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

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

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

He is currently responsible for an enormous initiative relating to prison rape in which commissioner Pat Nolan is involved as a member of the
national commission. And Allen Beck is also
overseeing important special projects at BJS on
subjects ranging from causes of death among prison and
jail inmates, to prisoner re-entry and inmate medical
problems.

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

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

But we are delighted to have you here
today and before turning to you to proceed, I wanted
to turn to fellow commissioner Tim Ryan for some
additional introductory comments.

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

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

So I also commend you for being here
and look forward to your report. Thanks, Allen.

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

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

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

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

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

DR. BECK: Try it again.

MS. ROBINSON: Pull it closer, Allen.

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

Let me say that I hope that the work that I do will inform the Commission and assist in the deliberation of the Commission and have an important impact on the discussion. I know the data we collected at the Bureau of Statistics --
Allen, if you can actually just pull it really close.

JUDGE SESSIONS: I will tell you about

the problem. There is a piece of equipment here

that's on.

DR. BECK: Tremendous feedback.

JUDGE SESSIONS: So there's back sound

here, and she cannot hear you.

DR. BECK: And so, what I would like to
do this morning is go through some basic statistics

that I've collected, assembled, for this Commission.

I'm not going to march through all the slides, I'd

just like to make some major points that I believe are

contained in the slides that I have put together.

Let me say that this has been a

phenomenal time in the history of the United States,

we've seen dramatic growth in the correctional system

throughout the country; not just prisons, not just

jails, but all forms of corrections. We've gone from

about 1 percent of the adult population under

correctional supervision back in 1980 to over

3.2 percent of the adult population under correctional

supervision, despite drops in crime in the most recent
decade. And so we have seen a dramatic expansion of

the correctional system in the United States. Prisons
and jails are a part of that system and it's important to understand their part, that if small changes in that system, one part of the system can have fairly dramatic impact on other parts of the system.

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

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

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

Let me say that our experience in the last two decades, since 1980, is that the growth in
the prison population is not about crime, it's about how we have chosen to respond to crime and, that is, we've introduced sanctioning policies that have had profound impacts on the size and composition of the nation's prison population. And so we have seen dramatic growth in the likelihood of going to prison, in the 1980s that was primarily a driver of growth of that population, in conjunction with increasing crime. In the mid 1990s we saw an increased sentences, new sanctions imposed to increase the length of stay. There are only two ways to grow prison population; one is send more people there and the other way is to hold them there longer, and we did both in the 1990s. And so there wasn't real direct one-to-one relationship between shifts in crime and rising prison populations. We also have seen in the 1990s growth leading to increasing numbers of offenders being returned to state prison after being released, after having been on parole or some other form of post-custody supervision. We saw a dramatic increase in the number of parole violators being returned to prison, that has abated. We have leveled off in that. Since 1998 we have seen a fairly flat number coming in each year. About 200,000 admissions to state prisons
each year being parole violators, that is people who failed while under post-custody supervision. That has not grown.

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

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

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

JUDGE SESSIONS: Will you say that again.
DR. BECK: Yes.

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

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

Growth is not about increasing the number of drug offenders. Contrary to the myth and a lot of popular belief, the growth in the prison population isn't about drugs, isn't about people being
held for drug law violations. It is about the
sentencing reforms that increased sanctions on violent
offending, increased the likelihood of going to prison
for violent offenders increased substantially and
increased the length of stay for violent offenders.

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

But, on the other hand, we've seen
increases in the number of parole violators coming
back to prison and a large share of those parole
violators are drug offenders. And so what we're
seeing is divergence at the front end, substantial
divergence at the front end, given dramatic increases
in arrests for drug law violations and then, if you
will, at the back end we're seeing drug offenders
getting out in higher proportions and failing and
coming back in, and that's the dynamic and that's the impact of drug law violating here that we see in state prisons.

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

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

That is, in fact, growth may well become very much more closely linked to crime and demographics, unlike the past two decades in which it's been strongly related to sentencing and sanctioning, in the future it appears to be every
indication that the growth is going to be more
strongly related to patterns of crime and criminal
involvement. Obviously, if we see an upturn in crime
in rates, age specific crime rates, we're going to
have a very dramatic impact on prisons and jails.

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

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

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

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

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

One of the things about the 1990s was a very strong economy so not only did we have the will
to incapacitate more adults in the United States, we
had the ability, we had the ability to fund that
capacity.

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

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

Systems do all of those things.

We've seen during this time no evidence
of increasing disorder. We look at rates of assault
relative to inmates, assaults relative to staff and we
see declines in that. We also see dramatic drops in
homicide rates. A 90 percent drop in homicide rates
over this period of time. We see a dramatic drop in
suicide rates in local jails. And so the evidence of
increasing disorder is not there.

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

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

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

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

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

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

Let me open the questioning by zeroing 
in on the safety and abuse issues and picking up on 
your comments about homicide, suicide, et cetera and 
asking are there areas where BJS is not now collecting 
statistics, and putting budget issues aside, where you
would recommend that BJS should be collecting more
information and statistics to have a clearer picture
about this or related issues?

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

JUDGE SESSIONS: You're down again.

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

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

There are, obviously, things that we're
working on related to mental health, for instance.
We've introduced screening devices to get a better measure of mental illness prevalence by seriousness, level of seriousness and to assess levels of treatment need. We, obviously, have improved our measures related to dependence and abuse in terms of substance abuse, alcohol and drugs. So those things are on the way, but I think fundamentally, we need better measurement of chronic diseases and various medical problems.

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

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

MR. RYAN: Dr. Beck, if the statistics
are down, murder rate is down, suicide rate is down, assaults are down, and that's come about over the last ten years, at least in your statistical report on it, what sort of things are going right in the business and what areas of focus should we be looking at?

DR. BECK: Well, let's take suicide, suicide in jails. One in three inmates who die from suicide -- that die in local jails die from suicide. We've seen a dramatic reduction in the rate of suicide in local jails as a result of training, of staff to be sensitive to detecting risks for suicide, we have policies training in place, we have suicide watch units, we have suicide cells, we have increasing surveillance and we've utilized real, real dramatic reductions as a result of that. Now, that occurred, you know, in the 1980s, when much of that was going on, up to about 1993. Since then we haven't seen much change. We've reduced suicide rates. We're still seeing roughly 300 suicides in local jails each and every year out of about 900 deaths. But I think the story on suicide is dramatic reduction as a result of standards and policies and training and greater attention to that variation.

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

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

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

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

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

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

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

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

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

We have seen in prison an increase in
the number of inmates to staff in that ratio and
that's, in large measure, the result of facilities
operating and becoming larger. And so with larger
facilities you don't have the need for as many staff
per inmate, if you will, economies of scale,
unfortunately, but that's the reality. Larger
facilities -- we're seeing larger and larger facilities in state prisons, state confinement facilities.

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

DR. BECK: That's right.

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

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

MR. RYAN: Thank you, Doctor.

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

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

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

DR. BECK: Sure. Yes. Let me also say that in jails the length of stay is much, much shorter. In the local jail, you know, you have about 60 percent of the population that's unconvicted and the flow through a local jail is predominantly people who are held postarraignment and then, subsequently, released. And so, you know, we're looking at maybe a two day average for the unconvicted population and somewhere around two and a half weeks for the convicted population. The convicted population is
moving and moving around, they're not all sentenced,
they're being held for other authorities, and so a
large share of those being convicted are being moved.
So the jail population provides some
opportunity for community health, for public health to
intervene, and particularly for screening among those
who are actually sentenced and to be held in local
jails.

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

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

Now, our census of prisons, our census
of jails, we're conducting both censuses this year,
will ask about screening for mental health, for
instance, ask about other screening for TB and along those lines. We did one back in 2000 for prisons, for instance, at a facility level, 1,668 facilities that we were in, and we asked about screening.

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

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

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

JUDGE SESSIONS: Thank you.

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

MR. BUSANSKY: If they're quick

questions.

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

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

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

DR. BECK: That's right.

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

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

Jails perform a fair amount of
community supervision, about ten percent, about 70,000
inmates, offenders, are actually supervised in the
community by jail staff, and that's increasing.

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

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

MS. ROBINSON: Pat Nolan.

MR. NOLAN: Dr. Beck, in response to
Mr. Sessions' question, you talked about intake.
That, frankly, surprises me, both personally and in my
talking to inmates and people from other systems.

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

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

JUDGE SESSIONS: Can't hear you.

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

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

So I think Mr. Sessions was asking what we do we have to analyze, and I know Hugh(sic.) has brought this up, we need to look at what diseases people bring in with them but also at exit, it may be a new thing in the BOP, but I was not tested, that was '96, so maybe they've added it since then, but it was at the height of the AIDS thing, there was no testing
of tuberculosis, HIV, hep C, all the things that are pretty significant, and staph infections, which were significant among the population I was with. So I'm not sure --

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

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

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

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

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

DR. BECK: You would need to talk to Dr. Kendig --
MS. ROBINSON: Can I suggest, we do need to keep these questions and answers very short because we're over time. We want to get to the other folks.

Senator Romero.

SENATOR ROMERO: Thank you, Dr. Beck.

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

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

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

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

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

I said we do get some things on
self-reports and there's a table in there based on my
inmate survey in 1997 which looks at self-reported
injury in a fight since admission, by length of stay.
And, obviously, if you stay a very long time, the odds
of you being injured in a fight are fairly
substantially, one in five I believe is about the
number. It's also linked to, you know, whether you
are a violent offender or not. But, again the
statistics there on assaults are very difficult to
achieve, to collect.
I think the Association of State Correctional Administrators, on their work on performance measures are trying to, frankly, address some of that. It is, however, a life's work and I think, you know, we can improve those statistics, but we'll never have perfect comparability.

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

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

MS. ROBINSON: Judge Gibbons.

JUDGE GIBBONS: Dr. Beck, are there available statistics with respect to the number of people in general facilities who are under 18 years of
DR. BECK: Yes. We put out a report every six or 12 months and we've seen a dramatic drop in the number of kids held in state and federal prisons, dramatic drop, it's cut in half since 1995. About 5,300 prisoners were under the age of 18 in 1995, that's based on a prison census that we conducted then. Since 1998 or so I've been collecting it every six months and reporting on it. The latest count we have is right around 2,500 in state and federal prisons, complete enumeration, no estimation, complete counts.

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

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

MS. ROBINSON: Dr. Beck, unfortunately, we're going to have to wrap up. I think we could sit 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.