Hugh Hurwitz  
Acting Director  
Federal Bureau of Prisons  
320 1st St. NW  
Washington D.C. 20534

Dear Acting Director Hurwitz:

I write seeking information about the accreditation system used to hold private prisons and other private detention facilities accountable for the safety and wellbeing of prisoners and the responsible stewardship of taxpayer dollars. The accreditation system is rife with perverse incentives and has a demonstrated record of failure, resulting in cruel and inhuman conditions for prisoners and detainees and a massive waste of taxpayer funds.

The Bureau of Prisons (BOP) currently contracts with 11 facilities operated by private corporations to house federal inmates.\(^1\) As of August 2016, these 11 BOP contract prisons held over 22,000 inmates, approximately 12% of the BOP population.\(^2\) Three private corporations run all of these facilities – GEO Group (GEO), Management and Training Corporation (MTC), and CoreCivic.\(^3\) In addition to the 11 BOP prisons, these companies run an additional over 200 federal, state, and local corrections and detention facilities.\(^4\)

Private prisons have a poor record of protecting the health, safety, and security of their inmates. A 2016 report from the Department of Justice Office of the Inspector General (DOJ OIG) found that “in a majority of the categories we examined, contract prisons incurred more safety and security incidents per capita than comparable BOP institutions.”\(^5\) These included higher rates of incident reports, contraband discovery, lockdowns, inmate discipline, assault rates, and other selected grievances.\(^6\) OIG found “a failure to initiate discipline in over 50 percent of incidents” over a 6-month period, and concluded that BOP “must improve its oversight of contract prisons to ensure that federal inmates’ rights and needs are not placed at risk.”\(^7\)

Private prisons are required to comply with all local, state, and federal laws, and the facilities “are required to adhere to some BOP policies such as, inmate discipline, use of force, sentence computation, and inmate classification.”\(^8\) However, according to OIG, BOP conducts insufficient

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\(^3\) Id.


\(^6\) Id.

\(^7\) Id.

direct oversight of these facilities. BOP relies in large part on accreditation to ensure prison quality. All contracted private facilities must obtain accreditation through the American Correctional Association (ACA) within two years of receiving inmates.  

Relying on a private organization to accredit and inspect private detention facilities that have a sub-par health and safety record is a recipe for disaster. In industry after industry, outsourcing accountability has allowed corporations to evade standards with little to no consequences. In this case, the accreditation system for private detention centers appears to have paired perverse incentives with a lack of oversight of private facilities. In many cases, the results have been fatal.

ACA Accreditation is Rife with Problems

The American Correctional Association serves as the accreditor for private prisons. ACA accreditation is required for government contracts. But the ACA is a conflicted party with twisted incentives, a lack of transparency, and lax inspection policies that appear to have turned accreditation into a rubber-stamp process that does little to hold facilities accountable.

Conflicts of Interest

The ACA’s problems begin with the perverse incentives arising from its conflicts of interest. The ACA is attempting to act as an objective accreditor while it simultaneously serves as the primary trade association on behalf of the corrections industry, including private prisons. The ACA has lobbied Congress on criminal justice, corrections, and detention-related issues. CoreCivic, GEO Group, and MTC are all members of the ACA; as the ACA provides accreditation for their facilities, it also receives member dues from these organizations, and advocates and lobbies on their behalf.

The three primary private facility corporations provide a significant amount of funding to the ACA. ACA-accredited facilities pay the ACA to conduct audits, creating an incentive for the ACA to grant accreditation so it can continue to receive fees. As of 2014, those fees ranged from

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10 Id.
11 The Joint Commission on Accreditation of Healthcare Organizations also provides accreditation for the health facilities at private prisons and detention centers.
$8,100 to $19,500 per facility.\(^{15}\) In 2013, the ACA earned over half of its $9 million in revenue from accreditation contracts, much of this from GEO, MTC, and CoreCivic, that have hundreds of accredited facilities throughout the nation.\(^{16}\) The big three private prison corporations also sponsor the ACA’s annual conferences. At the ACA’s annual conference in 2018, for example, GEO and CoreCivic sponsored the ticket-only E.R. Cass Banquet, and MTC sponsored a giveaway that included two tablets and a new car.\(^{17}\)

The conflicts of interest seep into the staff that run ACA’s accreditation process, which includes a 30-member Commission on Accreditation for Corrections (CAC), responsible for accreditation decisions, and a 20-member Standards Committee, responsible for setting standards by which facilities are judged for accreditation.\(^{18}\) The former Chair of the Standards Committee, Harley G. Lappin, is now a member of the Board of Directors at CoreCivic.\(^{19}\) Todd Thomas, currently a member of the CAC, works as a Warden for a CoreCivic correctional facility.\(^ {20}\) Mike Murphy, another member of the CAC, serves as Vice President of Marketing Corrections at MTC.\(^ {21}\) Derrick Schofield, a member of the Standards Committee, works as Executive Vice President for GEO Care,\(^{22}\) a division of GEO focused on “in-custody offender rehabilitation programs and evidence-based treatment.”\(^ {23}\)

**Lack of Transparency and Accountability in the Accreditation Process**

These problems are exacerbated by the ACA’s ineffective accreditation process and lack of both transparency and accountability.

There are numerous indications that the ACA’s accreditation process is barely more than a rubber-stamp. First, facilities conduct a “self-evaluation,” judging themselves on whether their own “levels of expected compliance are sufficient for accreditation.”\(^ {24}\) The facility also submits

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\(^ {16}\) Id.


\(^ {19}\) CoreCivic, “Board of Directors,” http://www.corecivic.com/investors/board-of-directors


\(^ {21}\) LinkedIn, “Mike Murphy,” https://www.linkedin.com/in/mike-murphy-53876b5/

\(^ {22}\) The GEO Group, Inc., “GEO Care Leadership Team,” https://www.geogroup.com/GEO_Care_Leadership_Team

\(^ {23}\) The GEO Group, Inc., “GEO Care,” https://www.geogroup.com/GEO-Care

their own self-reported list of “significant incidents.” Next, a facility may request an audit. The ACA grants facilities three months’ notice in advance of an audit, allowing facilities to prepare before inspectors arrive. At a facility’s request, the ACA will first conduct a “mock audit” to help the facility get ready for the actual audit. Finally, the ACA then travels for on-location audits.

The problems appear to continue once the audits finally begin. Incarcerated individuals in ACA-accredited facilities have reported never having the opportunity to speak with inspectors, despite ACA accreditation guidelines indicating that the facility must extend the invitation to all detainees. The ACA often conducts “paper audits” – it examines the policies a prison has on paper rather than their actual practices. According to the director of the Private Corrections Institute, for example, “a prison...can be accredited by the ACA even if officers at that facility are in fact beating inmates,” so long as the prison has a policy that says officers cannot beat inmates.

The final decision on accreditation is neither transparent nor accountable, making it impossible to tell how private prison corporations and their employees may influence standards and accreditation. Accreditation decisions do not include public justification, and while inspections result in a report for the Commission staff, that report is not made public. The ACA “does not disclose...specific information in the [facility’s] self-evaluation report, Visiting Committee report, or information discussed in the hearing.” Outside oversight becomes impossible without evidence of the audits. Decades ago, David Bazelon, a judge on the D.C. Court of Appeals, resigned his position as an ACA board member in 1982 and described the ACA accreditation as a “conspiracy of silence between corrections officials and the public,” noting that the ACA had “repeatedly refused to open the accreditation process to public scrutiny and participation.” The ACA does not appear to have increased public participation or transparency in the 37 years since Bazelon resigned.

25 Id.
26 Id. p. 29
27 Id. p 27.
Finally, the Commissioners are permitted to supply waivers for “discretionary non-compliances” with ACA guidelines and standards, rendering these standards toothless.\textsuperscript{33}

The ACA only conducts audits for re-accreditation every three years.\textsuperscript{34} The organization allows facilities to “conduct annual self-reporting” in the off years, judging their own compliance and submitting their own summary of significant incidents.\textsuperscript{35}

As former Judge Bazelon put it, “the commission’s audit techniques and deliberative procedures are inherently unreliable.”\textsuperscript{36} Jody Owens, of the Southern Poverty Law Center, has referred to ACA accreditation as “a rubber-stamping process,” adding that problems at prisons are “overlooked when these grades are passed out.”\textsuperscript{37}

\textbf{Notable Failures of Oversight}

The flaws in the ACA’s accreditation process are evident at facility after facility that, despite having received the ACA stamp of approval, allow inmates to live amid unsafe conditions, and are rife with violence, health and safety hazards, and other systemic problems.

\textbf{BOP Contract Facilities with Significant Problems}

A number of facilities managed under contract with the BOP, and therefore subject to BOP’s requirements for ACA accreditation, have had major problems in the last decade.

In late 2008 and early 2009, the Reeves County Detention Complex (Reeves), in Pecos, Texas, managed by GEO, had a riot in all three of its compounds, caused in part by “low staffing levels” at the facility.\textsuperscript{38} In 2015, the DOJ OIG found that GEO had “failed to comply with contractual requirements in the areas of billing and payment, correctional and health services staffing, and internal quality control” at its Reeves Compounds I and II.\textsuperscript{39} The OIG found “no minimum staffing requirements [in place] for the institution” between January 2007 and March 2009, “because the BOP had sought to reduce costs.”\textsuperscript{40} Despite these problems, all three facilities in the complex are listed as accredited facilities on the ACA website, and GEO has reported that

34 Id. p. 51
37 Id.
39 Id.
40 Id.
Reeves III received ACA accreditation and re-accreditation in 2009, 2012, 2015, and 2018 with a score of 99.8%.41

In February 2011, inmates at GEO’s Big Spring Correctional Center (Big Spring) in Texas “physically assaulted prison staff,” reportedly after a lackluster response to a medical emergency “that resulted in the death of an inmate.”42 The facility received ACA accreditation and re-accreditation in 2010, 2012, and 2015 with a score of 99.28% and is listed on the ACA’s list of accredited facilities.43

The following year, at CoreCivic’s Adams County Correctional Facility (Adams) near Natchez, Mississippi 250 inmates rioted due to the low quality of food and medical care, and poor treatment from prison staff.44 A correctional officer was killed and 20 people were injured.45 Adams received accreditation and re-accreditation in 2013 and 2016, scoring 100%.46 In 2015, inmates at MTC’s Willacy County Correctional Center (Willacy) in Raymondville, Texas, “set fires and caused extensive damage to the prison.”47 The BOP terminated their contract with the prison as a result.48

Other Facilities Operated by MTC, GEO, and CoreCivic

Problems at private facilities accredited by ACA go beyond those under contract with BOP, and raise serious red flags about the agency’s continued reliance on the ACA for accreditation and oversight.

In May 2018, the Department of Homeland Security (DHS) OIG conducted an unannounced inspection of GEO Group’s Adelanto ICE Processing Center in Adelanto, California.49 The OIG found “significant health and safety risks,” including “noises in detainee cells[,] improper and overly restrictive segregation[,] and untimely and inadequate detainee medical care.”50 After I

45 Id.
48 Id.
50 Id.
wrote to GEO about this facility, GEO responded by pointing to their ACA accreditation in 2014 and re-accreditation in 2017, with “a score of 99.6%” According to the ACA website, they have retained their accreditation.51

A December 2017 report from DHS OIG found systemic health, safety, and security violations at several privately run immigration detention facilities accredited by the ACA.52 The Stewart Detention Center (Stewart) in Lumpkin, Georgia, run by CoreCivic, and the Otero County Processing Center (Otero), in Chaparral, New Mexico, run by MTC, both violated standards regarding the “segregation and lock-down of detainees.”53 Detainees at Stewart reported excessive waits for urgent medical care. OIG observed “bathrooms that were in poor condition” at both facilities, including a lack of hot water and water leaks throughout Stewart.54 Both facilities are currently accredited by the ACA.55

Accredited private prisons used by state penal systems also reveal the inadequate of oversight from the ACA. In 2010, three violent prisoners escaped from MTC’s ACA-accredited Arizona State Prison – Kingman (Kingman) and murdered two people during their attempted getaway.56 Then, in 2015, a series of riots caused so much damage to the prison, the state had to transfer over 1,000 inmates.57 Similarly, in 2012 a federal judge ruled that GEO’s ACA-accredited Walnut Grove Youth Correctional Facility (Walnut Grove) in Mississippi “paints a picture of such horror as should be unrealized anywhere in the civilized world.”58 GEO was forced to give up running the facility due to a failure to protect inmates from gang violence.59

Walnut Grove closed in 2016.60 The Kingman and Walnut Grove facilities are both still listed on the ACA’s website as accredited facilities,61 and the Kingman facility received accreditation in 2017 with a score of 99.50%.62

53 Id.
54 Id.
57 Id.
58 Id.
59 Id.
60 Id.
Conclusion and Questions

The accreditation process for private detention facilities, including BOP contract prisons, is broken. Perverse incentives, conflicts of interest and a failure to adequately oversee conditions at private detention facilities have put detainees and corrections officers in danger. To help me better understand the scope of this problem and the steps needed to address these concerns, please respond to the following questions by June 14, 2019.

1. According to your website, “contract facilities must obtain accreditation through the American Correctional Association...within two years of receiving inmates.”
   a. Please provide the specific BOP contract provisions regarding accreditation.
   b. What standards and conditions are in place at contract facilities that are within the two year period and have not received accreditation?
   c. What specific actions does BOP take if the facility has received inmates for more than two years and has not been accredited? Please provide a list of any facility that, in the last 10 years, has exceeded the two-year accreditation standard, and the actions taken by BOP in response.
   d. What specific actions does BOP take for facilities that have lost accreditation?

2. The American Correctional Association does not make public the results of their audits, and does not make details other than the existence of accreditation public. Does the ACA provide you with audit dates, results, accreditation reports, or other details or documents related to accreditation of contracted facilities? If so, please provide my office with:
   a. A full list of all audits of BOP-contracted facilities conducted in the last decade.
   b. The results of all such audits.
   c. Accreditation reports or other details or documents related to accreditation of these facilities.
   d. A 2015 DOJ OIG report found a series of problems at ACA-accredited facilities, including Reeves I, II, and III, Big Spring, Adams, and Willacy.
      i. Did any or all of these facilities have ACA accreditation at the time such violations were discovered?
      ii. Have any or all of these facilities received ACA accreditation or re-accreditation in the time since this these violations were discovered?
      iii. Are you aware of any actions taken by the ACA to address the problems at these facilities?
      iv. Are you aware of any actions taken by the ACA to improve their inspection, audit, or accreditation processes in light of this report showing problems at ACA-accredited facilities?
      v. Has BOP or DOJ considered alternatives to ACA accreditation in its contracts, either before or since the publication of this report?

3. Given that you rely on ACA accreditation, how does BOP or DOJ assure the quality of the accreditation process?
   a. How and why did BOP decide to make ACA-accreditation the chief requirement for contracting facilities?
b. What requirements does BOP have in place for ACA to assure the quality of its accreditation process?
c. What steps does BOP take to determine if ACA accreditation meets these requirements?
d. Does BOP have any standards in place to protect the accreditation process from conflicts of interest?

4. The BOP states that it “places several staff on-site to monitor contract performance and to ensure contractors perform in accordance with the contract terms and conditions.” Please provide more details, including:

   a. How many staff members are placed at facilities?
   b. How often and for how long those staff members remain at each facility?
   c. The rights and responsibilities of the staff members at each facility.
   d. The qualifications and expertise of staff members at each facility.
   e. What each staff members is told to inspect and review while at each facility.
   f. Do facilities receive notice before staff members arrive?

5. The ACA only reviews and re-accredits facilities every three years. Do you require any additional quality assurance measures, including inspections and audits, from ACA or the facilities during the intervening years?

6. Reports indicate that the ACA conducts “paper audits,” looking primarily at a facility’s written policies, rather than their practice. Are “paper audits” sufficient to meet accreditation quality standards for BOP contractors?

   a. Has BOP determined if, in fact, ACA is conducting “paper audits”? If so, has BOP determined if this is the case, and what action has the agency taken?

Thank you for your attention to this matter.

Sincerely,

[Signature]

Elizabeth Warren
United States Senator