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Conference date: May 24, 2006

WORKSHOP RESULTS

Inside Out: Covering
the community impact
of prison health and
labor practices

Knight  Health

PROGRAMS OF THE KNIGHT CHAIR IN HEALTH & MEDICAL JOURNALISM

COX INSTITUTE

Newspaper Management Studies

This Specialized Reporting Conference is a joint project of the James M. Cox, Jr. Institute of Newspaper Management Studies and the Knight Chair in Health and Medical Journalism. John F. Greenman, Carter Professor of Journalism, and Patricia Thomas, Knight Chair in Health and Medical Journalism, designed this conference.

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W E L C O M E

PRESENTER : **John F. Greenman**, professor, University of Georgia, Athens, GA

MR. GREENMAN: On behalf of my colleagues at the Grady College of Journalism and Mass Communication at the University of Georgia, I want to welcome you to this Specialized Reporting Conference, "Inside Out: Covering the Community Impact of Prison Health and Labor Practices."

This is the third in our series of Specialized Reporting Conferences. Last year, our first Specialized Reporting Conference was on military base realignment and closing. Earlier this year, our second conference focused on covering Latino migration.

These conferences grew out of a demand expressed by editors and news directors in Georgia and the Southeast for training that is geographically specific and temporally relevant

to journalists in Georgia and the Southeast. Our goal is to help journalists cover these stories better.

This conference is sponsored by the Grady College as well as by the James M. Cox, Jr. Institute for Newspaper Management Studies and by the Knight Chair in Health and Medical Journalism.

As to the day ahead, the morning is focused primarily on prison health; the afternoon, primarily on prison labor. Details are in the binders at your tables. At the end of the day, we'll wrap it up and talk about how you can take what you've learned back to your newsrooms.

So thanks for coming. We hope you have a productive day. I know you will.

"Our goal is to help journalists cover these stories better. "

– John F. Greenman

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DR. DAVID SATCHER: COMFORT THE AFFLICTED AND AFFLICT THE COMFORTED

Dr. Satcher: I am pleased to talk to you today about the important topic of prison health.

Let me set the stage by quoting Damon Thompson, my public affairs director when I was Surgeon General. Damon was always trying to convince me about the critical role of the press, and he frequently referred to this quote: it's the role of the press to comfort the afflicted and afflict the comforted.

I want to focus on that idea today because I believe that we're dealing with a lot of affliction here when it comes to our prison system.

First, let me acknowledge that I'm not an expert on the prison system. And you may be surprised to know that my introduction to the system was actually being in prison. When I was a student at Morehouse College in Atlanta, I was involved in the student civil rights movement from 1959 to 1963. In 1960, we had one of our most successful demonstrations, and a lot of students went to jail for sit-ins at restaurants downtown. They sent five of us to prison, including Martin Luther King's brother, A.D. King. But we didn't stay there long and the difference, of course, is that we were college students. We knew what we were trying to accomplish, we felt good about the movement, and we had real goals.

That's not true for most people who go to prison. A lot of people who go to prison have been afflicted in our society throughout most of their lives. They are most likely to be a minority, or immigrants, most likely to be unemployed, most likely to have dropped out of high school and, of course, most likely to suffer from mental disorders. All of those things afflict people who find themselves in the prisons in this country.

For the most part, the people who go to prison are people who are struggling. That's the first reason why people in journalism ought to be interested in prisons. They are places where many members of our society who are afflicted with poverty, lack of education, mental illness,



Dr. Satcher

addiction to drugs, and abuse (especially women and those who were abused as children) end up. These are people who often can't speak for themselves, so they need the help of the media to draw attention to their plight.

We've had a tremendous increase in the prison population in this country in recent years; since 1990, the prison population has increased almost 100 per cent. Today, about 2 million people are in U.S. prisons. And even though women represent only around 10 or 11 percent of the prison population, their numbers have been growing even faster than the numbers of men in prison.

Most of the people who have gone to prison for the first time in recent years have not been guilty of violent crimes. About 80-85 percent of first-time inmates are in prison for a drug-related charge. Those of us who believe that drug addiction is, in fact, a disease that needs to be treated, realize that putting people in jail is not the total answer in dealing with this problem.

The second reason that I think the media should be interested in writing about the prison system is that prisons are places that are bad for people's physical and mental health.

For example, a large percentage of the people who go to prison have various forms of illness, including some of the major infectious diseases of our time: tuberculosis (TB), HIV/AIDS, Hepatitis C. In part because of over-crowding, these diseases incubate and spread rapidly. You may know that Hepatitis C is rampant in this country – there are an estimated 4 million people with the virus. As Surgeon General, I tried to mount a major screening program to target people who have risk factors for Hepatitis C, and it is a serious problem in prisons. HIV/AIDS is probably ten times more prevalent in prison than in the rest of the population, and TB is very common in prison and a major concern, because it is so easily spread. It is spread through the air. About 25 percent of people in prison have active TB at various stages of transmission, and when they cough, the particles spread through the air. The point is, that when it comes to infectious diseases, prisons are very dangerous places. You may go to prison for a casual crime, but end up with a death sentence because of infectious disease you contract.

People in prisons are also more likely to be injured. Overall, prisons are places where people are more likely to be injured than rehabilitated. I don't think we, as a nation, should be comfortable with that. I think we ought to make prisons the kind of places where, yes, people are punished, but also places where they are rehabilitated and where their health is not at greater risk than it was before they entered prison.

Our society's attitude toward mental health is another problem that relates to prisons. People who suffer from mental illness often suffer silently because the stigma is so great that people often don't come forward and ask for treatment. We have the ability to diagnose and treat many mental disorders, but they tend to go untreated because people don't seek treatment or they find it very hard to access.

It seems clear that people with mental illness are more likely to end up in prisons than other people – and that's a failure of our health system. Hundreds of thousands of people who could benefit tremendously from mental health treatment end up instead in prison and are being punished along with everybody else.

The third reason that the press should be interested in prisons is the impact of incarceration on society.

First, the prison system afflicts the family, as well as the individual. When family members go to prison – fathers, and, increasingly, mothers – the children suffer, and the whole family unit suffers. Perhaps some people had difficult family relationships before they went to prison, but their absence doesn't help those relationships. So families suffer. Perhaps we can't help that, but we can create family-friendly programs around and in prison. Unfortunately, only a few prisons have family-centered programs.

Moreover, communities suffer because so many people are in prison. When prisoners return to the community, they are likely to bring with them the same infectious diseases that were rampant in the prisons. Each year, about 600,000 people leave prison and return to the community; last year in Georgia, about 20,000 people went into prison, and 18,000 people got out of prison. So, we cannot sit idly by and think that the prisons are just for criminals and are only affecting criminals. The community is intimately involved with prison, so if for no other reason, we should be concerned that what's happening in prisons is not good for society.

“When prisoners return to the community, they are likely to bring with them the same infectious diseases that were rampant in the prisons.”

Prisons were set up to be good for society. They were set up to rehabilitate criminals so that when they came back into society they would be able to function as productive members of society. However, all the evidence suggests that, if anything, prison creates a population that is more likely to be infected with diseases and have mental health problems. Prison itself creates traumatic stress. Think about what it means to be in prison, seeing people in the next cell raped or being raped yourself or receiving threats of rape. I can't think of anything much more traumatic than that.

So I hope you will keep in mind these arguments for the media to comfort the afflicted and afflict the comforted. We have some work to do together. It is time for us to comfort those who are suffering inappropriately because a system is not doing what it was meant to do. And that includes people with mental illness who need to be treated as opposed to punished. But it is also time to afflict the comforted. Anybody who is comfortable with this system of incarceration and punishment needs to be afflicted, and I hope that together we can do that. Thank you very much.

MR. GREIFINGER: Dr. Satcher, when you were Surgeon General, a number of well-meaning people began to draft a call to action to be issued by the Surgeon General in the area of prison health care. That has never come about. What are the barriers to issuing a national call to action to address this important issue?

DR. SATCHER: Well, I appreciate your raising that. As you probably know, before the election, we thought our team would be around for four more years. One of our plans was to issue the Surgeon General's report on prison health. We did not face any major internal barriers. I do regret that we were not able to issue a Surgeon General's report on it before I left office. And I don't know what the prospects are now. I think Richard Carmona, the present Surgeon General,

has really been trying. He has said to me that he was going to issue a report but has run into some difficulty. But I haven't talked with the Surgeon General recently about this.

Now, the Ford Foundation has a component that deals with prison health, and of course, this major program Community Voices, that addresses prison health as well. So you haven't heard the last from me on the topic of prison health.

MR. WILKINSON: Dr. Satcher, it's good to be here with you. My name is Kevin Wilkinson. I'm with Uplifting People; it's a non-profit organization that's been working with community re-entry for over ten years. Our challenge is gaining community awareness and activating the community to take some action, particularly in the African-American community. What suggestions would you give to us?

DR. SATCHER: I'm happy to hear about your program and what you are planning to do. I believe that we have to do three things well. We have to educate, and that's the first step, and in some ways it may be the easiest. Next, we have to motivate. We have to find a way to really motivate people to action. Here again, there's a role for the media in educating people, getting their attention, and helping to educate them. And the third task is to mobilize. That's probably the most difficult of all. How do we mobilize our systems? How do we mobilize people to act?

We've got to motivate people – people who are in a position to make a difference, including the legislators – to act to change policies related to prison, and then we've got to mobilize enough people so that we can actually make changes in the system.

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DR. HENRIE TREADWELL: THE INVISIBLE MIGRATION: FROM PRISON TO COMMUNITY

I have worked for many years at the W. K. Kellogg Foundation and am continuing to do some of the same work in the area of access to care for the poor and under-served at the Morehouse School of Medicine and National Center for Primary Care. Part of our work is focusing attention on bringing in populations that have been under-served. Despite the many advances in health care, we see a widening health care gap in this country, especially for poor African American men.

I want to frame my remarks today around the idea of migration. There are two migrations occurring in this nation. In one, people are migrating to the United States to seek work and improve their economic situations. In the other – from communities to prison and back again – families and communities are being destroyed.

Think about the two types of migration: some 500,000 people have crossed our border in a year to provide labor, and 650,000 people are crossing back and forth between prisons every year. I'm talking about waves of humanity, moving around here to there, having an economic impact. We worry about one type – the cross-border migration – but we don't worry about the other.

How did we get to this place? I think that much of our problem has to do with economic issues – and we'll be talking about that this afternoon. For now, I just note that prison populations provide free labor. The chain gangs of older days were eventually eliminated, but we continue to imprison people and we have an imprisoned work force. In all our discussions, we need to look at who benefits and follow the money.

Consider the impact on a community of imprisoning a large portion of a population. Imagine waking up one morning and realizing that perhaps three-quarters of all the men 18 years and older are gone from your community. Where does that leave you in terms of the community's ability to form families or achieve

economic security? That's what is happening, in effect, in communities where so many men are imprisoned. We are, in effect, witnessing a trail of tears. It is an invisible migration.

So, who are the people in prison? About 2.2 million people in our nation are locked up – that's about 1 in every 109 men in this country and 1 in every 1,563 women. The State of Georgia is responsible for a total of 217,000 incarcerated people a year. More and more women are entering the prisons in our state. Right now, 1 in every 936 women is in prison.



Dr. Henrie Treadwell

Georgia does not have a good record for the number of incarcerated people. Our state ranks fifth or seventh in the nation. That's too high for a state with as many economic opportunities as Georgia has. And there are striking differences in the rates of incarceration by race and ethnicity. The African-American or black community is the main community that is being destroyed because of the large number of incarcerated people. Specifically, about 61% of the active offender population in Georgia is African American. Approximately 1 in every

76 blacks is incarcerated, whereas only 1 in every 277 whites is incarcerated. We don't have good state data on Latinos, but we know that they are over-represented in the U.S. criminal justice system. Latinos represent about 13% of the U.S. population, but account for 31% of incarceration individuals in the criminal justice system.

What happens to families when a person is sent to prison? When you are convicted of a crime in Georgia, it's up to the sentencing judge to determine where you go to jail, where you serve your time. You could be a father with children in Atlanta and you might end up 250 miles away from your family. How many people can make that journey on a regular basis to try to maintain a semblance of family?

We have correctional facilities spread all around rural counties in Georgia where prisons have become the economic development center. One of the things we should think about is how do we replace the economic incentive of a prison in a community and provide rural areas with another way to make a living, as opposed as to making it on the backs of broken families and broken people?

Georgia is one of the worst states in terms of sentence length – sentences in our state are approximately three times longer than most other states. Mandatory sentencing laws obviously have an effect on sentence length. And what happens to people who are in limbo for five, ten, fifteen years, and then return to the same environment where they started, with low employment and distressed neighborhoods. What are we going to get for that investment in incarceration?

The majority of Georgians who were released from prison – 16,000 in 2002 – were single black males, average age of 34. At a time in their life when most people are setting their course to make a living, these individuals have been removed from any opportunity of making money.

Moreover, when these men are released, if they don't have medical illnesses, they are likely to have mental health issues. And we don't have good screening for picking up on depression and other mental health diseases in African-American populations. We haven't trained people to be the bridge between mental illness, the corrections culture, and community care systems. There are no standards of care for individuals in prison or returning to the community. We need standards of care. We also need data because we don't really know how big the problem is.

HIV/AIDS is an important concern for incarcerated people. We know that condoms are a preventive measure that works to prevent transmission of the virus, but somehow, public health officials who know that condoms work won't put them in a prison. And some of these people say, well, would they use them if you put them there? Well, as a result of such attitudes, HIV prevalence is nearly five times higher for incarcerated populations as for the general U.S. population. And I want to point out one other thing I felt very strongly about. There is a rise in HIV/AIDS transmission rates among African-American women. Their men are coming home from prison, infected with the virus. Are the men going to say, "Honey, I was raped in prison and I don't know what I've got"? No. People are not going to say that.

Oral health care is another issue. If you stay in prison long enough, you're probably are going to need oral health care. And when you get it, your teeth will be pulled and then you will be released one day to go get a job with no teeth. Try it. It doesn't work.

Most released prisoners, especially men, are uninsured or under-insured. Incarceration disqualifies inmates from Medicaid eligibility, and restoring that eligibility can take months, interrupting access to prescription drugs and putting people at risk of relapse. Few can afford private insurance.

If we really want to help poor men and improve our rates of incarceration, let's change the Medicaid law and welfare regulations and begin to provide care for men. Now, we have a welfare program that puts the man out of his house. We have educational systems that dump him on the side of the road. We have a Medicaid program that doesn't even see him. If men have greater opportunities in the community, they will be less likely to go to prison.

MR. VODICKA: I'm John Vodicka from Americus. We have this trend in our prisons and jails to privatize everything, including health care. How can the medical and public health communities get more involved with prisons and jails, when the private system keeps people from getting access?

DR. TREADWELL: We need to be in touch with our local policy makers about these issues. And I think this issue is just not on the radar screen for many people. We must begin to say to people "I'm watching you." and so far nobody is saying I'm watching you. So we've got to talk about it. At the Morehouse School of Medicine, we hope soon to start a center on mental health in prisons, so I hope that will raise awareness.

MR. SANDS: My name is Clay Sands, and I work with three programs to prevent homelessness, and I also teach in Fulton County jails. I think that money is the motivating factor in limiting physical and mental health care and decent living standards in prisons. How do we deal with that? How do you encourage the community to become more involved, to encourage better quality in the prison system and as people re-enter society?

DR. TREADWELL: We have to address community priorities through comprehensive programming. We have to look at the broader issues of where people live, how they make a living, and how they can care for their families. Communities also need to recognize the consequences of failing to provide adequate care for people and failing to provide opportunities. Our prison

system is certainly not making any of us safe. And in fact, I think it's making us less safe because we have fewer people in communities to build a platform for survival.

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A JOURNALIST'S GUIDE TO REPORTING BEHIND PRISON WALLS

INTRODUCTION (MS. THOMAS): Pete Earley was a daily newspaper reporter in Oklahoma and Kansas before he joined the *Washington Post* in 1980. He was a reporter for *The Post* for six years and then he quit to write books. Unlike many people who think they're going to go out and write books, Pete actually did it. He's published eight works of non-fiction and three works of fiction. And the consistent themes in his work are espionage, violent crime, and the criminal justice system. He's the only reporter who was ever given a full year of unrestricted access to a federal penitentiary. And what he learned there enabled him to write the 1992 best seller called *The Hot House: Life Inside Leavenworth Prison*, which is really good reading. Three years later he won a Robert F. Kennedy award for *Circumstantial Evidence*, which was picked up by 60 Minutes and helped free a wrongly convicted man from Alabama's death row.

Pete also has turned a personal experience into powerful reporting about the fate of people who end up in jail simply because they have mental illness. His son Mike was diagnosed as bipolar, and as a result of a misadventure, when he stopped taking his medication, entered the criminal justice system and narrowly escaped doing serious prison time. Pete tells the story in his new book, which is called, *Crazy: A Father's Search Through America's Mental Health Madness*. On one level this is a really personal story about what happened with his son. On the other hand, it relays the broader story of three decades of policies and budget decisions that turned prisons and jails into America's de facto mental hospitals.

MR. EARLEY: I've been a journalist for 30 years. I've always believed that one of the most important roles that we play as journalists is to go places where other people can't go and come

back and tell others what we've seen. And that includes prisons and jails. And I also strongly believe that we have an obligation to point out wrongs when we find them and to demand reforms – and that applies to jails and prisons, too.

I'm going to speak to you today about mental illness, which to me is the biggest untreated health problem we face today, and how jails and prisons have become our new asylums. I'm going to begin by telling you a personal story. It's my story. It's the story of my son.

"Dad, how would you feel if someone you loved killed himself?" My college age son Mike and

I were speeding down Interstate 95, driving from New York City to an emergency room in Fairfax County, Virginia, when he asked me this question. I had no idea that our 4-hour trip and our next 72 hours together were going

"A major shift has occurred in our country. Persons with mental illness who used to be treated in state mental hospitals are now being arrested." —Pete Earley

to change both of our lives. Mike had been diagnosed a year earlier with a mental illness, bipolar disorder. There was no family history, no warnings about the trouble that was ahead. A New York psychiatrist had put him on anti-psychotic medication, but Mike had stopped taking his pills. When I picked him up in New York, Mike hadn't slept in 5 days and had been walking aimlessly through the city. He believed God was sending him secret messages, and during our ride to Virginia, Mike would laugh one minute, begin sobbing the next. I pleaded with him to take the medication and silently prayed, "Hang on, son, the doctors will know how to bring you back to me."

When we arrived at the emergency room, the intake nurse rolled her eyes while Mike talked about how God had given him a secret assignment, then Mike and I were taken to a



Pete Earley

small waiting room, where we stayed for the next 4 hours. Mike finally announced that he was going to leave, but I managed to slip outside and I flagged down a doctor. I'll never forget that the doctor entered the room with his hands up as if he was surrendering, and he announced there was nothing he could do to help my son. I said, "You haven't even examined him yet." But it didn't matter; the nurse had told him that my son believed all pills were poison, and the doctor said, "Virginia law is very specific. I cannot treat anyone against their will unless they're an imminent danger to themselves or to others. So take him home and if he tries to kill himself or he tries to kill you, then bring him back."

What happened next, no parent should have to go through. I watched my son sink lower and lower into a mental abyss. At one point, he had tinfoil wrapped around his head because he knew the CIA was trying to read his thoughts through the TV. In the morning I spiked his cereal with the anti-psychotic medication Depacote, but the pink pill shell floated up in the milk. He saw it, and he became enraged. Forty eight hours later, he slipped outside and broke into a stranger's house to take a bubble bath. The homeowners were away. After he rummaged through the kitchen, and took a bath, leaving the water on, the burglar alarm went off. The police sent in a dog; it bit Mike, dragged him down, and it still took six officers to haul him outside.

The police drove him to a community treatment center and called me. The police officer told me if I didn't go inside and tell the officials there that my son had tried to kill me or kill himself, he still wouldn't get any kind of care. I said, "But he hasn't done that." And the officer gave me an exasperated look. So I went inside and I lied. I said my son had tried to kill me.

Mike was taken next to a psychiatric ward in the local hospital, and I felt relieved. I met with the admitting nurse and I said, "Finally, he's going to get some help. And she said, "No, even in a hospital it's against the law for us to forcefully medicate your son. He will not get any treatment unless he becomes a danger to himself or others and then we'll turn him loose." I said, "But he's not thinking clearly. And she said, "I'm just doing my job."

Luckily, I was able to persuade Mike into voluntarily admitting himself. He began getting better, and I began looking for treatment programs where we could move him from the hospital. Much to my horror, I was told that I would need to declare Mike indigent and refuse to pick him up at the hospital if I wanted to get him into a program. That would be the only way they could guarantee he could get into one.

I live in one of the wealthiest counties in America – Fairfax County, Virginia. Yet the demand for mental health services is so great and our community treatment facilities so limited, that it takes 6 months for someone like my son to get into a treatment program. It takes 2.7 years to get a case manager assigned to him. It takes up to 17.5 years to get into a housing program. If I didn't declare my son homeless and indigent, he'd move to the back of a very, very long line.

Mike's psychiatrist, meanwhile, gave me the opposite advice. He feared that if I abandoned my son, Mike would return to New York and go off his medication, and I would lose track of him.

Just when I thought our situation couldn't get worse, I received a telephone call from the Fairfax County Police saying that Mike was being charged with two felonies, breaking and entering and destruction of property punishable by 5 years in prison and a \$10,000 fine. I was told to bring him to the jail to be fingerprinted and booked, as soon as he was released from the hospital.

"I just feel so damn helpless," I told my wife Patty one night. "I want to do something, but I don't know how to help my son."

"Then do what you do best," she said. "You're a journalist. You make your living investigating stories, so investigate this. Pete Earley, the journalist, can dig out information that Pete Earley, the father, would never be able to get. If you want to help Mike and others like him, write about what he's going through and find out why the mental health system in our country seems to be in such a mess."

I decided to do some preliminary digging, and the more I dug, the clearer it became: what was happening to my son was not an oddity – it was a tiny piece of a bigger story. A major shift has occurred in our country. Persons with mental illness who used to be treated in state mental hospitals are now being arrested. In 1955, about 560,000 Americans were patients in state mental hospitals. If you look at that patient per capita ratio and you extrapolate it out today, you'd expect to find 930,000 patients in mental hospitals. There are fewer than 55,000. Where are the others? Well, more than 300,000 of them, persons with mental illnesses, are in our jails and prisons. A half million are on court-ordered probation; 700,000 go through the court system each year. The largest public mental facility in the United States today is not a hospital, it's a Los Angeles County jail.

Those statistics gave me an idea, but before I pursued it I wanted to talk to Mike.

"I'm thinking about writing a book about the criminalization of the mentally ill," I told him, "I want to write about you and how you got into trouble with the law."

"Do you think people would really want to read that?"

I outlined my plan. I would write about his mental breakdown, tell how he had been arrested, but I'd fold his personal story into a much larger one: an examination of mental health today in America. I'd find a jail in a major city far away from where Mike had been arrested because I didn't want to upset Fairfax officials. I'd spend time in the cell blocks, I'd watch the prisoners, I'd monitor their criminal cases through the courts, follow them into the community. I'd interview correctional officers and public defenders and prosecutors and judges and defense attorneys, then our health care professionals and the police. I'd talk to parents, siblings, spouses and others with mental illness. I'd use the jail as microcosm. It would serve as my hub, much like an old western wagon wheel. The inmates whose lives I would chronicle would be the spokes jutting out.

"If it'll help someone else," said Mike, "then do it, tell my story."

I chose Miami as the area to focus on. I started on the dreaded ninth floor of the jail where the most psychotic prisoners are housed in cells with glass fronts. I remember stepping inside C-Wing for the first time. This is what I experienced, as I write in my book:

"The air in C-Wing stinks. It's a putrefied scent, a blending of urine, expectorant, perspiration, excrement, blood, and drying and discarded jailhouse food. When the jail's antiquated air conditioning breaks during the summer, which it often does, some officers claim C-Wing's pink walls actually sweat. Its decades of filth and grime bubbling up; rising through coats of paint. I listened. C-Wing is noisy: toilets flush, prisoners hacked, coughed, groaned, spat, sang.

Correctional officers chattered, laughed, yelled. A jail trustee kicked a silver mop bucket sending it sliding across the concrete emanating a grating sound. Link chains click-clacked against the hard surface as new prisoners were brought inside. Those were the traditional sounds. Intermingled in with them were strange asylum sounds. A prisoner sobbed, another babbled at an unseen tormentor. Arghh, an inmate yelled thud, thud, thud. Then faster, thud, thud, thud. Then louder, thud, thud, thud. I looked. He was beating his forehead against a glass cell front. 'I ain't crazy,' he shouted. 'Then stop acting like you is,' an officer replied.'"

My tour guide in the cell block, which was dubbed the forgotten floor by the people who worked there, was Dr. Joseph Poitier, the chief psychiatrist, a compassionate doctor with an impossible job. I went with him on his morning rounds. There were 92 inmates on the ninth floor. The rounds took us 19 1/2 minutes. That is 12.7 seconds per inmate.

"A lot of people think someone who is mentally ill is going to get help if they're put in jail," Dr. Poitier told me, "but the truth is that we don't really help people here with their psychosis. We can't."

His first priority was making sure that no one killed themselves. His next task was trying to convince prisoners to take anti-psychotic medication so they would be stable enough to be put on trial.

Now, one of the first lessons I learned was there's a difference between treatment and being made competent to stand trial. And often, even judges don't understand this distinction. Under our Constitution, no one can be tried if they're so mentally confused they do not understand what's happening around them. In those cases, judges send prisoners from the jail to a state forensic facility to be made competent. What does that mean in Florida? It means that a prisoner arrives at a hospital, is encouraged to

take medication, and then is taken to a mock courtroom, where he's shown where the judge sits, where the jury sits, and he's told the differences between the defense attorney and a prosecutor. When a prisoner can answer a series of very simple questions about what happens in a courtroom, he's declared mentally competent and returned to the jail.

If this case is heard quickly, he'll probably be tried. But if it's not done fast enough, there's an excellent chance he'll decompensate and have to go back to the hospital. Alice Ann Collier, one of the characters in my book, is an example. She has chronic schizophrenia and has been homeless for decades. I investigated her background. She had been arrested ten times in 4 years. During that time she had received no meaningful treatment, but instead she had been jailed and released, jailed and released, jailed and released, always returning to a wooden crate in an alley in the dumpster that she claimed for her own. This time she had been picked up at a bus stop where she'd become upset because she had seen an elderly woman staring at her. "Stop stealing my thoughts," Alice Ann screamed, and she shoved the older woman. Not hard enough to knock her over, but she shoved her and then ran away.

Florida takes its crimes against the elderly very seriously. They're felonies. Because Alice Ann had been arrested twice before for shoving elderly people at bus stops, this time when she was arrested, she was charged under Florida's mandatory three-strikes law, which made her a habitual criminal. She faced a mandatory 5-year prison sentence. But when Alice Ann was taken to court, she was so psychotic that a judge said she could not be put on trial because she didn't understand the charge against her. So she had been sent to the forensic hospital to be made competent. When she returned to the jail, she had been held so long that by the time her case was held, she'd decompensated. She was sent back to the state hospital.



John Cole Vodicka, Kent Middleton, Knut Rostad, Henrie Treadwell,

Her records show that she had been sent back and forth between the jail and hospital for 3 years when I found her, and she had still not been brought to trial. When I mentioned this to the prosecutors I was told that the State was intentionally shuffling her back and forth because Alice Ann was dangerous and there was no safe place in the community to put her except on a bus, riding back and forth.

Alice Ann proved to be typical of the psychotic inmates I found in Miami. These were not Hannibal Lector psychopaths or deranged serial killers. There were men and women who had brain diseases, and were being punished for acts that they committed while they were clearly sick.

In addition to getting to know inmates, I interviewed correctional officers. I got to know all the ones on the ninth floor. They became comfortable with me, and every one of them told me they thought they were being punished by jail officials by being forced to work with “crazies.” Not one of them there had received any training for working with mentally ill patients. Several of them confided that they frequently beat the inmates. “Even someone who is crazy will follow orders if you slap them around,” one

officer explained. He told me the jail gave them no option, such as restraint devices, for fear of lawsuits. So they solved restraint problems by taking an inmate into a cell, out of view of the security cameras, and hitting him in the kidneys or by twisting back his arms.

Ted Jackson was such a patient. He had bipolar disorder, and even though he took his medication and wanted desperately to get better, he still operated on the margins of sanity. When I first met him, his face was badly bruised after an altercation with the Miami Beach Police. They had caught him writing “Jesus 2007” graffiti in South Beach and suspected that he had defaced several hundred buildings. Ted was absolutely convinced that Jesus was returning in 2007. The second time he showed up in the Miami jail he was so badly beaten that Dr. Poitier sent him to the hospital. His arm had been broken. Ted told me that the Miami Beach Police had taken him into a room in South Beach and had broken his arm to teach him a lesson about writing graffiti because they were tired of arresting him and having him released, untreated, a few hours later.

Another problem that I found in the jail was the high cost of medication. Even if a prisoner agrees to take medication, there's a good chance he won't get the pills that he needs. Anti-psychotic medications are extremely expensive. All prisoners in Miami were given the drug Risperdal, even if they had been prescribed Zyprexa or Abilify in the community. Risperdal is cheaper, but it doesn't always work as well. Brain diseases are tricky to medicate. I found incidents where prisoners reacted poorly to Risperdal, became more psychotic, and ended up getting in more trouble at the jail and longer sentences because they had "acted out."

Let me give you another example of why jails and prisons are not safe for persons with mental illnesses. William Weaver, Jr. had been diagnosed with manic depression – that's now called bipolar disorder – 25 years ago. He had taken his medication and done well. Then he lost his job. He lost his insurance and he stopped taking his meds. Within a month, he was so psychotic that he attacked his elderly father. He was taken to jail and a correctional officer told Weaver that he was going to end up in prison because of what he had done, and "you know what happens to people like you in prison." Afraid and delusional, Weaver leaped from the top bunk in a cell into the commode, breaking his neck. The incident left him a quadriplegic. He awoke from his mental confusion lying in bed only able to move his head. Now that he is a ward of the State, he got the medication that he couldn't afford before.

As I quote Dr. Poitier in my book, "Mentally ill people don't belong in jail. By its very design, a jail like ours is intended to dehumanize and humiliate a person. It's supposed to have a negative impact to bring an inmate down, to make him not want to come back. This sort of atmosphere is counter to treatment or improving anyone's mental health, including the people who work here."

One of the most typical and tragic prisoners I met in Miami was Freddie Gilbert. A Miami study found that in a population of 2 million, at any given time, about 1700 people are homeless and living in cars, public shelters, or on the street. Nearly all of them move rather quickly through the system and find lodging. However, that is not true for the 507 chronically homeless individuals – and every one of them has a mental illness and has been arrested. Every one.

Gilbert was one of the 507 chronically mentally ill living on the streets. He was arrested for being a public nuisance. He was outside a restaurant, urinating and causing a public disturbance. When I first met him, he was so sick that he couldn't speak. He stood naked in his cell and grunted like an animal. The officers controlled him by offering him sandwiches as if he were a dog performing for treats. Because it's illegal to force a prisoner to take medication, the jail must wait until the inmate hurts himself or tries to hurt someone else. Then, the psychiatrist must go before a judge and get an order to forcibly medicate a prisoner.

"As I quote Dr. Poitier in my book, 'Mentally ill people don't belong in jail. By its very design, a jail like ours is intended to dehumanize and humiliate a person. It's supposed to have a negative impact to bring an inmate down, to make him not want to come back. This sort of atmosphere is counter to treatment or improving anyone's mental health, including the people who work here.'" –Pete Earley

Gilbert had been arrested because he was a public nuisance. He had been living in an alley behind a restaurant, and the owner complained. His misdemeanor arrest meant that Gilbert was caught in a revolving door. He would be arrested; he'd be released, untreated, within 24 hours; arrested again, released, untreated. This had happened more than 30 times.

But this time, a reformist judge decided

to make a case with Gilbert. So he forced him into a 6-month residential treatment program. What the judge did may have been illegal, but he did it anyway. And I was stunned by what I saw, 6 months later. Gilbert had regained his ability to speak, and when I interviewed him, he was clean-cut and capable of carrying on a casual conversation. He was a gentle man. Gilbert promised me he would go out and take his medication and live in a group home. A month later, he was back on the street and he was eating out of a garbage can. There was no follow-up service. You cannot talk about the problem of persons with mental illness ending up in jails and prisons without also talking about the need for follow-up community services, decent housing, and jobs.

Let's look at these issues in the context of mental illness in this country. Initially, people with mental illnesses were taken care of by their families or they were put in jail or they were told to "walk out," which means they were taken to the county line and told to walk out. Dorothea Dix came along in 1843 and began to change things. She found people freezing in the streets of Boston and was told, "Well, they are mentally ill and don't need the heat. They're not like us." In response to such attitudes, she instituted the asylum system. State hospitals were built. They

were supposed to be wonderful places. We all know they weren't. You could be forced to get a lobotomy. That is why laws were passed to keep people from being forcibly admitted and forcibly treated.

"You cannot talk about the problem of persons with mental illness ending up in jails and prisons without also talking about the need for follow-up community services, decent housing, and jobs."

—Pete Earley

In 1963, President Kennedy promoted the idea of community treatment for mental illness, and authorized Congress to spend \$3 billion dollars for the system. However, the Vietnam War intervened, Kennedy

was assassinated, and community treatment centers never were developed in the way they were envisioned.

Next, deinstitutionalization came along, and it was a cruel joke. Lawyers began to sue mental health institutions, and they were harassing state legislatures to start making improvements, which the states said was too great a financial burden. So the idea of deinstitutionalization developed basically turning loose all those people in mental institutions. The motive wasn't humanitarian, it wasn't about protecting civil rights, it was about money. The Federal government said, We'll start picking up the tab for these people, and the state legislators said, fantastic, and overnight, they threw people out on the street.

But as the population in state institutions went down, virtually overnight, jail populations started going up. We just transferred people from one institution to another.

There is some reason for optimism: Eighty percent of the cases of people with mental illnesses can be helped, and there are a few programs that do work: Passageways is one. The program is effective because it requires people to take their medication and have jobs comparable with their ability. The program provides housing, but most of all, it provides a community where

people really cared about each other. And you know what? It works.

What can journalists do to make a difference in the mental health system in this country? Here are a few basic steps, if you want to cover this field.

1. Go to jail. On the average, sixteen percent of inmates that are locked up have mental disorders. Find out if your correctional officers have any training to help them.
2. Investigate your state's laws about commitment of mental health patients and forced medication. Visit the treatment advocacy center at www.psychlaws.org for a comprehensive list of what it takes to get someone committed.
3. Ask your police department about crisis intervention training (CIT). They have SWAT teams and have bomb squads. As a father of a mentally ill son, I can tell you that they really need crisis intervention teams, too. Contact Major Sam Cochran at the police department in Memphis, Tennessee. He's the one who came up with this concept. When I was in Miami, I witnessed the benefit of CIT. The Miami police who'd had the training disarmed a mentally ill person who had two knives, and no one was hurt. About the same time, five people with mental illness were killed by the Miami-Dade County Police Department, which did not have CIT.
4. Contact your local mental health group or alliance. Talk to the parents. Go to the meetings. You'll hear horror stories, I'll guarantee it.
5. Remember that not all persons with mental illnesses end up in jail. In Miami, 4500 mentally ill people are deinstitutionalized. Many live in assisted living facilities, boarding homes, nursing homes in the community; 647 of those homes take in the mentally ill, and 400 can't pass basic state licensing tests. The one I went to was appalling: pills were flung on the kitchen table, patients were running half-naked around the room. There were holes in the roof. We haven't

helped the mentally ill; we've hidden them.

6. Follow the money. In Virginia, it cost \$500 per night to provide a mentally ill person with a psychiatric bed. It costs \$89 to keep them in jail at night. Is there any wonder that there are 16,000 persons with mental illnesses in Virginia jails and only 1600 in treatment programs?
7. Go to court and see what's happening there. In Miami, I found a patient broker operating the courtroom. Each day he'd check the jail roster to see who had insurance. Then, he'd approach the person and his family and say, "I can get you out of jail and into a hospital treatment." The judges responded, "Hallelujah, it's better than having them in jail." But as soon as the patients' benefits ended, they'd be shifted right back to the jail. The broker was making \$25,000 in a day pushing inmates over to hospitals, which paid him a kickback.

In summary, keep your eyes open, find out what's happening in the world of mental illness. And do not let constraints of the Health Insurance Portability and Accountability Act (HIPAA) scare you. That is the main way that people are hiding information from reporters, but you can find ways around it. For example, I asked family members of patients to demand documents that were relevant to the patients' cases.

You may have a story about being mentally ill, but if the phone rings and you're told that it's your parent, your sister, your son, that's when it takes a human face. And I know that because it happened to my son. I got that call, and I say this without apology, that call turned me from a journalist into an advocate for reform.

MR. MINOR: Hi, I'm Elliott Minor. In Albany, we have a new so called "mental health court," and I understand it's one of several around the country. I know absolutely nothing about it, but I think the idea is to try to keep people out of jail.

MR. EARLEY: Absolutely. Mental health courts are a good trend and worth investigating.

MS. SIMMONS: Is there a general consensus about whether people with mental health problems get better care in privatized facilities or those that are State-run?

MR. EARLEY: Generally, States have done lousy jobs. State hospitals are horrible places and need to be closed down. Do private outfits do a better job? I haven't seen the statistics. Atlantic Health came in, bulldozed the old state facility, built a beautiful facility, and seem have very good programs. It looks a lot better than what the State had, but you've got to remember that they are there for the profit. They cut a deal with the state legislature to get a set amount of money for having so many beds. Every bed they can empty out quickly means they're going to make more money.

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PANEL ON PRISONS AND PUBLIC HEALTH

PANELISTS **Dr. Robert Greifinger**, Adjunct Professor of Health and Criminal Justice, John Jay College of Criminal Justice

Dr. Torrance Stephens, Associate Professor of Health Education, Morehouse School of Medicine

Rev. Donna Hubbard, Founder and Executive Director, Woman at the Well Transition Center

MODERATOR **Patricia Thomas**, professor, University of Georgia, Athens, GA

MS. THOMAS: *Welcome to our panel with three perspectives on prisons and public health. Each of our three presenters will speak briefly, then we'll save time for discussion. Our three speakers are people who have close experience with some of the large themes that have already been introduced.*

Our first speaker is Dr. Robert Greifinger, who is on the faculty at the John Jay College of Criminal Justice in New York. He's a physician and health care executive who has a really unusually broad background. He is a board-certified pediatrician who became involved with medical quality assurance back when this was really a radical idea. Early in his career, he practiced family medicine as a commissioned officer in the U.S. Public Health Service, and he's been a medical director for two non-profit HMOs and a top executive at Our Lady of Mercy Medical Center, a major teaching hospital in the Bronx. More recently, he's become one of the nation's most important experts on inmate health services. He was the Chief Medical Officer for New York State Department of Correctional Services. He developed and implemented innovative programs for managing HIV, multi-drug resistant TB, and many other medical issues for 68,000 people incarcerated in 69 facilities. He's worked in Georgia and dozens of other states as a court-appointed medical monitor, generally called in to evaluate health care when a correctional system is being sued for malpractice or negligence. That is a highly politicized pressure-cooker kind of job, and Dr. Greifinger has sweated it out in Fulton County and in DeKalb County jails. Today he'll give you some advice about what you as reporters can do to uncover health stories in local and state correctional facilities.

DR. GREIFINGER: We all hear about special operations officers, military folks with a sense of mission and courage and stamina – folks who know the enemy and know what they're after. In some sense, I do special operations in correctional health care in prisons and jails and juvenile centers around the country, and I'd like to recruit some of you here today to do "special operations," through journalism, to try to make a difference to the public health and the public safety.

Let me give you some examples of jail and prison conditions that affect the health of inmates.

Yesterday I was in Greenville County, South Carolina, in a detention center where they're having a major outbreak of drug-resistant skin infections: boils. These boils can lead to pneumonia, meningitis, and even death. Boils pass from person to person because of crowding and poor hygiene, such as inadequate laundering of clothing. The Greenville County Detention Center doesn't issue underwear to its inmates and lets its inmates launder underwear in their sinks instead of cleaning them in the jail laundry.

In Anderson County, South Carolina, I investigated another outbreak of drug-resistant skin infections about 9 months ago. In both these South Carolina county jails, the staff is aware of the infections, their cause, and the proper treatments. Yet, they don't even screen the inmates to identify cases or get their water hot enough to disinfect the linens or dry the laundry enough so that it comes back dry instead of damp. Wet linens are a breeding ground for infections.

At the Fulton County jail in Atlanta, I was the court monitor for Judge Marvin Shoob. Despite phenomenal improvements in medical care at the Fulton County jail during the period when I was a court monitor, the jail still collapsed into horrible conditions.

In May 2004, I wrote a report describing a visit to the Fulton County jail, and I described it as, "...dank, full of sweaty bodies. The air was thick with the scent of wet underwear. It was rank, acrid, noisy, and crowded. There were mattresses on the floor. No duty officers in sight. The air conditioning was broken. The humidity exceeded 90 percent. There were broken showers and water dripping onto the floor, broken ceiling tiles and water dripping into garbage pails. There was mold on the ceiling like a fur carpet. It was tense and it was scary."

I saw one housing unit for the mentally ill. There were 273 bodies in a unit built for 108. Half the inmates on that unit had serious and persistent mental illness and they were especially vulnerable to heat injury among other things. This was a facility in crisis. It was at risk of riot and it was an incubator for community diseases such as tuberculosis, skin infections, and diarrheal diseases.

These problems aren't limited to Georgia. About two years ago I was at the Tutwiler facility in Alabama, the state prison for women. There were 1300 women crowded into a space built for 300. No air conditioning. I walked into the infirmary and saw a woman walking around with a paper mask hanging around her neck. And I said, "Hey, what's going on with her?" And they said, "Well, she has tuberculosis." She had active tuberculosis that was communicable in the infirmary area in which she was walking and was immediately contiguous to the unit to where they segregated women who had HIV disease and AIDS, the most susceptible of people. How could that happen in the United States of America where all of us know about tuberculosis and about immune system-compromised people?



Dr. Bob Greifinger

And it's not just communicable diseases – it's injuries and death. Last year, in a county near here, a very agitated guy was shot with a taser gun five times within 7 seconds, and ended up dead. Who is doing that story about how someone who had never been in a jail before ends up getting arrested, is a little agitated, is put in a restraint chair, and shot with a taser weapon five times in 7 seconds?

In Lake County, Illinois, a suburb of Chicago, there was a 21-year-old with cerebral palsy who had been arrested for something, and when he was asked if had ever tried to commit suicide before, he said, "Yes, 17 times."

He was asked, "How did you try to do it the last time?" "I threw myself in front of a train."

"Are you thinking about killing yourself?"
"Yes."

"Do you have a plan to kill yourself?" "Yes."

The jailers didn't put him on suicide watch. He hanged himself and died. In the courtroom the nurse who had interviewed him was asked, "Why didn't you put him on suicide watch? All the risk factors were there." She said. "Well, the last time he tried to kill himself he threw himself in front of a train, and we don't have any damned trains in jail."

In Alabama, the Chief of Mental Health for Alabama, until very recently, was a psychiatrist who lost his license in Michigan for having sex with patients and lost his license in Oklahoma for other sexual indiscretions. He had a limited license, limited just to prisons. Then he went to Alabama and he became chief psychiatrist for some of the state prisoners. How does that happen in the United States?

A couple of months ago, I was visiting an 8,000-bed jail. During my inspection, I saw officers restraining a guy who was yelling and screaming and pounding his fists. He was very agitated, claiming to see green and yellow worms crawling under his skin and warning people to get out of the way. The prison staff were about to put him in the restraint chair and use their taser on him. I asked them to wait, and I went up to the man and said, "Hey, I'm Dr. Greifinger, and I want to try to help you.

Can we just talk for a minute?" And he calmed right down and said, "Sure." I asked, "Does this happen every time you stop drinking?" He said, "Yeah, after about two or three days." And I said, "How long has it been?" He answered, "Three days," and I said, "Okay, hold on." I got him a little Librium. Within about 20 minutes, he had calmed down and was put on a regimen for his withdrawal from alcohol.

The staff didn't recognize that the man had delirium tremens, a medical emergency that carries about a 20% chance of death, if untreated.

In my job, I am called on to investigate conditions of confinement, matters of correctional health care, including access and quality. My "special operations" mission is to try to improve the quality of medical care for inmates. First of all, they have a constitutional right to medical care. Most people don't know that. Inmates

are the only group in the United States who are entitled to medical care of a reasonable quality. Why? Because if you deny it to them and they don't have choices, of course, it's cruel and unusual punishment. It's a violation of the Eighth Amendment. So that's one good reason. Another good reason is because it's the right thing to do, and it's humanitarian. But the best reason to improve health care for inmates is to protect the public health. Public safety is public health is public safety is public health.

But I go to so many places around the country and I don't find forward thinking about the value of providing reasonable care. People forget that 98 percent of inmates come back home. They forget that they're going back to the same

"The best reason to improve health care for inmates is to protect the public health. Public safety is public health is public safety is public health."

—Dr. Robert Greifinger

communities with communicable diseases that they get in jail.

Incarceration itself contributes to disparities and afflictions because jails and prisons can be incubators for com-

municable diseases and can accelerate mental illness. The fact of incarceration or having been a felon contributes to social isolation and alienation.

Currently, I'm involved in a lawsuit case against the Los Angeles County jail. They had a guy who is a bad diabetic, not taking care of himself because he's a little demented. He's had some brain damage. He's one of these sweet people who just says yes to everything. He got arrested on an open container charge because he was carrying a can of beer, and he got a sentence of 30 days. When he went to jail, he had very bad disease in his foot because he hadn't taken care of his diabetes, so they amputated his foot. Three days after he got out of the hospital, he was released from jail. He was left in a public waiting room. Remember, this man is diabetic. He can't walk; they didn't give him a wheelchair;

they didn't give him crutches; they didn't call his family; and they didn't give him any insulin. He's in a waiting room that's manned 24/7 by both uniformed and civilian staff, and 3 days later he's dead from dehydration and starvation. How can that happen in the United States of America? Why don't we think about what we're doing here?

We have barriers, leadership barriers that work against improving conditions. The main barrier is a lack of health literacy on the part of leaders, public policy makers, correctional administrators, legislators, and the people who make the decisions about the money and the direction of programs. And people in the media who report on prison issues also need to think more about the broader public health issues and move beyond the sensational stories. Telling the story about the guy who died in 72 hours after being released because he didn't have crutches and a wheelchair is a good story, but the larger part of that story is, first, why was this guy in jail in the first place? Second, why don't we provide continuity of care on release?

I would be pleased if you reporters begin to think of yourselves as doing "special operations" and thinking about some of the broader issues. Ask the right questions, ask what do these issues mean to our society? And ask how can we protect the public health through what we do behind bars? How do we recruit interest in the public health value of health care for the mentally ill, and those with communicable diseases and those with chronic diseases?

Whenever you're writing the story, think about the stereotyping. We all know about the stereotyping of inmates: they all lie, you can't trust them, they're going to hurt you. Those stereotypes are wrong. It's also a stereotype that there is no treatment for addiction and mental illness. Drug treatment does work. And treatment for other diseases, including chronic diseases and mental illness, can help.

So I'd ask you to think about these things and think about how we give the political leaders and policymakers the incentives to do the right thing for public health.

MS. THOMAS: *Our next speaker is Dr. Torrance Stephens, Associate Professor of Health Education at the Morehouse School of Medicine. He received a doctorate in psychology from Clark Atlanta University and was a faculty member at the Emory University School of Public Health before he came to Morehouse. He is an expert on some of the riskiest health behaviors that are rampant in prisons and jails. Among these are unsafe, and often violent, sexual encounters that can transmit HIV, Hepatitis B, and a host of other STDs. He also knows all about the use of injected and inhaled drugs by men behind bars. And even more important, he has some good ideas about how to encourage self-protective behaviors in prison and how doing this can help the rest of us when inmates leave prison and return to the outside.*

DR. STEPHENS: In the 19th century, two Frenchmen gave us historical perspectives on prisons in this country. When Alexis de Tocqueville and one of his colleagues, Gustav de Beaumont, visited the United States, they looked at the prison systems here. The 1835 book that resulted from their travels, *Democracy in America*, notes that prisons in this country were nothing more than mass storage of individuals, and that these individuals were used for industrial purposes. The prison systems really haven't changed that much in a century and a half.

"If we truly want to reduce mass levels of incarceration and reduce the tide of young African American men going into prison, we must focus on education and re-evaluate how to deal with problem behaviors that continually propel these young men to prison."

—Dr. Torrance Stephens

When we look at the prisons anywhere in the United States, we see consistently the same thing: about 80 percent of all people who are incarcerated at the prison level have some history of substance abuse.

Prisons do not act in a consistent way to encourage inmates to be proactive about their health care. Of the more than 2 million inmates in the United States, at least one in ten have been raped. The inmates' rates of infectious disease, particularly HIV/AIDS, are five to six times higher than for the general public. That means about 2.5 to 3 percent of all inmates contract HIV once they are incarcerated.

Now, all of these problems that we see now grew from political actions. The war on drugs and the Reagan administration's focus on getting tough on crime has led us to the current problem of overcrowded prisons and having individuals continue to enter prisons and leave and return. From a statistical perspective, the rate of violent crimes has really leveled off or decreased in the past 12 years, but we've seen the rate of incarceration increase. And we know that, today, many politicians like to hang their hats on being tough on crime, and as a result, they focus on these problems when the statistical data does not truly support their concerns. For me, personally, the issues of public health and public safety are one and the same. My work deals specifically with using former inmates to implement peer education-based health protective interventions with adult male inmates who are soon to be released. There are certain windows of opportunity in which inmates are more amenable to behavioral changes, and I think that the period of 60 to 90 days prior to release back into the community is one such opportunity.



Dr. Torrance Stephens

Typically, in Georgia, when an inmate leaves a correctional facility, he is given \$25, a bus ticket, and a change of clothes. How effective is that in actually trying to keep a person from returning back to an incarcerated status? Not much at all. If we truly want to be able to implement effective services that benefit the community as well as the inmates, we need to re-think the best approaches and not just vilify prison populations. Many individuals are incarcerated as the result of the failure of our economic and educational system to provide options for these people.

And while people are in prison, we could do much more to reduce the spread of infectious disease. A World Health Organization study found that 23 of the 52 prison systems around the globe distribute condoms in prisons. In my recent studies, I've found that about 35 to 37 percent of inmates are currently using intravenous drugs. Other risk behaviors are rampant, and we don't know much about them.

We really need to reevaluate the utility of the tax money that we spend to keep people in, as de Tocqueville put it, in mass storage. And there are negative consequences for society, as well as for the individual inmates. In many cases, people

are incarcerated for a few years and emerge, more sophisticated in terms of criminal behavior. Many people believe that treating juveniles as adults discourages future criminal behavior. However, a recent study found that juveniles who are in adult prisons were four more times more likely to return back to prison than juveniles who are in juvenile facilities.

We really need to evaluate how we deal with problem behaviors that result in incarceration. We would be better off if we started intervening earlier and trying to focus more on education and skill development, as opposed to incarceration.

We also need to keep reminding legislators and political decision makers that what they're doing right now does not work. But it's very hard to get in the ears of individuals who think they know it all when, in fact, they have a very limited understanding of these problems.

If we truly want to reduce mass levels of incarceration and reduce the tide of young African American men going into prison, we must focus on education and re-evaluate how to deal with problem behaviors that continually propel these young men to prison. They only return with problem behaviors that tend to place the community at risk for infectious diseases as well as violent outcomes.

MS. THOMAS: *Our final speaker on this panel is the Reverend Donna Hubbard. She writes powerfully about the mismanagement of mental and physical health issues faced by women in jails and prison. She speaks both from professional and personal experience. Earlier in her life she was incarcerated. She emerged from that experience and, in 1994, founded the Women at the Well Transition Center, a non-profit outreach ministry for women affected by the criminal justice system, incarcerated women, and HIV-positive women. Women at the Well operates two transitional living centers and runs teaching programs for incarcerated women at*

seven state prisons and local jails. These specially designed programs emphasize coping skills, parenting, conflict resolution, relapse prevention, and twelve-step recovery. The goal is to help women successfully resume life in the community, reestablishing relationships with children and family and reentering the work force. Reverend Hubbard has won numerous awards for this work, including recognition from the Turner Foundation, the International Congress of Black and African Women, Emory University and Atlanta Magazine. She's a busy motivational and educational speaker and also has a day job at Middle Georgia Technical College where she works with inmates before they are released to plan a successful re-entry. She also contributed a chapter to a forthcoming book called Health Issues Among Incarcerated Women.

REVEREND HUBBARD: As I was getting ready for this forum, I looked at all the people that were coming and I said, well, what am I doing here? And somebody said, "You belong there, Donna. They have to see that all your labor and your hard work really does come to something every now and then. We need to see the result of what you believe in." That's why I'm here today. When I first went to prison, I wasn't afraid of losing my freedom or my family or my friends or the right to vote, or my dignity, my self-esteem, my self-respect, my self-confidence – I had lost all of that when they told me to strip, squat and cough. I wasn't afraid of any of those things, but during my 10 years of incarceration I was afraid of getting sick in prison and not being able to access the quality of health care needed to sustain a healthy and productive life. That prospect frightened me more than anything.

Some people might argue that my criminal behavior should exclude me from receiving adequate quality of health care services and adequate services of any kind. But our sentences are what we do and not who we are. And I think that we need to look very closely at the fact that even though prisons were established

for rehabilitation – the definition is to return someone to a healthy and productive lifestyle – when you look at the majority of the people who are incarcerated today, most of them are not coming from healthy productive lifestyles. They’re coming from two and three generations of incarceration, two or three generations of people who did not finish school, two or three generations of people who have lived in the projects and been on welfare. So how do you return someone to a healthy productive lifestyle if she didn’t come from one to start with?

So we’re really not talking about rehabilitation in the prison system. We need to be talking about “habilitation”. And from the time they enter the prison system, which now houses over 100,000 women, women face not only the denial of the needed health care services, but also face the abuse and the incidents that demand the need for treatment and services. While incarcerated I had to take a step back and look at the situation that I was encountering as though it were not happening to me, even though it was happening to me, to get a good perspective of it.

For instance, I looked at women who were used as mules coming from other countries who didn’t even speak this language, women coming from countries that were so poor they couldn’t afford to take care of their families. These women were given money and drugs to carry over into another country. When they were arrested once they entered the country, their money was confiscated. So now they had no money and they were going to prison, and they had no way of contacting their children and families. I saw women almost lose their minds, who couldn’t do anything but sit in a corner and scream because nobody spoke their language and could understand what they were saying. They had no way to write, no money, no access to someone who spoke their language, so how could they get the information about their situation back to their family in a rural town in the middle of Guatemala or Peru or Columbia?



Rev. Donna Hubbard

I looked at the disparity of sentencing for women. A man who kills his wife goes to prison and normally gets between a 4 and 7-year sentence. A woman who kills her batterer will get between 7 and 11 years.

The judges look down from the bench and the first thing that they see is the color of your skin. But when they see a woman they also see someone who, in their view, “should have known better.” So now we become not only bad people, but we’re also bad mothers. And going back into the community, we have an extra challenge of proving ourselves as a fit mother as well as a good woman.

I think about people who I met in prison. JoAnn, a woman from Washington, D.C., had severe mental illness. If you commit a crime in Washington, DC, you go to federal prison because that’s federal ground. So JoAnn found her way into federal prison over and over and over again. And for the almost 10 years that I spent in that federal prison, JoAnn probably returned seven times. Because JoAnn had been told all her life that she was ugly, she would apply hair relaxer or perm, a lye-based hair treatment, over her entire face until the skin melted off. She literally wiped her skin off, and all we saw was white meat. Prison officials would send her to the infirmary until her face became one scab. Then they would put her back in general popu-

lation until she did it again, until somebody gave her a perm or she went to the commissary and bought it again, this went on and on and on. She would serve her sentence, be released and go back to D.C., get picked up for prostitution, and be right back, doing the same thing. The second time she came back, she was cutting herself along with putting the perm solution on her skin.

I think about people like Annie, a woman with severe mental illness, who spent her entire sentence at Lexington Federal Prison in the "hole," which is what we called segregation or solitary confinement. She was in prison because she wrote five different presidents and told them she was going to shoot at them with her laser gun from the moon. Five different presidents. And each time she wrote the letter, she was sentenced back to prison. Her parents had given her up to the state when she was born because of her severe mental illness. She had a guardian, but I never saw the guardian visit Annie, not one time. Annie stayed in segregation. When I went to solitary confinement for 45 days because I became pregnant in prison, I got a chance to meet Annie and spend time with her. She was not allowed to have a pencil to write even though she wrote beautiful poetry. She would do damage to herself, so they didn't let her have a pencil. But I became the ward on the unit, so I agreed to sit outside the door with Annie and let her use my pencil. And they would allow me to do that for as long as I was out cleaning the hallway, and then I had to take the pencil back.

One day Annie looked at me and she said, "You know, I really am crazy, but if everybody knows that, why don't they get me some help?"

I think about Lucky, who had been in foster care since the time she was 4 years old. She looked very much like a boy, and when she was picked up on the street, the authorities never knew that she was a woman until they strip-searched her, then she'd be sent to the women's prison. From the time she was 4 until she was 14, she was sexually abused in every foster home that she went to, and each time she became more

and more silent. By the time she got to Lexington Federal Prison, Lucky didn't talk to anybody. All she did was scream. She would have screaming fits. The response to her screaming fits was to put her in a padded room until she got too tired to scream. When she was too tired to scream, they'd let her out and she went back into general population.

When I was first at Lexington Federal Prison, it was a female prison with seven dorms. One January, we woke up and there were 700 males in our prison that morning. Wow, where did they come from? They stayed there until exactly October 29th. Is that about nine months? About time to do a case study as to what would happen. What we found is that 45 percent of the men that were brought there were HIV-positive. No condoms were passed out, no medical information was available. Eighty-three women that we know of became pregnant with no access to any medical history of the men they became pregnant by. I was one of them. I was very blessed that my daughter and I were very healthy. And it was because I did research to find out where her father was, and we know who and where he is now.

But on October 29th, we went back to sleep, and when we woke up on October 30th and the men were gone, just as mysteriously as they arrived. Just enough time for a case study to be done.

When I was released, I came to Atlanta, by my request. I came here to meet my father who I had not known all my life. But I needed to bring some closure to some things, and I needed to heal myself and so I wanted to meet my father. I started my work at Metro State Prison because I went to them and asked them if I could talk to women who are about to be released to help them to know what they're going to be facing when they get out.

One of the women I met there was a woman named Annie who was HIV-positive. It was her third time back in prison. She kept going back to prison because she kept being picked up for vagrancy and she would fight the officers when they picked her up. Her family didn't know about HIV and they were afraid of contracting it from her, so they made her live on a screen porch. She

was not allowed to eat off their dishes or allowed to use their bathroom.

I look at HIV and AIDS in another way. I think HIV stands for a “‘hood-infected virus,” a mentality of the ghetto, a mentality that degrades our community, a mentality that destroys our communities. And you can be black or white and be a ‘hood. But it’s an attitude that has no concern for the community or the family or the individual. If you talk to a lot of young men who are 15-21 years old and ask them where they are going to be in 5 years, they don’t even know if they’ll be alive, and they’ll tell you that. Only 24 percent of the young people graduating from high school here in Georgia are going onto secondary education. What’s happening to the rest of them? They’re not qualified to work anything other than fast food jobs and many of those places don’t even hire teenagers.

If that ‘hood-infected virus goes untreated, just like HIV that affects our physical body, it becomes AIDS. And AIDS stands for the “addiction to incarceration and death syndrome.” These young people become addicted to being incarcerated or dying. Men can go to prison over and over again, and when they get out of jail, they become heroes in some of our communities. Did you know that? People say, “Man, he’s been down eight times.”

But a woman goes to prison one time and gets out and can barely find a job. She works at Waffle House because she has been told she has to get a job within 5 days. So she goes to Waffle House. She gets a job. She has four children that are living with her elderly mother and her family’s on her case every single day to come and get her kids. All she hears is, come and get your kids, come and get your kids, you’ve got to find a job, you’ve got to find a job, you’ve got to go to Parole, you’ve gotta, you’ve gotta, you’ve gotta. And when life gets overwhelming, you go back to what’s familiar. When life gets overwhelming, we tend to return to familiar patterns, even if they are destructive. If life gets overwhelming, people who overeat go to the refrigerator; people who shop, go shopping; people who commit crimes, commit crime. People who were addicts go back to using.

So I believe that HIV – the ‘hood-infected virus

in our communities has turned into AIDS – the addiction to incarceration and the death syndrome. I look at the fact that it takes \$56,000 to send a family to a treatment center, as opposed to incarcerating that mother where it costs \$113,000 to put her in prison. And only 13 percent of the money that is spent on incarceration will go into programs for self-development.

When I was arrested, I was using almost \$700 worth of cocaine a day. I had been arrested 29 times, had been in prison 7 times. Not one time did anyone recommend drug treatment, not one time. When I came out and made a decision that to get clean, I didn’t know what that meant. I left Los Angeles and I went to Minneapolis, Minnesota, went into 101 Treatment with a wonderful lady, started going to Narcotics Anonymous.

I was in school at the University of Minnesota and was assigned as an intern to work with WCCO Television as an investigative reporter in Minneapolis. There were six interns, five white and one black. So guess who they chose to do the story on gang infiltration and crack cocaine in the Minneapolis area? I was too ashamed to tell the station that I was a recovering addict, and I was too proud to go get help when I needed it. So I ended up arrested with the very individuals that I was doing my story on.

There were times when I felt like I wanted to lose my mind so I wouldn’t have to think about the things that I had done in my life. Instead, I made up my mind that I wanted to live. And I didn’t know what that meant. I just knew that in order to do it, I had to access all health care, the mental health care, the physical health care. That would provide me with what I needed to get my body, mind, and soul back.

I had not one baby, but two babies in the correctional system. How is that possible? The daughter with me today was born at Sybil Brand, probably the worst county jail in the United States. I was there because of my addiction. I was standing on the corner during a drug raid, and they arrested everybody on the street, so I went to jail. I had an addiction, and the judge said, “I don’t want that baby to be born addicted.” So they put me in Women’s

Hospital in downtown Los Angeles. I had a chain that was long enough to go from my bed to the bathroom. No visits, no television, no books, and that was my treatment.

My daughter was born prematurely at 7 months. Within 48 hours, I was released from the hospital, but she was still in the incubator.

I had nowhere to go, so I sat under a street light and waited for the buses to run that morning so I could go back to the hospital and sit next to this incubator.

My second daughter's birth came as a result, as I said, of being at Lexington at a time when they introduced a number of male inmates to the population.

And whenever I was ill, when I came back from having my baby in prison, they placed me in a bed and gave me two Tylenol and that was it. I saw women come back from having vaginal births and upon re-entry into the prison in shackles and handcuffs, they had to have a cavity search. I saw women who had had Caesarean births return to the prison, 12 hours later with no pain medication.

As I end this talk, I want to mention that soon, about 180,000 people are due for release from prison, because their 20-25-year sentences that were handed down for drug convictions are coming to a close. These people will have no parole, no probation, no supervision, and they're going to be released to the streets with no other option but to commit another crime.

Maybe some of those people will have gone to college while they were incarcerated. I did. I went to college and I became a firefighter;

I'm a certified firefighter from the University of West Virginia. Nineteen of us were chosen from the prison to go to the university. I went to school with people who were "on the outside" and I graduated second in my class. We were in the mountains in West Virginia, in the middle of three counties. They didn't have

a fire department, so we became the fire department for those three counties. I was really, really fortunate to have gone to college. But so many of us go to school while we're incarcerated, find that people won't hire us, once we get out because we have a criminal record.

"About 180,000 people are due for release from prison, because their 20-25-year sentences that were handed down for drug convictions are coming to a close. These people will have no parole, no probation, no supervision, and they're going to be released to the streets with no other option but to commit another crime."

—Dr. Torrance Stephens

I'm really grateful today that I have the opportunity to go behind the bars. I was the first person to take a video camera into Attica State Prison in 25 years. I went into Rikers Island and have taken the camera to videotape my classes that I do in the substance abuse program there. Like my colleague, Bob Greifinger, I've been to Tutwiler and I can vouch for the fact that they place HIV-positive inmates behind a glass wall in isolation with each other but no one else. And that's how they live. They watch people walk up and down a hall. They can't do anything but look at them through a glass wall because they're HIV-positive.

My goal today is to help women – and, now men, as well – understand that their crimes are what they did and not who they are. I try to help them understand that there are alternatives to suffering and dying in the state that they're in, that we have to work the system the same way it works us.

I thank you for your time, and I thank you for the work that you do.

MS. THOMAS: I'd like to take the moderator's privilege of asking the first question. I have noticed that you can get a lot of statistics about health situations of the inmates, from sites such as the Georgia Department of Corrections Web site, but it has occurred to me that these statistics might not be entirely trustworthy. I am wondering if the panel can comment about how reporters can find the most accurate information about the distribution of various health and medical problems in incarcerated populations.

DR. GREIFINGER: As Dr. Treadwell mentioned earlier today, there are very scant data on the health of inmates, on the burden of illness. A recent report to Congress called the "Health Status of Soon to Be Released Inmates" has some data, most of it, projection data.

There is also some really bad data, and those data tend to come from reporting agencies because they don't ask the right questions. Correctional agencies, like police agencies and the military, are very closed. They're not transparent, and so, while they may not be lying with the statistics that they present, they ask the kinds of questions that tend to minimize the problems behind bars.

DR. STEPHENS: The data that I use in my studies come from inmates that I work with directly. I try to compare to statistics that I find across the country, but it's hard to find comparable data. For example, others claim zero percent rates of IV drug use or unprotected sex.

I would advise reporters to seek qualitative data from inmates, rather than relying on statistics. That will give you more insights than data alone.

MR. VODICKA: Just comment on that. We recently ran into that same problem with this tuberculosis issue in one of the prisons here in Georgia. The Department of Corrections told us that every prisoner is tested upon admittance into the system. Turns out that just wasn't so. The

reason we found that out was the prisoners told us, "We were never tested. Never had that test."

DR. GREIFINGER: When I became Chief Medical Officer for the New York State Prison System in 1989, AIDS was rampant. There was not good treatment at the time, but yet the State Corrections Department reported zero deaths from HIV year after year after year. And why was that? Because they didn't allow people to die in prison. People who had stopped breathing and whose hearts had stopped were taken in an ambulance to a hospital and where they would be declared dead. Thus, they would count that as an out-of-prison death.

MR. MIDDLETON: I'd like to ask all three panelists what they would do if they were editors for a day. What are examples of good experiences with journalism and also where are the missed opportunities? What are the broad cosmic questions that we're missing?

REVEREND HUBBARD: If I were editor for a day, I would take the example of reality TV, and as Dr. Stephens suggested, I would talk to the inmates themselves. I would do the stories from the inmate's point of view and get the officials to respond, instead of doing it the other way around, which is how the story is usually reported. I'd like to hear the stories from the people who've been on the inside. And that's one way to get to some of the solutions – to make people like me part of the solution and not only part of the problem. Because no one can tell a person like me what I need better than I can. I go to a lot of conferences around the world, and I sit and listen to people talk about folks like me. I listen, but I often wonder: how many people like me did the experts talk to?

DR. STEPHENS: I would really try to make a strong case for the impact of the failure of our educational system on the increased numbers of incarceration. For example, in Georgia, I'd say that maybe 60 percent of the inmates that I have worked with score less than a 4th grade

reading level. And if you can't read, you're less likely to be successful in the work force.

I would also try to get personal histories of inmates, talk about their children, the neighborhoods they come from, and explore issues from almost a genealogical perspective. Often we try to isolate an individual's story instead of putting in the context of the larger historic perspective.

I would also do an article where I would talk about politicians and ask why they need to be "tough on crime" and what logic they use to justify their position.

DR. GREIFINGER: I think that we could use a lot more leadership from editors in asking questions about some of these issues. Some editors are doing a wonderful job in raising questions. Brent Staples, for example, on *The New York Times* editorial board, just takes things, issue by issue and step by step. Lately he's been writing about the disenfranchisement of the inner city communities because of the peculiar way we count votes. In most states, inmates in a rural jail are counted as part of the population, but they don't get to vote. So that brings more money into the community, and it has a lot to do with Congressional districting; you get effectively more voting power for the rural prison communities and less voting power for the communities from which the inmates came. It's just another in the series of political tragedies that are happening to poor communities. So, if I



Helena DeMoura

were an editor, I would take that issue for a day and I would take the public health issues for a day and I would take the educational issues for

a day. I would just try to stay in the job as long as I could, but I'd probably get fired before the end of the day.

MR. MINOR: On the challenge of correlating information from the educational system with information on prisons, my experience is that it's hard to get accurate figures from the educators. They would be my least favorite group to cover if I had a choice. Most of what they say,

you can't understand.

DR. STEPHENS: It should be easy for us at the county level to look at dropout rates from elementary to middle to high school. At the same time it should be easy to look at rosters of individuals who have been arrested or gone into the jail system and try to do a topology to see if there's any relationship.

MS. DeMOURA: I'm interested in mental health issues. How does Georgia compare to other places you've experienced? Can you tell us about your work experiences here in the state?

DR. GREIFINGER: Two years ago when I was monitoring the Fulton County jail, I found a guy locked in the mental health unit who was basically lost in the system. He was Vietnamese, arrested for some trespassing or something like that. He was psychotic, but he wasn't known to the mental health staff and the system lost him.

He had been there for 2 years. He had never seen a lawyer, he had never seen a psychiatrist, he had never seen a counselor, he couldn't speak English, and no one had tried to find a translator for him. And I just happened to find him because a correctional officer came up to me and said, "Doc, you've got to do something about this guy." And it was a real tragedy, but that wasn't unique. This kind of thing happens in prisons and jails across the country, and I don't know if Georgia is any better or any worse than other places.

REVEREND HUBBARD: I agree that it's all too easy for people to get lost in the system. I remember meeting one older woman who was demented. She had been in the county jail from August to November, had never seen a lawyer, had not been to a preliminary hearing, did not know why she was in jail, lived in the corner because she let them know that she had a zip code in the corner, and the cockroaches were her family and she wasn't moving, and they made no attempt to move her from August to November. Finally, someone came in and recognized her from their neighborhood, and went and told her family, and her family came and got her. And that's not unusual.

I would say that it's easier to get "lost" in the jail system in Georgia if you are arrested for mental health issues than anything else because many times, people cannot effectively communicate who they are, where they come from. Most people who are arrested on the street as a result of their mental illness don't have ID on them so they can't be identified unless somebody is looking for them.

What I have found throughout the country is that women with mental health issues are more likely to be younger and to become a disciplinary issue because they "acted out." They become violent and aggressive. So they are handled as a disciplinary issue and are sent to segregation.

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PRISON LABOR 101: HISTORY, FIGURES, TRENDS

PRESENTER: **John F. Greenman**, professor, University of Georgia, Athens, GA

MR. GREENMAN: This is a primer on Georgia inmate labor: history, figures, and trends. It's drawn, primarily, from secondary sources, noted at the end of the presentation in your binder.

Before the Civil War, it was pretty simple: if you were white and convicted of a crime, there was a penitentiary in Milledgeville and they operated an indoor factory. If you were black and enslaved, you were literally outside of the court system. Discipline was meted out on the plantations.

The 13th Amendment, ratified in 1865, was significant for two reasons. We know its first significance was abolishing slavery. But there's a less-well-known middle part to that amendment. It reads: "Neither slavery nor involuntarily servitude, *except as in punishment for a crime whereof the party shall be duly convicted*, shall exist within the United States or any place subject to their jurisdiction." It was the 13th Amendment that, on the one hand eliminated slavery, but also codified government power, for the first time, to compel inmate labor in the U.S.

The first significant policy change on inmate labor after the Civil War in Georgia was "convict leasing." This occurred during the Reconstruction era. According to one history, "convict leasing was a way to deal with Negro convicts accumulating and filling up the penitentiary." What had been the whites-only penitentiary in Milledgeville has now been integrated. Many blacks who had been on plantations are now being arrested, convicted and put in the prison in Milledgeville, and so how does Georgia we deal with this?

Between 1868 and 1908, thousands of these African Americans were released to private companies, sometimes a hundred at a time, sometimes five hundred at a time. And they

largely worked in industries that would become important in the Industrial Revolution: railroads, mining, bricklaying, timber, and turpentine.

Historians like Alex Lichtenstein have said that convict leasing contributed to the economic modernization of Georgia. Short on capital and short on labor, Georgia basically turned to people who had been slaves before and said you're working again for private owners and you're working in these non-agricultural industries.

But convict leasing came to be seen as "corrupt, brutal, and unfair," and was abolished. In its place came the Reforms of 1908, which were the "chain gangs." This was the Progressive Era, and in the Progressive Era, there was this notion that state institutions should operate for public good rather than private privilege. That was the idea. Convict leasing – private privilege. Chain gangs – the public good.

The workers on the chain gangs existed largely to create or improve rural highways. In the first full year they improved 21,000 miles of roads, and by 1915, seven years into the chain gangs, Georgia ranked fifth in the number of miles of surfaced rural roads. Today, there are rural roads in Georgia that were either created or improved by the chain gangs.

In the 1920s the chain gangs were integrated. For the first time the public saw white and black inmates chained together working on roads. The American Prison Association, meeting in Atlanta in 1935, concluded that chain gangs were "utterly inconsistent with the dictates of humanity." While the inmates working on the chain gangs were not under private control, the quality of public control in terms of care, in terms of nourishment, in terms of health care, in terms of work hours, was no different. The chain gangs were abolished in 1938, replaced by

what were then called “public work camps,” the precursors of today’s Georgia county prisons.

So, quickly, we come to inmate labor today. I’ll show you some key data, then talk for a moment about Georgia Correctional Industries, the farm prisons, and the county prisons.

We’ve heard a lot of numbers about people in jail, people in prison, people under the supervision of the criminal justice system. This is a very specific, narrow number: 49,000 Georgians are incarcerated today in Georgia’s state or county prisons. The number of them

who are working: virtually all, in one form or another. But only about 25 percent of them are in prison industries, prison farming, or what’s called “outside work details” in county prisons.

The projected net growth adds 11,000 over five years, according to the Department of Corrections.

One of the ways the inmates are worked is through the Georgia Correctional Industries that was created in 1960. There are production plants in 15 state prisons. Some 1,400 inmates are employed, all unpaid, and they’re about 3 percent of the state inmates. What’s important to understand about Georgia Correctional Industries is that its goods are sold only to public entities. Their goods are office furniture, cleaning products, road signs, license plates, mattresses and bedding. Annual sales are \$26 million.

Georgia, like many southern states, has prison farms. There are seven of them covering 14,000 acres. About 5,000 inmates are employed and unpaid. They represent about 10 percent of all state inmates. Their labor provides about 50

percent of the food consumed by state inmates. In this way, state inmates work to support themselves, producing, milk, eggs, canned vegetables, beef and pork.

Lastly, the county prisons. There are 24 of them across the state. They grew out of the chain gang movement. They became the work camps. They are administered by local governments, under state oversight. All inmates are required to work, about 80 percent of them, in outside work details. The typical work they do: maintenance of public rights of way,

parks and recreation areas, janitorial work in public buildings, vehicle maintenance and repair, and in some markets, trash collection, recycling and landfills. They are not paid.

Some county prisons estimate the value of

inmate labor. They do not do this according to a standard template. They calculate what they would pay if they had to hire people. Sometimes they include benefits in the calculations; sometimes they don’t. Some of them boast about how much savings results from working inmates in outside details. Here are just examples of counties in terms of the data available: the largest, Muscogee County Prison; the smallest, Clayton County Prison. These are among the prisons that acknowledge the savings; many others do not.

There’s not a very good paper trail in part because it’s local-government management with state oversight. But the best paper trails are the twice annual audits that the Georgia Department of Corrections conducts.

So what’s next? The focus is on “re-entry,” since most inmates get out of prison. In 2004, 20,000 Georgians were newly incarcerated, 18,000

“49,000 Georgians are incarcerated today in Georgia’s state or county prisons. The number of them who are working: virtually all, in one form or another. But only about 25 percent of them are in prison industries, prison farming, or what’s called “outside work details” in county prisons. .” – John F. Greenman

were released. The scale of re-entry is four times greater than it was 25 years ago.

Re-entering prisoners “face the challenge of adjusting to the freedom of temptations, responsibilities, and struggles of the street” according to a substantial report from the Urban Institute. Most fail to adjust. Two-thirds of people who return from prison will be, if not re-incarcerated, re-arrested within three years. And so the question is how to boost the odds of successful re-entry. One answer appears to be key: gainful employment at livable wages.

Researchers have concluded that four factors limit employment and earnings: limited education and skills, limited work experience, substance abuse, and other physical and mental health problems. The barriers come in two categories. One is employer aversion to hiring people coming out of prison. The other is the myriad government barriers. And Georgia, a state that wants to be seen as somewhat constructive in terms of re-entry, has among the toughest or the highest barriers in the U.S.

The Prison Industry Enhancement Program is a federal program started in 1979. It is private-sector work at prevailing wages. And the idea is that it produces marketable skills. According to the U. S. Department of Justice, PIE increases the potential for gainful employment upon release – a key issue in reducing recidivism.

There are 41 programs across the U.S., mostly state programs but some local programs. But there are limitations: administrators must show that PIE will not replace private sector employment. As a result, only 1 percent of inmates across the U.S. who are eligible for employment are involved in PIE.

In Georgia, Department of Corrections commissioner James Donald favors PIE. The legislature authorized the Department of Corrections to apply for certification in 2004, and that goes on today.

So that’s a primer. Keep some of those facts and figures in mind as you listen next to a group of reporters talking about tips for coverage and story ideas.

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COVERAGE TIPS, APPROACHES, IDEAS

PANELISTS

Carlos Campos, reporter, *Atlanta Journal Constitution*, Atlanta, GA

Kelli Esters, reporter, *Jackson Clarion Ledger*, Jackson, MS

Johnny Edwards, reporter, *Augusta Chronicle*, Augusta, GA

Elliott Minor, reporter, *Associated Press*, Albany, GA

MODERATOR

John F. Greenman, professor, University of Georgia, Athens, GA

Excerpts, edited for brevity and clarity

MR. GREENMAN: *This is our panel on coverage tips, approaches and ideas. Our panelists are Carlos Campos, Johnny Edwards, Kelli Esters, and Elliott Minor – all experienced journalists who will share their work covering prisons in Georgia.*

The purpose of this panel is to generate the most promising tips, approaches, and ideas for stories about prison health and labor practices. I've asked the journalists to talk for about 10 minutes each and then take questions.

Carlos Campos is a reporter with the Atlanta Journal Constitution. Among many other things he has covered, I've asked him to focus primarily on the Georgia Department of Corrections and related state offices.

Johnny Edwards is a reporter for the Augusta Chronicle. He has become famous, I think, for ferreting out abuse of inmate labor among Georgia sheriffs. In a state with 159 counties, we have a lot of sheriffs to look at and Johnny hasn't anywhere near exhausted the list.

MR. EDWARDS: Two down. (Laughter.)

MR. GREENMAN: *Kelli Esters is my former colleague at the Columbus Ledger-Enquirer and while in Columbus wrote about county prisons. Today, Kelli is a reporter for the Jackson Clarion Ledger. I have asked her to talk about county prison inmates and how they're being used for essential public services.*

Elliott Minor is a reporter for the Associated Press.

He has experience working with watchdog groups across the state and I have asked him to give you advice about that.

We'll start with Carlos.

MR. CAMPOS: When John asked me to be on this panel, two things occurred to me. First, he was asking me to appear before a room full of reporters and give away all my secrets. That didn't sound too appealing, but I know it's for a great cause. And then second, as I started going through, it occurred to me that it's really basic reporting.

Essentially, there are just a few real basic things.

First, there is the Department of Corrections that is responsible for incarcerating some 49,000 people in Georgia, and supervising probation for thousands more. Then you have the Board of Pardons and Paroles, responsible for thousands of people who are out of prison on parole. Get familiar with their Web sites: www.dcor.state.ga.us/, www.pap.state.ga.us. Both Web sites have an extraordinary amount of information. It's surprising how much you can find. They have a lot of great statistical information. You can look up inmates and parolees. You can find out a lot.

As an example, the Department of Corrections studied the ZIP codes from where Georgia prison inmates come when they entered the prison system. They zeroed in on 30318, which is in West Atlanta. This was on their Web site. I picked up on that and I wrote a story. I drove

with a probation officer through 30318, looking at the conditions that led to this being the most popular ZIP code in the Georgia prison system. Not a lot of it was a surprise: low employment, low education, and things like that.

Next up is sort of a sub-header: attend their meetings. The Board of Corrections and the Parole Board meet monthly. Every once in a while they talk about something fairly interesting. At a parole meeting last month they talked about a federal grant they got to help people in prison find a residence after prison. A parole employee, in a nonchalant way, said, "Yeah, we've got one guy whose been in prison 14 years beyond his parole date and we haven't been able to release him because he can't provide us with an address." I was stunned. It turns out there's about 500 of these folks in prison who will not be released because they cannot provide the Parole Board with an address of somewhere to go. A couple of weeks later I got that on the front page. Most of these meetings, you'll get nothing. But every once in a while you'll fish out a little gem like that.

The next one I call, "throw them a bone now and then." We call these "puff pieces" but some of them are pretty darn interesting. An example is the food and farm operation in Reidsville, a fascinating story. The inmates do work out in the fields and, as John Greenman said, they grow half of what they actually consume.

What's important about this is you want the prison system to know that you're not just going to show up when there's an escape or a TB outbreak or something like that. You want to show them that you're interested in what they're doing, what their mission is. If you call only when there's a crisis, they're just going to see you as the bearer of bad news and nothing else. So try to develop these stories and those relationships.

Learn what you can get through the Open Records Act. The prisons and parole are an

extraordinarily closed system. You have to learn what's open. Incident reports are open. Any time something happens in a prison, a guard is going to do a write-up. So go for these incident reports. Inmate grievances also are public record. You shouldn't ask for every grievance because it's an extraordinary amount of paperwork. Narrow it down to a certain prison for a certain amount of time and you can see what inmates are complaining about. You also can ask the Department of Corrections and the Board of Pardons and Parole to declassify files. They don't do it a lot, but they have that authority by state law. You can bring some pressure to bear on them by writing stories saying that they refuse to open things.

Get to know the public information officers. If you only communicate with them during times of crisis, they're going to see you as sort of that bad person. So get to know them, you know, when it's calm.

Cultivate inmate's friends, and relatives. The key here is read your mail. I get a lot of inmate mail. The vast, vast majority of it is folks saying "I didn't do it." But I don't have the time and the resources to investigate crimes. I assume that if they're in prison a jury put them there. I'm more into conditions. Read your mail and occasionally you do find interesting conditions. As an example, an Atlanta lawyer I know was getting letters saying that there was an incredible amount of spider bites in a South Georgia prison. The inmates were actually mailing him dead spiders, and they thought that he would open his mail and he would just dump out dead spiders. They thought that it was brown recluse bites, which are really nasty, but it turns out that it was a staph infection called MRSA, which often resembles spider bites. Every time an inmate relative or a friend calls me, I write down their name and number – whether I can help them or not. If I hear there's some kind of disturbance at XYZ Prison, I can go to

my file and I can say, well, okay, I know so-and-so, you know, she has a son at XYZ Prison. So now I know I have a source over there.

And then finally, everybody here works in a place that obviously has its own legislators.

Alan Powell is going to be here later today. He's from Hart County, and I've worked with Alan on several stories. But a lot of times legislators do have a vested interest on what goes on behind prison walls. Their constituents, relatives, you know, are often doing time. Some of them are really in touch with what's going on inside the prison system and they do care. So try to find out who they are.

MR. GREENMAN: *Thank you, Carlos. Johnny Edwards is next.*

MR. EDWARDS: I'm here to talk to you about some work I did in 2004 as a special projects reporter for the *Augusta Chronicle*. My editor, Mike Wynn, and I were able to expose some pretty outrageous behavior by a Sheriff Bobby Womack. He was using the inmates in his jail as basically a personal work force. He had a private business on the side as well as being the sheriff. He was also a logger and had a logging business and he would use the inmates for his laborers.

In the course of that investigation I developed a methodology, sort of trial and error. When I finished the first story, we started getting tips about a second sheriff, Screven County Sheriff Mike Kyle, doing something very similar. It wasn't for private business but more to garner votes and political favors.

I was a little wary also about giving away this methodology to you today, but I think it's more important that somebody out there be doing it, and I hope that someone here can apply it.



Johnny Edwards, Elliot Minor, Kelli Esters

If you're a reporter you can apply it to a beat, perhaps you might get a tip. It might not be about inmate labor abuses, it might be about something else going on inside of a penal institution, and some of you that are here that are advocates and activists, perhaps if you're trying to get a reporter to do this sort of work, and these tips might come in handy. I just ask that no one do this work anywhere in the *Augusta Chronicle's* coverage area.

(Laughter.)

The Georgia law that formed the basis of these two investigations is Code Section 42-1-5(b): "It shall be unlawful for a custodian of an inmate of a penal institution to use such inmate or allow such inmate to be used for any purpose resulting in private gain from an individual." Further down, the Section reads: "Any person who violates subsection (b) of this code section shall be guilty of a misdemeanor." This is the law that makes it illegal for a jailer to force an inmate to do work for anything except for the public good. However, it's different if you're the sheriff. If you're the sheriff, you're an elected official. You're a state official who by law has taken an oath of office and that oath of office is to uphold the law. If he does this, he is guilty of a felony, Code Section 16-10-1: "Any public officer who willfully and intentionally violates the terms of his oath as prescribed by law shall upon conviction thereof be punished by imprisonment not less than one nor more than five years."

Other laws can apply, too, in my opinion, and in the opinion of the district attorney, who I talked to. When you've got a sheriff like Womack who is using inmates on a regular basis for personal gain as cheap labor to keep his company going and it's going on for years and years, it becomes racketeering.

We got into this from a tip. I was in Jenkins County pursuing another matter involving Sheriff Womack when we got the tip that he was using the inmates of his jail to work for his logging company, and his rental properties – trailers and a trailer park.

So how do we prove this? We're not going to be reporting on some charges or an indictment, we're going to be actually levying these accusations at a sheriff. Could we get photographic proof? Could we sit down there and stake him out? We tried that once and all that really got us was a shouting match with the sheriff's wife. Nothing we could publish. By the time we got down there, the inmates were gone and we didn't get any pictures.

I came up with the idea why don't we just try sheer numbers? I said let's get so many corroborating statements from so many inmates it's ridiculous. Let's get more inmates than even a district attorney would need to go to court. I said let's just see how many we can get.

Then we came to another problem. So how do we find and how do we talk to inmates in the jail? We can't walk in the jail and interview them, no sheriff would allow that. How do we find people who've been in the jail or out of jail? We filed an open records request and got a list of the inmates going back several years and it was pretty much useless. They were just names on a page; we didn't know where they were or how to find them.

So we asked, where do a lot of these inmates go when they're out of the county jail? They go to the state prison system. To find them, I went to

the Department of Corrections Web site. Click first on the Georgia Inmate Query. Then click on "conviction county." Enter "Jenkins County," click on "search," and you find people that are in the prison system who have likely been in that county jail while they were awaiting trial or waiting to be moved.

And when you pull these inmates up there's going to be three criteria as far as their status. It might say they're "active," which means they're in prison and it will tell you which prison they're in, and then you know exactly where they are. It might say "inactive," in which case they're done with their sentence; you don't know where they are. The other one is "parole." If it says they're on parole you can go to another Web site to get their address. Now, that came in handy. Both of those things came in handy. I was able to track down a few people through that. In fact, enough people to whet our appetite, to let us know that there was something to this, enough similar statements that this wasn't just a bogus tip.

I became pretty much like a telemarketer, calling these people up all hours of the day, trying to get corroborating statements. As far as the ones who came up as being "active," being in prison, I started sending out this form letter. "I'm investigating something involving law enforcement in Jenkins County," I wrote. "I hope you can help me. I hope if you can speak to me please write back."

If they wrote back I started a correspondence with them. If I could justify the trip, I'd drive out to the prison and go in and do a face-to-face interview.

In the end, I had tracked down a total of 48 former inmates, 31 of whom corroborated several different classifications of illegal work: working in the sheriff's lawn crew, running chainsaws, cutting down trees, odd jobs at Sheriff Womack's home, like cutting his grass, you know, sprucing up his property, his garden,

working at his rental properties, his trailer park, or something so minor as washing the sheriff's or his wife's personal vehicles outside the jail. I was also able to talk to two former deputies, fortunately, who were no longer with the sheriff's office who corroborated this, and one City of Millen Police Officer who also attested to seeing people walking around outside that were supposed to be in jail.

Open records helped me a little bit, too. From one inmate's story in particular, he said he drove a log truck. I was able to pull logging permits through the Open Records Act from neighboring Screven County to see when he had been working in certain forests that corroborated this inmate's story.

There was an interesting follow-up. I waited until the last minute to interview the Georgia Bureau of Investigation. I was very worried that the GBI had gotten wind of what I was doing, that it had been going on under their nose all this time, that they would go ahead and do something real quick and get an investigation going. They didn't want to be embarrassed by some reporter doing their job for them. So I waited until the very last minute to call them. They told me that they had investigated Womack once, but it was because he and his wife were fighting and they investigated allegations that he wire tapped his wife.

So I filed an open records request for that investigation. I didn't get it in time for that first story. But later, when I went down to Statesboro and reviewed that file, I found an anonymous letter, sent to the district attorney, that basically outlined everything the sheriff was doing. Everything about the illegal labor. Just about everything we had found was in this letter. So that proved that both the GBI and the district attorney knew about what the sheriff was doing, or at least had very good information about as far back as 1999.

After the first story ran, we got tips about another sheriff, Mike Kyle in Screven County, saying that he had inmates working on private property, working at churches, working at private schools, and above all else, working in his own home doing remodeling, fixing bathrooms, installing showers, mowing his grass, all kinds of stuff. Using the same methodology, I tracked down a total of 37 inmates and I got 32 to corroborate it. I wanted to get one more than the last time, just for – I don't know why.

(Laughter.)

What ended up happening after these stories broke? Both the GBI and the FBI initiated investigations. Neither sheriff was criminally charged. Sheriff Womack resigned a few months later while under investigation, and he died of cancer that October. When he resigned, he cited health problems. Sheriff Kyle, on the other hand, who was not dying, sought re-election. In November 2004, he was re-elected by 59 percent of the vote.

So both of them got away with it. For a while, I was thinking all I really did was six months worth of work just to prove what? That there's a good old boy system in Georgia and some people are above the law, and you know, that's basically all that I've shown. But something happened earlier this year that made me feel a little vindicated. A sheriff in Coffee County, Rob Smith, he got indicted for doing exactly what Sheriff Kyle was doing. He had inmates working on signs and the *Douglas Enterprise*, I believe, caught a picture of it. Thanks.

MR. GREENMAN: *Thank you, Johnny. Next up is Kelli Esters, who has been a reporter in Columbus, Georgia, and is now at the Jackson Clarion Ledger in Mississippi.*

MS. ESTERS: Columbus, Georgia, is a consolidated government with Muscogee County. Muscogee County has the largest county prison in the state. On an average day, the

prison dispatches 450 inmates out on public streets, helping pave roads, collecting trash and recyclables.

At the county prison they usually keep low and medium security state prisoners and some people who have been found guilty in the local municipal courts.

There are 24 county prisons in the state.

They are audited twice annually. The audits are public. You can learn from the audits about some of the issues that these county prisoners are having.

Working the inmates provides skills and general labor to the counties, and the counties save money by not paying staffers to provide the services.

Muscogee County saves about \$10 million a year by not paying the 450 inmates they work.

Columbus and Muscogee County are a consolidated government. I haven't proven this, but I think one of the reasons that it's really easy to use these inmates for public service is because these governments are consolidated. There's no bickering among the units of government: these inmates help everybody out.

According to the 2005 census, Muscogee County was the 8th largest county in Georgia, but it has the most inmate labor. Here's some history: in 1997, the Muscogee County Prison had 280 inmates and a staff of 32 jailers. That year, the county completed construction of a new prison. By 2005 there were 575 inmates with a staff of about 110.

In Muscogee County, the typical county inmate serves about three-to fifteen-year sentences and most of them have been convicted of drug violations. Not too many violent offenders there, which is a good thing because they're out in the community every day. And about 450 inmates are out each day and the rest of them stay inside the prison, cleaning the prison, doing

laundry, cooking, that sort of thing.

This is how the math works. The lowest paid government employee earns \$24,000 a year, plus benefits. By replacing those 450 positions with inmates, it is saving the county the \$10 million.

The state pays the county prisons \$20 per day, per inmate. For Muscogee County in 2005, the budget was about \$6 million. When you factor in the subsidy, they're only paying \$2 million dollars to run that jail and get all the labor out of the inmates for city services.

The biggest user of inmate labor is public services. They use about 300 inmates a day and they do many things: trash recycle and pick up, they work on cars, they do electrical work, carpentry work, and they built a wing on the 8th floor of the government building. They're everywhere. It's typical to see them daily out clearing fields, cleaning parks. I've been out with crews as they're cleaning parks, and there are children playing in the background. It's very common to see them.

Armed guards often accompany the larger inmate crews, but not the small crews, like the two-inmate crew on a garbage truck. And the public is cautioned not to leave tempting items out there with their trash for the inmates.

Here are some story ideas – things to look at – with respect to the county prisons:

First, if sentencing policies change in the state and county prisons population dropped, where would these cities and counties find the money to hire people to do the work that inmates do?

Second, do prisons observe best practices for worker safety? In Columbus, on average, an inmate that's on the garbage detail will pick up about 550 cans a day. You guys have lugged those cans out to the curb; they can be pretty heavy. A lot of injuries can happen and have happened. Are they trained adequately to do this work? How much do these injuries cost

the county? I heard a lot of griping from some of the jailers about so many of the inmates complaining about getting hurt while out on the job, and they can't work and they have to stay inside the prison.

Third, what really happens to the inmates after they leave the county prisons? I've heard stories that they do get these jobs, but actually following some of them after they leave who've been doing some of these skilled jobs, where do they go? And is it different from the state prisons? Is there a different recidivism rate with those that go through the state prison versus the county prison? Is it more rehabilitating or better for re-entry to go through the county prisons rather than the state prisons?

And, fourth, what kind of problems do the twice annual audits reveal?

Thanks.

MR. GREENMAN: *Thank you, Kelli. Now, let me turn to Elliott Minor, the Associated Press reporter in Albany. Elliott has done some work with watchdog groups and can share some thoughts and ideas about that.*

Elliott.

MR. MINOR: Yeah, working with watchdog groups will make you feel like a 550 can man.

(Laughter.)

As a reporter I've done probably the most kind of horrific prison coverage that you can imagine. Very traumatic. I've witnessed twelve electrocutions, and then when they shifted to lethal injections, I did the first one. And then I committed myself in Milledgeville for about six months – no, I'm just kidding there.

(Laughter.)

Many of you are from Atlanta, inside I-285. Out where I work, in south Georgia, is a totally different Georgia. Out there you're talking about poor, poor counties where everyone is

just clawing for, you know, to make a buck.

And the fact that there are these advocacy groups – like the Prison and Jail Project, ACLU and the Southern Center for Human Rights – adds so much to our state. They are the only ones who are speaking up for people who cannot speak for themselves.

I'm going to talk first about the Prison and Jail Project because they're down in Americus, Georgia, and they're the folks I've had the most dealings with. When I first became aware of them, I just thought, wow, you know, this is almost a sign of us advancing to a more civilized condition. They have fought to improve jail conditions down there. It's my understanding that nine counties have had to build new jails down there because their other jails were considered by the Justice Department to be unfit.

The project's director, John Cole Vodicka, monitors judges who are abusive to black people. He calls attention to cops that would get fired in various towns, wind up in these little towns abusing people.

Lena Baker, the only woman ever electrocuted in Georgia history who shot her white boyfriend back in the '40s and was convicted and sentenced to death all in one day. The Prison Jail Project helped that family get a pardon for Lena Baker.

And then, earlier this year, they called about a TB outbreak in the jail down near Camilla, Georgia, in the state prisons. I started pressuring the Department of Corrections to get me the information, and at first they were just kind of blowing me off, "Oh, it's just a little thing, they said. "These things happen all the time, nothing to worry about." I let them know that I wasn't going to back off this thing, and finally they dug up some figures and there was one confirmed case.

There were – I forget how many inmates testing positive but not actually having full blown TB. Some of the correctional officers down there had wound up testing positive, too. That was a pretty decent story and was probably only the tip of the iceberg as far as communicable diseases like TB in our prisons.

The ACLU of Georgia is known for its work on cases involving church and state, things like that. But they also went after Dooley County. These folks were putting inmates in some kind of restraint chairs and putting them outside. Their heads were restrained, their legs were restrained, and they're sitting out there four or five hours defecating on themselves. Some were even pepper sprayed while they were out there. Well, the ACLU of Georgia put a stop to that, and thank goodness.

Then we come to the Southern Center for Human Rights. They worked to protect young men in the prisons from being raped by the older inmates. And they work on overcrowding in the Fulton County jail. And in Clinch County, Georgia, the most sparsely populated county, right near the Okefenokee Swamp, the sheriff was charging the inmates rent for the time that they were in jail. So you'd serve 90 days and they'd release you, but before you could get out you had to sign a promissory note. So you were hitting the street very ill-prepared for whatever faced you. Well, the Southern Center put a stop to that. Isn't that fantastic? It's just makes me feel good that there's hope after all, right?

Thanks.

MR. GREENMAN: *Thank you, Elliott.*

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COMING SOON: OUTSOURCING PRISON LABOR TO THE PRIVATE SECTOR

PANELISTS

Tony Ellis, director of prison industries, South Carolina Department of Corrections, Columbia, SC

John Cole Vodicka, founder, Prison & Jail Project, Americus, GA

Rep. Alan Powell, D-Hartwell, Hartwell, GA

Knut Rostad, president, Enterprise Prison Institute, Bethesda, MD

MODERATOR

John F. Greenman, professor, University of Georgia, Athens, GA

MR. GREENMAN: *This panel closes the loop on the prison labor issues that we've been talking about.*

We're calling it "Coming Soon: Outsourcing Private Labor to Prison Labor to the Private Sector." Our panelist are Tony Ellis, Alan Powell, Knut Rostad, and John Cole Vodicka.

The purpose of this panel is to anticipate Georgia's forthcoming participation in the U.S. Department of Justice's Prison Industry Enhancement Program. Its purpose is to help journalists answer this question: what do I need to know to cover this story well as it develops over the next several years?

We asked leading experts to answer this question with presentations in four areas. The first will be national public policy today and how Georgia fits in that; second, best practices for implementing the Prison Industry Enhancement Program; third, Georgia politics, how did we get to this point, what are the politics today, and how we can expect Georgia politics to break out as we go forward over this issue; and then fourth, the cautionary tale, what's wrong with all of this.

The panelists will go in this order. First is Knut Rostad, who is the president of Enterprise Prison Institute in Bethesda. He'll talk about the national policy debate.

Second is Tony Ellis the Director of Prison Industries for the South Carolina Department of Corrections. If you ask what state gets this right and what guy knows this best, the answer that comes back on both of those questions is Tony Ellis.

Third, as you've heard from Carlos Campos, Alan Powell knows this issue in the state of Georgia as a representative. Especially when the Democrats were in charge, he was a committee member and a committee chair that really drove us to where we are today. He was the champion of House Bill 58 that authorized Georgia to become certified to do this program.

And then finally, John Cole Vodicka, founder of the Prison and Jail Project in Americus.

MR. ROSTAD: The Enterprise Prison Institute has been around for ten years. Co-founded with former Attorney General Ed Meese, our activities have focused on doing some of our own research, advocacy, and in some instances helping companies that are looking for an alternative to going offshore to find a prison that fits their needs in terms of a work force.

This issue is very much what I call a Colin Powell issue. If you will remember when Colin Powell was almost running for president and you look where his support came from, it was pretty much a third, a third, a third, across the board, liberal, moderate, conservative. It's the exact same way with the PIE Program and the benefits of inmates being able to work in productive jobs.

I bring a perspective from the national level and from the experiences I've had in the states over the last ten years. I've been in 23 or 24 states, visiting facilities involved in inmate work programs.

My remarks are based on three tenets. One is, if prisons are supposed to provide positive change overall, they're failing miserably. Two, most of the arguments from the federal level against what we're talking about in terms of a PIE Program, from my perspective, are either questionable or downright laughable. And, third, when done correctly, there is wide agreement that they benefit all the stakeholders – from the inmates to the citizens, to the prison administration.

There are good news stories out there that I think are important to share.

Why this issue is important is what I call the "67 Percent Rule." Nationally, two out of every three inmates who they release from prison end up getting in trouble again and/or returning to prison. Interestingly, when you talk to some administrators, I think behind closed doors, they will say, "But 33 percent didn't." Some really express a level of satisfaction with that, but most other people think we should do better.



Knut Rostad

The second rule – I call it the "50 Percent Rehabilitation Rule" – has to do with the impact that a few good jobs in an institution can have to a far greater number of inmates. Listen to this anecdote. Four years ago, I set up a call center in a women's prison in a western state. It was a small one. It was the only women's prison so you've got everybody there from murderers to bad check writers, the whole gamut. Five hundred women. We only had about a dozen jobs, minimum wage jobs, and I was lamenting with the warden how I wish we could be doing a lot more. And he said, "Stop, you're forgetting something vitally important. Those 12 jobs will have a huge impact on about half of my women. Half of my women in this prison believe they can apply for and get that job. Half those women will now do anything in their power to get in the front of the line to apply for that job. They will attend classes. They will attend treatment sessions. They will behave themselves even better than they normally do. The impact on the environment in this facility by just having those sought after jobs there is huge, and it changes the whole environment in this facility."

Now, I recognize that when you talk like that eyes will start rolling because it's one of those things that it's too good to be true. Yet, when you talk to administrators from my right to my left to the middle, they all say the same thing. The ones that are really good desperately want to have these good jobs in their facilities for that reason.

In terms of a federal perspective, there are two things that constantly run through many of the stories. One is "convicts steal jobs." And the other one is "unfair competition." The first one comes from labor, the second one from business. This discussion on the federal level is very different and in some ways much worse because the relationship between the federal prison industries folks and their constituencies, is extraordinarily different from what I find in most states. And it's extraordinarily better in most states.

Now I want to focus on the types of stories that I think are out there, potentially, that could add to this discussion on a state level. One is to relate this story to the broader issue about what are we doing with prisons and why.

Another is stories that focus on how increasing work programs can become a major part, a much larger part, of what prisons are all about. This gets into another type of story that could not be more different from the type of stories that we've heard about in the prior panel and that is the real life success stories that we see of companies in different parts of the country that are employing inmates and teaching them really good skills and, in fact, helping them get jobs as they come closer to being released.

The bottom line is that prison industry folks do a very good job of screening the companies that come in. The vast majority of them don't make it through the screens and so the type of companies that end up being in there, getting to the point of setting up something inside a prison, tend to be those that are doing this for other reasons in addition to business reasons.

Let me close with another anecdote. My daughter came back from Williamsburg three days ago. She had never been there. She talked about the stocks, what she saw in terms of what the stocks were all about and how they were used. What made me think about this story is that she knows more about the penal system of 300 years ago than she does about the penal system today. If we apply that same principle to our present situation, I think we'd get some very good results.

MR. ELLIS: I'm going to speak to you as a practitioner. I do this day in and day out. I have been doing it for 19 years.

The first step is obtaining certification. This program rests with the U.S. Justice Department and its Bureau of Justice Assistance Program. You have to get certification from them. You have to pass a state law, which you have in Georgia, to get the certification.

Certification is a very serious process. It is not taken lightly by anybody, especially Justice. One of the things is that the inmates have

to voluntarily agree to participate in the program. You do not force their labor. Justice says they have to voluntarily participate.

Secondly, the inmates have to sign a form that says, I understand what

this program is all about. I understand that I'm voluntarily participating in this program. The deductions which are mandatory by the federal government or the Justice department, are state and federal taxes, social security, any court ordered victim's restitution, child support or family support, room and board, and we put an extra one in there, and we take ten percent out for long term savings account. I believe it's critical for the six months after they walk out, if they have sufficient funds to sustain themselves, they won't come back. Those inmates who work in the program three, four, five, six, some ten years, have that money. We hand them a check the day they walk out, and they have those funds to sustain themselves.

Another thing we put in this agreement that they sign is that if they don't have a high school or G.E.D., we require them to go to night school. Now, the inmates sued me for \$6 million and said, you can't tell me what to do. A federal judge said I did have the right to tell them to go to school and we won that case and they had to go to school. And I'll tell you a quick story. I walked into one of my plants and I'm in my plants all the time. I want to know what's going

"I believe it's critical for the six months after they walk out, if they have sufficient funds to sustain themselves, they won't come back." – Tony Ellis

on, what my inmates are doing. This big guy, when a big inmate – and I’m not talking obese; I’m talking about big – walks up to you and says, can I talk to you, you stop and you give that person attention. I said, yes, what can I do for you? He said, I want to tell you something. He had a very stern look on his face, and I thought, either I’ve got to run fast or listen to him, so I chose the latter. All right, he said, several months ago you put in the criteria to make me go to school at night. He said, I’m fifty-five years old. He said, if I could have gotten my hands around your neck you would not be here today. And he was honest. He said, but I went to night school because I didn’t want to lose this job. I was making good money and I could send money home to my family. And he said, last week I went across a little makeshift stage. They gave me something called a cap and gown to put on. He said, now, remember, I’m fifty-five years old. He said, for the first time in my life I earned something that I didn’t have to lie, cheat, or steal to get. And he said, you know how that makes me feel? I said, I think I can feel that. He said, that was the greatest moment of my life. He said, if I had known then what I know now, he said, I wouldn’t be here. He said, all I want to do is thank you. He held out his hand, and his hand is twice as big as mine, and he covered my hand up and he shook my hand and says, thank you, thank you for making me do something. You knew more about me than I knew about myself. And he said, I’m not going to ever come back here. You’ll never hear from me again. And he left and he had tears coming down his eyes and he said, what can I do for you? I said, turn around. He turned around, and we had a 25,000 square foot production floor, and I said, you see those young men out there. I said, when you get back in your cell today or your dorm, talk

“The PIE Program initiates good behavior because if you get an infraction against you, you’re automatically terminated.”

– Tony Ellis

to them. Give them some good advice and tell them, stay in this program and do the best job you can do, and they’ll get their G.E.D., too. He said, done. And I haven’t seen that man since.

Dr. Cindy Smith, professor of criminology at the University of Maryland-Baltimore has completed three studies sponsored by the Justice Department looking at the state of Florida, South Carolina, Iowa, Texas, and part of the state of Washington. She’s done a study the Justice Department is clearing for publication, in which there’s an inverse correlation between working in the PIE Program and recidivism. According to the report, the recidivism rate greatly drops

with those inmates who complete and work in the PIE Program, because it is a real world work environment. You go into our state and ask any warden, what’s the greatest tool that’s been

put into the criminal justice system since you’ve been there and they’ll say the PIE Program. The PIE Program initiates good behavior because if you get an infraction against you, you’re automatically terminated. No questions asked. You walk out that door. We don’t have to have a grievance hearing or anything. And there’s 50 people waiting to come in the other side of the door to take that one job.

There’s a type of company that wants to come into a prison system. Companies that have entry level, repetitive type jobs. Jobs that you would not – anyone in this room would not work at over six hours in a factory. You would not do it. But see the mind set in a prison system is they’re not going to bowling tonight, they don’t have to go pick up the kids. They have one thing, they’re going back to their cells. So they can devote their entire mind set and work effort into doing a good job.

There are companies out there that would like to come in and partner. It will take you anywhere from six months to a year to recruit and put a company in place. But again, the inmates have to voluntarily participate, have a social security card, they have to know their mandatory deductions, they pay taxes, victim's compensation, room and board and family support. They have a mandatory savings that South Carolina puts in. You have to meet National Environmental Protection Act standards. The State of Georgia Department of Corrections cannot certify any worker displacement; when you put this program in a prison in the State of Georgia you cannot displace the first civilian worker. Your Employment Security Commission or your Work Force Development does the certification saying, I certify that when we put this in the State of Georgia Prison System nobody is going to lose or have their job displaced. And that's the level playing field that we're trying to create right there.

You have to educate the stakeholders. The legislature needs to know exactly how and what benefits will be derived from this program. You have to talk to the labor community. They have to understand that we're not taking jobs. Usually these are expansion jobs or jobs that would go off shore anyway. Putting them inside a prison is not going to hurt the community. The business community has to be assured. You also have to educate the agency staff. I match up the type company with the institution and the staffing institution, Level 1 is minimal security, Level 2 is medium security, and then Level 3 is maximum security. You want to put the type job at the correct institution. If it requires a lot of training put it at a maximum security prison where you have to do the training one time because those inmates are going to stay there for awhile and are not being transferred. Develop a relationship with the State Work Force Development; the people who are going

to certify each one of your projects and keep the thing honest in the sense that if they say no workers will lose their job, they have looked and determined that no one is going to lose their job. So they are the third eye in the sky looking over your shoulder.

Find out what buildings are available. When I started this program 19 years ago, we had to build some new buildings. We didn't have the space. Now, we have built out. I'm shifting things around to make sure I can squeeze as much space as I can get out of it. The one thing you can tell somebody is we can work three shifts. We don't have to work just one shift and go home. They're not going anywhere. They're going about 100 yards to a dorm. So you can work one shift, two shifts, three shifts. In other words, you can utilize that space three times rather than one time. Look at the type of inmates, what Level I, Level II, Level III type inmate. Match your production work with the security level. What takes training and what can be quickly trained. Recruit a staff to include security. Make sure your security people know what type job is going in there. Don't put them at risk. You will clear it with the warden, say, this is the type product we're going to put in, and stay with it. Establish a marketing strategy, and ensure you have a story to tell. When you go out – and this is where you journalists can help tell the story because a story has got to be told. What is it that you want to do? What is it that you want to manufacture? Who do you want to partner with? You have got to tell a good story. It's got to make logical sense and the benefits have got to be there for the company, for the public, in general, and for the Department of Corrections. Everybody. It's got to be a win-win situation. The benefits have got to be there. If they're not there, don't do it.

You probably will have ten jobs that you will look at and you will probably only land one. The statistics are very low. You've got to

have patience. Do your homework. A lot of companies don't make it through the screening process. And you journalists can ask these questions of D.O.C. and/or of the company. Why are you there? What do you hope to accomplish? What is your product line? What do you hope to accomplish? You can ask the D.O.C. the same thing. It's got to be a win-win situation.

Be sure you cover expenses. These companies should cover their expenses. They should pay utilities. They should pay for any security, and I furnish one business manager that coordinates between the institution and the company. All the company has to do is worry about getting the work done there. I will get the inmates in and out, and I will worry about lockdowns. I will worry about call-outs and things like that.

Maintain a level playing field. Don't try to write a contract that favors the D.O.C. over the company. Write a fair contract because your integrity is going to precede you in this negotiating field. Maintain high integrity.

And, of course, you've got to work with your legal office to make sure that you can do what you say you can do. I teach negotiations around the country. The first thing I tell people when I teach negotiations is from the get-go create trust between the two parties. If you don't have the element of trust that you have between the two parties, you're not going to get off first base. So create trust. Do your homework. Know as much about that company as they know about themselves, and then educate them about D.O.C.

Don't negotiate in haste. It's going to probably take you six months to put a project in, minimally. Let the company know your general rules by which you're going to negotiate by. What I mean by that is if you have state rules

and regulations, D.O.C. regulations, security guidelines, let them know what is expected of them that they can abide by. Some of them will withdraw if they know what the rules are regulations are, and they'll say we can't do that, we've got to have trucks to come in 24/7. I don't think the trucks are going to come in 24/7. In a prison environment you have a set schedule. When you get up in the morning until you go to bed at night, there is a set time for everything to happen and everything to move in. When that schedule is disrupted, everybody gets nervous. Don't disrupt that schedule. I have had companies let trucks come in late at night on occasion, but everybody knows that truck is going to come in late because it's an emergency. But in a security environment everything is set on a schedule.

"We're talking about using work as a tool to rehabilitate." – Rep. Alan Powell

Make sure all the issues are disclosed and discussed. Make sure you know what you want, the other side knows what they want. Practice integrity. Practice the 70/30 rule. The 70/30 rule simply says this: do preparation 70 percent of the time, execute 30 percent of a time.

You journalists, when you're going to write a story, you go dig out the details before you put it down because you don't want to have to back up on anything. That's what I'm trying to tell you. Get it right. Get your sign off. Coordinate, you have to coordinate. It's required by the Justice Department that you coordinate and let labor, the Chamber of Commerce, the Employment Security Agency, or the Work Force Development Agency, and DJJ, all these entities have to know what's going on and they have to be aware.

Match your product to the institution. There are some institutions that I don't have the PIE Program in, I wouldn't put it in there. The warden doesn't want it. I've got programs where I know I can get cooperation from the wardens.

Stay in constant communication. You have to stay in constant communication with the companies because you have lockdowns that are going to happen, you have call-outs. To keep call-outs down, we went to four tens and on Friday we turned the inmates over to the institution, and they do all the institutional stuff on Fridays. So, I don't have to worry about call-outs Monday, Tuesday, Wednesday, Thursday. They're with me. They're in that building. They're doing production work. The institution has them on Friday and everybody's happy.

You've got to be a good problem solver. Make sure everyone is on board. If you don't get everybody on the same page, you're going to have a problem. The other thing is communicate, communicate, communicate. You have to communicate. Be prepared to go the extra mile. It's going to get frustrating at times, but you can make it work.

Let me wrap it up by saying this, what would you do if you're going to cover a story – what would you do as a journalist? What I would do is I would ask these questions: how was the company recruited, what do they produce, how long did it take you to put the deal together, where is it going to be located, how many inmates will be there, what kind of work are you going to have them doing, how does the state benefit from this in terms of revenue, in terms of inmate work, or how do the inmates benefit and how do their families benefit, and how do the victims benefit? Who is going to get something, in other words. There's got to be a cost benefit to the State of Georgia, to the victims of crime because it's going into victims' fund. There's got to be a benefit to all of people for a project to go in. And you have to ask. This is what your job is. You play a very, very critical role in this whole process. Yes, I can help put a deal together. The State of Georgia can put a deal together with a company, but you are the person, you are the objective third



Rep. Alan Powell

party standing over there saying, does this make sense, why does it make sense? That's the story you write, and that's what I would hope you would do. Tell why does it make sense for the State of Georgia to contract with this company to put this project in and who is going to benefit and what are the benefits. That's your job. And don't take that job lightly, folks. That is your job. You're part of it.

MR. POWELL: I've served in the legislature for 16 years. For several years, I was the committee chairman and wore a lot of different hats. One of the hats that I wore was that of the budget chairman over the criminal justice system. What got me involved in correctional issues is a determination, in spite of what I hate about government and that's poor public policy and the wasting of tax monies. The truth of the matter is, if you've looked at where Georgia has come, and probably not unlike a lot of the other states in this great nation, where we've gone. Since 1990 when I was elected, the incarceration rate in this state has risen from roughly 22,000 to 50,000 plus in 16 years. Yeah, we've gotten tough on crime, and partisan politics drove this. No politician who wants to stay in public service is going to be out gunned or out manned or out spoken when it relates to common issues to the common person. Crime is an issue that everybody relates to. Everyone wants to see the

criminal punished, locked up, but nobody wants to admit the real facts of it, that there's a cost involved in that incarceration.

Politicians want you media folks to report on how tough they are on criminals. They certainly don't want to get up and talk about how much money they're spending on incarceration or on rehabilitation services. Rehabilitation doesn't sound good to a lot of folks. When you take some people who can't get an education, they're opposed to the idea that someone who has violated a crime is getting an education while they're in prison. They don't like to see these type of things. Yeah, we've gotten tough on crime. We lock them up and we throw the key away. The swinging door of recidivism spins and then all of a sudden we wonder to ourselves that when the kid who is twenty years old gets out of prison after a two year sentence for a first offense of selling crack, meth, or whatever, that all of a sudden that inmate who has been out is back on that street corner three months later and now has violated his parole and he's back in the system. We wonder, my gosh, what could that guy have been thinking about, he just got out. But what he got to thinking about was he came out ill prepared. To start with he didn't have a good job skill. He needed to be retooled. I would say that where we need to go is if not only in the punishment phase; we also need to go into and to develop a rehabilitation program, something that we have not had in a long time.

In probably around 1998, as I chaired this committee and was taking a good look at what was going on in corrections, I thought to myself, we have no rehabilitation efforts in the Department of Corrections. They do their time and they come out with \$25 and the proverbial bus ticket and they're told to go out and behave. And while you're behaving, you report to your parole officer and by the way, you've got fees that you've got to pay. You've got to pay those parole fees, those monitoring

fees, and if you're one of those who that got caught in the double lick, then you report to the probation officer. Same state government, but you've got probation fees and parole fees. And you know, behave yourself and we're going to take your urine analysis to be sure of whatever the manner is that they're watching you, but, by the way, if you get behind and if you don't pay those parole fees or probation fees, we're going to revoke your parole and we're going to put you back in.

But now, here's this inmate who is trying to raise a family, maybe trying to get caught up on child support that they got behind on while in prison, the system is stacked against these folks. And I don't apologize for a lot of the criminal activity, but in all honesty, anybody that has taken a good look knows that out of some 50,000 odd people there's a good solid third that don't even need to be in prison.

Your Department of Corrections is the largest depository of mental health cases in this state because we don't have any mental health programs to amount to squat at the State of Georgia because it hasn't been on the priority list.

Where have we been in the state? Tough on crime. But, you know, the truth is the Department of Corrections is at the bottom of the food chain. You don't get votes by spending money. You get votes – the only way I know you get votes in corrections these days is when you get a prison or facility built in your district that's going to provide job employment.

In '98, we moved forward. We didn't get passed in '98. We worked on it for a couple of different sessions, and it eventually passed. Now, whether the Governor actually was in favor of PIE legislation or not, I don't know. I know that the commissioner at that time, when I was his budget chairman, thought that it was the greatest thing he had ever seen, and he was much touted about its implementation – one of

the governor's staffers at the time, called and asked him if we could put together a position paper about what to do with the correction numbers and the contained costs, and I did it. Of course, there are several of those issues that quickly died because you can't be seen as turning people out if you don't have any other forms of punishment that will be better than putting them behind the bars. But the one that did seem acceptable was the idea of working inmates.

Now, Tony's already talked about the criteria. I fought that fight for several years against activist groups and all to finally try to get it over. We're not talking about slave labor. We're talking about work. We're talking about using work as a tool to rehabilitate. They're going to be able to keep a certain portion of that money so they can put it in a bank account so they'll have more than \$25 and the bus ticket when they come out so they can pay those fines that they incurred prior to incarceration, they can pay their back child support. They can pay all of these fees that the Department of Corrections charges them now for that room and board.

The bottom line and the question that this should all be about is that this program is enforced and implemented fairly. This is where we are today and I would implore each and every one of you, as journalists to start asking the tough questions. Why has it taken so long? What have you done? Why are you continually arguing with the Department of Labor because the Department of Labor is charged by the legislation as, "the gate keeper", "the safety valve", to be sure that they're not putting in rules and regulations that are going to displace free workers, or if they're not going

to pay below prevailing wages and these type of things. These are the question y'all, as journalists, need to ask. And the harder question is, you need to push the button on those elected officials and those candidates that are running for public office. Get on them about the most serious issues. Nothing wrong with being tough on crime, but let's be realistic about it.

MR. VODICKA: Let me just start by introducing myself a little more. In 1992, I helped found a civil rights organization in Americus, Georgia, called the Prison and Jail Project. We're a small, non-profit organization. You're looking at 33 percent of our staff.

We are a watchdog agency and we focus almost all of our efforts on Southwest Georgia's jails, prisons, courtrooms, and law enforcement behavior. We've often challenged

unconstitutional jail and prison conditions, abusive courtroom policies and practices, and law enforcement personnel who sometimes run rough-shod over the citizenry in small rural Southwest Georgia communities.

We operate on an annual budget of just under \$100,000.

Prison labor and health care issues are very important issues – probably two of the most important issues for journalists to pay some attention to. And speaking as an advocate who is constantly trying to force the criminal justice system out into the sunshine, I would welcome a great deal more in-depth and regular reporting on both prison labor and prison health care issues.

But I also have to say that the more essential discussion for us all to be having is this: why do we in the state of Georgia have more than 50,000 human beings in prison today, another

"Prison labor and health care issues are very important issues – probably two of the most important issues for journalists to pay some attention to."

– John Cole Vodicka



John Cole Vodicka

quarter million on probation or parole, and nearly 35,000 people locked up in our 149 functional county jails? And why is more than half this number, probably close to 65 percent when you factor in the jail population, being locked up 24 hours a day for long, long periods of time when they are either charged with or convicted of non-violent crimes?

And why are three of every four prisoners, again factoring in the jail population in Georgia, people whose skin color is not like mine? What is all this costing us in financial and in social terms? And what should we be doing and how should you all be reporting this to help reduce these astounding numbers?

In rural Southwest Georgia, an area that encompasses 33 counties, there are 50,000 men and women, boys and girls, who are either locked up in a prison cell, a jail cell, or on felony probation or parole in rural Southwest Georgia alone. My county, Sumter, is spending nearly 60 percent of its annual budget on its county prison camp, its jail, its court and its law enforcement personnel.

In some respects I think our discussion today unintentionally serves to legitimize an illegitimate system. It enables us to continue to

refuse to own up to the fact that our prisons and jails in Georgia are failing us miserably. They've always failed us miserably and while we constantly tinker with this system to save a dollar, introducing medical care on the cheap, putting prisoners to work for profit-making entities or privatizing whole prisons, we avoid the most critical discussion of all: what can we do as policymakers, as human rights advocates, as educators, as social workers and journalists and taxpayers to knock some sense into a criminal justice system that is simply gone haywire. Since Georgia has chosen throughout its history to lock and cage lots of human beings, we have to make it incumbent on those keepers to provide decent medical care for the kept. And if we're going to require that thousands of prisoners work while they are incarcerated, they should not be exploited, they should not be put at physical risk, and they should be working at jobs that teach them skills and responsibilities and that pay them a decent wage so that they can have at least something of a chance to become productive and contributing members of society upon release.

Wouldn't it be wonderful, though, if the discussion today could be a celebration that Georgia finally has simultaneously decided to focus efforts on educating its prisoner population since three out of four are high school dropouts, 46 percent read on a grade level lower than six, and a sizeable number of our convicts are functionally illiterate.

Mandating education for our prisoner population would cost quite a bit of money in the short run, but over time I'm convinced it would save tax dollars and probably redirect lots and lots lives.

Let me spend just these last few minutes talking about some of my experiences, some of our experiences at the Prison and Jail Project in Southwest Georgia as it pertains to convict labor. And I have to say that I'm not convinced, despite the discussion that we've had this afternoon,

I'm not convinced yet that the State of Georgia is capable of working its prisoner population without exploiting it. Let me give you a few examples why.

In 1999, involving prisoners at the Pulaski State Prison for women in Hawkinsville, the Georgia Department of Corrections contracted with a for-profit garbage hauling company in Cordele, Georgia, to allow three dozen women prisoners to work in the dump in Cordele for 40 hours a week. The garbage company was losing money and had just laid off a couple of weeks earlier 50 employees before it entered into a \$120,000 contract with the Corrections Department. The contract violated state law at the time. Prisoners were prohibited from working with private companies and prisoners were not allowed to work anywhere if they were replacing paid employees. In essence, the Pulaski women prisoners were brought to the dump in Cordele to be slave laborers. They were made to pick through the garbage to recycle glass and plastic, this despite having been given no training and minimal safety equipment. As is the case with all Georgia prisoners who work, these women were not paid one cent for this dangerous work.

The Prison and Jail Project and the Southern Center for Human Rights were able to convince Attorney General Baker to issue an opinion disallowing the prisoners to work in that garbage dump. I should point out that very little media attention was given to this. I think *The Cordele Dispatch* had a few articles surrounding this whole controversy.

A number of years ago we sued the Sumter County Correctional Institution, one of these camps that Kelli talked to us about earlier today, because of the horrific conditions prisoners were made to live under there. Among the issues we brought to the federal court's attention were the warden's use of a dog cage to punish prisoners who were deemed malingerers. The cage was a three foot by five foot by six foot

chain link creation, built by the prisoners, standing outside in the prison yard. Prisoners who said they were sick or who refused to work or who had been accused of not doing the work required of them were placed in this cage for an entire work day whether it was raining, whether the sun was shining, or whether it was cold. The dog cage was dismantled after the federal judge intervened.

We also represented a Sumter County prisoner at this same camp several years ago, who despite being a severe asthmatic, was made to mow grass along the highways without masks or any other safety equipment. He had severe attack and nearly died recovering only after he spent nearly a week at the ICU at the Sumter Regional Hospital.

I got a letter just a couple of months ago from a Muscogee County Prison Camp prisoner telling me that he came close to cutting his leg off with a chainsaw while out on a work detail. He was not provided the proper safety equipment nor was he trained adequately in using that saw. He was stitched up and put back to work in just a matter of days.

Two years ago, we caught the Early County Sheriff in Blakely, Georgia, Jimmy Murkinson, using prisoners on his family's private property. We videotaped the prisoners working on the sheriff's wife's beauty shop and his son's auto shop. We even got the matter, finally, in front of a grand jury. The sheriff testified in front of that grand jury saying he thought the prisoners enjoyed getting out of the jail, and after all, he often gave them soft drinks and sandwiches and he didn't know that he had really done anything illegal. The grand jury issued a written reprimand but refused to indict him.

A little over a year ago we filed a complaint with the State Ethics Commission after we were tipped off by Douglas, Georgia, folks that Sheriff Rob Smith was using Coffee County prisoners to cut and construct his campaign reelection signs.

The Ethics Commission investigated and held a couple of hearings and a local grand jury finally did intervene and indicted the guy and as part of a plea bargain, he resigned earlier this year.

Georgia has a long and sordid history of abusing prisoners that we put to work. We have a tendency to abuse prisoners who are mostly idle, too. Most of us in this room, I think, remember that just a decade ago one of our prison commissioners and his – we call them goon squads – raided one prison after the next bashing prisoners around their cell blocks resulting in several class action lawsuits, and thankfully, quite a bit of negative publicity.

And more recently the *Atlanta Journal Constitution* exposed the prisoner brutality going on at the Rogers State Prison in Tatnall County.

We also have to understand, I think, that any way we look at it, convict labor is going to ultimately reduce prisoners to nothing much more than a marketable commodity. In Georgia, the public sector has always cashed in on convict labor, and now the private sector is gaining a foothold on confined convict slavery. It's happening in many places around the country. Unicor, the government entity that produces products with prison labor, now has annual sales of over \$500 million a year. There are more than 2,500 prison and jail industries in operation in the United States, a figure that reflects nearly a 500 percent increase in the last one and a half decades.

Prison Industries include everything from sewing to accounting to telemarketing to the manufacturer of false teeth, parts for Boeing aircraft, and the logos for Lexus automobiles. It's not just obscure companies that use prisoners to cut their labor costs. Large, well-known corporations such as Microsoft, Spalding, IBM, Compaq, Texas Instruments, AT&T, Victoria's Secret, Eddie Bauer, Chevron and TWA, just to name a few, are using prisoners directly or through subcontractors as a portion of their work force.

These private companies are given lots of incentives to employ prisoners. For starters, they are exempt from state and federal workplace standards and pay no medical, unemployment, vacation or sick leave to prisoners. Of course, some prison industries now boast of paying prisoners \$6 to \$8 an hour for the prevailing wage. But I think sometimes this is pretty much a smoke and mirror kind of exercise because as much as 80 percent of these prisoners' earnings, if not more, is going back to the state to cover cost of captivity. Take home pay often doesn't amount to much more than a dollar per hour. So all of this brings me back to the questions I posed a few minutes ago when I began my remarks. Are we content and should we and you, as journalists, be content with expanding our prison system, already one of the nation's largest per capita, or will we really start, and how can we really start, to examine why we lock so many people up for such long periods of time in this state and what can we do to reduce our prison system's insatiable appetite for warm bodies. It may be too late because what now drives our criminal control system is not crime and punishment, and it surely has never been rehabilitation. But to drive to feed this vast prison industrial complex, which has been created to seek growing profits from prison labor to feed corporate profits, our legislative bodies have steadily passed harsher laws and longer mandatory sentences while the courts have dutifully imposed these Draconian sentences.

And now our prisons and even some of our jails are being groomed to become multi-million dollar industries. And an increasing number of individuals and institutions are dependent on their continued existence, even their continued expansion. There are fewer and fewer incentives to reduce prison populations, shorten prison sentences, or create viable alternatives to incarceration that would be better equipped to deal with a convict's addictive behavior,

their mental illnesses, their illiteracy, and their employability.

Instead of correcting problems it is intended to relieve, the criminal justice system, itself, in many ways has become a monstrous crime against humanity. We ought not to support such oppressions and my hope would be that you, as journalists, and that we, as a part of this conference, would oppose such oppression in any shape, way, or form.

Thank you.

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TAKING IT HOME: RESOURCES, LINKS, SOURCES

MR. GREENMAN: The last thing that we need to do before we all go home is review, "Taking it home: resources, links and sources."

Time and money for training are scarce. Calculate the benefits of your editor's investment of time and money that enabled you to attend: story ideas, a new network of reporters and experts, and a continuing flow of new resources. Make those calculations and when you get back, sit down with your editor, sit down with your news director, and share that.

Second, organize a brown-bag lunch for the staff. Give back by teaching. As W.E.B. DuBois said, "Each one, teach one." Share what you've learned widely. Share the story ideas.

There is a stack of reading from the conference CD. You'll find this in the back envelope of your binder. We know that everyone needs a bibliography of good stuff and instead of your having to figure all of that out, we spent some time looking through the best books, the best studies, the best articles, and the best Web links so that you can be fully informed on this issue.

In terms of follow-up reports, our court reporter is taking a verbatim account of all of the presentations. We will produce excerpts, bind them in a report, and mail it to all of you and to other journalists around the state and region. Also, we will post to our Web site all of the studies, presentations, and excerpts.

Stay in touch about your work. As you do stories, send a link to us by email, either to me, or to Pat, or to anyone else in our organization.

Don't forget to complete the evaluation, and I deeply appreciate your coming. And now let me introduce Patricia Thomas for her final remarks.

MS. THOMAS: Thanks, John.

It's been a really full and tiring day, so I'm not going to keep you long. But I distilled four points from what we heard today that are challenges for us as journalists.

The first came from Torrence Stephens, and I can't help but draw a medical analogy for what he said. People who cover Medicaid realize that Medicaid will not reimburse for nutrition counseling that might help people avoid the complications of diabetes, but Medicaid will pay to amputate a diabetic's gangrenous foot. Now, which one do you think costs more?

Torrence Stephens challenged us to explore connections between money and the prevention of incarceration, instead of writing only about the incarceration itself. He urged us to explore links between public education and the criminal justice system by overlapping data sets. Reporters might want to look at high school dropout rates and educational levels in a community, and overlay that with maps of arrests and convictions of people in the same age groups. That was a pretty good story tip.

He also talked about those depressing multi-generational stories, where grandfathers and fathers and sons all go to prison. You are writing a dynastic novel when you see patterns repeating themselves in families and communities, and when you notice a person who doesn't fall into that same vortex, that's an important story, too. What sets that person apart?

Bob Greifinger challenged us to have a 360 degree view of the impact of prisons on their communities, particularly in isolated rural areas. It's not enough to say that they may be the town's largest employer: you've got to look further than that. How is the prison population, people who can't vote, affecting how the community is counted for official purposes? Does the prison population make the town look bigger than it is in terms of pulling down federal block grants? How is it changing the impact in voters in elections, given that the true population of voters is smaller than you would think looking at total population? These are interesting questions. A lot of us in this room have the power to pursue those ideas.

Two more little points about how we gather information. Carlos Campos made a very articulate case for real community reporting, going beyond the databases and getting into the streets of your town. And Pete Earley told us to build relationships, visit jails, know our sheriffs, know our police chiefs, know the beat cops – not just during a crisis but when times are calm. And he said we should get to know local people in the National Alliance for the Mentally Ill, NAMI, which is a great resource, and so are similar advocacy organizations. Reporters have to tell stories, and we can't make the big points without putting human faces on them.

Another piece of reporting advice that came up repeatedly was the importance of getting inmate perspectives. Donna Hubbard said we might ask different questions of prison officials if we had first talked to inmates and parolees. That raises the issue of finding these people. Carlos Campos said that you can't report most prison stories in a day, because written requests for interviews with inmates are often needed. Or stories may require written approaches to parole boards, so you've got to plan ahead

Then, of course, there is always the possibility of an end run. Sometimes you can find stuff outside official channels, and like everything else in our line of work this depends on who you know. I could look into my own family, people in my high school class, my neighbors, and find individuals who are on parole. I could find people who have been inmates in various sorts of institutions, and in Georgia the statistical chances are you can, too.

We've heard a lot of wonderful stuff, which should fire us up and make us want to get out there and do these stories. I thank you so much for coming and for your attention and your patience. I wish you a safe drive home.

MR. GREENMAN: We are adjourned.

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