think you toured if you saw the program here. Some of them are in administration segregation units elsewhere throughout the system. And the point is that there has been a policy change because of recognizing the problem of mixing people with mental illness and people that don't. That administrative segregation units are split. Maybe someone from the Department can explain that better for you, explain that better, more detail.

MR. MCFARLAND: Thank you very much, Dr. Kupers. You, of course, are welcome to stay as long as you can.

Our next witness is Robert Dumond, and he has provided us with written testimony which we have read. He is a board certified, licensed clinical mental health counselor with a specialty in exactly the subject we're talking about. We are privileged to have you, Mr. Dumond.

MR. DUMOND: Thank you very much. I want

to thank the panel for the pleasure to be here and certainly an honor. Hopefully our testimony will be important and helpful. I also wish to be -- great honor to be with both Dr. Terry Kupers and Dr. Barbara Owen, both of whom have contributed to corrections. Terry with help treating mentally ill

in prison, and Barbara with the treatment of women offenders and gender responsive treatment. I think that is important.

I think framing this, the sexual assault is one of the most pervasive and difficult nonlethal offenses in corrections. I think that is something we need to recognize right up front. We also need to recognize that this is not a new issue. The Rev. Louis White first identified this in 1826, and Joseph Fishman a hundred years later, federal Bureau of Prisons also identified that this was a problem that existed, that it was contributed to by inmate silence and also a code of silence and also staff turning a blind eye.

What I have provided is some documented history to kind of put some textualization on it. It is important to at least address that. There are factors which occurred from a number of witnesses that are predictable, contribute to sexual violence.

The facility issue lacks vision, gangs of aggressors, prison overcrowding, inadequate, nonexisting classification, withdrawal of surveillance and architectural issues. We also know certain places in prisons, in jails contribute to sexual victimization.

The issue of staff attitude needs to be flushed out a little bit further. I would like to do that. Staff unfortunately can contribute to this in one of three ways. They can carry out sexual aggression. They may know about or permit sexual aggression and do nothing about it. They may deliberately fail to carry out their custodial responsibility, which is actually the most common, and also the one that is most amenable to staff treatment, management and training.

And one of the things I think is important to recognize is some studies about correctional staff which really belies some of the questions you've heard over the last two days. Helen Eigenberg, who formerly worked with the Bureau of Prisons, has done two studies in two large correctional settings. She found that many officers were unlikely to respond to incidents when the victim was a homosexual or when the incident appeared to be consensual. She also

found some officers and staff actually engaged in victim blaming. She also found that a number of staff attitudes -- the staff affect the people who actually come forward and treatment they receive.

Troubling in one study, 46 percent of the staff she surveyed said that some inmates deserve to

be raped. That was repeated about 12 years later and in that study it was only 23 percent. But that still belies the question about the human dignity and constitutional care.

We also know that the dynamics of victimization are the same in the community. The same operating principles which affect victimization exist, and the predators look for means, opportunity and vulnerability. They select targets that are the least able to defend themselves, who are not believed or believable, who are unliked and despised. Aggressors may use a number of manners to control their victims: entrapment. They can use pressure tactics, forced tactics, accompanied by psychological manipulation. It is important to recognize that anyone can be a victim of sexual assault. Having said that, the research is very clear, quote, men and women in prisons, in jails, that the young and inexperienced, the new time

offenders and those with mental illness and developmental disabilities are extraordinarily at risk.

MR. MCFARLAND: Excuse me. Just a second. Do you have the written testimony?

THE COURT REPORTER: I may. If not, I

will get it after.

MR. MCFARLAND: Because he is going very quickly.

MR. DUMOND: I will also provide a copy of my testimony.

Additionally, the research has documented for male prisoners that there are certain other characteristics which make more vulnerability: those that are physically small and weak; those who are not tough or street wise; those who are not gang affiliated; those who are homosexual, transgendered or who appear overly effeminate; those who violated the code of silence, those rats and snitches, if you will; those disliked by staff; those who committed sexual offenses themselves; and those who have been previously sexually assaulted. That is perhaps the most difficult. Once one has been previously assaulted, one is at a high increased risk for that.

The more of these factors that apply, the more

likely the victimization. As was noted by Ms. Ellis, race has been identified as a factor, but those in particular with settings of high racial tension. That is an issue we have to identify.

Once a person has been victimized, they are more likely to be targeted repeatedly, and as a

result they may do one of three things. They seek protective custody, which clearly affects their lifestyle and the services and treatment they receive. They seek protection for what is called protective pairing or hooking up, trading their body for protection. They may act out violently themselves, become the sexual aggressor, because the best defense is a good offense.

The impact, unfortunately, of prison sexual violence is catastrophic, and that applies to both the community as well as applies to individuals in jail setting. Individuals who are victimized experience anxiety, depression, posttraumatic stress disorder, suicidal feelings, attempts and exacerbation of previous psychiatric facilities.

Unfortunately, as Dr. Kupers so aptly described in jail and prison settings, the victimization may be more traumatic for a couple of specific reasons. Individuals who are in jails and

prisons often repeat this whole experience. Physical assaults, they are often exposed to ongoing sexual victimization over a period of time by a multiple of offenders.

When I worked in the District Attorney's office, I had the opportunity to work on hundreds of

rape victims in the community. With the exception of those who had been kidnapped by their assailants, those individuals had one event which was a life-changing event and it caused them significant harm. The difference in prison and in jails is those individuals will be repeatedly targeted by similar friends of that particular person and will have multiple victimizations which certainly increases, Dr. Kupers said, the complex posttraumatic stress that Judith Herman talks about.

In the case of staff sexual misconduct, there is also the additional violation that those who have been charged with the duty and responsibility for the care, custody and control have allowed for the betrayal and alienation and really the abdication of their responsibility.

As we know, most sexual assaults do not report their victimization. As a result, they do not receive the appropriate medical and mental

prophylaxis and treatment. Unfortunately, whatever a victim does in a jail or prison compromises their well-being and safety. It is a no-win situation. If they go to PC, they're allowed not to get any kind of services. If they fight, they compromise their ability. If they stay in the community, they

are going to be continued to be victimized.

So that is clearly something that we have to come up with a strategy that will respond to the aggressors.

Now, how can we do this substantively? In institutions and agencies where senior managers take seriously security and prisoner sexual violence and there are clear and established rules and guidelines regarding the conduct of prisoners and staff and where staff enforce those rules in a firm but fair manner, you will see decreases in sexual assault and increase in institutional security. Conversely, in institutions where there is apathy, where there has been a neglect by correctional staff and administrators, where sexual behavior is ignored or encouraged, where there is lack of security, sexual behavior abounds.

In four years of research we've had some pretty clear consensus of what works, and include a

number of things: increased surveillance and supervision through the use of human and technological resources; increasing the number of staff to provide such surveillance and supervision; improved inmate screening, classification placement and segregation of vulnerable prisoners and inmate

sexual predators in the appropriate security level; comprehensive ongoing staff training addressing victimization, coercion, attitudes and response; and use of scientific management principles to collect data efficiently and make rational correction decisions.

Good security, as you've heard from a number of witnesses, can only be maintained --

MR. SEXTON: Excuse me, what was the last comment?

MR. DUMOND: The use of scientific management principles.

MR. SEXTON: Yes.

MR. DUMOND: We need to collect data efficiently in order to make correctional decisions. If we don't understand the nature of a problem, where it's occurring, when it's occurring, under what circumstances, we cannot deploy management resources to respond. And one of the dilemmas have

been we have not had the ability to collect that data in a responsible way, and as a result managers haven't been able to deploy staff resources to have technological cameras and to have an opportunity to intervene appropriately. So data collection is really part of this. You have to make that part of

the dilemma.

Good security can only be maintained when there is adequate staffing levels with properly trained and motivated staff with sufficient resources. Hearing that over and over again, but that is part of the dilemma.

Correctional authorities significantly influence what happens in prisons and in jails. Staff must consistently promote prosocial attitudes and behavior in which human dignity and respect are fostered between staff and prisoners and among the prisoners themselves. The National Institute of Corrections, as you've heard from Director Thigpen, has had a great deal of history with staff sexual misconduct. The issue of a sexualized workplace needs direct intervention. Prisoners are very quick to learn what the facility culture is, or what is tolerated. It sets up an atmosphere, as you know, of permissive behavior and erodes professional

boundaries. The use of racial slurs is no longer acceptable in correctional settings.

And I would submit to you that this should equally apply to issues of gender, sexual orientation, mental, emotional, physical disabilities and other differences.

MR. MCFARLAND: Is there anything else you would recommend in addition to that that would change the culture, the sexualized culture?

MR. DUMOND: Well, probably we will have to start paying attention to, address how people approach it because I think there has been a tacit, if not agreement. People have looked the other way. When people share and do things, some folks have not responded affirmatively.

I noticed, Sheriff, you were very clear about do we confront staff when they behave in ways that are clearly inappropriate. We have not done that consistently, nor have we had the ability to provide the resources to do that. But I would also like to comment, I think your point is well taken.

Prisons and jails are toxic environments. I think that is important to recognize. They are toxic environments. In fact, staff who work in prisons say we are doing life on the installment

plan. We are subject to the same kind of rigorous stress that the people that live there experience, and that is very traumatic. We need to build and make those situations careful not only for the inmates that live there, but for the staff that work there. When staff feels supported and they feel

they have the resources, when they have the ability to intercede, they will provide more care.

Another model that I think the mental folks here will recognize is there is something called transference and counter-transference. People in mental health are trained very clearly to know when your personal feelings interfere with your professional responsibilities. We don't do that with corrections. That's something we probably need to do much more clearly. Because it is inevitable, I'm going to have some negative feelings about the people I work with. I work with, as we all tend to, I work with some reprehensible individuals. That has been very difficult. Yet I cannot let that personal feeling interfere with my professional responsibility. If it does, then I need to remove myself from the situation. But the system has to give me permission to do that, and right now there is no vehicle to do that.

MR. SEXTON: The system, they can do the same thing with inmates. Are we allowing inmates to continue the racial slurs? Are we going to continue --

MR. DUMOND: I think your point is clear. We have to develop a culture of respect that

manifests both from staff to inmates and inmates to themselves. That has to be part of the solution.

MR. SEXTON: Do we need to address the court somewhere along the line in regards to their decisions coming down that in some areas conflict with --

MR. DUMOND: By calling free speech. The goal of corrections is care, custody and control. If racial epithets are going to destabilize the institution, we need to do something about that within the institutional purview to manage that. I don't think that courts would be disapproving of that in terms of free speech or liberty interest because that compromises the safety and security. I think developing a culture of respect is endemic to that.

For the record and I'm sure you know, the Jury Commission's Institute Report very clearly calls for a culture of respect and professionalization.

That's part of the dynamic. We have to treat people as human beings and continue to support them. It is part of the professionalization of it. And unfortunately, Secretary Hickman had a very good point yesterday; he made a point that says: Is there something about corrections that causes it to

be a negative environment? I think we'd do well to remember the standards from the folks that the nature of keep those who are kept and those who are the keepers can sometimes compromise how people act and behave towards other human beings. We need to address that.

We also need to, again, make the situation -- I think corrections has had some inordinate difficulties that I think -- I am glad Terry talked about it. Corrections has been in the task of dealing with things that it was never meant to deal with. We have an inordinate amount of -- we are the day cycle psychiatric facility in the United States. Corrections was never meant to deal with that. We don't have resources; we haven't had the resources. We are being asked to do all things for all people.

This debate will not be solved simply here, the body politic as Secretary Hickman very clearly said that. We don't work independent of

legislators. We don't work independent of budgets. We don't work independent of public will.

I think one of the messages you are going to hear from all of us, you've heard from a number of people, this is an issue about community safety. If people go to prison and jails and they are

victimized and violated, they become angry, they become frustrated and they become extremely mentally ill, they get compromised, they take drugs, they may go out and act out toward other people; and that creates the cycle of victimization. That's part of the message we need to communicate very clearly to our staff and to the community. That's part of the solution.

So the systemic approach, I think it is important that -- Executive Director Thigpen talked about it. You've heard even examples this morning. The effective response requires we look at the totality of what is going on. In order to do that we have to look at all the interrelated points. Any policy and procedure that you as a body look at should have a minimum of four dimensions: prevention, data collection and analysis, interdiction and prosecution, intervention. Whatever the policies that are created, they may be

unified, they may be separate; the agencies whom you look at should be able to articulate not only the policy that created the sexual violence, but also any changes and additions that are required in other policies that are related to that.

The other thing is the policies should create

protocol, should create post orders which are tied. But the true test is really are we -- are you using that. It is really about accountability and follow through. You can have all the policies in the world, but unless you follow through with supervision and enforcement, you really do not have any buy-in.

In terms of witnesses, I think you are all very much aware of that. Complex organizations are very difficult. You saw an example of that even this morning. What someone at the top may understand may not have filtered down to the mid management or lower levels of your organization.

Clearly one of your challenges is going to be, and I recommend to you strongly, that you get a number of people from different levels of the organization, from different disciplines because I guarantee that you are going to have a different understanding of what the mission is and what the

responsibilities are, and that is part of the dynamic. Having said that, I think it also is important that you guarantee in some demonstrative way that witnesses who appear before your panel be protected against ill-advised actions by employers and by agencies who may not want to hear when

someone is taking exception to what is being said. I think that is part and parcel. If you want to get accurate information, you also need to provide some guarantees and protection.

Staff training is the linchpin. We know that. I am glad Terry talked about some of the ways to do it. I think I would like to again strongly support and model both what the National Institute of Corrections has done, what Director Thigpen has done, what Andie Moss has done. I think what you've seen is we've had a ten-year history of these staff sexual misconduct, which is a great start. I am very honored, and I know Barbara has been a colleague with Andie on this.

We have done a tremendous amount to really influence, I think, an understanding of sexual violence and how to approach it using the models of staff sexual misconduct. One of the messages, I think, you need to ask when confronting the people

you are working with: Have they availed themselves of those free resources from NIC? Are they using the videos? Are they using the resources? Do they understand that that technical assistance is available to them? If they are not, why not? This is something, the federal government has provided

this resource under PREA that is available, and all agencies should be availing themselves of that.

In addition, the Urban Institute has done some important things under staff training that I think you need to address. Number one, the panel should look at not only the training that is provided, but when it is provided, the material that is utilized, by whom, the topics covered, and also its credibility of the trainer.

One of the things we heard over and over again is that sometimes the people doing the training have been involved in staff sexual assault misconduct themselves, have been put in training because they can't be in direct care anymore. That really undercuts the whole mission of training. The people who do the training have to be understanding and, in addition, not just training. You are dealing with the issue of, the complex issue like sexuality and sexual violence. That person, those individuals

have to understand the complexity and be able to talk about it in a rational way.

There are clear barriers to reporting. I think we are all aware of that. It is important to recognize that sexual assault and rape is the most underreported crime in the United States, in the

communities.

MR. MCFARLAND: What is your source for that?

MR. DUMOND: Numerous sources. National Crime Victimization Service, Uniform Crime Reports, National College of Women's Survey. We clearly in terms of reporting to police authorities the variability is somewhere between 5 percent, in the National College of Women's Survey 2000, to 38 percent in the most recent Crime Victimization Survey by BJS in 2005.

So we know in the community most people don't report to police authorities. It is important to recognize we are dealing with jails and prisons. There are an incredible amount of additional barriers that are involved, not only guilt, shame and fear, but now I'm going to be compromised, I'm going to be identified, I'm going to have been really put in a negative situation because there are

some dynamics about jails and prison. Once you've acknowledged you have been victimized, you are at extreme risk for continued victimization.

MR. MCFARLAND: You're extrapolating in the prison context from the general population?

MR. DUMOND: For the record, it is not

only from the prison context. Cindy Stuckman-Johnson has done two well controlled studies in a number of departments of corrections. Her data suggested only about 29 percent of the population who reported in an anonymous survey had reported to the police, to the correctional authorities that they had been sexually assaulted.

So we have data from the community that certainly is associated with data from the jails and prisons. But we also have some prison studies which are clear that a small percentage will report.

One of the things that I think we need to address individuals who come forward really need to understand that they are going to be taken seriously. They need to know they are going to be protected. There has to be adequate safety and security. There has to be substantive interventions. An appropriate response is both discipline and prosecution where it is appropriate.

Investigators, as you've heard, you can be a great investigator -- I am a rape certified investigator. You need to have special training to work with victims of sexual assault, and I know Ms. Ellis is very much aware of this. In addition, victims need to be able to talk with people. I may need to talk

with someone, for example a female or a male, and I need to have some opportunity to do that because that is my right in the community, and that certainly should be afforded to people in jails and prisons as well.

MR. MCFARLAND: I want to ask each of you one question. I am going to lose Dr. Kupers in a couple of minutes. I wanted to ask: Do you have a professional opinion as to what the actual incidence of sexual assault is in, say, CDCR?

MR. DUMOND: I would not be -- I am not from California. I pass. I would not be the best person.

MR. MCFARLAND: How about nationally?

MR. DUMOND: Nationally, there is some. The data sets vary. Cindy Stuckman-Johnson suggested about 22 percent in one study and about 15 percent in another, which is extrapolated down to about 12 percent nationally. That is the best sort

of extrapolation.

MR. MCFARLAND: Is that your opinion, 12 percent?

MR. DUMOND: I don't think that is an unfair speculation. I am not sure that I would be in the best position to say that is appropriate. I

think just for the record, and I know Barbara may weigh in on this, we are in the same place we were with child abuse reporting. In the mid 1970s we had no knowledge of what the incidence of child abuse was in the United States. We have mandatory reporting so now we have a big spike. Unfortunately, your task is going to be cutting -- are you seeing a real incidence or are you seeing another big spike or are people reporting because now we are paying attention to it. If you pay attention, now you will report. That is a real challenge.

MR. MCFARLAND: Dr. Kupers, do you have an opinion?

DR. KUPERS: What I can say with certainty is we do have figures in the 20s, and Cindy Stuckman-Johnson is the best research in that regard. Lockwood and some of the earlier research came up with 27 percent are subject to unwanted

sexual aggressive acts. That doesn't mean rape. So we have to define our term.

MR. DUMOND: Fourteen percent is what he said.

DR. KUPERS: There is -- what I know for certain is there is a large number of unreported

cases even to the researchers. For instance, the whole issue of consensual sex. Even where if the person involved in the sex doesn't think of it as sexual assault or rape, but in my definition it is.

In the figures that come out in the low 20s are massively underreported So it is much higher than that is what I know for certain. We don't have a figure.

MR. MCFARLAND: We're jumping ahead, but, Prof. Owen, do you have an opinion on that?

DR. OWEN: I have many opinions. I am going to ask us all to shift our perspective a little bit, and I will build my case in my remarks, and I absolutely understand your charge in the legislation, I am very familiar with your role. I think there's been an overemphasis on counting. I think this is a moving target that's definitional, that sample size is even analytically driven. I am going to suggest that we take a step back and look

at the broader context.

And the question you put to us for our preparation, the major thread was deterrence. And I want to talk about looking at deterrence from several perspectives, whether this study says 22 or this one says 23. Any one of us with a basic

Statistic 101 class can tell you what is wrong with the study. But I think our goal and our use of the attention afforded by PREA and the leverage as well as the resources give us an opportunity to move away from tedious academic arguments, is it 24 percent or is it 26 percent. Oh, no, you asked an open-ended question. Oh, no, you truncated your analysis. Believe me, I can bore you for hours with the debates that statisticians will subject you to when you start getting the BJS data.

I want to suggest an emphasis on counting is a misplaced emphasis. Again, I will build my case when I have my time.

MR. SEXTON: May I ask you a question?

DR. OWEN: Yes, sir.

MR. SEXTON: Coming from a practitioner's aspect, whether it be robberies or manpower allocation or budget, the Legislature, whatever, our society is based on a count. Count staff, I heard

somebody talk about counting staff since I have been here. All of these things, if we go with the logic that you're talking about, how do I as a practitioner, how does somebody from the Bureau of Corrections, how do we justify our needs for those additional staffing, justify the needs for

reclassification, justify the need for a protective Level I? Somewhere along the line we have to have a mechanism to justify these requests. Using your logic, how do we go about doing that?

DR. OWEN: You are describing what is known in the literature as the public health dilemma. If we put all our resources in prevention in deterrence, how do we know, in fact, we have accomplished? And I will suggest to you that public health has a much greater payoff than we're ever going to be able to count. Simple example --

MR. SEXTON: I agree with you.

DR. OWEN: Smoking cessation. There is not a person that is going to tell you because we can't count how many people stop smoking because of the ads, because of the school stuff, because of the role modeling, all the variety of strategies that have been deployed in the smoke cessation that is going to tell you that we shouldn't do it because we

can't count.

MR. SEXTON: I agree with you. I guess also we need to have a prevention program on Let's Not Have You Come to Jail or Prison.

DR. OWEN: There is lots to say about that. My point is simple, that we need to run in

several tracks here, and the emphasis primarily has been on counting, investigations and prosecution. And I am going to make some different suggestions.

MR. MCFARLAND: Our statute requires DJS to do some ranging, so unfortunately counting necessary.

DR. OWEN: I understand your point. I think we can expand our use of the PREA.

MR. MCFARLAND: Doctor, do you have anything you want to add, to supplement because I want to let Mr. Dumond finish and then Prof. Owen?

DR. KUPERS: At this point, no. I am always delighted to hear Dr. Dumond and Dr. Owen. I'm sorry I have to leave you, but it's been a pleasure. I would be happy to have further --

MR. SEXTON: I have one question possibly. Based on what you're saying, is an outside investigation by an independent party into the allegations an issue or would that help?

DR. KUPERS: I would vote with this morning's panelists, some kind of independent investigation would be crucial. It doesn't have to be an entire investigation. It could be an oversight body. It could be another department.

MR. SEXTON: Dr. Dumond, from what I heard

of the beginning of your testimony, I believe you would feel outside investigations would be warranted?

MR. DUMOND: I like Mr. Gennaco's representation. I think there is a place for joint investigations. I think if you have an independent, properly trained agency source who is using professional models, coupled with an oversight by the prosecutorial individuals or persons with that kind of strategy.

MR. SEXTON: How about if you don't have it in the county, but you're dealing with not L.A. County but East Bagolia, Idaho, or something?

MR. DUMOND: I think you have to use the resources that are available. When I worked in the District Attorney's office, we had a specially detailed office, and that was one of my tasks when I worked there. I'd actually go out and do some of those investigations, and that is a model that is

available to some vendors. You need to use the resources that you have.

MR. MCFARLAND: Do you have a nominee or a department that would provide to you oversight of external investigation?

DR. KUPERS: I think it would be regional.

I am not suggesting a federal oversight. In particular, I think that might be what you arrive at. I think it would be regional. I think each region -- for instance, in mental health what we have done is ask that the state Department of Mental Health investigate the Department of Corrections around cases involving people with serious mental illness.

What I'm suggesting is some kind of collaboration where there is a relative neutrality; that is, the party doing the investigation --

MR. SEXTON: I guess what I would call an outside agency would be if it was, for example, Folsom use Sacramento County or use Folsom PD. That is what I am asking.

Would that bring more consistency, more trust?

DR. KUPERS: I believe so, as long as there is not a rubber stamp mentality.

Thank you all very much.

MS. ELLIS: Thank you.

MR. DUMOND: In deference to Dr. Owen, I want to make a couple more points. There has been some discussion around the gay, lesbian, transgender population, but I think it is a misnomer to suggest by putting those individuals, because being --

whatever your sexual orientation is, does not preclude being a sexual predator. I think the issue is more about housing and parity in cell matching. Clearly you want to have people who have like situations, like issues, and you want to be clear that just because someone is of the gay or homosexual community does not necessarily mean they are not going to be aggressive because I think that is a simplistic response. But clearly having a recognition of the needs of people who are gay and also transgender or bisexual and also having genuine respect.

The other thing I'd suggest to you is a very important question around staffing. Sheriff Michael Hennessey in San Francisco has made a great deal. He's been there since 1979. He's made a great deal of, I think, important contribution by suggesting that having openly gay and bisexual, transgender staff on his department does provide a vehicle both

for role modeling and also for genuine respect and dignity. That has worked. He is someone definitely to consult. He has observations on that.

I think the issue of confidentiality is a conundrum. I think it is important. There is challenges in professional privileges, and

confidentiality, I think you need to consult with state law, federal law to professional codes of ethics. I would submit to you that there is several things to consider. When I treated individuals, I was very clear what the limits of confidentiality were, right up front. Made it clear. If you tell me these things, this is what I have to do.

That has to be part of the dynamic. If you have some clear understanding of what that privilege entails, and I think mental health and the medical segment could be a support. Giving those people the opportunity, can help someone come along and say, "You know, I can help you through this and provide you with safety and security if you will allow me to do that."

I will always point out what the Moss Group is going to be doing in February of 2007, is going to be convening a group of medical and mental health practitioners to look at this and a number of other

issues. Confidentiality is certainly going to be one of the issues. I think the issue -- it is -- we are looking at -- there are 8,900 correctional facilities in the United States. Some jails are very large, if you've seen. But some jails, about 50 percent of the jails have 50 people or less. You

are talking an inordinate disparity in terms of the kinds of facilities. Juvenile facilities, about 3,500 juvenile facilities of all different types. It is an inordinate problem.

The problem you heard this morning about if you are in a jail you have a wide variety of people that come. In addition, you are going to have some state prisoners who serving time in jails because states and county departments of corrections transfer prisoners who may be problematic, who may be family issues. So there are all kinds of issues. So that certainly is going to be a conundrum.

I will close by saying we can make this work. I think most people in corrections want to do the right thing. They need the tools and resources. But I think, as you well know, this is not something that is going to be handled simply by corrections. Body politics has to be involved. Legislators have to be involved. Prisons have to be -- jails have to

be made safer. Because if we don't do that we are just going to create more victims, and that should be our mantra. I will leave it to Barbara.

MR. MCFARLAND: Thank you very much, Dr. Dumond.

Dr. Owen, thank you for your patience.