



June 20, 2024

Acting Director Kevin M. Scott
Bureau of Justice Statistics, U.S. Department of Justice
810 7th St. NW
Washington, D.C. 20531

RE: Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired: Census of State and Federal Adult Correctional Facilities (OMB Number 1121-0147).

Dear Acting Director Scott:

Thank you for the opportunity to submit public comments regarding OMB Number 1121–0147. We appreciate the existing data collection the Bureau of Justice Statistics (BJS) provides through the Census of State and Federal Adult Correctional Facilities (CCF). FAMM urges the BJS not to remove questions regarding staffing. In addition, we suggest that BJS consider adding new inquiries related to staffing, sentencing, health and safety, and critical demographics of incarcerated people.

Retaining critical staffing data points:

The proposed rule would remove the following data points from the upcoming census:

- Number of payroll and nonpayroll staff by employment status (full-time and part-time)
- Number of security staff on average at facility by day shift, night shift, and overnight shift
- Number of shared security staff with other administratively linked facilities.

We urge the BJS to keep these critical questions regarding staffing at state and federal prisons. Recent reporting from Marshall Project reported that there was a 10% decrease in the prison workforce between 2019 and 2022 – with some states experiencing a much steeper decline.¹ Earlier this year, the Department of Justice’s Office of Inspector General released a report on non-medical deaths in custody. The stark staffing crisis within the Bureau of Prisons was a common throughline of many of the non-medical deaths in custody.² We encourage the BJS to include these questions for the 2024 census given the worsening state of corrections staffing in the last five years and the harms to incarcerated individuals and staff related to understaffing.

In addition to retaining crucial data requests pertaining to staffing levels, FAMM encourages the BJS to consider including the below data points:

¹ Shannon Heffernan and Weihua Li, “New Data Shows How Dire the Prison Staffing Shortage Really Is,” *The Marshall Project*, January 10, 2024. <https://www.themarshallproject.org/2024/01/10/prison-correctional-officer-shortage-overtime-data>

² “Evaluation of Issues Surrounding Inmate Deaths in Federal Bureau of Prisons Institutions,” Department of Justice Office of Inspector General Evaluation and Inspection Division, February 2024. <https://oig.justice.gov/sites/default/files/reports/24-041.pdf>



Prison staffing:

As mentioned, our nation's prison systems are facing a crisis in corrections staffing. The widespread lack of adequate corrections staff impacts every facet of a prison's operation and touches every person. Vacancies across departments not only affect corrections staff but incarcerated people and their families as well; particularly through the prevalence of staffing related lockdowns and delayed access to critical healthcare services. To that end we recommend including the following two data points to future CCFs.

- Number of days of lockdown in a year
- Number of vacant medical staff positions on reference date

Programming and treatment:

Prisons serve several functions but chief among them is the rehabilitation of incarcerated people. Approximately 95% of people in state and federal prisons will return home one day.³ It is imperative that prisons provide individuals with programming that helps ensure a successful reentry as well as treatment options that address issues that may have played a contributing role in their offense, such as a substance use disorder or serious mental illness. To that end we recommend the following three data points be added to the CCF.

- For existing data points on “types of work assignments,” and “types of counseling or special programs,” - add
 - How many positions or seats available
 - Number on waiting list as of reference date
- Number of incarcerated people in custody with a diagnosed serious mental illness on the reference date
- Number of incarcerated people in custody with a substance abuse diagnosis on the reference date

Sentencing:

The United States continues to be an outlier among peer nations in terms of prison populations, incarceration rates, and sentencing length. American prison sentences are longer than most countries in both sentences imposed and time served.⁴ The United States is home to approximately 83% of life-without-parole sentences imposed globally.⁵ While recent reforms and other factors have brought our national incarcerated population down from its peak, long

³ “Reentry Resources”, U.S. Department of Health and Human Services Office of Minority Health, n.d.a, <https://minorityhealth.hhs.gov/reentry-resources#:~:text=Each%20year%20roughly%20600%2C000%20individuals,prison%20will%20eventually%20return%20home.>

⁴ Lila Kazemian, “Long Sentences: An International Perspective,” The Council on Criminal, December 2022. <https://counciloncj.foleon.com/tfls/long-sentences-by-the-numbers/an-international-perspective>

⁵ *Id.*

sentences continue to contribute to the United States' outlier prison population. To that end, we recommend the following three data points be added to the CCF.

- Number of incarcerated people in five-year time-served brackets on the reference date (*i.e.* 0-5 years already served in current period of incarceration as of the reference date, 5-10 years, 10-15 years, etc.)
- Number of incarcerated people in five-year brackets by length of minimum sentence on the reference date (*i.e.* minimum sentence of 0-5 years, 5-10 years, 10-15 years, etc.)
- Number of incarcerated people serving life without the possibility of parole

Prison health and aging:

The United States' long prison sentences have resulted in the “graying” of American prisons. Between 1993 and 2013, the proportion of incarcerated people over the age of 55 increased by 400 percent.⁶ In 2022, there were more than 186,000 people over the age of 55 incarcerated in a United States prison.⁷ Older incarcerated individuals are at an increased risk of serious and chronic age-related medical issues – turning prison units into hospice and geriatric wards. We know that older people, especially those with advanced and serious illness, are the most expensive to incarcerate but pose the lowest public safety risks.⁸ As we work to address to our bloated prison system, it is important to have an accurate reflection of those in our prisons who are elderly and/or dealing with advanced or serious illnesses. To that end, we recommend the following four data points be added to the CCF.

- Number of incarcerated people in medical or geriatric units on the reference date
- Number of incarcerated people on hospice care on the reference date
- Number of incarcerated people who are unable to independently perform one or more activities of daily living on the reference date
- Number of incarcerated people in 5-year age brackets on the reference date (*i.e.* age 18-19, 20-24, 25-29, 30-34, 35-39, etc.)

Thank you for your time and consideration of our views. If you have any questions or would like to discuss this comment please feel free to contact Daniel Landsman, FAMM Vice President of Policy, dlandsman@famm.org.

Respectfully submitted,

Daniel Landsman
Vice President of Policy, FAMM

⁶ Mary Price, “Everywhere and Nowhere: Compassionate Release in the States,” FAMM Foundation, June 2018. <https://famm.org/wp-content/uploads/2023/12/Exec-Summary-Report.pdf>

⁷ Meg Anderson, “The U.S. prison population is rapidly graying. Prisons aren't built for what's coming” National Public Radio, March 11, 2024. <https://www.npr.org/2024/03/11/1234655082/prison-elderly-aging-geriatric-population-care>

⁸ Price, 9.