



**Statement of Stephen Walker
Wellness Director
One Voice United**

**Before the Subcommittee on Criminal Justice and Counterterrorism of the U.S. Senate
Judiciary Committee**

**Hearing on “The Nation’s Correctional Staffing Crisis: Assessing the Toll on Correctional
Officers and Incarcerated Persons”**

February 28, 2024

Chairman Booker, Ranking Member Cotton, and esteemed Members of the Committee, I would like to thank you for giving me the opportunity to speak with you today.

My name is Stephen Walker, and I am here representing One Voice United, a national organization dedicated to advocating for the welfare of correctional officers and other front-line staff and ensuring their expertise and perspectives are included in the national debate around criminal justice reform.

Before joining One Voice, I served as a youth correctional officer for 35 years with the California Department of Corrections and Rehabilitation and am currently the Director of Correctional Health for the California Correctional Peace Officers Association.

Today, I sit before you to address the existential staffing crisis in America’s prisons and jails, in hopes of advancing a nationally sanctioned dialogue.

This crisis has no borders, is not one state's issue and cannot be solved by a single department or entity. It is a national problem that impacts every aspect of the mission of corrections by asking staff to do more with less, often resulting in excessive work hours and multiple mandated shifts per week, leading to increased burnout, less job satisfaction, and an inability to perform everyday security and rehabilitative functions.

As a result, non-custody and inexperienced custodial staff are being ordered to fill custody and security positions, with little training or experience, processes called augmentation and diversion.

From experience, I can tell you that it's not enough to just find a warm body to fill these vacancies. To be a competent and professional Correctional officer takes time, supervision, and training. Not to mention the fact that augmentation takes key personnel (nurses, teachers, administrators) out of their primary function without replacement of the services lost.

For staff, personnel shortages lead to diminished observation skills, less intelligence gathering, surges in overtime, slower response times, and strained family relationships and collective wellness. In fact, multiple studies indicate that correctional officers suffer from PTSD, depression, suicide, heart disease, a shortened lifespan, and other physical and psychological ailments at a rate well above the general public.

For those in our care, personnel shortages mean programs are slashed, visits are reduced, time on lock down is increased, and the patience of everyone behind the walls wears thin. In many prisons, ratios often surpass 60:1, escalating in yards and chow halls, where unpredictable staffing complements further skew this imbalance, compelling a policy-mandated prioritization of institutional safety above all else.

To combat this reality, well-meaning attempts are being initiated by agencies in various states to lower entrance requirements for new recruits, shorten academy times, and offer signing bonuses, none of which have successfully addressed this crisis to a scale of lasting impact.

Additionally, inadequate staffing levels limit the availability of programming and rehabilitative services, further hindering efforts to promote positive behavior and reduce recidivism among those in custody. Addressing the staffing crisis is essential to mitigating these safety risks and creating a secure environment for both staff and incarcerated individuals.

Retaining staff is equally important; we must transform employment conditions by moving beyond the traditional top-down paramilitary administrative model.

Research and studies done on retention show overwhelmingly that it is not the incarcerated population that drives good employees away, it is a lack of communication, recognition, and transparency, along with outdated and uninformed policies. In short, the level of expectations and demands of today's corrections system have outgrown the current administrative model of training and have diminished the profession to a point where staff feel devalued and expendable.

Because of the willingness of staff to no longer silently endure the challenges, it has become clear that the short and long-term needs, and values of new officers no longer align with the current culture and demands of corrections departments.

Fortunately, there are remedies and actions that can be taken to address these issues, but they require thoughtful planning and input from all stakeholder groups.

Addressing the staffing crisis in corrections requires appealing to potential employees by valuing their goals and integrating them into a respected team from day one, providing empirical training, better pay, lower healthcare costs, holistic wellness programs, and attractive incentives such as educational benefits, pensions, and reduced vesting periods.

Without achieving these objectives and including the voices and experiences of those who will be impacted by their success or failure, true rehabilitation is unrealistic, and prisons will continue to fall short of their primary mission of creating a safe and humane atmosphere for successful re-entry back into society.

I appreciate the opportunity to appear before you today and look forward to answering any questions you may have.

Supporting Attachments

- I. Written Testimony Submission from James Paul McCravey III (pp. 4-5)
- II. OV Correctional Officer Wellness Project Summary Guide (pp. 6-12)
- III. OVU Blue Ribbon Commission Report on Correctional Staff Wellness
available at <https://onevoiceunited.org/wp-content/uploads/2022/10/BRC-Report-2022.pdf>
- IV. I Am Not Okay, Correctional Staff Wellness White Paper
available at https://onevoiceunited.org/wp-content/uploads/2021/10/Wellness_White_Paper_Edited_OCT17_2021.pdf
- V. Navigating the Future of Corrections Economic Impact Study Report
available at <https://onevoiceunited.org/wp-content/uploads/2020/09/Economic-Impact-Study.pdf>

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**Written Testimony of James Paul McCravey III
Former Correctional Officer**

February 28, 2024

Chairman Booker, Ranking Member Cotton, and esteemed Members of the Committee, thank you for holding this hearing on the nation’s correctional staffing crisis and for allowing me the opportunity to submit this written testimony.

My name is James Paul McCravey III, and I served as a corrections officer at the Michigan Department of Corrections from 2013-2019.

As a former corrections officer, I can attest to the profound challenges posed by the ongoing national staffing crisis and know firsthand the toll it takes on staff and those within our care.

My journey into the corrections field wasn’t a typical one; inspired by a passion for criminal justice, I initially intended to pursue a career in law enforcement, however, a conversation with the Dean of my college, who also happened to be an inspector at the Charles Egeler Reception and Guidance Center, convinced me to give corrections a try. Little did I know the profound impact this decision would have on my life.

From the outset of my career in March of 2013, staffing shortages were glaringly apparent. While classroom study and physical training had made us feel ready, no amount of training could fully prepare me for the actual experience of working behind the walls.

Stepping into the facility for the first time, I felt the weight of the responsibility upon me and the dire situation I had walked into. On any given shift, it was not uncommon for us to be short by 20 or more officers, leading to daily mandates for colleagues, straining both morale and safety.

For many of my coworkers the reaction to new officers was mixed. While some veteran officers welcomed the relief we brought to the understaffed system, there was an underlying concern about turnover and skepticism surrounding how many of the new officers would stay beyond their first year. Some saw us as transient, using the job as a steppingstone to other pursuits or looking for on-the-job experience to apply to other state departments. Despite this, we were welcomed as individuals capable of offering some reinforcement amidst the staffing crisis.

Rising through the ranks and becoming a Sergeant, I began to take on additional responsibilities and witnessed firsthand the ways that understaffing undermined our ability to maintain order and safety within the facility. Daily decisions about canceling programs or denying incarcerated people their rightful privileges became sources of tension and unrest, adding to an already delicate environment.

At the academy, and during my first year, I was taught to be fair and consistent with all incarcerated individuals and I prided myself on treating everyone with dignity and respect. But consistency became increasingly difficult amidst staffing shortages and our concept of fairness was tested because we had no other choice than to cancel visitations, shorten yard time and act in a manner conducive to safety, which deprived those incarcerated of privileges, programs and contact with the outside world, and led to growing resentment and frustration.

If that wasn't enough, my dedication to the work was tested beyond the confines of the prison walls when I learned that my newly born infant son was diagnosed with noonan syndrome and juvenile leukemia and was in the hospital for the first seven months of his life, with six of those seven months on life support. Balancing the demands of the job with the needs of my family became an untenable challenge.

The inability to access a phone during shifts meant agonizing waits for updates on my son's condition coupled with uncertainty about if I would be able to attend doctors' appointments, leave on a minute's notice if the hospital called or spend time with my family as we tackled such a huge situation.

To make matters worse, I always felt like I was letting my brothers and sisters inside the prison down because they were mandated to work overtime and missing time with their own families while I dealt with my own personal struggles.

At first, I tried to make the situation work, stepping down from Sergeant and going back to a corrections officer, thinking that I would have more flexibility, but after a few short months, I felt as though I was still letting everybody inside and outside of the prison down and I didn't want to be that person.

The reality of being torn between my duty to the job and the needs of my family became too overwhelming to bear, despite the support of my colleagues. Ultimately, I had to prioritize my family's well-being over my career in corrections and made the hard decision to leave.

Reflecting on my experience, I can't help but feel that the staffing crisis I encountered within the MDOC is just a small part of a larger crisis that affects everyone involved in the American correctional system. Understaffing compromises safety, undermines the mission of rehabilitation, and strains relationships for staff, families and those incarcerated.

Don't get me wrong, despite the challenges, I loved my job and to this day, I miss the comradery and familial relationships with my fellow officers and the sense of purpose I felt when I walked inside those gates.

My hope and desire for sharing my story is that others will recognize the urgent need for systemic change and some relief can come to those officers continuing to work 16-hour days, in difficult conditions with no end in sight.

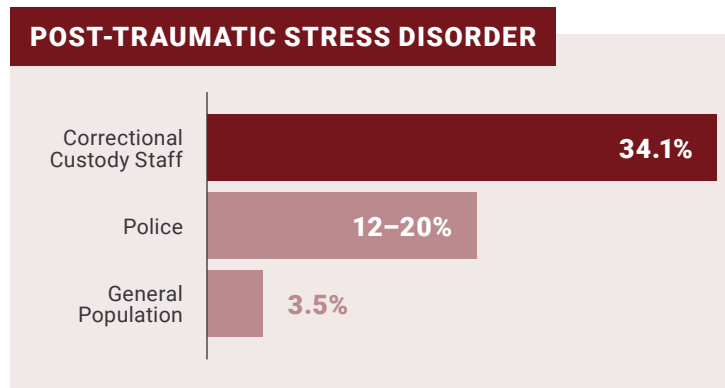
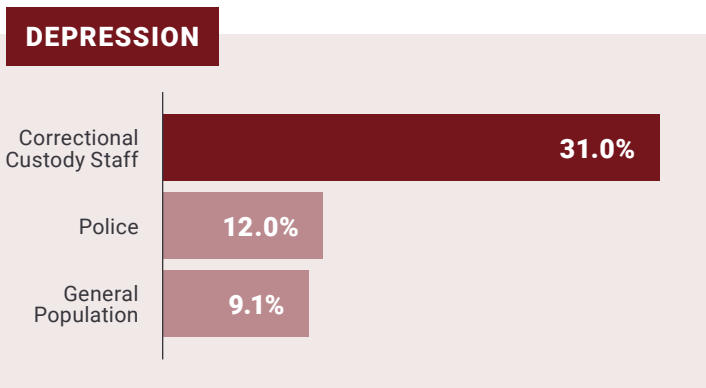
Thank you for the opportunity to share my story and I look forward to continuing the dialogue on this critical matter.



Mental Health

The U.S. correctional system is at a breaking point. Every American touched by the system – officers, administrators, the currently incarcerated and their family members – experiences challenges that can, and do, negatively impact their mental health. Among America’s nearly 450,000 correctional officers (COs), PTSD and depression are at near-epidemic proportions, driving extreme rates of psychological and even physical harm.

The mental health of correctional officers is inextricably linked to the health and safety of the entire prison population. That means lasting systemic reform can only occur through approaches that address the mental health crisis facing COs today.



A national survey of correctional officers found **91% of respondents** feel that “PTSD is a serious and pervasive issue within corrections.”



These mental health conditions aren’t just psychological; they have real, dangerous physical effects as well. Stress manifests itself in the human body in a variety of ways, including (but not limited to):

PSYCHOLOGICAL EFFECTS

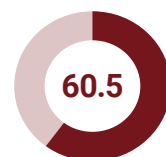
- ▶ Addiction
- ▶ Anxiety
- ▶ Flashbacks
- ▶ Guilt
- ▶ Lack of Concentration
- ▶ Paranoia
- ▶ Social Withdrawal

PHYSICAL EFFECTS

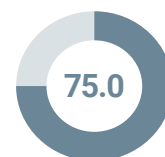
- ▶ Chest Pains
- ▶ Dizziness
- ▶ Heart Disease
- ▶ Insomnia
- ▶ Obesity
- ▶ Opioid Abuse
- ▶ Self-Harm
- ▶ Ulcers

Stress levels (and the accompanying psychological and physical impacts) are so high and so prevalent that the average correctional officer can expect to live to just 59-62 – a full 14-21 years less than the general public.

It is estimated that 156 active duty correctional officers take their own lives each year. That’s three deaths every week, and 34.8 suicides per 100,000 correctional officers each year. The suicide rate among the general population is less than half of the rate among COs: 14.2 deaths per 100,000 Americans.



average lifespan of COs
(regardless of gender)



average lifespan of adult males

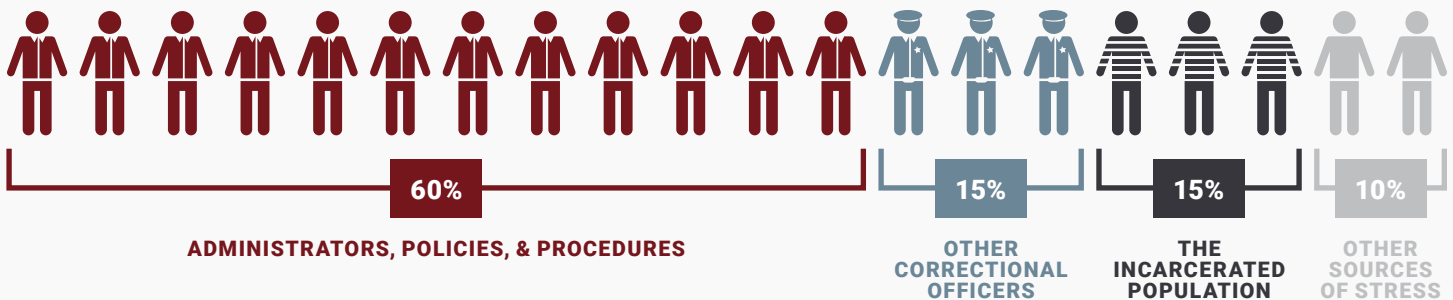


average lifespan of adult females



Causes of Stress

Before beginning the long-overdue work of reforming the U.S. correctional system and addressing the mental health challenges facing correctional officers (COs) today, it's imperative to understand the sources of those mental health challenges – namely, the stress COs live with every day.



60% ADMINISTRATORS, POLICIES, & PROCEDURES



The source of a majority of CO stress comes directly from the top: administrators and the policies and procedures they implement. That's not to say it's done on purpose: unfortunately, sometimes administrators don't realize how dangerous the job really is, making them more likely to unknowingly implement harmful decisions and less likely to address challenges they just don't see.

Order and control are key to maintaining a safe prison, so when new policies and procedures are imposed on officers without their input it can create not only resentment but serious disruption to their job of maintaining that order and security. And often, administrators don't ask for COs' input before making decisions, which can have the secondary effect of sowing distrust among employees.

One key decision that adds to COs' stress is staffing – or, more accurately in most cases, understaffing. Not only is lack of staff a major contributor to CO burn-out, understaffing strains every aspect of a correctional system.

- ✦ In private prisons, managers are under pressure to maximize revenue by minimizing the number of staff needed to run the facility, and their bonuses, salaries, and pensions are based on how well they maximize profit – meaning more inmates and fewer staff.
- ✦ In public prisons, staff are often being asked to take on more programming and education without additional resources or manpower, which can result in safety risks when staff are spread too thin.

As prison populations fall, policymakers and leaders should take the opportunity to enact guidelines that ensure a return to safe staffing levels, instead of allowing administrators to cut COs as well in a race to the bottom.



15% OTHER CORRECTIONAL OFFICERS

It's the job of COs to maintain order within their prison, which means projecting strength and invulnerability at all times. That can be hard to shake after hours – and makes COs fearful of sharing their mental health challenges, lest they experience repercussions (like ostracization, limited assignments, and diminished opportunities) for seeking help. In the worst cases, COs may even be bullied by their peers for showing perceived weakness. **A culture shift within prisons is necessary in order to alleviate CO stress and begin the process of destigmatizing seeking help.**



15% THE INCARCERATED POPULATION

Perhaps the most well-known source of CO stress is the incarcerated population. COs must be hyperaware of their surroundings at all times, as they are at any moment at risk of harm. That can range from being verbally threatened, to spit on, to stabbed with any number of items – including, sometimes, contaminated needles.

Even when COs want to help or mentor an incarcerated person, they are actually prohibited from doing so in many cases because of overfamiliarity rules. These rules make it difficult to establish any kind of civil relationship and trust between COs and the incarcerated population.



10% OTHER SOURCES OF STRESS

In addition to the more quantifiable sources, there are other more general factors that may contribute to correctional officers' stress. COs and prisons often do not appear in the media unless it is for a negative reason, creating a wholly negative public perception of the correctional system. This also leads to a negative "Hollywood portrayal" that perpetuates the stereotype and doesn't tell the stories of the overwhelmingly good number of COs in the field today.

Challenges with Facility Administrations



Surprisingly, the biggest source of stress for correctional officers (COs) today isn't the incarcerated individuals they work with – it's the administrations they work for. National studies have shown that approximately 60% of staff stress comes from policies, procedures and the administrators themselves. Here are some of the reasons why.

LACK OF ACKNOWLEDGMENT OF CHALLENGES



Too often, administrations don't see the real, everyday dangers and mental health strain that come along with being a CO. Before policies and procedures can be put in place to help relieve that strain, administrators need to acknowledge that it exists. Changing that mindset is crucial to any meaningful reform.

DISTRUST OF ADMINISTRATION



Even after administrators acknowledge a problem exists, they rarely ask for COs' input on new or improved policies and procedures. Sometimes, staff don't find out about a change until the day it's implemented! Often, COs are asked to implement policies that have direct impacts on staff or the incarcerated population – but without having been part of the conversation, they don't have an understanding of why the change is being made. Administrators can't do what's best for the facility without on-the-ground information and insights from COs. That means sometimes they accidentally put staff in danger, leading to a distrust of the administration among COs.

INADEQUATE EQUIPMENT



Officers rely on their equipment to keep them safe and help them do their jobs to the best of their ability. But they have no control over the equipment they're provided or the condition it's in. All too commonly, that means COs are left to work with radios that don't work, dangerous vehicles, outdated fire extinguishers, and not enough protective equipment like handcuffs, OC spray, gloves, face guards and protective vests. In addition to being a source of stress for officers, it leaves them feeling as though administrators have a disregard for their safety.

LACK OF JOB RECOGNITION



Law enforcement officers and first responders are often covered in the news for the good work they do on the job – unfortunately, COs rarely make the front page when they save someone's life or avert another crisis. That's why recognition from facility administrators is so important. Too often, administrators are slow to recognize and appreciate COs, making it difficult for COs to have a sense of pride in a job well done. Simple recognition from administrations would go a long way in improving COs' job satisfaction, self-esteem and overall mental health.



CHALLENGE SPOTLIGHT: UNDERSTAFFING

Staffing impacts virtually every aspect of how a correctional facility operates. Understaffing is one of the biggest threats to a CO's safety and security – and therefore one of the biggest sources of stress.

When a facility first opens, government officials determine how many COs are needed to safely staff it, based on a variety of factors including security classification, incarcerated population and physical layout. While there are minimum staffing levels in addition to the recommended operational staffing levels, too often administrators feel pressure to get by with as few staff as possible.

- + In private prisons, managers are under pressure to maximize revenue by minimizing the number of staff needed to run the facility, and their bonuses, salaries, and pensions are based on how well they maximize profit – meaning more incarcerated individuals and fewer staff.
- + In public prisons, staff are often being asked to take on more programming and education without additional resources or manpower, which can result in safety risks when staff are spread too thin.

Additionally, reported staffing ratios can be misleading. They're calculated based on the number of staff against the number of incarcerated individuals – but individual COs only work 40 hours per week, and incarcerated individuals are there all 168 hours of the week. These staffing ratios are only accurate if every CO worked 24/7 and never went home. Better ratios can be determined by "post audits," where every post is evaluated on every shift to determine the true staffing requirements.

This understaffing means often a CO can be in charge of overseeing as many as 70 or even 100 incarcerated individuals at a time, especially in yards and cafeterias of larger jails and prisons. This stressful situation contributes to employee burn-out and negatively impacts the incarcerated population, too; COs don't have the opportunity to focus on rehabilitation when they are so focused on having to maintain order.

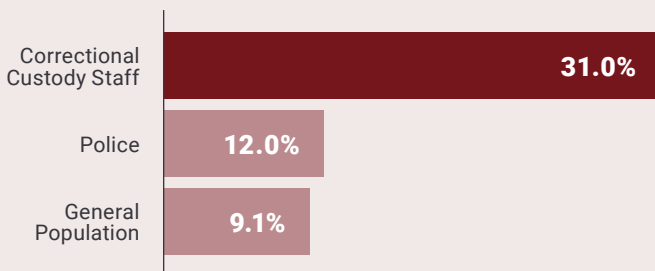
Facility administrators should commit to bringing staffing back to safe levels, and not decrease the number of staff as prison populations fall.



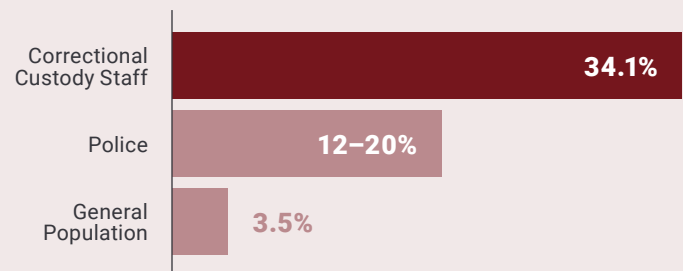
Solutions

The crisis of correctional officer (CO) mental health is reaching a breaking point, but there are approaches that can help address these challenges. Administrators need to do more than just make these solutions available – they need to work to create a culture where mental health care is encouraged and valued. Long-term, lasting reform can not be achieved through tactical shifts alone, but requires psychological, cultural, and strategic change as well.

DEPRESSION



POST-TRAUMATIC STRESS DISORDER



+ INDIVIDUAL THERAPY

One-on-one counseling for staff members with a licensed practitioner. If confidentiality issues and exposure are a concern staff can opt for individual counseling by third party providers that removes those possibilities. It allows the staff member to be unencumbered in their discussions and to avoid any feelings of discomfort that they feel exposing their emotions in a group setting of their peers may cause.

+ GROUP THERAPY

An advantage of group therapy is that it allows staff to share their experiences, fears and emotions and to realize they are not alone. Similarly, peer-to-peer counseling can be very effective in addressing mental health challenges shared among many COs.

+ COGNITIVE BEHAVIOR THERAPY (CBT)

Cognitive behavioral therapy (CBT) has been found to help significantly with depression treatment. In CBT, an individual and their therapist work together to agree on patterns of behavior that need to be changed. The goal is to recalibrate the part of the brain that's keeping such a tight hold on happy thoughts.

+ MENTAL HEALTH FIRST AID

Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues. Although MHFA has been taught around the world for nearly two decades, recent implementations in correctional facilities have been promising and well-received by staff.

+ EMOTIONAL INTELLIGENCE

Emotional intelligence refers to the ability to identify and manage one's own emotions, as well as the emotions of others. Improving EI can decrease anxiety and stress and help train staff to better handle day-to-day situations.

+ COGNITIVE PROCESSING THERAPY (CPT)

CPT teaches people to identify how traumatic experiences have affected their thinking. It also teaches them to evaluate and change their thoughts. CPT usually takes 12 sessions and can be delivered in an individual or group format. The goal is for patients to learn ways to have more healthy and balanced beliefs about themselves, others, and the world.

+ EXPOSURE THERAPY

This technique involves re-living the traumatic incident and is a more controversial treatment option. However, it does have its supporters and COs can work with their therapist to determine if it's the right approach for them.

+ PSYCHODYNAMIC THERAPY

Psychodynamic therapy is a form of talk therapy. It's designed to help patients find relief from mental or emotional stress. Proponents of psychodynamic therapy believe present-day problems are linked to unconscious conflicts arising from events in the past.

+ EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

In EMDR, patients pay attention to a back-and-forth movement or sound while calling to mind the upsetting memory until shifts occur in the way they experience that memory and more information from the past is processed. By processing these experiences, people can get relief from PTSD symptoms and change how they react to memories of their trauma.

+ STELLATE GANGLION BLOCK (SGB) INJECTIONS

A newer technique for treating PTSD, SGB injections – primarily used to reduce physical pain – are now being used in our veterans to deal with severe PTSD. The results have been promising from a clinical trial recently reported by JAMA Psychiatry of the American Medical Association (2016 – 2018).

+ MEDICATION

Some individuals suffering from anxiety, depression, PTSD, and other mental health disorders may be prescribed medication to help manage their conditions. Side effects can be substantial and certain medications may impact awareness and function, and all COs should work with their doctors to ensure they receive the prescription that's right for them.