The State of the Prisons

Lessons from America: research in the prisons can bring peace

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American quakers invented imprisonment as punishment, and America now contains one or two of the world's best prisons as well as some of the worst. About 432 000 people are imprisoned in the United States. This means that 177 Americans out of every 100 000 are in prison, roughly two to three times the British rate. The imprisonment rate has almost doubled since 1972 and is the highest since records started in 1925.¹ Most of the prisoners are state prisoners, and the imprisonment rate varies widely among states—as does the quality of the prisons. About 26 000 of the prisoners are held within the federal prison system, which is probably the best of the American systems despite containing some of the most difficult prisoners.² To be a federal prisoner carries status in the criminal world.

The jewel of the federal prison system is the Federal Correctional Institution at Butner, North Carolina, which I visited last year. The staff there wanted me to point out that Butner was "only a jewel among many rubies," but it is clearly something special.³ It contains three populations of prisoners: about 120 prisoners who either are mentally ill or are being assessed for mental illness; about 150 "research prisoners," long term prisoners who have already done one sentence or who have committed violent crimes; and about 60 "ordinary" prisoners who come from the local area, peppered among whom are a few especially difficult prisoners. Butner could thus fancifully be thought of as smaller versions of Parkhurst, Broadmoor, and Wandsworth prisons all mixed together within one secure perimeter.

The three populations mingle together, and all, apart from the 15 or so who at any one time are being punished or who are too disturbed to be let loose, have the keys to their own rooms. As I sat in the canteen where both prisoners and staff eat, I looked out of the window on to the central compound, which looked more like part of a British university than prison, and although I could see about 50 prisoners I could not see a single correctional officer (the equivalent of the British prison officer). Butner has an unusually relaxed atmosphere for a prison containing such a potentially dangerous population, and it has a discipline staff of 160 for the 330 inmates: for comparison Wormwood Scrubs has a discipline staff of 400 for 1300 prisoners, many of whom are locked up for much of the day.

Butner is not perfect, and the federal prison system has plenty of problems, including the familiar ones of too many prisoners and too few resources, but the system seems to provide a few lessons that might be useful to those who run the British system. The first lesson is that high quality research within the prison system can produce rich rewards. Other important lessons have to do with accepting it as inevitable that a prison system

will contain some mentally ill prisoners who cannot easily be shunted off elsewhere and so provision should be made for them; paying close attention to selecting and training all staff; working hard to avoid barriers between discipline staff, caring and teaching staff, wardens (governors in British terms), and the bureaucrats who run the system; and keeping the system open to public, media, and political scrutiny.

Research in the federal prison system

In contrast to the British authorities, those who run the American federal system are committed to research—not so much for academic reasons but more to improve the system. Despite recent financial cuts, research has been continued: it is not seen as an optional luxury but rather as a crucial part of the system. Some sort of research goes on in most of the 43 federal institutions, and current projects include investigations on the effects of overcrowding and the impact of prison work and job training on adjustment after release and an evaluation of drug abuse programmes.² A recently completed study on sexual assaults in prison has shown that they are not as common as has been generally assumed and that their incidence is not much reduced by conjugal visits.²

The experiment at Butner^{2 3} is the centrepiece of the research and takes the form of a randomised controlled trial of a regimen that is more humane than that prevailing in most federal prisons.⁴ Such trials are almost unknown in prisons, and have certainly never happened in Britain. Even more unusually from a British point of view, the American authorities have chosen to test the ideas of an outside academic, a man who has never run a prison. Most British academics who are interested in prisons find themselves in conflict with the prison department not working with them on testing their ideas. The academic who has been honoured in this way by the American authorities is Professor Norval Morris, currently professor of law and criminology at the University of Chicago. "He dreamed up his ideas on how a model prison might operate sitting on his verandah sipping mint juleps," Dr Craig Love, director of Butner's research, told me with a little poetic licence. This is a colourful way of making the point that although Professor Morris had studied and visited prisons he had never run one when he produced his influential book *The Future of Imprisonment*.⁵

Morris is the high priest of the philosophy of humane containment (26 November, p 1614), and he believes, "The general pattern of life within the institution should be as similar as possible to the ordinary working life of a citizen in the community." Prisoners should not be obliged to cooperate with rehabilitation programmes because if they do not they will not get parole: they should be allowed without pressure to choose which rehabilitation programmes they want. As Dr Robert Brutsché, medical director of the federal prison system,

put it, "Prisoners should be offered a smorgasbord of programmes and left to take it or leave it." The prisoners should also have a predetermined length of stay modifiable only by disruptive behaviour, and there should be a graduated release plan. Other assumptions underlying the philosophy, as Love and Ingram state in their paper describing the Butner experiment,⁴ are that there are many types of prisoners, that the best way to understand them is to see them as human beings in special circumstances, that they have similar needs to all of us, and that like everybody else they adapt to their immediate environment.

Morris is particularly against the "medical model" of prisons, which prevailed in the 1960s, and which saw prisoners as people with something wrong with them who needed some kind of "treatment" to return them to normal. Another important aim of his philosophy is to break down the traditional prison culture of "them and us," where the staff dictate the prisoners' every move and the prisoners most admire the prisoner who fights the system: this is a culture that gives the prisoner no responsibility.

A regimen as close as possible to the one envisaged by Morris was established at Butner, and the study of its effectiveness began in 1976. Prisoners aged between 18 and 35, with either previous convictions, convictions for violent crime, or both, and who were due to be released within one to three years were randomly assigned either to Butner or to stay in their existing prisons. The first phase of the trial continued until 1979, and some 718 prisoners were included. The study is continuing, and also the prisoners from the first phase are being followed up.

A great many indices have been measured, and I can give here only a taste of the methods, results, and conclusions. The most exciting result is that despite mixing freely with 120 mentally ill prisoners the Butner inmates assaulted each other roughly half as often as those in comparable institutions. There was no significant effect on the seriousness or number of disciplinary reports (which may be interpreted as a positive feature as the Butner prisoners had so much more personal responsibility), but the Butner prisoners completed nearly three times as many rehabilitation programmes as the controls. Preliminary results show that reconviction rates are no different between the two groups—about a third are reconvicted—but ex-Butner prisoners do have a better work record.

Thus in managerial terms, if not in reconviction terms, the Butner experiment has been a considerable success: difficult prisoners have been made more manageable by providing a more humane regimen. The Butner researchers, qualifying their results carefully and recognising that all prisons and all prison systems are different, have attempted to distil out of their experience suggestions for those running prisons to follow to reduce the incidence of prison disturbances. These are summarised in the box and should be of great interest in Britain, where 1983 and previous years have seen several serious riots.

The mentally ill in the federal system

The one result of the Butner experiment that most surprised Dr Robert Levinson, director of the psychological services in the federal prison system, is that long term prisoners and mentally ill prisoners have been able to mix together in such relaxed surroundings because the mentally ill prisoners at Butner are mostly psychotic: they are more like the population of one of our special hospitals than like the prisoners at Grendon Underwood, Britain's psychiatric prison (11 February, p 472). The federal system has no mental hospital, and so those people who enter the federal criminal justice system and who are mentally ill are sent to prisons. They can sometimes be transferred to mental hospitals belonging to the various states, but, as seems to happen all over the world, the hospitals are not keen to take any offender who might conceivably be dangerous.

Consequently the federal system has to cope with mentally

ill prisoners within the prisons. The system employs 22 full time psychiatrists, most of whom are concentrated at Butner, Springfield in Missouri, and Terminal Island in California. Although all the institutions have visiting psychiatrists, those prisoners who are seriously mentally ill tend to gravitate to one of the three specialist centres. Dr Brutsché told me that he has some difficulty in recruiting general practitioners for the system but has even more recruiting psychiatrists. He would like at least a dozen more, but the shortage is not desperate because much of the load is shouldered by the 100 psychologists employed by the system. I had the impression that the authorities preferred good clinical psychologists to indifferent psychiatrists (not that all of those within the system at the moment are indifferent), and the psychologists in the American system seemed to be more concerned with individual treatment and diagnosis than those in the British system.

Suggestions from American research for reducing prison disturbances

- A prison should have clearly written guidelines that specify the operational philosophy of the prison.
- The prison should be open to change, and the authorities should actively support research and innovation.
- Self help, educational, vocational, and custodial programmes should be designed to enhance the self esteem of the individual prisoner.
- The administration of prisons must include an open style of communication and authority. Each staff member must be given the authority to conduct his job with only general supervision.
- Prisoners should have access to a grievance procedure.
- Prisoners should be given as much discretion as possible to make decisions about day to day activities in their lives.
- Prisoners should be afforded privacy.

Source: Love and Ingram.⁴

General medical services

Dr Brutsché freely admits that he has problems recruiting doctors for the federal prisons and problems assuring the quality of the service. Most of the 80 full time generalists in his system fall into two groups: younger doctors from the Public Health Service who have recently graduated and who have had their fees at medical school paid by the service; and older doctors who have tired of private family practice. Dr Brutsché recognises that doctors who have drink or competence problems may seek a sinecure in the system, and he does his best to keep them out. He also does his best to ensure quality, and the aim is to provide a service at least as good as that available in the community. He believes that special skills are necessary to be a prison doctor, and these have to do with recognising the problems inherent in the doctor not being able to choose his patients and his patients not being able to choose him, and in understanding that many patients have a secondary aim in consulting the doctor—for example, to get off work, or to be moved to the hospital so that they can escape, etc.

There is no external audit of doctors working in the American federal system, and nor is there much public disquiet with the medical care (which may, as Dr Brutsché points out, have something to do with prison reformers having their hands full with state systems). Attempts were made a couple of years ago to get local doctors to go into the prisons and inspect the medical services, but the local doctors were not interested—

they too had their hands full with the state prisons. Dr Brutsché thus has to rely mainly on his "RAMs," his regional medical administrators. These people are not doctors, but Dr Brutsché thinks that they can assess quickly whether a prison doctor is performing within the range of what is "generally acceptable."

Dr Brutsché also receives information from the wardens of the prisons. It is made quite clear to a doctor joining the federal system that he is answerable to the warden of the prison and that he is as responsible as anybody else for its security. Thus if in a consultation a doctor learns something that threatens security he is expected to pass it on to the warden. If he did not he might be sacked. Similarly, if the warden were to ask a doctor to examine a prisoner's rectum for contraband and he refused then he might be dismissed. Such confrontations do not, however, arise because the doctors know the rules from the day that they start. Such a system seems to fly in the face of the professional ethic of the doctor being primarily responsible to his patient. It seems, too, to be incompatible with the United Nations principles of medical ethics relevant to prison doctors, the third of which is:

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

But none of the doctors I spoke with were much worried by these conflicts. They knew the rules and so did the prisoners, and it did not, they thought, impair the doctor patient relationship.

If either the prisoners or the staff are unhappy with a doctor's performance then it will reach the warden and so Dr Brutsché. Another method that Dr Brutsché has of ensuring that his staff are practising well is to take "snapshots" of their prescribing patterns. But there is no audit from outside the system, which is also true, Dr Brutsché pointed out, for the average family doctor in the United States. This lack of outside inspection applies also to the system's punishments. Prisoners who offend against prison rules are tried within the system according to "something like due process," but no outsiders are involved. Nobody appears to complain about this because the way a prisoner is judged is clearly laid down and because it has been established by previous cases in outside courts that the system is a fair one. The courts now are reluctant to take cases from federal prisoners complaining about the way they have been tried within the system.

Accreditation

The courts in America have, however, in the past decade played a crucial part in raising the standards of American prisons and jails. This has come about by prisoners suing prison authorities when they fail to meet some of the many standards laid down by various organisations for prisons. The American Medical Association, the American Correctional Association (a professional body that represents all those who work within the criminal justice system), and the American Bar Association have been three of the bodies most prominent in laying down minimum standards, but others have as well, and the whole issue is extremely complicated. Some of the bodies provide accreditation for an institution that reaches their minimum standards. The minimum standards cover all sorts of aspects of the prisons from the amount of space that a prisoner should have to himself to the number of doctors that a prison should have. New standards are continuing to be set, and the American Bar Association is currently producing minimum standards for the mental health facilities that should be available to prisoners.

Through these processes of setting minimum standards, accrediting institutions, and suing prison authorities that do not measure up to them, the conditions in American prisons have

improved greatly in the last decade. The prison department in Britain is supposed to be producing a set of minimum standards for English prisons, but it is being very slow. This is presumably because unless it sets standards that are ludicrously low—on matters, for instance, like the amount of space that a prisoner should have to himself—most British prisons will not reach the minimum standards. Another question that arises is whether or not the Home Office should be setting the standards. In the United States outside bodies have set the standards.

Staff training and relationships

At the second world conference on prison health care, which I attended just before visiting Butner, Dr Bruno Cormier, Canada's most eminent forensic psychiatrist, made the statement, "In prisons if you don't train your staff well then you don't go anywhere." Discipline officers form the second largest group after the prisoners in most prisons, and if they are unsympathetic to the aims of the institution then little will be achieved. The American federal system is lucky in being able to be choosy about selecting its correctional officers: their educational standards are high, and most of them have worked in jobs where they have been required to lead people.

One of the reasons that the federal system can attract high quality people is because of its career structure. In the true tradition of the American dream, a man who starts at the bottom can work himself up to be director of the system—and one of the four directors that the system has had since 1930 (continuity and a political "hands off" policy are two other advantages of the federal system) did just that. Indeed, everybody who enters the service, except someone in the most specialised groups (which includes doctors), is expected to spend some time working as a correctional officer. The purpose of this is two-fold: firstly, to impress on everybody that keeping people in the prison is their first responsibility; and, secondly, to avoid the divisions between discipline staff and wardens, and between discipline staff and specialist staff that so often bedevil prisons. This philosophy extends to those who run the system centrally—all of them have worked in prisons. Thinking of England, I think that this is a far sighted policy, because in England there are undoubtedly dreadful gaps between discipline officers and governors, between discipline officers and specialist staff, and between governors and central bureaucrats, many of whom are career civil servants passing through the prison department for only a couple of years.

Final lessons

One of the last lessons that the American federal system might have to teach the British systems is one that they are already beginning to understand—the value of openness. The system has always been relatively open compared with the British system, but since the Freedom of Information Act and since Watergate it has become even more so. Lawyers, judges, journalists, academics, and people from the local community are all welcome to federal prisons, and the response to an accusation of improper behaviour is not "No comment" but rather "It's not true—come and take a look." The assumption is always that those who are secretive have something to hide.

References

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