

20 PRISON POPULATION, SIZE AND DEMOGRAPHICS,

21 TRENDS AND CONTEXT

22 MS. ROBINSON: I would like for our
23 first panel, to call witness Allen Beck to come
24 forward. Our first panel will be addressing prison
25 population, size and demographics, trends and context.

1 This first panel actually consists of one witness, but
2 because of his very broad experience and knowledge,
3 one person in this case can constitute a virtual
4 panel.

5 I've had the privilege in the US
6 Department of Justice for seven years of working with
7 Dr. Allen Beck, who is Chief of the Bureau of Justice
8 Statistics Correction Statistics Program. Dr. Beck
9 has agreed to appear here today to provide what I
10 think are very important background statistics for the
11 Commission relating to incarceration rates and
12 demographics concerning the nation's prisons and jails
13 and I think this is, indeed, very important backdrop
14 information for our work.

15 Dr. Beck earned his Ph.D. in sociology
16 at the University of Michigan and has worked as a
17 statistician at the Bureau of Justice Statistics for
18 20 years. His past work at BJS has included studies
19 related to, just as examples, recidivism, estimates of
20 lifetime chances of going to prison, trends in US
21 probation and parole populations and rising
22 incarceration rates.

23 He is currently responsible for an
24 enormous initiative relating to prison rape in which
25 commissioner Pat Nolan is involved as a member of the

1 national commission. And Allen Beck is also
2 overseeing important special projects at BJS on
3 subjects ranging from causes of death among prison and
4 jail inmates, to prisoner re-entry and inmate medical
5 problems.

6 As all of us know, in the field of
7 corrections emotions run very high. Advocacy groups
8 abound and facts, figures and statistics are
9 frequently cited and thrown around to bolster various
10 positions and, at times, it can be very confusing to
11 sort those through. In that maze the clarity of BJS's
12 statistics for many decades have stood as very clear,
13 black and white kind of grounded basis on which we can
14 all rely and much of that has come from Allen Beck,
15 someone on who all of us in the field have come to
16 rely.

17 In many ways, as many of us know, BJS
18 is the justice equivalent of the Bureau of Labor
19 Statistics in that field and, Allen, I was thinking of
20 saying you were kind of our field's equivalent of
21 Allen Greenspan, but then I thought, no, that's a bad
22 analogy, I won't do that.

23 But we are delighted to have you here
24 today and before turning to you to proceed, I wanted
25 to turn to fellow commissioner Tim Ryan for some

1 additional introductory comments.

2 MR. RYAN: Thank you, Commissioner
3 Robinson. I also wanted to commend Dr. Beck -- Chief
4 Beck for being here. I've been involved with jails
5 for now 35 years and many of those years I have
6 certainly counted on the work that you have done, it's
7 been much appreciated, and I think for this
8 Commission's report, however, moving from anecdotal
9 information to the quantifiable statistics, what's
10 real, what's true and what's really going on in the
11 field is critically important to how we move and what
12 direction we take at the end of this report, and I
13 know that the work you have done have made it very
14 real.

15 I also want to commend you for an
16 opportunity I had last December for attending the
17 meeting in Washington with you on the Prison Rape
18 Elimination Act, putting a group of folks together
19 that made it very real for us to help and assist you
20 in a direction to go relative to that report and I
21 want to thank you for making that happen because I
22 think it was a critical component in the success you
23 have received and the quantifiable information that's
24 going to be available in the future.

25 So I also commend you for being here

1 and look forward to your report. Thanks, Allen.

2 DR. BECK: Thank you very much. I am
3 honored to be here and --

4 SENATOR ROMERO: Excuse me. I can't
5 hear you, and I would ask for the commissioners too,
6 if you could speak directly into the mike. It's hard
7 to hear. And for the witnesses, if you could maybe
8 just pull the mike on to your notebook and speak
9 directly into it, I would appreciate it. Thank you.

10 MR. KATZENBACH: You can pretend you
11 are a rock singer.

12 DR. BECK: Yes, I have fantasies of
13 being a rock singer, tell my wife that.

14 JUDGE SESSIONS: It is not better. We
15 can't hear. The reporter cannot hear.

16 DR. BECK: Try it again.

17 MS. ROBINSON: Pull it closer, Allen.

18 DR. BECK: I'm delighted to be here,
19 and honored, I'm quite flattered by the introduction.
20 I hope I can live up to those very kind words.

21 Let me say that I hope that the work
22 that I do will inform the Commission and assist in the
23 deliberation of the Commission and have an important
24 impact on the discussion. I know the data we
25 collected at the Bureau of Statistics --

1 MS. ROBINSON: We can't hear you.
2 Allen, if you can actually just pull it really close.

3 JUDGE SESSIONS: I will tell you about
4 the problem. There is a piece of equipment here
5 that's on.

6 DR. BECK: Tremendous feedback.

7 JUDGE SESSIONS: So there's back sound
8 here, and she cannot hear you.

9 DR. BECK: And so, what I would like to
10 do this morning is go through some basic statistics
11 that I've collected, assembled, for this Commission.
12 I'm not going to march through all the slides, I'd
13 just like to make some major points that I believe are
14 contained in the slides that I have put together.

15 Let me say that this has been a
16 phenomenal time in the history of the United States,
17 we've seen dramatic growth in the correctional system
18 throughout the country; not just prisons, not just
19 jails, but all forms of corrections. We've gone from
20 about 1 percent of the adult population under
21 correctional supervision back in 1980 to over
22 3.2 percent of the adult population under correctional
23 supervision, despite drops in crime in the most recent
24 decade. And so we have seen a dramatic expansion of
25 the correctional system in the United States. Prisons

1 and jails are a part of that system and it's important
2 to understand their part, that if small changes in
3 that system, one part of the system can have fairly
4 dramatic impact on other parts of the system.

5 And so we've seen in the last 25 years
6 a quadrupling of the incarceration rate in the United
7 States, in prisons, and we've seen an increase from
8 about 100 per 100,000 jail inmates in 1983, when we
9 first started collecting data on jails, to over 283.
10 So we've seen a very dramatic increase in the nation's
11 prison and jail populations.

12 At this point we're looking at about
13 2.1 million adults under correctional supervision that
14 is in prisons and jails and an additional nearly
15 5 million on probation and parole, so we've seen a
16 very substantial impact.

17 But it's important to understand that
18 prisons and jails are part of the larger system and as
19 we've seen growth in prisons and jails, we've also
20 seen growth in probation and parole. And, in fact,
21 during the 1980s the probation population and the
22 parole population grew faster, not slower, than the
23 prison and jail population.

24 Let me say that our experience in the
25 last two decades, since 1980, is that the growth in

1 the prison population is not about crime, it's about
2 how we have chosen to respond to crime and, that is,
3 we've introduced sanctioning policies that have had
4 profound impacts on the size and composition of the
5 nation's prison population. And so we have seen
6 dramatic growth in the likelihood of going to prison,
7 in the 1980s that was primarily a driver of growth of
8 that population, in conjunction with increasing crime.

9 In the mid 1990s we saw an increased
10 sentences, new sanctions imposed to increase the
11 length of stay. There are only two ways to grow
12 prison population; one is send more people there and
13 the other way is to hold them there longer, and we did
14 both in the 1990s. And so there wasn't real direct
15 one-to-one relationship between shifts in crime and
16 rising prison populations.

17 We also have seen in the 1990s growth
18 leading to increasing numbers of offenders being
19 returned to state prison after being released, after
20 having been on parole or some other form of
21 post-custody supervision. We saw a dramatic increase
22 in the number of parole violators being returned to
23 prison, that has abated. We have leveled off in that.
24 Since 1998 we have seen a fairly flat number coming in
25 each year. About 200,000 admissions to state prisons

1 each year being parole violators, that is people who
2 failed while under post-custody supervision. That has
3 not grown.

4 On the other hand, we see now an
5 emerging trend of growth coming directly out of court,
6 new court commitments rising faster in the last couple
7 of years than parole violators.

8 The sentencing reforms of the 1990s had
9 a profound impact and a lasting impact on this growth
10 of the population. We had a drop in the numbers of
11 people being released from prison and had we not seen
12 a drop, we would probably see nearly 100,000 more
13 people coming out each and every year than we did had
14 those rates occurred in 1990.

15 We saw an average increased length of
16 stay from about 22 months to 30 months and one of the
17 remarkable things is really that was achieved not by
18 very long draconian sentencing, long lengths of stay,
19 but, really, if you will, to use a statistician's
20 term, a clipping off of the bottom distribution, that
21 is those serving less than six months was cut in half,
22 going from a quarter volume of inmates serving less
23 than six months to under 12 percent.

24 JUDGE SESSIONS: Will you say that
25 again.

1 DR. BECK: Yes.

2 One of the things that are often missed
3 in studying prisons is that people don't stay very
4 long, that is there is a portion of the population
5 that comes in, comes out, moves very quickly. And
6 before the sentencing reforms, we had about a quarter
7 of the inmates getting out who have served under six
8 months. The nature of sentencing reforms was due to
9 increases in mandatory minimums, to impose a certain
10 mandatory minimum, and you see these in the
11 statistics, that is the drop in the proportion of
12 inmates who actually served six months or less and it
13 went from about 26 percent serving six months or less
14 in 1990 to the latest count of 14, 15 percent serving
15 six months or less. So we have churning going on, as
16 well as increasing lengths of stay in the general
17 population.

18 Twenty-two months -- going from 22
19 months on an average time served to 30 months is a big
20 change, that has a profound impact on the size of that
21 population.

22 Growth is not about increasing the
23 number of drug offenders. Contrary to the myth and a
24 lot of popular belief, the growth in the prison
25 population isn't about drugs, isn't about people being

1 held for drug law violations. It is about the
2 sentencing reforms that increased sanctions on violent
3 offending, increased the likelihood of going to prison
4 for violent offenders increased substantially and
5 increased the length of stay for violent offenders.

6 The consequence of that is that the
7 growth, at least half of the growth in the nation's
8 prison population, and particularly among men, almost
9 two-thirds of the growth being linked to increasing
10 numbers of people being held for violent offenses
11 under the current offense. And so we've seen a
12 substantial amount of stability in the population
13 being held for drug offenses and that stability is the
14 result of constant flow in to state prisons for drug
15 law violations, and that's about 100,000 a year and
16 it's been very stable for the last decade.

17 But, on the other hand, we've seen
18 increases in the number of parole violators coming
19 back to prison and a large share of those parole
20 violators are drug offenders. And so what we're
21 seeing is divergence at the front end, substantial
22 divergence at the front end, given dramatic increases
23 in arrests for drug law violations and then, if you
24 will, at the back end we're seeing drug offenders
25 getting out in higher proportions and failing and

1 coming back in, and that's the dynamic and that's the
2 impact of drug law violating here that we see in state
3 prisons.

4 The federal system is substantially
5 different, almost all the offenders held for drug law
6 violations in the federal system are there for drug
7 trafficking, importation, smuggling and we've seen, as
8 a result of those sentencing guidelines in the federal
9 system, a real punch in terms of the likelihood of
10 going to prison and the length of stay, the length of
11 stay for drug law violating in federal prison nearly
12 doubles as a result of the sentencing guidelines.

13 Let me also say that there are real
14 indicators of stability and, in large part, as a
15 result of no new sentencing reforms that have dramatic
16 impacts on lengths of stay. There's not much
17 discussion right now about increasing sanctions,
18 increasing punishment. Absence of that discussion,
19 absence of new laws to enhance punishment, we're not
20 likely to see dramatic growth in the future.

21 That is, in fact, growth may well
22 become very much more closely linked to crime and
23 demographics, unlike the past two decades in which
24 it's been strongly related to sentencing and
25 sanctioning, in the future it appears to be every

1 indication that the growth is going to be more
2 strongly related to patterns of crime and criminal
3 involvement. Obviously, if we see an upturn in crime
4 in rates, age specific crime rates, we're going to
5 have a very dramatic impact on prisons and jails.

6 Let me also say that in much of this
7 discussions have always been about prisons. We also
8 have a large jail population, about 713,000 in our
9 latest count, our one day count. There are about
10 eight to 9 million people who are admitted and
11 released from prison -- from jails each year. We have
12 about 12 million admissions. Obviously, there's some
13 who get admitted more than once during the year, and
14 quite a number of them. So local jails are often
15 ignored in the policy discussions and, yet, they serve
16 a variety of functions and provide an array of
17 programming and services related to successful
18 re-entry.

19 Jails are profoundly impacted by the
20 other parts of the correctional system. And so if you
21 look at one day population, about half of the people
22 in jail are there because of failed community
23 supervision. They're there because the inmate -- the
24 offender failed while on parole, failed while on
25 probation or failed while under some kind of pretrial

1 release.

2 The growth in the nation's jail
3 population is strongly linked to community corrections
4 and the outcome of community corrections. Again, to
5 the theme of an inter-related system of probation,
6 parole, prisons and jails, we have seen no change in
7 the outcomes of probation supervision, no change in
8 the outcomes of postcustody supervision.

9 The rates of recidivism are stable and
10 have been very stable for the last decade. And so we
11 have a fixed rate of failure, about 16 percent of the
12 2 million people being discharged from probation each
13 year are being returned to incarceration and somewhere
14 around 42, 43 percent of those discharged from parole
15 each year are being reincarcerated, and that has been
16 stable for over a decade, despite all changes that
17 we've gone through in corrections.

18 We have had a dramatic increase in
19 capacity and contrary to a lot of belief, prisons and
20 jails are less crowded today than they were in 1990.
21 That's not to say they're not crowded, but they are
22 less crowded. We've built more capacity in the last
23 decade than we had of inmates.

24 One of the things about the 1990s was a
25 very strong economy so not only did we have the will

1 to incapacitate more adults in the United States, we
2 had the ability, we had the ability to fund that
3 capacity.

4 And so at this point our best estimates
5 are jails are operating at about 94 percent capacity,
6 prisons, state prisons are operating at between 100
7 percent in capacity and 115 percent in capacity. Now,
8 that's an improvement over the 1990s. The federal
9 system is very crowded. They're operating at about
10 40 percent over capacity.

11 Now, there are various ways of dealing
12 with crowding. You can, obviously, double bunk, you
13 can change your bedding and use space that may have
14 not been intended for housing, you can also enter into
15 contracts with private facilities, you can also keep
16 inmates longer in jails before they arrive at state
17 prison or federal prison.

18 Systems do all of those things.

19 We've seen during this time no evidence
20 of increasing disorder. We look at rates of assault
21 relative to inmates, assaults relative to staff and we
22 see declines in that. We also see dramatic drops in
23 homicide rates. A 90 percent drop in homicide rates
24 over this period of time. We see a dramatic drop in
25 suicide rates in local jails. And so the evidence of

1 increasing disorder is not there.

2 We have other measures of disorder
3 relative to assaults, self-reported victimization by
4 inmates, work I've done suggests that if you project
5 out what the likelihood of an inmate is to get
6 assaulted, that is injured in a fight, that projection
7 is about 7 percent; that is at intake, the probability
8 of being assaulted is about seven in 100. It would be
9 interesting to see what those numbers look like in our
10 new inmate surveys when we get them in.

11 I want to say further the prisons and
12 jails are a major provider of healthcare for a
13 population that's been deprived of healthcare in many
14 other circumstances. And so we see dramatic
15 commitment from prison and jail authorities to provide
16 that healthcare. The costs related to that healthcare
17 are substantial. Our estimate is that 13 percent of
18 the state operating expenditures per inmate per year
19 are spent on healthcare. Obviously, you can test more
20 and find more problems.

21 My work in looking at hepatitis, for
22 instance is that when we test, we find that about one
23 in three test positive for hepatitis C. Even though
24 it's targeted, in some places it is not and when we do
25 broad-based targeting, we still come up with very high

1 rates of hepatitis.

2 The good news on HIV is that we've seen
3 real stability in the HIV population, HIV/AIDS
4 populations. It's about 2 percent of the state
5 population, federal population and inmates housed in
6 locals jails are HIV positive. A very good note is
7 that deaths due to AIDS-related causes in prisons and
8 jails have plummeted as a result of anti-viral
9 therapies.

10 So in closing let me say that we have a
11 population that's grown dramatically and the
12 statistics clearly show some of the nature of that, of
13 that growth, but we have not, at the same time, seen
14 any indicators of increasing disorder and we certainly
15 have good news related to basic indicators of health
16 and that is indicators of dropping rates of suicide,
17 homicide and death rates, generally. So, with that,
18 I'll open it up to questions.

19 MS. ROBINSON: Dr. Beck, thank you very
20 much for your statement.

21 Let me open the questioning by zeroing
22 in on the safety and abuse issues and picking up on
23 your comments about homicide, suicide, et cetera and
24 asking are there areas where BJS is not now collecting
25 statistics, and putting budget issues aside, where you

1 would recommend that BJS should be collecting more
2 information and statistics to have a clearer picture
3 about this or related issues?

4 DR. BECK: Sure. Well, let me say that
5 I've been committed, at least in the last ten years,
6 in this area so you will get better statistics on
7 healthcare.

8 JUDGE SESSIONS: You're down again.

9 DR. BECK: I've been committed in the
10 last ten years, at least, my work, to get better
11 statistics on healthcare. It's a real challenge to
12 get those statistics and, in part, it's because the
13 data don't exist.

14 We need, I think, in corrections to do
15 more testing, to draw more blood, to do more screening
16 and to do that in ways, from a statistician's point of
17 view, to estimate incidence and prevalence. That's
18 the first thing. And that's not just the Bureau of
19 Justice Statistics, it's not something we can solve,
20 it's really something the field needs to address and
21 that is more wide-scale testing of and reporting of
22 medical problems that inmates bring with them to the
23 prisons and jails.

24 There are, obviously, things that we're
25 working on related to mental health, for instance.

1 We've introduced screening devices to get a better
2 measure of mental illness prevalence by seriousness,
3 level of seriousness and to assess levels of treatment
4 need. We, obviously, have improved our measures
5 related to dependence and abuse in terms of substance
6 abuse, alcohol and drugs. So those things are on the
7 way, but I think fundamentally, we need better
8 measurement of chronic diseases and various medical
9 problems.

10 There are many things that we need in
11 the field of criminal justice statistics. I think the
12 twinkle in my eye is about trying to do statistics --
13 better data collection with respect to parole,
14 postcustody supervision. We have a lot of discussion
15 of re-entry in this country, some of that has come as
16 a result of our work, though we really do need to do
17 larger scale, national collections on parolees to look
18 at the nature of the supervision, look at the basic
19 needs, circumstances surrounding those parolees as
20 they return to the community.

21 It's not about conducting a long survey
22 and following them for many years, it's really doing
23 snapshots, and trying to get better statistics. So I
24 have many on my list, but those come high.

25 MR. RYAN: Dr. Beck, if the statistics

1 are down, murder rate is down, suicide rate is down,
2 assaults are down, and that's come about over the last
3 ten years, at least in your statistical report on it,
4 what sort of things are going right in the business
5 and what areas of focus should we be looking at?

6 DR. BECK: Well, let's take suicide,
7 suicide in jails. One in three inmates who die from
8 suicide -- that die in local jails die from suicide.
9 We've seen a dramatic reduction in the rate of suicide
10 in local jails as a result of training, of staff to be
11 sensitive to detecting risks for suicide, we have
12 policies training in place, we have suicide watch
13 units, we have suicide cells, we have increasing
14 surveillance and we've utilized real, real dramatic
15 reductions as a result of that. Now, that occurred,
16 you know, in the 1980s, when much of that was going
17 on, up to about 1993.

18 Since then we haven't seen much change.
19 We've reduced suicide rates. We're still seeing
20 roughly 300 suicides in local jails each and every
21 year out of about 900 deaths. But I think the story
22 on suicide is dramatic reduction as a result of
23 standards and policies and training and greater
24 attention to that variation.

25 In terms of homicides we have seen real

1 reduction in homicide, particularly in state prisons,
2 a 90 percent reduction since 1980. I think that's a
3 good indicator of increasing control over facilities,
4 whether that's through better staff training, better
5 design, enhanced surveillance, I'm not sure what it
6 is, but it clearly is the result of correctional
7 practices because as the push on the other side, and
8 that is we're increasingly putting violent people in
9 state prisons and violent people commit violent acts
10 whether they're inside or they're out, and so we've
11 seen that crosspressure and the statistics show that
12 unambiguously a real serious drop in homicide.

13 Obviously, small facilities, the
14 smallest of jails have the largest problems, yet very
15 few people are in those facilities. They have fewer
16 resources, perhaps less training, perhaps less staff,
17 less ability for surveillance, combined duties that
18 put inmates somewhat at risk as a result of that. But
19 relatively few inmates are actually housed in those
20 small facilities that have higher rates of homicide
21 and suicide.

22 MS. ROBINSON: Allen, let me ask you
23 quickly, how reliable are the self-reports in the
24 prisoner surveys you do? For example, our data on
25 mental illness, I believe, is based on those

1 self-report surveys.

2 DR. BECK: Yeah, sure. Well, I did
3 that, worked on that report, a staff member of mine
4 did it, I don't know, half a dozen years ago, trying
5 to measure prevalence of mental illness. It was the
6 first time we attempted such an effort, such an
7 undertaking. But when we put that number out, it was
8 about 16 percent determined to be mentally ill or
9 having had a history of mental illness in prison and
10 jails.

11 I can say that mental health advocates
12 thought that we were underreporting that. I can say
13 the corrections folks thought we were overreporting
14 it, and so we were somewhere in between there.

15 As a result of that experience, we've
16 invested heavily in using DSM-IV measures and various
17 screening devices to try to get at dimensions of
18 mental illness, to get at the seriousness of mental
19 illness. Not all that 16 percent is mental Axis I,
20 not all of them are schizophrenic, not all of them are
21 serious mentally ill, and so I think on some measures
22 self-reported data are very, very good. Obviously,
23 the more sensitive the issue, the more careful you
24 have to be in framing those questions. And
25 particularly in my work in sexual violence, that comes

1 through loud and clear.

2 Obviously, this is an environment which
3 is very difficult to work in right now as a result of
4 human subjects protections, increasing IRB reviews,
5 increasing concerns for the risk that my work might
6 impose on our respondents. So there's an increasing
7 need to measure those very sensitive items, but
8 increasing difficulty to do so.

9 MR. RYAN: Dr. Beck, do you have any
10 information on inmate-staff ratios and how those play
11 out in operation and safety?

12 DR. BECK: Well, not only did we fill
13 to capacity, we added staff and we have -- there's a
14 slide in the piece that shows that for local jails we
15 have somewhat of a drop in the inmate-to-staff ratio,
16 that is correctional officers, not total staff, not
17 professional staff, not administrative staff, not
18 clerical staff, but supervisory staff.

19 We have seen in prison an increase in
20 the number of inmates to staff in that ratio and
21 that's, in large measure, the result of facilities
22 operating and becoming larger. And so with larger
23 facilities you don't have the need for as many staff
24 per inmate, if you will, economies of scale,
25 unfortunately, but that's the reality. Larger

1 facilities -- we're seeing larger and larger
2 facilities in state prisons, state confinement
3 facilities.

4 MR. RYAN: But as a follow-up to that,
5 just for a second, if the numbers of inmates are going
6 up, staff is somewhat the same, I guess, is what I
7 hear you saying?

8 DR. BECK: That's right.

9 MR. RYAN: But the number of assaults
10 and other things relative to that seem to be the same
11 or are going down. Is there no correlation then?

12 DR. BECK: Well, it's not just about
13 staff but how you train them, how you utilize them,
14 also about instruction and new design and particularly
15 with direct supervision facilities we see real
16 improvements in order, institutional order.

17 MR. RYAN: Thank you, Doctor.

18 MS. ROBINSON: We have time for one
19 other question from the panel. Judge.

20 JUDGE SESSIONS: Thank you. This
21 relates only to state prisons and data that we're
22 actually gathering on state prisons, do you have
23 any -- just a question, and then you can take me
24 around the block on it.

25 DR. BECK: Sure, sure.

1 JUDGE SESSIONS: Is there any data that
2 tells you from the state's prison systems that
3 measures when they come in, through a physical or
4 other means, those people who are contagious or have
5 HIV, hepatitis C, hepatitis B, or tuberculosis, when
6 they come in is there such a statistic on what state
7 prisons give you and, also, on what it is when they go
8 out? And the thrust of the question is the danger
9 posed by people who are you say now serving --
10 15 percent are serving less than six months in the
11 prisons, that means there is a very fast turnover in
12 people in and out of prisons, not just jails, but
13 prisons, and I'm just interested in what data you have
14 on coming in and going out, what's the rate of
15 contagious disease?

16 DR. BECK: Sure. Yes. Let me also say
17 that in jails the length of stay is much, much
18 shorter. In the local jail, you know, you have about
19 60 percent of the population that's unconvicted and
20 the flow through a local jail is predominantly people
21 who are held postarraignment and then, subsequently,
22 released. And so, you know, we're looking at maybe a
23 two day average for the unconvicted population and
24 somewhere around two and a half weeks for the
25 convicted population. The convicted population is

1 moving and moving around, they're not all sentenced,
2 they're being held for other authorities, and so a
3 large share of those being convicted are being moved.

4 So the jail population provides some
5 opportunity for community health, for public health to
6 intervene, and particularly for screening among those
7 who are actually sentenced and to be held in local
8 jails.

9 There's much greater opportunity,
10 however, in state prisons and, you know, there is
11 substantial screening. There's an admission interview
12 that's conducted and in that screening there's a
13 mental health assessment, there's a risk assessment,
14 there's a needs assessment that's often done, within
15 the first few months there's a needs assessment.

16 In terms of measuring TB, HIV,
17 hepatitis, STDs more generally, I think that's done
18 more generally on a need-to-test basis, sometimes
19 costly, blood driven. Often times what's done is you
20 draw blood and there's an opportunity to also test for
21 hepatitis C, so it's not a full range of tests that
22 are conducted.

23 Now, our census of prisons, our census
24 of jails, we're conducting both censuses this year,
25 will ask about screening for mental health, for

1 instance, ask about other screening for TB and along
2 those lines. We did one back in 2000 for prisons, for
3 instance, at a facility level, 1,668 facilities that
4 we were in, and we asked about screening.

5 Now, most facilities, most systems test
6 at point of entry, not at time of release. The
7 Federal Bureau of Prisons, for instance, tests at time
8 of release for HIV, for instance, to protect itself
9 against, you know --

10 JUDGE SESSIONS: It would seem logical,
11 from the public health perspective, to actually test
12 in the state prisons because there are many, many,
13 many more people in the state prisons on exit or have
14 some means of measuring the medical condition, the
15 contagious condition of those people who are actually
16 exiting the prisons, the state prisons, going back
17 into the public.

18 DR. BECK: Right. Yeah. Let me say by
19 point of closing, people who get out of state prison
20 often return to chaotic lives and often return to
21 conditions in which healthcare is not readily
22 available and so you see mortality rates that are
23 twice the rate outside than inside for all causes of
24 death. Even if you compare by age group, and
25 eliminate deaths through automobiles, those death

1 rates outside are substantially higher than inside.

2 JUDGE SESSIONS: Thank you.

3 MS. ROBINSON: Alex, I'm wondering if
4 we can take leave for three other quick questions.

5 MR. BUSANSKY: If they're quick
6 questions.

7 MS. ROBINSON: Okay. We're going to
8 ask quick questions. The sheriff has the first.

9 SHERIFF LUTTRELL: Dr. Beck, I would
10 like clarification on one comment that you made. I
11 think I heard you correctly, but let me ask for
12 clarification.

13 You mentioned that part of the problem
14 with jail overcrowding is failed community programs;
15 is that correct?

16 DR. BECK: That's right.

17 SHERIFF LUTTRELL: Okay. Many
18 community programs at the local level rely on grant
19 funding. Are you seeing any relationship between a
20 decrease in grant funding at the federal level and
21 failure of the programs at the local level?

22 DR. BECK: No, I really have no
23 information on that. Any kind of correspondence there
24 is well beyond me.

25 Jails perform a fair amount of

1 community supervision, about ten percent, about 70,000
2 inmates, offenders, are actually supervised in the
3 community by jail staff, and that's increasing.

4 You know, in terms of any trend in
5 failure while under postcustody supervision or on
6 probation, there is no training. It's a remarkably
7 stable line. Again, about 15 percent of probationers
8 discharged each year from probation fail, they're
9 incarcerated, and about 42 percent of parolees are
10 incarcerated, another ten percent abscond, they're on
11 the run, they're not being returned, so the failure
12 rate is substantial.

13 You know, our recidivism statistics --
14 and this is another area where I would like to do more
15 investment is in studying recidivism in a more regular
16 basis and looking at the factors related to
17 recidivism, but our recidivism statistics show almost
18 no change. I did the first study nationally in 1983
19 and the more recent one done in 1994, it's almost
20 identical. We almost didn't need to do the 1994
21 study.

22 MS. ROBINSON: Pat Nolan.

23 MR. NOLAN: Dr. Beck, in response to
24 Mr. Sessions' question, you talked about intake.
25 That, frankly, surprises me, both personally and in my

1 talking to inmates and people from other systems.

2 I'm not aware of an intake medical exam
3 of most prisoners and, myself, it consisted of a
4 questionnaire that I filled out and they counted my
5 teeth and discarded they medical records that I
6 brought in with me, literally, said we have no use.

7 DR. BECK: Yes, I think that's the
8 nature of it. He said it's not drawing blood on the
9 need to draw blood.

10 JUDGE SESSIONS: Can't hear you.

11 MR. NOLAN: He said it's not drawing
12 blood.

13 So there is no testing, but even -- the
14 only report there was of any conditions I had was what
15 I volunteered in the self-report questionnaire and,
16 again, the records that I brought with me were
17 discarded in front me, they felt they had no use for
18 them.

19 So I think Mr. Sessions was asking what
20 we do we have to analyze, and I know Hugh(sic.) has
21 brought this up, we need to look at what diseases
22 people bring in with them but also at exit, it may be
23 a new thing in the BOP, but I was not tested, that was
24 '96, so maybe they've added it since then, but it was
25 at the height of the AIDS thing, there was no testing

1 of tuberculosis, HIV, hep C, all the things that are
2 pretty significant, and staph infections, which were
3 significant among the population I was with. So I'm
4 not sure --

5 DR. BECK: I'm not sure I characterized
6 it correctly. Let me say that I don't think I'm in
7 disagreement with you.

8 You know, most testing is done on a
9 targeted basis, it's cost effective. You determine if
10 there's an inmate at risk, there's an event, you test
11 that person as a result of that event.

12 You know, in BOP there's been testing
13 done on tuberculosis in San Diego, and if you talk to
14 Dr. Kendig(ph.), the medical director in San Diego, he
15 reports very high rates of TB in San Diego in the
16 intake, federal intake.

17 And I think earlier I mentioned that I
18 really do believe we need better data on the
19 prevalence, and we need to draw more blood, we need
20 to --

21 MR. NOLAN: Does that doctor in San
22 Diego do that voluntarily, in other words, it's not
23 a --

24 DR. BECK: You would need to talk to
25 Dr. Kendig --

1 MS. ROBINSON: Can I suggest, we do
2 need to keep these questions and answers very short
3 because we're over time. We want to get to the other
4 folks.

5 Senator Romero.

6 SENATOR ROMERO: Thank you, Dr. Beck.

7 It strikes me, though, that your data
8 are overly optimistic. If we look at the rates of
9 suicide and homicide, that's sort of the extreme. And
10 my question would be more so day-to-day, ordinary
11 assault, attempted assaults, theft, intimidation, et
12 cetera, and I'm questioning again to what data you
13 might have there.

14 The other issue that I would ask of you
15 too is the sufficiency of the reporting mechanisms;
16 there are not necessarily incentives to report and
17 there's a bureaucracy in terms of reporting itself.

18 So I'm wondering if you could address
19 the questions of not necessarily suicide and murder,
20 which are the most extreme, even in terms of looking
21 at your data you have included on prison disturbances,
22 it still deals with more so perhaps a prison riot or
23 resulting in death. Can you address the trends with
24 respect to day-to-day, because, frankly, I would
25 think -- I'm not as optimistic in terms of looking at

1 the interpretation of this data as this appears to
2 give me.

3 DR. BECK: Right. And I would agree
4 with that. I would agree with the need for more data
5 on assaults and conditions of confinement. Those data
6 are very hard to come by, let me say, because the
7 absence of standardized reporting in the field, you
8 know, the absence of standardized definitions, what
9 is -- what constitutes a serious assault or a serious
10 injury; it varies and it varies substantially.

11 It's very difficult to overcome those
12 obstacles to data quality and data collection given,
13 you know, the diversity of the systems there, whether
14 they be state or local.

15 I said we do get some things on
16 self-reports and there's a table in there based on my
17 inmate survey in 1997 which looks at self-reported
18 injury in a fight since admission, by length of stay.
19 And, obviously, if you stay a very long time, the odds
20 of you being injured in a fight are fairly
21 substantially, one in five I believe is about the
22 number. It's also linked to, you know, whether you
23 are a violent offender or not. But, again the
24 statistics there on assaults are very difficult to
25 achieve, to collect.

1 I think the Association of State
2 Correctional Administrators, on their work on
3 performance measures are trying to, frankly, address
4 some of that. It is, however, a life's work and I
5 think, you know, we can improve those statistics, but
6 we'll never have perfect comparability.

7 I think homicide and suicide are pretty
8 good indicators of overall order. If you have lots of
9 disorder. If you had a trend, not the level, if you
10 had a trend in assaults, you might expect increasing
11 numbers of homicide, particularly with the pressure
12 related to violence and housing violent offenders.
13 The level of assault is simply not known. I cannot
14 measure well the level of assault in using
15 administrative records as they exist today. I can get
16 at self-reports, but those are very -- those are a
17 little on the soft side, if you will, in addition to
18 that, so I concede to all of that.

19 But I think -- I don't think one should
20 dismiss the importance of this homicide and suicide
21 trends.

22 MS. ROBINSON: Judge Gibbons.

23 JUDGE GIBBONS: Dr. Beck, are there
24 available statistics with respect to the number of
25 people in general facilities who are under 18 years of

1 age?

2 DR. BECK: Yes. We put out a report
3 every six or 12 months and we've seen a dramatic drop
4 in the number of kids held in state and federal
5 prisons, dramatic drop, it's cut in half since 1995.
6 About 5,300 prisoners were under the age of 18 in
7 1995, that's based on a prison census that we
8 conducted then. Since 1998 or so I've been collecting
9 it every six months and reporting on it. The latest
10 count we have is right around 2,500 in state and
11 federal prisons, complete enumeration, no estimation,
12 complete counts.

13 Now, on the jail side, we're having
14 somewhere around seven or 8,000 kids being held in
15 local jails. Those are not held long, necessarily,
16 but they are there on a one day count, and that's not
17 been going up.

18 And so I think what we're seeing is
19 real attention to this issue and we've seen greater
20 and renewed efforts to move kids out and to divert
21 kids from adult institutions. I think that's a
22 success of work on the part of advocacy groups.

23 MS. ROBINSON: Dr. Beck, unfortunately,
24 we're going to have to wrap up. I think we could sit
25 here and question you all morning, there's a such a

1 breadth of material you are familiar with. Thank you
2 so much for being here. We very much appreciate it.