

**From:** [Karla Ward](#)  
**To:** [SAC](#)  
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I appreciate the SAC's interest in public comment regarding the perceived need for a new-and-improved confinement facility. I attended the listening session, and offer the following considered reflections.

After more than 40 years working in a variety of professional capacities and paradigms with 'othered' individuals and groups, I've come to believe that arrest and confinement are evidence of the failure of **communities** to effectively socialize their members. No arrest, detention, loss of liberty or other punishment will effect that socialization. **Communities** have failed when they outsource socialization to police, courts, jails and prisons. As I write this, Whatcom County voters appear to have rejected an opportunity to embrace communal responsibility for supporting and socializing our **communities'** children.

A participant in the SAC listening session referred to a consultant's historical recommendation for a 600-bed County confinement facility. In my opinion, such an investment would be an obscene mis-use of resources, a tacit acknowledgment of the expectation of continuing the status quo, a failure of imagination, and a self-fulfilling prophecy. It would represent an admission that government and **community** structures are ineffective as public safety interventions, and reject investment in socialization and prevention. Expect and perpetuate under-socialized behavior, and it will come. The Sheriff's empire-building effort will win, and **communities** will continue devolution into armed compounds organized around entitlement, fear and loathing.

Likewise, ever more law enforcement positions have proven, and will ultimately continue to, prove ineffective in mitigating under-socialized behavior and it's outcomes. Every law enforcement intervention involves a labeling exercise that has the potential to diminish human dignity and forever affect the labeled-person's future.

I'm not naive. I've had murderers, rapists, domestic violence perpetrators, armed robbers, and property violators as clients. I've also had substance-use-disordered, behaviorally-disordered, long-term houseless individuals, and victims as clients. The one thing they all had in common was that they arrived in our **communities** as innocents, full of hope and promise and ready to absorb whatever was available. They were failed.

I'm troubled at the proposal for a jail that's essentially a one-stop shop for both coercion and 'treatment'. In-house programming in an artificial, coercive environment without clear linkages to community-based treatment is contra-indicated in evidence-based program design. Likewise, coercive punishment paradigms are supported in neither behavioral sciences nor corrections theory/research. 'We' can do better. I will not vote for such a proposal.

It's way past time to shift to a public-safety-and-wellness paradigm that prioritizes public health, residential stability, and income support as public safety strategies. These will not be short-term interventions. Suggesting that anyone becomes socialized in a cage is anachronistic and offensive. Funding harm reduction, **community** support and engagement, and **community**-building vs. punishment, shunning and extraction offers the promise of long-term **community** growth, expansion and wellness.

If a jail must be realized, it should be as small as possible. It should be located close to **community**-based resources. It should be staffed to protect and support staff and residents. Confinement duration should be as short as possible. 'Treatment' should be focused on assessment, acute care and medical detox, stabilizing behaviorally disordered residents, and case management and referral. Professional staff should be augmented with peer-support providers known to have effective track records in reducing recidivism. The priority should be engagement as soon as possible with the **community**. And, any dollars allocated to confinement should be matched 1:1 with funds allocated to evidence-based supportive interventions in the **community**. 'We' could directly subsidize the socialization and wellness of myriad residents for the the cost of building and sustaining a 600-bed monstrosity that screams **community failure**.

When the time for a vote comes, I'll select for a new paradigm.

Karla Ward

Sent from my iPad