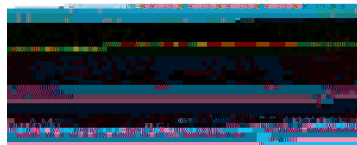


MICHIGAN BREAKS THE POLITICAL LOGJAM



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1980. A majority of federal prisoners are incarcerated simply for drug crimes.¹¹ Most of these prisoners are black or Hispanic, and the experience of racial minorities illustrates why it is time for a cease-fire in the War on Drugs. For persons above 12 years of age, 9.8% of blacks and 8.5% of whites are users of illegal drugs. Despite that virtual parity in usage rates, 37% of those arrested for drug use are black, and 55% of those convicted of illegal drug use are black. At the end of the criminal justice pipeline, 74% of those who actually serve time in prison for drug offenses are African-American.¹² These disparities are simply an extreme example of the fact that we have two substantially separately criminal justice systems in this country, one for whites and one for minorities. As David Cole has bluntly said:

[O]ne need only imagine the public response if the current racial disparities in criminal justice were reversed. Imagine what kind of pressure legislatures would feel, for example, if one in three young white men were in prison or on probation or parole. Imagine what the policies of the death penalty would look like if prosecutors sought the death penalty 70 percent of the time when whites killed blacks, but only 19 percent of the time when blacks killed whites. Or imagine what our juvenile policies would be like if white youth charged with drug offenses were four times as likely as black youth to be tried as adults, and twice as likely to be placed outside the home. One thing is certain: the nation would not accept such a situation as “inevitable.”¹³

The existence of two mostly separate and definitely unequal criminal justice systems has major consequences for political power in the United States by undermining the political strength of minority communities. Many people know that hundreds of thousands of African-Americans were disenfranchised in Florida at the time of the 2000 election, possibly changing the course of American history.¹⁴



opened the food slot in the door, which is how staff talked to prisoners, on hot days they could feel a blast of hot air from the entirely enclosed cell.³¹

After Mr. Souders attempted to flood his sink, he was put into top-of-bed restraints, with metal restraints on his wrists and ankles connecting him to a concrete slab. That day the psychologist in charge of mental health services characterized him as “floridly psychotic” but he stayed in restraints. From August 2 to August 6, 2006, the video camera in the cell shows him screaming incoherently. According to the segregation logbook, he rarely accepted water. For the first two days, the camera frequently fogs up because of the heat and humidity in the cell. He urinated on himself in restraints and developed burn-like sores on his body. A prison physician was called to examine him but declined to do so because Mr. Souders urinated on the examining table.³²

On August 6, correctional officers walked Mr. Souders to the showers; the video shows him staggering. Shortly thereafter the restraints were removed. He then fell to the floor and was unable to get up. A nurse examined him in his cell and told him that his pulse was faint, a symptom n9487(and 6(c)9)-33(,)-87(a))TJ29 T8DC 5224 but

News stories about botched health care in the prison system presumably contributed not only to the governor's decision to request the NCCHC Report, but also to the response from the Department of Corrections.³⁷ The unfavorable publicity, in conjunction with the financial crisis that hit Michigan particularly hard, caused the Department to implement policy changes that significantly increased parole grants, reduced parole revocations, and increased the number of prisoners given compassionate medical release. Of particular note, parole revocations are down by 42% since their high-water mark in 2002.³⁸ As a result, the Michigan prison population has fallen by about 8%,³⁹ and even this calculation does not take into account that, before these steps, the population had been increasing by about 160 prisoners each month.⁴⁰

Integration of community services is a critical component of MPRI. MPRI is now established in



One final point needs to be made clear. While Michigan's previous incarceration policies were a major factor in creating systemic failures in medical and mental health care in the prisons, reducing population levels will not automatically cure that failure. Indeed, nothing about the current financial crisis offers grounds for optimism that Michigan will address the current lack of necessary medical care within its prisons. This remains a crisis that Michigan must solve.⁷⁶

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30 *Id.* at 9-10.

31 *Id.* at 2-3.

32 *Id.* at 3-4.

33 *Id.* at 4, 6.

34 Daniel Schorn, “The Death of Timothy Souders,” July 22, 2007, [http://www.fbi.gov/082Tf8008107.00373Tm\(\[767pB815EMC1174w_002.8](http://www.fbi.gov/082Tf8008107.00373Tm([767pB815EMC1174w_002.8)

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