appreciate your testimony. I think I owe you an
apology. I think I had you coming from New
Hampshire. That was not a slight against
Massachusetts.

MR. GARVEY: Well, I'm very close.

THE CHAIRMAN: That's just old eyes, so I
apologize.

MR. GARVEY: I'm very close to New
Hampshire and I'm not offended at all,
Mr. Chairman. Matter of fact, I wouldn't mind
moving up there on many days.

THE CHAIRMAN: Thank you.

I had a couple of questions that I would start
off with.

Are there barriers as it relates to sexual
assault that currently exist to appropriate
classification determinations being made? If there
are, what are they and what can we do to try and
have our standards address that?

And the other question I had was several of
the panelists have made mention of the growing
population of mentally ill inmates. And I assume
as it relates to sexual assault, you're saying that
that population or that they are at greater risk of
victimization or predatory behavior. And I assume
that's how you relate this problem that problem to
this problem that you're addressing.

MR. BEARD: I would address that second
part of your question there. I think that is
incumbent in the act that mentions that the
mentally ill are more likely to be victimized. And
I think that's true to a large extent, that many,
not necessarily all, but many of the mentally ill
inmates need to be in some way protected. That's
why you've heard talk about classification systems
when they come into our system. Right off the van,
the people are evaluated. Anybody who has a mental
ilness is put into a segregated unit. We even
have a special unit for people who maybe have more
serious problems. They go right into that unit.
They begin dealing with it.

All of our institutions have special needs
units where we can segregate the mentally ill away
from the general population and provide them an
element of protection. There's also other people that might need protection too, but that's certainly one population.

THE CHAIRMAN: Do you think your numbers are going up because of the difficulty in securing civil commitment and; therefore, the criminal justice system is being used as an alternative?

MR. BEARD: Well, actually, the way it works in Pennsylvania is I operate five licensed short term inpatient units in a forensic hospital. So, when we've committing people, we're committing people to my facilities that we've developed over the years to be able to handle this growing population of mentally ill.

MR. GARVEY: Unfortunately, I think that an awful lot of people who are coming into our system are people that would be more appropriately served in other ways, and those are mentally ill people. My facility, for example, is built on surplus Massachusetts Department of Mental Health property. Massachusetts several years ago, as many states chose to deinstitutionalize their mental
health facilities and put people in the community, unfortunately, without a level services that would accommodate or support them in the community, and as a result they become problems to the police in the community. As a result, they become a problem to the courts. Frequently, the judge's hands are tied. They don't have other areas to send them and they send them to the local detention center and it's unfortunate. It is unfortunate because most of us do not have the level of services that's required to take care of mental health patients, and as a result they can be victimized and they have to be isolated. And, certainly, the treatment programs for this population probably are not nearly as sophisticated and they should be for treating them. You know, it's a really travesty in society.

And I mean, you know, as Reggie Wilkinson said today, it's a societal problem. And, unfortunately, it's really had a serious affect on incarceration.

MR. GOORD: I would like to add to that,
Mr. Chairman, answer your question as far as challenges. As far as classification, I think that that's one of the areas that you've heard a lot today about issues such as overcrowding, double celling, you know, what type of facilities you have. New York is unique. You know, we have 63,000 inmates it, and probably not more than 25 or 26,000 of them that are in cells. So most of our inmates are housed in large dormitory type of barrack settings. So the answer is yes, there's a challenge in the classification of where you can safely put these people.

Since you opened the door, to add to the issue of civil commitment, my system sees a lot more sex offenders coming into the system to start off with. I don't think the issue of civil commitment drives it. I think the issue is we don't control the front door. We don't control who comes into our system. We don't control the inmates that come in, like Jeff said, as far as the number of mentally ill people that come in and what standards the law requires to look at a person mentally ill or not
mentally ill in the eyes of the courts. And we've had to spend a lot of years, most of us, reacting to changes in the mental health system that in some ways could have driven our numbers up for the number of people that are mentally ill.

COMMISSIONER AIKEN: Just one question in relationship to the mentally ill situation. And this is primarily addressed to those of us that have run long-term facilities, correctional facilities.

You have licensed infirmaries or licensed psychiatric care facilities, and then you have general population. And oftentimes, at least a number of people say, there are inmates that are in between the two. In other words, the general population security is saying this individual needs to be in another environment and the licensed psychiatric care facility says this person does not meet the criteria. And so, therefore, it's a swings door back and forth. Has any consideration been given in developing an intermediate care facility or transition care facility to help this
individual that can be helped reintegrate into the
general population as well as to bring them back in
for reassessment as required?

MR. GOORD: We do that now. You had a
number of questions there.

COMMISSIONER AIKEN: Yes. I'm sorry
about that.

MR. GOORD: No, no, that's okay.

The fact of the matter is that at least in New
York our sense has always been -- it gets back to a
discussion that I found very interesting you had
this morning about isolation of different groups.
It came up in a different context today.

In New York we try to take the tack of saying
just like the community says they're doing, the
mentally ill should not be put into institutions,
the results was putting more resources in community
mental health treatment. And we could debate that
another day. But the fact of the matter is what we
tried to do in New York is to say, depending on
what your needs are, our goal was to reintegrate
them back into GP, to provide them treatment not
separate from the rest of the population, but to provide them treatment within the general population.

Now, the other part of your question, when they have episodes, when people have episodes, or when they need more treatment than, let's say, day treatment within the institution, we have exactly what you call them. We have ICP facilities where people go and get more intensive type of mental health care there. And even at that point, if they need additional mental health care, they'll go to other places or to a mental hospital and then work their way back into the system through ICP back to the goal of general population. But the system isn't perfect. But certainly in the same vein, we recognize the fact that when the people need to be released eventually to community, they need even more resources than we acknowledge that all inmates need, and we process every one of our mental health inmates through one particular facility where they could work with parole mental health care to make arrangements so that their challenge and success to
the community is certainly a lot more challenging.

So I think we do some of the things you talk about.

MR. BEARD: I think we do in Pennsylvania too. I mean the problem you mention here is a difficult one. And many of these mentally ill people, what ends up happening to them is they end up going into our restricted housing units and they languish there. And some of them languish there for years.

We've done a couple of things in Pennsylvania. Number one, as I said, I operate a forensic hospital. I have a lot of experts up there. So when I have a case like this in any of the institutions in my system, I send them up to what I call the special assessment unit. And they go up to that unit, they get assessed by the experts up there over a 30 to 90-day period of time and then they tell me whether this person is just really -- it is a behavioral driven problem or whether this person is acting out because of a mental health problem.

A number of inmates who had been languishing
in our restrictive housing units for years ended up getting directly committed into our forensic unit once they went to the special assessment unit.

COMMISSIONER AIKEN: So, in other words, we're talking about the record that says personality disorder that you're saying that you identify those people and then present those people to the proper level of evaluation and care; is that correct?

MR. BEARD: That's correct.

MR. GOORD: But I would add to that the issue that you raised at the end of the debate between the bad and the bad is a debate that goes on in correctional institutions all the time. And I think that it's something that when your mental health professional says there is nothing mentally wrong with them, you know, they are the experts. You know, and you could debate the access one and the access two, and what their levels are.

But, you know, we've tried to put ourselves on a model of mental health and health care. Medical health care is simply if the doctor says that
person needs treatment, that person gets treatment.
There's no if, ands or buts. The same standard
should be in mental health, and our system does
that. When the doctor says they need treatment,
they get the treatment. But a lot of times, you
know, the mental health person doesn't agree with
that corrections officer or that person working on
the unit about the need for treatment.

COMMISSIONER AIKEN: And you want to
minimize the probability of a critical event, of
course?

MR. GOORD: I want to minimize the
opportunity or even the possibility of that person
being victimized. I want to minimize the
opportunity of that person to hurt another inmate
or another staff. That's what we're paid to do.

MR. GARVEY: The larger systems, however,
have much more options than the smaller systems.

MR. GOORD: Exactly.

COMMISSIONER FELLNER: As some of you
know, I care very deeply about the problem and the
tensions of the overincarceration -- or the growing
proportion of mentally ill in prisons and the
challenges it poses to you. And I think I would
love to continue this conversation, but I wanted to
take advantage of the opportunity of you being here
to ask you some questions about performance
standards and the ACA standards.

In the material that you submitted to us, and
I don't remember whose it was, there's a list of
ACA standards. Only one of them had to do directly
with staff sexual abuse. Most of them had to do
with classification of inmates, the more likely to
be victimized, et cetera, et cetera, et cetera.
But then I was curious even under those how do you
assess. For example, on the one on sexual conduct
should be prohibited, the process indicator, which
I assume is what the auditors look at as evidence
of what's going on, it simply referred to
documentation of awareness, EG annual inservice
training curriculum.

So my question would be if you're trying to do
a performance based audit of the prohibition, how
do you determine if, in fact, the conduct isn't
happening? Because, presumably, the ultimate
performance goal is it's not happening or the
indices are going down, not whether staff is aware.
Similarly, you say that you want policies,
procedures, that protect inmates from personal
abuse. Well, how do you determine whether inmates
are, in fact, being protected as opposed to whether
the policies say so and whether there's some
surrogate records?

MR. GOORD: Sheriff, me or you?

MR. GARVEY: Well, there's several ways
through the audit. But probably the easier way to
find out what's going on inside of a facility
during the audit is to interview inmates away from
staff. And inmates will tell you, matter of fact,
much more, sometimes, than you'd even like to hear.
The second, obviously, is then you would go to
the policies and procedures and in numbers and find
out whether or not those reported cases were, in
fact, followed up, and how they were followed up,
what the policy, procedure and practice of the
facility is that would indicate that they are
aggressively and actively participating.

    And I think that it becomes very, very clear
once you look at that. And you also interview
staff. You know, it all starts at the top. And if
the individual at the top -- and that is why I say
the mission of the American Correctional
Association is to improve the management and
administration of correctional facilities. And if
there's not the commitment at the top to do this in
a manner in which it is intended, then it probably
is not going to happen. But you do everything that
you possibly can in terms of interviewing inmates
and staff, in terms of looking at policies and
procedures and practices, in looking at numbers,
and it becomes very evident in my experience as an
auditor.

    MR. GOORD: And what have you looked at?
I'm sorry.

    COMMISSIONER FELLNER: No. Please.

    MR. GOORD: The one standard you talked
about, the auditor would go in. There are other
standards that maybe -- maybe you're looking at my
stuff and maybe I didn't do the right thing because
there are other standards that lay out what people
are supposed to count, people injured.

The answer to your question is the auditor
would go in and say, okay, how do you make sure
your staff are aware of our policies and procedures
on sexual abuse and things of that. Well, what the
auditors would do is -- first of all number one
is -- and that standard is not here, they would
look to make sure that every employee at that
facility received 40 hours of training. And then
they would say -- because that's the standard. You
must receive 40 hours training. That's not in
here.

Part of that 40 hours of training, which that
standard that you discussed addresses, is that that
person has to have some type of training or the
training that that agency outlines on sexual
assault or the sexual abuse. What the auditor
would do is go to that facility, number one, check
to see if they have 40 hours training, then look at
the training records to see, okay, how did they get
the 40 hours of training and, hopefully, to pass
this standard, they'd have to show that every
employee at that facility got 40 hours of training
in this topic, and then probably look at the
curriculum of what we'll do and for how long.

MR. GARVEY: The lesson plan.

COMMISSIONER FELLNER: No. I'm sorry.

Maybe I was misput. I'm looking at the standard
that says, Sexual conduct between staff and
detainees, volunteers, bla, bla, bla, regardless of
consensual status is prohibited and subject to
administrative and criminal disciplinary sanctions.
Process indicators, documentation of staff
awareness. So it seems to me --

MR. GOORD: That's the training piece.

MR. GARVEY: That's the training piece.

COMMISSIONER FELLNER: Oh, this is all
just training?

MR. GOORD: No.

MR. GARVEY: No. No. But the training
piece would address that particular issue.

COMMISSIONER FELLNER: But I'm asking how
do you and how would you advise us commissioners to
then put in standards where you get to it is, in
fact, not just prohibited, but it's not happening
as much as possible? There's a difference between
saying it's prohibited and then what's actually
happening. And I'm saying how does the ACA find
out what's actually happened?

MR. GOORD: I think the sheriff answered
that when he initially spoke. The base line is
what those auditors see when they walk in there,
some documentation that, yes, you have a system to
count these issues. And then three days later they
would come back and say, okay, how many sexual
assaults did you have. Let's hope it's none, which
you've heard a lot today, but it's 10. Okay. When
they come back in three years, how many do you have
now? Well, obviously, as Sheriff Garvey presented,
if you have 20, they have a problem. You know,
what do you have? Now we have four or five. Okay.

Then the next question is, which as I see the
standard, what did you do with them; when you had
these allegations of staff involvement, what did
you do with them? And we talked a lot about this
today, but, you know, did you prosecute them?

First of all, before we blame the DAs and
everybody, did you refer it to the DAs, did you
refer it to the state police, what was the DA's
action? Because after you've done that, it's out
of our hands, this standard to say not only did you
find out that that staff member was involved, but
what did you do with that information.

COMMISSIONER SMITH: Director Goord, I
guess the question is are those things included in
the current performance base measures because what
we have doesn't seem to suggest that they are
included.

MR. GOORD: I will have to go back and
show you what we count. What I did was I gave you
the standards that directly affect -- if you looked
at the standards, the commissioner's question is
right, it doesn't show that we count. And the
sheriff made reference to it earlier. Yes, we
count. I'll explain to you how we count and so
forth.
MR. GARVEY: Another point in terms of counting is interpretation of what you count and everybody is using the same interpretation, so we're getting the same results from every agency that is engaged. There was a comment today about how do we determine what's an escape. I've never had an escape, I just have breech of trust. That's only during election years.

THE CHAIRMAN: Other questions?

(No response.)

MR. BEARD: Let me say that that's one of the issues that the performance base measure addresses because we do measure those things, you know, the inmate on inmate, inmate on staff, staff on inmate, sexual assault, and we use the BGS counting rules and definitions to measure that.

COMMISSIONER FELLNER: How does ACA, though, deal with things which is not just counting?

MR. BEARD: Well, now that's different.

ASCA's is different from ACA's --

COMMISSIONER FELLNER: I understand. I
understand.

MR. BEARD: -- but that would be available. That information would be available then to the ACA auditors who come in that would say, well, how are you counting and what are you doing.

COMMISSIONER FELLNER: But I wanted to get -- so, let's say you have ten allegations of sexual misconduct and there are ten investigations and you count ten and ten. Do you actually then do a quality assessment of the investigations to read through to see if, in fact, the investigations were just signing some forms and all the witnesses said exactly the same thing and it got filed? How deep does ACA in it's accreditation effort go into an effort to determine how good a job that's actually being done at the versus functions?

MR. GARVEY: That would be addressed in the narrative of the report from the auditors. The auditors, while they're visiting the facility, if, in fact, that hypothetical actually occurred, the auditors would, in fact, trace the action taken by
the agency and would comment on its success or its failure or anything that they found was inappropriate in the investigation or in the reporting.

And as I say, besides meeting standards of 100 percent mandatory and 90 percent nonmandatory, there is also a section that is on the Performance Base Standards that you're really evaluating the conditions of confinement. And that's where that would come in in the narrative of the report.

MR. GOORD: But I would say unless they saw an anomaly, unless they saw the numbers drastically increase or something like that, you know, the auditors do a tremendous job. They do most of the large facilities in two days, two or three days. So, when you say, do they thoroughly go through this standard to the level that you asked the question, probably not, not to the point where unless they saw something on Performance Base Standards that would lead them to think that when the numbers increased that there was a reason that that policy and procedure was just a policy and
procedure and not a practice.

COMMISSIONER FELLNER: So they'll do two
days? How many auditors?

MR. GARVEY: Usually three. Audits
usually would start on a Sunday evening with the
interview and the meeting with the administrator of
the facility, a tour on Monday morning or sometime
Monday, and the checking of the files and the
records.

The thing that I would saying to you about do
they check, if you saw something -- for example, if
a facility had four suicides and they --
unfortunately, the auditors are pressed for time,
but they would give that special attention, just
they would if you had an inappropriate number of
sexual assaults. That's going to get more
attention. And I don't know how to say this, but
it's very, very easy once you get into an
institution to find out how that institution is
being run and how serious they are about these
issues. In those institutions where the
administration is serious about them, usually do a
commendable job.

And the accreditation process is not a policing process, but a monitoring process.

COMMISSIONER SMITH: Go ahead, John.

COMMISSIONER KANEB: Secretary Beard, you observed, I think others did too, but you observed quite clearly that you think there may be a lot of people incarcerated who probably don't need to be incarcerated. And what that -- I mean that may well be true, but what, if any, hopes would you have that this commission could get action taken at least of a federal level in terms of not incarcerating nonviolent criminals, et cetera, that you might think is appropriate given that we have somewhat of a narrow mandate?

MR. BEARD: Well, you know, I don't know if it's within your mandate or not, all I know is that what I see in my state and I know people see it around the country, is over the last seven years, for instance, the admissions of what we call the part two offenders, which are the less serious, primarily the property and drug offenders, has gone
up 49 percent. The admissions of the part one
offenders, which are the rapists and the murderers,
has gone up 2 percent. So more and more of my
prison space, which is very expensive -- it's
$31,000 a year in Pennsylvania to lock somebody up.
Seven years ago, one quarter of the population were
these less serious offenders. Today one-third is.
So we're seeing more and more of those people
coming into the system. The vast majority of them
have drug problems, many of them have mental health
problems.

What needs to be done from a federal level is
there needs to be, I think, more guidance to the
states, more funding, perhaps, to help things like
drug courts and mental health courts and the like,
but the money, for instance, for drug courts, I
think this past year, pretty much dried up. I
think there's recommendations to restore some of
that this coming year, but whether or not it
happens or not, I don't know. But that's the kind
of leadership that I think we need from the federal
level. We need the federal government to say that
drug treatment is effective, that just taking a
drug offender and putting him in prison for two
years and not addressing the criminogenic factors
that ended up putting them there isn't doing us any
good. They're going to come back out and they're
going to come back in again. And so it's both not
an effective way of dealing with it, and it's also
a very expensive way, because it's much cheaper to
divert the people. So, I don't know. To the
extent that this commission can influence the
federal government in how they, you know, put out
some of that funding, that's where I would see the
help could be given.

COMMISSIONER KANEB: Okay. But correct
me if I'm wrong and I may be. Aren't most of the
laws that are sending class two offenders to prison
state laws?

MR. BEARD: Oh, yes. That's true.

MR. GARVEY: Yes.

COMMISSIONER KANEB: So when you say
"leadership," it's some sort of --

MR. BEARD: Well, you know, what's
happened in this country is we got on this kick of locking everybody up.

COMMISSIONER KANEB: No. I think we all understand that's been a huge unfortunate --

MR. BEARD: Right. And there's people that should be locked up. The violent offenders need to be locked up and confined to keep our society safe. But, you know, we're locking up the wrong people and I think that's where the debate has to come and the leadership has to come from the federal level.

THE CHAIRMAN: I guess the correlation would have to be made in order for us to weigh in on that, is how would, if we weren't locking up that population, that impact on your ability to deal with this problem.

MR. BEARD: And I think that has been addressed by a number of people today. You know, we'll have less people coming into our system and we'll have more resources, hopefully, to deal with the people that do.

COMMISSIONER KANEB: Okay. Then I think
we'd like to talk to you further or like to have
staff talk to you further in articulating that
approach. I mean I think we're -- I can't speak
for everybody.

MR. BEARD: I would be very happy to work
with the staff and provide information that I
think, you know, shows the effectiveness of drug
treatment, that shows the folly of our ways over
these past years with how we've dealt with some of
these people and how that is now leading to some of
the problems that we have within some systems,
because we're not willing to pay, particularly the
smaller jails, the county jails. I think that's
where some of the real problems are, you know, but
throughout.

I mean we see states cutting their drug and
alcohol treatment. We see states pulling out of
accreditation. We see states cutting back on
training. Well, everything you've heard here today
is going the other way. We should be doing all --
all these -- and they're doing it because they
can't afford to continue to lock these people up.
COMMISSIONER FELLNER: Secretary, there was the truth in sentencing, which was a federal initiative that tied a lot of money as a way of encouraging states to keep more people locked up longer, and that was a federal initiative which had a huge impact on states. I guess it affected construction funds, and it was very much sort of the heavy hand of the federal government, we could say, regarding criminal justice policies. So I, for one, don't have a problem sort of trying to get the federal government to use its leverage in other directions.

I wanted to go, though not -- is it just a question of -- we've talked about the mentally ill, which I agree with everything you said, and we've talked some about drugs. What about on the back side? We haven't talked about, for example, elderly. You have growing populations, which are hugely expensive, of elderly because of these long sentences, which also takes up resources. I believe prison should be reserved for the most dangerous and that will enable you to control all
kinds of violence. And I'm just wondering if
you're seeing in your prison systems or jail
system -- probably not so much in the jail systems,
but certainly in the prison systems, are you having
a growing percentage of your population that is
past the age of violence, lets say?

MR. BEARD: Absolutely. There's no
question about that. I mean we've seen a
tremendous growth. I think in the last two years
we had like a 4 percent growth in our overall
population and the over age 50 grew by 20 percent.
And we use age 50 as being elderly.

COMMISSIONER FELLNER: Wait a minute.
Wait a minute.

MR. GOORD: That's what our medical
people tell us to do.

MR. BEARD: Now, I know myself being over
age 50, I find that hard, but no. Inmates age five
to ten years faster than people in the general
public primarily because of their lifestyles and
that's what the medical people say. And so,
nationally, age 50 is the age that you're looking
at. Yes, we see that population growing.

But, you know, the problem, when I look at those people in my system, like I take, you know, people that are say over age 60 and who makes up the primary part of that population, the murderers and rapists. That's not a group of people that the public feels very warm and fuzzy about. So as soon as you start talking about letting those people out, doing something differently with them, then you have the DAs and you have the victims groups out there screaming that we can't be doing this, these people have to be locked up.

I also, in addition to the forensic hospital, operate a nursing home. Okay. I have a 120-bed nursing home. And some of those people are in fetal positions and sitting in these chairs drooling out of the side of their mouth, they're obviously not a danger any more to anybody else.

If you want to go visit, I'd be happy to take you to go visit facility, very well-run facility. These people probably get better care than they would out in a nursing home in the community. But,
should I be running a nursing home, should I be
running a forensic hospital? I mean you're right.

MR. GOORD: We don't always disagree
around here. Number one is the question of -- I
think what we try to present to you is that what
you look at has to be in a holistic look. You just
cannot look at one piece of what we do for a
living. So when you talk about what -- yes, the
feds gave money to the states, and their thrust,
and I think appropriately so, was reducing violence
in this country. And the results in a lot of
states has been that you incarcerate people and you
reduce violence.

Most of the money they gave us was addressing
those violent types of people. Now, of course,
after they gave us the money, people started to
say, well, if you're going to lock up people
longer, what are you going to do when they get old?
Well, you should have thought about that before you
gave us the money.

But the fact of the matter is, those
initiatives work. And some of us have had
different experience. In New York, in my tenure in
the last ten years, there used to be more
nonviolent inmates in the system than violent
people. That's not what prison should be for.
Prison should be for violent people. And we've
been able to swap that around where there's
probably, I think, 53 or 54 percent of the inmates
in the New York state system that are now violent
versus the other way. So, we see that trend going.
So, back to your question, Commissioner,
about, you know, what you could do about population
and the type of people coming to prison, we're
talking about -- you have to look at everything.
It's a holistic look. It's just like our --

COMMISSIONER KANEK: No. It wasn't what
you can -- it's what we can do and I think we got
some answers --

MR. GOORD: Okay.

COMMISSIONER KANEK: -- because we are a
special purpose commission. In fact, if those of
us who worked on the legislation had tried to
broaden this as some urged us to do, to be, you
know, all prison problem, this wouldn't have ever
come to a vote. This particular form of violence
in prisons, for better or for worse, managed to
unite liberals and conservatives right across the
board, and so we're doing what we can.

MR. GOORD: No, and I agree. When we
talk about things that you can look at, especially
in the area of mental illness, that's why we all
spoke up, because we look at the people that have
come into the system as mentally ill, as the
legislation does, as possibly being more
vulnerable. So as we move forward and we have that
data and statistic, when we see, if we see, that
more mentally ill inmates are effected by this or
victimized by this, we think that's an area that
you could work on with us.

COMMISSIONER KANEB: I think it's
something we can work on. Again, it's going to be
like other things, aged people taking the place of
people who should be locked up, and that causes
more overcrowding, which causes more violence which
causes more rape. Yeah, that is true, that is
true.

COMMISSIONER NOLAN: Jamie brought up the truth in sentencing law and I don't want to delay our departure, but I would ask all of you that see federal policies that have increased your populations, if they would help me very much as we're pressing for the passage of the Second Chance Act, which I think will pass, we're getting growing resistance from some who say this is not the federal government's job, that the federal government should oversee the Bureau of Prisons, but they shouldn't be involved in assisting mistakes in dealing with reentry.

My rejoinder has been, well, the federal government already interfered with truth in sentencing, which increased the population, which sucked up money that could go for programs. Interestingly enough, when I made that argument to Judge Gomer from Texas, he said no, no, no, that didn't affect Texas. And it turns out, Texas didn't accept the truth in sentencing money. But I know there are other ways the federal government
does it.

For you that are running systems, if you can
tell me the way federal policies have increased
your cost and your population, that will help me a
lot in giving them a bill of particulars of gee,
they created the problem. Because my point to them
is you have a moral obligation having increased
overcrowding in states and diverted money from
reentry programs, you have a concomitant
responsibility to remediate that.

So if you could just email me with it, that
would be very, very helpful. In fact, one of the
people is Senator Colbert who heads up the
correction subcommittee, and I'm going to be
meeting with him on the 3rd. So if you could get
it to me by then so I can say to him, look, you
guys have messed things up. This is just a small
step to help balance.

MR. GOORD: I will try. I'll try to work
on some data. I could certainly tell you, I know
this is not going to help you, they created the
issues because it was after truth in sentencing
that the same groups that did that started saying,

oh, by the way, now that we sent everybody to
prison, what are you going to do when they get out?

Oh, by the way, now that you sent them to prison,
what are you going to do with the mentally ill?

Oh, now that we sent them to prison, what are you
-going to do with the elderly? So, we can give you
the numbers.

COMMISSIONER FELLNER: Could I ask you,
also, in terms of data, when I did the research on
the mentally ill and prison report we did, there
was sort of gross data suggesting that the mentally
ill had higher disciplinary and certainly higher
representation in your segregation. But if you
institutionally have data that would tend to show
that the mentally ill, in fact, have higher rates
of victimization and/or sexual victimization, do
you have that or can you do that?

MR. GOORD: I don't have that yet.

COMMISSIONER FELLNER: I don't know if
Texas does because they take such -- Texas? Texas?

But if any system can, that would be very, very
helpful for us if we are going to make some kind of argument about the mentally ill.

MR. GOORD: I agree. Good point.

THE CHAIRMAN: Other questions?

(No response.)