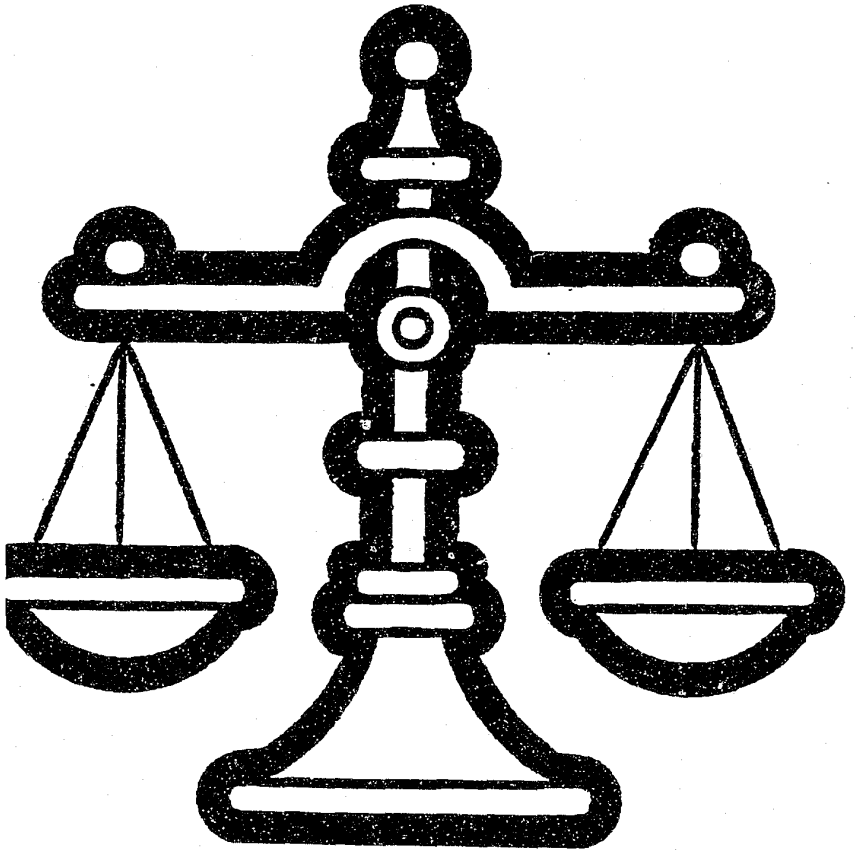
REPORT

OF THE

GRAND JURY
OF BALTIMORE CITY



SEPTEMBER TERM 1994
SEPTEMBER 12, 1994 - JANUARY 6, 1995

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GRAND JURY REPORT

1994 SEPTEMBER TERM

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Office of the Jury Commissioner
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REFLECTIONS FROM THE FOREPERSON

On September 12th when I took the oath as foreperson of the 1994 September Term Grand Jury, I was not quite sure what to expect. Reading my Grand Juror's Handbook and meeting with Judge Angeletti had assured me that I understood the task at hand. I was excited and anxious to begin my job. But I was also a little apprehensive, and afraid the responsibility might be too daunting. When Judge McCurdy issued his charge to our panel, my thoughts raced ahead as I wondered how 23 ordinary citizens could respond to the serious issue of drug legalization.

The first few days were filled with meeting fellow Grand Jury members and briefings provided by prosecutors from the State's Attorney's and Attorney General's offices. Law enforcement, social service, and criminal justice personnel familiarized the panel with terms, laws, and concepts (many of which I'd never explored in detail) relative to our impending investigations. Discussions about our "charge" and learning the routine kept us busy. Additional details about Grand Jury responsibilities and expectations were revealed. Information received during this orientation proved invaluable when listening to testimony and during Grand Jury deliberations and determinations.

During our term, we met with the Mayor at City Hall and the State's Attorney at the Clarence M. Mitchell, Jr. Courthouse, and were briefed by the Police Commissioner and Department Bureau Chiefs at Central District Police Headquarters. The panel investigated numerous penal institutions, our findings of which are included in this report. We toured police headquarters,

a drug treatment center, and Baltimore City at night (to witness illegal activity and learn about the crime problem firsthand). We experienced situations confronted daily by law enforcement officers at a "Police Use of Deadly Force" Training Seminar. Every day, the prosecutors presented evidence and witnesses gave testimony regarding widespread criminal activity occurring in Baltimore City. The panel then made determinations regarding indictments of the accused. There were a few tense moments during Grand Jury deliberations, but I looked forward to spirited discussions about case details and events. There was never a shortage of homicide, narcotics, sexual abuse, child abuse, economic crime, or fraud incidents requiring a decision from this panel. Some days the prosecutors and witnesses were in line, waiting for an opportunity to present their cases. We were required to examine exhaustive details about criminal activity in Baltimore--the magnitude of those activities I'd previously denied. My service on the Grand Jury permits me to undeniably confirm that crime is not someone else's problem. It affects every single community--and every individual in Baltimore.

On behalf of the 1994 September Term Grand Jury, I would like to thank everyone who assisted us during our service. Thank you to the Jury Division for professionally handling administrative details. Thanks also to the prior Grand Juries for their guidance and the conveniences they provided for future Grand Jury panels. Thank you Judge McCurdy for your direction and Judge Angeletti for your vote of confidence. Thank you to our court reporter, Ernie Koreck, for his daily dose of support, patience, and humor. And finally, a very special thank you from me, to the 22 jurors who served during the 1994 September Term. You have helped me to grow and learn. I wish for you the very best. I'll count this experience as one of my most rewarding. This panel encourages and challenges every citizen of Baltimore City, when

summoned, to willingly accept Grand Jury service. Our tenure has provided invaluable insight that has influenced this jury's view of our circumstance, our responsibilities, and our lives as citizens of Baltimore.

Respectfully submitted,

Vanessa A. Pennington

CHARGE TO THE 1994 SEPTEMBER TERM GRAND JURY

A very serious problem of grave public concern is "drug-related" felonies. Murders, robberies, thefts, burglaries, and domestic violence account for approximately 80 percent of all felony cases in Baltimore City.

There is growing sentiment, among some citizens, that some drugs should be legalized. The concept would include a procedure for licensed distribution of certain narcotic drugs and needles, but would not otherwise legalize the distribution of narcotics; in other words, trafficking in drugs would still be a crime.

Many citizens feel that the "war on drugs" has not succeeded, and that we have to look at this problem anew from a more realistic point of view. These are our findings and report. We hope that this report will be shared with the citizens who are affected by the devastation of drug-related activity. We cannot be afraid to examine all options for managing this dilemma openly, honestly, and objectively.

INTRODUCTION

Before this panel could seriously examine the legalization option, we discerned a need to learn more about drugs and understand the extent of the drug problem in Baltimore City. Narcotics cases overwhelmed the Grand Jury docket. Drugs were involved in approximately four out of five violent crimes. Our first objective was to define the schedules of controlled dangerous substances and identify their effects on our community. Since the controlled dangerous substances involved in most Grand Jury indictments were cocaine, heroin, and marijuana, we focused on these.

Although Judge McCurdy included a definition of legalization in the charge, throughout our investigation we repeatedly heard conflicting meanings for the terms legalization, decriminalization, and medicalization. We suspect this confusion may be creating a stumbling block when a dialog on the issue is suggested. We then, for the purposes of this writing, discerned differences in these terms that are often used interchangeably, but are obviously perceived quite differently.

Finally, we examined current policy and formulated comments, proposals, and recommendations for managing the problem. Our views and recommendations throughout this process were as varied as our backgrounds and experiences. We hope that these recommendations will be seriously considered and employed to improve the quality of life for all of Baltimore's citizens.

CONTROLLED DANGEROUS SUBSTANCES (CDS)

The Controlled Substances Act of 1970 created schedules for drugs, altered penalties for violations, and strengthened regulation of the

pharmaceutical industry. This Act, intended as a model for state legislation, has been adopted by the state of Maryland.

A drug is scheduled and controlled with respect to: its actual or relative potential for abuse; scientific evidence of its pharmacological effect, if known; state state of current scientific knowledge regarding the substance; its history and current pattern of abuse; the scope, duration, and significance of abuse; what if any use there is to the public health; its psychic or physiological dependence liability; and whether the substance is an immediate precursor of a substance already controlled (The Annotated Code of Maryland, 1992). Schedule I CDS has 1) a high potential for abuse; 2) no accepted medical use in the United States; and 3) a lack of accepted safety for use under medical supervision. Schedule II CDS has 1) a high potential for abuse; 2) accepted medical use in the U.S. or currently accepted medical use with severe restrictions; and 3) the potential for severe psychic or physical dependence if abused. Schedules III, IV, and V have less potential for abuse, have currently accepted medical use in the U.S., and result in moderate or low physical dependence and limited-to- high psychological dependence, relative to the schedule immediately preceding it.

Cocaine is the most potent stimulant of natural origin (Siegel, Binford, & Foster, 1991). Cocaine, which has been grown in the Andean highlands of South America since prehistoric times, is extracted from the leaves of the cocoa plant. Illicit cocaine is usually sold as a white powder substance, cut with various other ingredients--commonly sugar. Cocaine can be snorted or injected into the bloodstream. "Crack" cocaine results when powdered cocaine is heated to remove the hydrochloride (producing cocaine base), leaving chunks or rocks. This substance makes cracking noises when smoked, hence its name.

Crack goes directly to the brain via the bloodstream and produces an instant, powerful, but brief high. Cocaine and crack are Schedule II CDS.

Heroin is a Schedule I CDS. First synthesized from morphine in 1874, heroin was used as a pain reliever at the beginning of the century (Siegel et al., 1991). Congress passed the Harrison Narcotic Act of 1914 to control the use of heroin because the drug proved to be highly addictive. Pure heroin is a bitter-tasting white powder. Due to the presence of additives such as food coloring, cocoa, or brown sugar and/or impurities left from the manufacturing process, illicit heroin may vary in both color (from white to dark brown) and form. Heroin, which is also highly addictive, is usually dissolved and taken intravenously.

The leaves and flowering tops of the cannabis plant are harvested and dried into marijuana, a tobacco-like substance. When users smoke marijuana, their altered states may last for up to three hours. Marijuana is a Schedule I CDS. Recent studies indicate that one in four eighth graders in the United States have tried this substance.

DEFINITIONS OF LEGALIZATION, DECRIMINALIZATION, AND MEDICALIZATION

Legalization would make the use of a drug(s) lawful. The affected substance could be bought and sold openly like any other legal drug.

Decriminalization would eliminate legal penalties for possession (for personal use) of small amounts of a drug. Drug trafficking would still be a crime.

Medicalization would begin with the recognition of drug abuse as a medical problem, rather than a crime. Individuals charged with narcotics use or possession would not necessarily face incarceration. Drug addicts would be given the option of treatment in lieu of jail time. Treatment-on-demand for drug users who want it might also be available, as would a widespread needle exchange program. Health care professionals might also be allowed to legally dispense certain Schedule I and II CDS to some drug abusers. The sale and distribution of CDS would remain illegal for anyone other than designated, licensed distributors. Educational programs identifying the dangers and harm of substance abuse, and emphasizing prevention, would be continued, enhanced, and directed to all age groups.

The possible benefits of these options are seen as a relief in prison overpopulation, a reduction in the spread of HIV from using shared needles, a reduction in random crime committed by persons attempting to obtain monies to buy narcotics, elimination of the need to obtain substances criminally, and a reduction in the unlimited profits of illegality. Serious consideration of any of these options would include determinations regarding the substances to be affected, the people to be served, the methods of administration, and the effect implementation would have on the community.

THE PROBLEM

Illegal drugs destroy lives. Despite attempts by the world's governments to end drug trafficking, society continues to be a victim of this multi-billion dollar per year industry. The problems of drug abuse in Baltimore City are manifested in the social and economic dilemma that show little sign of subsiding. Drug addicts, distributors, community members, families, medical systems, and the criminal justice system are affected.

DRUG ADDICTION

Drug addiction is one of the leading problems that plague our city. It can be defined as the inability to stop ingesting drugs despite negative consequences. Drug addictions have emotional and physical characteristics.

The drug that clearly exemplifies physical addiction is heroin. Once heroin is taken over a period of time (usually within a month), it becomes extremely difficult, if not impossible, to stop. Usually, when a heroin addict is withdrawing, he/she will experience such physical symptoms as running nose, cramping, sweating, and diarrhea.

The drug most commonly associated with emotional addiction is cocaine. The withdrawal process includes sleeping late and spending every waking moment thinking of ways to get drug money.

Why do people become addicted? There is no clear cut answer. Addicts attempting a response often say the addiction just happened. They don't know how. Most cocaine addicts respond by explaining that usage usually begins socially but progresses to dependency over time (the "recreation turned desperation" explanation). Curiosity, along with peer pressure, is another reason. In addition, abusers explain that drug use aids escape from reality, personal problems, and responsibilities.

Once the cycle of addiction begins, addicts find it easier to adjust to being "high" rather than being "straight." As mentioned earlier, the heroin addict feels that he/she has to continue using to avoid the symptoms associated with a nonmedical detoxification. The cocaine addict, particularly the cocaine-base or "crack" addict, continues to use cocaine hoping to duplicate the original high. Consequently, the addict becomes more and more addicted. In several interviews, addicts indicated that they prefer drugs to sex, have lost children and homes, and are unable to stop using. The overall consensus was that most addicts didn't realize they were addicted until the problem was out of control, thus making it extremely difficult or impossible to stop.

Appropriate treatment may not be an option for an addict. Addicts are often forced into treatment by Social Service agencies or by the criminal justice system. This approach routinely fails because addicts are most successful at remaining drug free when it is their own decision to stop using. Forced treatment for an addict who is not ready to change often assures failure. Although a genuine effort may be made to quit, the addict often reverts to using. Relapse may result in a jail sentence and/or disruption of the family unit (failed marriages, children placed in foster care for extended periods, alienation from friends and relatives). Additionally, the "continuum of care process" is not a reality for more than half of the addicts requiring treatment. The continuum usually begins with detoxification (depending upon the history of use) followed by inpatient/residential care, intensive outpatient treatment, and after care treatment with support organizations in place. Many addicts are unable to endure the entire procedure.

Because the city lacks adequate residential resources, an addict in need of residential treatment is usually placed in a detoxification facility for

two to four days and subsequently released to an intensive outpatient program. The few residential programs that exist have limited, if any, indigent beds. Those residential programs that accept indigent clients have no less than three to eight week waiting lists. It is unreasonable to expect addicts, who are often transient, to exhibit responsible behavior by maintaining contact with a treatment facility while waiting for admission. Hard core addicts could relapse or lose interest in treatment before a space becomes available. Prior to the abolition of state medical assistance and the closing of some residential programs (X-cell, Second Genesis), treatment availability looked hopeful. However, it seems that treating addiction is not a priority for our city. By closing programs, we get further and further away from accomplishing the goal of adequately treating the addict.

THE COMMUNITY

Drugs and crime go hand in hand. Drug sales, profit, users, and dealers are a major concern to everyone in our community. Drug dealers killing one another, users trying to get money for drugs, and incidental crime resulting from chaos in the streets are consequences of drug abuse. Most violent crime results from drug use and abuse.

Violent drug dealers tend to live and operate in poor, inner city neighborhoods. They work out of "common nuisance houses"--places where drugs are cut (mixed with other substances to affect the purity, quantity, and value of the drug), distributed, and stashed--in every city neighborhood. In some instances, dealers just commandeer empty dwellings and conduct business from there. Some nuisance houses have been fortified with steel doors and bars that deny access to everyone (including law enforcement officers) except the dealer. Guns are the weapons of choice, and dealers do not hesitate to maintain, stockpile, carry, and use them. Dealers can expect assassination or

incarceration as a result of their involvement with drugs. Children have been caught in the crossfire of territorial drug disputes. Casualties of the drug wars are common.

Baltimore's citizens have become prisoners in their homes, as they attempt to avoid the trafficking, crime, and aggressive behavior exhibited by drug dealers and users. There were 353 homicides in the city last year, and we are quickly approaching that number again in 1994. The U.S. Department of Justice found that two-thirds of all criminals arrested in 1989 were using at least one drug at the time of arrest (Siegel et al., 1991). Robbery, burglary, assault, and prostitution are just a few of the crimes committed by people who are under the influence of drugs. Officials have removed public telephones that were being used in the drug trade from most street corners. Baltimore youths are distracted from legitimate pursuits such as education and employment and are lured into "the business" by the promise of fast, easy money and notoriety.

All Baltimore residents share in paying for the additional health, social, welfare, law enforcement, and criminal justice costs related to the use of illegal drugs. Baltimore's tax base continues to erode as middle and upper income residents flee the city. These deserters are moving to surrounding counties--taking advantage of much lower tax rates and trying to escape the violence. Public service costs increase as the number of people in the city living below the poverty level increases.

MEDICAL CONCERNS

The United States spent $15 billion to fight the War on Drugs in 1993. About two-thirds of that amount was allocated to fight the war criminally. Only one-third was used to address health concerns related to drug use and

abuse. Violence and AIDS as a result of drug abuse contribute to years of productive life lost.

There are approximately 35,000 to 38,000 injection drug abusers in Baltimore City (Beilenson, 1994). Ten percent of them are HIV positive. The incidence of AIDS more than doubled in the past five years, increasing from 404 new cases in 1988-89 to 979 in 1992-93 (BSAS, Inc., 1994). Of all the AIDS cases in 1992-93, 55.3 percent had injection drug use as the primary risk factor.

While the number of new AIDS cases in Baltimore's older gay population has stabilized, 75 percent of all new AIDS cases belong to injection drug abusers, their partners, and their babies (Beilenson, 1994). For the past four years, injecting drugs has remained the predominant route of HIV/AIDS infection among Baltimore residents (BSAS, Inc., 1994). AIDS is the number one killer of 25- to 44-year-olds in Baltimore City.

Sixty-three percent (163) of Maryland's 1992 drug-related deaths occurred in Baltimore City. From 1988 to 1991, the Baltimore metropolitan area had a 47 percent annual increase in drug-related deaths--one of the highest in the U.S. (BSAS, 1994). Drug-related deaths in the Baltimore metropolitan area increased 177 percent from 1990 to 1991 (BSAS, 1994). Most of these deaths were caused by cocaine or heroin alone or in combination with alcohol. Baltimore ranks first among all U.S. cities in overdose deaths (Beilenson, 1994).

Drug abusers have a myriad of medical complications. Stroke, neurological complications, anxiety, and dizziness have been associated with cocaine and heroin abuse. Many long term heroin addicts suffer kidney disease, which results in the necessity for dialysis or transplant. Long-term cocaine use can cause heart damage. Many drug abusers just don't take care of

themselves. They don't eat properly. Oral hygiene is poor and many have bad teeth. Health care is not a priority for most drug abusers (Kahler).

As mentioned earlier, there were 353 homicides in Baltimore City in 1993. This rate would probably be much higher if not for the trauma care available in Baltimore City. Approximately 80 percent of all homicides are drug-related.

CRIMINAL JUSTICE CONCERNS

Approximately 6660 inmates inhabit Baltimore City penal institutions. Eighty percent of those inmates are incarcerated for drug related crimes (Schmoke, 1994). The cost of housing each inmate is about $23,000 yearly. Jail cells are filled before their construction is complete.

Law enforcement agencies and city prosecutors spend incredible amounts of time investigating and prosecuting drug related crimes. Fifty-five percent of the felony case load involves narcotics.

Individuals seeking drugs (heroin, cocaine, marijuana, and certain prescription drugs) can find them in any neighborhood in Baltimore City. These substances can be bought in vials, capsules, and bags for as little as $10. They can be snorted, injected, and smoked. Demand for drugs dictates the supply. Many dealers take the risk of selling drugs due to the profit involved. In 1993, one ounce of cocaine sold for $737 to $1563 depending upon its purity. One gram of heroin sold for $51 to $120 (BSAS, 1994). Depending upon the purity of the drug, street dealers can more than double or triple their initial investment. Most dealers think the benefits outweigh the risk of drug distribution.

WHAT IS BEING DONE?

Treatment is available for drug abusers in Baltimore City. The treatment and recovery system is currently composed of 46 publicly funded treatment providers and 32 privately and federally funded substance abuse treatment programs and hospital based detoxification units (The Mayor's Working Group on Drug Policy Reform, 1993).

Drug interdiction programs involve teams of officers who monitor courier activity throughout the city and state. Couriers, or mules, bring drugs from source locations (New York, New Jersey, Miami, Philadelphia, etc.) for distribution in Baltimore. The police arrest couriers and confiscate their drug stashes.

The Baltimore City Police Department periodically conducts raids of open-air drug markets. The goal is to arrest and prosecute all major drug distributors and offenders in a target area. Other city agencies including the Departments of Public Works, Housing, Recreation and Parks, Health, and Animal Control, collaborate to clean up the area and work with neighborhood residents to "take back their streets."

IS IT WORKING?

Baltimore's treatment and recovery system can only help a very small percentage of drug abusers. The 5418 publicly funded treatment slots in fiscal year 1994 had 17,035 admissions (Beilenson). Two thousand eight hundred seventeen of the available slots were in methadone maintenance programs. There are an estimated 50,000 people using illegal drugs in Baltimore. Thirty-five thousand are heroin abusers, and approximately 20,000 are cocaine abusers. (Some addicts abuse more than one drug.) In addition,

there are about 70,000 alcohol abusers in Baltimore City, many of whom also use illegal drugs (Mayor's Working Group on Drug Policy Reform, 1993). Clearly, treatment is not readily available.

Although many dealers are identified through drug interdictions, raids, and undercover operations, distributors outnumber law enforcement officers. For every distributor arrested, another appears to take his/her place. Turf wars continue, innocent people are dying, and young black men are killing each other in their quest for drug profits.

SOLUTIONS, OPTIONS, RECOMMENDATIONS, AND COMMENTS

It is time to take a very serious look at the drug problem in Baltimore City. Removing the profit from the drug trade may be the only way to resolve it. However, the members of this panel are hesitant to say how that should be done. We do agree that every option should be discussed and alternative effects on the community should be researched by medical, law enforcement, economic, and criminal justice professionals before the option is implemented or dismissed.

1. Legalization is not an acceptable solution. American society is one of excess. Making drugs available the way that alcohol was legalized and distributed after Prohibition would probably exacerbate addictions. The resulting problems would be similar to those that exist because of alcoholism. Increased drug use among the younger population may emerge and cause higher rates of addiction. The consequences of increased addiction may outweigh any benefit derived from demand drug availability. Although degrees of legalization have been implemented in other countries (United Kingdom, The Netherlands), it has not proven as

successful as initially hoped. Drug use in these countries has not decreased, and a younger population has started to experiment.

2. Consideration should be given to decriminalizing marijuana. Although it is classified as a Schedule I CDS, the potential for abuse and lack of accepted safety is debatable. There are no documented cases of marijuana overdose (Beilenson, 1994). Because of its classification, the marijuana supply is controlled by criminals who profit from its illegality. The volume of more serious drug crimes does not allow police and prosecutors time for marijuana simple possession cases. Since marijuana simple possession laws are seldom enforced, the laws are disrespected. Decriminalization of marijuana would be an honest response to a debatable issue.

3. Medicalization may be the best solution for managing addiction and drug proliferation. Although some drug abusers may be suspicious of a medicalization approach, recognition of abuse as a public health problem may encourage more abusers to seek help. Identifying which drugs could be dispensed would be the first priority. Procedures and circumstances where this approach could be used must be identified. Responsible regulation, disbursement, and security policy would have to be developed.

4. Drug trafficking is a crime. Individuals who import, make, or sell CDS should be prosecuted. Individuals who attempt to avoid prosecution by recruiting or soliciting juveniles into their drug trafficking organizations should receive additional penalties. Addicted drug dealers should be sentenced to treatment with no option to refuse. It costs $23,000 yearly to house one inmate. Drug treatment costs can

start at $600. Treatment should include counseling, job training, and job placement.

5. Treatment for substance abuse exists but is not readily available. There are too few publicly funded slots accessible to those who request treatment, and private centers are out of the economic reach of all but the wealthiest abusers. Treatment-on-demand with continuum of care is necessary to assist drug addicts who want to stop using. Hospital-based recovery programs that admit any drug abuser requesting treatment should be open and accessible 24 hours a day, seven days a week. The addict should remain in hospital-based treatment until residential treatment becomes available.

6. Expand Beginning Alcohol and Addictions Basic Education Studies (BABES) to all elementary school students. Drug education should begin immediately upon enrollment. Baltimore City, in coalition with churches, community based organizations, business enterprises, and other groups and interested individuals, should provide liaison support for conducting seminars, classes, lectures, and tours that educate citizens about the effect drugs are having on our community, what to do about the problem, and where to go for assistance. A network of existing resources, volunteers, and public agencies should be established to support this educational effort.

7. Research into the development of new drugs for managing drug abuse should be a priority. Antidotes and substances that cause illness when opiates are used (similar to Antabuse for alcoholics) have not been manufactured. The use of ORLAAM, a medication that prevents the withdrawal symptoms associated with opiate addiction and blocks the

"high" of street opiates, should be expanded to addicts who are emotionally capable of handling that treatment.

8. Continued attention must be paid to the social ills that contribute to problems of drug use and abuse. Joblessness, homelessness, poverty, hopelessness, breakdown of family units, and inadequate education are widespread. Any effort to correct social disorder is a positive step toward managing drug problems.

9. Inquiry and analysis of drug management efforts in other countries with an eye toward finding solutions should be performed. (See appendix for a brief discussion of the drug policy in the Netherlands. Their policies may be good ones to investigate.)

ONE JUROR'S OPINION

The drug problem today should be treated as a local and national epidemic. The police know it. The prosecutors know it. The hospitals that provide treatment as a result of the carnage on our streets know it. Certainly those people going about their daily lives in close proximity to the worst of the drug-infested areas know it is an epidemic.

What must be done to convince the rest of the population how serious the drug problem is? Citizens of Baltimore know there is a problem. We read about it in the papers, hear about it on the radio, and see it on TV. But in the media, this is happening to someone else. The impact of the problem doesn't hit home until it touches us personally.

Americans tend to react better and faster when circumstances are personalized. Some plan has to be devised so that the average person is made to feel the full impact of what is happening to "those other people's lives." The 1994 September Term Grand Jury visited Man Alive Research, Inc. The highlight of that trip involved listening to and questioning two people who volunteered to talk about their experiences involving drugs. Seeing and hearing these two individuals speak candidly was one of the most influential experiences we had during our investigation. Their openness gave us an actual sense of how drugs had affected their lives and the lives of their families. If there was just some way to get this message across to people on a personal level, we may be more willing to accept the fact that alternative solutions are needed. As stated in Time Magazine, "people need to understand the problems they face together and the costs and effort necessary to solve them--the change in behavior and attitude sometimes, the sacrifices and above all the need to think and adapt."

APPENDIX

THE DRUG POLICY IN THE NETHERLANDS

The Dutch drug policy is administered by the Ministry of Welfare, Health and Cultural Affairs, in cooperation with the Ministry of Justice. The policy includes enforcing the Opium Act and prevention and treatment for drug abuse. The Opium Act has two main parts: 1) distinction between drugs presenting unacceptable risks and traditional hemp products (hashish and marijuana) and 2) distinction between drug users and traffickers/distributors.

Cannabis (hashish and marijuana) is not a Schedule I drug but a nuisance drug. Under certain conditions, the sale of soft drugs in coffee shops is permitted in The Netherlands, as long as there is no dealing in hard drugs. The coffee shops must abide by the following rules: no sale to minors, no quantities greater than 30 grams may be passed over the counter, no advertising, and no public nuisance. The sale of soft drugs in coffee houses keeps the user from dealing with the underworld drug market and moving on to hard drugs. Possession of soft drugs for personal use is a misdemeanor.

The trafficking and distribution of hard drugs have the highest priority for investigation. The maximum penalty is 16 year's imprisonment plus a heavy fine.

The Netherlands policy on hard drugs states that the use of drugs is primarily a public health issue and not a problem of crime or justice. Prevention, care, and education are the priorities.

The principles are a multi-factional network of medical and social services from a local and regional level. Treatment and care are easily accessible for social rehabilitation of present and former addicts. Full use is made of general services and facilities, such as general practitioners and youth welfare services. Instead of publicity campaigns, preference is given

to the general health of young people, including that pertaining to juvenile drug abuse. When arrested, problematic drug users are given a choice of drug treatment or prison.

Sources, Resources and Acknowledgements:

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Daiker, Ruth, Executive Director, The Counseling Center. Grand Jury lecture on substance abuse prevention, education and abstinence. Clarence M. Mitchell, Jr. Courthouse, Baltimore, Maryland, December 13, 1994.

Frazier, Thomas C., Commissioner, Baltimore City Police Department. Grand Jury lecture on the effects of drug abuse in Baltimore City. Baltimore City Police Department Headquarters Building, Baltimore, Maryland, November 17, 1994.

Special thanks to the many Baltimore City Police Department employees who testified before the Grand Jury, escorted us on the headquarters, Shoot-Don't-Shoot, and night tours, and addressed many concerns and technical questions during this term.

Kahler, Linda, Research Associate/Coordinator, National Institutes of Health, National Institute on Drug Abuse. Grand Jury lecture on health problems related to illegal drug usage. Clarence M. Mitchell, Jr. Courthouse, Baltimore, Maryland, November 18, 1994.

Reese-Austrich, Karen, Executive Director, Man Alive Research, Inc. Visit to Man Alive Research, Inc. November 22, 1994.

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Satterfield, Frank, Executive Director, Glenwood Life Counseling Center. Grand Jury lecture on methadone detoxification and maintenance. Clarence M. Mitchell, Jr. Courthouse, Baltimore, Maryland, December 13, 1994.

Schmoke, Mayor Kurt L. Discussion of the drug problem in Baltimore City. City Hall, Baltimore, Maryland, October 18, 1994.

Simms, Stuart O., State's Attorney for Baltimore City. Grand Jury lecture on drug abuse from a law enforcement perspective. Clarence M. Mitchell, Jr. Courthouse, Baltimore, Maryland, October 13, 1994.

Special thanks to the Deputy and Assistant State's Attorneys who presented cases, addressed the panel, taught us about the law, and raised our consciousness level with respect to crime in Baltimore City.

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Selected indicators related to alcohol and drug abuse (October 1994). Baltimore City: Baltimore Substance Abuse Systems Inc.

PENAL COMMITTEE REPORT

The grand jury as a whole visited eight facilities according to a prearranged schedule, over a seven-week period, in the following order: Maryland Correctional Adjustment Center, or Supermax (SUP); Baltimore City Detention Center (BCDC); Maryland Reception Diagnostic Classification Center (MRDC); Baltimore Pre-Release Unit (BPRU); Baltimore Pre-Release Unit for Women (BPRU-W); Maryland Penitentiary (PEN); Baltimore City Correctional Center (BCCC); and Occupational Skills Training Center (OSTC). Traditionally, the penal chairperson forms a committee to revisit some of the institutions and to participate in an investigation and writing of a report. The chairperson this time elected not to form a committee, for the following reasons: 1) there did not seem to be sufficient time to plan and make any second visits; 2) there did not seem to be sufficient interest in revisiting any particular institutions; in fact, most jurors expressed tremendous relief when all eight (largely depressing) visits had been concluded; and 3) it seemed more fair to include the opinions of the entire panel in the report, since we had all endured the same trips. To gauge the jurors' opinions, the chairperson devised a four-page questionnaire, which all 23 jurors completed and returned. All were invited to omit any questions they didn't wish to answer.

On November 8, the nation experienced a major shift to the right in the ideologies of its elected representatives. The interpretation of the election results expressed by most of the media's op-ed writers and pundits is that the liberal tendencies of Democrats have been rejected by the masses, and the pendulum of the country's mood has swung back to the right after a shorter-than-usual (two year) experiment at the left of center. Another interpretation, expressed in more liberal publications such as The Nation, is that Democrats have tried so hard to mimic conservative Republicans that the masses, who perhaps believe in the workability of liberal policies, were not inspired to vote at all because it seemed not to matter to them which party is in charge. Whichever interpretation is correct, the outcome was the same: Democrats were the big losers, and conservative Republicans were the big winners. Here in Maryland, the liberal-to-moderate ideological leanings of the elected officials remained largely intact, as most incumbents were re-elected. But even in Maryland, voters came within 6000 votes of electing a conservative Republican governor (although it is worth noting that she had a poor showing within Baltimore City).

What does all this mean in terms of crime and punishment? Poll after poll in the last two years has shown that fear of crime, particularly violent crime, is a primary concern for most Americans. With that fear has come an attitude of harshness toward convicted felons. Taxpayers are unwilling to spend money

to benefit or rehabilitate inmates, but seem quite willing to build and maintain more prisons, as expensive as they are. During the campaign of 1994, both Democratic and Republican candidates seized on the issue of crime, in television commercials and on the stump, and promised to be tougher on criminals. As usual, most voters concluded that conservative candidates had more credibility on this issue.

In answer to the question, "In general, do you consider yourself to be liberal, moderate, or conservative in your thinking?", 22% of the grand jurors this term described themselves as liberal, 70% as moderate, and 9% as conservative. Not surprisingly, we were more conservative "in terms of crime and punishment issues": 9% liberal, 78% moderate, and 13% conservative. Many of the jurors, perhaps out of frustration over the depressing prison visits and the daily parade of indictments revealing the brutal and senseless nature of street crime in this city, voiced many harsh sentiments and, in conversation, often seemed unyielding in their "lock 'em up and throw away the key" attitude. Nevertheless, when engaged in thoughtful observation and reflection, such as when filling out the questionnaire, the jurors were driven by the desire to help arrive at solutions to wrenching social problems. Sometimes, harshness was permitted by a practical evaluation of the situation; other times, there was a recognition that money would need to be spent in ways that could benefit both society and

the criminal, which goes against the desire of many in the public to view prisons only as warehouses for the wicked.

One good reason for approaching prison issues carefully and with at least some small measure of compassion is the possibility that one or more inmates in any given institution may in fact be innocent of the crime for which they have been convicted. Although most of the inmates who claim to be innocent (as most inmates do) are surely lying, we have seen countless news media investigations of convictions that seem to be based on flimsy or manufactured evidence and that are occasionally overturned in a court of law. One of the questions on the chairperson's questionnaire read, "Based on your best guess, what percentage of the inmates housed in Maryland prisons (not including the BCDC) do you think are in fact innocent of the crime for which they have been convicted?" Only 9% of us checked the answer "0% (i.e., zero inmates)", 70% answered "0-4%", 13% answered "5-9%", 0% answered "10% or more", and 9% gave no answer. Thus at least 83% believe that not all convicted criminals are in fact guilty. It is difficult to be completely reassured by the contention that "even if they didn't do that crime, they probably did other crimes and just didn't get caught."

One must also bear in mind that one of the facilities we visited, BCDC, houses inmates who have merely been charged with a

crime and who either were denied bail or were unable to make bail; their guilt or innocence has yet to be established in court. This does not mean that BCDC inmates should generally be considered as being no threat to society, but it does put BCDC in a separate category when we make sweeping recommendations about what should be done with "criminals". The penal committee of the grand jury which preceded us emphasized the importance of 1) attempting to minimize the time lag between arrest date and trial date (even more so than is required by law) and 2) making sure that those persons who are found not guilty are released from BCDC the same day the verdict is read. This chairperson certainly supports these sensible recommendations.

Before discussing our reactions to the facilities we visited, it should be mentioned that only 96% of us went to SUP and BCDC, 91% to MRDC AND BPRU, 78% to BPRU-W, 74% to PEN, and 83% to BCCC and OSTC. At most of the facilities, we were served a generous lunch, and at all of them we were given the opportunity to speak with prison officials and then go on a walking tour led by correctional officers. We were able to ask many questions of the staff and to obtain follow-up information pertaining to the various recommendations of our predecessor. We were not prohibited from speaking with inmates, but for the most part we avoided doing so, probably because we did not want to invite any hostile reactions or any long speeches containing dubious claims.

One question on the chairperson's questionnaire read, "of the institutions you visited, in which one did you feel the least secure (in terms of your personal safety)?" The following responses were given: PEN (54%); "None", or "Felt secure in all of them" (30%); no answer (9%); BCDC (4%); and BCCC (2%). These responses can be explained as follows. All the institutions we visited allowed inmates who are in the general population (as opposed to those in segregated units) a certain amount of freedom of movement within the facility, with the definite exception of SUP. Of the seven excluding SUP, the most freedom of movement seemed to exist at PEN, BCCC, OSTC, and the two pre-release units. Inmates at BCCC, OSTC, and the pre-release units generally have relatively light sentences and/or are close to their release dates; thus, they have a lot to lose by committing assaults or attempting to escape. In contrast, of the institutions we visited, PEN and SUP house the inmates with by far the longest sentences (an average of 490.6 months and 263.4 months, respectively--these figures do not include life sentences) and the highest percentage of murder convictions (65% and 40%, respectively). (These data are up-to-date as of October 1994.) When we visited PEN on November 1, we walked through the housing areas and the recreational yard during that time of the day when inmates are allowed to roam freely. On one hand, this gave us the opportunity to see what daily life is like there. On the other hand, we were obviously subjecting ourselves to significant risk. Several factors added to our uneasiness: first, we were informed by the warden beforehand that PEN "does

not recognize hostages"; second, we were accompanied by only three unarmed officers (all officers at all institutions are unarmed, for their own safety), who, although they seemed extremely confident and competent, would have been unable to guarantee our safety in the event of an attack by a large group of inmates; and finally, just as we were preparing to leave the cafeteria, which we had just walked into to glimpse, the severe tornado storm which destroyed numerous houses in the city struck, leaving us stranded in the cafeteria while inmates poured into it from the yard. Eventually the inmates were directed back to their cells by a handful of officers, but, in the meantime, the grand jury was huddled in a small area among the inmates, hoping that the electricity would not go out and that one of us would not look at a violent criminal the wrong way. Many jurors later stated that they found it inexcusable that we would be put in such a position. The following responses were given by jurors to the question "of the institutions you visited, in which one did you feel the most secure (in terms of your personal safety)?": "All" (26%); SUP (24%); no answer (17%); BPRU (10%); BPRU-W (10%); OSTC (9%); BCCC (2%); and MRDC (1%).

Other questions and responses pertaining to our visits included the following:

"In which institutions, if any, do you feel that inmates are treated too harshly?": "None" (74%); no answer (17%); BCDC (4%); and SUP (4%).

"In which institutions, if any, do you feel that inmates are not treated harshly enough (i.e., they are given too much freedom and comfort)?": no answer (35%); "None" (30%); PEN (22%); "All" (4%); "All except SUP" (4%); MRDC (4%); and BCDC (4%).

"Do you think it is more of a punishment to keep inmates in isolation or to force them to interact, thereby subjecting them to the possibility of attack by other inmates?": isolation (52%); interaction (17%); and no answer (30%).

"Based on your observations during our visits, do you feel, in general, that inmates should be given more, less, or the same (as they have now) opportunity to interact with each other ?" "More" (0%); "Less" (43%); "The same" (43%); "The same, except for PEN--- less there" (4%); and no answer (9%).

"Do you believe that the Maryland law prohibiting any and all conjugal visits should be changed so as to allow them under certain conditions?": "Yes" (17%); "No" (52%); "Not sure" (26%); and no answer (4%).

Responses were mixed with regard to the question, "Overall, do you feel that inmates health and medical needs are being adequately met?": "Yes" (43%); "No" (30%); "not sure" (22%); and no answer (4%). The chairperson would like to make a few recommendations in this area 1) make sure that every facility has medical personnel available 24 hours a day (an officer at BCCC mentioned that there was a nurse on duty only eight hours a day, and that sick or injured inmates would have to be transported to PEN at night); 2) ban smoking in all facilities, as the state of Texas is now doing (this would also decrease the risk of fires being intentionally or unintentionally started); 3) although meals seem nutritionally balanced, much more emphasis should be placed on restricting cholesterol and fat in the inmates' diet, as numerous studies have shown that these substances, like tobacco, contribute markedly to heart disease and cancer. The public may or may not see the value in promoting longevity among "lifers", but minimizing medical costs during the course of an inmates life should be a priority for everyone. And, for those inmates who will be returning to society, good health habits may serve them well in leading productive lives.

The officials at the institutions we visited were frank in acknowledging certain problems, such as inmates acquiring drugs from the outside and inmates making weapons and assaulting each other, but all conveyed that they had such problems well under control. None mentioned the involvement of correctional officers

in these problems; those who asked said that, if officers were involved, they would be dealt with severely. The following question largely illustrates the faith or lack of faith that jurors placed in prison officials. Responses are given after each part of the question: "Based on your observations and impressions, how significant do you think the following problems are in the institutions we visited, as a whole? Use the following scale: 1= very significant; 2= somewhat of a problem; 3= not a problem; 4= not sure."

"a) Inmates acquiring drugs from the outside for personal use":

1 (35%); 2 (43%); 3 (4%); 4 (9%); no answer (9%).

"b) Inmates acquiring drugs from the outside for distribution":

1 (35%); 2 (39%); 3 (4%); 4 (13%); no answer (9%).

"c) Inmates sexually assaulting each other":

1 (39%); 2 (39%); 3 (4%) 4 (9%); no answer (9%).

"d) Inmates making or acquiring deadly weapons for use against each other or against correctional officers":

1 (61%); 2 (22%); 3 (4%); 4 (4%); no answer (9%).

"e) Correctional officers participating in the drug trade":

1 (26%); 2 (35%); 3 (4%); 4 (26%); no answer (9%).

"f) Correctional officers unlawfully assaulting inmates":

1 (0%); 2 (39%); 3 (13%); 4 (39%); no answer (9%).

"g) Corruption among top-level administrators":

1 (4%); 2 (13%); 3 (22%); 4 (52%); no answer (9%).

"h) Inmates being treated unequally according to race":

1 (9%); 2 (13%); 3 (35%); 4 (35%); no answer (9%).

The next question read, "of the eight items (a-h) listed in the above question, which four do you think are the most important to guard against? (Assume, for the purpose of this question, that all eight are potentially significant problems.)" Responses were as follows: a (48%); b (39%); c (65%); d (78%); e (43%); f (26%); g (17%); h (13%); no answer (17%).

With regard to item c, several jurors, while walking through BCDC, mentioned to one of the officers that they had observed a male inmate upstairs who was lying on his bed (in a room with other inmates) and appeared to have blood on his pants around his anal area. Upon hearing this, the officer informed another officer that she needed to go to investigate something (we did not see her again). We hope that sexual assault is taken seriously by all correctional officers, especially given the high risk for the spread of HIV. Several jurors have expressed the opinion that prison officials should be responsible for protecting inmates from all types of physical attack by other inmates (even if that requires isolation). During our term, a case that came to the attention of the Sun involved an inmate at BCDC who suffered a severe beating at the hands of other inmates, underwent emergency surgery, and then was released from jail immediately. His medical costs were covered by BCDC's care provider only during the time he was an inmate; he was responsible for all subsequent medical bills even though they were a direct result of the injuries he suffered while at BCDC.

Some of us felt that, in such circumstances, the state must pay all costs stemming from an attack of this nature.

With regard to items a and b, our predecessor had noted that contraband was reaching BCCC inmates over a ten-foot-high block wall, and had recommended that the State fund a ten-foot-high chain link fence to be placed on top of the existing wall. Officials at BCCC informed us that they had requested the $24,000 that would be needed for this. Many of us believe that every possible effort should be made to keep inmates from acquiring drugs. Drug treatment programs for inmates are severely lacking, which in itself is a serious problem. For most inmates, drugs were a major contributing factor leading to their incarceration; the stressful environment within the institutions is certain to make them susceptible to further drug use; and, when they are released, the continuation of a drug habit is likely to prevent them from leading productive, crime-free lives.

The next pair of questions deal primarily with the placement of inmates after sentencing, which is largely the responsibility of MRDC. The first read, "In general, do you feel that inmates should be housed separately according to the type of crime for which they have been convicted, separately according to the length of their sentence, separately according to some other criterion, or in a mix?" Answers were as follows: "Separately

according to type of crime" (43%); "Separately according to length of sentence" (0%); "Separately according to other criterion" (4%); "In a mix" (30%); no answer (22%). The second question read, "Overall, are you satisfied with the manner in which inmates are currently being placed? (The yellow packets we received at BCCC contain statistical information regarding the offense distributions and the sentence distributions of the various institutions.)" Responses were as follows: "Yes" (39%); "No" (13%); "Not sure" (30%); no answer (17%). The chairperson has the following comments regarding placement. Aside from the fact that certain institutions are more likely than others to house violent offenders with long sentences, a look at the statistical data does not reveal much rationality behind the assignment of inmates to various facilities. Also, within the facilities themselves, inmates are more or less mixed. Segregation is practiced based more on how inmates act while in prison than on what they did to get there. The limitation of this approach is that a shoplifter or a harmless drug addict, particularly a first-time offender, has much to lose when in close quarters with a murderer or armed robber, and has nothing to gain except for the wrong kind of education and behavioral training, which can hurt society later.

One question on the questionnaire read, "Which of the following do you think are the three most important functions of the correctional system?"

"To protect society from criminals" (66%); "To punish criminals so as to make them regret their crimes" (40%); "To punish criminals so as to make their victims feel that their losses are worth something to the rest of society" (18%); "To prepare inmates, through academic and trade skills education, for a productive life on the outside" (63%); "To prevent inmates, through careful behavioral training and monitoring, from being more dangerous when they are released than when they were first incarcerated" (67%); "To deter any would-be criminals from committing crimes (i.e., to set an example for the rest of society)"(32%).

Another read, "Generally speaking, if public money were available for only five of the following eleven items, which do you think should be society's main priorities?"
"Inmate academic education" (65%); "Inmate trade skills education" (83%); Employment programs within the institutions" (70%); "Work-release programs (43%); "Recreational facilities for inmates" (4%); "Comforts of life for inmates (VCRs cable TV, etc.)" (0%); "Entertainment events for inmates (concerts, comedy shows)" (0%); "More cells/prisons so as to house more inmates" (39%); "More cells/prisons so as to decrease overcrowding among existing inmates" (52%); "Hiring more staff and correctional officers" (70%); Restitution for crime victims" (61%).

Several jurors pointed out that restitution should come from convicted criminals themselves, not from public money. An alternative could be to require criminals to pay their victims a certain amount of restitution relative to their (criminals') assets, and to use public money to supplement that amount. One juror suggested requiring criminals to compensate taxpayers (or the institution in which time was served) according to some sort of payment schedule upon their release.

Regarding recreation, rehabilitation, and education, many of us felt that too much emphasis is placed on recreation and perhaps not enough emphasis is placed upon the latter two. One juror suggested that classes in self-improvement and in dealing with others be conducted for inmates. (One such program is currently underway at BCDC.) Another juror felt that education and training should be provided only to first-time offenders, but that all inmates should be forced to work 40 hours per week in some capacity. In some of the institutions we visited where officials prided themselves on keeping inmates busy, such as BCDC and the two pre-release units, we observed a significant number of inmates socializing, recreating, or simply lying in bed.

Some of us feel conflicted over the image of offenders receiving a free education, when some law-abiding children (perhaps the offenders' victims' children?) may not be receiving

enough attention in the public schools. Some of us would also love to see money spent on building more prisons, so that criminals could serve their entire sentences and we wouldn't have to worry so much about what they're like when they're released (since many of them would never be released). Nevertheless, most inmates will eventually be released, either because prisons are too expensive to build and maintain or because some inmates' crimes are less serious than others'. We do agree with our predecessor that education in prison is the last, best hope for correcting what went wrong in the past. We also agree that certain institutions are genuinely deserving of the money and resources necessary to keep educational programs running. In response to the question, "If public money for rehabilitation (i.e., educational and employment programs and counseling) were available for just three of the institutions you visited, which three would you like to see get the money?", jurors said the following: BPRU (57%), OSTC (43%), BPRU-W (43%), BCCC (26%), PEN (22%), BCDC (17%), no answer (13%), SUP (9%), MRDC (4%), and "None" (4%).

Most of our predecessor's recommendations pertained to various educational programs. One was the BCCC needed another teacher. Officials at BCCC informed us that they were satisfied with their two full-time teachers (one for special education and one for GED preparation) and did not understand why this recommendation was made. Our predecessor also noted that OSTC

needed building materials, as well as a heat pump and electric furnace, for its various trade skills classes. Officials at OSTC were pleased that, in response to requests for donations from local businesses, they had received a heat pump and an electric furnace from Honeywell, plumbing supplies from Scardina Plumbing & Heating, and two new, slightly damaged cars from General Motors. OSTC staff and administrators take great pride in the successful training programs, which encompass a variety of trade skills and are intended for minimum security, pre-release-status inmates. These programs are organized and taught by the faculty of several local colleges that normally offer the programs to the general public on a non-credit basis. Although we did not have the opportunity to watch any classes in progress, most of us were impressed with the resources as well as the attitude of the staff. They also mentioned that, if they were provided the funds to hire five or six vocational instructors and seven security personnel, they could create 120 slots for a 3 p.m. to 11 p.m. shift and fill the slots with inmates from other facilities in the region. Many of us feel that such money would be well spent; at the very least, we hope that donations continue from private businesses, as they cost taxpayers nothing.

Another set of recommendations made by our predecessor pertained to BPRU and BPRU-W. One was that BPRU needed a part-time evening teacher (for GED preparation) and that the salary could come from the Inmate Welfare Fund. When we visited

BPRU, the one full-time teacher told us that the recommendation was being approved but that, rather than an extra teacher being hired she was going to start teaching two evenings per week in addition to he daytime hours. Several jurors questioned whether this is a practical solution. First of all, does it make any sense to have a full-time instructor during the day, when so many inmates are on work-release at that time? Second, if total classroom hours do need to be increased, wouldn't it be a better idea to hire a second teacher, so that they could fill in for each other in the event of illness or vacation?

Our predecessor also recommended that we examine whether the women at BPRU-W have the same educational resources as their male counterparts at BPRU. We agree that there should be equal opportunities for the women to learn, but, when we asked the administrator at BPRU-W about her program, she simply replied that the current class schedule of two days per week was adequate for their needs. She also mentioned that she couldn't understand why grand juries are always making recommendations to improve the education at a pre-release unit, when the inmates could have taken classes in prison (at Jessup, in the case of the women) if they had wanted to learn. Presumably, this theory would also hold true for the men at BPRU. But, if one were going to apply that logic, one could also say, "Why offer education in prison at all? If they had wanted to learn, they would have stayed in high school and graduated instead of committing crimes." The answer

is that the pre-release units are the last stop for inmates before they re-enter society and are therefore the last chance to correct whatever went wrong before. Education should be encouraged as much as possible.

Finally, with regard to BPRU (men), our predecessor noted that more modern computer equipment, along with additional reading material and audio-visual equipment, was needed for the classroom. We agree that the computers at BPRU appear quite dated and are probably not useful for practicing relevant skills needed in today's work environments. Administrators at BPRU thought that the OSTC had some extra computers to give away, but, when we visited OSTC, we were told that all the (very modern) computers there are being used. As far as other educational materials are concerned, the BPRU staff said, "we've learned to be happy with that we've got."

Here are a few other recommendations suggested by some of the administrators at the institutions we visited; these were met with varying degrees of enthusiasm by members of the grand jury. BCCC needs additional keys made for cells in which two inmates are housed but only one key is available. BPRU could use another car, to be used by staff to check up on inmates who are supposed to be on work-release assignments. BPRU-W would appreciate the

installation of a flagpole out front, to be consistent with other facilities.

Miscellaneous suggestions made by individual jurors include the following: use prison labor (under supervision) to build more prisons; put money into SUP for extensive counseling; somehow, make use of some space in MRDC that was originally going to be used as a recreational area but is now vacant; provide the grand jury with specific information regarding what visitors must, can, and cannot bring with them on tours of the various facilities, to save time in the security check procedures; and have jurors visit the institutions of their choice rather than asking all to visit all.

The final three questions on the chairperson's questionnaire along with the group's responses, were as follows:

"Overall, do you believe that the Maryland Division of Correction is being allotted enough money from the state's budget?":
"Yes" (4%); "No" (65%); and "not sure" (30%).

"Overall, do you believe that good use or poor use is being made of whatever money is allotted to the Division, in terms of good financial management and setting of priorities by administrators and officials? Please rate on scale of 1 to 5, 1 being the worst

possible use of money and 5 being the best.": 1 (4%); 2 (4%); 3 (52%); 4 (13%); 5 (17%); and no answer (9%).

"Overall, how do you rate the performance of the correctional officers and staffs of the institutions we visited, given their limited resources? Again, please rate on a scale of 1 to 5, 5 being the best.": 1 (4%); 2 (9%); 3 (17%); 4 (30%); and 5 (39%).

We hope that the positive reactions illustrated in the responses to the last question are not merely a result of our hosts being on their best behavior on the days when we visited, but are an example of the dedication, pride, and professionalism displayed by these men and women on a daily basis. Our sincere thanks go to the administrators and correctional officers of the eight institutions we visited, for their assistance, hospitality, and overall fine work.

The chairperson would like to make the following concluding remarks. The public is justifiably frustrated, if not outraged, by the violence and despair perpetrated by the criminals in our midst. An outpouring of heartfelt support for the victims of crime is the understandable result. In Maryland, a constitutional amendment establishing victims' rights was sent to the voters for approval and passed by over 90% this November. Meanwhile, nationwide the state and federal prison population has

topped 1 million for the first time in history. Do we feel safer than we felt when the prison population was half a million? Perhaps a more appropriate question to ask is, "Will we feel safer when the prison population tops 2 million?" The answer will depend on how sentences are handed down and/or legislated, along with how public money is spent. Releasing a violent offender from prison early to make way for a nonviolent (particularly first-time) offender who is serving a mandatory minimum sentence is inexcusable. It is also inexcusable to allow a nonviolent offender to become violent, either by mistreatment or neglect, before being released. Those inmates for whom there is still hope must be allowed to earn knowledge and self-respect before they re-enter society. This effort will require some of the taxpayers' money, as will the building of more prisons; both are clearly needed. Here in Baltimore, we have seen some reasons for optimism as well as for discouragement.

Thank you to all who took the time to read this report.

Pespectfully submitted,

Robert Cormier, Chairperson