in the nation, making the official measure of poverty unrealistic. The Real Cost of Living in Passaic County would be \$32,105 for singles, and \$70,644 for a family of four to meet basic needs. As such, a more realistic picture of poverty is captured at incomes that are 250% of the Federal Poverty Level. Using this more accurate measurement, over 43% of households in Passaic County – just under half of residents – are struggling to afford basics like housing, food, and health care.”*

**Remote Area Medical (RAM)** is a nongovernment funded nonprofit founded in 1985 by Stan Brock to address the needless pain and suffering caused by the lack of health care in impoverished, underserved, and isolated areas of the Third World, which has now transformed into an operation that carries out 70% of their work in the U.S., based in Rockford, Tennessee, because of the tremendous need here. RAM has treated more than 500,000 people without insurance or without adequate income to purchase needed care, utilizing hundreds of volunteer medical and dental professionals who participate in free mobile health clinics RAM holds in partnership with local organizations in urban and rural areas in over 30 U.S. states. RAM reports, *“Of all the pictures that come to your mind when you hear the word ‘refugee’ you did not picture that ever taking place in America. Who would eve think that people in America would voluntarily leave their home due to a crisis that was so bad they would sleep in their cars, tents and even on the ground in rain, snow and heat? That they would do without plumbing and electricity, use porta-potties and bring coolers of*

*food and water? The healthcare crisis in America has reached a point where people are becoming 'weekend refugees' to simply get basic medical attention. At any given RAM Clinic you will find those so desperate that they sleep in the car for days... to be on line to be seen."*

RAM also has now partnered with other nonprofits to address the hunger they have seen in Tennessee. Ram reports that *"In 2014, Tennessee ranked 44<sup>th</sup> for the percent of children living in poverty, which was 25.9% of children under age 18. In 2012, over 44% of U.S. children and youth qualified for free, reduced school lunch program, which is slightly lower than 2011, at 47%. Blount County, Tennessee covers eight cities. Within this county, 20.3% of children live in poverty. In 2012, 45.6% of Blount County kids qualified for free and reduced price school meals."*

**New York State Coalition of Concerned Legal Professionals (CCLP) New York State** is an all-volunteer, nongovernment funded independent membership association of attorneys, law students, business owners, clergy and anyone else concerned about the lack of meaningful legal recourse available to a growing portion of our low-income population. CCLP volunteer attorneys provide legal education, information and legal advice to members of organizations of low-income workers and others who have united to fight to change the systemic problems and priorities of the government that lead to poverty.

CCLP reported that, *"Meanwhile, on the criminal front, more than 50 years later, the constitutional mandate that the government uphold the right to counsel in criminal cases embodied in the landmark decision Gideon vs. Wainwright has failed. Court-appointed counsel are routinely underpaid and understaffed, placing them in no position to provide an effective defense at trial. This truth has led to a situation in which over 99% of criminal cases in New York City result in plea bargains.... Even former New York State's Chief Judge Jonathan Lippman has pointed to a crisis of confidence in our legal system, publicly acknowledging the existence of a 'two-tiered system of justice, one for those with money and one for those without.'"*

**Coalition of Concerned Medical Professionals/New York (CCMP)** is an all-volunteer, nongovernment funded, private membership association of health professionals, students, low-income workers and other concerned citizens fighting for comprehensive health care for poor and working people, regardless of their ability to pay.

CCMP reported that, *"The CDC reported that 38.4% of NYC adults have high cholesterol, but for people who make less than \$25,000 and live in NYC, the number is 44.2%. At CCMP's community health events this year, where volunteer doctors, nurses and advocates worked together to provide preventive care through education, screening and provision of volunteer services, our findings are that 35% of those we screen are hypertensive and 73% of the low income families we have surveyed throughout central Brooklyn requested assistance and education on hypertension."*

*The so-called "Affordable Care Act" has been a financial boost for our nation's largest insurance corporations and for the financial consolidation of the hospitals. Due to the government approval of premium increases, deductible increases, and out-of-pocket costs for co-pays and medications, we are now receiving requests in our all-volunteer free preventive medical benefit from people who are mandated to be legally "insured" but who dare not access the plan they have due their inability to afford the real costs. **This is not sustainable, is not a sustainable solution, is in direct contradiction to Goal #3 in its entirety, and to Goal #10 on diminishing inequality... this policy has increased inequality in access to comprehensive health care and good health.***

*On dozens of occasions, our organization has experienced a low-income uninsured patient who refuses to go to the emergency room due to costs. Because our organization is not equipped to*

*provide any form of urgent care, we often face the contradiction of trying to guide a low-income uninsured person to some alternative source of help. We have seen fear of hospital bills turn minor medical matters into life-threatening urgencies time and time again.*

**Eastern Service Workers Association (ESWA), Philadelphia** is a free and voluntary unincorporated private membership association founded in 1976 by low-income service-workers and their families, day-laborers, part-time and seasonal workers and other low-income residents of Philadelphia who banded together to create a self-help organization to address survival needs and long-term solutions to our poverty conditions. ESWA reports,

*“Philadelphia has a 26% poverty rate. Philadelphia’s service workers and their families suffer devastating poverty conditions – more than a quarter of the 1.6 million citizens of Philadelphia live below the poverty line. An investigation by the Philadelphia Inquirer called Philadelphia “the poorest big city in America”, and put the rate of extreme poverty – that is, families of at least three making no more than \$9,700 annually – at about 13%, or roughly 200,000 people. In 2014, the median household income in Philadelphia was \$39,043 and the median family income was \$46,989 – the lowest of the top ten most populous cities.*

*“While the census says that the city’s unemployment rate as of December 2015 is 5.4% (preliminary), down from 6.3% in December 2014, which is higher than most of the top ten U.S. cities, the reality is that 27% of those who are living in poverty have given up looking for work and when they stop collecting unemployment, they are not counted in those statistics.*

*“Eastern Service Workers Association further reported on their approach to building leadership towards changing these conditions, showing that when the people are organized and work together, they know what is needed to solve problems: ESWA members have stepped forward to represent other members in their own neighborhoods or job categories. Worker Benefit Council delegates meet on a weekly basis and discuss problems they face in the community and on the job, and what actions can be taken to address them. In this way, the people who are closest to the problems are involved in developing and implementing solutions to those problems. This is fundamental to ESWA’s structure. It also makes it possible for delegates who have traditionally lacked the political influence to change their living and working conditions to be in a leadership position.”*

## **5. Contribution to implementation, reporting review and follow-up by Member States:**

As we have been conducting our Community Education Campaign for the Implementation of the SDGs, in addition to being asked, “Why is there no media coverage – the goals were never reported on in the U.S. press?” and “Who has been appointed by the U.S. government to coordinate the implementation of this agenda?”, people have also raised their hand and said that their organization could contact municipal government officials and put the SDGs on their agenda on the local government level, and CVSA encourages this. People in the presentations and who we meet with via phone conference have all asked CVSA for tools to involve volunteers in carrying out a community education campaign in their own community, which we are glad to assist with. CVSA itself is an entirely volunteer effort with resources coming entirely from contributions from individuals, faith-based groups and businesses, and private foundation grants.

## **6. Next Steps:**

CVSA volunteers are producing a Community Education “Tool-kit” to assist organizations in promoting the SDGs to their communities. The Tool-kit has phone pitches with talking points for



pitching local organizations and business about holding speaking engagements and community meetings about the SDGs. It will also contain flyers, posters and outlines for making reports, and other tools. We will continue to carry out our Community Education Campaign, promote volunteer involvement with all of the participating organizations, provide tools and training, and compile reports towards analysis of progress in achievement toward the 2030 Goals.

Other nongovernment organizations and stakeholders in the U.S. or any other part of the world are welcome to contact us about how you can participate in CVSA's Community Education Campaign, or to request training in grass-roots organizing methodology for carrying out the campaign. We will be glad to meet with representatives of member states as well, about how our experience can be of benefit to your domestic efforts in mobilizing people at the community level to be involved in the SDGs.

## **7. CONCLUSION**

On the strength of our growing grassroots support and the feedback from the community-based organizations we have spoken with across the country over the past ten months since the 2030 Agenda was unanimously adopted, CVSA has this proposal:

We call on the United States government to carry out its pledge toward the 2030 Agenda both domestically and internationally by forming a national SDG Coordinating Council. We strongly recommend that State Councils also be set up to oversee data collection, draw up implementation plans, coordinate policies and monitor the progress of implementation in their state and submit those to the national coordinating body. The process must be made public and open. Members on the councils should include representatives from nongovernmental volunteer organizations and associations, faith-based service organizations, social service administrators, grassroots leaders from minority communities, educators, religious community leaders, labor leaders, poor people's representatives, health advocates, legal justice and environmental specialists, as well as community development credit unions and small community banks, and coalitions of family farms.

We propose that each state in the U.S., or the federal government, begin with the simple step of publicly announcing and making widely available, free of charge, printed copies of "Transforming Our World: the 2030 Agenda for Sustainable Development" to all persons and organizations working in their community to involve people in planning and carrying out these goals.

Below (attached) you will find seven of the SDG reports contributed by CVSA member organizations in time for this report as summarized above.

"We reaffirm our unwavering commitment to achieving this Agenda and utilizing it to the fullest, to transform our world for the better by 2030."

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**CVSA Community Education Campaign for the Implementation of the 2030 SDGs  
REPORT FORMAT for member organizations**

Date: June 17, 2016

Name and role: Dyanne Spriggs, Co-Executive Director

Organization: **Big Creek People in Action, Inc.**

Address: HC 32 Box 541 War, WV 24892

Phone (304) 875-3418

**II About your organization:**

**a. Describe briefly the community of people you serve and/or represent and what your organization does:**

Big Creek People in Action was formed in 1990 by local citizens working to bring about a brighter future in McDowell County, WV. Our mission is to “foster a community in which people learn, work, play, and grow together to prepare themselves for success.”

The geographic area we serve is McDowell County, West Virginia, which has a population of 22,000 people. We are located in a place of startling natural beauty which is rich in history, culture, and natural resources, but unfortunately, also burdened with poverty, illiteracy, lack of education, drug use, poor roads, geographic isolation, and lack of jobs.

As a Family Resource Center, our programs were designed to educate as well as provide basic, human needs to help people reach their full potential. Our programs include Housing Rehabilitation, Education /Literacy, Service Learning, Healthy Lifestyles, Computer-Based Education, Job Readiness program, and Veteran’s Support services. We give out food and other basic need items, house college and church volunteer groups in our dormitories that come in to volunteer their time to help our community, and serve as a Disaster Shelter when needed.

All of our programs are free of charge to participants and we serve people from birth to senior citizens from all demographics. During 2015, Big Creek People in Action served 6,304 people. A total of 13,383 meals were served out of the Center and we coordinated 29,113 hours of service by 903 volunteers from inside and outside the area.

**b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:**

The following statistics shows the challenges we are facing. According to the 2010 Census, Reconnecting McDowell, and WV Kids Count, McDowell County’s median family income is less than half the national one, 40% of the population lacks a high school education, 18.9% of kids drop out of school, only 5.7% of the people are college graduates, 46% of students do not live with their biological parents, 72% of students live in a household without gainful employment, we have an illiteracy rate of 37%, which is the highest in the state, we have the lowest standard of housing in the state, 28 – 30% of the children under the age of 18 are at risk of hunger every day, we have the worst health status of any county in the state, and we lead the nation in overdose deaths from narcotics pain medication. These alarming statistics show that our families are in crisis and need support from organizations like ours, volunteers, the government, and others to address these issues which are impeding their success.

We have experienced staff that have been here for many years and are from the community so they understand the problems facing our families. To address these needs, we have an Education/Literacy program that offers many comprehensive educational services that serve people of all ages. We have a high-quality service-learning program with college and church groups that come from all over the country to volunteer. We have worked with housing

rehabilitation for fifteen years and are skilled at organizing work crews to correct health and safety issues on area homes. To combat hunger, our after school program feeds children healthy meals 4 days a week all year long. Food boxes are distributed and meals are served at our literacy camp, workshops, and special events. We educate the community on health issues, help veterans with their benefits, help people prepare resumes, and work with families to improve their parenting skills.

The challenges are great, but we are making a difference, one family at a time.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 1. End poverty in all its forms everywhere

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community, area or region in which you work (county, city, state, region or nation) in relation to this goal.**

**Goal 1. “End poverty in all its forms everywhere.”**

This is a tall order. We do what we can to provide the support and services to help people improve their education skills, look for jobs, improve their homes, and learn how to take care of themselves and their families to put them on the road out of poverty and improve their chances of success. But more needs to be done to ever end the poverty issues in our county. Because we live in the middle of the mountains and have poor roads including no 4-lanes, no industries will locate here that would give people jobs. We feel our state government doesn't do enough to advocate for better roads in our area which could bring in more businesses, which would give people jobs, and eventually help alleviate the poverty facing our families.

**Goal 2. “End hunger, achieve food security.”**

Many families in McDowell County suffer the debilitating effects from food insecurities. With 28 – 30% of the children under the age of 18 at risk of hunger every day, it is our responsibility as a WV Family Resource Center to provide resources to alleviate hunger concerns. There are many risk factors for hunger including poverty, living in a rural area, drug abuse, and lack of regular access to affordable, nutritious foods needed to lead a healthy life.

For many children, school breakfast and lunch are the only meals they receive during the day and when school lets out for the summer, many children lose access to nutritious meals for almost three months. But those who attend our afterschool program are fed a nutritious meal and snacks to take home because our goal is to nourish their minds and their bodies. Children who are hungry can't concentrate on learning. They're focused on their hunger.

Many of our after school students come from homes where they don't always receive the support they need. We hear them talk about the food they get at home, or lack thereof. When we give them granola bars or other nutritious snacks to take home, many times they will ask for extra for their younger siblings at home so they will have something to eat also.

Many of our programs, special events, and educational workshops involve providing

meals or food boxes. We also prepare emergency food boxes for parents who call and say they are in need of food when their food stamps have run out and their money just couldn't stretch to the end of the month. Not all of these parents are on welfare. Some work at low-paying jobs and just don't earn enough money to adequately provide the basic necessities to their families.

Food is a basic need and is critical to getting people back on their feet and on the road to self-reliance. With our staff leveraging our efforts with support from others, we will continue working together to accomplish what cannot be done alone, bridging the gap between those in need of food and meals and the resources needed to meet those critical community needs.

### **Goal 3. "Ensure healthy lives and promote well-being."**

Our Healthy Lifestyles Program was established to address obesity, sedentary lifestyles, and other issues which can affect a person's health. We address these issues by educating our children and that making healthier choices will improve their quality of life.

According to a report released by the Robert Wood Johnson Foundation March 2016: "McDowell County, WV has the worst health status for the seventh year in a row with 32% of residents in poor health. Factors influencing this determination are smoking, obesity, motor vehicle accident deaths, teen births, sexually transmitted infection rates, and educational attainment."

We have the highest rate of childhood obesity in the state. Most of our children lead sedentary lifestyles as many of our communities do not have playgrounds, walking tracks, bike trails, or other outlets for physical play. Big Creek People in Action installed a new playground last year and have at least 30 minutes of exercise each day with our after school students.

Through our educational workshops and programs, we teach that positive behavior changes are the key to improving health. Through these workshops we demonstrate the effects, both positive and negative, of lifestyle choices. Our goals are to:

- To reduce obesity in youth and adults through nutrition education.
- To encourage youth and adults to increase their physical activity.
- To teach health protection education.
- To identify preventive services to increase the quality of life and prevent disease.
- To improve the health and quality of life of our youth and adults by addressing challenges to social and emotional health.
- To partner with other agencies to offer educational resources to improve the health and well-being of those living in the county.

These issues of poverty, hunger, and poor health are all interconnected. Many of our families see no hope in their future and continue on a downward spiral. News agencies from all over the country publish articles about the problems we face in McDowell County, WV. But we need our government, officials, and others that can actually do something to step forward and do what is needed to bring us new highway, jobs, and a better education system to give people a path to a brighter future.

### **Goal 4. "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all."**

Our statistics show that there are serious problems with education in our County: 40% of people lack a high school diploma; we have an 18.9% drop out rate; and only 5.7% of people graduate from college. Most alarming, we have a 37% illiteracy rate.

That is not to say that everybody who goes to school in McDowell County can't read and will never be successful. It all has to do with the support they get from home. My children went to school here and graduated in 2003 and 2007 and the schools were not rated good at that time either. When my son was in middle school, his school scored last in the county on the

standardized test, McDowell County scored last in the state, and West Virginia was last in the country. So basically you could say he went to the worst school in the nation. But he is an intelligent person that went to college and has become what he is because of his upbringing and the emphasis that was put on education.

The current Elementary/Middle School in our district is still rated as last in the state on standardized tests. But it is because many of these kids come from families that put no value in education. Many of our youth come from homes that have depended on public assistance their entire lives. They are not encouraged to do their best at school. They see drugs destroying their community, and many of them, unfortunately, will follow in their parent's footsteps. Our youth need to gain the education and knowledge that will help them to become leaders who stand up and advocate effectively for their ideas. We are committed to teaching our youth that they can excel in school; they can go to college, and become active participants in bettering themselves and their community.

To support the education system, we provide in-school tutoring in reading and math at the elementary/middle school and the county vocational school; a year-round Afterschool Program where children receive a healthy dinner, homework help, exercise, computer time, and transportation to and from the program; a 4-week summer literacy camp to help kids learn the fundamentals of reading; computer lab offering courses in computer skills and assistance with job searches, preparing resumes, and obtaining their GED; books and book bags distributions; an educational infant/parent play group, have some of our college students speak at the local high school to encourage students to seek higher education and set goals.

We are partners with Reconnecting McDowell, an organization seeking solutions to McDowell's complex problems that affect education —poverty, underperforming schools, drug and alcohol abuse, housing shortages, limited medical services, and inadequate access to technology and transportation. But the following statement on their website explains it best: "None of this will be easy or quick; the problems in McDowell County have been decades in the making. But by working together with the amazing people who live there, and by assembling, coordinating and sustaining the educational, social and economic supports they need, we are confident that this resilient community will be on a path to reconnecting its hopes for the future."

**Goal 8. "Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all."**

This is a dream of many living in McDowell. But our area currently has no economic growth and few jobs. McDowell County's economy has always depended on the coal industry. We have produced more coal than any other county in West Virginia which in the past, contributed significantly to the progress and well-being of West Virginians.

There are many politicians and others who blame coal for global warming and environmental issues. Their regulations have destroyed the coal industry and those families that that have depended on it. Our mines have shut down and most have left the area to seek employment elsewhere. Our Walmart closed and left the area. There are few jobs for anybody that wants to work.

Big Creek People in Action is doing what we can to provide jobs, do job training, tutor adults to get their GED, and help with resumes and job searches. But the government, Economic Development Authority, and others with more power than we have will have to advocate for new highways, which would eventually entice new businesses and industry to locate here. Then our services to teach job skills, improve education, and work with families to improve their life skills and self-esteem will be more effective in getting people jobs and sustaining the economy of our county.

**CVSA Community Education Campaign for the Implementation of the 2030 SDGs  
REPORT FORMAT for member organizations**

Date: June 20, 2016

Your name and role: Priscilla Dziubek, Environmental Educator

Organization's name: **East Michigan Environmental Action Council (EMEAC)**

Address: 4605 Cass Ave. Detroit, MI 48201

Phone: (313) 556-1702

**I About your organization:**

**a. Describe briefly the community of people you serve and/or represent and what your organization does:**

EMEAC is a non-profit environmental justice organization focusing on climate justice, water justice and food justice. We work with youth and families, mainly in the city of Detroit.

**b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:**

EMEAC addresses childhood obesity prevention with children 2-8 years old and their families. We work with community to ensure all voices are heard as we plan and transition to a new economy.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3 Ensure healthy lives and promote well-being for all at all ages

Goal 6 Ensure availability and sustainable management of water and sanitation for all

Goal 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 10 Reduce inequality within and among countries

Goal 13 Take urgent action to combat climate change and its impacts

Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community, area or region in which you work (county, city, state, region or nation) in relation to this goal.**

**Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture, and Goal 3. Ensure healthy lives and promote well-being for all at all ages**

Detroiters lack access to quality foods with major supermarket chains pulling out of the city years ago. Filling the void are gas stations and fast food chains. The last black owned grocery store was run out of business last year when Meijers built it's second ever store within city limits in the same neighborhood. EMEAC holds workshops on food sovereignty, gentrification and transition to the new economy to engage community to take action. We work with children and their families growing food, preparing healthy meals and participating in Detroit's urban gardening network.

**Goal 6. Ensure availability and sustainable management of water and sanitation for all:**

Each year in Detroit approximately 40,000 households have their water shut off due to inability to pay. The city of Flint had it's water system contaminated by mismanagement which resulted in lead poison-

ing of children. In both cities, under emergency financial managers appointed by the governor people have been denied their human right to clean, potable water. Through EMEAC's work with the People's Water Board, we have been opposing the undemocratic use of emergency financial managers and demanding a water affordability plan based on income be implemented.

**Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all &, and; Goal 13. Take urgent action to combat climate change and its impacts, and; Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels:**

EMEAC carries out its work in a city that is home to some of the nation's worst extreme energy offenders, including the country's largest incinerator and one of the largest tar sands refinery expansions.

- Highest urban rate for asthma in children: contributing factor Trash to Energy Incinerator
- Largest Waste water treatment plant at peak flow, that violates the clean water act every time it rains: need more green infrastructure deployment
- Hundreds of brownfields and superfund sites from legacy corporate polluters with significant mercury, lead and cadmium in top soils

There is opportunity to build on the momentum of work taking place in Detroit to move away from investing in these dirty energy sources and toward a clean energy future. There are three main strategies that we employ to build community resilience in Detroit's climate JUST TRANSITION: youth, family and community led organizing; political education; and trans-local network building to build new and grassroots economies.

Through our local and national networks in climate justice we collaborate on ways to ensure a just transition for the people of Detroit.

**CVSA's Community Education Campaign for the Implementation of the 2030 SDGs  
REPORT Format for member organizations**

Date: June 14, 2016

Name: Stephanie Ames, Community Engagement Coordinator

Organization: CUMAC

Address: 223 Ellison St, PO Box 2721, Paterson, NJ 07509

Phone: (973) 742-5518

**I About your organization:**

**a. Describe briefly the community of people you serve and/or represent and what your organization does:**

CUMAC's mission is to feed people and change lives. It works to alleviate hunger and its root causes for those in need in Paterson, Passaic County and northern New Jersey.

**b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:**

Today, CUMAC acts as one of the largest food distribution program in Passaic County. We regularly feed about 3,100 low-income people a month. About 1 in 3 of our clients are children, 1 in 6 are disabled and 1 in 8 are senior citizens. In addition to our own food pantry, CUMAC has opened two mobile pantries in underserved communities. CUMAC's depot provides food, storage and transportation with a network of up to 55 smaller feeding programs. Over our 30+ year history, CUMAC has grown many addition programs that work to address the root causes of hunger and poverty. Our Community Closet helps hundreds of families recover from disaster every year and also provides affordable shopping to low-income families. Pathways to Work provides valuable job training and experience to individuals seeking employment, and Place of Promise offers permanent housing to those experiencing chronic homelessness. Our annual projects have provided school supplies and holiday gifts to thousands of children. The Community Food Coalition offers shared resources to a network of feeding programs and works to collectively address hunger in Passaic County.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community, area or region in which you work (county, city, state, region or nation) in relation to this goal.**

**Goal 2 End Hunger, achieve food security and improved:**

Passaic County has an official poverty rate of 18.2 percent. This means that just under 20 percent of the population exists on an annual income of under \$12,331 for singles and \$24,036 for a family of 4 (two parents and two youth under 18). It is important to note, New Jersey has one of the highest costs of living in the nation, making the official measure of poverty unrealistic. The Real Cost of Living in Passaic County would be \$32,105 for singles and \$70,644 for a family of four to meet basic needs. As such, a more realistic picture of poverty is captured at incomes that are 250% of the Federal Poverty Level. Using this more



accurate measurement, over 43 percent of households in Passaic County –just under half of residents- are struggling to afford basics like housing, food, and healthcare.

As a result of the high cost of living in New Jersey, coupled with diminished employment opportunities and eroding wages, it is not surprising that both low and very low food security have increased. Low food security and very low food security reached unprecedented highs of 11.5 and 4.0 percent respectively at the height of the recession. Those figures have since climbed to 11.7 and 4.9 percent as of 2014. In Passaic County, conservative estimates place 12.3 percent of the population living in food insecurity, while a survey conducted by the United Way in 2012, using special survey techniques meant to reach less accessible parts of the community, report that 52 percent of survey respondents experience some level food insecurity with 13 percent of those respondents reporting severe food insecurity.

According to a 2014 survey conducted by the Community Food Bank of New Jersey, 559,200 people accessed food programs (meal and grocery) in Passaic County. Unduplicated, that number is 66,800.

**CVSA Community Education Campaign for the Implementation of the 2030 SDGs  
REPORT Format for member organizations**

Date: June 22, 2016

Name and role: Vicki Gregg, MSN, APRN, RN, Clinic Coordinator

Organization: **Remote Area Medical (RAM)**

Address: 2200 Stock Creek Blvd, Rockford, TN 37853

Phone: (865) 579-1530

**I About your organization:**

**a. Describe briefly the community of people you serve and/or represent and what your organization does:**

In 1985 Stan Brock founded Remote Area Medical® (RAM), a non-profit organization originally located in Knoxville, Tn. Headquarters is now in Rockford, Tn, a small suburb outside Knoxville. Nationally, RAM addresses the needless pain and suffering caused by the lack of health care in impoverished, underserved, and isolated areas. An effort in third world countries quickly transformed into an operation that has served more than 500,000 people in the United States.

RAM operates free mobile medical clinics in underserved and insured areas of the United States, offering free medical, dental and vision care to people in desperate need. Anyone is welcome to these services as RAM does not ask for identification or proof of income.

**b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:**

One of the questions asked at a RAM clinic when a patient registers is what brought them to the clinic. Answers given at the clinic in Cookeville, Tennessee (March, 2016) included the following: Can't find provider to take Medicare/Medicaid; Can't take time off during the week; Don't have healthcare provider; It is free; Have insurance, still can't afford costs; Insurance doesn't cover needed services; No insurance; On wait list to get care elsewhere.

RAM provides medical, vision, and dental equipment with supplies in host communities to underserved areas of the country. Providers are recruited to volunteer their skills for a weekend. In medical, RAM brings Women's Health and General Medical supplies. In vision, eye exams and new glasses made on site are provided. In dental, cleanings, fillings, and extractions are provided. Services are required secondary to little or no access to health care.

Medical Doctors, Physician Assistants, Nurse Practitioners, Medical Professional Students, Registered Nurses, Licensed Practical Nurses, Nursing Students, Emergency Medical Technicians (Basic and Advanced), Certified Nursing Assistants, Oral Surgeons, Dentists, Dental Hygienists, Dental Professional Students, Optometrists, Ophthalmologists, Professional Vision Students all volunteer at the various RAM clinics across the nation.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 2. End hunger, achieve food security and improved nutrition and promote

sustainable agriculture

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Goal 10. Reduce inequality within and among countries.

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community, area or region in which you work (county, city, state, region or nation) in relation to this goal.**

**Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

In 2014, Tennessee ranked 44<sup>th</sup> for the percent of children living in poverty, which was twenty-five point nine percent of children under age 18 (Talk Poverty, 2016). In 2012, over forty-four percent of US children and youth qualified for the Free-Reduced School Lunch program, which is slightly lower than 2011 at forty-seven percent (Tennessee Kids Count, 2013). Blount County, Tennessee covers 8 cities. Within this county, twenty point three percent of children live in poverty. In 2012, forty-five point six percent of Blount County kids qualified for free and reduced-price school meals (Stewart, 2015).

In January 2016, RAM partnered with the Blount County Second Harvest Food Bank to provide healthy meals for primary and intermediate school-aged children. The program is Food for Kids. Second Harvest serves as a distribution center to over 500 non-profit organizations in 18 counties of East Tennessee. In partnership with these counties, Second Harvest feeds over 165,000 hungry (n.a., 2016).

The program is designed to provide healthy easy-to-prepare food to those identified most vulnerable to hunger, children missing meals on a regular basis. Teachers recognize kids in the classroom who they believe are at risk of hunger. A nutritious meal (protein, grain, fruit or vegetable and dairy product) is packed to ensure a child receives at least one healthy each day of the weekend. Siblings are also given a backpack of food. This program runs from August to May (while school is in session). Improved self-esteem, behavior, and concentration have been reported. Once a month, RAM employees packed approximately 2,545 bags for Food for Kids. In addition, RAM delivered food shipments to 16 schools in Blount County.

**Goal 3. Ensure healthy lives and promote well-being for all at all ages**

The number of uninsured non-elderly Americans was on the rise from 2000 to 2010, primarily due to a decrease in the employee sponsored insurance coverage. In 2010, this number peaked just over eighteen percent (32 million), declining to sixteen point seven percent in 2013. In 2014, forty-eight percentage of the uninsured adults reported the main reason was the cost was too high, no access to a job, and/or no Medicaid expansion. Additionally, undocumented immigrants are not eligible for Medicaid or Marketplace coverage (Henry J. Kaiser Family Foundation, 2016).

In 2014, there were forty-six point seven million people living in poverty with the official rate at fourteen point eight percent (United States Census Bureau, 2016). The number

of uninsured nonelderly

Americans in 2014 was 32 million. Forty percent were low-income working-class families. These people have worse access to health care than those with insurance. Income and availability of public coverage indicate the people who live in the South or West are more likely to be uninsured. Additionally, Hispanics and non-Hispanic Blacks have higher uninsured rates (twenty point nine percent and twelve point seven percent) than non-Hispanic whites (Henry J. Kaiser Family Foundation, 2016).

Remote Area Medical (RAM) provides this care through mobile medical clinics throughout the United States and Internationally. In 2014, twenty-seven clinics were completed, resulting in over \$9,000,000.00 in total health care value. Dental procedures numbered over twenty-nine thousand, vision procedures numbered close to eight thousand, and ten thousand plus medical procedures were completed. 2015 projections estimate health care value at over \$9,430,000.

Of all the pictures that come to your mind when you hear the word “refugee” you did not picture that ever taking place in America. Who would eve think that people in America would voluntarily leave their home due to a crisis that was so bad they would sleep in their cars, tents and even on the ground in rain, snow and heat? That they would do without plumbing and electricity use porta-potties and bring coolers of food and water? The healthcare crisis in America has reached a point where people are becoming “weekend refugees” to simply get basic medical attention. At any given RAM Clinic you will find those so desperate that they sleep in the car for days... to be on line to be seen.

The Office of Disease Prevention and Health Promotion have been providing benchmark objectives to improve the health of all Americans. For 30 years, Healthy People 2020 has been monitoring the progress of these objectives to encourage collaborations, empower individuals, and measure the impact of prevention activities. The overall vision is a society where all people live long healthy lives (Healthy People 2020).

One of the Healthy People 2020 goals is to increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life. These settings include work, schools, health care facilities, and communities.

People without access to the typical health care setting are encouraged in an informal and non-threatening approach to medical issues. These nontraditional settings can reach out to people in different settings. This also allows for specific topics of health care to be addressed (Healthy People 2020).

Remote Area Medical (RAM) introduced the Healthy Initiatives Program (HIP) in 2015. This program partnered with the University of Tennessee (UT) Extension Program, whose goal is education. Together, RAM and UT Extension are dedicated to teaching people how to have an improved quality of life. This goal falls in line with the U. S. Department of Health & Human Services Surgeon General’s priorities (n.a., 2016).

### **Goal 10. Reduce inequality within and among countries.**

RAM’s mission is to stop the needless pain and suffering caused by the lack of health care in impoverished, underserved, and isolated areas. Since 1995, RAM has conducted more than 800 field expeditions using more than 101,000 volunteers to treat over 600,000 patients, providing free care totaling over \$101,000,000.00. This includes both national and international clinics.

**CVSA's Community Education Campaign for the Implementation of the 2030 SDGs  
REPORT FORMAT for member organizations**

Date: June 22, 2016

Your name and role: Susan Prenskey, Operations Manager

Organization's name: **New York State Coalition of Concerned Legal Professionals**

Address: 9 W. 130<sup>th</sup> Street, New York, NY 10037

Phone: (212) 791-1364

**I About your organization:**

*a. Describe briefly the community of people you serve and/or represent and what your organization does:*

New York State CCLP is an all-volunteer, non-government funded independent membership association of attorneys, law students, business owners, clergy and anyone else concerned about the lack of meaningful legal recourse available to a growing portion of our low-income population. CCLP volunteer attorneys provide legal education, information and legal advice to members of organizations of low-income workers and others who have united to fight to change the systemic problems and priorities of the government that lead to poverty.

*b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:*

The primary focus of our work, the primary problem we address is access to meaningful legal recourse. In that capacity, we organize resources to fill all requests for help, starting with legal advice and advocacy. Where we encounter patterns of practice, we combine organizing with access to legal recourse to address the underlying systemic problem. In specific, we have addressed problems relating to police stops, mortgage foreclosures, landlord-tenant problems, wage theft and other employment law, elder law, immigration law, parole and prison law, family law and foster care, education law and employment issues for educators, administrative and Constitutional law, and disaster relief. We publish a newsletter, *The Gavel*, which tells the story of the collective efforts of our membership, and our fight against government policy that contributes to growing poverty. We also contribute to the production of *Verdict* magazine, publication of National Coalition of Concerned Legal Professionals.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 1. End poverty in all its forms everywhere

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community in relation to this goal.**

**Goal 1. End poverty in all its forms everywhere**

The percentage of the U.S. population that cannot afford legal assistance is increasing at a time when legal help is needed more than ever. The Pew Research Center looked at five decades worth of government data, which indicates that real wages in the U.S have been flat or falling for decades. The only gains have gone to the upper income brackets, while weekly wages have fallen 3.7% among workers in the lowest tenth of earnings, and 3% among the lowest quarter. But for those at the top of the earnings ladder, real wages have risen almost

10%. Even while worker productivity increased 74.4% from 1973-2013 (according to the Economic Policy Institute), this is not reflected in the compensation that workers receive.

Poverty in the United States is increasing and with it, the problems that poverty brings, such as hunger, homelessness, premature death from treatable diseases, and increased crime. The World Hunger Organization states that in 2013, there were 46.2 million people in the US living in poverty, up from 37.3 million in 2007. Of these 46.2 million, 11.9 million or 25.8% are immigrants from other countries or the children of immigrants. That number increases to 47.6% with the addition of those immigrants who live in “near poverty,” which is defined as 200% of the poverty threshold. The number of poor people in the US is the largest number in the 52 years for which poverty statistics have been published. *Children in the US represent 32.3 percent of those in poverty.*

In fact, 19.9 million poor Americans live in “extreme poverty,” meaning that their family’s cash income is less than ½ the poverty line, or about \$10,000 USD per year for a family of four. According to US Census data, 1.65 million U.S. households fell below the \$2 USD per day, per person threshold used to define “extreme poverty” in the developing world. The figure has more than tripled since 1996 and includes 3.55 million US children.

At the same time, the wealth of upper-income families is now nearly 70 times greater than low-income families, a record of income disparity in the US. In the US, 1% of the population has 80% of the wealth. The bottom 80% (8 out of every 10 people) has only 7% among them. The income of the top 1% has tripled over the last 30 years. The US is one of the most unequal of western nations, despite the long perpetrated “American Dream” of upward mobility, which in reality is an illusion.

Poverty brings with it a myriad of legal issues, such as consumer protection problems where low-income persons have been victimized by unlawful practices; landlord tenant matters; mortgage foreclosure issues, such as fraud and predatory lending; debt, credit and bankruptcy; employment issues such as unfair firings and wage disputes; family law matters such as custody cases, child support issues and domestic violence; immigration questions of all types and responding to legal needs that result from natural disasters such as Hurricane Sandy in 2012. (“Combining Legal and Organizing Tactics to Achieve a Goal,” by Kathleen M. Paolo, Esq., *Verdict*, June, 2015)

## **Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**

According to an article by the New York City Bar Association, “In 2010, [under the auspices of the Unified New York Court System,] the Task Force [to Expand Access to Civil Legal Services in New York] reported that more than 2.3 million New Yorkers lacked legal assistance in potentially life-altering civil cases. Unassisted litigants included: 99% of tenants in eviction cases in New York City and 98% of tenants in New York State; 99% of borrowers in consumer credit cases in New York City (nearly a quarter million of which are filed annually); 97% of parents in child support proceedings in New York City and 95% of parents in New York State; 44% of homeowners in foreclosure cases in New York State. These four categories alone – landlord-tenant, consumer credit, family law, and foreclosure actions – represent 70% of the caseload pending on New York State dockets. [In 2013], the Task Force has concluded that the key findings of the Task Force’s legal needs study have not changed. Indeed, the continuing high rates of poverty in New York State validate those findings. . . . [D]ata indicates that 1.2 million low-income New Yorkers had three or more legal problems

over the course of the year and thereby experienced the most pressing need for civil legal help. . . . [In such cases,] at best, 20 percent of the need for civil legal services is being met.”

Lower wages and fewer jobs means less money for necessities, which means less money spent on food and clothing; and utility companies and health insurance/health care providers taking a greater and greater amount of our income. There is little to no money available to pay for a lawyer, let alone one that can adequately represent the client.

Inadequate legal representation generally revolves around the attorney not being paid enough to devote time to the case: to interview witnesses, check out the crime scene, hire investigators or experts and thoroughly prepare for the case. In the case of publicly funded attorneys, it means a caseload far in excess of their ability to provide sufficient attention to each case. As a result, over 94-97% of those charged end up plea bargaining, not necessarily because they are guilty but because they can't count on representation to provide them with a level playing field.

### **Privatizing the Legal System via Mandatory Arbitration**

Pursuing legal recourse through the courts has been foreclosed for most people in the US – initially through lacking the resources to hire an attorney and pay the costs of litigation. However, access is becoming further removed by corporations writing mandatory arbitration agreements into contracts on a take it or leave it basis. With the advent of these mandatory arbitration agreements in consumer, employment and other contracts, corporations have for all intents and purposes privatized the judicial branch. Many contracts for consumer goods, cell phones, credit cards, software, employment, nursing homes or hospital stays and online purchases, contain a mandatory arbitration clause.

Major Wall Street corporations got together and strategized how to evade expensive consumer or employee lawsuits. Even a federal judge in Boston appointed by President Ronald Reagan, William G. Young, referred to this practice as being “*among the most profound shifts in our legal history. Ominously, business has a good chance of opting out of the legal system altogether and misbehaving without reproach.*” The result is a system where two-thirds of consumers challenging credit card fraud, fees or costly loans in arbitration, *cannot win*.

In a series of cases, the Supreme Court allowed corporations to write contracts that would effectively ban class actions or any recourse in a court of law. By banning class actions, companies have essentially disabled consumer challenges to practices like predatory lending, wage theft and discrimination. **The Supreme Court rulings finding for the corporations in all cases amounted to a legal coup for a group of corporate lawyers.** At the same time, the state and federal governments have moved to defund the judicial branch, effectively gutting the checks and balances so intrinsic to our constitutional system.

In short, the US legal system denies working people their day in court, their access to rule of law, and even the highest court of the land has held that it is acceptable to have rights without remedies to secure them, eliminating the court as a forum for the resolution of disputes.

### **Courts Favor Financial Institutions Against Homeowners**

There are already more than 60,000 homeless people in shelters every night in New York City (does not include those sleeping on the subways and the streets) at a time when there are more than 276,000 vacant housing units, underscoring that there is sufficient housing available for no one to be homeless.

The real estate market is still subject to securitization, speculation and gambling so that investors make billions. This has resulted in 2015 in a 24% *increase in foreclosure activity in*

*New York State and 9% increase in New York City, 194% increase in Bank Repossessions in New York and 43,868 new foreclosure filings in 2014 and over 90,000 pending foreclosure cases.* In this massive foreclosure crisis, in New York, the Courts are ruling in favor of the large financial institutions and denying recourse to homeowners.

One lawyer who is a CCLP volunteer and member won for his homeowner client in court in *Wells Fargo v. Erobobo*, but was reversed on appeal. The lawyer for the homeowner argued that the financial institutions must prove that they are the holders of the mortgage note and that they have standing to foreclose against the homeowner. The Appellate Division held that the mortgagor, the homeowner “does not have standing to challenge the Plaintiff’s possession or status as assignee of the note and mortgage...” So, the financial institutions can buy up mortgages, pool and securitize them, and then go to court without paperwork or having properly purchased the mortgage and prevail; and the defendant homeowner has no recourse through the courts.

Some CCLP members, who are foreclosure defense attorneys fighting to save homes, have reported that in Brooklyn the courts are even going so far as to move the foreclosure cases to only a few judges – those ruling in favor of the financial institutions against the homeowners.

One low-income homeowner trying to represent herself in court *pro se* was admonished by a Supreme Court judge that “You’re not a lawyer,” reminding her she lacked the legal knowledge to represent herself. Before turning to CCLP she was turned away from one publicly funded legal program after another and was on her own in court. A victim of predatory lending – the mortgage company refinanced her loan, adding \$100,000 to what this low-income health care aide owed, and doubling her monthly mortgage payments to \$4400 – she was still diligently making trial modification payments to the only mortgage company with which she had been working. Suddenly, another company foreclosed on her. The foreclosing party did not even own the mortgage until three months *after* filing for foreclosure. The judge decided there was no predatory lending and ruled in favor of the foreclosing party.

Meanwhile, on the criminal front, more than 50 years later, the constitutional mandate that the government uphold the right to counsel in criminal cases embodied in the landmark decision *Gideon vs. Wainwright* has failed. Court-appointed counsel are routinely underpaid and understaffed, placing them in no position to provide an effective defense at trial. This truth has led to a situation in which over 99% of criminal cases in New York City result in plea bargains.

**CONCLUSION:** In short, our legal system denies working people their day in court, their access to rule of law, and even the highest court of the land has held that it is acceptable to have rights without remedies to secure them, eliminating the court as a forum for the resolution of disputes.

As the streets once again ring out with the cry of “No justice, no peace,” in the face of a rising number of police killings of members of the minority communities of our country, the law enforcement community has rallied round to stop criticism of their actions, while attacking protesters, as was done recently in Minnesota, bulldozing down their encampment, á la the steps taken to snuff out the Occupy Movement a few years ago. While the debate rages about whether to abolish capital punishment, used almost exclusively by the United States among advanced industrial countries, the police are inflicting capital punishment daily on our streets, without any charges having been brought against the person executed, let alone a decision of judge and jury.



Even former New York State's Chief Judge Jonathan Lippman has pointed to a crisis of confidence in our legal system, publicly acknowledging the existence of a "*two-tiered system of justice, one for those with money and one for those without.*"

In 2014, the World Justice Project, in its annual Rule of Law Index, ranked the United States at 19<sup>th</sup> among 102 nations globally on access to civil and criminal justice and fundamental rights. No "rule of law" can truly exist when large segments of the population do not have effective access to exercise of those laws through the courts, the primary Constitutional means of dispensing justice. Another approach is definitely needed.

Achieving legal recourse requires building organization that can develop a strategy and proceed to organize the resources and the allies to carry it out. It also requires an understanding that in order for immediate change to transform into a long-lasting characteristic of our society, those directly affected by the injustices must take a lead role in defining the solutions and effecting that change. CCLP works with organizations whose low-income memberships and constituencies need timely intervention, combining legal education and advice with *organizing* – including public speaking, publications production and distribution, and educational presentations -- to fight for lasting change.

**CVSA's Community Education Campaign for the Implementation of the 2030 SDGs  
MEMBER REPORT FORMAT**

Date: June 20, 2016

Your name and role: Elisabeth Stevens, Board of Directors President

Organization: **Coalition of Concerned Medical Professionals/New York Metro Area**

Address: 1542 Remsen Avenue, Brooklyn, New York 11236

Phone: (718) 469-5817

**I About your organization:**

**a. Describe briefly the community of people you serve and/or represent and what your organization does:**

Coalition of Concerned Medical Professionals (CCMP) is an all-volunteer, non-government funded, private membership association of health professionals, students, low-income workers and other concerned citizens fighting for comprehensive health care for poor and working people, regardless of their ability to pay.

Our office is in Brooklyn, New York and we operate within the New York Metropolitan area. Our communities include a large and diverse ethnic and immigrant community from around the globe. Many workers are employed in service industry jobs from health related work such as home health aides, hospital and nursing home workers, to restaurants and hotels and cleaning offices, while others do construction and landscaping as day-laborers, work in warehousing and light industry. The majority earn minimum wage or less, and work without any health care or other benefits. Some fear losing their jobs so much, they will not ask their employer for a day off to go to a donated medical appointment.

CCMP operates a free-of-charge Benefit Program that includes preventive medical care, non-emergency dental care, and podiatry care to aid uninsured and under-insured workers and their families as well as advocacy to fight denial of care for those whose insurance or financial standing denies them medically directed<sup>9</sup> treatment. Our program operates 7 days a week.

Volunteer health care professionals donate their skills and resources to organize medical education and information sessions in churches, schools and local community organizations as part of CCMP's preventive health care approach. Through CCMP's general medical sessions, volunteer doctors examine patients, who are low-paid workers of all types and treat them without charge. Together with volunteer advocates, CCMP doctors and dentists work with each patient to bring a treatment plan to life. This can involve procurement of donated lab tests or medications, specialist referrals, or advocacy with government agencies and insurance plans.

New CCMP volunteers work under the supervision of experienced CCMP volunteer organizers to learn how to build a winning strategy to overcome the political and economic barriers to good health through organization.

CCMP publishes a newsletter, *Vital Signs*, to provide our members and supporters with facts and analysis about health care policies that are not available through the mainstream media.

**b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:**

CCMP addresses the lack of access to health care due to economic and political barriers for the majority of the population in the U.S. despite government policies that purport to provide access to care but at the point of practice do not. Our area of expertise include both grassroots

organizing methodology to unite those who need care with those who agree every person should have access to good health and health professionals who prioritize the ethics of their profession over personal remuneration.

The contradiction in health care in the U.S. is that a profit driven medical-industrial complex is inconsistent with prioritizing human needs. Health care in the U.S. is being privatized to increase profit and public health services are being cut to the point of endangering the lives of millions.

Due to the government approval of premium increases, deductible increases and out-of-pocket costs for co-pays and medications, we are now receiving requests to our all-volunteer run free preventive medical benefit from people who are paying for legally mandated “insurance” but who cannot access the plan they have due to inability to afford the real costs.

CCMP volunteers learn how to fight denial of health care through “on-the-job” training in individual patient advocacy and participate in campaigns to defeat laws and policies detrimental to the health of New York’s growing number of poor workers, such as the pandemic of hospital closings, privatization or the public health system and more.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 3. Ensure healthy lives and promote well-being for all at all ages

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community, area or region in which you work (county, city, state, region or nation) in relation to this goal.**

**Goal 3: Ensure healthy lives and promote well being for all at all ages**

Poverty is a disease with many symptoms. 25% of the population in Brooklyn lives in poverty – that is, lives on an income of less than \$11,400 per year for an individual – according to federal government standards. Health information up through 2013 shows Brooklyn with worse results on health status indicators than New York City residents as a whole: 30% of adults in Brooklyn were obese, 14% of adults had diabetes, 33% had high blood pressure.

The pharmaceutical industry costs American taxpayers roughly \$270 billion a year, when we account for the costs we pay for medicines whose patents have been bought by pharmaceutical corporations. This is over \$1,914 per U.S. household.

Because underlying poverty is the leading cause of ill health, CCMP volunteers also actively work to advance the overall living and working conditions faced by low-income workers. We do this through public speaking, publication of our newsletter and arm’s length organizing to bring together working people, poor people with business people, professionals, faith communities and others. We advocate in these ways for a more just public policy in health care.

***Goal 3, Target 3.1. “By 2030, reduce by one third, premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.”***

Infectious diseases like TB and treatable but untreated chronic conditions like asthma are on the rise in low-income neighborhoods. Killers such as diabetes and hypertension have reached

epidemic proportions due to lack of access to preventive medical care, affordable healthy foods and numerous stress factors.

Diabetics who live in low-income neighborhoods are about 10 times as likely to have an amputation as those who live in affluent areas, a 2014 study in Health Affairs reported. Researchers classified amputations by patients' ZIP codes and used Census Bureau data on income levels to produce maps of poverty rates. After adjusting for diabetes prevalence, they found that amputation rates among people with diabetes in neighborhoods where more than 40 percent of households had incomes below 200 percent of the poverty level were about twice as high as rates in the highest income ZIP codes.

The CDC reported that 38.4% of NYC adults have high cholesterol, but for people who make less than \$25,000 and live in NYC, the number is 44.2%. At CCMP's community health events this year, where volunteer doctors, nurses and advocates worked together to provide preventive care through education, screening and provision of volunteer services, our findings are that 35% of those we screen are hypertensive and 73% of the low income families we have surveyed throughout central Brooklyn requested assistance and education on hypertension.

Black and Hispanic residents of New York City die earlier than other people. With 20.2% of NYC black families living below the poverty line and 27.2 % of Hispanics living below the poverty line, their rates of premature death equate to 12,497 years of life lost for every 100,000 people.

Hospitalization and premature death are even higher in Brooklyn than citywide. In addition, Brooklyn residents experience a higher rate of heart disease hospitalizations, heart disease deaths, diabetes-related hospitalizations, and diabetes deaths than the averages of the wealthier sections of New York City. Black residents of Brooklyn experience disproportionately high rates of negative health outcomes, including: 62.3% of Black residents who died last year did so prematurely (before age 75), double the rates for white Brooklyn residents. Black residents experienced the highest rates of obesity (31.8%) and high blood pressure (35.0%) and second highest rate of diabetes (13.2%) as compared to other race/ethnic groups in Brooklyn; Black children in Brooklyn and the Bronx were hospitalized for asthma at a rate of 70.0 per 10,000 – almost ten times the rate of their White non-Hispanic (7.6 per 10,000) counterparts.

***Goal #3 Target 3.8 “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”***

On dozens of occasions, our organization has experienced a low-income uninsured patient who refuses to go to the emergency room due to costs. Because our organization is not equipped to provide any form of urgent care, we often face the contradiction of trying to guide a low-income uninsured person to some alternative source of help. We have seen fear of hospital bills turn minor medical matters into life-threatening urgencies time and time again.

In cases involving patients who were suffering from life threatening diseases CCMP has repeatedly seen those patients denied care for lack of insurance or resources to pay for treatment. When we posed the question to a hospital administrator, “What does a patient in this situation do?” his answer was simple. He said, “He will die.” In one case, despite offers by volunteer physicians, with all hospital costs and resources needed for treatment committed as donations, a patient – the 11 year old niece of a New York resident – was denied a visa by the U.S. government to travel from Dominican Republic for treatment. She died while advocates pursued

legislators, city officials and other seeking relief for her and her family.

Seeking health care can be financially devastating for low and middle-income people. The uninsured and an increasing number of privately insured individuals face the prospect of crippling out-of-pocket costs. Financial barriers that delay treatment for cancer and other mortal diseases can mean the difference between life and death. Many cancer patients face high deductibles, co-payments, and other cost-sharing requirements, often compelling them to make difficult decisions in order to make ends meet. One recent survey found that 25% of cancer patients reported using all or most of their savings as a result of the financial burden of treatment.

Even among those with insurance, 22 % reported using all or most of their savings. Five percent of *insured* cancer patients reported delaying their treatment or deciding not to get care because of cost. Almost a third of cancer patients have out of pocket health care costs totaling 10% or more of their family income and roughly one in nine cancer patients have costs that exceed 20% of family income. According to the American Cancer Society, the result of such high costs is that 11% of individuals with cancer reported an inability to pay for food/necessities while paying for cancer treatment. In addition, almost 20% of families experiencing cancer reported its impact led to someone in the household to lose a job, change jobs, or work fewer hours.

The so-called “Affordable Care Act” has been a financial boost for our nation’s largest insurance corporations and for the financial consolidation of the hospitals. Due to the government approval of premium increases, deductible increases, and out-of-pocket costs for co-pays and medications, we are now receiving requests in our all-volunteer free preventive medical benefit from people who are mandated to be legally “insured” but who dare not access the plan they have due their inability to afford the real costs. **This is not sustainable, is not a sustainable solution, is in direct contradiction to Goal #3 in its entirety, and to Goal #10 on diminishing inequality... this policy has increased inequality in access to comprehensive health care and good health.**

**These policies need to change for there to be any hope of achieving Goal #3 in the United States. CCMP has endorsed the Agenda for 2030 and will continue to work for implementation especially of Goal #3 and will call on responsible government bodies to develop a plan of action to change the current unsustainable, inhuman, inequitable, punishing policies in regards to access to health care.**

**CVSA's Community Education Campaign for the Implementation of 2030 SDGs  
REPORT FORMAT for member organizations**

Date: June 2, 2016

Your name and role: Freyda Kornblum, ESWA Operations Manager

Organization's name: **Eastern Service Workers Association**

Address: 1518 South Street Philadelphia PA 19146

Phone: (215) 545-9055

**I About your organization:**

**a. Describe briefly the community of people you serve and/or represent and what your organization does:**

Eastern Service Workers Association is a free and voluntary unincorporated private membership association founded in 1976 by low-income service-workers and their families, day-laborers, part-time and seasonal workers and other low-income residents of Philadelphia who banded together to create a self-help organization to address survival needs and long-term solutions to our poverty conditions.

**b. Describe briefly the problems and needs your organization addresses and the areas of expertise or knowledge:**

Our members work in the service sector, such as home health aides, restaurant work, cleaning office buildings, and the many different kinds of temp jobs and "day labor," which are physically demanding and in some cases very dangerous. Minimum wage is usually maximum wage, which is at least 50% below the poverty line and a majority lack any kind of benefits on the job. They face chronic unemployment, hunger that is now sanitized to be called "food insecurity," lack of access to health care resources, high rents and evictions, employment discrimination, wage theft, utility shutoffs resulting in living in the cold in the winter and living in the sizzling heat in the summer, and they live in crime ridden neighborhoods.

We have established a support network of businesses, professionals, clergy, housewives, students and others in the community, along with our distribution network of membership delegates in low-income neighborhoods to build a benefit program for members to meet a wide range of these crucial needs, including emergency food, clothing, preventive medical care and legal information and advice through volunteer attorneys. Our expertise and knowledge is in how to build an all-volunteer benefit program through community support with no government funds or funds with strings attached. As the benefit program is not a solution but aids members to survive so they can learn how to organize to eradicate the root causes of poverty, we teach our volunteers systemic organizing so that the organization can serve as a voice and vehicle for low-paid service workers to use towards that goal.

**II Please check off each of the Goals that your work relates to and/or that you have information about:**

Goal 1 "End poverty in all its forms everywhere"

Goal 2 "End hunger, achieve food security and improved nutrition and promote sustainable agriculture"

Goal 3 Ensure healthy lives and promote well-being for all at all ages

Goal 4 “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5 “Achieve gender equality and empower all women and girls”

Goal 6 “Ensure availability and sustainable management of water & sanitation for all”

Goal 7 “Ensure access to affordable, reliable, sustainable and modern energy for all”

Goal 8 “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”

Goal 16 “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”

**III For each goal you have checked off, provide data from your experience that describes the current conditions in your community, area or region in which you work (county, city, state, region or nation) in relation to this goal.**

**Goal 1. “End poverty in all its forms everywhere”:**

In many cases, full-time living wage work is not available, requiring low-income workers to work two or three jobs to make ends meet. When they are laid off or out of work, most have fallen back on any temporary public assistance programs they can find because they are not eligible for unemployment benefits.

Even those working full-time jobs that offer medical benefit plans often can't afford to pay their portion of the cost of their insurance policy or the deductibles and co-pays, because it would mean spending money needed for rent, food and other necessary bills.

Workers in this condition lack not only the financial ability to survive, but also have traditionally lacked the political influence to change their living and working conditions, because they are not organized.

ESWA's approach has brought the benefit of organization to thousands because we developed a method to organize service and temporary workers, part-time workers, seasonal and other low-wage workers as part of a category of workers who are those excluded by name from the dubious protections of national labor laws. Even as their numbers continue to grow, they continue to be overlooked by mainstream social and political power structures, while our local business owners and professionals face the dire consequences of a diminishing consumer and tax base.

**Goal 2. “End hunger, achieve food security and improved nutrition and promote sustainable agriculture”:**

The percentage of Philadelphia households needing food stamps rose from 25.1 percent in 2011 to 26.3 percent in 2012 and is continuing to rise in 2016 as the percentage of Philadelphians living in poverty has increased.

ESWA continues to fill emergency food requests on a daily basis from ESWA members. The requests are coming from both people who are working and those who are not working.

**Goal 3. “Ensure healthy lives and promote well-being for all at all ages”**

Temporary workers are often sent out to job sites where working conditions are very poor and occupational safety precautions non-existent. These workers may work

with dangerous cleaning agents, or they are required to do dangerous tasks and are often not provided with mandatory safety equipment. Back and shoulder injuries, arthritis in the hands, shoulders, knees and back, foot problems, carpal tunnel syndrome, dermatological conditions and similar ailments are very common among service workers. These problems are compounded by the lack of preventive medical care, with the result that service workers become disabled early in their working lives.

ESWA practices a preventive approach to health care. ESWA has medical professionals who volunteer to do medical check-ups. Our approach allows us to involve the doctors, the patients and volunteer advocates in developing resources for necessary follow-up care. We also fight to change the policies that lead to poor health, such as government utility policies that allow the rates to be so high that people are often forced to go without sufficient food, medications and other necessities, just to maintain utility service including access to water.

**Goal 4. “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”:**

As of 2013 thirty-seven schools in our city have been shut down, which is about 10% of the total number of schools in Philadelphia. Thousands of teachers have been fired, there have continued to be cuts in social service programs in the schools such as school libraries, guidance counselors, and access to school nurses.

Nearly the entire burden to keep the schools afloat has fallen to the city after a state wide, billion dollar funding cut. The city then raised property taxes each of the two following years specifically to replace funds the schools were no longer receiving from the state placing a greater burden on working class and retired homeowners. This is in one of the poorest and most highly taxed cities in the nation.

Last year, the district took out a \$300 million bond to patch another big deficit. This added a \$280 million in annual debt payments.

Many of the classrooms are overcrowded and teacher assistants have been eliminated making it harder for the teachers to provide a decent quality education.

ESWA has supported efforts by teachers, nurses and school staff to challenge the conditions and policies impacting their schools. In addition, ESWA has for decades organized annual Back-to-School Clothing and School Supply distributions to aid low-income parents provide for their children to meet the growing requirements for bringing their own supplies for school participation. This also assists teachers who increasingly must provide school supplies for their classrooms out of their own pockets for students who cannot afford them.

**Goal 5. “Achieve gender equality and empower all women and girls”:**

The Philadelphia Workers Benefit Council (WBC) oversees the priorities and policies of the association’s membership Benefit Program and strategies of the membership to advance the quality of life of the workers they represent. The Council is comprised of ESWA membership delegates from low-income neighborhoods, or from distinct occupations such as health care workers, attendant care workers, temporary workers, childcare providers, and janitorial and service workers. The majority of these delegates are women who represent the majority of workers in many of these service fields.

Through conducting volunteer organizer training programs and utilizing



“systemic organizing methodology,” ESWA has made it possible to advance women to positions of leadership within the low-income community. These delegates have spoken at Public Input hearings against rate increases for electric, gas and water service, all of which directly affect women who are also often heads of low income households and responsible for raising children; they run food and clothing distributions for membership families.

**Goal 6. “Ensure availability and sustainable management of water & sanitation for all”:**

In the last fiscal year alone, Philadelphia Water Department (PWD) shut off 31,049 households. According to PWD, the average cost to turn off a customer is \$50. This means that the city spent \$1,552,450 to turn off water to families who could not afford to pay their bills.

ESWA benefit volunteers have aided members through advocacy with PWD to prevent shut offs or to restore service in cases which families have been shut off. In addition, in June 2016, The Water Rate Board ruled on a \$150 million rate increase request from PWD. The Philadelphia Workers Benefit Council played a critical role in opposing the increase, which resulted in The Water Board issuing a downward adjustment of the request to \$88 million increase. Despite this reduction, we expect this will result in many more households being denied water service and continued requests for advocacy for affected households as well as demands for equitable provision of life necessities will continue.

**Goal 7. “Ensure access to affordable, reliable, sustainable and modern energy for all”:**

State utility regulators admit that 23,213 Pennsylvania households went into the winter of 2015 without heat – 18% more than the previous year. Of these, 5,607 were customers that PECO (the electric company) terminated from electric heat this year, 1,228 more than the previous year.

Volunteers with ESWA’s membership Benefit Program do advocacy sessions to aid families whose gas and electric service is threatened with or has been terminated, negotiating affordable payment plans, helping to located resources in the community to assist with payments, holding the utility companies and state utility regulators accountable for the legal protections that are available to ratepayers. The Philadelphia Workers Benefit Council has been instrumental in demanding state regulators significantly cut backs proposed rate hikes by PGW over the years through our community-wide approach.

**Goal 8. “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”:**

Philadelphia has a 26% poverty rate. Philadelphia’s service workers and their families suffer devastating poverty conditions – more than a quarter of the 1.6 million citizens of Philadelphia live below the poverty line. An investigation by the *Philadelphia Inquirer* called Philadelphia “the poorest big city in America”, and put the rate of extreme poverty – that is, families of at least three making no more than \$9,700 annually – at about 13%, or roughly 200,000 people. In 2014, the median household income in Philadelphia was \$39,043 and the median family income was \$46,989 – the lowest of the top ten most populous cities.

By 1976, when Eastern Service Workers Association opened its doors, there were 600,000 people in Philadelphia, or just under 1/3 the population, that were low-income service workers, day-workers, or unemployed, elderly, and disabled on fixed incomes.

ESWA members have stepped forward to represent other members in their own neighborhoods or job categories. Worker Benefit Council delegates meet on a weekly basis and discuss problems they face in the community and on the job, and what actions can be taken to address them. In this way, the people who are closest to the problems are involved in developing and implementing solutions to those problems. This is fundamental to ESWA's structure. It also makes it possible for delegates who have traditionally lacked the political influence to change their living and working conditions to be in a leadership position.

Philadelphia's economy transitioned over to service work due to the fact that a quarter of a million jobs manufacturing jobs left Philadelphia in the '70s. Jobs were sent to Mexico or India – wherever manufacturers could find cheaper labor. As a result, Philadelphia has 25% fewer jobs than it had in 1970, with 232,551 fewer private sector jobs.

While the census says that the city's unemployment rate as of December 2015 is 5.4% (preliminary), down from 6.3% in December 2014, which is higher than most of the top ten U.S. cities, the reality is that 27% of those who are living in poverty have given up looking for work and when they stop collecting unemployment, they are not counted in those statistics.

The wages of low-income service and temporary workers range from below minimum wage up to \$8-10 per hour. According to the federal government, \$8 per hour puts a family of four below the poverty level. The minimum wage at present in Pennsylvania is \$7.25 per hour or \$15,080/yr. However, the federal poverty level for a family of four is \$23,050. A 2012 University of Washington study showed that while a family of four required a household income of \$61,199/yr to live without public assistance, in Philadelphia, 62% of households had incomes of less than \$50,000/yr.

**Goal 16. “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”:**

ESWA's benefit program includes volunteer attorneys who provide legal advice and assistance free-of-charge to ESWA members who cannot afford the cost of attorney services. Through this legal benefit members request assistance with a variety of legal problems including illegal evictions. One volunteer attorney has gone to court to represent groups of members who were being illegally evicted from their senior citizen housing complexes to make way for a developer to turn their property into condominiums. With the help of the volunteer attorney, the illegal evictions were prevented and the landlords were required to provide these households with time and relocation funds to relocate to alternative housing.