

# Coalition For Prisoners' Rights Newsletter

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## Incarceration Rates

The United States remains the country with the highest rate of incarceration of any industrialized nation. By the end of 2021, the U.S. prison population had gone down 25% still nearly six times the prison population of 50 years before at its peak in 2009. What remained were 1.2 million people. This is a system that violates human rights, is out of step with the rest of the world, is racially biased and diverts resources from effective public safety investments.

During the buildup of mass incarceration, between 1972 and the peak level of 2009, the U.S. prison population grew an average of 5.8% annually. Since then it has averaged 2.3% growth each year. In contrast, the number of youth held in juvenile facilities fell from a peak of 109,000 in 2000 to 25,000 in 2020, a 77% decline.

Connecticut, New Jersey and New York State have reduced their prison populations over 50%. Twenty-five states have reduced their prison populations by over 25% since reaching their peaks. The federal prison population has declined 27% from its 2011 peak.

Several states have seen significant declines in crime. Between 1999 and 2020, when New York more than halved its prison population, the state's violent crime rate fell by 38%, while the U.S. violent crime rate fell by 24%.

However overcrowding persists as do plans to expand incarceration levels. In Alabama, there are plans to build additional prisons. Alaska and Tennessee also have prison expansion plans underway. Five states have downsized their prisons by less than 10% of their peaks, they are: Nebraska, Arkansas, North Dakota, Montana and Iowa. The federal systems expanded 3% in 2021 and continued to grow in 2022. And the prison populations in 12 other states also grew.

By the end of 2019, crimes reported to the police had reached only half of their 1990s level.

## *Prisoner Transportation*

There is a general lack of research and attention on prisoner transportation especially medical transports. In general, there are safety issues with the vehicles themselves, as well as with reckless driving, disregard for health conditions, and, as usual, an overall indifference to the well-being of prisoners. The cases that are publicized often stem from lawsuits related to prisoner transport van accidents, but this litigation is just a small fraction of the incidents. Issues with transport vans include serious medical concerns, as well as speeding, crashes, and a lack of seatbelts.

Many prisoner transport vans do not have seatbelts or restraints. Even with seatbelt laws, there is still no guarantee that the officer will put the policy into practice. Prisoner transport vans are typically metal and unpadded. This is extremely uncomfortable and unsafe for prisoners. "Rough ride" is a term to describe this form of police brutality and such no touch torture includes speeding, sudden stops, and sharp turns.

In addition, there is no way of stepping into these vans safely – there are no rails, no handles to grab onto, there's nothing. Lawsuits have been brought citing violations of the American with Disabilities Act. In addition, the New Jersey D.O.C. prisoner transport vehicles, for example, present one of the greatest threats to traffic safety in New Jersey. Carrying up to 15 passengers and weighing 10,000 or more pounds, these vehicles are operated at excessive and dangerous speeds by Corrections personnel who are often eating, smoking, or talking/texting on a cell phone. As many as 7 out of 10 prisoners have refused trips in those vans.

More than 4.6 million people are disenfranchised in the United States because of felony convictions, according to the Sentencing Project. Laws vary by state.

We regret that illness among the Newsletter staff has forced us to produce our two most recent issues as bi-monthly.  
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THE LEAST READ PART OF THE NEWSLETTER

To receive the CPR Newsletter by postal mail monthly, send us a self-addressed stamped envelope for each month's issue you are requesting. Five pages (= 1 ounce), can be sent for one Forever stamp. Ten pages (= 2 ounces and can be sent for a 20 cent stamp more.)

Please continue to send us your address changes, including both your old and new addresses.

**NONE OF US ARE LAWYERS OR LEGAL WORKERS.** Letters sent to us marked "Legal Mail" are NOT going to a lawyer. PLEASE DO NOT MARK YOUR MAIL "LEGAL MAIL"! NO MATTER HOW DESPERATELY YOU NEED LEGAL ADVICE/ ASSISTANCE, WE DO NOT HAVE ANY.

Many, many thanks to the Real Cost of Prisons Project, which posts our Newsletter on-line, monthly, for free downloading and distribution. All issues since 2009 are on its great site: [realcostofprisons.org](http://realcostofprisons.org)  
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### Memorial Essay Contest

The Truth Center for Grassroots Journalism has opened submissions for the third year of the Keeley Schenwar Memorial Essay Prize, for work authored by incarcerated and formerly incarcerated writers. There are two prizes: one to a currently incarcerated person and one to a formerly incarcerated one. each is for an original essay of 1,500 words or less on the topic of prisons policing or a related subjects. Essays can be written in the first person and can be personal narratives (although they do not have to be). The prize for each winning essay will be \$3,000.

The prize is in honor of Keeley Schenwar, incarcerated, on and off, over the course of 14 years, was a devoted mothers, daughter, sister, friend, writer and advocate for incarcerated. She died in February of 2020. The annual prize draws attention to the cruel realities of the oppressive systems she struggled against and wrote about.

Entries can be mailed to: Keeley Schenwar Memorial Essay Prize, P.O. Pox 276414, Sacramento CA 95827. The deadline for submissions is June 1, 2023. Prizes will be announced by September 1, 2023. Essays must be unpublished and unique to this contest; they should not be simultaneously submitted to other publications. The purpose of the prize is to draw attention to the cruel realities of the system.

### Imprisonment Effects of Pandemic

Deaths in state and federal prisons across the country rose nearly 50% during the first year of the coronavirus pandemic, In six states, they more than doubled. This jump in deaths was more than twice the U.S. increase overall. The aging prisoner population, correctional staffing shortages and ill-equipped medical personnel combined to to increase the vulnerability of those incarcerated.

At least 6,182 people died in U.S. prisons in 2020, compared with 4,240 the previous year. At the same time the number of those imprisoned declined to about 1.3 million, from more than 1.4 million people. There were 96 deaths per 10,000 in West Virginia, more than in any other state. Other states with the highest mortality rates in 2020 included Alabama, Arkansas, South Carolina and West Virginia. Michigan and Nevada each had about 70 fatalities per 10,000 prisoned people in 2020, up from about 30 the year before.

Deaths in the federal prison system rose, but the rate was lower than those in most states. In a small number of states, including Vermont and Wyoming, with relatively fewer prisoners, the death rates fell. Deaths in the federal prison system rose, but the rate was lower than those in most states.

People with "sex offender" convictions, who had completed their sentences in New Jersey, have been civilly committed to facilities. These "Special Treatment Units," (or "STUs") had a higher death rate due to Covid than any other U.S. prison. The U.S. Supreme Court ruled the practice legal, and it is now used 20 states, as well as by federal government. There are over 5,400 people being so held as a result nationally. Some people had been convicted of crimes more than 30 years ago.

In contrast, the National Governors Association has said that "For individuals with opioid use disorder, providing medications for opioid use disorder inside correctional facilities has a sizable impact on overdose deaths, recidivism, and opioid use post incarceration.

Offering medications for addiction to people in jail and prison with substance-use disorders is a good start, and should obviously also include planning for care after release, to ensure ongoing treatment. As we know, treating people with "substance-use disorders" can reduce recidivism, life threatening infections, criminal offenses, their costs as well as overdose deaths. Fortunately laws are now being adopted that require these medications to be more widely available.