

# COMMISSION ON SAFETY AND ABUSE in America's Prisons

[www.prisoncommission.org](http://www.prisoncommission.org)

## Commonly Asked Questions About the Commission's Report

### **Why release a major report on conditions of confinement now?**

Most of the problems the report focuses on are not new, and improving the safety and effectiveness of jails and prisons is an old struggle that will continue for some time to come. Yet there is a magic about this moment. For the first time in a long time, people from different perspectives, political and otherwise, are concerned about these issues and committed to reform. And there's public support for reform. But, the public does not have a clear sense of the number of people involved: 750,000 men and women work in corrections; we're incarcerating millions of people every year. Our approach to incarceration is not producing the results we want: three years after release, two thirds of former prisoners are re-arrested and half are re-incarcerated. This compromises public safety, public health and costs money.

### **What is the main message of the report?**

That what happens inside jails and prisons does not stay inside jails and prisons. When people are incarcerated or work in facilities that are unsafe, unhealthy, unproductive, or inhumane, they carry the effects home with them – after release or at the end of a shift. We know how to create safe and productive conditions of confinement. It is the right thing to do. And it is in our own best interests.

### **What are some of the more surprising findings in the report?**

Many readers will be surprised to learn that staffing shortages often force prisons and jails to employ doctors who practice under a license that restricts their work to correctional facilities and therefore could not provide care in the community. The lack of reliable data about violence is striking: Arkansas, North Dakota, and South Dakota reported *zero* assaults among prisoners statewide over the course of a year; there are many prisons across the country that fail to report any assault data; and there is a complete absence of any national measures of excessive use of force by officers. Evidence about the dangers of high-security segregation for prisoners and staff, and for the public when people are released directly from these units, is also surprising since most people believe that segregation reduces violence. And the tiny fraction of jails that are accredited by the American Correctional Association is another surprising fact.

### **Are the problems described in the report – violence, medical neglect, inappropriate uses of segregation, and others – problems everywhere?**

These are the most detrimental conditions of confinement. That doesn't mean, however, that the problems are equally severe everywhere or that some correctional facilities are not safe and healthy.

**Is there any good news in the report?**

The report is filled with good news. The vast majority of the reforms we recommend are already a reality in at least a few places around the country, so this is partly about expanding good practices.

**Which recommendations are the ones upon which reform really hinges?**

There are two broad shifts in practice that are truly fundamental. First, we must support the efforts of corrections professionals to create a positive institutional culture in prisons and jails. We've seen institutions become safer when there is mutual respect between officers and prisoners and when prisoners have opportunities to use their time behind bars productively. Generally, people act the way they are treated: If you treat someone like an animal; they will act like an animal. If you treat them with respect, they will show respect in response. Equally important, we must get serious about oversight, which includes creating independent agencies in every state to oversee jails and prisons, report findings to the public, and work collaboratively with corrections to identify and remedy problems early on.

**What's the most important thing Congress can do?**

Congress can have a big impact on prisoner health and public health by extending Medicaid and Medicare coverage to correctional facilities. Every jail and prison struggles, and often fails, to provide adequate medical and mental health care to prisoners and to prevent the spread of disease. Most prisoners were part of the public health system before they were incarcerated and will be again after they are released. Health care in prisons and jails should be part of the public health system, and the federal government should contribute. There are other things Congress can do – from exploring why there has been so little activity by the Department of Justice to investigate troubled correctional facilities to leading a national effort to collect better data on violence behind bars to using the Federal Bureau of Prisons as a place where new ideas and solutions to problems can be tested.

**What should state legislatures do?**

There is so much these lawmakers need to do. For example, they must commit to recruiting, training, and retaining a qualified workforce at all levels and to funding meaningful programs for prisoners that promote safety inside and after release. These are two large reforms that depend on action by state and local law makers. They should also end the practice of medical co-payments by prisoners, and guarantee that families can call a loved one in jail and prison for the same price as calling someone in the free world. In states around the country, talking with someone in prison is more expensive than a call to a country half way around the world. States must also work to prevent incarcerating people who are mentally ill while also funding decent mental health care for those who must be incarcerated.

**Is this ultimately just about spending more money?**

Some of our recommendations require significant investment to be implemented nationally. That up-front investment will result in cost-savings down the road in terms of safe and stable conditions inside prisons and jails, which makes them more efficient to

run; less recidivism after release; and healthier communities. The recommendation to extend Medicaid and Medicare reimbursement to correctional facilities, for example, requires considerable investment by the federal government, but those dollars will conserve public health resources in the long run while also reducing unnecessary illness and suffering. And no one can measure the value of a life saved. A federal judge in California has said that there is one preventable death every six or seven days in the California prison system as a result of inadequate medical care.

**What are the no- or low-cost recommendations that would have a big impact?**

There are several. For example, to prevent violence we recommend “direct supervision,” where officers and prisoners engage with each other throughout the day, and there is evidence that it costs less than traditional modes of supervision. We also recommend that jails and prisons make a greater effort to warmly welcome families who come to visit their incarcerated loved ones. This requires a change in attitude more than a change in spending. We recommend partnerships between correctional agencies and health care providers in the community. Those partnerships take time and patience to forge, but they are not more expensive and provide a higher level of care inside facilities that also protects the health of surrounding communities.

To download a copy of the Commission’s report, *Confronting Confinement*, go to [www.prisoncommission.org/report](http://www.prisoncommission.org/report).