Looking Back: The Commission on Safety and Abuse in America’s Prisons

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In early 2005, the Vera Institute of Justice launched the Commission on Safety and Abuse in America’s Prisons (CSAAP). In the ensuing twelve months, the CSAAP engaged in a robust, challenging, and often contentious discussion about the safety and health conditions in U.S. prisons and jails. In June 2006, the Commission released its final report, Confronting Confinement, at a Senate Judiciary subcommittee hearing. This article summarizes how CSAAP recommendations have affected national policy.

I. Background
For decades, U.S. policymakers, practitioners, academics, advocates, and the general public have shown growing concern about the size of the country’s incarcerated population. The United States pays a high price—socially and financially—for the sheer number of people incarcerated. However, missing from the dialogue about sentencing and the size of the incarcerated population was a concern for what happens behind the walls of U.S. prisons and jails. Sentencing is too often treated as a before-and-after issue, with little attention paid to what happens during a period of incarceration. The CSAAP was born out of the need to expand the sentencing dialogue to include an examination of the most significant concerns surrounding incarceration, both for prisoners and for the hundreds of thousands of men and women who work in prisons and jails.

Although many agree that reducing the numbers of people who are incarcerated is a laudable goal, scrutinizing conditions of confinement was, and remains, a more contentious endeavor. This attitude stems in part from the fact that the public has very little sympathy for prisoners and in part because the corrections profession has not been well understood and is often misrepresented in the media and popular imagination. Prisoners, their families, and their advocates are often pitted against prison officials and staff, with very little occasion for constructive dialogue across these lines and about personal experiences with incarceration.

In pulling together the Commission, Vera understood this tension and called on twenty individuals with extremely diverse backgrounds, professional experiences, and views regarding incarceration. The diversity of members helped ensure that the Commission’s work and final report would be balanced and reach a broad audience. Members included a former U.S. attorney general and a former chief judge of the U.S. Court of Appeals, several individuals with considerable experience working in and running prisons and jails, and two formerly incarcerated individuals. In addition, the Committee included a member knowledgeable about the most pressing issues in criminal justice, including corrections, and a number of people cognizant of the issues surrounding the civil rights of prisoners and the concerns of the communities hardest hit by over-incarceration.

II. The Work
The Commissioners decided that they would make no recommendations they could not all stand behind. With that goal in mind, they spent a year listening to experts, studying research, and engaging in debates to hammer out agreements across divergent philosophies and political views.

The CSAAP held four public hearings around the nation and gathered testimony from former prisoners, corrections staff, career professionals, government leaders, academics and researchers, and legal advocates for prisoners and their families. The range of issues covered in the hearings included the following:

- The impact of crowding on the smooth management of a prison or jail and some of the ways in which facilities with too many inmates and too few staff are managed.
- The (over)use of segregation of difficult prisoners as a management tool and the difficulties corrections staff have in keeping institutions safe while being attendant to prisoners’ mental health needs.
- The challenges that prisoners face in gaining access to medical and mental health care and the corresponding difficulties that prisons and jails face in funding medical staff and community providers to keep treatment up to par.
- The rigors of correctional work in a facility and the public’s misperceptions about corrections work and staff.

Some of the Commission’s recommendations provided the impetus for other Vera programs. For example, in 2007, Vera launched the Corrections Support and Accountability Project, which aimed to strengthen the oversight of corrections. Using the knowledge gained through the Commission’s work, Vera partnered with states and counties to help them assess their existing mechanisms of oversight, teach them about successful correctional oversight mechanisms, and facilitate the strengthening of their own systems. Vera also developed the Segregation Reduction Project, which builds on recommendations in Confronting Confinement to significantly reduce reliance on segregation as a tool for managing the prison population.

The CSAAP’s recommendations have also inspired the work of other nonprofit organizations besides Vera. For example, Community Oriented Correctional Health Services, headquartered in Oakland, California is building partnerships between jails and community health providers and has relied on the Commission’s recommendations about the need for community-based medical and mental health care to garner support for its work.

The Confronting Confinement report and the conversations that arose during the hearings continue to fuel debate, provide support for needed change, and encourage efforts to ensure the health and safety of prisoners and staff alike. Keeping prison conditions at the forefront of concern remains a challenge, especially given the urgent need to reduce the size of the incarcerated population. However, the CSAAP and Confronting Confinement serve as a constant reminder that the problems facing corrections are both cause and effect of sentencing decisions, and they must remain in view.

III. Achievements
After an exhaustive study of the issues, the Commissioners endorsed thirty common-sense, practical, and in many ways unique recommendations. Since the 2006 report was issued, progress has been made on a number of the Commission’s recommendations through local and federal legislation. For example, some states have legislated to ensure that the cost of prisoners’ phone calls remains reasonable for their families. The Commission’s recommendations have been leveraged at state and local levels to ensure better oversight of corrections systems. Furthermore, the latest federal health care legislation includes a provision that expands Medicaid coverage for incarcerated people pending disposition of their cases and ensuring that many previously uninsured men and women coming out of prisons and jails will now be eligible for Medicaid based on their income. Finally, many correctional systems have reported that, in response to the Commission’s recommendations, they have changed policies related to everything from how they segregate prisoners to how they train staff.