

# STATE OF THE PRISONS

Conditions of Confinement  
in 25 New York Correctional Facilities

*A Report by the Prison Visiting Committee  
of The Correctional Association of New York*

June 2002

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## **The Correctional Association of New York**

In 1844, a group of leading New York City citizens concerned about inhumane conditions in the prisons and jails convened the first meeting of the Correctional Association of New York. Two years later, the Association received state legislative authority to visit prisons and report its findings to policymakers and the public. This special legislative authority remains in place 156 years later, allowing the Association to observe, first-hand, conditions inside the walls.

The Prison Visiting Committee is the arm of the Correctional Association that visits prisons throughout the state and advocates for policies that will better serve inmates, correction staff and society at large. Currently chaired by Ralph S. Brown, Jr., the Correctional Association's Prison Visiting Committee includes lawyers, physicians, ex-offenders who have completed parole supervision, criminal justice experts, concerned citizens and board members of the Correctional Association.

The Prison Visiting Committee visits New York State correctional facilities on a regular basis, and this report relates to visits to 25 correctional facilities conducted between March 1998 and October 2001. Jennifer R. Wynn, Director of the Prison Visiting Project, served as principal author of this report. Board Chair Clay Hiles, Board Members Ralph S. Brown, Jr., Wilhelmus B. Bryan III, and the late Carol Bernstein Ferry served as principal editors. Executive Director Robert Gangi guided the undertaking from conception to completion.

Members of the Prison Visiting Committee volunteer many hours and days of their time traveling to prisons across the state, interviewing inmates and staff, and providing their insights for this report. In this regard, Visiting Committee members Heather Barr, Safiya Bandele, Philip Johnson and Romeo Sanchez deserve special acknowledgement for their contributions.

The Correctional Association thanks Glenn S. Goord, Commissioner of the New York State Department of Correctional Services; Edward McSweeney, Executive Assistant to the Commissioner; Anthony J. Annucci, Deputy Commissioner and Counsel; and Lester Wright, M.D., Associate Commissioner, for their cooperation and attention to matters we bring to them. We thank William Gonzalez, Deputy Counsel, for his efficiency and graciousness in arranging prison visits. Our deep appreciation goes to the many men and women confined in state prisons and the Superintendents, Deputy Superintendents, correction officers and civilian staff who gave the Visiting Committee the benefit of their experience and wisdom from the inside.

*The work of the Prison Visiting Project is made possible through the generous support of the Irene Diamond Fund, The New York Community Trust, Pfizer Inc., the Pforzheimer Foundation, the Prospect Hill Foundation and individual concerned citizens.*

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## I. INTRODUCTION

Prisons are essentially closed institutions. To all but the state employees who work in them, the prisoners confined in them and the officials who are permitted access, prisons are generally hidden from public view. Under special authority extended to the Correctional Association since 1846, members of its Prison Visiting Committee can enter prisons, interview inmates and staff, and communicate their findings and recommendations to state policymakers and the public. While the Correctional Association does not have authority to mandate change, it uses its knowledge of prison operations to advocate for reform to those who do have that authority.

This document is based on observations of the Correctional Association's Prison Visiting Committee from visits to 25 New York State correctional facilities conducted between March 1998 and October 2001. Part One presents key problems and areas for reform based on conversations with hundreds of inmates and correctional staff. Part Two presents reports from 25 prison visits<sup>1</sup>. The report discusses a number of model programs and efforts, several of which are mentioned here and/or described in the individual prison reports:

- Youth Assistance Programs in which inmates and correction staff volunteer as counselors to at-risk youth from the community;
- The "Puppies Behind Bars" program, where inmates train puppies to become seeing-eye dogs;
- The piloting of an in-cell substance abuse treatment program for inmates in disciplinary confinement;
- Mandatory academic programming for inmates who read and/or have a math score below the ninth-grade level;
- Parenting programs featuring structured groups and parenting education classes;
- Family visitor centers at 36 facilities to provide inmate family members with a place to refresh themselves prior to entering the prison;
- The installation of Automatic Electronic Defibrillators in every state correctional facility;
- Aggression Replacement Therapy provided by trained inmate facilitators to help prisoners identify and control aggressive behavior; and
- Earned Eligibility and Merit Time programs, which reward certain nonviolent offenders who meet various program requirements with the possibility of early release.

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<sup>1</sup> Readers should bear in mind that some specific practices, personnel and conditions of confinement may have changed since the time of the visit.

## **1. Methodology: Prison Inspections and Issue-Specific Research**

The Correctional Association's prison visits take the form of field research: full-day, on-site assessments during which committee members, typically five to eight on each visit, branch out to all corners of the prison, including cellblocks and dormitories, the "yard," the clinic, classrooms, and program areas. In Special Housing Units (SHUs), separate cellblocks where inmates who have been judged disciplinary problems are locked down 23 or 24 hours a day, committee members interview inmates through food slots in thick metal doors or through the cell bars. We meet with the Superintendent and Deputy Superintendents, the Inmate Liaison Committee (a leadership group elected to represent the concerns of prisoners), correction officers, physicians, nurses, teachers and mental health staff. We speak informally with prisoners over lunch in the mess hall, in cellblocks, classrooms, the yard and infirmary beds, documenting their views, both positive and negative, of the facility and staff.

At the end of the day, we meet with the prison's executive team and present our observations and feedback from inmates, correctional and civilian staff. The meetings are generally constructive and informative exchanges; some common ground is often achieved. At times sharp differences arise and remain unresolved. Nevertheless, most Superintendents seem to value feedback from outside observers, particularly those observers who visit prisons regularly and present their observations in a comparative context. Some Superintendents are willing to work on problems and find solutions; others are more bound to the status quo, even in the face of serious problems. Many cite their lack of authority or resources to make changes.

After each visit, we write a report of findings and recommendations, which we send to the Superintendent, the Commissioner of the Department of Correctional Services, his Deputy Commissioner and Counsel, DOCS chief medical officer, the Commissioner of the New York State Office of Mental Health (where applicable) and relevant state legislators. We then begin the challenging work of advocating for both facility-specific and system-wide reform.

The Prison Visiting Project also conducts research on key prison issues. Throughout 1998 and 1999, the Project investigated inmate health care and in February 2000 published a comprehensive report, *Health Care in New York State Prisons*, based on interviews with over 1,300 inmates and 100 prison health care providers. Concurrently, the Project examined conditions in Special Housing Units, collected data from the Department and interviewed approximately 200 inmates in disciplinary lockdown for a report to be published in summer 2002. The Project currently focuses on correctional mental health care and how the state prison system addresses the needs of the growing number of inmates with serious mental illness. An advisory board comprised of clinicians and experts in the field guides this research effort. A report of findings and recommendations is scheduled for publication in spring 2003.

## 2. Overview: The New York State Prison System

The New York State Department of Correctional Services (DOCS) operates 70 prisons throughout the state. In March 2002, there were 67,114 inmates under custody. In fiscal year 2000-2001, the operating budget for the state prison system was \$2.25 billion. Men constitute 95% of prisoners. Blacks and Hispanics account for approximately 80% of the inmate population, although they represent just 31% of the state population.<sup>2</sup> Almost 65% of state inmates come from and will return to New York City.

The responsibility of providing for the safe and humane confinement of some 67,000 inmates is a task of staggering proportions. The sheer size of the inmate population is compounded by the needs of the men and women incarcerated in New York State prisons. For example:

- 14% of incoming female prisoners and 5% of incoming males are infected with HIV;
- 23% of incoming female inmates and 14% of incoming males have hepatitis C;
- 75% of inmates are self-reported substance abusers;
- 11% of inmates have been diagnosed as “significantly, seriously or persistently mentally ill”; and
- Over 50% lack a high school diploma or equivalent degree.

The average time served in New York State correctional facilities is 43 months. Slightly over one-third (35%) of the inmates under custody in 2001 had served a prior prison term. Almost one-third (30%) of inmates were committed for drug offenses; 18% for robbery and 10% for murder.

One of the most significant recent trends in the New York prison system is the substantial drop in the inmate population. After thirty years of unprecedented growth, the number of state prisoners is beginning to decline. Between December 1999 and December 2001, the prisoner population declined from 71,466 inmates to 67,500. State officials project that the population will drop to roughly 64,400 inmates by the end of 2003, a 9% decrease over three years.

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<sup>2</sup> U.S. Bureau of the Census, Population Reports 2000.

**Inmates Under Custody At End of Calendar Year 1971 – 2001**

<b>December 31</b>	<b>Inmate Population</b>	<b>December 31</b>	<b>Inmate Population</b>
1971	12, 525	1986	38, 647
1972	12, 444	1987	40, 842
1973	13, 437	1988	44, 560
1974	14, 386	1989	51, 232
1975	16, 074	1990	54, 895
1976	17, 752	1991	57, 862
1977	19, 408	1992	61, 736
1978	20, 187	1993	64, 569
1979	20, 855	1994	66, 750
1980	21, 929	1995	68, 185
1981	25, 921	1996	69, 647
1982	28, 499	1997	69, 108
1983	30, 951	1998	70, 044
1984	33, 809	1999	71, 466
1985	35, 141	2000	70, 112
		2001	67, 500

The decline is due to several factors: a decrease in felony indictments in New York City, resulting in fewer inmates sentenced to state prison; an increase in parole releases of nonviolent offenders; and the introduction of programs, limited to certain nonviolent offenders, which allow them to earn early release. These programs include:

- Shock Incarceration, a six-month boot camp recently made available to more inmates by raising the maximum age limit for participation from 34 to 39;
- Merit Time, which allows certain nonviolent inmates to earn a one-sixth reduction in their minimum sentence by completing various programs and maintaining a good disciplinary record; and
- The Willard Drug Treatment Campus, where inmates convicted of drug offenses are sent for three months of intensive substance abuse treatment in lieu of a longer stay in a general confinement prison.

Department officials estimate that the decline will save the state \$50 million in prison costs in fiscal year 2002. The \$50 million would come from phasing out 2,423 beds in 14 medium-security prisons where inmates are now double-bunked. Eliminating cramped, double-bunked housing areas is a positive development. The positions of 600 correction officers at those prisons would be phased out through a hiring freeze, transfers and attrition. The Department maintains that no staff will be laid off as a result of the population decrease.

Fundamentally, the prison system operates in a decentralized fashion: practices and operations vary widely from one facility to the next, depending on such factors as a prison's size, budget and security level, as well as the management style of the Superintendent. It is notable to us that each prison we visit tends to have its own distinct culture, and that traditions and practices are reinforced over time, which lend to the facility a certain status or reputation. Eastern Correctional Facility, for example, has long been known by inmates and staff as an "honor jail." It has a tradition of innovative programming, enlightened leadership and cooperative relations between inmates and correction officers (COs). On the other hand, Great Meadow Correctional Facility, a similarly large, maximum-security prison, is known as a "disciplinary jail." It has few programs and comparatively tense relations between inmates and staff.

Another example of this variation is found in two neighboring prisons in the western region of the state, Gowanda and Collins Correctional Facilities. Although both are medium-security prisons for men located across the road from each other, their cultures are worlds apart. At Collins, inmates and staff refer to the prison as a "campus." The atmosphere is markedly peaceful; prisoners and staff reported few complaints when we visited. Everyone seemed invested in keeping the prison safe and calm. At Gowanda Correctional Facility, however, we received numerous reports from inmates, attorneys and family members before, during and after the visit about serious correction officer misconduct. Letters and phone calls about inmate abuse pointed to an unspoken policy of "might makes right," which appeared largely ignored by a detached administration. In explaining the different attitudes and styles among staff, correction officers at Collins said that security staff tends to seek positions at prisons where the culture supports their style of management.

In any prison, there is an inevitable and not surprising level of tension between inmates and staff. Race heightens this tension. Less than 5 percent of state correction officers are black or Hispanic, compared to 80 percent of state inmates. Racial issues are bound to arise in the face of such imbalance. Stereotypes are perpetuated and resentments are solidified on both sides. White officers from rural, homogeneous communities know blacks and Hispanics mainly as the criminals locked up in their local prison. Their unfamiliarity with the backgrounds and culture of inner-city dwellers contributes to their unease around prisoners.

Despite variations among prisons and staff, there is a core set of grievances raised by inmates, COs and prison administrators at most of the facilities we visit. Inmate grievances typically focus on staff misconduct, poor medical care, mishandling of packages, lack of programs, denial of parole, and hostile treatment of their visitors. Among correction officers, the threat of physical injury, the prevalence of weapons, drugs and gangs, the growing number of inmates with mental illness in the prison system and insufficient compensation are most often cited. Prison administrators report that program cuts and inmate idleness, the prevalence of weapons, drugs and gangs, the handling of inmates with mental illness, and staffing shortages in medical clinics present the greatest challenges to prison management.

## II. PROBLEMS and AREAS for REFORM

### 1. Program Cuts and Inmate Idleness

In most maximum-security prisons and some medium-security facilities, Superintendents, correction officers and inmates cite program cuts and idleness as the leading problems in their facilities. Security staff say that fewer vocational and academic classes, and a reduction in drug treatment programs, have resulted in inmate idleness, violence and frustration. Between 1991 and 1998, the state cut over 1,200 program service positions. During that time, the prison population grew from about 56,000 inmates to over 70,000. While the Department reports that education staff positions increased by 9 percent between 1995 and 1999 (compared to a 4 percent increase in the inmate population during that time), the steep staff reductions in program positions (particularly vocational instructors, librarians and counselors) during the early and mid-1990s have had a corrosive and lasting effect.

At Great Meadow Correctional Facility, for example, a maximum-security prison for 1,680 men, vocational programs were slashed from 17 in 1990 to 6 in the year 2000. Approximately half of the inmates, about 800 men, were not enrolled in either vocational or academic programs when we visited in the fall of 2000. Over 125 inmates were on the waiting list to enter GED prep classes. The prison library has been closed for over a year because of budget cuts.

Similarly, at Shawangunk Correctional Facility, where the average prison sentence is *24 years*, correction officers cited “more academic programs for inmates” when we asked what would make their jobs easier. “An educated inmate is less likely to get into fights...he knows how to communicate,” one officer said. Another correction officer commented on the surplus of inmate porters, an indicator of widespread idleness. “The only way we can occupy their time is to have them mop floors. I have one crew mop the hallway before lunch and another crew mop the same hallway after lunch. It’s ridiculous.”

On a positive note, the Department reports that the number of GEDs earned by inmates increased 14 percent between 1995 and 1999. This increase is largely due to a new requirement that makes academic programming mandatory for inmates who read and/or test below the ninth-grade level on a standardized achievement test.

Unfortunately, for inmates who already possess a high school diploma or equivalency degree, there are few opportunities for additional education. In 1995, the state eliminated prison inmates from among the indigents who are eligible to receive state Tuition Assistance Program funds for college education, shortly after the same decision was made on federal Pell grants by the President and Congress.<sup>3</sup> Although the

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<sup>3</sup> NYS Department of Correctional Services, *Commissioner’s Policy Paper on Prison Safety and Inmate Programming*, November 2000 (Albany, NY).

Department notes that only 5 percent of the inmate population participated in college programs, that figure still represents approximately 3,500 individuals.

Scores of studies, including research conducted by DOCS, show that prisoners who earn college degrees are far less likely to return to a life of crime after release:

Inmate College Program participants in 1986-1987 who had earned a degree were found to return at a significantly lower rate than participants who did not earn a degree. Of those earning a degree, 26% had been returned to the Department's custody by February 29, 1991, whereas 45% of those participants who did not earn a degree were returned to custody.<sup>4</sup>

## **2. Sweeping Expansion of Disciplinary Confinement**

In New York State, there are three types of disciplinary housing: 1). "keeplock," where inmates are confined to their cells or to a special keeplock area in the prison, typically for thirty days or less; 2). longer-term solitary confinement in a prison's Special Housing Unit (SHU), located in a separate area of the prison or in a freestanding building; and 3). supermax housing in fully-automated, freestanding, high-tech control units.

Although the New York State Department of Correctional Services resists the term "supermax" to define the latter form of disciplinary housing, this report uses the term because, with the exception of the types of charges that result in confinement in these units, the term matches the definition provided by the U.S. Department of Justice, which describes a supermax prison as:

"a highly restrictive, high-custody housing unit within a secure facility, or an entire secure facility, that isolates inmates from the general prison population and from each other . . ."<sup>5</sup>

Currently, New York has eleven supermax prisons: nine freestanding units known as SHU-200s (or S-Blocks) for the two hundred prisoners they house, two men to a cell; Upstate Correctional Facility, a massive supermax near the Canadian border for 1,500 inmates, also confined two to a cell; and Southport Correctional Facility, the state's first supermax prison, housing 780 single-celled inmates.

Ten of the eleven supermaxes were constructed between 1998 and 2000. Each of the nine SHU-200s was constructed at a cost of over \$12 million a piece. Upstate's construction costs alone totaled \$180 million.

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<sup>4</sup> NYS Department of Correctional Services, *Analysis of Return Rates of the Inmate College Program Participants*, August 1991 (Albany, NY).

<sup>5</sup> U.S. Department of Justice, National Institute of Corrections. *Supermax Prisons: Overview and General Considerations*, by Chase Riveland. January 1999.

The primary reason for building these expensive units, say Department officials, was insufficient space in maximum-security prisons to handle disruptive inmates. The tremendous cost of high-security housing—\$50,000 per inmate per year versus \$32,000 in lower-security housing<sup>6</sup>—is hardly a cost-effective arrangement. Moreover, despite officials’ claims of the need for more disciplinary housing, most of the new, supermax units the Correctional Association visits are operating under capacity.

In his 2003 budget, the Governor proposed closing the Special Housing Units in ten medium-security prisons. These units house in single cells mainly those inmates with SHU sentences of 90 days or less. With the closing of these units, inmates who would have done short-term, single-cell SHU time will likely be transferred to an expensive, supermax facility, where they will be housed in more restrictive conditions and with a cellmate 24 hours a day.

In these fully automated facilities, all movement is monitored by video surveillance and assisted by electronic door systems. Special alarms, cameras and security devices abound. Conditions include 23-hour lockup, solitary confinement or double-celling, and limited or no access to educational or vocational programs, phone calls and congregate activities. Meals are eaten in the cell and served through “feed-up” slots in thick metal doors. Visits with family and friends are conducted behind Plexiglas or mesh-wire barriers and limited to one, four-hour visit per week. During inmates’ first month in lockdown, they are mechanically restrained (handcuffed in the front with their wrists attached to waist chains) during all out-of-cell movement. They remain handcuffed throughout visits and during recreation for the first 30 days.

In supermax prisons with double-bunked housing, the cells measure 105 square feet, the size of a large bathroom, and are shared by two men 24 hours a day. Each cell contains two beds, a desk, a shower, a sink and toilet. Prisoners sleep, eat, shower and use the toilet in the cells. They must turn sideways to pass each other in the narrow space between the walls. “Recreation” consists of one hour in an empty cage attached to the outside of the cell. Correction officials do not permit balls, weights or any exercise equipment. Aside from a “cell study” program limited to inmates who lack a GED or high school diploma and who have maintained a good disciplinary record, there are virtually no programs for prisoners in disciplinary confinement.<sup>7</sup> Behind the thick metal doors of their cells, many inmates spend most of the time sleeping, as there is little natural light, little to do and no way to tell time.

A look at the charges that result in disciplinary confinement reveal that not every cell is used to house inmates who have exhibited seriously disruptive behavior. As the following chart based on Department figures indicates, over 950 prisoners were in disciplinary lockdown in November 2000 for the offense of participating in a disturbance

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<sup>6</sup> A nationally cited figure.

<sup>7</sup> Recently, the Department initiated a self-administered ASAT program for a limited number of SHU inmates. Participants receive workbooks and written or verbal feedback from counselors as they progress through the program.

or demonstration. Nearly 500 were there for drug use. Another 174 inmates were put in lockdown for refusing to obey an order.

**Offenses by Number of Inmates Housed in SHUs or Keeplock on November 16, 2000**

<b>Offense</b>	<b>SHU</b>	<b>Keeplock</b>
Disturbance/demonstration	952	514
Contraband: drug use	488	323
Contraband: weapon	357	84
Assault on inmates	261	25
Assaults on staff	248	16
Refusal to obey orders	174	300
Contraband: drug possession	163	61
Contraband: other	151	176
Interfering with employees	148	222
Fighting	72	177
Unauthorized organization	62	41
Sex offenses	50	21
Penal law offenses	22	2
All other offenses	303	342
<b>Total</b>	<b>3,451</b>	<b>2,304</b>

At the end of 2001, there were 5,257 inmates in disciplinary housing (keeplock, SHUs, and supermaxes), approximately 8 percent of the prison population. This number represents a high rate for any prison system and raises the question of whether disciplinary confinement in New York is an indication of poor prison management.

While inmates in New York know the length of their sentences in disciplinary housing (inmates in some other jurisdictions do not), there is no limit to the length of the sentence. According to the Department, the average sentence for disciplinary confinement is 193 days; the average time served is 169 days.<sup>8</sup> In 2000, over 2,500 prisoners spent more than six months in disciplinary confinement; nearly 2,000 were there longer than a year. Approximately 500 inmates will spend more than three years in “the hole,” as prisoners call disciplinary confinement. Some individuals are sentenced to a decade or more.

Several of these long-termers are housed in dark, single-occupancy cells in the SHU at Shawangunk Correctional Facility, which we visited in November 2000. Prison officials told us they were concerned about a phenomenon they referred to as “toxic SHU syndrome,” the psychological effects of years in isolation. A Prison Visiting Committee member spoke with inmates who were sentenced to solitary confinement until the year 2004, the year 2012, the year 2014. Some inmates had been charged with drug or weapon possession, others with more serious offenses such as assaults on inmates or staff.

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<sup>8</sup> NYS Department of Correctional Services, Commissioner’s Policy Paper on Prison Safety and Inmate Programming, November 2000 (Albany, NY).

Mirroring trends in the outside world, where policymakers seek to reduce crime by building prisons, correction officials have built prisons within prisons to cope with the problem of crime inside prison. When speaking of the benefits of these units, Department officials point to the decrease in prison violence. Since 1995, recorded inmate assaults on staff declined by 31%. However, incidents of disruptive behavior and self-harm rose, respectively, by 32% and 40%, according to a recent study by the *Poughkeepsie Journal*.<sup>9</sup>

On a recent visit to Auburn Correctional Facility, a maximum-security prison for 1,800 inmates, correction officers and inmates alike complained that the level of violence and tension actually increased as a result of inmates returning from SHU-200s to the general population. They said that the influx of angry, violence-prone inmates has disrupted prison operations. It was clear that, at least in some cases, disciplinary confinement had done little to improve behavior.

Obviously, removing assaultive inmates from the general population will have a positive effect on prison violence, at least temporarily. However, the expanded use of disciplinary confinement raises the question of whether simply removing these prisoners from general population, without providing programs and services that address their attitudes and behavior, can possibly prove effective in the long run. The effects of being confined in a prison cell with another man 24 hours a day have yet to be studied, but the increases in disruptive behavior and self-harm are not a good sign. If anything, they are indicators of inevitable antisocial behavior by idle and embittered prisoners, who are serving long sentences with little hope for parole and minimal incentive for good behavior.

Unlike some countries and other states, New York does not routinely transfer inmates to “step-down” facilities before their release date to help them re-acclimate to life in society. An inmate who completes his prison sentence while housed in the SHU can be released directly to the outside world. At Upstate Correctional Facility, which we visited in January 2001, 15 inmates had been released the month before. At Southport Correctional Facility, another supermax prison, inmates deemed too violent to walk the prison corridors unshackled are routinely escorted in handcuffs and waist chains on the day of their release right out the front gate. A Southport correction officer told us that he would sometimes violate policy and walk the inmates unshackled through the corridors on the day of their release. “If the guy’s going to stab someone, I’d rather it be me than the first person he bumps into at the Elmira bus station,” he said.

An ex-inmate who spent two years in a SHU-200 for drug use told the Correctional Association in a January 2001 interview:

It is hard for people on the outside to understand the absolute despondency that begins to invade your spirit after being confined in a cage like an animal, when a deeper part of you knows that this isn’t why you were born—it wasn’t what you were meant to be. After

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<sup>9</sup> “State Prisons Falter in Psychiatric Care,” by Mary Beth Pfeiffer. *Poughkeepsie Journal*. 10 March, 2002.

months of deprivation and isolation in the hole, the one thing that's easiest to lose is your humanity. You have to distance yourself from your feelings, because to feel means to hurt, and hurting is what you've been running from all along. It leaves you walking through life like a zombie. Everything becomes empty and meaningless.

Within a few months of his release from "the hole" and state prison, this individual was back on the inside, serving a one-to-three-year sentence for drug possession. One wonders if he would have returned to drug use had he received drug treatment while incarcerated, instead of two years in the hole.

### **3. Prevalence of Inmates with Mental Illness in Disciplinary Confinement**

Approximately 11% of New York State inmates have been diagnosed as "significantly, seriously or persistently mentally ill" by the New York State Office of Mental Health (OMH). Of the 67,200 inmates in the New York State prison system, 7,400 are on the OMH caseload, receiving either psychotropic medication, counseling or both. Inmates with serious mental illness confront far more obstacles in navigating the chaotic world of prison, particularly in maximum-security prisons where the majority of inmates with mental illness are housed. Not surprisingly, a disproportionate number end up in disciplinary confinement.

State law<sup>10</sup> requires that OMH staff present information to a DOCS Hearing Officer when a prisoner's mental state is an issue in the disciplinary process. However, prisoner attorneys say that DOCS and OMH have not implemented these safeguards in a manner that protects mentally ill prisoners from being punished for being ill. According to attorneys and a court-appointed psychiatrist who monitors conditions in the SHU at Attica, this failure is due both to OMH's overdiagnosis of malingering by mentally ill prisoners and to the fact that hearing officers are not trained in mental illness symptomatology.<sup>11</sup>

As a result, a high percentage of inmates in disciplinary lockdown are on the OMH caseload. When we visited Attica in May 2000, 40 percent of inmates in the SHU had been diagnosed as significantly, seriously or persistently mentally ill. At Elmira Correctional Facility, 60 percent of the inmates in solitary confinement were mental health patients. At Great Meadow prison, another large, maximum-security prison, 64 percent of prisoners in solitary confinement were on the OMH caseload. Many appeared anguished, disoriented or otherwise mentally disturbed. Some mumbled incoherently when we attempted to interview them; others expressed paranoid and delusional thoughts, i.e., "The COs are poisoning my food," and shouted to get our attention as we walked through the cellblocks.

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<sup>10</sup> *Huggins v. Coughlin*, 76 N.Y.2d 904, 563 N.E.2d 281, 561 N.Y.S.2d 910 (1990).

<sup>11</sup> See Testimony by the Legal Aid Society's Prisoners' Rights Project on Mental Health Care in Special Housing Units in New York State Correctional Facilities, presented by Sarah Kerr to the New York State Democratic Task Force on Criminal Justice Reform, December 4, 2000.

Visits to over 20 disciplinary lockdown units and information from the correction officers who work in them on a daily basis confirm that many of the inmates there are mentally ill, neurologically and/or cognitively impaired, and illiterate. Some cannot control their behavior and act out in ways that are harmful to themselves or to others. Some refuse medication to control their mental disorder; others attempt suicide. Clearly, the stark conditions in disciplinary housing (23-hour lockdown, no programming, little natural light or human contact) are the antithesis of a therapeutic environment and can cause prisoners with mental illness or even emotionally stable individuals to deteriorate psychologically. Some inmates regress to the point where they engage in highly desperate and destructive behavior, including smearing or throwing feces, lighting their cells on fire, engaging in self-mutilation by cutting, biting or burning themselves, or attempting suicide.

Too often, correction officials treat such behavior as a disciplinary problem rather than a clinical one. Inmates who mutilate themselves or attempt suicide are issued a disciplinary ticket for the charge of “inflicting self-harm.” Correction officials use a regimen of increasingly harsh punishments, including additional time in lockdown, to discipline inmates who continue to act out. Inmates who throw—or sometimes even *threaten* to throw—bodily fluids or engage in other unhygienic acts are placed on a restricted diet, known by inmates as “the loaf.” Three servings a day of a dense, tasteless bread with a side portion of raw cabbage is the only food they receive for a week. The facility’s Superintendent and medical director must approve all inmates who are put on a restricted diet, and a directive limits the diet to seven days “on” followed by two days “off.” Department officials report that three servings per day of the bread constitutes a nutritionally sound diet, yet many inmates say they cannot consume three portions of the unpalatable, hard-to-digest bread and will often go without it. When we visited Southport Correctional Facility in April 2001, the Superintendent stated that “upwards of twenty” inmates were on restricted diets. One man had been “on the loaf” for nine months and lost 65 pounds, according to his attorney.

Given these harsh conditions, it is not surprising that a recent study by the *Poughkeepsie Journal* found that a disproportionate number of suicides take place in disciplinary lockdown. Between 1998 and 2000, 54% of prison suicides occurred in Special Housing Units,<sup>12</sup> a rate that is 14 times higher than that of general population inmates. The New York State Commission on Correction, which investigates prison deaths, sharply criticized prison mental health officials after inmate Carlos Diaz, who had a history of psychiatric problems, committed suicide after a series of misbehavior reports resulted in 15 years in solitary confinement. “It is a well-established fact that inmates serving long-term sentences in SHUs are likely to decompensate,” Commission officials wrote. They expressed “significant concern” at the system’s failure to monitor Diaz, who suffered paranoia and hallucinations for years but who, after entering Southport Correctional Facility, was determined not to be in need of mental health services.

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<sup>12</sup> *Poughkeepsie Journal*, “Suicides High in Prison ‘Box’,” December 16, 2001.

An underlying problem is the lack of supportive housing in the prison system for inmates who are chronically disturbed and disruptive. When we meet with Superintendents, they often speak with frustration about the administrative hurdles they face in attempting to transfer psychotic inmates from the SHU to Central New York Psychiatric Center (CNYPC) in Marcy, a 210-bed facility that provides services to incarcerated mentally ill offenders in a therapeutic environment. Even if space is available at CNYPC, treatment provides only short-term stabilization.

Once an inmate is stabilized, he is returned to the SHU (rather than general population) to serve out the remainder of his disciplinary sentence. In some cases, he will deteriorate within a short period of time, be transferred to CNYPC and stabilized temporarily, and then be sent back to the SHU, where he will again decompensate and continue the cycle. One schizophrenic prisoner whose medical chart was reviewed by staff attorneys at Legal Aid had been admitted to CNYPC on more than 20 occasions since his incarceration in the late 1970s. He had been housed continuously in 23-hour lockdown from early 1991 through 2000.<sup>13</sup>

The assumption that behaviors such as throwing bodily waste, spitting, self-mutilating, or attacking correction officers and other inmates will somehow be stopped or cured through increasingly harsh punishments indicates a failure to recognize that these behaviors may very well have a psychological basis. Moreover, releasing inmates from these units back to the community—in some cases after years of isolation and little therapy beyond psychotropic medication—is no favor to them or society.

#### **4. Insufficient Substance Abuse Treatment**

Approximately 80% of state inmates are self-reported substance abusers. To address their needs, the state prison system offers three types of substance abuse treatment: ASAT (Alcohol and Substance Abuse Treatment); CASAT (Comprehensive Alcohol and Substance Abuse Treatment); and RSAT (Residential Substance Abuse Treatment). Prison drug treatment programs are run by both DOCS and not-for-profit agencies specializing in addiction treatment such as Phoenix House or Stay'n Out.

While New York has more drug treatment beds than most state prison systems<sup>14</sup>, many of the DOCS-run programs we observed were compromised by either staff vacancies, lengthy waiting lists or less than enthusiastic counselors. Inmates in most DOCS-run programs reported a great deal of down time—cancelled classes, movies instead of instruction or professionally facilitated groups—and little material of therapeutic value.

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<sup>13</sup> See Testimony by Sarah Kerr on Mental Health Care in Special Housing Units in New York State Correctional Facilities, December 4, 2000.

<sup>14</sup> According to Department figures, about 20,000 inmates complete drug treatment programs annually, and 11,000 inmates are in treatment on any given day.

Unfortunately, the Governor's 2003 budget calls for the elimination of all remaining prison drug treatment programs run by outside agencies. Especially troubling is a proposal to end the state's contract with Phoenix House, a leader in the field of addiction treatment. Phoenix House is one of the few programs in the country that can boast an empirically validated success rate. About 70 percent of drug offenders who complete the rigorous program test drug-free up to five years later. A particularly valuable aspect of Phoenix House as it exists in the New York State prison system is that inmates begin the program in prison (at Marcy Correctional Facility) and then graduate to a residential treatment program in the community. Continuity of care is ensured, as is the quality of treatment. Most important is that the offender completes the remainder of his sentence in the real world (rather than the artificial world of prison) while striving to remain drug-free and to find employment. Study after study shows that long-term residential treatment, where individuals serve part of their sentence in a correctional facility and part in the community, are markedly effective in stopping the cycle of drug addiction and crime.

The Governor's budget also proposes to eliminate all of DOCS' contracts with outside agencies that provide community-based drug treatment. It would close the Stay'n Out program in Bayview and Arthur Kill Correctional Facilities. Stay'n Out is another highly regarded program and a beacon of light for inmates at Arthur Kill, a prison plagued with idleness. Finally, the 2003 budget seeks to eliminate 48 substance abuse counseling positions, reducing the number of slots from 76 to 28.

Moreover, the state's primary substance abuse program—ASAT—has been eliminated in most maximum-security prisons, a cutback that has created serious problems. For example, inmates must be enrolled in a drug treatment program in order to receive treatment for hepatitis C, and must complete a drug program to accumulate Earned Eligibility points for parole or to participate in the Family Reunion Program. While 7 of the state's 13 maximum-security prisons for general confinement inmates have replaced ASAT with the similar Residential Substance Abuse Treatment (RSAT) program, there is still no certified substance abuse treatment available in 6 maximum-security prisons, which together hold over 8,500 inmates. At Great Meadow Correctional Facility, for example, there is not a single drug treatment counselor for 1,680 prisoners.

Moreover, facilities with RSAT typically have long waiting lists and/or staff vacancies. When we visited Attica Correctional Facility in May 2000, for example, nearly 600 men were on the waiting list for RSAT, which accommodates only 85 inmates in each six-month cycle.

## **5. Unchecked Staff Misconduct**

Staff misconduct—taking the form of derisive and/or racist comments, harassment for filing grievances against officers, falsification of charges, and actual physical abuse—is reported by inmates in many maximum-security and some medium-security facilities that we visit. Substantiating inmate claims, however, is difficult if not impossible. Unless the incident is recorded on camera, it will be an

inmate's word against an officer's, and the inmate is a convicted felon. Nevertheless, as one Superintendent observed, "Where there's smoke, there's usually fire." More commonly, Superintendents deny the validity of inmate reports. A standard response is that "every complaint is investigated," as if, *ipso facto*, the problem does not exist or somehow takes care of itself.

Staff misconduct is clearly a legitimate concern when the following information emerges about a particular facility:

- Multiple accounts of CO abuse from inmates during our visit and in post-visit letters from inmates who feared speaking with us in the facility;
- Phone calls and letters from distressed family members and attorneys;
- A high number of grievances filed against COs;
- Feedback from ILC members—who are often the most articulate and mature inmates—describing specific incidents in sufficient detail including identifying information.

Inmate allegations about staff misconduct are especially credible when the ILC members impress upon us that some officers treat them fairly and provide names of COs whom they consider professional and fair. In many cases, the identities of abusive COs come as no surprise to Superintendents. Generally, reports of staff misconduct point to a rogue group of correction officers rather than an entire correction staff. As one Superintendent stated, "Ten percent of my officers give me ninety percent of the problems." Most reports of abuse are said to occur on the 3 p.m.-to-11 p.m. shift, when the executive and civilian staff has gone home, and when there is a larger concentration of junior officers and the inmates are not occupied in programs.

Part of the problem, Superintendents say, is that they lack the authority to remove a problem officer or even transfer him to a non-inmate-contact position without considerable documented evidence. New York's correction officers' union is one of the most powerful in the state and fiercely protects its members from inmate allegations that could result in suspension, dismissal or penalties. Written reports of staff misconduct filed by inmates (known as "Code 49's") are not recorded in officers' personnel files. Some Superintendents state that if they receive several grievances against a particular officer, they will speak to the officer informally and issue an oral warning. If negative reports continue, they will document the allegations and build a case for a transfer. The process is time-consuming, however, and usually challenged every step of the way by union representatives. Claims made by convicted felons are easy to refute and difficult to prove. And when a particular inmate is known to file grievances, he is subject to harassment by other officers.

In serious cases, the Department will send a representative from the Inspector General's office (an investigatory arm of DOCS) to interview an inmate about an allegation. However, these meetings take place inside the prison, and word quickly gets out that the inmate spoke with the Inspector General's office. He then becomes vulnerable to retaliation. In short, the process of substantiating, preventing and

responding effectively to staff misconduct remains a serious and complex problem that merits significant attention and reform.

## 6. Uneven Medical Care <sup>15</sup>

Primarily due to high-risk behavior prior to incarceration and inadequate health care in the community, inmates have higher rates of infectious disease and chronic illness than non-inmates. The most recent survey by the U.S. Department of Justice shows that New York correctional facilities house more HIV-infected inmates than any correctional system in the country. While an HIV seroprevalence study conducted by the New York State Department of Health in 2000 indicates that 5% of *incoming* male and 14% of female inmates are HIV-infected, state officials estimate that approximately 6,000 inmates are HIV-infected. Unfortunately, only about 3,500 cases are known and slightly fewer receive treatment.

Hepatitis C is another concern. Prison officials report that nearly 10,000 inmates (23% of female inmates and 14% of male inmates) have hepatitis C, an insidious liver infection that is difficult to treat, has no definite cure and, over many years, kills 5% of those who contract it. Treatment is expensive, of limited effectiveness and can involve serious side effects.

During recent years, DOCS has improved several important areas of inmate health care. Offering the newest HIV medications, for example, has contributed to an 85% decline in the number of AIDS-related deaths since 1995.<sup>16</sup> Aggressive testing and treatment of tuberculosis have helped produce a 66% decline in the number of inmates with active TB. The construction of five regional medical units (similar to hospitals) and the renovation of prison clinics throughout the system have generally improved services.

Still, medical care varies widely among facilities and in some prisons is woefully inadequate. The problem is largely due to noncompetitive pay rates for medical staff and hiring and performance standards that fall below those in the community. New York State prison physicians, for example, are not required to be board-certified. Because correctional health care providers are Civil Service employees, termination for poor performance is difficult to impose. “It is easier to have a doctor’s license suspended than to fire him,” a DOCS official told us.

At many facilities we visited, inmates spoke of a one-to-three-week wait to see a staff physician and cursory evaluations by nurses at sick call. Likewise, overworked nurses described the difficulties of working in understaffed clinics with minimal guidance from under-qualified or absentee medical directors. According to Department officials, for correctional facilities located close to New York City or within commuting distance

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<sup>15</sup> For a fuller description of the quality of state prison health care, see the Correctional Association’s February 2000 report, *Health Care in New York State Prisons*.

<sup>16</sup> However, experts have estimated that more than half of the HIV population is unknown and thereby missing out on life-prolonging treatment.

from major hospitals, attracting qualified health care professionals is virtually impossible. The Department copes with personnel shortages by hiring per diem employees, a practice that costs far more in the long term than increasing salaries for permanent health care professionals.

Accessing decent health care in prison is also confounded by various Department rules that limit or deny certain treatments to inmates. A glaring example is DOCS' requirement that an inmate be enrolled in or have completed a prison-based drug program in order to receive treatment for hepatitis C. Prison officials say that because hepatitis C is spread primarily through intravenous drug use, and because using drugs while on hepatitis C medication can have life-threatening side effects, drug education and treatment should precede medical treatment. The problem is, not every prison in the state system has a drug treatment program. The written, self-administered ASAT course, which the Department will substitute for an actual program, is of little use to illiterate inmates. Moreover, it is highly unlikely that a doctor in the community would require a patient to enroll in a drug program before he or she receives treatment for hepatitis C. While prisoners with hepatitis C should be made aware of the serious health risks associated with continued substance use, a more reasonable approach would be to require health care staff to counsel and educate inmates individually, rather than to mandate their participation in a program that is not readily accessible to every prisoner.

A related problem is that inmates cannot receive treatment for hepatitis C unless they have at least fifteen months left on their sentence or fifteen months until their scheduled parole board hearing. According to the National Institutes of Health, only people who can be available for a full year of intensive care should be treated, otherwise the treatment is ineffective. However, inmate attorneys say that correction officials use parole board appearances as a pretext for denying the costly treatment, knowing that the majority of inmates convicted of violent offenses are denied parole and will remain in prison for years. One remedy would be to use the expiration of an inmate's sentence, rather than the next parole board appearance, in deciding treatment.

These and other problems are related to the lack of a uniformly administered quality assurance program. Quality assurance, a critical component of health care delivery, involves internal controls and self-assessments such as weekly staff meetings, utilization and morbidity reviews and patient chart analyses. Most hospitals in the community have a quality assurance team that meets weekly, collects data and makes decisions based on that data to improve the quality of care. Hospitals and clinics in the community must show detailed quality assurance policies and ongoing procedures in order to receive accreditation. On the majority of prison visits, however, we met medical staff whose knowledge of quality assurance as a concept, or of actual procedures for assessing quality, was vague. Occasional references were made to a quality assurance protocol that the Department was developing, or to sporadic visits from regional medical directors.

Clearly, prison health care will remain inadequate at many facilities unless internal and external measures to improve quality are strengthened, barriers to treatment

are removed and compensation rates are raised to community levels. Since most state inmates return to the community—approximately 28,000 a year in New York—prison health care is a major public concern.

## **7. Low Morale Among Correction Officers**

In 1999, the Correctional Association began systematically exploring issues of concern to correction officers. On each prison visit, the Prison Visiting Committee meets with four to six correction officers and/or sergeants. Most of them are as willing to speak about their experiences as the inmates. In fact, many COs use the language of prisoners in portraying their work: “We’re doing time, too,” a CO at a maximum-security prison commented. “When I retire, I’ll have served a 15-year sentence.”

Group interviews with officers at 25 prisons suggest that morale is low and that state pay scales (CO salaries start at slightly more than \$25,000 annually) do not adequately compensate for the downsides of the job.<sup>17</sup> Officials of the 21,000-member union representing state correction officers describe their work as “the dirtiest, most thankless job in law enforcement.” To raise the salaries of COs and boost their public image, the union produced a video, “Inside the Walls: The Toughest Beat in New York State,” showing images of rioting inmates, a bloodied CO uniform, and a spate of homemade prison weapons. A CO voiceover talks about the toll the work takes on them. On the video, the Department’s chief medical officer speaks about the growing number of mentally ill people behind bars, accurately noting that twice as many psychotic inmates are in prison than in mental health institutions across the state.

“If my kid said he wanted to be a CO when he grows up, I’d slap him,” a CO responded when we asked if he would recommend the job to his children. In fact, some COs say they tell strangers they do something else for a living, like security work, because of the stigma attached to the job.

Another issue raised by correction officers in the western region of the state is inadequate medical coverage. Delayed payment by the state and insufficient reimbursement rates have caused some medical providers to drop state correction officers from their rosters. Correction officers with whom we spoke in Elmira Correctional Facility, for example, said they cannot find health care providers to provide procedures such as MRIs or mammograms.

Most COs want more training, particularly in the area of coping with prison gangs and inmates with mental illness; increased programs to reduce inmate idleness; greater public recognition of the role they play in keeping New York safe; and protection against inmates with communicable diseases. The Department’s recent addition of training for incoming officers in the areas of mental illness and working in Special Housing Units is a step in the right direction. However, more serious and far-reaching efforts are needed to

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<sup>17</sup> An exception is correction officers who work in prisons in the westernmost and northernmost regions of the state, where the salaries are more competitive.

improve morale on the front lines, where correction officers carry out the most difficult aspects of prison work on a daily basis.

## **8. Fewer Parole Releases for People Convicted of Violent Offenses**

In recent years, the parole board has sharply reduced releases of people convicted of violent offenses. Currently, approximately 80 percent of violent offenders are denied parole.

The systematic denial of parole, particularly to individuals who have spent many years in prison and maintained good behavior, has fostered widespread hopelessness. It is one of the most frequently raised issues on prison visits and in letters to the Correctional Association. Inmates believe that their efforts to follow the rules, perform their prison jobs and serve as model inmates mean little to the parole board. Regardless of their track record or amount of time served, they believe—and in most cases are correct—that they will “be hit” with another two years. A prisoner from Green Haven wrote:

Parole should be a privilege *and* a right for the prisoner who has earned it. Prisoners are receptive to rehabilitation programs and would take full advantage of them, but the present system offers little to aid rehabilitation, and does much to discourage and frustrate the rehabilitative process. The prisoner is left with no way out, with little or no hope for the future. He is filled with feelings of helplessness, anger, frustration, and hate. And all this adds to prison tension, increasing the level of violence behind the prison walls, as well as creating the potential for a violent eruption throughout the system.

### III. RECOMMENDATIONS

Virtually every problem noted in this report or observed in a New York State prison would be ameliorated by reducing the prison population. The concerns of both inmates and correction staff are exacerbated by the strain of providing services to too many people with too few resources. Addressing the overarching problem of excessive incarceration is an essential component of any effective strategy to resolve the problems detailed in this report.

Our leading recommendations call for the repeal of mandatory sentencing laws and the increased use of alternatives to incarceration, such as drug treatment and community supervision, so that adequate resources can be available for the inmates and correction officers who live and work behind bars.

#### 1. DOWNSIZE the PRISON SYSTEM

Nationally, as crime continues to drop and correctional expenditures continue to consume vast amounts of taxpayer dollars, other states are turning more and more to community-based alternatives.<sup>18</sup> New York would be wise to:

- A. **Repeal New York's mandatory sentencing statutes**, which require lengthy prison terms for low-level, nonviolent drug offenders. A substantial number of states have already enacted changes in mandatory-minimum sentencing and drug policy during the 2001 legislative session in order to reduce their soaring prison budgets. Connecticut legislation permits judges to deviate from mandatory minimum sentencing guidelines for nonviolent drug offenders. Iowa passed a law giving judges discretion in imposing what had been a mandatory five-year sentence for low-level drug crimes and certain property crimes, including burglary.
- B. Follow the lead of states such as Arizona and California, **which mandate treatment instead of jail for nonviolent drug offenders**. The most suitable alternative punishment for nonviolent, drug-involved offenders is intensive supervision, which includes such features as day reporting, community service, job training, and mandatory participation in proven drug treatment programs.<sup>19</sup>
- C. **Create a presumption for parole release to supervision in the community for prisoners over the age of 55** who have served a substantial portion of their prison sentence. The cost of incarcerating elderly and infirm inmates doubles from \$30,000 to \$60,000 per year, primarily because of high medical costs. Elderly ex-

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<sup>18</sup> Fox Butterfield, "States Ease Laws on Time in Prison," *The New York Times*. 9/2/01.

<sup>19</sup> A 1997 study by RAND's Drug Policy Research Center concluded that treatment, which is significantly less costly than imprisonment, reduces 15 times more serious crime than mandatory minimum sentences.

offenders have extremely low recidivism rates and can be monitored at greatly reduced cost in the community.

**D. Expand the use of electronic monitoring.**

**E. Increase parole releases** so that inmates who have maintained good disciplinary records and are safe risks do not continue to languish in prison at a cost to taxpayers of more than \$30,000 per inmate annually.

**2. EXPAND VOCATIONAL, EDUCATIONAL AND SUBSTANCE ABUSE TREATMENT PROGRAMS**

According to Department figures, approximately 50% of state inmates are reincarcerated three years after release. This high rate of recidivism might decline if more were done on the inside to prepare them for life on the outside. Cost savings from the decline in prison population should be devoted to the following steps:

**A. Restore the vocational programs that were cut over the past decade,** particularly in maximum-security prisons where idleness and tension are highest and inmates are serving the longest sentences.

**B. Renew the state's contracts with not-for-profit addiction treatment agencies** so that inmates can still receive the most effective form of treatment available in the prison system and continue it in the community.

**C. Ensure that every facility has a fully staffed certified substance abuse treatment program.** Since DOCS requires that inmates complete drug treatment in order to participate in Family Reunion and Merit Time and to receive treatment for hepatitis C, drug treatment must be available in every facility.

**D. Restore college programs** so that inmates who have earned a GED can continue their education and increase their chances of finding work upon release.

**E. With the help of business leaders, develop in-prison job-training programs** that prepare inmates for employment at a specific company or agency upon release.

**3. RECONFIGURE SPECIAL HOUSING UNITS**

Despite state officials' continual claims of the need for more disciplinary housing, nearly all the new, supermax units visited by the Correctional Association between 1998 and 2001 were operating under capacity. Conditions in these units are extraordinarily restrictive, harsh and degrading; they do little to improve inmates' ability to reintegrate successfully into the general prison population or society. The Department of

Correctional Services and New York State policymakers should adopt the following strategies:

- A. **Place a moratorium on the construction of supermax prisons.**
- B. **Convert 100 cells at Upstate and Five Points Correctional Facilities to drug treatment beds** for inmates who use drugs in prison.
- C. **Convert a SHU-200 to a single-occupancy honor block** with group programming for inmates serving long sentences and with good disciplinary records.<sup>20</sup>
- D. After a two-week adjustment period, **allow any inmate who requests it to participate in the self-administered ASAT program.**
- E. **Allow inmates in disciplinary confinement to take the GED exam.**
- F. **Provide anger management, self-help and educational programming** through intra-institution cable or the audio-visual hook-up capacity that exists but remains unused in the SHU-200s.
- G. **Discontinue the practice of punishing prisoners with a restricted diet of bread and cabbage** reminiscent of medieval times.
- H. **Double-cell only those inmates who request cellmates.**
- I. **Allow inmates to wear gloves during their one hour of outdoor recreation.** The majority of prisons are located in cold northern climates. Without gloves, many prisoners do not leave their cells during winter.
- J. **Permit some form of exercise equipment** (such as a chin-up bar or a ball) in the empty outdoor recreation pens.
- K. **End the practice of mechanically restraining inmates during solitary recreation.** Requiring a man to wear full restraints while confined alone in an empty cage is excessively punitive.
- L. **Provide prisoners who are confined in cells behind thick metal doors with a way to contact staff in case of an emergency.**

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<sup>20</sup> Correction officials acknowledge that, with the decrease in parole releases and programs, there are few incentives for good behavior, a critical component of prison management. Converting a partially empty SHU-200, with its larger cells and location on the grounds of a medium-security facility where more program resources exist, is a way to promote pro-social behavior through incentives and rewards rather than punishment and deprivation.

- M. **Limit the length of stay in disciplinary housing to six months**, except for inmates responsible for serious acts of violence.

#### **4. EXPAND SERVICES for INMATES with MENTAL ILLNESS**

The deinstitutionalization of people with mental illness and the failure to provide adequate support in the community have led to massive confinement of thousands of individuals suffering from mental disorders. With the support of the Governor and legislative leaders, the Department of Correctional Services and the Office of Mental Health should agree to:

- A. **Discontinue the practice of confining inmates with serious mental illness in SHUs.**
- B. **Require that mental health staff participate in disciplinary hearings for any inmate who is on the mental health caseload.**
- C. **Create more Intermediate Care Programs and Special Needs Units**, where inmates are more likely to be treated rather than punished for their illness and less likely to be victimized by other inmates.
- D. **Increase the number of beds, levels of care and treatment modalities at Central New York Psychiatric Center** so that adequate space is available for inmates who require intensive inpatient care. (Currently, there are only 210 beds at CNYPC and approximately 1,300 inmates systemwide that OMH has classified as requiring the most intensive array of mental health services.)
- E. **Provide more clinical-based training to correction officers who work in housing areas for inmates with mental illness.**
- F. **Improve discharge planning** by building stronger ties with community mental health providers and inmates' parole officers.

#### **5. MONITOR and ADDRESS STAFF MISCONDUCT**

Staff misconduct in maximum-security prisons is the most common grievance expressed to the Correctional Association in letters from prisoners and on prison visits. The following initiatives should be taken:

- A. **Strengthen the power of Inmate Grievance Resolution Committees (IGRC's)** to investigate and resolve inmate grievances.
- B. **Ensure that civilian members of IGRC's are fully autonomous** and not related to a member of the prison's security staff. In addition, they should report directly to Central Office rather than facility supervisors.

- C. **Scrutinize, track and address correction officer misconduct.** Central Office and facility Superintendents should formally track the number and nature of allegations filed against officers and whether and where inmate injuries were sustained. Officers with multiple charges of excessive use of force should be terminated, penalized or, at a minimum, reassigned to non-inmate-contact positions.

## 6. INCREASE OVERSIGHT OF MEDICAL SERVICES

In recent years, the Department of Correctional Services has made laudable strides in improving the quality of prisoner health care. However, additional improvements are necessary, and the following recommendations are proposed:

- A. **Make pay rates for correctional health care workers comparable to community compensation levels.** Civil Service pay grades make it difficult to recruit and retain qualified physicians, nurses and pharmacists. As a result, there are severe staff shortages in most prison clinics and an over-reliance on costly per diem health care workers.
- B. **Require annual reviews by the New York State Department of Health of HIV/AIDS policies and practices in state prisons.**
- C. **Improve access to HIV testing and education.** Approximately 6,000 inmates are infected with HIV, yet officials estimate that only about half of HIV-positive inmates are known and receive life-prolonging treatment. In conjunction with the Department of Health, DOCS should allocate staff and resources to educate inmates about the importance of getting tested, initiating treatment and taking measures to prevent transmission in prison and upon release.
- D. **Enhance HIV expertise among medical staff.** The Department of Health should assist state prisons in developing mandatory training programs for medical staff about HIV care and in developing and annually monitoring procedures for the care of HIV-infected inmates.
- E. **Discontinue the policy of requiring inmates to enroll in a drug program in order to receive treatment for hepatitis C.** While prisoners with hepatitis C should be made aware of the serious health risks associated with continued substance use, a more reasonable approach would be to require health care staff to educate prisoners on these issues rather than to mandate their participation in a program that does not readily exist in every facility.
- F. **Use inmates' sentence expiration date rather than their parole eligibility date to decide whether or not they should be started on hepatitis C treatment.** Current policy requires that inmates have 15 months until either their parole

eligibility date or their sentence expiration date in order to receive hepatitis C treatment. Because many inmates do not get released on their parole eligibility date, DOCS should instead base treatment decisions on the fixed sentence expiration date. Ideally, if the parole board grants a prisoner on hepatitis C treatment early release, DOCS and Department of Health (DOH) could arrange for continued treatment in the community.

## 7. **RAISE CORRECTION OFFICER MORALE**

Group interviews with 100 officers at 25 prisons indicate that morale is low. Demoralized, unfulfilled, overwhelmed and/or fearful correction officers cannot be expected to perform their duties professionally. Interim steps the Department can take to boost morale include:

- A. **Increase geographic pay differentials in prisons close to New York City.** Many officers must commute more than two hours to work each way because they cannot afford housing in the area where they work. While increasing geographic pay differentials will, in most cases, still fall short of covering housing costs in the New York City metropolitan area, it will help provide officers in those areas with a livable wage.
- B. **Ensure that health care coverage is adequate for all correction officers and their dependents.** That correction officers in some regions have difficulty receiving medical coverage due to late or insufficient payment by the state's insurance company is unacceptable.
- C. **Offer tuition assistance to officers seeking college credits at state or city universities.** Many correction officers have expressed a desire to further their college education but cannot afford to do so. Policymakers and State University of New York directors should consider offering SUNY extension courses via distance-learning technology, similar to the Department's use of telemedicine in prison clinics and community medical centers.
- D. **Subsidize memberships at local health clubs or YMCAs for correction staff to help reduce job stress.**
- E. **Create more opportunities for officers to advance in their "home" facilities** (in order to avoid costly and stressful relocations) and to rotate assignments and shifts.
- F. **For those officers who are interested, encourage them to serve formally or informally as coaches, mentors and role models to inmates** through programs such as "YAP," where inmates and COs counsel at-risk youth from the

community, or at facilities such as Willard Drug Treatment Campus or Shock Incarceration camps.<sup>21</sup>

## 8. IMPROVE INMATE-STAFF RELATIONS

Many prisons, particularly maximum-security prisons, are poisoned by hostile relations between inmates and staff. The following actions can improve this central relationship:

- A. **Require the presence and oversight of supervisors during inmate pat frisks.** Pat frisking is an inherently humiliating experience, loathed by inmates and unsettling for many correction officers. Pat frisks are meant to be invasive—contraband hidden in the buttocks or groin area, where concealment is easiest, cannot be discovered without the officer touching, “patting down” or intrusively searching those areas. Pat frisks should be replaced by scanning wands and magnometers where possible and be conducted only in the presence of a sergeant or higher-ranking correction staff.
- B. **Increase diversity of correction staff.** Approximately 85% of state inmates are black or Hispanic, while 95% of the correction staff is white. This racial divide fosters hostility on both sides and fuels an undercurrent of racism. DOCS should design targeted recruitment strategies that will attract and retain more officers of color.
- C. **Sponsor inmate-officer mediation and discussion groups to air problems and identify common solutions.** Inmate Liaison Committees at several prisons have requested the opportunity to meet with correction officers in a neutral setting to discuss grievances and identify ways to make prison life more hospitable for those who live or work behind bars.

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<sup>21</sup> Research conducted by the Correctional Association on Shock Incarceration camps showed significantly higher morale among correction officers at the camps as compared to COs working in traditional security roles. (See *Rehabilitation that Works: Improving and Expanding Shock Incarceration and Similar Programs in New York State*. The Correctional Association of New York, 1996.)

## IV. PRISON REPORTS

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### ALBION CORRECTIONAL FACILITY

On July 17, 2001, the Prison Visiting Committee toured Albion Correctional Facility, a medium-security prison for women in the western region of the state. With 1,130 general population inmates and 70 work release inmates, Albion is the state's largest women's prison. We had last been to Albion in 1998.

Superintendent Anginell Andrews provided a brief overview the facility, noting that the number of double-celled inmates had dropped considerably since our previous visit.

#### **Feedback from Inmates**

Inmates we met with throughout the day had two main grievances: harassment from correction officers and inadequate medical care. General disrespect and use of racial and ethnic slurs by officers is common, they reported. "These officers need lessons in manners," a woman said. "They talk to us like dogs," added another. Inmates reported that lesbians, particularly those who appear masculine, are targeted for harassment by COs. The women noted that "this stuff doesn't go on at Bedford [Hills]," the maximum-security prison at which most of the women had spent time. When male officers enter the women's bathroom or dorm, the inmates reported, they typically fail to announce their presence, as they are required to do. If a woman is undressed, COs threaten to write them up for indecent exposure. When issued such a ticket, "it sticks," the women said.

We asked about sexual relationships between staff and inmates and were told that "you just gotta smile and someone will like you." Inmates said that sex between staff and inmates occurs on all shifts. "A lot of it is consensual; many women have been in for ten or more years." Inmates who choose to have sex with other inmates are labeled gay, prevented from living or working with their sex partner, and targeted for harassment. Inmates agreed that "COs shouldn't try to police us when they're breaking the same rules as us."

We were glad to hear that cross-gender pat frisking has been banned since our last visit. The women reported that pat frisking is down generally, noting that, "now they have to have a reason when they pull you over; it's not just to harass you."

The other matter raised was medical services. Inmates reported that follow-up visits are not conducted, emergencies are not treated as emergencies, and seeing a doctor requires many trips to sick call. Without bilingual staff, inmates translate for patients,

who complain that they then hear about their illnesses from others in the yard or mess hall. On the other hand, inmates said the doctors are professional, answer their questions and spend sufficient time with them when they are seen. They also gave high marks to the nurse practitioner. Inmates agreed that those with chronic illnesses such as asthma and diabetes receive adequate and consistent care.

### **Mental Health Services**

The unit chief reported that there are 329 inmates on the OMH caseload; 241 on psychotropic medication. Of the 19 inmates in the SHU, more than half (11) are on the OMH caseload and 8 of those are on meds. The facility is allotted one full-time and one part-time psychiatrist, but currently has only a part-time psychiatrist. The unit chief was proud to note that the psychiatrist is board-certified. One of two full-time nurse positions is vacant. There is no bilingual mental health staff.

The unit chief explained that Albion is an OMH Level II facility, which means they are equipped to handle emergencies but cannot provide treatment for seriously and persistently mentally ill inmates. Inmates requiring more substantial services are transferred to Bedford Hills, the only Level 1 facility for women. The unit chief estimated that five women each month are transferred to Bedford Hills via a twelve-hour bus ride.

We spoke with the discharge planner, who meets with inmates on the OMH caseload three months before their parole date. She explained that she helps inmates apply for public assistance and Medicaid before they leave. She reported that “most” women return to the city and “half or better” go to a shelter. She said she works with Manhattan Psychiatric Center to coordinate mental health services for women upon their release. Inmates leave with a two-week supply of their medications and a prescription for another two-week supply.

We were told that Albion will significantly enhance its mental health services in 2003 with the opening of a Mental Health Satellite Unit and an Intermediate Care Program.

### **Meeting with Correction Officers**

The correction officers cited a number of reasons for entering the field, but none said they actually planned on becoming COs. “There was nothing else,” a male officer said. Concerning job satisfaction, the group agreed with the officer who said that “more is expected of us, but our salaries have not kept up.” They pointed to the growing number of mentally ill inmates as evidence of their increasing responsibilities. “We’re not just guards,” one CO said.

Several members of the group became angry when asked to describe the women under their watch. One officer said the difference between male and female inmates is that women prisoners “are manipulators” and “play head games,” while male inmates engage in violence.

Another CO reported that the policy restricting cross-gender pat frisking has resulted in more contraband, making conditions less safe for inmates as well as staff. Generally, the officers were bitter about the new policy. One officer, however, said he was glad he didn't have to pat frisk the women. "Look at these women," he said, "would you want to touch them?"

We asked the group what changes they would like to see at the facility. One CO said he would like to see all personal property taken from inmates. A second CO added that inmates "shouldn't have anything that makes them feel like a 'woman.'" Another officer said he would like security staff to have access to a weight room or gym to help alleviate stress after a shift.

### **Transitional Services Unit**

The Department's new transitional services program is being phased in at Albion. Phase One, which focuses on adjustment to prison, is in place. The staff person with whom we met said that the facility is awaiting approval to implement the second phase of the program, which focuses on inmates nearing release. Approximately 100 women are released from Albion each month. The staff person was unclear about the pre-release services and did not know who was responsible for discharge planning.

### **Medical Clinic**

The medical director was out; the nurse administrator was helpful and informative. Two hundred inmates (about 20% of the population) are infected with HIV/AIDS, the nurse administrator reported, and increasing numbers are testing positive for hepatitis C. The clinic suffers from staffing shortages (they need four additional nurses and clerical staff) and better computers to track appointments and inmate records. There are also no Spanish-speaking medical personnel at the facility.

Feedback from inmates indicated that the new health services director is competent and well liked, but that access to physicians for routine medical needs continues to be problematic. Sometimes it takes up to three weeks to see a doctor for a sore throat.

### **Special Housing Unit (SHU)**

Conditions in the SHU seem to have improved since our last visit. The inmates appeared in relatively good mental and physical health. They also reported that COs treat them well and are responsive.

We were concerned with the number of inmates on keeplock status who are housed in the SHU. Inmates sentenced to the SHU have greater deprivations and restrictions than those sentenced to keeplock. We were told that inmates on keeplock are housed in the SHU because of lack of space.

### **Meeting with Executive Team**

The Superintendent was unable to attend the debriefing session, so we presented our observations and recommendations to the Deputy Superintendents and other senior staff. We raised the issue of CO misconduct and verbal harassment of inmates. In response to inmates' complaints about COs entering dorms and bathrooms unannounced, the administration reported that stalls are scheduled for installation in the bathrooms.

We noted that the practice of housing keeplock inmates in the SHU violates inmates' rights and was a source of bitterness. The administration said that the dormitory style setting makes keeplock in housing areas impossible. We pointed out that Albion is not the only prison with dorms; other facilities have managed to solve the space problem.

We reported the positive feedback we received about the new health services director and the grievances about access to physicians. We suggested, as we did after our last visit, that the translation services from AT&T be used. The administration said they would look into why there are inordinate delays to see a doctor and receive medical test results.

## ATTICA CORRECTIONAL FACILITY

On May 18, 2000, the Prison Visiting Committee toured Attica Correctional Facility, a maximum-security prison for men approximately 35 miles east of Buffalo. The massive, fortress-like prison, housing over 2,200 inmates, looms behind a turreted, 30-foot wall. Opened in 1931 and site of the 1971 uprising, Attica remains an enduring landmark in New York's correctional history.

Superintendent Victor Herbert, who has been at Attica since 1999, is also the Supervising Superintendent of the prison hub (a group of prisons in a specific region). Because of statewide training during the time of our visit, many of the civilian instructors, medical staff and counselors were out, and there was minimal inmate movement or programs.

The First Deputy Superintendent noted that the number of inmates in keeplock was down significantly—from 450 in 1998 (when we last visited) to 150 today. The construction of over 3,000 new SHU beds over the past several years has allowed prisons to transfer out inmates with disciplinary infractions. A downside of all this movement, he noted, is the annual high turnover rate (50%) of Attica's population. Every year Attica receives and transfers out approximately 1,000 inmates. In 1999, 272 inmates "maxed out" at Attica and were released directly into the community.

### **Programs**

Programs consist of facility jobs such as porter, carpenter or food service worker, plus academic education, industry and substance abuse treatment. Two new shops, electrical training and plumbing, had been added; we were pleased to see that the general business class was still up and running.

The law library was bright, spacious and humming with activity. It was well-equipped, adequately staffed with 22 inmate clerks and recently received a generous donation of law texts.

During a tour of the school, we learned that the College Consortium has endured, with 65 inmate students participating, but that it would probably end within a year since outside funding sources have dried up. We met with an Adult Basic Education (ABE) instructor, who teaches 3 classes of about 23 students each. Between 1999 and 2000, he said, the GED passing rate dropped from 70% to 55%. He explained that the GED eligibility tests have become more difficult and that he needs two more instructors. Fully 40% of Attica inmates who read below the eighth-grade level are not in school, because either they do not want to give up their prison jobs, or they simply do not want to be in school.

## **Medical Clinic**

The medical director was out. The nurse administrator (NA) provided a tour of the clinic, which was clean and spacious with state-of-the-art equipment and a modern physical therapy room with weight lifting machines and treadmills.

In contrast to hospitals in the community, there was no quality assurance program in place. The NA explained that the Department is in the process of issuing a quality assurance protocol. While inmate medical files seemed organized and up to date, there was no general system or procedure for tracking illness rates, outcomes and follow-up appointments, a key component of quality assurance programs. Summary figures were not readily available for inmates suffering from chronic illnesses such as hepatitis C, diabetes, asthma and HIV/AIDS. A Prison Visiting Committee member from Montefiore Hospital in the Bronx stated in his report: "I found it disturbing that the Attica medical facility could not provide us with a sick call log...a log of persons to be seen, by whom, why and the time they checked in and out. For such a large prison, there was a vagueness about data that seemed odd."

Nevertheless, the number of medical grievances is low, consistent with the few complaints we received from inmates directly about medical care. Complaints we did hear focused on delays in specialty care, which was not surprising given the Department's recent troubles with identifying and reimbursing specialty care providers in the region.

## **Mental Health Services**

The unit chief, who described himself as an "administrator, not a clinician," provided a tour. The unit has eight dorm beds for OMH Level I inmates classified as "seriously and persistently mentally ill," as well as three observation cells for inmates deemed dangerous to themselves or others. General population inmates also visit the unit for "psych meds" and/or counseling. The unit chief said the unit will be expanded in the fall; more inpatient beds and observation cells will be added. There is no bilingual staff; inmate interpreters are used, which threatens confidentiality and accurate translation. He noted that the COs who work in the unit receive eight days of mental health training.

Each of the dorm beds was occupied; the inmates said they were pleased with the care and had no major complaints. The dayroom was pleasant and sunny and had a TV and some books. There was a balcony where patients could sit and look onto the courtyard through the bars.

The three observation cells were dark, gloomy and barren but for a small metal sink, a toilet and a metal slab that serves as a bed. Instead of mattresses, inmates are issued a blanket and a "mattress pad," a thin, rough pad. In the first cell the inmate lay on the floor (his cell did not have a bed) under a blanket and mattress pad. In the second cell the inmate slept on the metal slab with the blanket and the mattress pad covering his

entire body, face and head. The inmate in the third cell lay curled in fetal position on the floor near the toilet; his body, like the others, was an unidentifiable mass under the green and white covers.

A Prison Visiting Committee member with a background in mental health stated in her report: “The observation cells were just as shocking as they were two years ago. No one is so suicidal that they need to sleep naked on a concrete floor next to a toilet. There are many obvious things that can be done to improve conditions in these cells, and OMH appears to be doing none of them. The agency should fix these problems immediately—doing so would require little work and little expense.”

We have seen mattresses in observation cells in other NYS prisons, but the OMH representative said that inmates can tear the mattresses and use the shredded material to commit suicide. When asked if OMH would consider issuing mattresses on a case by case basis, the unit chief responded that “options are always good.”

We spoke at length with the discharge coordinator, who outlined the ways he assists inmates prior to release. “Discharge planning is the most important thing we do besides establishing inmate stability,” the unit chief added. Each month, seven or eight inmates are discharged from the unit and released from prison. The discharge coordinator said that he fills out applications for Social Security Insurance (SSI) and makes appointments at community mental health agencies. He informs the inmate’s parole officer of the date and time of appointment. The inmate receives a two-week supply of medication and a two-week prescription. Despite the discharge coordinator’s attempts to find inmates housing, more than half of them are discharged to homeless shelters in New York City. In April 2000, for example, 4 of the 6 prisoners who were released from the mental health satellite unit were sent straight to homeless shelters.

### **Intermediate Care Program (ICP)**

The 78-bed ICP houses inmates who are “unable to function in the general prison population due to the effects of mental illness.” Run jointly by DOCS and OMH, the ICP is a voluntary program that attempts to “mainstream” low-functioning inmates who have difficulty adjusting to life in general population. The average length of stay in the program is 18 to 24 months but can be as little as three months. We were impressed with the staff and their efforts to help the inmates learn daily living skills.

### **Feedback from Inmates**

The prisoners with whom we spoke (in the cellblocks, program areas and on the Inmate Liaison Committee) appeared generally cautious and guarded. Unlike inmates at other maximum-security prisons, they expressed suspicion about our motivations and were wary of disclosing information. They described Attica as one of the toughest prisons in the system. “This is a disciplinary jail,” one man said, a place where COs are “like family—they have their cliques and their cronies,” and where the administration has little influence over the inner workings of the prison. Many inmates spoke about the hostility

from the COs, unjustified pat frisks, various humiliations and occasional beatings. “People are scared to go to chow or rec,” one man said. “If your ID card is pulled, it’s over.” Apparently, some COs will single out certain inmates and direct them to “step to the back of the line” while the other inmates move on. The inmate is told to “go to the wall,” where he is pat frisked. With no supervisors present, COs “act tough” and conduct the frisk in a way meant to provoke the inmate or get him “to react and come off the wall.” If they move, they risk being beaten. Pat frisks are supposed to take place in front of a supervisor, but more often than not they are conducted first and then a supervisor is called.

A Correctional Association board member with more than 20 years of visiting experience stated in his report: “The ‘go to the wall’ humiliations and beatings closely replicate what was reported to Commissioner Goord two years ago, which suggests that little if anything has occurred since then to address a profound problem. The intensity of the inmates’ complaints was especially disturbing.”

Inmates reported that COs enforce policies that are not consistent with DOCS’ directives, such as revoking commissary privileges for talking in the hallway. Even if there are “resolutions on top,” they said, the policies are not carried out on the “ground level.” COs on the 3 p.m.-to-11 p.m. shift were viewed as the worst offenders—rogue officers who run the prison as they see fit once the administration leaves at four o’clock.

A number of men spoke about items disappearing from packages they receive from the outside, which they believe the COs steal. “A CO actually said to me, ‘I’ll eat your food, but I won’t take your cigarettes,’” one man reported. They said that most inmates fear raising complaints because the COs will retaliate. They reported that, unlike at other prisons, inmates will not turn to sergeants or lieutenants for help. “I’ve been in six different prisons,” one man said. “In those places you could go to a sergeant and work things out or at least get a fair explanation as to why something was done. Here, you wouldn’t even *think* about going to a sergeant.” Another inmate who has been in the system “for years” countered: “The COs here are basically the same. There’s just a little more ass-kicking.”

Another issue raised was the nearly all-white staff, as well as the lack of Spanish interpreters, especially given Attica’s high percentage of Spanish-dominant inmates. Nearly every Prison Visiting Committee member came across an inmate who was unable to converse because of a language barrier. Inmates also lamented the lack of educational opportunities. Once an inmate earns a GED, there are no other academic avenues to pursue. The college program, they noted with frustration, is on the way out.

### **Meeting with Correction Officers**

The six correction officers we interviewed struck us as seasoned and even-keeled. When asked how they came to work in the field, one officer said he was “looking to get into law enforcement”; the other officers cited job security, salary and retirement benefits. When asked what they enjoy about the job, one officer said he likes working

with people—“I’ve seen a lot of different things and am a better person for it.” Others noted the high level of security, which makes them feel safe, and the consistency between policy and practice at Attica. There was a predictability about Attica that they appreciated.

Regarding the downsides of the job, they complained mostly about the paperwork—use of force reports can take hours to complete, they said. They spoke at length about the negative public image of correction officers and how the nature of prison work tarnishes their role as law enforcement professionals. They expressed great fear of contracting HIV/AIDS, hepatitis and TB from the prisoners, and of inmates obtaining personal information about them. They expressed grave concerns about the Department’s use of employees’ social security numbers on various administrative forms and the ease with which inmate clerks can access this information. Interestingly, none of the officers raised the issue of compensation, a chief complaint among COs generally and at downstate prisons particularly.

In response to our question of how inmates may have changed over the years, they said that inmates today are younger and more violent. They believe that inmates have “little regard for human life,” and that there are more “inmates” today than “convicts.” Convicts, they said, are men who “do their own time and don’t get caught up in what goes on,” while inmates “worry about who controls the phones and who’s got the weights.”

### **Cellblocks**

We toured A and B cellblocks, where both general population and keeplock inmates are housed, and a separate cellblock for inmates in a drug treatment program known as RSAT (Residential Substance Abuse Treatment). Keeplock inmates in cellblock B reported that the food portions are smaller than in the mess hall, and that their meals invariably arrive cold after sitting at the end of the cellblock for an hour. Inmates believe that the COs intentionally delay getting the food to them. They reported that the showers are often broken. One Prison Visiting Committee member observed: “The degradation and deprivation of being locked up in a small cell 23 hours a day, with one hour to exercise, alone, in a 40 x 20 outdoor cage stretches one’s credibility as to the sanity of our society.”

On a positive note, most inmates described the new administrative team—Superintendent Herbert and his deputies—as responsive and fair. One inmate reported that at other prisons he has been in, inmates had more problems with facility administrators than with correction officers, but at Attica the opposite was true.

We toured the RSAT unit and spoke at length with several participants and the director, who came across as well-qualified and committed to helping the men address their drug addictions. The inmates were overwhelmingly positive about the program and felt it was the first time they had received meaningful drug treatment behind bars. One inmate said he had twice been sent to a SHU-200 for drug use. After each 90-day stint in

disciplinary lockdown, he relapsed within two weeks of returning to general population. Now that he is in RSAT, he said, he is drug-free “for the first time in years.” Nearly 600 inmates are on the waiting list for the program, which can accommodate only 85 inmates per six-month cycle.

### **Meeting with Executive Team**

At the debriefing session with Superintendent Herbert, we asked about the drop in GED test scores, and he said he would look into it. He noted that the high inmate turnover makes learning and teaching difficult.

We raised the issue of staff misconduct, inmates’ reluctance to file grievances for fear of retaliation, and the reputation of COs on the evening shift as “out of control.” The Superintendent responded that the 50 to 60 grievance letters he receives from inmates daily (each of which receives a written response, he noted) suggests that inmates are not reluctant to file grievances. We were disturbed by the fact that he saw the high number of grievances not as a problem but as an indicator that inmates are not afraid to speak out. He added that there has been “a dramatic decline” in the number of pat frisking complaints, despite what we heard from inmates.

We raised the grievances from inmates in keeplock, which the Superintendent promised to investigate. He also said he would consider allowing mattresses in the observation cells. (In a follow-up phone call several months later, he reported that the observation cells now have mattresses.)

## **AUBURN CORRECTIONAL FACILITY**

On November 16, 1999, the Prison Visiting Committee toured Auburn Correctional Facility, a maximum-security prison for men in Auburn. On the day of our visit, it was at capacity with 1,813 inmates.

Opened in 1817, Auburn is one of the oldest continuously operating prisons in America. In fact, it seems as if the town of Auburn developed right around the prison. The prison entrance—a massive wrought iron gate—stands just off a city sidewalk. A towering stone wall separates the prison grounds from a gas station across the street.

Superintendent Hans Walker opened the meeting, noting that he has been at Auburn for over a decade and is the Supervising Superintendent of the prison hub. Auburn has 557 correction staff and 260 civilian staff. None of the correction officers, we were told, speak Spanish.

### **Mental Health Services**

We met first with the Associate Director of Operations for Central New York Psychiatric Center (CNYPC), Dr. Karker, who explained that Auburn is one of eleven New York state prisons with a Mental Health Satellite Unit. The unit contains five inpatient treatment beds and three observation cells for inmates on suicide watch. Two psychiatrists (one of whom speaks Spanish), four full-time psychologists, and two social workers oversee a caseload of approximately 200 inmates, of whom 142 are on psychotropic medication.

We then toured various parts of the mental health unit, entering first a dark, foul-smelling corridor that held the three observation cells, one of which was occupied by a man wrapped cocoon-like in a blanket. The CO stationed outside the cell said the inmate had been like that for “a while,” refusing to talk or eat.

### **Intermediate Care Program (ICP)**

The ICP holds 50 inmates classified as “unable to function in general population due to the effects of mental illness.” According to a facility description, the program is designed “to teach coping skills that will allow the inmate to return to general population.” As we walked through the cellblock, a recreational therapist played *Sorry* with three inmates while other prisoners watched TV or milled about, smoking or sitting at tables. One inmate described the unit as “boring.” A counselor overheard and asked the man if he would like to go back to general population.

### **Cellblocks**

The 182-year-old prison infrastructure presents daily challenges: leaking pipes and occasionally no heat, which was the case on the day we visited. The atmosphere in

the cellblocks, and the prison generally, was dank and depressing. The cells are tiny: measuring 48 square feet—the size of a bathroom. Some are actually double-bunked. The only touches of color are family pictures taped to cell walls, and the occasional cheesecake poster. We spoke with a number of men, many “lifers” and “long-termers,” whose sense of hopelessness was palpable. They spoke with bitterness about program cuts and the resulting idleness. Approximately 400 Auburn inmates (about 25% of the total population) do not have program assignments. A man who had been locked up for 21 years lamented the loss of the college program and the lack of programs for long-term inmates. He was half way through his master’s degree when the college program ended, he said. He reported that the dwindling number of parole releases has added to inmates’ anger and despondency.

Inmates also mentioned a music program that had been cut several years before. Their recent request for a choral group was denied. Recreation, too, is almost non-existent, they said. Prisoners can spend time in the yard, which holds about 360 inmates at a time, but there is little to do besides walk around or watch TV. As in other maximum-security prisons, the TVs have been moved from the day rooms into the yards, presumably to reduce congregate activity and fights.

We walked through the yard—it was snowing hard so we didn’t stay long—where maybe a hundred inmates milled about, smoking or watching TV in the cold. Six unarmed correction officers circulated among them (correction officers are not allowed to carry weapons inside the prison), though there were several armed COs atop the wall and in the towers.

We briefly toured the honor block, where there is an old black and white TV and some board games. On the weekends, inmates are treated to a movie.

### **CorCraft**

CorCraft is the industry program operated by DOCS that aims “to teach inmates modern trade and occupational skills and work habits similar to those in private industry.” There are 17 CorCraft factories, or “shops” as they’re known, throughout the state prison system; Auburn’s, with 315 inmates, is the largest. The inmates make license plates and furniture.

The supervisor explained that data on worker productivity is entered into a computer so staff can monitor how fast the inmates are working and how they should be compensated. “They have an incentive to work quickly,” the supervisor said. Starting pay is seventeen cents an hour and peaks at forty-five cents. DOCS made \$12 million in revenue from the sale of Corcraft products in 1998.

### **Medical Clinic**

The medical director has been at Auburn for ten years. Three staff physicians and one physician’s assistant, he reported, provide primary care for inmates. The three

physicians are board certified and trained in various specialty areas such as surgery (as opposed to primary care.)

He described staffing levels as “Okay.... we manage.” It takes “a week or two” for an inmate to see a doctor. When we asked about the challenges of overseeing health services for 2,000 inmates, he responded: “The inmates are getting older....They have more chronic illnesses and immuno-deficiencies.” He was unsure of how many inmates suffer from chronic illnesses such as diabetes, asthma or hypertension, or how many inmates had active TB. He was uncertain about the number of inmates with HIV/AIDS or hepatitis C, though he cited the Department figure that approximately 10% of male inmates have HIV/AIDS. Assuming this figure is correct, Auburn would have about 200 inmates who are HIV-positive, yet only 60, according to the doctor, receive anti-retroviral therapy.

For Spanish-speaking inmates, he said they use inmate-interpreters, which he did not seem to believe posed confidentiality problems. Departing inmates on prescription medication are given a week’s supply, he thought, and then added, “But I think parole takes care of that.” With regard to quality control, he said that the physicians periodically review medical records to ensure follow up appointments occur, but there are no quality assurance mechanisms beyond that activity in place.

### **Meeting with Correction Officers**

We met with three male correction officers, all union representatives, with 27 years, 29 years and 12 years on the job. The biggest issue for them was staffing shortages. Although staffing has been a union concern for the past 20 years, they said, the problem has gotten worse. In particular, they need more sergeants because sergeants are the only security staff permitted to carry handcuffs. They also need more COs, they said. Only five COs and one sergeant are assigned to the yard, for example, and can be easily overwhelmed by the 300-plus inmates who can be in the yard at one time.

The positive aspects of the job are convenience (“I’m five minutes from home,” one CO said), a “supportive” culture and officer camaraderie. It is hard not to bring the job home, they said, and some officers drink a lot to cope with the stress.

When we asked how they view the inmates, one CO responded, “I don’t trust none of ‘em, but I’ll rely on some of them.” When asked what words came to mind in describing inmates, they replied, “young,” “gang member,” and “from the streets.” They reported, “Gangs are getting real bad lately, becoming more visible.” Inmates join gangs for protection and to avoid extortion. Gang members use a cryptic hand language, which changes continually and is difficult for correction staff to decipher. They expressed a need for better gang intelligence training and Spanish classes so they can understand what inmates are saying. They said they often turn to the older inmates for help in keeping younger inmates in line and showing them how to adapt to prison life.

With regard to mental illness among inmates, the COs felt that mental health services are insufficient. “The situation here is bad. There are too many inmates who need help and not enough help to go around.” It takes several days to see a psychologist, they said, which is often too late. They felt that the deinstitutionalization of people with mental illness from hospitals has created huge problems for people who work in prisons, where many of the mentally ill end up.

We had heard from inmates that drugs are easily available in the prison, which the COs did not deny. Drugs come in through visits, they said, or employees looking to supplement their income.

Regarding the use of force, the COs confirmed inmate reports that more uses of force occur on the evening shift (3 p.m. to 11 p.m.) than the day shift (7 a.m. to 3 p.m.). They attributed the higher use of force on the evening shift to the fact that “inmates have more unstructured time on their hands” in the evenings, when programs and school are over. They rejected the theory that more junior officers are assigned to the evening shift and are typically less skilled in resolving conflict. “We have guys with lots of seniority who work evenings,” a CO said. “It’s mostly old timers working those shifts.”

### **Feedback from Inmates**

Many of the inmates we spoke with raised the issue of staff misconduct. A situation that inmates discussed with vehemence concerned a man who was allegedly set up by a CO in retaliation for filing a Code 49, or staff misconduct report. Apparently, several officers removed the inmate, who was in keeplock, from his cell and then “jumped and beat him.” Another case involved an “inmate beat down” that was so bad that the man had to be taken to an outside hospital. Apparently, the outside doctors were so concerned about the condition of the inmate that they called the state police. The Inspector General’s office is currently looking into the incident.

A third incident they raised was an inmate death. The inmate, who was housed in the SHU, apparently died when officials used pepper spray to extract a neighboring inmate from his cell. The spray drifted into the victim’s cell, which prompted a severe asthma attack and ultimately asphyxiation. (Chemical agents are known to cause severe harm to people with pulmonary illness.) The incident points to severe breaches in medical and security protocol.

According to the prisoners, “There is no recourse for CO abuse.” Medical staff, particularly nurses—some of whom are married or related to correction officers, the inmates said—do nothing about it. “They tell the COs that unless an inmate’s dying, don’t bring him over here.” Inmates said they are punished with keeplock if they sign up for sick call but are not “sick enough.”

Officer conduct during the 3 p.m.-to-11 p.m. shift is “out of control,” according to the inmates. “Those officers don’t have to answer to anyone. They know when the watch commander checks in and leaves, and then it’s back to the cowboy mentality.” Pat frisks,

they believe, are conducted without justification and in a manner meant to provoke them. Although frisks are supposed to be conducted with a supervisor present, they are more often conducted first and then a supervisor is called. “They [the COs] violate the directive and clean up later.”

They said that officer misconduct ranges from simple harassment to outright abuse. We asked for an example. An officer might use a metal detector wand on an inmate’s muddy shoes, one man said, then place the wand on another inmate’s head just to provoke him. In another ploy to incite behavior that will justify a beating, officers in the SHU receiving area are known to tell the inmate, who is surrounded by three officers, to spread his legs and place his hands against the wall. He is then told to remove his left boot with his right hand while “remaining on the wall.” If he loses his balance, he can be beaten for “coming off the wall.”

Inmates said they can never prove staff misconduct because the system is designed to work against them. When an inmate files a Code 49, the Superintendent asks a captain or sergeant to investigate the complaint. “Of course the sergeant’s a buddy of the accused,” said an inmate. “Of course the charges are dismissed.... For an officer to escape a Code 49, all he has to do is deny the charges and the charge is considered without merit.” Another man noted: “The executive team doesn’t know what’s going on, and by the time anything gets to them it’s been sanitized.”

Not all correction staff treats them badly, they said, and several inmates gave us the names of COs whom they consider professional. “It’s the better educated officers who know how to deal with inmates,” one man said. Another suggested hiring COs with more “life experience,” and providing ongoing sensitivity training. They also think cameras should be installed in all areas of the SHU and that escorts to the SHU should be videotaped.

On a positive note, the inmates gave high marks to the drafting class and computer class.

### **Meeting with Executive Team**

We discussed the many complaints we received about correction officer misconduct and learned that Code 49s are never noted in officers’ personnel files. Neither Central Office nor the facility systematically tracks inmate allegations against staff. The whole issue is fraught with problems: it is difficult to get at the truth when “convicted felons” are the primary source of information, and the closed nature of prison makes penetrating the blue wall of silence even more difficult.

Superintendent Walker mentioned that he had once been a watch commander on the 3 p.m.-to-11 p.m. shift, and he “knew what went on.” Most of the rookie officers work on this shift, he reported, and they are not permanently assigned to the prison. They are transient staff whose main concern is keeping order. They have no long-term investment in building consensus with inmates. He said that aggressive frisking occurs on

the evening shift because there is more recreation and yard time and thus a greater opportunity for illegal activity involving weapons or drugs. The officers are merely protecting themselves and the inmates.

Superintendent Walker offered several solutions to reduce tension and problems on the evening shift. More supervisory staff would help, he said, as would rotating staff. He cited “unstructured recreation” time as a cause of increased aggression, and said he would like the inmates to vote to install televisions in individual cells. “TVs in cells are a great babysitter.” He believes that TVs might reduce use of force incidents during the evening shift.

He was troubled to hear that COs feel unsafe due to staff cuts. Unlike at other prisons, he said, Auburn “didn’t lose a single sergeant” because of budget cuts. With regard to cameras in the SHU, he said that his budget request for cameras was approved four years ago but they hadn’t yet received them. (When we returned to Auburn in November 2001, a state-of-the art camera system was in operation.)

## BEACON CORRECTIONAL FACILITY

On September 25, 1998, the Prison Visiting Committee toured Beacon Correctional Facility, a minimum-security prison for women in Dutchess County, about an hour's drive from Manhattan. The prison was at capacity, with 257 inmates the day of our visit.

Beacon Correctional Facility is known as a "camp" because of its low security level and is located less than a mile from Fishkill Correctional Facility, a medium-security prison for men. It is a cluster of prefab buildings with neither walls nor gates on lush and landscaped grounds. Beneath large pine trees were flower and vegetable gardens, well tended by the inmates. We were told that deer roam the grounds.

Superintendent Susan Schultz, formerly the Deputy Superintendent of Administration at Bedford Correctional Facility, has been at Beacon since 1997. She gave us a brief overview of the facility, emphasizing that the focus at Beacon is community service. Each day, 140 inmates on outside work crews perform a range of public services: they paint churches, lay sidewalks, and plant gardens. Beacon receives many letters of appreciation from local citizens and requests for repeat services. The Superintendent said the program strengthens community relations and gives the inmates the opportunity to perform good deeds.

### **Programs**

We observed an Adult Basic Education (ABE) class and Alcohol and Substance Abuse Treatment (ASAT) session, both of which were well attended. The Program Administrator explained that for inmates to receive merit time (a one-sixth reduction of their sentence) they must satisfy one of the following criteria:

- Receipt of GED;
- Completion of ASAT;
- Completion of a vocational program; or
- 400 hours of community service.

The problem, however, is that there are long waiting lists to get into ABE and GED classes given the shortages of both space and staff. There is only one classroom (which holds only 15 inmates) and one teacher for both GED and ABE classes. Many women, some of whom are illiterate according to the staff, never get into academic classes. Instead, they are assigned to a work crew and leave prison "unable to fill out a job application."

Beacon also has a horticulture program. We walked through the greenhouse and spoke with several inmates. They said they liked the program but didn't know how they could use horticulture skills in New York City, where most of them will return. Program staff said the Department offers too few programs to prepare female inmates for jobs in

urban areas where clerical, technical and service-related skills, including computer proficiency, are prerequisites. The Program Administrator mentioned that Beacon recently received a donation of computers, but they have no place to set up a classroom.

He then led us through the kitchen, where we saw participants in the food service program. He noted that this kind of training is particularly relevant for inmates returning to the city. However, in order to join the food service program or Corcraft, one must have a GED.

The facility description reports that Beacon is a “pre-release” facility whose function is “to introduce to the inmates a wide range of instructional programs, so as to better prepare them for their eventual reintegration into the community.” We asked to see the pre-release area.

The unit consisted of a small office staffed by three inmates, who were reading novels when we entered. A Prison Visiting Committee member asked where the pre-release counselors were and was told she was looking at them. These inmates serve as “job counselors,” and help inmates prepare their resumes, learn job-seeking strategies and occasionally find employment. When asked how they prepare resumes, an inmate pointed to several dusty computers, which she said were broken. “But the typewriter works okay,” she added. To help inmates find jobs, she gives them the Yellow Pages.

### **Dormitories**

The two housing units we toured—unpainted concrete buildings—were stark and depressing. The walls on women’s cubicles were devoid of pictures, cards or personal effects. Inmates said that the no-pictures policy was new, and they saw it as unnecessarily harsh.

The dorms consisted of row upon row of steel bunk beds and small metal lockers—a study in gray. A major source of frustration for the inmates is the lack of privacy, especially for women on the top bunk who are exposed to public view when they are lying in bed. There are no chairs in the cubicles; just a bunk bed and two small lockers.

### **Medical Clinic**

Beacon has no onsite physician, just a physician’s assistant, a nurse and a part-time nurse. They screen inmates, make referrals to physicians at Fishkill and dispense medication. The clinic is a small prefab unit with an examining room. Sick call is held on Mondays, Wednesdays and Fridays.

### **Inmate Liaison Committee (ILC)**

The ILC had prepared a list of concerns and an agenda. Their most pressing issues were inadequate medical treatment and lack of useful programs. When we asked how

they would rate medical services at Beacon, one woman asked, “We have medical services here?”

Her response gave way to a litany of complaints, some of which seasoned Prison Visiting Committee members said were among the worst they had heard. Most alarming were reports that inmates are sometimes given double dosages of medication. “I’ve seen inmates with their faces blown up from double doses of medication, passing out in front of officers,” one inmate reported. Situations like this occur, we were told, because there are no medical staff at Beacon on the weekends. Because some medications can only be taken under direct observation, inmates are given a weekend’s supply of meds and have been known (or told, apparently) to take it all at once. HIV-positive inmates have allegedly received the wrong medication. One inmate said she was given HIV medication even though she is not HIV-positive. She became very sick and went to the clinic. The physician’s assistant admitted to her that she had mistakenly been given HIV medication and told her not to tell anyone.

Inmates unanimously reported that they are not informed of medication side effects. In addition, there are no provisions for Spanish-speaking inmates to learn about their medication—not only how much they should take, but why they should take it, as well as possible side effects. Inmates also reported that medical staff dismisses their concerns about Lyme disease. Beacon inmates live and work in an environment densely populated with deer, and inmates who have manifested the telltale Lyme symptom, a red rash in the form of a “bull’s eye,” are given Tylenol and told to ignore it. We recommended in our letter to the Superintendent, Commissioner and Chief Medical Officer that educational brochures on Lyme disease be developed and distributed to inmates and medical staff, which was done.

The more serious complaints concerned medical staff overriding and/or ignoring doctors’ and specialists’ treatment plans and prescribed medications, not taking vital signs as a standard triage procedure and refusing to physically examine patients. One inmate described a situation in which she had a large and painful cyst on her groin, which the medical staff member apparently refused to examine, saying, “I don’t need to see it.”

As with medical services, it was evident that Beacon inmates’ mental health needs are not being met. Reliance on Fishkill’s Office of Mental Health (OMH) staff for mental health services means lengthy delays in seeing a counselor. One inmate reported that she had a pressing personal issue and needed to speak with a counselor. Three weeks later a counselor gave the inmate ten minutes of her time and summed up the session saying there was “nothing she could do.”

Finally, inmates expressed a “desperate need” for a Beacon-designated parole officer. It was reported that inmates’ case summaries are not received until either the day of or weeks after parole board appearances, and that can sometimes delay an inmate’s release by 30 days. Such delays violate inmates’ rights and burden taxpayers with undue incarceration costs.

### **Meeting with Executive Team**

The discussion with the administrative team was cordial and constructive. We began by noting that inmates throughout the facility described correction officers as humane and professional. In fact, not one visitor received a complaint about officer mistreatment, rare for any prison.

We reported the many serious complaints we received around medical care, of which the administration seemed well aware. The Superintendent did not deny the veracity of the inmates' complaints and promised to work with Central Office's Health Services Division to improve them. (Several months after our visit, the Department assigned a physician to Beacon part-time.)

Our observations about the lack of programs struck a chord with the Superintendent. She seemed genuinely sad and disturbed that the women leave prison so unprepared to succeed. "When inmates leave here and can't even fill out a job application, their chances of returning are compounded. It breaks my heart," she said. She said she is struggling to get the budget allocations she needs to bolster the program offerings.

With regard to mental health services, she recognized that female prisoners often have greater difficulty adjusting to incarceration than men since so many are mothers and are separated from their children. She reported that she has identified a social worker in the community who could begin work if funding were available. (The Department later allocated funds for a part-time social worker.)

## CLINTON CORRECTIONAL FACILITY

On June 22, 2001, the Prison Visiting Committee toured Clinton Correctional Facility, a maximum-security prison for men located near the Canadian border. Opened in 1845 and housing 2,959 inmates, Clinton is the state's largest prison. It includes a medium-security annex, a unit for victim-prone inmates and, with the reenactment of the death penalty in 1995, death row, officially known as the "Unit for Condemned Persons."

Superintendent Daniel Senkowski provided an overview of the facility, emphasizing that the number of inmates in disciplinary confinement (mainly keeplock) had dropped from approximately 700 to 200 inmates since the expansion of supermax housing units across the state.

### **Inmate Liaison Committee (ILC)**

The ILC described Clinton as "the worst prison in the state as far as staff-inmate relations." They reported that the grievance system does not function and most grievances brought against officers (known as Code 49s) are deemed without merit. When grievances are received by the Inmate Grievance Resolution Committee, they are coded by inmate assistants but are often re-coded and then dismissed by a sergeant. Unlike Woodbourne, Auburn and Eastern Correctional Facilities, they said, Clinton does not have an independent investigator to examine the merit of grievances brought against staff. The investigator is a sergeant and part of the "good old boys' club," they said. They suggested that, at least in the SHU and on death row, an independent civilian should collect grievances.

Inmates reported that they are subject to intense harassment for filing a charge of staff misconduct, and that some COs do not wear their nametags (a violation of Department rules) to evade identification. The intimidation most frequently involves antagonistic, hyper-aggressive pat frisking, whereby COs reportedly run their batons between inmates' legs. Inmates feel they are provoked to move or flinch ("come away from the wall") so officers have a reason to write them up.

A related problem is the one-sided nature of investigative hearings for Tier II and Tier III tickets. "We don't have a fighting chance when it comes to a hearing," they said. They reported that more tickets are being issued now that inmates are charged five dollars for every Tier II and Tier III ticket.

The next issue raised was the woeful medical services. Medical services were described as atrocious. "You have to drop ten sick call slips to be seen," an inmate said. A particular problem is the correction officer posted at the entrance to the clinic, who apparently tells inmates to leave if he considers them insufficiently ill to receive medical attention. Inmates also reported that sick call nurses rarely have patient medical records

available or take vital signs during screening. Finally, patient confidentiality is regularly breached during consultations with nurses or physicians. “There’s always a CO right there,” they said.

Another source of frustration is idleness. Currently, 300 inmates have no program assignment. “It takes 4 or 5 months just to get a porter job,” they said.

Another concern was treatment of visitors. Inmates told of friends and family members who were intimidated and treated rudely by the COs. Finally, the ILC requested we ask the Superintendent about the Caribbean-African Unity Group. They reported that the administration rejected it without an explanation.

Overall, feedback from the ILC suggested a prison run by COs, the majority of whom were born and raised in Dannemora and have many relatives working in the prison. They did, however, offer positive feedback about the Superintendent and his First Deputy. “I’ve never met two administrators who are more respectful,” one man said.

### **Intermediate Care Program (ICP)**

The 60 inmates in the unit suffer from varying degrees of mental illness; the most common diagnosis is schizophrenia, according to the program coordinator. ICP inmates are segregated from general population at all times. The coordinator said that approximately 11 inmates were released from the ICP directly to the community during the last year.

The unit is amply programmed, with areas for leather working and ceramics, a computer, an electronic piano keyboard, and tables for playing cards and games. Inmates have access to a washing machine and dryer on the unit. A kitchen with a stove and sink was partitioned off for inmates to practice daily living skills, such as remembering to wash their hands before handling food. Outside were large vegetable and flower gardens tended by the inmates.

### **Medical Clinic**

By far, Clinton’s clinic is more beset by problems than any we have seen in the system. Its location in a wing of the prison that requires inmates, weakened or ill, to walk through seemingly endless dank corridors and up several flights of stairs and ramps, is the first problem. The unit itself, unlike more modern clinics we have seen elsewhere, was dingy, old and in need of renovation. It was clear to us that, with over 2,000 prisoners, Clinton is the largest facility in the system and should have a Regional Medical Unit. (There are five Regional Medical Units in the state prison system. Similar to hospitals in the community, they provide enhanced medical services to inmates with sub-acute, chronic or terminal medical conditions.)

Staffing shortages are another serious concern. The acting medical director, who is not board-certified and appeared disgruntled and demoralized, stated that the needs of

Clinton's large and aging population cannot be met with current staffing levels. One of two pharmacist positions has been vacant for fifteen months. The facility also needs more nursing items and physician assistants, he reported.

Medical staff indicated that no type of quality assurance is conducted. We were struck by the inability of both the medical director and the nurse administrator to answer our most basic questions, such the number of inmates receiving HIV/AIDS medication, how treatment and compliance are monitored and how quality assurance is performed. We left with the impression that the clinic is functioning in crisis mode and that serious gaps in service and treatment could have caused life-threatening situations.

### **Mental Health Services**

There are 340 inmates, 15% of the general population, on the OMH caseload; 300 inmates are on psychotropic medication. There are 22 staff members, two of whom are full-time psychiatrists, one of whom speaks Spanish. The day room and the seven dorm beds were empty. Two of the three observation cells were occupied. The inmates in the observation cells each had a mattress, two large mats and clothing.

As at other facilities, the unit chief reported that many of the same inmates cycle between the SHU, where they decompensate, to observation cells. He said he sends at least six inmates a year to Central New York Psychiatric Center (CNYPC). Twelve of the 36 inmates in the SHU were on the OMH caseload; eight were on psychotropic meds.

The discharge planner reported that least 50 inmates on the OMH caseload are released from Clinton each year. More than half go to New York City shelters. In the three years she has been at Clinton, she has only been able to find three inmates supportive housing in the city. She uses teleconferencing to facilitate interviews between inmates and therapeutic program staff throughout the state.

### **Meeting with Correction Officers**

We met with six male COs, all of whom had at least 10 years on the job and entered the field for a variety of reasons, none of which had to do with an interest in corrections. Two officers wanted to be state troopers; one man, a former truck driver, wanted more time with his family, and another said his mother encouraged him to take the test. The fifth officer applied because he knew he was "not college material." The sixth entered the field after the store he managed was closed.

The officers all said that the camaraderie at the prison was the greatest upside of the job. Most staff members, security and civilian alike, are from Dannemora and call Clinton their "home facility." They reported that they feel safe knowing that a friend or relative "has [their] back." The COs consider Clinton safer than it was ten years ago. The officers are more "seasoned," they said, and the construction of supermax facilities such as the S-Blocks and Upstate have helped make Clinton safer. They also conduct more pat

frisks, which leads to fewer confrontations with armed inmates and less violence, they said.

The officers denied inmates' allegations of hostile pat frisks. Inmates at Clinton are not new to the system, they said—"This is not their first rodeo"—and know when "they're being messed with." They countered that there would not be such "low numbers" of staff assaults if the officers were systematically abusive. (This statement contradicts information we received prior to the visit: that there were 500 inmate-on-staff assaults in 2000 alone.)

The officers did not bemoan their rate of pay as vehemently as officers in prisons closer to New York City. They believe the facility needs more security staff, more Spanish-speaking COs, and more programs for inmates to reduce the idleness.

### **Assessment and Program Preparation Unit**

The APPU is designed for inmates who have committed notorious crimes or may have enemies in the general population. Inmates include former police officers, correction officers, and men receiving sex-change hormone therapy. They are housed in a separate wing of the prison and have no interaction with general population inmates.

Inmates with whom we spoke had similar concerns as those in general population: poor medical services and hostility from COs, particularly those in the visiting room. Inmates reported feeling safe, overall, and they appreciated being isolated from the general population.

### **Special Housing Unit**

The SHU comprises 36 cells, all of which were occupied. We could see from the logbook that the medical and OMH staff conduct daily rounds. One inmate reported that his requests for counseling had gone unanswered; he added that he hasn't seen a doctor despite numerous sick call requests and unfilled prescriptions for various medications.

Inmates complained about lack of access to the law library. Systemwide, library clerks are not permitted inside the SHU. Questions or requests for materials must be submitted to the CO, who relays them to a clerk. A list of reference books is available, but not all inmates were aware of it.

Several inmates believe their mail is intentionally delayed or tampered with. They also told of having their time in the yard cut short because the CO does not want to be outside. Almost all of the men reported that their food often arrives cold. Apparently, there is a hot table for heating food trays, but it is rarely used.

### **Unit for Condemned Persons (UCP)**

Death row is located in the same building as the SHU. It has 12 cells, each measuring 72 square feet (larger than the standard 48-square-foot cells.) Constructed in 1995 with the reinstatement of the death penalty, the unit is modern and high-tech in design, similar to a control unit. It was spotless and quiet when we entered.

The Superintendent emphasized that Central Office—not Clinton Correctional Facility—governs death row policy and procedures. Currently, there are six men on the unit. The Superintendent said that they file few grievances and do not cause any trouble. Overall, he said, the unit runs smoothly. He took us first to the corridor running along the back of the cells, where visits with attorneys and immediate family members are conducted. Each cell has a back door that opens up to a small area with a stool and a Plexiglas divider separating the prisoner from his visitor.

The Superintendent walked down the cellblock to inform the prisoners that we were on the unit and asked if they wanted to speak with us. He suggested that they might not be interested in contact with outsiders. Five of the six men did, however, and each man spent about half an hour with a visitor. A number of complaints were raised.

The men were most distressed (one man used the word “tortured”) by the overhead fluorescent light that shines in their cell twenty-four hours a day, and the constant video surveillance. The light is necessary for video surveillance, the Superintendent said, which is a suicide prevention measure. (Infrared technology and other measures, such as more frequent officer rounds, would alleviate the need for such intense scrutiny.) Inmates unanimously reported that they have difficulty sleeping; several men described the constant light and surveillance as maddening.

Similarly, inmates reported a lack of confidentiality during legal visits and in-cell phone calls to attorneys. Sound travels easily down the tier; inmates and COs can easily overhear conversations. Given the serious nature of their cases and the fact that they are facing a sentence of death, the lack of privacy is a serious issue. The men said they are reluctant to share sensitive information about their cases. “Every word can be heard,” a prisoner said.

Another source of frustration is the restriction of visits to immediate family members. The condemned can only receive visits from spouses, parents, siblings or children. A life partner, childhood friend, aunt, cousin or uncle cannot visit. Several of the men said that while their immediate relatives do not visit them, they have friends or other relatives who could. They also lamented the policy of no physical contact during visits.

Their isolated nature of their confinement and no opportunity for human touch contributed to their despair. Unlike inmates on death rows in some other states, such as California and New Jersey, New York’s condemned remain locked in their cell 24 hours a day except for an hour of court-mandated recreation. There are no group activities or

day room. Recreation is a solitary activity: inmates are confined, alone, in a large concrete outdoor cage with no exercise equipment, not even a ball. The men requested some form of exercise equipment, such as a chin-up bar mounted in concrete. They also requested gloves during the winter months. Gloves are denied due to “security reasons,” an officer said.

Finally, inmates complained about the restriction on commissary purchases to \$15 per month, while general population inmates can buy \$55 worth of goods twice a month. This policy struck us as artificial and overly harsh.

Overall, New York’s death row resembles a more punitive and harsher form of disciplinary lockdown, although the condemned have done nothing *as prisoners* to warrant this type of punishment.

### **Merle Cooper Program**

The Merle Cooper program, established in 1977 for inmates with difficulty adjusting to the prison environment, is unique to Clinton. Of the 75 participants, many are sex offenders. Admission is voluntary but inmates must be willing to discuss their crimes and examine their patterns of criminal behavior. Counselors conduct aggression replacement therapy groups and other educational and therapeutic programs. Inmates we spoke with seemed upbeat and involved in the program. They had uniformly positive feedback and said they were glad to be able to participate.

### **Meeting with Executive Team**

We began by discussing the mixed reports we received from inmates concerning treatment by correction officers. Grievances against COs are high, but inmates we spoke with in general population housing areas did not report intimidation by officers at a rate that reflected the grievance numbers. In response to complaints about the biased nature of grievance investigations, the Superintendent explained that according to directive, the investigating sergeant should be rotated according to a schedule. He agreed to examine whether this is occurring.

Regarding the Caribbean-African Unity Group, the executive team reported that the list of interested members contained inmates believed to be involved in gang activities. A Deputy Superintendent explained that a “suitable membership structure” is required before the group can be approved.

We discussed the serious problems with medical services, particularly staff shortages, impeded access and widespread inmate complaints about substandard care, confidentiality breaches and ignored requests for medical attention. The Superintendent did not disagree with our findings, but noted that vacancies are exceedingly difficult to fill because of the low salary. Most applicants are physicians from foreign countries who are trying to gain U.S. citizenship he said. He is currently considering two physicians from India for the open physician position.

The Superintendent said he had not heard complaints from SHU inmates about mail being tampered with. He explained that COs are not required to be outside during SHU recreation time, so it did not seem likely that officers were cutting recreation time when the weather was not agreeable. We noted inmates' complaints about cold food and reports that the mental health and medical staff have no meaningful interaction with inmates during their rounds.

## COLLINS CORRECTIONAL FACILITY

On October 19, 2000, the Prison Visiting Committee toured Collins Correctional Facility, a medium-security prison for men about 30 miles south of Buffalo. Located across the road from Gowanda, another medium-security prison, Collins has two separate “campuses,” Collins I and II, which appear to have no differences aside from being located across from each other. The prison also has a Protective Custody unit for inmates deemed “victim prone” (i.e. former police officers, correction officers, or high-profile prisoners) and a SHU-200 for inmates in disciplinary lockdown.

We met first with Superintendent James Berbary and his executive team. They gave us a brief overview of the facility—noting that it is designed for inmates with 60 months left before their first parole board hearing. He approved our agenda, and we began the tour.

### **Inmate Liaison Committee (ILC)**

There are two ILC’s at Collins, representing the two different sides of the prison, and we met with both groups separately. They described Collins as well-run and calm. “We don’t have too many problems here, fights, cuttings, etc. People come here to do their time and relax.” One inmate noted that the COs “do their job and don’t go out of their way to harass you.” An inmate who spent many years in maximum-security prisons said he has “never heard a racial epithet” in the two years he has been at Collins.

The paramount issue raised by both groups was their desire for a unified (single) ILC that would meet with the administration monthly, rather than separate committees that meet every other month. Inmates housed on opposite campuses have no contact with each other, they said. They are unable to collaborate and sometimes duplicate efforts. They feel powerless to bring about change, which has led to backlash from their inmate constituents. Each group noted, however, that they appreciated their CO advisors and found the Deputy Superintendents and captains responsive to their requests.

They raised a number of grievances. The visiting room is too small; sometimes visits have to be terminated to accommodate other inmates’ visitors. The commissary is poorly stocked compared to other prison commissaries. Regarding health care, their main grievance concerned dental care. They added that inmates are confused about hepatitis C and need education about treatment and symptoms. They spent considerable time discussing two physical plant issues: the quality of the water and sewage backups. Inmates said the water is often brown and COs bring their own bottled water into the facility to avoid drinking from the tap. Prisoners are not permitted to receive sealed bottles of water through the package room.

They also noted that several times a year, sewage backs up in the basement and inmates have to clean up the raw waste. They are given a ticket if they refuse.

Apparently, the clean-up crew feels they are at risk for contracting hepatitis or other diseases. "They give them a Shop-Vac, some rubber gloves, leaky old boots and a dust mask and tell them to go down and clean it up."

### **Meeting with Correction Officers**

We met with five COs and began by asking them why they entered corrections. Three cited job security and benefits. Another had a relative in the field who encouraged him to take the exam. Another lost his job at the local steel mill. With regard to the upsides of the job, the officers unanimously pointed to the flexibility of work schedules. They said they can swap shifts with co-workers. "We can get almost any day off we want to," one CO happily noted. "I have the whole six weeks of duck hunting season off."

We asked how they cope with the job stress. One CO said he's grateful for his long commute because it allows him time to "chill-out." Another said he talks to his co-workers. "You don't want to bring it home," he said. "And people who don't work on the inside can't understand you anyway." "You just make the best of it and do what you gotta do," said another.

We asked why they chose to work at Collins instead of neighboring Gowanda. They preferred Collins's schedule they said, where the day shift goes from 7 a.m. to 3 p.m. versus 8 a.m. to 4 p.m.

We asked what they would change about their jobs. They said they would like to be able to find out if an inmate whose blood or saliva has gotten on them "has AIDS." Another said he would like to have packages eliminated and personal property eliminated because they breed extortion, gambling and drugs. Another officer suggested abolishing TVs as a way to reduce fights over which program to watch. One CO noted that putting a dog next to the metal detector in the visiting room would help curb the drug trade. When a visitor expressed surprise at the amount of drugs in the prison, the officers laughed. "They [the inmates] live the same in prison as they did on the streets. We're the cops, this is their community and we patrol it."

With regard to public image, they felt that correction officers deserve more respect. "We're not just turnkeys," one officer said. "We should be given credit for the counseling we do." This prompted another officer's thought that they should have "more input on parole hearings. We work with a guy every day for years and we know the type of worker and person he is. He may have committed a crime all strung out on drugs, but we know who he is today and would probably know better than anyone if it would happen again."

We asked them to describe the inmates generally and if the population has changed over the years. They used words such as, "younger," "no respect," "violent," "crack heads," and "punks." One officer said today's inmates have no "max" experience, meaning time in a maximum-security prison. "They have no education, no morals, and

they just don't care." A second CO characterized the inmates as "brain dead...incoherent. They look at you like a deer caught in head lights."

With regard to the facility's executive team, they gave them high marks and said they appreciated the open-door policy. "They are very supportive. Collins is like a family."

### **Protective Custody Unit**

The Protective Custody unit currently houses 110 inmates, men who are considered victim prone in general population, i.e. former police officers, correction officers, informants. After several years, some of the inmates will be able to transition safely into general population at a different prison.

The unit is housed in its own ranch-style building with an outdoor recreation area, mess hall and classrooms. The inmates are packed into a crowded dormitory, formerly a gym with no windows, where the only personal space they have is the bunk bed they sleep on and a small locker. The fifty or so men we spoke with had a host of complaints, mainly about retaliation from COs for filing grievances (officers were said to threaten them with misbehavior reports on trumped-up charges), and about a specific counselor who makes snide remarks, threatens to transfer them if they file a grievance, and who does little to help them with personal matters as counselors are required to do. They complained about the lack of activities for children in the visiting room and that they cannot take pictures of their visitors. Other prisons have "Click-Click" programs where inmates can pay for Polaroid pictures taken with a facility camera. One inmate said he offered to buy a camera for the facility but was denied.

Above all, the PC inmates want their own ILC. They feel they have no formal channel to communicate grievances to the administration, which they believe is particularly important given the hostility of the chief counselor on the unit and the retaliation from correction officers.

### **SHU-200**

On the walk to the SHU-200, Superintendent Barbary said he takes pride in the staff who work there and their efficient management. Similar to the other SHU-200s (there are nine throughout the system), Collins' SHU-200 is a freestanding, fully automated, double-celled disciplinary unit where 200 inmates are confined for violating rules in their home facility. Two men are confined in each cell around the clock, save for an hour of legally required "recreation," which entails stepping into an empty outdoor cage attached to the back of their cell. The only program is cell study. The average length of stay, according to the administration, is approximately thirty days, which is the lowest we have heard in any SHU.

Two committee members spoke with approximately twenty inmates through the food slots in thick metal doors, alternating between kneeling and squatting so that they

could make eye contact during conversations and avoid having to shout through the speaking patch in the door.

Some of the inmates appeared indifferent to the restrictive conditions. Others spoke bitterly about specific problems on the unit. The most common complaint concerned medical care: unresponsiveness from health care staff; nurses who conduct medical examinations by shouting through the door and drawing blood through the food slots; the treatment of all ailments with Tylenol. Requests for medical attention go unanswered for days, inmates said. Several inmates said the food arrives cold or in small portions. Many inmates had graduated to Level II or III in the Progressive Inmate Movement System (PIMS), entitling them to such privileges as a deck of cards and cell study. The cell study program and teachers received high marks from inmates.

Several inmates had been in other SHU-200s before and compared Collins's unit favorably. The COs treat them better, they said, make more rounds and are more responsive to their requests for assistance.

### **Dormitories**

Inmates in the dormitories confirmed the ILCs' depiction of Collins as a calm and relatively tension-free facility. They had few complaints aside from the "brown" water, drafts in the winter and regularly malfunctioning showers. Several of the inmates had spent time at Gowanda Correctional Facility, which we had visited the day before. As did the inmates we met at Gowanda, they described the officers there as abusive, racist and predatory. "They threaten you constantly," one inmate said. "They'll visit you at night or catch you in the elevator and threaten to set you up if you grieve them." One inmate, who did time in the Gowanda SHU, said that the COs would open the food slot in his cell door, and if he wasn't there to receive the tray immediately, that they would ram it through the slot so the contents would spill onto the floor. Another inmate reported being kicked in the back while being transported in handcuffs out of the unit. He was kicked from behind and caught by another officer in front of him. According to the inmate, the COs said it was their way of warning him not to return to the SHU. The prisoners were happy to be at Collins instead of Gowanda.

### **Transitional Services Unit**

The counselors we met said that as of January 2001, the Department will require all inmates, system-wide, to participate in the new transitional services program that orients new inmates to the system and assists those on their way out. The staff struck us as particularly dedicated and professional. They outlined the program in detail and spoke at length about how they assist inmates in identifying community resources (jobs, affordable housing, apprenticeships and community colleges) before they leave. They did not have a computer to generate resumes, however, or print professional letters for corresponding with outside agencies.

## **Programs**

We were favorably impressed with the academic and vocational programs. There are classes in ABE, pre-GED and ESL. Despite the large population, the waiting list of 42 inmates for pre-GED classes is one of the lowest we have seen. A computer lab has academic tutorials to supplement classroom lessons. Also unusual was a small college program. Inmates can earn a bachelor's degree in liberal arts through the Consortium of Niagara Frontier, a privately run group whose trustees kept the college program alive after the state ended the tuition assistance for prisoners.

The facility provides vocational training in plumbing and heating, food service, drafting, masonry, general business and small engine repair. Inmates in the food service program run a small café (for staff) and work as waiters, cooks and dishwashers. We ate lunch in the café—a sunny, cheery place with pub-fare type food at rock bottom prices.

We attended an Aggression Replacement Therapy (ART) class and were impressed with the inmate instructor and his presentation on conflict resolution. Inmates can also participate in the Youth Assistance Program, which works with at-risk youth from the community.

## **Medical Clinic**

We met briefly with the medical director and acting nurse administrator. They answered our questions thoroughly and with ease. Consistent with the few inmate complaints we received about medical services, they reported no staffing shortages or other major problems. Sixty-five inmates are HIV-positive and on antiretroviral medication. Compliance is taken seriously, they reported, and staff has sufficient time to counsel inmates on their medical regimens. The specialty care referral system works well and has improved access to outside specialists. They use telemedicine for dermatology and will soon expand it to orthopedics. Ambulance service for transporting inmates and staff to outside hospitals is prompt and reliable.

We mentioned inmates' request for information on hepatitis C and raised it in our letter to the Superintendent. Subsequently, the local chapter of the American Liver Foundation supplied the facility with information for inmates and staff.

## **Meeting with Executive Team**

Thanks to the few complaints we received, the final meeting was a brief and pleasant exchange. We reported that inmates seemed generally satisfied with conditions at Collins, and that correction officers, with the exception of those in the PC unit, received high marks from inmates.

We noted that the division between the two Inmate Liaison Committees seemed artificial and asked the Superintendent if he would consider unifying the committees. He said that the two “campuses” have different issues but that he would consider it.

With regard to the tap water, the Superintendent and his team seemed wearily accustomed to complaints. The problems have been fixed but suspicions still loom. He reported that the local health department tests the water regularly and deems it acceptable for drinking.

With regard to sewage backups, Superintendent Berbary said he recently had an alarm system installed to alert them when a backup occurs. The administration seemed to feel that inmates’ complaints were exaggerated — “The flooding is never more than two inches, tops”— and that the inmate utility cleaners are supplied with adequate protective wear.

We expressed concern over the windowless gym that serves as the PC dormitory and the lack of air circulation, to which the Superintendent responded: “The air filtration system is on a regular maintenance schedule.” He added that he and the Deputy Superintendent visit the unit weekly and seemed surprised at the level of indignation among the inmates. He agreed to consider the possibility of creating a separate ILC for the PC inmates and promised to look into the other concerns they raised.

In a follow-up phone call, Superintendent Berbary said that he assigned a staff member to meet monthly with PC inmates and to relay their concerns to the Inmate Liaison Committee, and that the minutes from the meetings are now posted in their dorm. In addition, a photo booth was provided in the PC visiting room so inmates can take pictures during visits.

## COXSACKIE CORRECTIONAL FACILITY

On April 29, 1998, the Prison Visiting Committee toured Coxsackie Correctional Facility, a maximum-security prison for men in Greene County. The prison was at capacity, with 1,074 inmates on the day of our visit.

Superintendent Dominic Mantello provided a brief overview of the prison, noting that it houses mostly younger inmates. Approximately 75% of the inmates are under the age 24, he said. About 45% are between 16 and 21.

New to Coxsackie is a Regional Medical Unit, a maximum-security health facility serving approximately 60 inmates from prisons in the hub. Unlike the medical clinic for Coxsackie's general population inmates, which is run by DOCS, the RMU is run by Correctional Medical Services (CMS), a private health care concern. The RMU provides skilled nursing care for inmates with sub-acute conditions and has a hospice for the terminally ill.

### **Medical Clinic**

The infirmary and clinic were clean, airy, modern and well-equipped. We toured the dental clinic, where approximately 20 inmates are seen a day, and spoke briefly with the two dentists. We then met with the medical director, who has 18 years on the job and is not board-certified. He is trained as a general practitioner and had a full-time practice in town before joining Coxsackie. He still maintains a part-time practice on the outside, he said.

Several officials from the Central Office's Health Services Division were present at the meeting, which seemed to make the doctor nervous. He was unsure how many inmates were HIV-infected, for example, or how many received antiretroviral therapy. One of the officials reported that Coxsackie's figures mirror those of the state prison system, which shows that approximately 10% of male inmates are HIV-positive. Thus, the official said, one can deduce that about 10 inmates at Coxsackie (out of a population of slightly over 1,000) are HIV-positive. A visitor pointed out that 10% of 1,000 is 100. Nevertheless, the official reiterated that there were no more than about 10 inmates at Coxsackie who are HIV-infected.

We were concerned that a facility figure so far below the system figure indicates that a sizeable number of inmates who are HIV-positive do not know, and thus do not receive life-prolonging medication. The official noted that the Department of Health does weekly anonymous testing at the facility.

### **Regional Medical Unit (RMU)**

The RMU, staffed and run by the private Correctional Medical Services, houses 60 patients ranging in age from 25 to 70. Many have cancer, AIDS or other serious

illnesses. The medical director was not present, but we heard favorable comments about him from medical staff and inmates.

Committee members who had toured the RMU when it opened in 1996 were favorably impressed with the number of improvements. The staff struck us as energetic and compassionate. They advocate for patients' medical parole, they said, and attempt to reunite them with family members so that "no one dies alone." It was interesting to hear that some inmates prefer to die in the prison hospice; after years of incarceration, they have few friends or family members left on the outside. Staff and fellow inmates have become their de facto families.

We spoke with several patients in the day room, whose chief complaint concerned the attitudes of correction staff. "They treat us like dogs," one man said. "They run this place like the Gestapo." Inmates reported that mail is routinely intercepted as a means of reprisal, that food packages are delivered opened and half-consumed, and that complaints to sergeants are ignored. After the visit, we received a letter from an RMU patient who gave high marks to the unit and staff, adding that everyone should be given raises.

The RMU administrator mentioned that Superintendent Mantello was largely responsible for the development of the hospice program, that he recently added an evening recreation program and was considering more programs for RMU patients.

### **Lunch**

We ate lunch with the executive team in the staff dining room, where inmates in the food service program prepare and serve the meals. A Deputy Superintendent said that the food service program was one of the few vocational programs to survive the budget cuts. "Vocational training in Coxsackie is half what it used to be," he said. The education program lost 18 teachers. Coxsackie currently offers Adult Basic Education (ABE) and GED preparation and testing. If an inmate reads below the fifth-grade level, he is required to spend all day in school until he can read at the eighth-grade level. For inmates in the RMU, SHU and keeplock, there is a cell-study program, but there is only one teacher to administer the program to between 300 and 400 inmates.

### **Special Housing Unit (SHU)**

There are 32 cells on the unit, all of which were occupied. Although each cell had a small window and the sun shone brightly outside, the cell interiors were so dark that we could barely make out the occupants. Committee members had to knock loudly on the doors to see if the inmates wanted to talk.

Unlike some other SHUs in the system, where the cells have bars and the inmates can talk to each other, Coxsackie inmates live behind thick metal doors with a small Plexiglas window. A Correctional Association board member with a decade of prison visiting described the unit as the most depressing SHU he had seen, so cut off were the

inmates from the outside world. Many of the prisoners there were teenagers; it was difficult to fathom the despair they must feel.

Grievances focused on cold food, small food portions, no commissary privileges, phone calls or packages, hostile correction staff and delayed disciplinary hearings.

### **Inmate Liaison Committee (ILC)**

The concerns expressed by the ILC were not as negative or impassioned as we have heard at other maximum-security prisons. The men noted both good and bad aspects of life at Coxsackie.

The inmates commented favorably on the medical staff, but complained about the three-to-four-week wait to see the doctor, time during which medical conditions worsen and patients continue to suffer. They complained, too, about the presence of COs in the examination rooms, which they said makes them feel self-conscious and hinders open communication. Additionally, they reported that medical staff uses Spanish-speaking inmates or COs to interpret for non English-speaking patients. This practice not only breaches confidentiality but leaves open the possibility of inaccurate translation in potentially life-threatening situations.

Inmates reported that the mental health counselors are professional and supportive, but that COs serve as gatekeepers to receiving services. Justifiably, they feel uncomfortable having COs evaluate their mental health needs for them to be referred.

They reported that one of the dentists trembles to the point where he has occasionally injured himself and his patients. One ILC member opened his mouth and revealed a scar on the inside of his cheek.

In regard to the RMU and elsewhere, correction officers were the source of the majority of complaints. Inmates reported that COs in the keeplock area were particularly hostile and abusive. Incidents the men reported included: officers ripping up inmates' mail in front of them, laughing at and distributing family pictures for others to see, as well as acts of physical retaliation. Their reports seemed credible, not only because they were articulated calmly and clearly, but because they were presented in the larger context of positive comments about the facility and other security staff.

### **Meeting with Executive Team**

We informed the Superintendent about the negative feedback regarding COs, to which he replied: "We respond to each and every complaint of abuse." We pressed the issue and asked if he was surprised by the number of complaints we received about CO misconduct. He indicated that he was unwilling to discuss the matter further.

With regard to the medical director's estimate of ten HIV-infected inmates, the Superintendent rejected the notion that the number was higher. The majority of inmates

are young, he said, and most likely did not engage in the kinds of behaviors, i.e. injecting drugs, that can lead to HIV. A doctor on the Prison Visiting Committee disputed this point and stated that regardless of conjectures about the population, all inmates should be encouraged to get tested while they are incarcerated since they have an opportunity to receive medical services they might not receive or know how to access on the outside. The Superintendent denied that testing is inadequate and became angry with us for pursuing the point.

He did, however, agree to investigate complaints about meals in the keeplock unit. Several weeks later, he reported that food portions were brought up to regulation and arrangements had been made to keep the food hot until serving.

## DOWNSTATE CORRECTIONAL FACILITY

On March 31, 1998, the Prison Visiting Committee toured Downstate Correctional Facility in Dutchess County, approximately 60 miles north of Manhattan. Opened in 1979, Downstate is a maximum-security Reception/Classification Center for men. Its primary function is to receive and classify newly sentenced male felons, 16 years of age and up. The facility processes between 15,000 and 20,000 inmates annually.

In addition to the Classification Unit, Downstate has a Special Needs Unit for inmates the Department has assessed as mentally impaired, victim prone, physically handicapped, or violence prone.

Downstate has a cadre of 288 general population inmates who provide facility support services. Cadre inmates are selected by the staff and offered the option to serve their sentences at Downstate, a desirable assignment given its proximity to NYC. Deputy Superintendent John O'Connell, who served as our escort and guide, said that cadre inmates throughout the system tend to be the most educated, physically fit and "well adjusted" prisoners.

### **Classification Process**

All Classification/Reception inmates are individually assessed for security risk, mental health and medical status. The process typically takes five days. Security level is determined by the nature of the instant offense, the level of violence involved, whether or not a weapon was used, and whether the offense was isolated or part of a history of similar offenses. Length of sentence is also considered: Inmates with short sentences are considered to pose less of a risk for escape and therefore a minimum-security facility would likely be recommended. An estimated 20% of the inmates are classified as maximum, 60% as medium and 20% as minimum. In the 1970s, Deputy McConnell said, 70% to 85% of prisoners were classified as maximum.

Inmates are given an I.Q. test, a standard scholastic assessment, the Michigan Alcohol and Substance Abuse Test (MAST), and a questionnaire to determine victim-proneness. Two psychiatrists, two psychologists and two social workers comprise the mental health team. Staff members read each inmate's security, custodial and pre-sentence reports as well as his medical summary "before the inmate even gets to his cell," Deputy O'Connell reported. The State Office of Mental Health Services has a Forensic Diagnostic Unit on site to assist classification personnel.

The morning after arrival, inmates undergo a number of medical tests, including full blood work (blood chemistry and electrolytes), chest x-rays, PPD (tuberculosis), dental exam, liver function, urinalysis and Hepatitis B. HIV testing is not performed for Reception inmates. If a cadre inmate wants to be tested, the Osborne Association (a

NYC-based nonprofit agency that provides services to inmates and ex-offenders) offers confidential testing and counseling twice a month.

After assessing an inmate's security level, mental health and medical status, staff enters the data into a computerized classification system, which matches inmates to prisons best suited to their needs. About 80% of inmates are processed and assigned in five days. The remaining 20% fall into the Special Needs category and are processed through an extended classification unit. It can take up to six months before placement is determined. These are inmates the assessment team considers "sexually predatory, callously violent, members of racist groups, victim prone or mentally or physically handicapped."

### **Special Housing Unit (SHU)**

The SHU is comprised of single cells in clusters of four surrounded by cage-like fencing. Both inmates and correction officers complained about life in the SHU. Officers spoke about the prevalence of assaultive and violent inmates. Inmates reported that the food often arrives cold and in "child's portions." Alternative meals for religious and medical reasons are not regularly provided. The administration claimed that, in fact, SHU inmates are given more food in their trays than reception inmates, and that medical diets are provided.

Inmates complained about the dearth of reading material and the fact that the unit is not "wired" (permitting inmates to listen to a central radio with earphones) as are other SHUs. They reported feeling totally cut off from society and that the nurses and mental health professionals just "whiz" through the unit, making no attempt to talk with the inmates.

### **Cadre Housing Area**

We visited a housing area for cadre inmates comprised of single and double cells and a day room. Most of the men expressed positive views of the facility. Proximity to New York City, the opportunity to work, and fair treatment by COs were noted. Overall, the inmates seemed grateful to be serving their bids at Downstate rather than another facility.

Their leading grievance concerned double-celling. The cells are 72 square feet and hold a bunk bed, toilet and two lockers. Space is extremely tight—there is not enough room for two men to stand comfortably in the cell. Deputy Superintendent O'Connell noted that inmates are told they will be double-celled for up to a year and will be moved to a single cell when space is available. "If they don't like it," he said, "we remind them they can always get a transfer." Several nonsmokers share cells with smokers. The inmates said they rarely complain to staff because they know what the answer will be: "If you don't like it, you can always leave."

### **Inmate Liaison Committee (ILC)**

Similar to the cadre inmates, the ILC noted the relaxed atmosphere of the facility and the generally decent correctional staff. However, they also raised a number of grievances:

**Medical Services:** “I won’t go to sick call unless I’m dying,” one man said, summing up the general sentiment of the group. Inmates reported extreme difficulty and delays in seeing a doctor. The nurses function as gatekeepers and treat the majority of maladies with Tylenol and in-cell confinement. Too often, they said, the nurses dismiss physical illness as malingering or punish sick inmates with keeplock. Inmates in double cells then have to live with a sick cellmate. “The whole system is designed to discourage usage. If you ever want to see a doctor, you have to file a grievance, which lands you in medical keep lock.” With regard to HIV tests, they reported that testing is difficult and implicitly discouraged. “It’s like they don’t want us to know if we have it,” said one inmate. “Then we couldn’t work.” They recommended having a physician’s assistant conduct sick call and sensitivity training for the nurses. They also noted the need for more medical coverage on weekends. One man told of having to wait six hours to get stitches.

**Visiting Room:** Inmates’ major concern focused on treatment of their visitors. COs in the Visiting Room were said to make lewd comments to female visitors, especially if the woman is white and the inmate she is visiting is black. One man reported that a CO twice asked his girlfriend for her phone number.

**Package Room:** Packages containing food are said to arrive with contents missing. An inmate reported that every package of Snickers candy bars he receives from home has a third of the candy bars missing. “It’s like their fee,” he said. Female COs are known to send back magazines they find offensive, such as *Penthouse*, which is permitted in New York State prisons.

### **Meeting with Correction Officers**

The administration found one CO to meet with us. Understandably, he was uncomfortable serving as the lone spokesperson to 14 outside visitors. He has been on the job 15 years, at Downstate for 13 years. The subject he spoke most passionately about was violence: inmate-on-inmate and inmate-on-staff assaults. He reported that violence in the Reception Unit is on the rise and that violence in the SHU is “very bad.” He noted that inmates today represent “a different kind of inmate: they are more violent and younger and gang-affiliated.” He suggested that more gang-related training should be offered to the COs. He acknowledged that packages are often not delivered intact and that complaints are frequent. He suggested abolishing packages altogether.

### **Meeting with Executive Team**

We raised the issue of double-celling, and the Superintendent offered to send us forms signed by every inmate agreeing to be double-celled until a single cell becomes

available. We pointed out that inmates have no choice but to sign the forms, but acknowledged that at least inmates were made aware of the situation and duration.

With regard to medical care, the Superintendent acknowledged that medical personnel are extremely busy screening Reception inmates and that cadre inmates may have difficulty securing appointments with physicians. In correspondence after the visit, the Superintendent agreed to implement the ILC's suggestion of having a physician's assistant make sick-call rounds in the cadre cellblocks. He also sent us a batch of signed inmate double-celling forms. He reported that reading material in the SHU was supplemented and that a new audio wiring system was approved.

## **EASTERN CORRECTIONAL FACILITY**

On June 29, 1999, the Prison Visiting Committee toured Eastern Correctional Facility, a maximum-security prison for men in Napanoch, approximately 90 minutes from New York City. Eastern houses 1,037 inmates in general confinement, has a medium-security annex for 180 men with histories of substance abuse and domestic violence, and a Sensorially Disabled Unit for inmates who are hearing and/or visually impaired. The average length of stay is approximately 9.5 years.

We met first with Superintendent David Miller, a veteran Superintendent who spoke with pride about his facility. In 1982, Eastern became the first New York State prison to be accredited by the American Correctional Association. He distinguished Eastern as a prison that emphasizes “correction” over “punishment,” and said that he tells new prisoners that the facility has four distinct advantages over other prisons: a seasoned correction staff; good programs; a “model” visiting and family reunion program; and a “tension-free” atmosphere. “We have zero tolerance for violence,” he added. He makes rounds of the prison every day at 7:15 a.m.

### **Programs**

Although Eastern, like other maximum-security prisons, has lost a number of programs in recent years, the programs that it does offer received high marks from inmates and visitors. A particularly innovative program is the Braille Transcription Unit, where inmates transcribe some 200 books a year into Braille for schoolchildren and gain skills in word processing, computer applications, translation, and printing and graphics. An industry program employs over 100 inmates who manufacture signs and mattresses. The prison’s 1,440 acres include a dairy farm and a sawmill, run with the help of inmates.

Another impressive effort is the Delinquency Intervention Program. Approximately 25 inmates work with at-risk youth to keep them from further delinquency and imprisonment. Youth from New York, New Jersey and Connecticut come to Eastern and spend the day at the prison. The inmates tell them their personal stories, take them on a tour of a cellblock, where they speak with men in their cells, and end with a roundtable discussion of prison and how to avoid it. Two correction officers volunteered to facilitate the program. On their own time, they promote the program in the community and recruit the youth from high schools. All the inmates and officers work without pay, which they told us is the how they want it. “That way, we respect each other’s sincerity,” a prisoner explained.

### **Chemical Dependency/Domestic Violence Program**

Housed in a medium-security “treatment” annex, the program is a therapeutic community for 180 inmates with histories of chemical addiction and domestic violence. The director, praised by the inmates for her warmth and professionalism, explained that the program looks at inmates’ behavior in school, treatment, work and free time.

Behavior, both positive and negative, is tracked by program staff and used as a mechanism for self-development. The program handbook tells participants: “You have the responsibility to be honest and contribute your own unique gifts to this community. In return, the community will give you the support, strength and sense of belonging essential to a healthy lifestyle.” All the men we spoke with had positive comments about the program. Inmates who had been in substance abuse programs in other prisons said that Eastern’s was the most effective—in a class of its own.

### **Special Housing Unit (SHU)**

The Superintendent reported that approximately 80% of the men in the 32-cell SHU were there for positive drug tests, usually their second or third offense. The average stay is a year. In contrast to the snake pit-like conditions we have seen in some other SHUs, the cellblocks were clean, well-lit and quiet. Most of the inmates had no complaints about conditions or treatment from correction officers. One man, who had spent time in SHUs at Sing Sing and Green Haven, said Eastern’s is “the best box” he’s been in. Two of the inmates were from the Sensorially Disabled Unit. A very sad case was an elderly blind man, who said he received 18 months in the SHU for drug use. He said he smokes marijuana to help his glaucoma and feels it is unfair to be locked up for something that helps him see better.

Inmates reported that food, medical services, books and legal material are provided sufficiently. A correction officer told us that the difference between Eastern’s SHU and others is that the “people who do rounds show up when they’re supposed to and inmates get what they’re entitled to.” The officers said that the correction staff and civilian employees have a good working relationship. They praised the Superintendent for implementing three days of SHU-specific training for officers assigned to the unit.

The officers showed us the SHU handbook, which was also available in Spanish—something we have not seen in other prisons. An officer on the unit is fluent in Spanish. Several officers said they would like to be trained in American Sign Language so they can communicate with inmates from the SDU.

### **Feedback from Inmates**

Inmates we spoke with in the mess hall, program areas and on the Inmate Liaison Committee expressed generally favorable comments about Eastern. They noted that Eastern is “calmer...there is less chance of being jumped, less hassle from COs, not a lot of tension.” Many said that what distinguishes Eastern from other prisons is the professionalism of the correction staff. “It’s not them versus us but them *and* us,” one man said. It was unusual—astounding, in fact—to hear an inmate in a maximum-security prison say that “the most positive thing in this facility is the relationship we have with COs.” Another example we heard was that while COs in most maximum-security prisons carry batons, many officers at Eastern opt not to. Even the commonly loathed practice of pat frisking generated few complaints. Inmates said pat frisks are performed randomly and as “respectfully” as possible.

These positive comments did not apply universally, however. Correction officers on the 3 p.m.-to-11 p.m. shift were described as unprofessional, known to ignore facility policies and enforce their own rules. “There is a definite change in attitude between the day and evening shift,” an inmate said. The steady officers in the visiting room received unanimously negative feedback. One officer in particular was described as hostile and rude to visitors and the source of “over a hundred grievances.” The visiting room COs “treat our family members like they treat us, like they committed a crime,” one man said.

### **Meeting with Correction Officers**

We met separately with two groups of security staff: sergeants (including union representatives) and correction officers. The four sergeants were veterans of DOCS, with 19 years, 33 years, 22 years and 15 years on the job. Again, their upbeat demeanor was atypical for a maximum-security prison. When asked what they like about their jobs, they cited the lack of stress, the professionalism of staff and the sense of family. Most of them said they were drawn to the field for the job security and benefits and stayed on because they found the work “fulfilling.” They emphasized their willingness to help inmates resolve conflicts.

We asked them why Eastern is such an unusual prison. One sergeant said there “is less confrontation because there are more seasoned officers.” Another commented that “the Superintendent and his deputies make frequent rounds, are intimately involved with day-to-day operations and have an open door policy with staff.” They reported, too, that correction officers “take the opportunity to speak with inmates,” and that “most grievances are handled on the spot.” A sergeant summed up the discussion by saying: “Eastern is like no other jail in the system. I can’t figure it out. The staff is excellent. Our relations with inmates are excellent. How it keeps going is a mystery to me.”

They noted that not all officers are comfortable with the open communication between staff and inmates. “We had two COs from upstate come here and ask to be moved back because they couldn’t stand the one-on-one communication.”

When asked what words came to mind in describing prisoners, the officers said: “Poorly educated; poor; drug addicts; wannabe’s.” One CO responded, “They are just really, really poor. Dirt poor. They haven’t had any discipline or guidance their entire lives.”

Their frustrations focused on compensation and cuts in staffing and program. They reported that the number of sergeants was reduced from 36 to 23, and the number of correction officers was reduced from 400 to 360. The program cuts begun in 1996 have compounded the problem, they said. “We have fewer officers and half as many programs.” More inmates are idle and frustrated, and there are fewer officers to keep the peace.

## **Meeting with Executive Team**

We expressed our generally positive observations about the facility, noting that Eastern seems to be the most well-run and humane prison we have visited. We raised the issue of officer misconduct on the evening shift and visiting room officers' treatment of inmate family members. The Superintendent neither denied nor confirmed inmates' reports but promised to look into it. With regard to offering American Sign Language instruction for officers who work in the SHU, Superintendent Miller said that it would likely be offered in the near future. As for the program and staffing cuts, he said that these issues were out of his control. Central Office and the Office of Management and Budget made these decisions.

We ended by commenting that Eastern struck us as a model correctional facility and that other New York State prisons could learn from it. We suggested that more officers do their on-the-job training at Eastern, and that some type of training materials about the Eastern approach to corrections, whether in the form of a video or a publication, be made available at the Training Academy. Coinciding with the prison's 100-year anniversary the following year, facility staff produced a promotional videotape documenting the facility's rich history and current and noteworthy operations.

## ELMIRA CORRECTIONAL FACILITY

On April 24, 2001, the Prison Visiting Committee toured Elmira Correctional Facility, a maximum-security prison for men in Chemung County. Opened in 1876 as a reformatory, Elmira housed adolescent male offenders until 1991. On the day of our visit, the prison was at capacity with just over 1,700 inmates.

The prison sits high on a hill above the town of Elmira. It is a classic “old-style” prison with a daunting stone facade and fortress-like towers. At the main entrance stands a large and striking bronze statue of two robust prisoners, one with his arm on the shoulder of the other. We were told the statue is a symbol of Elmira’s earlier days when “wayward boys were transformed into law-abiding men.”

Deputy Superintendent Cal West, filling in for Superintendent Floyd Bennett, gave us an overview of the facility. In response to our question about staffing, he reported that one nurse and three program positions were vacant. We were told that Elmira also needs at least three more vocational instructors and two counselors, as well as another physician and nurse practitioner.

### **Inmate Liaison Committee (ILC)**

The ILC spoke mainly about the strained relations between security staff and inmates. They did not report outright physical abuse but described constant harassment, hostility and retaliation in the form of falsified misbehavior reports for filing grievances. They believe that officers conduct pat frisks so aggressively as to intimidate them or provoke a reaction. Officers are known to shout and make snide remarks while searching an inmate’s groin area for contraband. Although sergeants are required to oversee pat frisks, inmates reported that they often do not. Members of the ILC say they are targeted for harassment and retaliation for their advocacy on behalf of prisoners. Similar to what we have heard at other prisons, the ILC described officers on the 3 p.m.-to-11 p.m. shift as “cowboys.” “It’s a whole different prison at night,” they said. Despite complaints about the COs, the inmates reported that the Superintendent “has good intentions” and is accessible, fair and well-liked.

The other serious problem is medical services, which inmates described as “basically a joke.” One inmate commented: “No matter what I have, I’m given Tylenol.” Another inmate noted: “If you’re not bleeding, you’re not sick.” They reported a three- to four-week wait to see the doctor.

### **Mental Health Services**

We met with the unit chief, the discharge planner, and a social worker from the satellite unit. The five dormitory beds were empty; the three observation cells were occupied. Surprisingly, the inmates in the observation cells were fully clothed and had blankets and mattresses. (Inmates in observation cells at most prisons we visit are denied

clothing and sometimes blankets.) There is a Spanish-speaking CO on the unit; the full-time psychiatrist is fluent in Spanish, Creole and French.

The unit chief said he sees inmates “cycling in back and forth from the SHU.” Inmates “use the mental health unit as a respite from the SHU,” he said. Of the 54 inmates in the SHU, fully 33 were on the OMH caseload; 18 were Level I’s. Approximately three inmates are transferred to Central New York Psychiatric Center (CNYPC) each month.

Of the 281 general population prisoners on the OMH caseload, 211 take psychiatric medications and 119 are classified as Level 1. The most common major mental disorder is depression, followed by schizophrenia and psychotic disorder.

We were impressed with the extensive knowledge and effort of the discharge planner. Inmates are given a two-week supply of medication; she makes an appointment for them at a clinic closest to their home. She works with the Division of Parole to ensure that the transition is as smooth as possible. Nevertheless, about a quarter of the men are released to homeless shelters. She tries to find them a bed in a community program with psychiatric services but is only able to place about one out of ten inmates.

### **Meeting with Correction Officers**

We met with four male COs: two had 12 years on the job; one 13 years; the other two years. One officer said he took the job because of the benefits. “But that was when it used to pay to work for DOCS,” he said. Another officer added: “You can go out and make the same money anywhere now.” The COs feel that the “union is selling [them] out.” They bemoaned their inability to strike and the increasingly high medical co-payments. One officer was recently “dropped” by his dentist because of late payments by the state. Another officer said that the nearest x-ray technician in the medical plan was over 100 miles away.

The COs responded quickly when we asked what they would like to change about their jobs. One officer suggested making the inmates wear uniforms. (Currently, they can wear personal shirts.) Another said he would like the public to know how difficult their jobs are. Another CO said he would like to ban contact visits to curb the flow of contraband.

The words the COs used to describe inmates included “slick,” “cunning,” and “street-smart.” When asked to describe how inmates have changed over the years, one officer said that there used to be an inmate code of silence. Today, he said, “it’s the year of the snitch.”

The officers said the facility needed more programs, particularly small engine and appliance repair. There are too many porters and too much idleness, they said, which makes their jobs more difficult.

On a positive note, the officers expressed appreciation for the executive team, particularly Superintendent Bennett. “He came up through the ranks,” one man commented. Another described it as the “best administration [he’s] ever worked for.” Finally, they all cited camaraderie among officers as the best aspect of their jobs.

### **Tour of Cell Blocks**

We toured several cellblocks and found them to be clean, quiet and orderly. Some inmates reported few problems and were generally in good spirits. One man who had served time in other maximum-security prisons said that Elmira “wasn’t the worst prison” he’d seen. Other inmates complained about harassment from COs, poor medical services and insufficient programs.

### **Medical Clinic**

After meeting with the medical director and acting nurse administrator, it was clear that the clinic is functioning in crisis mode. The problems we noted during our visit in 1998 were just as bad, if not worse. With nearly 1,000 general population inmates and some 4,000 reception inmates to screen each year, current health care staffing is inadequate. The medical director confirmed inmate reports that it takes up to a month to see a physician and that patient follow-up does not regularly occur. He reported that a board-certified internist recently left Elmira because of the noncompetitive pay rate. To cope with staff shortages, the clinic uses per-diem nurses, which is extremely costly and compromises continuity of care.

Approximately 80 inmates are HIV-positive (“many” are co-infected with hepatitis C, the medical director said) and a high number suffer from chronic illnesses such as asthma and diabetes. Staff performs some 40 finger sticks to check blood insulin levels every evening.

With regard to quality assurance, the medical director reported that they can barely manage to adhere to medical protocols, much less implement a quality assurance program. Two improvements since our last visit, they noted, are better access to outside specialists and increased use of telemedicine.

### **Intermediate Care Program (ICP)**

The ICP contains 54 beds and is always full, staff reported. A Deputy Superintendent described the ICP inmates as “hard workers” and “less disruptive” than general population inmates. Visitors found the unit and inmates calm and docile. A problem noted by staff is that the ICP shares resources, including office space and staff, with the Family Reunion Program. As a result, ICP inmates are not getting the attention they need. Inmates reported having fewer programs in Elmira’s ICP compared to other ICPs they have been in. Inmates said they have filed several grievances about the idleness but have yet to receive a response.

### **Special Housing Unit (SHU)**

Elmira's disciplinary confinement unit comprises several cellblocks in separate part of the prison. The unit is old, dark and dreary. The majority of inmates (33 out of 54 men) in disciplinary lockdown had been diagnosed as mentally ill and were on the OMH caseload. Ironically, the SHU was full while the "residential treatment" beds in the mental health satellite unit were empty.

Inmates who were not on the OMH caseload said that the constant noise and anguished cries of the mentally ill inmates on the cellblock made life in the SHU intolerable. We spoke at length with two inmates, both of whom were on the mental health caseload and were clearly distraught. One man stated that he had been on a restricted diet (three servings a day of bread and cabbage) for three weeks for refusing to take psychotropic medication. We checked his records, and they confirmed his report. At our request, the Deputy Superintendent contacted an OMH staff member, who verified that the inmate refused to take his medications. The Deputy Superintendent said the man was sent to disciplinary confinement for writing a love letter to a female CO. He offered to speak with the inmate and try to persuade him to take his meds; if the inmate agreed, he would have his meal "privileges" restored. We told the inmate this and encouraged him to speak with his mental health counselor. He said he would rather talk to the Deputy Superintendent.

The other man we spoke with was stripped to his underwear and sitting on a concrete floor in a barren cell without a blanket or a mattress. Officials said he lights fires in his cell and refuses to take psychotropic medication. He, too, had been diagnosed with a major mental disorder and did not want to speak with OMH staff. The system appeared to have no way of dealing with this man rather than confining him in the SHU.

### **Meeting with Executive Team**

We raised the problem of idleness, noting that inmates and staff alike feel that Elmira is in dire need of additional programs. The executive team said they asked the Commissioner for additional budget items and were awaiting approval.

We raised the issue of ILC members being retaliated against by officers on the 3 p.m.-to-11 p.m. shift. The officials said they were not aware of the problem and would discuss it with the ILC. With regard to aggressive and unprofessional pat frisking, we suggested that supervisors oversee pat frisks more regularly.

With regard to medical services, Acting Superintendent West reported that "Albany is aware of the problem." He hoped that they would soon be able to hire an additional physician, but because the salary is nearly \$10,000 short of what physicians earn in the community, the position was difficult to fill.

With regard to insufficient programs and staff on the ICP, the executive team said they would “take a strong look at what is given to the unit” and assured us that the situation would be re-evaluated.

Last, we discussed the problem of housing inmates with mental illness in the SHU. We questioned the logic of having an empty mental health service unit and a SHU full of inmates with major mental disorders. We noted that the mental health staff seems to have abdicated their responsibilities to prison officials, and that the men we interviewed appeared to have been left to languish in barren cells without regular meals or clothing. As we’ve heard before, the executive team stated that inmates who are chronically disruptive and mentally disturbed present the greatest challenges to the system. Regardless of a mental disorder, if an inmate lights a fire in his cell and the behavior goes unpunished, they said, it sends a message to other inmates that they can do the same. Aside from confining such inmates in disciplinary lockdown, they feel they have no other options. The discussion was frustrating. Prison officials believe they have no other way to handle chronically disruptive and mentally disturbed inmates, and OMH staff—certainly at Elmira—appear to have few solutions and do little to intervene.

In a follow-up phone call two days after the visit, the Deputy Superintendent reported that he had succeeded in persuading both inmates to take their medication and that their food and clothing privileges had been restored. Regardless of the outcome, the whole situation—from a correction official serving in the role as mental health professional, to the lack of therapeutic intervention on the part of mental health staff and the inmates’ refusal to speak with them—struck us as absurd.

## FISHKILL CORRECTIONAL FACILITY

On March 22, 2001, the Prison Visiting Committee toured Fishkill Correctional Facility, a medium-security prison for men about 70 miles north of New York City. Fishkill is a large, sprawling, old-style facility holding 2,180 inmates. The compound includes a SHU-200, general confinement inmates, and a work release unit. A Regional Medical Unit (RMU) and Mental Health Satellite Unit were recently constructed on the prison grounds. The Superintendent said they should be operational in several months.

Superintendent William Mazzuca reported a 34 percent decrease in the number of inmate grievances filed in 2000 compared with 1999. He attributed the drop to more informal resolution of issues and increased rounds by correction officers in the SHU-200. The top two grievances were staff misconduct and medical services.

### **Feedback from Inmates**

Inmates' primary concern was hostile and/or abusive treatment by correction staff, officers whom they said to bring "a maximum-security mentality to a medium-security facility." Inmates spoke about a group of rogue COs who physically abuse and retaliate against inmates for filing grievances against them or their friends. Some of these officers had been at Fishkill "for decades," inmates said, and know each other well. As one inmate explained, when a CO who delivered newspapers as a teenager to the person who now serves as the prison's hearing officer, "a [disciplinary] ticket sticks no matter what."

The manner in which pat frisks are conducted was also raised. "During pat frisks they try to get you to come off the wall. They want you to twitch so they can beat you down," inmates reported. While a supervisor is supposed to be present during pat frisks, this policy is rarely enforced. Inmates reported being pulled out of line on the way to a program or the mess hall, brought to an isolated area and beaten. Certain sergeants are known to cover up incidents. Officers on the 3 p.m.-to-11 p.m. shift were described as the most aggressive and reckless. One inmate described it as a "mindset shift with the shift change."

The inmates said that the administration is responsive to most of their concerns, but when it comes to staff misconduct, its hands are tied by the union. The Inspector General's office apparently told the Inmate Liaison Committee that the Department cannot remove problem officers, only document the incident.

Prisoners also discussed the "influx of inmates with serious mental illness," who are more likely to be victimized in the general population and then sent to disciplinary confinement. Officers are not trained to deal with psychological problems of this magnitude, they said, and the mental health unit is inadequately staffed.

Medical care at the facility was described as “prehistoric.” Inmates reported that it takes three to four weeks to see a doctor. In emergencies, an hour can go by before an ambulance arrives to transport an inmate to an outside hospital. Prisoners also noted that they do not receive medical test results in writing, which violates Central Office policy. They described HIV testing as “an abomination.” There is no pre-or post-test counseling; inmates are simply told their results and “to deal with it.” Despite the fact that there are about 25 inmates at Fishkill who are trained and certified as HIV counselors, they are not being utilized. The inmates noted, however, that a particular physician’s assistant “goes above and beyond” to educate inmates about infectious diseases. They expressed a need for more education and literature about hepatitis C.

### **Special Housing Unit (SHU)**

Two committee members toured three levels of the single-celled SHU. The tiers were quiet and the inmates were calm. Many of the men were sleeping; others were reading. Inmates reported few problems with staff or conditions. Food portions were described as adequate; they receive their daily hour of recreation if they want it. Most inmates said they sleep most of the day. The majority of inmates we spoke with reported that they were on the OMH caseload and were on psychotropic medication. Many of them appeared dazed and heavily sedated.

We spoke with a correction officer about inmate suicides on the unit, and he brought us into the empty cell where a suicide had recently occurred. He showed us how the prisoner looped his sheet through a metal vent in the ceiling. There were two suicides in the past year, he said. “I can’t even count the number of attempts I’ve seen,” he added.

### **Medical Clinic**

Because of scheduling delays, we met briefly with the medical director and spent approximately 30 minutes with the physician’s assistant about whom the inmates spoke so highly. He is an HIV specialist who formerly worked at the Federal Bureau of Prisons. He showed us a list of HIV-positive inmates under his care, reporting that he goes to great lengths to ensure that they receive the treatment and follow up care and counseling that they need.

Of the approximately 2,220 inmates at Fishkill, he reported, 137 have HIV or AIDS. Of the 137 HIV-infected inmates, 87 percent are co-infected with hepatitis C. He estimated that as many as 60 percent of the 2,200 inmates at Fishkill could be infected with hepatitis C, and of that, 20 percent either will or currently require treatment. At present, however, only “two or three” inmates at Fishkill receive hepatitis C medication.

### **Mental Health Services**

The new unit chief is a veteran employee of the Office of Mental Health with over 20 years’ experience. He reported that the unit will soon be upgraded to a Satellite Unit,

and staff will be significantly increased. Fishkill's caseload of 400 inmates, of whom 250 receive psychotropic medication, is one of the largest in the system.

The dormitory held 16 inmates; one of the four observation cells was occupied. The unit was quiet and calm. The COs seemed genuinely concerned about the inmates, whom one officer likened to "little kids—you just gotta keep talkin' to them." The unit chief said he is fortunate to have officers who are aware of the special needs of inmates with mental illness, and that his inmate clerks are also very helpful.

### **Meeting with Correction Officers**

We met with four COs: two white females, one Hispanic male and one black male, a more racially diverse group than usual. The women were new to corrections, each with less than one year on the job.

In response our question about what they most enjoy about the job, one of the women spoke about the family-like atmosphere at Fishkill. After transferring to a facility closer to her home, she decided to return to Fishkill despite a two-hour commute. Another officer cited the benefits and generous vacation (COs start with four weeks of vacation). The third officer cited the professionalism and team spirit of his co-workers. The fourth officer said he welcomes interactions with inmates and likes helping them solve problems. He likened the work to parenting.

Regarding the downsides of the job, a female officer spoke about the negative public image of correction officers. She sometimes feels like a second-class citizen, she said, particularly when the media refer to correction officers as "guards."

The officers confirmed anecdotal information we had heard from inmates about staff conduct on the evening shift. These officers are "newer," they said, and "stricter." There is more idleness in the evenings and, as a consequence of that, an officer said, "they tend to follow rules more closely."

### **Puppies Behind Bars**

Opened at Fishkill in 1998, the Puppies Behind Bars program pairs a select group of inmates with puppies, which they train as seeing-eye dogs for the blind. The dogs remain with their trainers for 18 months, at which time they are assessed for professional guide work. Dogs that do not "graduate" are donated to families with disabled children.

Not surprisingly, the men we spoke were enormously grateful for the chance to participate in the program. They live in a separate unit that has its own yard for the prisoners and their dogs. The inmates keep their dogs in a small kennel in their cells, and take the dogs with them as they go to their programs (except for the industry shop or mess hall) and attend twice weekly obedience classes. The inmates receive a certificate in training and dog-handling. Inmates, staff and the prison officials gave the program high marks, noting that there have been no problems with security violations.

### **Meeting with Executive Team**

We raised the reports we received of CO misconduct, to which the Superintendent replied that “every single complaint is investigated.” We noted that despite investigations, inmates throughout the facility felt that certain correction staff are abusive, that misconduct is generally ignored and that specific individuals were cited. We gave him a list of names and described several incidents, which he promised to look into. Nevertheless, he repeated the same response we hear from most Superintendents with whom we raise the issue of CO misconduct—there is little they can do about it. The CO union prevents Superintendents from transferring or terminating officers. He added that the evening shift “historically has new officers and supervisors who need time to build rapport and feel confident enough to be flexible. There is no way to substitute for experience,” he said. A Deputy Superintendent noted that everyone involved would prefer an amicable environment. “The inmates have to live here and we have to work here.”

The Superintendent did not appear surprised by the medical issues we raised but expressed optimism that the new Regional Medical Unit should alleviate many of the problems. He said there that pre- and post-test HIV counseling is supposed to occur and would check into reports that it is not. Regarding inmates’ request for information about hepatitis C, he said he would look into posting information on the facility’s intra-institution cable.

We raised the issue of the abysmal ambulance response time and noted documentation we had seen of a recent emergency involving a staff member, where the ambulance service took 90 minutes to arrive. The Superintendent promised to look into it and reiterated that with the new RMU, the situation would obviously improve.

## **GOWANDA CORRECTIONAL FACILITY**

On October 18, 2000, the Prison Visiting Committee toured Gowanda Correctional Facility, a large medium-security prison for men approximately 30 miles south of Buffalo. The prison was formerly a state psychiatric hospital. With de-institutionalization of the mentally ill, the hospital was closed and then re-opened as a prison in 1994. Gowanda houses 2,300 inmates and is recognizable by two seven-story towers that are unique to the state prison system.

Superintendent Gary Hodges pointed out programs that are unique to Gowanda, such as Vocational and Skills Training (VAST), which assesses inmates' work skills and matches them with an appropriate module that they must complete before they can be considered for work release. Gowanda also has a DWI program for approximately 300 men and a unit for sex offenders, opened in 1999, for approximately 200 men. The Superintendent reported that the facility's Special Housing Unit was closed for repairs.

### **Inmate Liaison Committee (ILC)**

Nearly the entire hour of discussion focused on CO misconduct. The reports of abuse were among the worst we have heard on prison visits and were highly unusual for a medium-security facility. The most problematic area is the SHU, where inmates reported that officers physically abuse and harass inmates. They reported incidents of men who were beaten while handcuffed in the van on the way to the unit. Upon arrival, inmates might receive a "welcome beating" by COs who want to show who is in charge. Inmates can be denied food for the first few days, or COs might mash their hand in the food or push the food tray through the slot in the door so it falls onto the cell floor. Inmates who request a Koran or other Muslim items are marked for further, racially-based harassment.

A group of COs, which inmates described as a "gang," has allegedly bullied civilian staff into keeping quiet. COs "warn the teachers that they won't protect them if they help inmates or snitch on officers." Decent officers will be "harassed by other officers who slash their car tires, pee in their chairs or call them inmate lovers."

Also extraordinary were reports that the civilian director of the grievance office, who is married to a sergeant, gives the COs copies of inmate grievances. Inmates described another chilling pattern: Friends of officers who have been grieved will "show up in your dorm, sometimes at night, and threaten to set you up." Day officers who want to retaliate against inmates allegedly swap shifts with evening officers so they can "do their dirty work" when the administration isn't there. Comparing the day and evening officers, "they are like Dr. Jekyll and Mr. Hyde," inmates said.

One inmate reported that he was recently in the yard when a CO called him a "nigger." When the inmate told him to back off, the CO apparently directed him to enter a small shed where they could fight. The inmate refused and threatened to call a sergeant.

The officer “snuck back into [the inmate’s] dorm” later that day and warned him not to tell anyone what had happened.

Inmates reported that the Superintendent “doesn’t stand for nonsense from his officers but he can’t catch them.” COs “take it upon themselves to be the judge and jury.” Tier I tickets are not investigated; inmates are told to “just sign” the ticket. The ILC expressed frustration that they cannot protect their fellow inmates. “We represent them, but there is only so much we can do because we’ll get beaten or retaliated against.”

We asked the men to discuss other aspects of the facility. They described medical care as “a joke. If you go down for a toothache you will get medicine for your foot.” In contrast, one inmate characterized Gowanda as the “best programmed jail I’ve ever seen.” They reported that the DWI and VAST programs have “some good counselors,” but others are known to disregard confidentiality and tell other inmates about a man’s crime.

Regarding life in the dormitories, inmates said that officers “will burn the whole house because of one guy,” meaning deny the whole dorm privileges such as phone use, TV or recreation. One man recalled a situation when “the CO told me to go ahead and grieve him, and the dorm lost TV for a month.” On a related note, Gowanda was described as “one of the biggest gambling casinos in the state.” Inmates reported that officers take over the TV on Sundays to watch football and “play cards with their money right on the table.”

We left the meeting stunned. We had never heard such extensive, vehement and specific complaints about officer misconduct and outright abuse.

### **Meeting with Correction Officers**

We met with four correction officers: three males and a female whose time on the job ranged from 12 to 25 years. We asked them about the challenges of their job and how the inmates have changed. They said they see more violent offenders compared to when they started. One officer complained that inmates “whine” more today. “On the street, they didn’t have medical concerns, but now they can’t get up onto the top bunk or walk upstairs because of some issue.”

We asked the officers to comment on the reports we received about CO misconduct on the 3 p.m.-to-11 p.m. shift. They told us that younger, more junior officers tend to work the evening shift and there is “a big sense of camaraderie” among them. “The guys are just a tight group; they are younger and have young families they want to go home to.” Another officer added, “There are fewer programs and more time for inmates to get in trouble. Those officers have more to deal with.”

The officers unanimously agreed that they would not want their children to enter the field. “I went through a lot of abuse from inmates but I somehow managed to stay positive,” one officer said. “I wouldn’t wish this job on anyone.” Another officer said that

the promotion system that requires COs to move to different facilities throughout the state is a disincentive to career advancement. “I wouldn’t want my son to have to choose between family and advancement like I had to.”

We asked them about the reports of excessive use of force in the SHU and officer misconduct. “Anything’s possible,” one officer said. “Some of it can be made up, some of it’s true. That’s what we have investigations for.” One of the COs who trains other officers denied the inmate allegations altogether. “The Department has zero tolerance of use of force. I know. I train officers.” Another CO reported that officers are “very strict in the SHU. I’ve seen them be thorough and strict. It’s for the safety of the officers and the inmates.”

They brought up how inmates have changed in recent years, how they are “younger and mouthier. They don’t want to comply with anything. Even the older inmates don’t want to be around the young guys coming in.” The CO with 25 years on the job commented, “I don’t see any unprofessional behavior here.” Another officer said, “I never felt as though I had much power over inmates. In the dorm it’s just me and 70 inmates.” Another said it is “extremely difficult to put all your energy into harassing inmates. If you treat inmates with respect, you’ll usually get respect back.”

Finally, we asked how they regard the administration and executive team. They have “an open door policy,” one officer said. “We feel very comfortable with the team. They listen to our ideas and we can speak honestly if there is an issue. We have a Superintendent who rose through the ranks. I’ll be sorry to see him go.” (Superintendent Hodges was due to retire the following April.)

### **Dormitories**

Spontaneous comments about abusive COs from inmates in the dormitories corresponded with those of the ILC. An inmate who had spent 64 days in the SHU reported being harassed on a regular basis. Two other inmates who had been in the SHU told of being denied food.

In another dormitory, inmates asked a committee member to speak with a man who had blood in his urine after being beaten by COs in the SHU. The inmate appeared afraid to discuss the details and downplayed the incidence as “shocking but not severe.” His fellow inmates said he was justifiably guarded—officers recently harassed him with threats of further retaliation when they saw Department officials interviewing him about the incident. “This prison is out of control,” another inmate said.

### **Sex Offender Program**

Committee members toured the sex offender program, housed in a separate area. Inmates receive counseling and education, and participate in group sessions twice a week. They also attend weekly study groups to reinforce the educational material. Counselors test them on their lessons and track their progress in the program.

Two committee members were allowed to observe a counseling session. The men invited us to pull up a chair and sit in their circle. Some spoke candidly about their pasts and seemed aware of the damage they inflicted. Some were more confrontational with the others, taking the focus off themselves. The facilitator, a civilian employee, skillfully kept the discussion focused and constructive.

On our way out of the building, an inmate approached a committee member and passed him a letter. He implored us to look into CO abuse. His letter identified several COs and a sergeant in the sex offender unit who derided him about his crime, said they would like to kill him, slapped him in the face, and stole his property.

### **Meeting with Executive Team**

Because of the extensive reports of CO misconduct, we asked Superintendent Hodges if he and his First Deputy would meet with us alone, rather than with the entire executive team and security staff. He agreed. We described the widespread, vehement reports of CO misconduct we heard throughout the day from inmates in all areas of the prison. The Superintendent and First Deputy seemed genuinely surprised. They said that they were unaware of any patterns of misconduct or abuse. Superintendent Hodges said he was particularly surprised that he had not heard anything from inmates or staff. He has an open-door policy, he said. Inmates often stop by when they have a problem.

The First Deputy mentioned that the security captains recently began conducting exit interviews with inmates immediately before they leave the prison. Because inmates have nothing to lose at that point, he said, they will sometimes disclose useful information. (One wonders why a soon-to-be released prisoner would take such a chance, since he clearly has nothing to gain by doing so.) “We hear mostly positive stuff,” he reported.

Regarding reports of inmate beatings in the van on the way to the SHU, the Superintendent said that a sergeant, a driver and two COs accompany every inmate. He said that if an inmate “is even restrained while being cuffed,” it is considered “a use of force that must be investigated.” He promised to look into every issue we raised with him and asked us to provide as much specificity as possible in our report.

We followed up immediately with the letter from the inmate in the sex offender unit. In addition to a detailed report of findings, copied to the Commissioner and relevant legislators, we faxed several other accounts of staff misconduct to the Superintendent’s office. (These accounts were related to us in letters and phone calls from inmates and their family members, and a visit to our office from an inmate’s wife, who provided documentation of numerous acts of CO harassment and abuse of her husband.) Several weeks later, Superintendent Hodges responded via letter that internal investigations failed to confirm our observations. About one month later, the Inspector General’s office contacted us for more information about staff misconduct, which we provided. Despite the plethora of allegations, prison officials continue to tell us that there are no problems

with staff misconduct at Gowanda. Policies and directives are cited, implying that they are automatically followed.

We are seasoned visitors; based on the widespread reports of abuse at Gowanda, we believe there is a serious problem that probably can be remedied only through sustained independent investigation and judicial intervention.

## **GREAT MEADOW CORRECTIONAL FACILITY**

On September 20, 2000, the Prison Visiting Committee toured Great Meadow Correctional Facility, a maximum-security prison for men in Washington County. Behind a towering white wall, 24 feet high, lies the world's longest cellblock. Great Meadow was operating at capacity, with 1,608 inmates the day of our visit.

Superintendent George Duncan, appointed in January 1999, gave a brief overview of the prison. Over 20% of the prisoners were in disciplinary confinement for violating prison rules. Approximately 250 inmates had sentences of 30 days or less in keeplock; 96 men were serving sentences of 90 days or more in the Special Housing Unit.

### **Medical Clinic**

The clinic appeared clean, modern and well-equipped. The nurse administrator was intimately familiar with details about illnesses affecting the inmate population, quickly rattling off percentages of inmates with certain chronic illnesses, the types of treatment they receive, and how medication compliance is monitored and patient progress is tracked. He reported that there is a quality assurance program in place, and that contracting the coordination of specialty care services to Correctional Medical Services, a private company, has increased access to outside specialists. Two nurses are certified in Advanced Care Life Support, which was reassuring in light of the 20-minute wait for ambulance service to an outside hospital. We recommended that the clinic purchase a defibrillator. (In May 2001, the Department purchased 80 Automated External Defibrillators, state-of-the-art life-saving units that electrically reactivate heartbeats and can be used by trained laypersons.)

### **Mental Health Services**

The modern two-story building has six observation cells, eight dorm beds and a day room with a large TV. Currently, 272 inmates are on the OMH caseload; 151 receive psychotropic medication. Of the 96 prisoners in the SHU, almost two thirds (60 inmates) are on the OMH caseload and 22 receive meds. The unit has a psychiatrist who is fluent in Spanish, and a psychiatrist and social worker who both speak Korean.

We toured the observation cells for those inmates who are deemed a danger to themselves or others, and the dormitory for prisoners receiving in-patient treatment. Four of the six observation cells were occupied. Unlike other observation cells we have seen, they had bars covered with screens to protect staff from "throwers" (inmates who throw bodily waste) rather than solid metal doors. Two of the men were asleep on the metal slab that serves as a bed.

Three of the eight dorm beds were occupied. Two of the men were sleeping; the other inmate spoke with us and described the care as adequate.

Also housed in the OMH building is the Intermediate Care Program (ICP) for low-functioning inmates. There are 38 cells, a spacious activity room with a computer and books, a weight room, and a classroom where men practice Adult Daily Living skills. A few of the more high-functioning men work in the prison's soap factory, separate from general population inmates, where their job is to pack urinal cakes.

### **Programs**

Great Meadow, we learned, is plagued by idleness. In 1990, there were 17 vocational programs; today there are six. There are no instructors for the print shop and welding program. About half of the population (700 inmates) has no program assignment. Over 125 inmates are on the wait list for school. The building maintenance program was cancelled.

The certified substance abuse treatment program, ASAT, was also recently eliminated. Volunteer-run Alcoholics Anonymous and Narcotics Anonymous meetings were supposed to have replaced it but recruiting volunteers has been difficult. The lack of ASAT is problematic for inmates who want to participate in the Family Reunion Program or need treatment for hepatitis C—both of which require ASAT completion.

### **Meeting with Correction Officers**

We met with four male COs, each of whom cited job security and benefits as their motivation for entering corrections. They pointed to the lack of local employment opportunities and various industries that have left the area. Two of the men have relatives who work as COs.

They described the inmate population as younger and more violent than in the past. "They have no regard for authority...a lot are involved in gangs." One CO described a gang ritual known as "razor-tag," where inmates slice rival gang members to earn respect. They describe today's inmates as "anti-social," "crazy" and "unpredictable."

They said that drugs are a problem in the prison and that heroin is the most sought-after drug. They believe that gangs control the prison drug trade and that visitors rather than staff bring in most of the drugs.

They described varying ways in which they cope with and manage the inmates. "You have to be on guard, always," an officer said. "You're dealing with people of all different personalities. You have to be more of a social worker...you have to be their dad, their doctor, their therapist. They're deprived."

They said they rely on the "tightly knit" nature of security staff for protection. "The COs here watch each other's backs, just as inmates watch each other's backs." They expressed concern about various "diseases" they could contract from inmates. If they're exposed to an inmate's blood, they said, they would like to know if he has HIV/AIDS or hepatitis. (This information is only released if the inmate agrees to provide it.)

### **Special Housing Unit (SHU)**

The tour of the SHU, comprised of 108 cells, was one of the most unsettling we have experienced. Many of the inmates were mentally ill and confined in cells behind thick metal doors or bars covered with Plexiglas to protect staff from “throwers.” Most striking was the pervading sense of chaos and the way in which inmates with mental illness are isolated, cut off from human contact and caged in barren, concrete cells. Animals in zoos are kept in more humane conditions.

Approximately two-thirds of the inmates (60 out of 96) are on the OMH caseload, having been diagnosed as “severely, persistently or seriously mentally ill.” Twenty-two receive psychotropic medication. As we walked down the cellblock, many of the men called out to us and pounded on their cell doors. The more stable inmates spoke of the constant yelling and noise on the unit, the stench of feces and sweat, and the lack of ventilation.

The administration dealt with an inmate known to light fires in his cell by confining him in a dark cell with no light bulb. Another prisoner we spoke with became unnerved when we asked him if he would not rather be housed in the mental health unit. “They tie you down, leave you naked, force you to take drugs!” he shouted, referring to the observation cells, where inmates are stripped of their clothing and can be put in four-point restraints and shackled to a bed. The inmate said he was sent to disciplinary confinement for refusing to take his meds. It was difficult to hold conversations with many of the men because of the noise on the unit and their unstable emotional state. The COs appeared weary and inured to the environment.

### **Feedback from Inmates**

Discussions with inmates in the cellblocks, yard and on the Inmate Liaison Committee yielded a barrage of complaints about Great Meadow, particularly with regard to treatment by correction officers. Specifically, inmates reported that:

- COs threaten to revoke privileges or issue tickets for minor infractions such as not tucking in their shirts, having untied shoelaces or untrimmed fingernails;
- COs retaliate against inmates who submit grievances. “Because they’re all related or all their buddies work in the prison, if you grieve one officer you’re going to hear about it from the whole crew.”
- COs create their own rules or enforce prison rules arbitrarily.
- COs curse at inmates and use racial slurs.
- The new policy of fining inmates \$5 for Tier II and Tier III tickets is abused by COs, who trump up the misbehavior reports to a fineable level.
- COs set them up or threaten to set them up by planting weapons or drugs in their cells.

- Due to the tight-knit nature of the security staff, inmates feel they have no one to turn to. Complaints to the Superintendent or Deputy Superintendents get passed down to captains or sergeants, who pressure inmates to drop the charges.
- The lack of programs adds to the tension. Too many prisoners have nothing to do, they said—no job, no school, no vocational training. Many bemoaned the elimination of ASAT and the requirement that inmates have to complete ASAT if they want to be in the Family Reunion Program. They said that on some weekends the trailers are empty despite the fact that there is a long waiting list to be in the program.

### **Meeting with Executive Team**

The administrative team seemed nonplussed by inmates' complaints about COs. They implied that inmates exaggerate, especially to sympathetic ears, and that their violent behavior and disregard for the rules are the problem, not the treatment they receive from staff. "Five or six years ago this place was known as gladiator school," the Superintendent said, "but not now." With the expansion of disciplinary confinement housing (over 3,000 supermax cells have been built between 1998 and 2000), they are able to transfer problem inmates.

With regard to ASAT, the Superintendent informed us that ASAT has been removed from all maximum-security prisons throughout the state—hardly an explanation but underscoring his powerlessness to change the situation. We suggested he try to get funding for an RSAT program (Residential Substance Abuse Treatment) similar to the one at Attica and other maximum-security prisons.

On the subject of disciplinary tickets, the Deputy Superintendent said that he reviews all Tier III tickets before the offense level is officially set and then again after the punishment is determined. He denied any increase in Tier II and Tier III tickets since the fine policy was implemented. The Superintendent reported that inmates are reimbursed for all reversed tickets, and sometimes it takes a while.

We expressed concern about widespread idleness, and how it adds to the overall tension in the prison. Superintendent Duncan said that he, too, "would like to see them all programmed." He has two instructor vacancies, one in the print shop and one in welding. They have space and equipment for these programs, but no instructors.

Similarly, he wished he had more options for inmates with mental illness. He expressed great frustration with the inadequacy of the current system to handle inmates with mental illness, and the burden it places on staff. He described the administrative hurdles he faces when attempting to admit an inmate to Central New York Psychiatric Center (CNYPC) and the shortage of beds there—only 210 for the entire state prison system of 70,000 inmates. We discussed the irrational process of shuffling inmates with mental disorders from the SHU to CNYPC and then back to disciplinary housing to complete their SHU sentence once they are stabilized (and where they usually deteriorate

again). The executive team did not disagree. Inmates with mental illness are the hot potatoes of the system that no one wants to handle.

## MARCY CORRECTIONAL FACILITY

On May 29, 1998, the Prison Visiting Committee toured Marcy Correctional Facility, a medium-security prison for men near Utica. Opened in 1988 with 800 inmates, the facility's population has grown to over 1,700 inmates. There is a 200-bed Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program and a SHU-200, the first of nine freestanding supermaxes built on the grounds of medium-security prisons. On the day of our visit, Marcy was operating at capacity with 1,703 inmates.

The prison complex has ranch-style brick buildings and paved sidewalks to accommodate approximately 200 wheelchair-bound inmates. First Deputy Superintendent Wilfredo Batista explained that the Superintendent was out for the day and provided a brief overview of the prison.

### **Medical Clinic**

The clinic, a modern, attractively designed facility, appeared clean and orderly. The nurse administrator spent about 45 minutes thoroughly answering our questions.

In addition to the nurse administrator, the medical team is comprised of a physician and medical director, a part-time doctor, 2.5 registered nurses, two full-time dentists, 2 dental assistants and one dental hygienist. There is nurse coverage 24 hours, 7 days a week. Mental health services are provided by Central New York Psychiatric Center across the street, a state-run facility for inmates with mental disorders. Two psychiatric social workers are at Marcy 20 hours a week; one psychiatrist works there eight hours a week. Sick call for the general population is four days a week. Approximately 45 inmates are seen daily.

It takes approximately five days to be seen by a doctor. Inmates with chronic illnesses are tracked, with dates for follow-up appointments scheduled at each visit. Of the 1,703 inmates, 130 are HIV+ and 25 have AIDS. An HIV coordinator visits weekly for HIV testing and counseling. Approximately 10 to 15 tests are conducted weekly and all inmates receive pre- and post-test counseling.

The nurse administrator spoke at length about her style of nursing and the kind of treatment she provides. She said she rarely (not once in the past year) issues tickets to inmates who she feels are abusing the system, but counsels them instead. She said she makes a presentation at orientation for all new inmates, explaining how the health care system works at Marcy, how to get tested for HIV, etc. She tells inmates to write her a letter if they have a concern or grievance. We asked her to show us examples of inmate letters, and she opened a folder with letters and copies of her hand-written responses.

We then met with the medical director, who struck us as less energetic and knowledgeable than the nurse administrator. He spoke at length about inmate abuse of the

health care system. He expressed indignation about inmate lawsuits and said an inmate is currently suing him over a hernia operation he performed. Before assuming his position at Marcy, he had a private practice on the outside. He is a board-certified general surgeon. The nurse administrator said that it has becoming increasingly difficult to attract quality nurses to the prison because “even at the maximum levels of state pay, nursing income in corrections still falls way short of community rates.” With overtime pay now more available on the outside, nurses can earn significantly more and there is little incentive to work with inmates.

With regard to quality assurance, she said that a regional medical director visits twice a year to review records, procedures and practices. She said the clinic is ACA-accredited and received a high rating at the last ACA assessment.

### **SHU-200**

Of the 200 inmates who arrived when the unit opened (four months before our visit), 170 have worked their way through Level III in the Progressive Inmate Movement System (PIMS) and have been returned to general population at their home facility. The majority came in at Level II from such facilities as Southport, Elmira and Attica. The Captain who oversees the SHU said that the inmates are motivated to follow the rules so they can receive more privileges and a time cut.

Unlike Special Housing Units in maximum-security prisons, the SHU-200 supermax is high-tech disciplinary confinement: inmates live two men to a cell behind thick metal doors in a kind of hermetically sealed environment, 23 hours a day, with little natural light or outside contact. The cells are 105 square feet, with two metal beds stacked along a wall, a desk and a stainless steel shower and toilet. At the back of the cell is a door, centrally controlled, which opens onto a small, empty outdoor cage.

We spoke with approximately 40 inmates at all levels of restriction. Some of the inmates were asleep; most were either playing cards, writing, or standing at the door waiting to speak with us. The first two inmates, both in their early twenties, said they spent their time reading the Bible and studying for the GED. “We quiz each other,” they said, and held up a GED prep book the teacher had given them. One had been transferred from the Clinton SHU, and said he was allowed to have more personal effects here, like sneakers and pictures; both said the officers “don’t bother” them.

Another pair described conditions as “all right.” One had come from the SHU at Oneida, the other from Auburn. They preferred Marcy overall; however, they bitterly opposed the three-hour time limit on visits. Family members from New York City have to travel 350 miles and spend the night on a bus for a mere three hours of visiting.

The inmates in the next cell, both of whom had been transferred from Midstate, also lamented the three-hour limit on visits. (Apparently, the policy states that visits are supposed to last four hours, but by the time the men are shackled, searched and escorted to the visiting room, an hour has passed.) One man said he was gaining weight at Marcy

because the food was better and the portions were larger. They added that they didn't like double-celling—"Things get frustrating," one of the prisoners said—and would prefer to be housed alone.

The next cellmates, in their early twenties, had been transferred from the SHU in Coxsackie and Southport. They said Marcy was much better in terms of food portions and treatment from correction officers. The inmate from Southport, where he had been locked in the SHU for three years, seemed off-balance and highly agitated. He was maxing out in a couple of weeks. He will go straight from three years of 23-hour lockdown to the community. "This place is like a candy store compared to Southport," he said. "The officers here are *soft!*" He and his cellmate laughed hysterically and then asked if we could get them air conditioning.

The middle-aged men in the next cell were distressed and angry. They had both come from keeplock at Attica, which they said was less restrictive. (In fact, keeplock status *is* less restrictive: Inmates in keeplock are permitted more property and are usually not restrained during out-of-cell movement. Transferring inmates in keeplock to a Special Housing Unit for no legitimate reason appears to be an administrative violation.) They reported that the lack of privacy was horrible, and they would prefer to be in solitary confinement.

Another pair, who were transferred from Southport, said Southport "runs better." They complained that Marcy recently changed its magazine policy and now they can't get magazines from their families. (The captain later said the policy was changed. Magazines can be received from the publisher *and* brought in on the visits. The Deputy Superintendent promised to distribute the new policy to the inmates and later sent us a copy.)

Another pair of men in their early 20s said they were glad that the administration housed them together, but they didn't think they could deal with the situation if they had other cellmates. The prisoner transferred from the SHU in Elmira said he preferred Marcy "because the police don't mess with you here."

The leading complaints were: clothes lost at the laundry; three hours for visits versus the scheduled four; inadequate access to the law library; the poor selection of library books; and lack of phone privileges.

### **Inmate Liaison Committee (ILC)**

The ILC's major concern was inadequate medical services. They described medical care at Marcy as "real bad" and far inferior to medical services at prisons such as Attica and Shawangunk. They spoke about hostile and nasty treatment from nurses and the length of time it takes to see a doctor. They did, however, praise the part-time physician, who has training as a family practitioner.

They said the COs, in general, treated them well and fairly and in no way impeded their access to medical care. They had high praise for the Superintendent and Deputy Superintendent Batista. They rated facility programs as strong, in particular the GED and computer courses, where inmates learn everything from data processing to Microsoft Word and Windows 95.

### **Programs**

We walked through the school, which looked more modern and clean than a typical New York City public school. Students in the classrooms and computer lab appeared engaged in their work.

Marcy has two drug treatment programs for a total of 180 inmates. They are housed in separate therapeutic community dorms and sleep in bunk beds. ASAT, which is run by DOCS, consists mainly of peer group sessions on substance abuse. On the day of our visit, only 2 of the 8 staff positions were filled, leaving 2 instructors for 180 participants. The CASAT program is run by Phoenix House for inmates nearing release. Inmates had more favorable comments regarding the Phoenix House program versus that run by DOCS.

Marcy also has a range of specialized programs, including Winning Families (parenting instruction); Aggression Replacement Therapy for violent felony offenders; the Managing Anger, Stress and Keeplock (MASK) program; groups for inmates who are HIV-positive and an independent study program for wheelchair-bound inmates.

Educational programs include pre-GED and GED classes in Spanish and English and Adult Basic Education. Vocational programs include air conditioning/refrigeration, building maintenance, computer lab, drafting, general business, small engines, appliance repair, custodial maintenance, electrical trades and masonry.

### **Meeting with Executive Team**

First Deputy Batista seemed eager to hear of our impressions, the majority of which were positive. We told him of the favorable feedback we received throughout the day from inmates regarding the executive team and the captain.

We raised the grievances from inmates in the SHU-200, which were not as serious as we expected but were nonetheless troubling given the proliferation of these units throughout the state and the management strategy of addressing crime in prison by building prisons within prisons. He said that the Department went to great lengths to make sure that the prototype SHU-200 operated smoothly and that officers were given extensive training. He said that with regard to visits, the four-hour limit was dictated by Central Office, not the facility, but that he would take steps to ensure that inmates received their full four hours. (The Department subsequently increased the visiting period to five hours.)

We shared with him our positive impressions of the nurse administrator and comments from inmates that medical services at Marcy compared unfavorably to those at other prisons. With regard to hostile treatment by nurses, the First Deputy Superintendent remarked, philosophically, "It is the nurses who have to say 'no'."

We ended the day there, leaving with the sense that Marcy is generally a well-run prison with adequate opportunities for inmates to make constructive use of their time.

## MID-ORANGE CORRECTIONAL FACILITY

On January 19, 2000, the Visiting Committee toured Mid-Orange Correctional Facility, a medium-security prison for men about an hour north of Manhattan. The prison was at capacity with approximately 740 prisoners.

Formerly a group home for boys, Mid-Orange and its grounds have the look of a New England prep school: rolling hills, open fields, old stone buildings, and a pond with Canadian geese.

Superintendent Henry Garvin gave us an overview of the facility, pointing out the good relationship between the prison and the local community of Warwick, where inmate crews perform public works and the prison donates vegetables from its farm.

### School

We began our tour in the school and visited the one academic class that was being held that morning, a pre-GED class. Colorful posters with uplifting messages decorated the walls of the school: *Only you can choose your direction. An ounce of optimism is worth all the luck in the world.* In a classroom of about a dozen students, several were reading at their desks; a couple had their heads down. We spoke with a few of them and the teacher.

According to the students, the instructors “don’t really teach.” The students receive books and assignments and are expected to teach themselves and work through various lessons. They said that before we arrived, they were told to “make it look good.”

Most of the other classrooms in the school were empty. We were told that the teaching staff was reduced from 18 to 3 teachers over the past several years.

### Parenting Class

We stopped by the new parenting class, where, by contrast, the men seemed deeply interested in the presentation/discussion. They spoke of wanting to learn how to be better fathers and how to repair their relationships with their children. They said they would welcome literature and books on parenting skills.

The parenting class is complemented by the facility’s “Sesame Street program,” designed to make visits easier on children and parents. The school auditorium is equipped with private diaper changing stations, toys, games and children’s books. The stage has been transformed into a play area painted with life-size cartoon characters. Community volunteers watch the inmates’ children so that parents can visit and talk privately.

## **Dormitories**

The dorms are low-lying buildings spread across the prison grounds. Men live two to a cubicle and sleep in bunk beds. During the day, various dorms shut down on a rotating schedule because there is not enough staff to keep them all open at the same time. Many inmates complained about the lack of access to their living area. If they don't have a job or class to attend during the day, they get "herded into the gym to play cards or basketball or lie around like homeless people," one inmate said. Apparently, even inmates who are sick and need to stay in bed are made to go to the gym. "You see guys sick like dogs, lying on the gym floor in fetal position when they should be in bed!" Superintendent Garvin countered that Mid-Orange is a "programmed facility—inmates are busy during the days so closing the dorms makes good sense." Anyone who is sick, he said, goes to the clinic.

According to the inmates, the cuts in vocational and academic programs leave too many men with nothing to do. The most common job, inmates said, is "pick and stick"—picking up trash and cigarette butts from the grounds with a pointed stick.

## **Inmate Liaison Committee (ILC)**

The Inmate Liaison Committee discussed the idleness problem in more detail. Despite the inviting grounds and the good-natured Superintendent, low morale pervades. They explained that Mid-Orange was originally designed as a kind of step-down facility for inmates from maximum-security prisons who are nearing release. But today, because fewer men are granted parole, inmates can linger at Mid-Orange for six to ten years. They said they need more programs and opportunities for meaningful work to prepare them for life in the real world. Many of the inmates have already served long sentences at maximum-security facilities and completed the available programs.

"It's like we've been put out to pasture," one inmate said. The serenity and natural beauty of the setting has the effect of slowing down time. He said he would "go back to a max tomorrow to get what little benefits are available," such as family reunion visits and a job in Corcraft. Another man said that the environment at Mid-Orange "allows you to relax and let down your guard." The openness, combined with the lack of programming, creates an environment where inmates are so laid back that they "don't want to do anything." Because they are not challenged academically or vocationally, they leave Mid-Orange unmotivated and unprepared to re-enter society.

The steady stream of parole denials has dampened their spirits considerably. Inmates feel they have played by the rules, completed the required programs, earned their GED and "reformed themselves" in exchange for parole. Yet they know parole will be denied and they will be "hit" with another two years.

The inmates had few complaints about security staff or the administration. They said that the COs tend to be older and more seasoned than COs at maximum-security prisons. “They don’t have that cowboy mentality,” one man commented. COs with more years on the job, they added, are more relaxed and confident.

### **Meeting with Correction Officers**

We met with four COs and began by asking what they enjoy about their work. Responses included “it’s close to home,” “steady pay,” and “job security.” One CO said he doesn’t enjoy anything about his job. “What’s there to like?” he shrugged. He added that if one of his children said he wanted to be a CO when he grew up, he’d “slap him.”

None had college degrees and felt that they had few options outside the prison. “This isn’t a career, it’s a job,” said one. Advancement is not worth the small increase in salary, and promotions require too much relocation. The trade-off of being away from their families or uprooting them isn’t worth it, they said.

We asked the COs to describe the inmate population. They made a distinction between older inmates, whom they referred to as “real criminals...career criminals who do their time and don’t cause problems,” versus the younger inmates, who “have never done real prison time and just want to cause trouble.” Half of them are “crack babies,” an officer said, “mentally retarded or just difficult to deal with. The older guys get sick of them too.”

The COs also felt that the facility was in dire need of more programs. “Programs are shot,” an officer said. There were once two floors of classrooms in the school and many more teachers.

When we asked what they would like to change about their jobs, they all said “more money.” Unlike other state prisons close to New York City, Mid-Orange does not offer employees a geographic pay differential to compensate for the higher cost of living. The COs also mentioned that it would be nice “to get a little more respect from the people we work for,” meaning Central Office, not Mid-Orange officials. “We get more respect from the inmates than Albany.”

They reported little tension between inmates and security staff. Personal safety is not much of a concern, they said. The inmates rarely cause trouble.

### **Transitional Services Unit**

We met with the three inmate coordinators of the transitional services program, whose job is to prepare inmates for release. However, their lack of “clients” (due to reduced parole releases) and resources make the program “seem like a bad joke.” The men noted that inmates have no desire to participate “because they don’t believe they’re getting out any time soon.”

The inmate coordinators are expected to provide life skills training to departing inmates. However, they have received no training themselves and have few resources available to carry out their assignment of helping inmates identify jobs, housing or other community resources they will need upon release. The inmate-coordinators said they attempt to teach their inmate-clients how to write a resume and how to dress and prepare for an interview. They have no computers to generate resumes, however, and if they “have one good typewriter working, I’m exaggerating,” one man said. Their directory of community resources is fifteen years old.

The Deputy Superintendent of programs has apparently ignored their requests for help and resources and was described by inmates throughout the facility as generally apathetic. Moreover, there is high turnover among the correction counselors in charge of overseeing the program. The inmates emphasized that they need more support from the administration in order to do their jobs.

### **Meeting with Executive Team**

We raised the issue of inmate idleness and low morale and were told that budgetary constraints make additional programs virtually impossible. When we asked about using inmates as teachers or teacher’s aides—inmates who have earned certificates in DOCS programs or trades or who have professional skills or degrees—Superintendent Garvin pointed out that the civilian unions are “staunchly against inmate program aides.” Inmates cannot lead classes because they will displace civilian employees. He also reported that his attempts to bring in new programs have been met with a lack of interest from inmates. He said he requested input from inmates about the Aggression Replacement Therapy program and only two men expressed interest. On a positive note, he said that community members from Alcoholics Anonymous and Narcotics Anonymous will soon come to the facility four times a week to offer sessions in Spanish and English. He is also trying to set up an internship program with students from nearby Vassar College. Nearly every suggestion we made was shot down.

We left with the feeling that Mid-Orange is a missed opportunity. The cutbacks in programs, the shrinking number of parole releases despite inmates’ best efforts, and the union’s resistance to using inmates in the classrooms have created a demoralized population and a pervading sense of inertia.

## QUEENSBORO CORRECTIONAL FACILITY

On February 23, 2000, the Visiting Committee toured Queensboro Correctional Facility, a minimum-security prison for men in the heart of downtown Queens. The facility is a nondescript, six-story building housing 636 inmates serving out the final 90 days of their sentence. There are also work release inmates who are within 18 months of their parole eligibility date.

Superintendent Brian Fischer explained that Queensboro is unique in that it is the last stop before release. “It is here that freedom—and the myriad concerns that come with it—become reality,” he said. The average length of stay for general confinement inmates is 45 days; for work release inmates it is six months. Because of the short length of stay, he said, there are no vocational programs or educational classes.

The Superintendent addressed how his facility can help inmates and how it cannot. One of the major problems, he said, is that because the men are still the responsibility of DOCS, they cannot be “consumers” of any other agency’s benefits (e.g., Medicaid, public assistance). Because many inmates leave prison with very little money and no health insurance, they will likely need public assistance as soon as they are released, but applications take 45 days to process. The Superintendent thought it would be helpful if representatives from the NYC Human Resources Administration, the agency that processes public assistance applications, came to the facility to explain requirements, eligibility, etc.

A related problem is that some inmates on work release need outpatient substance abuse treatment, but again, they cannot access such programs without public assistance, and they can’t get public assistance because they’re incarcerated. Superintendent Fischer suggested that greater coordination among state and city service agencies would minimize the gap between inmates’ release and the actual start of services.

### **Tour of the Facility**

We visited several housing areas, essentially large dormitories with row upon row of bunk beds. The limited time inmates spend in the dorms appears to mitigate the crowded accommodations. Inmates complained mainly about idleness, having nothing to do but go to the yard. With regard to treatment by correction officers, most of the inmates we spoke with described COs as fair. Several men, however, said that some COs threaten to send them back upstate for failure to comply with rules. While some COs are “looking to push your buttons,” according to one inmate, most said that COs at Queensboro are much better compared to COs upstate. One inmate described the COs as “terrific” and reported that there is mutual respect between inmates and correction staff.

The library was well-stocked with fiction, nonfiction and reference materials for ex-offenders. There were three computers and an electric typewriter. Due to budget

restrictions, however, the library is open only half a day, Monday through Friday. The Superintendent said he is trying to get a budget allocation for a full-time librarian.

The gym was spacious and equipped with a basketball court, stair climbers and sit-up benches. Superintendent Fischer said he doesn't allow free-weights. Outside is a courtyard with handball courts and picnic tables.

### **Meeting with Correctional Counselors**

We had lunch with eight correctional counselors and the Deputy Commissioner of Programs, Frank Headly, from Central Office. The counselors explained their role in facilitating inmates' transition to the outside. They help them obtain their social security cards and birth certificates, write resumes and find jobs. The counselors reported that some inmates don't take advantage of the facility's transitional services. "They just want to hang out, watch TV, play basketball, and go to chow."

They said that most of the men arrive at Queensboro "very unprepared for release." "We have to start at square one," a counselor commented. "The counselors they had upstate are totally unaware of the New York City job market." They described transitional services throughout the state prison system as "haphazard." Some programs are run by untrained inmates who have spent their last decade locked up. Ideally, they felt, inmates should arrive at Queensboro with social security cards and birth certificates (essential pieces of ID for employment), but many do not. Nor do they come with resumes. Some have certificates from programs they completed in trades such as floor covering, electrical wiring and plumbing. The counselors said these certificates can help with employment, but they emphasized the need for more training in the service industry or other areas more applicable to the New York City job market. More general business classes would be helpful, they said, and participation in these classes should qualify for Merit Time, which provides early release for certain offenders. (Unlike other vocational or academic programs, business classes do not count toward Merit Time.)

Men on work release have six weeks to find employment, and most find jobs. If an inmate is still unemployed after six weeks, his counselor will try to get him factory work. The state works with an agency called Wildcat, a job training and placement group for "the hard-core unemployable," which employs inmates on work release and helps with resume preparation and job development. The counselors noted that inmates' parole officers rarely follow up with Wildcat to ensure that inmates remain at their jobs. They noted the poor coordination by the Division of Parole generally. Deputy Superintendent Headly interjected that, ideally, transitional services "should start the day the inmate enters the system." He said he is putting together a transitional services committee that will evaluate services and design a "transitional services manual."

The correctional counselors have a caseload of approximately 50 inmates each—a manageable number, they said, compared to the caseloads of correctional counselors upstate, which average about 125 inmates. They said that they often develop close relationships with work release inmates because they are in regular contact not only with

them, but with their employers and families. Some inmates, they said, have no home to return to upon release. “On any given day,” said Superintendent Fischer, “two or three inmates leave here and go directly to a shelter.” Counselors told of inmates starting fights with COs to avoid being released to a shelter.

### **Meeting with Correction Officers**

The five COs we met with differed from COs upstate in several ways. First, all of them were people of color: three black males, one Hispanic male, and one black female. (87% of the Queensboro correction staff are people of color, compared to just 5% in the Department overall.)

When asked what they liked about the job, they spoke about the opportunity to make a difference for inmates. “I like talking to the young fellas and trying to redirect them and encourage them,” one CO said. Another commented that he derives satisfaction from seeing the men improve over time. “They enter with bad attitudes and leave having changed.”

Because most of the officers are from New York City, they seemed more attuned to the inmates’ backgrounds and the problems they face upon release. “These streets are mean,” one officer said. “You can’t give a man \$25 and just put him out in the street.” The female officer, who is the disciplinary hearing officer at the facility, said that inmates would “rather stay here than go to a shelter.”

In response to what they dislike about their jobs, they all noted the salary, which is insufficient in the metropolitan area and below that of New York City correction officers. Another issue they raised was the difficulty shifting from their work persona to the family persona. “I can’t be a CO when I’m home and I can’t treat inmates like I treat my children,” he said. The COs said they often feel stress from the job and would appreciate counseling services or having a human resources representative to talk to when they need support.

We asked about job advancement, and similar to other COs we have interviewed, they bemoaned the numerous relocations that promotions require. They spoke about the racism they experienced when they worked in upstate prisons. All of them described negative experiences living in upstate communities. “Racism up there is blatant,” said one officer. “Inside the jail we would have each other’s backs, but when you walk outside the wall you can’t go into the local diner without people staring at you. Officers run the towns up there, and they let you know you don’t belong.”

They also said that finding affordable housing is difficult, and many COs end up commuting long distances. One man said he traveled 85 miles per day. Mandatory overtime becomes a problem for people with long commutes, who must return to work within hours after getting home. Another CO said that when he worked at an upstate facility, he slept in the back of a camper he shared with a coworker. He would sleep while his buddy was working and then they would switch. Thus, racism and lack of

desire to uproot their families prevent many people of color from wanting to move upstate. These problems create a barrier to their advancement and to achieving staff diversity in prisons upstate.

To address the racism, the COs suggested that the cultural diversity sessions at the Training Academy be expanded. They also suggested a type of exchange program, where officers from upstate do part of their on-the-job training at a city facility such as Arthur Kill or Queensboro to get a better understanding of inmates' backgrounds, culture, etc. The COs spoke about sergeants and lieutenants who were transferred to Queensboro and worked alongside black and Hispanic officers—some for the first time—and sent thank you letters to the staff after they left, describing the experience as positive and eye-opening.

The COs said there is far less tension at Queensboro than in maximum-security facilities. Use of force is a rare occurrence. "Beatings are old school," they said. "Today's correction officers are better trained and educated." They gave the administration high marks and said they appreciated Superintendent Fischer's good nature and open door style of management.

### **Inmate Liaison Committee (ILC)**

We met with the ILC, which was not as cohesive or organized as other ILCs we have seen, likely due to the short length of stay and high turnover of the inmate population. Their major complaint was that COs threaten to send them back upstate for petty violations. "They say things like 'If you don't make this bed or do this task, I'll take your date,'" one man said. With their release dates so close, inmates have a lot to lose and correction officers know this.

They spoke about program cuts in upstate prisons, particularly in maximum-security facilities, and how, as a result, they feel unprepared for re-entry to the community. They noted that when they are transferred from one prison to another, which can happen at any time and for no apparent reason, there is no continuity of programs and no guarantee that the program they were in exists the other facility. They would like to see college classes re-instated. On a positive note, they said that "everyday, some group is in here offering testing or education about HIV."

### **Debriefing Meeting with Executive Team**

Superintendent Fischer and his staff spent over an hour with us, discussing a range of problems that will require state, local and federal collaboration to remedy, such as public assistance approval for inmates nearing release. He commented that some inmates do not want to leave because "in prison he's somebody but outside he's no one."

We raised the issue of crowded dormitories, which the Superintendent said he is aware of. He is hoping that the Department will recognize the need for expansion since more and more men are being transferred to Queensboro.

We discussed the lack of housing and jobs for ex-inmates. He acknowledged that his staff is good at assessment, able to outline the problems, abilities and needs of the men, but lacks the resources to meet these needs. It was generally agreed that more can and should be done to make Queensboro a more useful transitional facility for inmates preparing to re-enter society. (Since the time of our visit, the Department implemented a specialized transitional services program at the facility to assist inmates in accessing public assistance, Medicaid and job-training.)

## SHAWANGUNK CORRECTIONAL FACILITY

On November 15, 2000, the Prison Visiting Committee toured Shawangunk Correctional Facility, a maximum-security prison for men about 90 minutes north of Manhattan. With fewer than 600 inmates, Shawangunk is the state's smallest maximum-security prison. It is also home to many of the system's "lifers," inmates serving long-term or life sentences. Of the 577 prisoners who were there on the day of our visit, 380 were serving life sentences. The average prison sentence at Shawangunk is 24 years.

We met with Superintendent Leonard Portuondo, a 34-year veteran of DOCS. He has been Shawangunk's Superintendent for five years; his current executive team has been in place less than six months. He reported that the prison is relatively calm. It has the lowest rate of Unusual Incidents (assaults, contraband, deaths, escapes, etc.) in the state system. Over 60% of the inmates have a 12<sup>th</sup> grade education. "These are the most highly educated prisoners I've worked with," he said. The proximity to New York City and the facility's Family Reunion Program help keep violence and tension at a minimum.

### **Inmate Liaison Committee (ILC)**

We met with six members of the ILC, whose introductory remarks made clear the breathtaking length of their sentences. "I've been in prison for 27 years," one man said. Another inmate said he had "23 calendars down," prison parlance for 23 years in the system. "A lot of us expect to die here. This is a terminal prison."

The hopelessness is most difficult on the younger men, they said. "We just had a 21-year-old kid come in with a sentence of 120 years. We're trying to help him."

Their major concerns focused on treatment from COs and idleness owing to a lack of programs. "Most of the inmates here are intelligent," one member said, "but the officers don't recognize that. We have the lowest rate of UI's and a complacent, passive population. The way the officers treat us isn't justified." Officers, particularly those on the 3 p.m.-to-11 p.m. shift, they said, are hostile, retaliatory and racist. "It's like dealing with people from Mars...They tell the inmates, 'I *am* the law. I don't have to *follow* the law.'" No one polices the COs on the evening shift, the inmates said. "They go out of their way to harass us."

Of particular concern is pat frisks. "They conduct pat frisks like you're going to the SHU or like they already found a weapon on you. They have you spread eagled against the wall, in an awkward position so that you come off the wall and they have an excuse to take you down." Because the prisoners have to remove their shoes, it is easy to slip or lose one's balance. The ILC said they raised the issue with the Superintendent, who agreed to order mats and have them placed in an area known as "Times Square," where pat frisks are frequently conducted. Apparently, the mats arrived, but they were not being used.

Under the previous administrative team, they said, pat frisks were conducted with a sergeant present—not so anymore. Apparently, the former captain investigated allegations of staff misconduct and once even had an officer suspended as a result. They said that “the administration is not a problem,” but some of the officers “make their own rules and ignore directives.” They reported that some COs are fair, but “the bad guys taint the good guys.” The tight-knit nature of the CO community makes it difficult for fair-minded officers to stand up to unprofessional coworkers. “They’ll call you an inmate-lover,” one man said. “They’ll tell you, ‘I gotta work with the guy,’ or, ‘He drives me home.’” Finally, it is problematic that there is only one hearing officer to investigate tickets and conduct disciplinary hearings, i.e. that the same person serves as both juror and judge. “You’re assumed guilty. The whole process just guarantees keeplock.”

The discussion then turned to idleness and lack of programs. Out of a population of 547 inmates, 375 are porters. (A high number of porters indicates widespread idleness.) The ILC reported that their request to have the New York Theological Seminary program at Shawangunk was denied, and that there are no academic classes available to inmates who already have their GED, which many long-term prisoners do. Moreover, the number of IPA (Inmate Program Associate) positions has been cut over recent years because of pressure from the Professional Educators Federation (PEF) union. The union fears that IPAs, who serve as teacher aides, will take away jobs from civilian teachers. Thus, inmates who once tutored other inmates, helped men to read and study for the GED, now cut grass and mop floors. Meanwhile, the general business class is no longer operational: The teacher retired and a room of new computers sits empty.

The inmates felt that getting additional programs is unlikely. Central Office’s Deputy Commissioner for Program Services recently visited Shawangunk and reportedly told inmates that it is “politically not attractive” for DOCS to invest in programs at maximum-security prisons. Providing “lifers” with programs would appear soft on crime. (This point is not only disputable but could be easily refuted on the grounds that programs are good prison management tools.)

### **Special Housing Unit (SHU)**

Shawangunk’s Special Housing Unit consists of 24 single cells, all of which were occupied at the time of our visit. The unit is dungeon-like: dark, dreary and isolated in a separate wing of the prison with little natural light. Some of the cells have bars; others have thick metal doors with small windows.

The unit was quiet and still; the inmates we interviewed seemed detached and had few complaints about staff, food portions, showers, recreation or medical services. An individual correction officer was cited for his professionalism and humane treatment.

None of the inmates appeared floridly mentally ill (as we’ve seen in other SHUs). Four of the 24 men were on the OMH caseload; two received psychotropic medication.

Particularly striking was length of their sentences. We met inmates sentenced to 10 years, 12 years, 14 years in the hole. Others had sentences of three to five years. The Superintendent said he has the authority to reduce SHU sentences for good behavior, which he said he often does. He spoke to a few of the men and promised to review their cases. He also discussed a new procedure to counteract “toxic SHU syndrome,” the mental deterioration that can occur after months (in this case, years) of isolation and sensory deprivation. He expressed concern for inmates with such long sentences in the SHU and asked the mental health staff to monitor inmates’ more closely. He said he was considering creating a private counseling area where inmates could meet with mental health counselors.

### **Close Supervision Unit**

Members toured the Close Supervision Unit (CSU), a separate area of the prison that seemed to be a combination of administrative segregation and protective custody, plus an “adjustment” area for inmates who have finished their SHU sentence and are awaiting transfer to general population. Inmates who are considered escape risks are also housed in CSU.

The unit has its own mess hall. Sixty-four inmates were there the day of our visit; six were double-celled. Inmates criticized the unit as not in keeping with any Central Office directive. One inmate said he was not permitted to attend the hearing that resulted in his transfer to the CSU. The inmates were generally bitter about being there. They bemoaned the lack of programming and the days on end with nothing to do.

### **Lifers’ Committee**

We met with the Lifers’ Committee, an impressive and articulate group of men who offer support and resources to inmates serving life sentences. The group is currently lobbying for legislation that could reduce their sentences. “We are trying to free ourselves,” one man said.

The group is also working on a victim-offender mediation program based on the restorative justice model. The inmates would like to initiate discussions with interested victims “to bring healing and closure.” One man pointed out that “some of us are not the same people we were when we committed our crimes.” They reported that a national victim’s rights organization expressed interest in helping them with the program, but the administration halted the project. “We were told that the issue is too political.”

### **Medical Clinic**

We met with the medical director and nurse administrator, both of whom impressed us as competent and energetic. A major problem, they said, is that Shawangunk has only one physician for 575 inmates, and this physician also serves as the medical director. They desperately need a physician’s assistant. The lack of adequate physician coverage places a significant burden on existing staff.

With regard to infectious diseases, the medical director reported that 25 inmates are HIV positive and 22 are on antiretroviral treatment. The nurse administrator noted that the facility makes extensive use of telemedicine, particularly with infectious disease consultations. Telemedicine improves the quality and continuity of care, she added, and saves on security and transportation costs.

### **Mental Health Services**

We were similarly impressed with the psychologist and social worker. They showed us the “Post 30-Day Evaluation Form” they designed for correction officers and mental health employees to use to monitor inmates in the SHU. By having both COs and mental health staff use the same form, communication is improved and both parties are engaged in identifying and tracking mental decompensation, self-mutilation and other manifestations of “toxic SHU syndrome.”

Fifty-five of the prison’s 547 inmates are on the OMH caseload, though the psychologist commented that, in his estimation, about half of the inmates are afflicted with antisocial personality disorder (ASPD). This observation is supported in the literature; some studies have shown that the portion of institutionalized criminals with antisocial personality disorder can be as high as 40%. ASPD is characterized by an inability to delay gratification and conform to social norms, recklessness, aggression, and lack of remorse. The psychologist noted that while there is no treatment for ASPD, it can be managed through a highly-structured living environment, where rules are enforced consistently and there are immediate and direct consequences for breaking them.

### **Meeting with Correction Officers**

We met with four members of the security staff, three males and one female. In response to why they entered the field, one man said he majored in criminal justice in college and had friends who were COs. The female officer said she was drawn to the challenge of the job. Another officer also majored in criminal justice in college, took several civil service exams and DOCS was the first agency to accept him. The third male officer has a father and two brothers who are also COs.

The officers spoke positively of the new executive team. The Deputy Superintendent of security has “an open-door policy,” they said. “He does a lot of walking and talking.” Another officer noted that the working environment is “much more relaxed” now. They reported having “a lot of paperwork” under the previous supervisor. “He didn’t trust us to make a decision. He didn’t let us do our jobs. It all had to come from upstairs,” according to one CO. A second officer explained that when inmates were pat-frisked, a sergeant had to be present.

When we commented that inmates perceive their pat frisking techniques as heavy-handed and intentionally hostile, the officers defended their actions as necessary to find concealed weapons and drugs. One CO offered that he “could understand why an inmate

would carry a weapon for defensive purposes.” They reported finding wood and Plexiglas shanks during pat frisks, which do not set off the metal detector and can only be detected through pat frisks.

When asked what would make their jobs easier, they cited more programs. “There’s a lot of idle time here.” An officer said that academic programs are better than vocational programs, where inmates can get tools and make weapons. Another CO noted that there are “too many inmates with college degrees sweeping floors.” He said he has 10 porters on his unit in the afternoon and “there isn’t enough work for them because the morning porters already cleaned the unit earlier in the day.”

With regard to their perception of inmates, they commented: “Inmates here have more education and are more communicative; you can reason with them.”

As for training, they all felt that they needed more training to perform their jobs effectively. One officer said he would like to learn how to use a video camera because there are situations where the Department requires recording movement on camera, such as when officers transport inmates to the SHU. He said he could also “use a refresher” on how to put restraints on an inmate. A second CO said he needed training in dealing with inmates with psychiatric problems. “You want to be able to pick up on the problem before you approach him,” the officer reported. “It’s not to diagnose them,” he added, “but to enable you to better deal with them.” Another officer cited interpersonal communication skills as important, noting that he would “like to be able to talk someone down without threatening him.” He said he “had a big giant guy crying on [his] shoulder.” The officer also mentioned training in identifying drugs, gangs and weapons. The fourth CO said that the on-the-job training requirement at the Academy should be extended to a full week. Currently, he said, “you get two days to learn the jail and they throw you in.” The officers agreed that an extended training period at one’s assigned prison would be beneficial for officers and inmates alike.

### **Meeting with Executive Team**

The discussion began with the strenuous complaints we received regarding CO misconduct, particularly on the 3 p.m.-to-11 p.m. shift. The Superintendent said that if officers on that shift mistreat the inmates, he would be aware of it. He explained that he arrives at the prison at 6:30 in the morning and often remains for part of the evening shift. His 12-hour days provide him with the opportunity to stay in touch with security staff on each of the three shifts.

We reported inmates’ complaints that COs are antagonistic or overly aggressive when conducting pat frisks. “I don’t think that’s an uncommon perception,” the Superintendent said, “but I don’t think it’s totally true.” He acknowledged that the frequency and manner of pat frisking “has been an ongoing issue. I won’t say it isn’t an issue, but we’ve been able to make the prison safer.” He said he decided that the mats were unnecessary.

He went on to explain that inmate weapons have evolved from metal to wood and now plastic. He showed us samples of weapons that COs have found on inmates—shanks, toothbrushes, and long wooden picks. Justifying pat frisk procedures, he explained, “We have to find these weapons and they’re hidden.” The security captain said he works two nights a week to monitor how the evening shift conducts pat frisks. “I am told by inmates that they are being done correctly because I’m here,” he reported.

Commenting on CO misconduct, the Superintendent said he monitors grievance reports for officer names that commonly appear. The executive team meets weekly to examine grievances and explore why the numbers might be high in a certain area. He said that the employee discipline process starts with informal counseling followed by written documentation if grievances persist, and finally a Notice of Discipline issued by Central Office. Employment status is a union issue, he said. Transferring a CO can only occur with consent from the union. Moreover, a Superintendent cannot fire an officer. He added that he is responsible for 400 employees represented by four unions.

We raised the issue of inmate idleness. Superintendent Portuondo acknowledged that Shawangunk lost the general business program, volunteer tutors and the building maintenance program. “We have a huge need for the business program here and are actively pursuing getting it restored,” he said. They need a budget waiver to hire a teacher, he said. Apparently DOCS approved the waiver, but the Department of Budget denied it. He added that he would like to see the Corcraft industry program returned to his prison since “it would allow the men to earn more money.” The New York Theological Seminary plans have stalled because it would be “inmates teaching classes, not outside civilians,” which the Professional Employees Union opposes.

We asked about the Lifers’ Committee’s restorative justice program. He said that the Central Office would have to approve it because there would likely be pressure from inmates in other prisons to expand it system-wide.

In closing, the Superintendent said he agrees that they need additional staff, but that it must be done in “incremental changes.” He told us “ASAT is on the table” and could be added soon, and that he is “trying hard to get Corcraft.”

## SING SING CORRECTIONAL FACILITY

On June 27, 2000, the Prison Visiting Committee toured Sing Sing Correctional Facility, a maximum-security prison for men in Westchester County. Built in 1825 on the banks of the Hudson River, Sing Sing is a hodge-podge of old guard towers, massive cell blocks, four yards, a modern parking garage, the state's original death house, and a medium-security annex, Tappan, opened in the 1970s. Together, the two prisons hold 2,227 men.

Superintendent Brian Fischer, also the supervising Superintendent of the hub, has been at Sing Sing for three months. He was previously Superintendent of Queensboro Correctional Facility. He provided an overview of the prison, and, in response to a visitor's question about his "wish list" for improvements, he cited more space and staff for programs. Only 3 of 8 teaching positions are filled, he said. The medical clinic is also understaffed, with approximately two-thirds of the nursing positions vacant. In describing the Sing Sing philosophy, the Deputy Superintendent of security called it "walk and talk... conversation before confrontation," usual for a maximum-security prison.

### **Mental Health Services**

We met with the unit chief, who reported that the unit was fully staffed with 3 social workers, 2 psychologists, 2 part-time psychiatrists, 5 registered nurses and a recreational therapist. None speak Spanish.

Approximately 400 inmates (nearly 25% of the general population) receive mental health services, e.g. counseling and/or psychotropic medication. Approximately 300 inmates are on psychotropic medication, the majority of whom are classified as Level 1 or 2, diagnosed as "significantly, seriously or persistently mentally ill." We were told that schizophrenia is the most common mental disorder among the inmate-patients. The unit chief estimated that there are about 200 schizophrenics in the general population. "With de-institutionalization, we have a lot more mentally ill people in prison," he said.

The unit contains 18 dormitory beds, 6 observation cells for inmates on suicide watch, a day room and a small cafeteria. The observation cells had bars covered with netting rather than solid metal doors as we've seen at other facilities. Each cell has a metal bed and mattress, a toilet and stainless steel sink. In terms of staffing, conditions and services, the unit was one of the best we have seen.

### **Intermediate Care Program (ICP)**

We toured the ICP—basically a block of cells in a long, narrow corridor. Each cell has its own window, an improvement over those in general population. From a programmatic perspective, however, the ICP compared unfavorably to others we have visited. There was no dayroom, classroom or program area. Nothing about it seemed

therapeutic or designed for much else besides segregation. Staff seemed to know little about the inmates, their progress or the programs available to them.

### **Medical Clinic**

We spoke at length with the nurse administrator and medical director and marveled at their ability to perform their jobs in the face of so many obstacles. The clinic was crowded, run-down and accessible only by one elevator (or four flights of stairs). Fortunately, the Department is in the process of building a new infirmary. The sick call area was a bullpen, jam-packed with inmates, waiting to be seen by medical staff. There were not enough chairs so most of the men stood shoulder to shoulder, sweating profusely in the 85-degree heat. A fan stood outside of the bullpen, blowing the hot air around.

While the new clinic will remedy infrastructure problems, a more entrenched problem is shortage of staff. Currently, 8 out of 21 nursing positions are vacant, one of three physician positions is vacant, there is no pharmacist onsite and only one medical clerk to handle the medical records of over 2,000 inmates.

The staff vacancies, the Superintendent explained, are due to noncompetitive state salaries and the proximity of several large hospitals, which pay more and are less hazardous places to practice medicine. Like other prisons, Sing Sing copes with the shortages by hiring per diem nurses. This practice is expensive and disrupts continuity of care.

We also learned that the local ambulance service, the Ossining Fire Department, does not pick up inmates. Instead, the facility relies on a contracted service with a private company. (Apparently, an inmate destroyed the inside of an ambulance several years before, and the Fire Department has refused to pick up inmates ever since.) It does, however, pick up prison staff (correction officers, civilians, etc.) and arrives within 5 to 7 minutes. The private service for inmates takes approximately 40 minutes to arrive. The situation is compounded by the absence of a defibrillator on the unit and no medical personnel who are certified to administer Advanced Care Life Support. (Since our visit, the Fire Department has agreed to pick up inmates and the clinic has a defibrillator.)

Despite the hundreds of inmates on psychotropic medication, there is no cross-checking between DOCS and OMH records to determine whether certain drug combinations could have adverse effects. In addition, we were told that there is no automated medical records and tracking system, insufficient staff time to conduct Quality Assurance, and too few specialty clinics to meet the needs of the inmate population—all in all, a very grim situation.

### **Alcohol Substance Abuse Treatment (ASAT)**

There are two Alcohol and Substance Abuse Training (ASAT) programs, one for the inmates at Sing Sing and the other for inmates at Tappan. Program length varies, with

a minimum stay of six months; it is not uncommon, however, for men to spend years in the Tappan ASAT program. Classes in substance abuse and anger management are conducted. At the time of our visit, the Sing Sing ASAT program had no counseling staff, only a director, who reported that one of the two counselors had quit and the other was on maternity leave. Meanwhile, the waiting list of inmates, he said, “could be in the hundreds.”

The program at Tappan, administered by two credentialed substance abuse counselors, seemed better run. Inmates reported a waiting list of only a few weeks. It was quiet on the day we toured—groups and classes had been cancelled because of the heat. A counselor said that during the summer he rarely conducts more than an hour of class a day because the men are too hot and uncomfortable to concentrate.

### **Meeting with Correction Officers**

We met with four COs: two black males, one white male and one black female. In response to why they entered corrections, they cited job security and benefits. In response to what they like best about their jobs, a couple of them laughed. “Next question,” one said.

After some prodding, one officer said he likes the predictability of a steady shift. He said he could figure out the days he will be working for the next ten years. Another appreciated the camaraderie with his fellow officers and feels he is helping to keep New York safe. He added that he likes “dealing with people...inmates ask me about life and I can be a role model.”

Echoing the Deputy Superintendent, the officers emphasized “conversation before confrontation.” One officer, in comparing relations with inmates at Sing Sing to those at other facilities, said, “Down here we talk more.” They attributed the better inmate-staff relations to the “large number of black and Hispanic correction staff who come from the same neighborhoods as the inmates . . .it enables our officers to know what the inmates are talking about.”

The officers did not hesitate to discuss the downsides of their jobs. Inadequate staffing was top on the list and seemed to foster a great deal of bitterness. On the night shifts, they said, there are 75 inmates per officer. Officers in the yard need more back-up, they said, and another guard tower is essential. They also believe their wages don’t come close to compensating them adequately for the hazards and difficulty of the job, or to meeting the cost of living in Westchester County.

With regard to training, they all felt that more on-the-job training was needed. They noted, however, that when Sing Sing used to absorb more rookie officers, assaults on staff and uses of force incidents increased. They suggested that the training academy offer sociology and psychology classes so that they can better understand the mindset and backgrounds of the inmates.

The COs believe that inmates have “changed drastically” in the past decade. “They are more capable of violence and more willing to go up against authority.”

At several points the officers indicated that morale at Sing Sing is low. One way to improve it, they said, would be for the administration to apprise them of policy changes more regularly. The union would also like to meet more frequently with the Superintendent.

Overall, the officers represented a different mindset than their counterparts at maximum-security prisons upstate. There was a notable absence of the “us versus them” mentality and a more nuanced understanding of inmates’ backgrounds that seemed attributable to the prison’s proximity to New York City and the greater number of officers of color.

### **Inmate Liaison Committee (ILC)**

We asked about inmate-staff relations at Sing Sing and how they compare to those in other maximum-security prisons. The inmates (who had spent time in other state prisons) said that the greater racial diversity of the staff at Sing Sing creates a more relaxed environment. One man explained that the COs and inmates “share certain common ground to solve certain problems.” Another inmate reported “criticism isn’t so bad when it’s coming from someone who looks like you.”

Also unusual for maximum-security prisoners were the types of grievances they raised and the generally low level of indignation. Their grievances were more like those we hear at medium-security prisons. Delays in receiving packages (sometimes for two weeks or more) was cited, as well as COs sitting in on inmate medical exams, breaching confidentiality. Inmates also reported that COs and nurses can be found “hanging out and smoking” in the clinic. Their most strenuous complaint concerned program cuts over the past five years and the recent cancellation of various summer recreation programs, including a popular basketball tournament.

### **Yard**

We spent time in A yard and B yard, where several hundred inmates were playing handball, lifting weights, using the outdoor showers and milling about. We had brief conversations with a number of inmates, most of whom spoke well of facility operations and staff. The complaints they raised included the following:

- Lengthy delays in receiving disbursement forms and money orders;
- Delays of up to two weeks to receive packages;
- No grievance forms on the blocks;
- Two- to three-month waiting lists for programs;
- Insufficient phones and/or phone time in the yards;
- No water fountain in the handball/weight areas;
- The 20-minute delay in evacuating critically ill inmates from the yards;

- Program cancellations, particularly a pre-GED class administered by the NAACP;
- Termination of various summer recreation programs;
- Lack of action taken against officers known to mistreat inmates: “Sing Sing rotates the bad apples;”
- Inadequate supervision of officers generally;
- Cockroach problems.

### **Meeting with Executive Team**

We brought up the complaints we received before the visit from several volunteer agencies about delays in transportation, hostility from guards on the gate and a general sense that their services were no longer welcome. The Superintendent said that the number of volunteers “wasn’t manageable.” When he arrived at Sing Sing there were approximately 400 volunteers on the facility list, many of whom were inactive. By limiting eligibility to those who participate regularly, he said, the list was reduced to 280 volunteers. The Deputy Superintendent of security said that he had solved the transportation delays. The Superintendent told us to have the volunteer groups contact his office directly.

In response to delays in receiving packages, the Superintendent acknowledged that there is a problem and that the package room processes 50,000 packages each year. “The numbers are against us,” he said.

Regarding the lack of programs in the ICP, he said that the layout of the unit makes organizing programs difficult. He acknowledged that the unit is inadequately staffed. We suggested he look at the ICPs at Attica and Wende Correctional Facility.

In response to correction officers’ concerns about insufficient security staff, the Deputy Superintendent of security said that Sing Sing is adequately staffed security-wise and that a new guard tower will soon be constructed.

With regard to the woeful medical services, we informed the Superintendent that we would communicate our concerns directly to the chief medical officer, Dr. Lester Wright, in Albany. Some of the problems would obviously be resolved with the opening of the new infirmary, but others, such as staffing shortages, require different solutions. Several months after our visit and following discussions with Dr. Wright and Superintendent Fischer, the ambulance response time was reported to have improved.

## SOUTHPORT CORRECTIONAL FACILITY

On April 25, 2001, the Prison Visiting Committee visited Southport Correctional Facility, New York State's first supermax prison. Opened in 1991 and approximately 70 miles west of Binghamton, the prison holds up to 780 male inmates in disciplinary confinement. The day of our visit, the prison was under capacity with 674 inmates and 106 empty cells.

Southport prisoners are locked in single cells 24 hours a day (save for an hour of court-mandated recreation) Approximately 150 cadre inmates are housed two men to a cell and serve as the work crew for the facility.

We met first with Superintendent Michael McGinnis, who has been at Southport since it opened. He gave us a brief overview of the facility, noting that it is sometimes referred to as "Safeport" because of its high level of security and inmate safety. Prisoners sent to Southport have engaged in serious misconduct, he said, such as assaulting correction officers or inmates. "Southport is the end of the line," a Deputy Superintendent commented. Most of the inmates have SHU sentences of over six months.

There is minimal contact among prisoners themselves and prisoners and staff. Inmates are shackled (handcuffed in the front to waist chains or cuffed behind the back and with leg irons if they are known to kick or assault staff) during all out-of-cell movement. To give inmates incentive to improve their behavior, Southport uses the Progressive Inmate Movement System (PIMS). PIMS is a three-stage classification system, through which inmates can earn increased privileges. New arrivals are assigned to Level I, the most restrictive level and at which they remain for a minimum of 30 days. At Level I, they receive only two showers a week and must remain in restraints, cuffed in front with waist chain, during all out-of-cell movement, including their one-hour of recreation in outdoor cages and legal and nonlegal visits. They have no commissary privileges, no access to the facility's radio system via earphones and cannot participate in the cell study program. The minimum criterion for movement from Level I to Level II is thirty days from the last misbehavior report or imposed disciplinary sanctions. A captain or his designee decides movement to Level II.

At Level II, inmates can have restraints removed in the exercise cages and in the visiting room and can enroll in a cell study program. Inmates can also hook up to the facility's radio system with earphones and make a monthly commissary purchase. With continued good behavior, an inmate can progress to Level III. At that level, he can make one collect phone call a month, wear personal sneakers and shorts, purchase candy from the commissary, and take three showers a week.

One of the more motivating aspects of PIMS is the possibility of a time cut. About midpoint between arrival at Southport and maximum SHU release date, Level I and Level II inmates are eligible to have their remaining SHU sentence cut by up to one-half. Level III inmates can receive a two-thirds time cut.

By some measures, PIMS seems to be working. The majority of inmates have advanced to Level II or Level III. The breakdown on the day we visited was as follows:

### **Progressive Inmate Movement System**

<b>Level I</b>	<b>100</b>
<b>Level II</b>	<b>282</b>
<b>Level III</b>	<b>292</b>

“PIMS gives the inmates a light at the end of the tunnel,” Superintendent McGinnis said. “Many of them come in here with years in the SHU and no way out. We tell everyone that we’re giving them a fresh start.”

Interestingly, approximately “10% to 15% of the inmates have been to Southport before,” the Superintendent stated in answer to our question about SHU recidivism. Correction officers explained that most of the inmates on Level I never really leave—they are continually returned to Level I after a brief stay at Level II or maybe even III, or they might get transferred to general population at another prison but will end up back at Southport for continued disruptive behavior. These men are the most troubled and troublesome inmates of the prison system, known in the literature as the “chronically disturbed and disruptive” prisoner.

Another problem is a rule—unique to Southport and imposed by the Superintendent—that an inmate’s entire disciplinary record (not just his behavior at Southport) can be taken into account by the Superintendent and review committee in considering his advancement to the next level. Moreover, even if the inmate has been approved, he can only advance “as space permits.” Both practices should be reevaluated.

Southport is staffed by 303 correction personnel and 114 professional and support staff. All staff, security and civilian, have been trained in suicide prevention. All security staff has received special SHU training.

### **Cellblocks**

We divided up and toured A, B and C blocks, interviewing approximately twenty inmates on Levels I, II and III. We went as a group to D block, where the most “difficult” inmates are housed.

The cells in A, B, and C block have open bars and inmates are permitted to speak to each other, which is not the case in all SHUs. Many of the Level I inmates have thick Plexiglas shields covering the bars of their cells. These inmates are known as “throwers, spitters and slashers,” meaning that they throw bodily fluids. Prior to the visit, a CO warned us to “wear raincoats.”

There was a distinct difference between the inmates on Level I and inmates on Levels II and III. Level I inmates were loud, aggressive, angry and anguished. Some appeared paranoid and delusional; one man said he wanted to kill himself. The Superintendent quickly took down his name and cell number and had an OMH counselor speak with him.

The first Level I inmate we spoke with said he had been at Southport for over two years; prior to that he was at the SHU in Green Haven. "I've been in the SHU my whole bid," he said. He is twenty years old and sentenced to solitary confinement until the year 2010. He said he was sent to Southport for assaulting an officer. Despite the isolation, he appeared mentally coherent and animated. The bars of his cell were covered with Plexiglas. He said he is not on the OMH caseload and does not take any medications. "But once they offered me thiorazine," he said.

For two months he has been on "the loaf," inmate parlance for what the Department calls a "restricted diet." A restricted diet consists of a loaf of dense bread and a side portion of raw cabbage, given to the inmate three times a day. Inmates who assault, throw or, in some cases, simply threaten to throw bodily fluids are fed the loaf as punishment. The prisoner said he has lost twenty pounds since being on the loaf. He reported that he was put on a restricted diet because he told a correction officer he was going to "throw something" on him. "The officer was endangering my life. I got a lot of problems with the officers," he said, then started shouting. "They are not going to break me! I'm a strong individual. They can't break me!" Other prisoners on the cellblock joined in the shouting and banged on their bars.

When it quieted down, the inmate said he receives the reading material he is permitted and rated access to medical care as "fine." He reported that a correctional counselor stops by once a week to speak with him briefly. When asked if he has felt suicidal since being in the SHU, he repeated, "I am not weak! I'm a strong individual. They're not gonna break me!"

Another man, age 44, also on Level I with a cell shield over the bars, had been at Southport for a month. He was previously in Attica and said he was sent to Southport for refusing to take his psychotropic medication. Yet, he was not on the OMH caseload. When asked what medication he refused to take, he said he didn't remember. When asked how long his SHU sentence was, he said, "I don't know. I think about until 2003." The shield was put on his cell after he was charged with "throwing." He said he was set up. "They play funny games with you here. All of us have been set up. That's how they fill up the boxes." The worst part of life at Southport, he said, is "all the bugs," meaning the inmates with mental illness who are housed on his tier. "They always put bugs near me," he said. "They yell and scream all day and night, and I can't sleep." He said he refuses to go to recreation because "the COs play games with me. They put the handcuffs on real tight. They stand around with their batons out and scream at you so it's no recreation at all." When asked if he could produce a rulebook—all inmates are supposed to have a facility rule book—he said he "threw it away because it was garbage. It's all lies."

The majority of inmates on Level II and III were calmer and more coherent than those on Level I. Many said that the increased privileges, the opportunity to participate in cell study and the promise of a time cut motivated them to change their behaviors.

Our gravest concerns were with the Level I inmates housed in the dark, chaotic D-block. They are confined in dimly lit cells with poor ventilation and little natural light. These men seem not to be able to move beyond this level. They progress briefly then act out and are returned to Level I. Some have been deprived of recreation, showers and materials with which to clean their cells. Most disturbing was the “upwards of twenty” prisoners at Southport whom the Superintendent said have only the loaf to eat. We met several men who have subsisted on this diet of bread and cabbage for days at a time, some for several weeks. One Southport inmate has been on and off the loaf for over a year.

It was thus not surprising that many of the inmates on D-block yelled out repeatedly and banged on their cell doors to get our attention. It was also not surprising, but nonetheless appalling, that over a quarter of these PIMS Level I prisoners, who are subjected to the harshest forms of punishment, are on the OMH caseload, having been diagnosed as severely, seriously or persistently mentally ill.

It was clear to us—and to the correction officers we spoke with—that many of the inmates on PIMS Level I are mentally ill, neurologically and/or cognitively impaired and illiterate. They cannot control their behavior and are responded to by prison officials with increasing deprivations. The result is that they descend deeper into the bowels of the prison and become sicker in the process. The psychologist’s comment that “most of the feces-throwers are not mentally ill” struck us as highly dubious. The assumption that behaviors such as throwing and/or eating feces, spitting, self-mutilating, compulsively masturbating and attacking correction officers will somehow be stopped or cured through increased deprivation and relegation to D Block, where counseling consists of shouting through thick metal doors, not only strains credibility but ignores the fact that there are a number of men on Level I who have not been able to advance. “I will never get out,” an inmate in D Block said.

In our letter to the Superintendent, copies of which we sent to the Commissioner of the Department of Correctional Services and the Commissioner of the Office of Mental Health, we recommended that this area of the prison be closed and that an outside team of psychologists evaluate the disciplinary status, mental illness and histories of all PIMS Level I inmates at Southport. We also recommended that these prisoners be transferred to a more appropriate correctional facility or to a unit where they can receive the intensive counseling they need.

### **Lunch with Cadre Inmates**

We ate lunch in the mess hall with the cadre inmates, most of whom were dissatisfied with their decision to accept a transfer to Southport. A number of the men expressed frustration that working at Southport means little, if anything, to the parole

board. Many of the men assumed that their decision to leave a prison with programs and more downtime for a work assignment at Southport would be considered favorably by the parole board. Because many cadre workers have been denied parole, they believe no longer believe this reward will be granted.

The most widely expressed request was to be able to participate in the self-administered ASAT program available to Level III inmates. They reported that they need some kind of program to keep them occupied after work. They also believe that the parole board looks negatively upon prisoners who do not complete some kind of drug treatment program.

### **Meeting with Program Staff**

The program staff spoke enthusiastically about working with men in the cell study program and helping them prepare for the GED. Over 500 inmates participate in cell study. The Superintendent commented that the more the inmates work with the teachers, the fewer misbehavior reports they receive.

The facility recently started a self-administered Alcohol and Substance Abuse Treatment (ASAT) program for Level II and Level III inmates. The day after the program was announced, over 150 inmates enrolled. Only three have dropped out. Clearly, there is a need and strong desire among the inmates for substance abuse treatment and a meaningful way to spend their time.

A major problem is that two counselor items have been vacant for almost half a year. There are now only six teachers for over 500 inmates, which staff reported is an unmanageable caseload.

### **Meeting with Medical Staff**

The medical director reported that approximately 25 inmates are HIV-positive; the majority are on HIV/AIDS medication. He and his staff “take the issue of compliance very seriously,” he said, and attempt to ensure that inmates keep up with their medication regimes. He reported that blood tests are done every three months and viral loads are checked regularly. He estimated that approximately 40% of inmates infected with HIV are co-infected with hepatitis C. Two inmates are on hepatitis C treatment.

The major problem, he reported, is insufficient staffing. A nursing item has been vacant for “too long,” he said, and an additional nursing item is needed altogether. For 18 months, the physician’s assistant item has been vacant. The vacancies are placing a heavy burden on the medical director and staff. They accurately noted that the nature of the patients, the stress they are under and the challenges of providing medical care in a locked-down facility, make the delivery of health care especially difficult at a facility such as Southport.

### **Meeting with Mental Health Staff**

We met with the two psychologists who work at Southport. They comprise the entire mental health staff at the facility full time. A psychiatrist from Elmira spends one day a week in the facility, seeing 5 to 8 patients, renewing or writing prescriptions. The psychologists believe that the facility is sufficiently staffed. They reported that they make rounds daily and see between 10 and 15 inmates per day. (A CO later told us that OMH staff has only eight hours of “escort time” per week, meaning that they only have one CO available to accompany the psychologists on rounds eight hours of the week.) They have 126 inmates on the caseload (about 20% of Southport’s population), 90 of whom are on psychotropic meds, mostly anti-depressants and anti-psychotic medication.

Despite these figures, the psychologists dismissed the notion that inmates with mental illness are over-represented at Southport, or that such restrictive and punitive conditions affect a person’s mental state. Inmates who spit or throw bodily waste have discipline problems, they said, not mental health problems. “The inmates with the biggest behavioral problems (Level I inmates) are not mental health patients,” one of the psychologists stated. Figures from a patient list dated 4/23/2001 suggest otherwise:

- 36 of the 100 PIMS Level I inmates (36%) are on the OMH caseload
- 93 of the 282 PIMS Level II inmates (33%) are on the OMH caseload
- Only 7 of the 292 PIMS Level III inmates (2%) are on the OMH caseload

These figures indicate that inmates with mental illness are, in fact, over-represented on the most restrictive disciplinary levels and thus subjected to the greatest deprivations. The fact that only 7 of the 292 inmates at Level III are on the mental health case load suggests that the inmates who are most able to advance are those who do not suffer from mental illness.

### **Meeting with Correction Officers**

We met with four correction officers—three men and one woman. They reported that morale at the facility is low. They believe they are not supported by the union, the administration or Central Office. Each had a story of being stabbed, spat at, assaulted, or “thrown at.” One man had twice been put on prophylactic HIV medications after exposure to blood.

When asked what they liked best about their jobs, they cited the people (fellow correction officers), predictable work hours and ample vacation time. When asked about the worst part of their jobs, one officer said: “Wearing shit.”

They reported that the work is “degrading” and “humiliating.” Many correction officers take anti-depressants to cope with the stress and the depressing nature of their work, they said. One of the most disturbing comments was that the state’s health insurance is so insufficient and/or poorly administered that they cannot find health care

providers who accept their medical insurance. Several officers spoke of dentists, radiologists and physicians who have “dropped” them because the state provides low reimbursement rates, delays payments or does not cover procedures such as MRI’s.

They reported that the problem at Southport is that “a quarter of the inmates are mentally ill and shouldn’t be here. All they [the administration] do is rotate them from Level III to I. A lot of them can’t even make it to Level III.” All the officers said that they know inmates who appear to have obvious signs of mental illness but are not on the OMH caseload. This observation supported ours. We met more than a few inmates who appeared clearly disturbed, anguished and/or paranoid who said they were not on the OMH caseload. The officers also noted that “the administration heard you were coming and moved the worst inmates [meaning the most mentally unstable ones] out.”

A conversation we had with a Southport correction officer after the visit raised serious concerns about public safety. The officer said that some violent inmates (“slashers”) whom the facility requires to be shackled during all out-of-cell movement, will be escorted in handcuffs and waist chains on the day of their release right out the front gate.

### **Meeting with Executive Team**

We advocated for a number of changes, such as removing handcuffs while inmates are in the recreation cages, giving them balls or chin-up bars or something to do during recreation; ending the practice of restricted diets; and removing inmates with mental illness from the facility. The Superintendent was not amenable to any of our suggestions. He did say that he would consider allowing cadre inmates to participate in the self-administered ASAT program.

All in all, it was a frustrating meeting and deeply unsettling visit. The conditions we observed at Southport—specifically, the number of inmates with serious mental illness who are not being treated, the conditions in D block, the overwhelmed medical staff, the demoralized correction officers, the facility’s harsh regimen of punishments, and the Superintendent’s glib dismissal of any of our findings or recommendations—left us with the sense that Southport Correctional Facility represents the worst kind of prison: an institution of total control with no external review.

## TACONIC CORRECTIONAL FACILITY

On July 26, 2000, the Prison Visiting Committee toured Taconic Correctional Facility, a medium-security prison for women in Westchester County. The prison was under capacity the day of our visit, with 470 of 501 beds filled. Approximately 150 beds are for general population inmates; the remainder serve women in the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program. Superintendent Alexandreena Dixon explained that Taconic is the state's only drug treatment facility for women. It is designed as a therapeutic community where all aspects of life are geared toward recovery. Some inmates with nonviolent charges serve six months of their sentence at Taconic, followed by eighteen months at Phoenix House, a residential drug treatment program in New York City.

### **Medical Clinic**

We spent most of our time with the nurse administrator, who answered our questions thoroughly. The nurse administrator has been at Taconic for a year and has sixteen years with DOCS. She reported that the clinic is fully staffed with 8 full-time nurses and 3 staff physicians. Only one of the physicians works full-time. The facility's medical director also works as a chiropractor in the community.

Approximately 35 percent of the inmates at Taconic are HIV-positive, she reported, noting that they have "an excellent HIV nurse" who counsels the women on lifestyle issues, protection, and medication compliance. There is a full-time psychologist with approximately 100 women on his caseload for counseling and psychotropic medication.

The nurse administrator explained in detail a quality assurance program she developed to monitor quality of care. She assigns nurses to audit inmate medical charts and has had audits done on every "disease entity." She encourages inmates to write to her if they have a problem, she said, and reported that medical grievances have dropped substantially as a result. There is a full-time dentist and dental hygienist on staff.

The major problem of the unit is space. The sick-call area cannot adequately hold the women awaiting medical attention.

### **Transitional Services Unit**

The transitional services unit struck us as adequately designed to prepare ex-offenders for reintegration. Inmates are assigned to the program a month before their parole date. A problem is that if inmates are denied parole, they do not repeat the program. Thus, they could be released more than a year after completing the program.

Five inmates work as transitional services clerks, one of whom speaks Spanish as well as English. They expressed enthusiasm for the program and believe it is a great

service to the inmates. The curriculum includes employment preparation, substance abuse issues, family and community preparation, and parole/probation and personal preparation.

### **Programs**

The education supervisor said that when the women are in school they are considered “students first and inmates second.” Teachers communicate with students’ counselors to monitor progress. Students are tested and placed into Adult Basic Education (ABE), Pre-GED or GED. Women who score below the fifth grade level for math or reading are placed into ABE; women who place between the fifth and eight grade levels are placed in pre-GED. GED classes prepare the women to earn their GED, but Taconic currently has no GED teacher.

The only vocational program at Taconic is a business class that focuses on computer applications. There were eighteen computer terminals but a one-year waiting list for admission into the program.

### **Inmate Liaison Committee (ILC)**

The ILC raised several issues, the first of which was verbal mistreatment from correction officers. The women said they felt “constantly judged and belittled,” and that COs take their “problems from home” out on them. They cited numerous problems with the steady officer in the package room and the lengthy delays in receiving their packages. They believe the officer steals items from their packages.

They reported a number of problems with visiting procedures: delays of up to three hours for processing visitors; hostility and cursing at inmates’ family members, including children and elderly relatives; and lack of a visiting waiting room. Visitors are forced to wait outside, sometimes for two hours regardless of the weather, before they are can enter the facility for processing.

In addition, the ILC said that when inmates are transferred to Taconic they are idle for up to six months before they can enter CASAT. They said they are supposed to begin CASAT 30 months before their parole board appearance, but they are rarely given the opportunity to do so.

### **Comprehensive Alcohol Substance Abuse Treatment (CASAT)**

The program director struck us as enthusiastic and caring. He emphasized that he and his staff are “advocates and cheerleaders” for the inmates, and that their job is “both wonderful and difficult.” When asked what changes he would like to see, he cited additional vocational programs, more materials in Spanish and after-care programs in the community to help ex-offenders stay drug-free.

We observed several groups, where the topic of discussion was the challenge of re-entry. The inmates appeared animated and engaged and seemed to have a good rapport with the counselors.

### **Dormitories**

We were told to visit “81 dorm” in the basement of a building, where women waiting to enter CASAT are housed. The conditions were deplorable. Ceiling panels were broken and rain streamed into the dorm. The women said that recently a bat flew in. Forty-four bunk beds fill the dorm to overcrowding. The bunk beds pose problems for elderly women, who must climb to the top regardless of their age or strength. (Only obesity and severe medical conditions qualify one for a bottom bunk.)

Many of the women bemoaned the lack of privacy. Male correction officers assigned to the dorm can enter at any time. The only area where the women can undress in privacy is a small grimy bathroom with four narrow stalls.

By contrast, the housing area for the women in CASAT was among the best we have seen in the state. Each cell had a large window, desk, bed, dresser and sink.

We then toured the nursery, where women live in single or double rooms with their babies. The walls are painted light pink and blue. Each room has a bed for the mother and crib for her baby. There were ten babies there the day of our visit, several of whom were born in the prison.

### **Meeting with Executive Team**

We expressed our favorable impressions of the drug treatment programs and staff, the academic instructors, the transitional services unit, and the clinic operations and nurse administrator, in particular.

We raised the problems we heard about the package room and the officer posted there. The Superintendent responded that she was not aware of the problem. We communicated the mistreatment of visitors and the lengthy delays in processing. The Superintendent said she was unaware of these problems and reported that there are plans to expand the processing area so visitors do not have to wait outside.

We discussed the dire need for a GED teacher. The Superintendent responded that the position is only part-time and the pay is noncompetitive. She said she is trying to get waivers from the Department for two GED positions and that a local literacy volunteer group recently agreed to come to the prison.

We reported our impressions of the deplorable conditions of 81 dorm and the six months of idleness inmates face as they await placement in CASAT. The delay in placement is due to “Department policy,” she said, and reported that repair orders have been issued to fix the ceiling panels.

## ULSTER CORRECTIONAL FACILITY

On December 21, 1999, the Visiting Committee toured Ulster Correctional Facility, a medium-security prison for men located in Napanoch, about a two-hour drive from New York City. Ulster is a reception and classification center, where inmates stay for approximately two weeks before they are transferred to their designated facility. Opened in October 1990, Ulster is a modern, low-lying prison with an average daily population of 830 inmates.

Since Superintendent Anthony Capuano arrived at Ulster a week before our visit and was still learning the ropes, former Superintendent James Walsh was on hand to answer questions. The mission of Ulster, he said, is to appropriately “place and prepare inmates for the system.”

### Dormitories

We visited the dormitory of the approximately 90 inmates who comprise the cadre and work on the prison grounds. Cadre work at Ulster is a desirable assignment, the inmates said, because of the prison’s proximity to New York City. To be in the cadre, inmates must have a clean bill of health and a low-security classification.

The walls of the dorm were decorated with uplifting messages: “Commit a random act of kindness...Attitude makes the difference.” The men seemed content with conditions at Ulster. They reported that the COs treat them respectfully and were quick to name several who they considered particularly professional or good-natured. When asked about race relations between the virtually all white correction staff and the largely black and Hispanic inmate population, a cadre member said that racism was not an issue at Ulster as it is in most other prisons. “It’s too small of a community to walk around with a chip on your shoulder,” he said.

Cadre inmates said they would like (and need if they are to satisfy the parole board) programs such as Alcohol and Substance Abuse Treatment (ASAT) and Aggression Replacement Training (ART). They noted that ART already exists at the facility but is given only to reception inmates. They didn’t think it would be too much trouble for the facility to run an ART program for them. Essentially, they feel they work hard to keep the prison clean and functioning smoothly, but they are not given the programs they need to be paroled.

We then visited the dorm for reception inmates, who were not as positive as the cadre inmates. Their chief complaint was the time it takes for funds to arrive in their commissary account. By the time the facility processes the check or money order sent from the outside, the inmate has already been transferred.

The reception inmates wanted deodorant and slippers to wear in the showers. They are given only a comb and toothbrush.

### **Aggression Replacement Training**

We attended an Aggression Replacement Training (ART) session led by an inmate facilitator, who told the new inmates that he'd taught ART for three years and was a first-time felon. A dynamic and skilled public speaker, he encouraged the men to participate in the full eight-week program at their designated prisons so they can learn to "control their anger" and "develop moral reasoning." He observed that some of the men were probably feeling afraid; a few of them acknowledged that they were. "Be careful," he said. "Fear can make a person act aggressively. To change the way we live, we have to change the way we think."

### **Inmate Liaison Committee (ILC)**

We met with the three executive members of the cadre ILC, who reiterated the sentiments we heard in the dorm, namely that Ulster is a "special" prison with good communication between inmates and COs. They mentioned that it is also unique in that there are no gang members or gang problems. They did, however, report: "If you bring up a serious issue, you'll get transferred." Because they fear being sent upstate, inmates generally keep a low profile.

Their spontaneous and positive comments about medical care took us by surprise. It is rare that complaints about health care do not dominate ILC meetings. After signing up for a sick call, inmates are seen by a doctor the next day, they said. Their one complaint was lack of confidentiality. Inmates can overhear doctor-patient conversations, and their names and reason for seeking medical attention appear on the sick-call sign-up sheet.

With regard to inmate-staff relations, their major concern was the camaraderie between COs and sergeants, and sergeants' lack of objectivity when it comes to investigating inmate grievances. "There are too many buddies here," one man observed. They pointed out that there are no high-ranking black or Latino officers, and the few female officers are closely tied to the "good-old-boy" culture. Officers who work the 7 a.m. to 3 p.m. shift are "more businesslike," they said. The 3 p.m. to 11 p.m. officers "try to act like they're wardens."

### **Meeting with Correction Officers**

The officers we met with were forthcoming and voiced a number of complaints, particularly about low compensation. They reported that they are compensated "thousands of dollars below" New York City correction officers (which is true) and even COs in other states. They said the hazards of the job are not worth the paltry pay rate. They gave examples of two COs who were exposed to TB because new inmates are not medically screened until four or five hours after they arrive. During that time, they have contact with many staff members, which is not the case at Downstate, the maximum-security processing facility, where inmates are screened immediately. "We have been

exposed to TB, scabies and chicken pox,” they said, and only learn of their exposure to infected inmates—via a pink slip from the medical staff—days after the encounter.

They discussed the health risks involved with overseeing inmate showers. The CO assigned to that post is exposed, for six hours a day, to the toxic substances in RID, the delousing shampoo the Department requires inmates to use. Prolonged exposure irritates their sinuses and gives them headaches.

They also cited inadequate staffing. Despite the increased number of inmates processed at Ulster, staffing has not increased accordingly. Staffing in the yard is “totally inadequate,” they said. Apparently, approximately 250 inmates congregate in the yard during the summer with only four COs to oversee them. The yard posts, they added, have no shelter. They are situated on a blacktop mound that attracts the sun in the summer and offers no protection from the cold in the winter. A CO reported that she had to use the inmate bathroom to get warm when she worked in the yard. Another officer commented, “These are inhumane conditions.”

When asked about the upsides of their jobs, they laughed. “I guess one good thing about this place is that inmates don’t have time to form gangs.” There is also little contraband. “Inmates come in with nothing, they get nothing, and they leave with nothing.” Moreover, the inmates are all medium-security status. “Minimum and medium inmates are more mouthy than physical,” they said.

We asked what adjectives they would use to describe the inmate population. “Arrogant,” “immature,” “belligerent,” and “pitiful” were cited. According to one CO, “It’s pitiful to see these young guys coming in. The older inmates fear the young, crazy ones. Violence is their only way. They challenge our authority every day.” They also noted that “officers will go out of their way to not hurt the inmate.” The alternative is talking with inmates to resolve conflict.

They strongly advocated more training, particularly in the areas of report writing and communication skills. Regarding the diversity training they received at the Academy, they described it as “nothing at all.” One CO said he would like training on the “sociological aspects of inmate behavior” and their “cultures and religions.” He said that he had stepped on an inmate’s prayer rug not realizing the rug was a religious artifact.

### **Meeting with Executive Team**

Superintendent Capuano began the meeting by noting that he was “very interested” in our feedback. He took out a pen and paper and took notes throughout the discussion. We reported that the majority of complaints we received came from the officers versus the inmates. In response to the officers’ concern about the four-hour wait before inmates are medically screened, the Superintendent said that a new processing building is being constructed, which should speed up the screening process. We asked if he would consider providing some sort of shelter station for COs in the yard, and he seemed open to the idea. Finally, he mentioned that he was aware of the lack of programs

for cadre inmates and was looking into providing them with the full eight-week ART program.

## UPSTATE CORRECTIONAL FACILITY

On January 17, 2001, the Prison Visiting Committee toured Upstate Correctional Facility in Malone, approximately 20 miles south of the Canadian border. Opened in the summer of 1999, Upstate is New York's 70<sup>th</sup> prison and the third prison constructed in the town of Malone (pop. 14,297), where inmates now comprise more than one-third of the town's population. Upstate is also New York's newest and largest supermax, housing 1,500 male inmates: 300 cadre inmates who work in the prison messhall, laundry and other areas, and 1,200 inmates in four Special Housing Unit cell blocks who were transferred to Upstate for violating prison rules. The three most common violations that land prisoners in Upstate are drug use, weapon possession and assaultive behavior, the Superintendent reported.

Before the visit, we had received numerous complaints from inmates, their family members and attorneys about correction officer abuse, inadequate food portions, three inmate deaths that occurred in the 18 months since the facility opened, and poor medical care. Additional concerns were raised about inmate safety. Similar to the nine SHU-200s (freestanding disciplinary confinement units for 200 inmates) that have been built since 1998, Upstate confines its inmates in double cells. Pairs of men are locked together 24 hours a day in cells measuring 105 square feet. There is no outside programming or activity save for one hour of recreation in an empty outdoor cage attached to the back of the cell. The isolated nature of confinement (cells are sealed by thick metal doors rather than bars) combined with idleness and some inmates' histories of violence and/or mental illness raise a host of concerns.

From the outside, Upstate resembles the state's other supermaxes—a modern, high-tech control unit. Hidden in a strip of forest on a hill above the town, Upstate abuts two medium-security prisons, Bare Hill and Franklin Correctional Facilities. "Besides addressing the Department's need for more maximum-security space," reports an article in *DOCS Today*, "Upstate provides a substantial economic boost for the North Country." In all, the new prison generated 422 new jobs and an annual payroll of almost \$13 million. "I'd hate to think of where we'd be as a community without the prisons," said the vice president of Malone's Marine Midland Bank in *DOCS Today*. "It's frightening to think what the economy around here would be like were it not for the two prisons we now have, and the new one that we're getting." Construction costs alone totaled approximately \$125 million.

The prison was under capacity the day of our visit, with 125 disciplinary housing beds vacant.

Superintendent Thomas Ricks reported that Upstate received American Correctional Association accreditation in June 2000. He added that "this is the first time the population has been down." All staff positions—except for a pharmacist and dental hygienist—were filled. These vacancies, we were told, will likely not be filled due to noncompetitive state salaries. (In fact, 40% of pharmacist positions throughout the New

York State prison system are vacant, according to Dr. Lester Wright, Associate Commissioner of Health Services.) Like other prisons with no pharmacist on staff, Upstate must contract out services. Prison administrators have pointed out that the cost of contracting out pharmacist services far exceeds the cost of increasing the annual pay rates of staff.

We asked about the most common charges of Upstate inmates. “Most of the inmates are here for dirty urines. A lot of them have histories of violent behavior.”

Regarding the three inmate deaths, the Superintendent reported that one inmate died of natural causes. “He came in here very sick and died in custody,” he said. Another death was a suicide (“The inmate hanged himself with his shoelaces”), and the third was “a homicide.” The inmate was killed by his cellmate. According to Superintendent Ricks, no weapon was involved; the inmate killed by hand. The men had been cellmates “for a while and seemed to get along fine.” The fight broke out in the middle of the night when one inmate wanted the cell light off.

We asked for copies of the death reports, and the Superintendent said we would have to obtain them from the State Commission on Correction. Committee members asked about the presence of officers on the cellblocks. According to the Superintendent, officers are required to make rounds every ½ hour. (Whether this actually happens during the middle of the night, or whether it is sufficient given the number of inmates with violent backgrounds and mental illness, is questionable.) The Superintendent confirmed that “there have been several fights” between cellmates; officers deal with such situations “by getting down there as soon as possible.”

Surveillance cameras, 800 in total, line the corridors and most areas of the prison, except for the infirmary. Footage is stored for 14 days unless required for an investigation. Before the visit, we received anecdotal reports from attorneys, inmates and family members that inmates are “beaten down” in the infirmary where movement is not recorded and, for this reason, some inmates are reluctant to seek out medical care.

According to the administration, inmate grievances have dropped substantially over the past year, from 600 to 200. The most common grievances are “Code 49s,” allegations of staff misconduct.

Like the SHU-200s, Upstate uses a “behavior modification” system known as “PIMS,” for Progressive Inmate Movement System. All inmates enter on Level I, the most restrictive status, and can progress to Level III, the least restrictive status. Level I inmates wear leg irons during all out of cell movement, and handcuffs attached to waist chains during visits (family and legal). Earphones and commissary privileges are prohibited. Stamps—up to 50 a month—are the only items they can purchase. Indigent inmates receive one free stamp per month.

Upon completion of half their SHU time, Level I inmates are reviewed by a Disciplinary Review Committee, which may recommend to the Superintendent that up to one third of the inmate’s remaining SHU time be cut. The minimum criterion for

movement to Level II is 30 days of good behavior since the original misbehavior report was filed. Final decision on movement to Level II is at the discretion of the Disciplinary Review Committee. However, as stated in the inmate manual, Level I inmates who are eligible for progression cannot progress to Level II until beds become available.

At Level II, inmates who do not have a high school diploma or GED can enroll in a cell study program, where a teacher delivers books, assigns homework and provides written feedback. Restraints are removed during visits. Cellmates receive a deck of cards.

At Level III, which requires no disciplinary tickets during Level II, inmates get an additional shower (for a total of four a week), one pair of sneakers, permission to wear personal shorts, and an additional ½ hour of recreation per day.

Regardless of the level, the only personal property inmates can have in their cells is: various religious items, a plain wedding band, personal legal materials, up to 10 photographs, one address book, toothpaste, up to 10 books, magazines or newspapers, a calendar, stamps, and up to 20 pieces of personal mail. No personal packages with the exception of books, magazines and legal materials can be received. No phone calls are allowed unless approved by the Superintendent.

PIMS appears to work well in the sense that the Disciplinary Review Committee meets regularly, the vast majority of inmates make it to (and are currently on) Level III, and time-cuts are frequently given. “Some inmates come in with 90 days’ SHU time and are out in a month,” the Superintendent said. He gave us a print-out of the number of inmates on each level: Level I—151 inmates; Level II—163 inmates; Level III—761 inmates.

A disturbing figure is the number of inmates who “max out” (finish their prison sentence) at Upstate and are released directly into the community with no acclimation to a more normal way of life. After several months (or years) of sensory deprivation in disciplinary housing with little social interaction and limited opportunities to make decisions and choices, the men are suddenly released to the community. In December, fifteen inmates maxed out at Upstate, an unusually high figure according to the Superintendent. Normally, he said, three to four inmates are released each month.

### **Cellblocks**

Committee members branched out and interviewed inmates in each of the four cellblocks and on all PIMS levels. Interviews lasted 10 to 20 minutes and were conducted through the food slot in the door (visitors opened the hatch and knelt so that they could see the inmate while speaking with him) or spoke through a small perforated section of the door as the officers and staff do.

Interviews with approximately 90 inmates revealed a mixed picture. Some inmates expressed surprisingly few complaints about conditions of confinement, treatment from correction officers or being double celled. A number of inmates reported

that they preferred having a cellmate rather than bunking alone. (It should be noted, however, that prisoners' cellmates were within earshot during interviews, which may have skewed responses.) Generally, inmates seemed well matched. Men of similar age, ethnicity, body size and religious interests tended to be housed together. "The one good thing about this place is they accommodate your cellmate requests," one man said. Several inmates singled out particular correction officers whom they considered professional and responsive. Some inmates described the administration team as fair.

Other prisoners presented a very different picture. They spoke with great bitterness about the following:

- Small portions of food;
- Ignored medical complaints;
- Harassment from correction officers (including racial comments);
- "Beat downs" in the infirmary;
- Disrespect for personal property during cell searches, i.e. stepping on photographs or "breaking things");
- COs issuing misbehavior tickets and adding SHU time for such minor infractions as sleeping through a sick call appointment (announcements are made over a loudspeaker that medical personnel are beginning their rounds; inmates must be dressed and standing at the door in order to speak with a nurse);
- Hostile manner and general unresponsiveness by the officer in the State Shop. (It was reported that the officer issues clothing in the wrong sizes and ignores repeated requests for exchanges;
- COs ignoring grievances and retaliating against inmates for filing them. One inmate, for example, reported that a CO held up a sign that said "nigger" on the window of his cell after the inmate filed a grievance; and
- Overzealous use of chemical agents (tear gas) during cell extractions.

A good number of inmates confirmed the Superintendent's statement that most of them are at Upstate for drug use, or "dirty urines" as they're known. The second most common charge appeared to be assault. Many inmates said they had been to other SHUs, or to Upstate before, which raises questions about the effectiveness of SHU punishment to deter repeat offending. Moreover, the prevalence of inmates with substance abuse problems suggests that Upstate should have been designed as a treatment facility rather than a supermax prison.

One man, a self-reported drug addict serving a life sentence, said an assault charge at Wende brought him to Upstate a year ago. After finishing his SHU time he returned to Wende, where he used drugs and was sentenced to four months back at Upstate.

His cellmate, a "lifer" whose younger brother was at Upstate as well, said he has had a drug problem for 15 years. "I've done three state bids for drugs," he said, and has been sent to four different SHUs. He is currently serving five years' SHU time for drugs. Somehow—despite frequent cell searches, post-visit strip searches and the high level of

security—he said he bought heroin from his last cellmate. Because he is serving a life sentence, he has not been offered substance abuse treatment. Aside from a few residential treatment programs for a limited number of inmates known as RSAT (Residential Substance Abuse Treatment), 12-step meetings run by community volunteers are the only form of substance abuse “treatment” available in maximum-security prisons.

The two inmates in the next cell were also at Upstate for drug use. “I’m here for twenty dollars and a couple bags of dope,” one man said. He was serving an 18-years-to-life sentence at Green Haven and was given 15 months at Upstate for drug possession. “I’ve had a habit for 35 years,” he said. He spoke at length about spending the rest of his life in prison and how drugs help him cope with the hopelessness. His complaints about Upstate were mainly with medical care. “I came here with serious medical ailments,” he said. “I’ve been here since October...I filed 47 requests to see the doctor and still haven’t seen anybody.”

### **Lunch with Cadre Inmates**

Overall, the cadre inmates (about a third of whom are classified as protective custody) were dissatisfied with conditions at Upstate. Some felt they were coerced into going to Upstate with promises of a high-paying job and a transfer within a year. “They pulled a bait and switch,” one inmate said. Apparently, the only high-paying job is in food service, where there are 100 positions for 300 inmates. The others are assigned to the laundry, law library, or maintenance, at a pay rate of 15 cents per hour, or about \$10 every two weeks.

They gave the ASAT program high marks but reported the program hasn’t been running for the past three weeks because the counselor quit. Echoing the SHU inmates, they described medical care as poor. “If you get sick in here, it’s bad news.” They have an ILC that meets “every two or three months” with the executive staff.

### **Medical Clinic**

A committee member who is a physician at a hospital in New York City and a formerly a physician with DOCS, spent an hour with the medical director, touring the infirmary, reviewing inmate charts and speaking with nurses in the clinics located on each cellblock. The committee member was impressed with the health services director, who is board-certified, trained in surgery and new to correctional health care. Similar to many DOCS physicians, she has a part-time practice in the community.

The infirmary—with eight beds and four negative pressure rooms—was clean, spacious and well equipped. Telemedicine connecting Upstate physicians to doctors at Albany Medical Center is used regularly, saving time and the security costs of transporting high-risk inmates, and enhancing the level of care. Inmates with chronic conditions (HIV/AIDS, hepatitis C, asthma, diabetes) appeared to be monitored regularly and treated appropriately; an HIV specialist visits regularly to monitor treatment and medication compliance and consult with medical staff.

Each cellblock has its own clinic with full-day coverage by two nurses. Sick call logs and medical records appeared up-to-date and sufficiently informative. The nurse administrator said that approximately 15 inmates per cellblock (60 out of 1,200 inmates) have hepatitis C. She was unsure how many received treatment, but said that the Department makes the newest hepatitis C medication available for those inmates who are deemed in serious enough condition to warrant treatment.

### **Mental Health Services**

A committee member with a background in mental health services interviewed the head psychologist, an employee of the New York State Office of Mental Health with 28 years on the job. She reported that 120 inmates there (about 10% of the population) have been diagnosed as seriously or persistently mentally ill and are on the mental health caseload for counseling and/or psychotropic medication. Of the 120, 110 receive medication. The majority of inmates at Upstate are classified by OMH as Level 2 or Level 3, meaning that they have a mental illness but they're stable. Occasionally, however, a Level 1 inmate with a serious mental illness is admitted, or an inmate diagnosed as Level 2 decompensates and becomes a Level 1, which Upstate is not equipped to handle.

Approximately two to three inmates a week have to be transferred to the OMH Satellite Unit at Clinton Correctional Facility, about an hour away, for more intensive care. After they're stabilized, the psychologist said, "most of them get sent back here" to finish their sentence in disciplinary lockdown—an illogical and inhumane practice that occurs throughout the prison system and which places many mentally ill inmates in an endless cycle of disciplinary lockdown, mental deterioration, transfer, stabilization, and transfer back to disciplinary housing where the cycle begins again.

The most common mental illnesses are affective disorder, antisocial personality disorder and major depression. Most psychotropic medications are now dispensed in liquid form (in paper cups), we were told, to prevent hoarding, overdoses, or sharing with cellmates.

Staff is comprised of one full-time OMH psychologist, one full-time DOCS psychologist, 14 hours (total) of two different psychiatrists' time, and two full-time social workers. Given the high number of inmates on psychotropic meds, the unit urgently needs another full-time psychiatrist. In addition to the "five to fifteen" requests for counseling they receive each day, the staff makes daily rounds of cellblocks and conducts monthly one-on-one interviews with inmates on the OMH caseload. Correction officers, however, are not consistently available to provide security, and thus out-of-cell counseling sessions are often cancelled.

There is no discharge planner. Currently, discharge planning is the bare minimum: staff fills out applications for social security cards so departing inmates have identification. They also receive a two-week supply of meds.

The observation cells were among the most spacious, well-lit and clean we have seen. We were struck, however, that inmates in these cells are stripped to their underwear, denied any clothing, reading material or even a blanket. (In other observation cells we've seen, inmates are permitted to either wear clothing or have a blanket.) They have only a thin, rough mattress pad with which to cover themselves; the pad is so small that it barely covers a man of average build. We asked whether blankets could be made available, as we have seen in observation cells in some state prisons, but the psychologist said that in her experience blankets present too many risks for suicide. This view seemed unfounded: A correction officer sits directly outside of the cell 24 hours a day with an unobstructed view of the inmate. Even during breaks, the Superintendent said, the post is covered.

### **Meeting with Correction Officers**

We met with five correction officers, one woman and four men with 7, 13, 20, 11 and "11 years, 2 months and 17 days" on the job, respectively. "I count every day," the fifth CO said. The female officer said she entered corrections because she wanted to be in law enforcement; one of her relatives worked for the Federal Bureau of Prisons. All of the men cited the job security and benefits as their reason for joining DOCS. One officer previously worked in the sheriff's department and said that if he had stayed in school, he would not have become a CO. He takes advantage of whatever DOCS training opportunities he can, he said, and has a special interest in weapons and chemical agents.

"It was here or McCadam Cheese," another officer said, referring to the local cheese factory, which he perceived as his only other job option besides the prison. All of them were from Malone and had "worked their way [through the system] home." One CO said that his niece works at Upstate and his nephew is a CO at nearby Franklin. "Plus I have half a dozen cousins who work here in this facility."

They expressed general satisfaction with their jobs, their relationship with the administration, and their compensation. "I make as much money as my friends who are teachers," one officer said. "With 20 years in the system, I make good money for this area," said another. The officer who worked in the sheriff's department and who now does training for DOCS in chemical agents and weapons use, said: "The money's good...I mean, where else do you get paid to shoot all day?" referring to his work on the shooting range.

We asked why they chose to work at Upstate, a 23-hour lockdown, facility rather than Bare Hill or Franklin Correctional Facilities, also in Malone, and they all cited the consistency, efficiency and greater safety of working in a supermax prison where there is little inmate contact or movement. "I prefer a max over a medium because everything's cut and dry. The inmates are more settled," said the female CO. "And they feel safer here, too," she added. The other officers agreed with her. They said that inmates tell them they would rather be locked down for 23 hours than have to contend with the chaos of a medium-security prison. "This is a stable environment," a male officer said. "In mediums

there's a much greater potential for violence and extortion. They don't want to be in a yard with 300 other inmates who take their money, threaten their family, etc." The female officer said she knew of an inmate who assaulted an officer so he could stay at Upstate.

They prefer having cameras because it protects them from false allegations from inmates, they said. "Between all the training we get and the cameras, you can't just beat an inmate and throw him back in his cell," a male officer observed. They expressed a need for more training in interpersonal communication skills and dealing with inmates with psychiatric disorders.

We asked about job frustrations and, unlike other COs we have interviewed, they seemed to have trouble answering the question, either because they didn't have many complaints or because they were reluctant to share them with us. Finally, the female officer said: "What's hard is when you see inmates here who are trying to better themselves, and then their friends or family members bring in drugs...." (Another officer pointed out that visitors aren't strip-searched and sometimes bring in drugs.) A male officer complained about "catching diseases" from inmates and said he knows an officer who was recently diagnosed with hepatitis C. "We're exposed to hep C, TB, AIDS, you name it," he said. The other officers agreed that there is widespread concern among COs that they can contract infectious diseases from inmates.

We asked what words came to mind in depicting the inmate population, and again they seemed reluctant to answer. "I can't think of anything at the moment," one officer said. "I'd say they're either tolerable, or intolerable," said another. "In my opinion they need a little bit of guidance."

### **Meeting with Executive Team**

We presented our favorable impressions of the medical director, nurses and health care services in general but noted that many inmates gave very critical accounts of medical services, particularly the practice of denying medical attention to inmates who fail to be standing at the door when the nurses make their rounds. The Superintendent reiterated that medical grievances had dropped substantially over the past year. He made note of the inmate cases we brought to his attention and agreed to follow up on them.

In response to the prevalence of inmates with serious mental illness and the need for an additional full-time psychiatrist, the Superintendent agreed that the situation is problematic but not within his power to change. As for blankets for inmates in the observation cells, he deferred to the opinion of the unit psychologist and said he would rather err on the conservative side than risk a suicide.

We left with the impression that Upstate is little more than a warehouse, an eerily efficient way station where inmates with drug problems, behavioral problems and/or mental disorders serve their time and return to general population or society with the same problems they had upon entering Upstate, and in some cases more.

## WASHINGTON CORRECTIONAL FACILITY

On September 21, 2000, the Prison Visiting Committee toured Washington Correctional Facility, a medium-security prison for men in Washington County, approximately 15 miles northeast of Glens Falls. The main prison complex, opened in 1985, comprises 75 acres and clusters of low-lying brick buildings surrounded by a razor ribbon fence.

We met first with the executive team; they greeted us warmly and provided each member with a professionally printed brochure about the prison and data we had requested prior to the visit. They came across as proud of their facility and pleased to have the opportunity to speak about it.

Superintendent Israel Rivera came to Washington in December 1997 and is the supervising Superintendent of the Great Meadow Hub. He reported that approximately half of the prison's 1,086 male inmates are between the ages of 16 and 21, which qualifies the prison to receive federal funding for educational and vocational programs. The prison is fully programmed; not surprisingly, the number of grievances is low. Superintendent Rivera reported that grievances dropped from 140 in 1997 to just 74 in 1999. Inmates are encouraged to use what is called the "non-calendared" grievance procedure, whereby they raise concerns with grievance officers before logging formal complaints. Facilitating communication between staff and inmates, the Superintendent said, goes a long way in reducing tension.

Also helpful is the Community Lifestyles Program, a facility-wide initiative designed to impart accountability, problem solving and teamwork. Each dorm, for example, is evaluated weekly on cleanliness and behavioral infractions incurred by inmates. The Superintendent showed us tabulated charts of dorm ratings and said that dorms will compete for higher ratings. Finally, the Superintendent said that the weeklong orientation gives inmates a thorough understanding of the prison's mission, the importance of program participation, and the consequences of assault/weapons charges. "We remind them that the state has 3,000 new disciplinary confinement beds built for problem inmates," he said, and that Washington is a safe and easy prison but only if rules are followed and violence isn't tolerated. The average length of stay is 11 to 13 months.

### **Transitional Services Unit**

We visited the Transitional Services Unit, where the sign on the office door says: "Stop being an inmate. You weren't born one." The program supervisor seemed genuinely committed to helping inmates leave with better skills and resources. He showed us a set of binders he assembled on apprenticeships and training opportunities for inmates looking to work as cooks, electricians, die makers, mechanics and welders upon release. He schedules appointments for inmates at their local Department of Labor office before they leave and was well versed in the \$2,600 Work Opportunity Tax Credit (WOTC) for employers who hire ex-inmates. He said the state sometimes arranges for

bonds for employers who hire ex-offenders. “Only about 1% of bonded ex-inmates commit a crime against their employer,” he said.

He encourages inmates to enroll in community college when they leave and showed us catalogs on colleges throughout New York and out of state. He gives departing inmates information on community-based drug and alcohol programs, civil service exams and selective service opportunities. The staff also helps them with resume writing and interview strategies.

### **Programs**

The prison brochure states that “each student will receive training consisting of a mix of hands-on experience and trade-related theory...” Indeed, the range of programs is impressive—from air condition and refrigeration, building maintenance, electrical trades, home electronic repair and computer refurbishing, to floor covering, general business, horticulture/agriculture, custodial maintenance, small engine repair and welding.

Academic programs include Adult Basic Education, High School Equivalency to prepare for the GED test, and Bilingual classes with individualized instruction in Spanish and English. High school graduation ceremonies are held three times a year for students who earn their GED.

Two hundred inmates have outside clearance to work on a farm, make repairs on the Champlain Canal, provide firewood to elderly residents and serve as groundskeepers for Washington and neighboring Great Meadow prison. A Corcraft factory employs 30 inmates in a metal furniture shop.

Finally, Washington has an Alternatives to Violence program, a Mentoring and Nurturing (MAN) program, and an array of recreation and sports activities, including leagues in football, soccer, basketball and softball. Once a year the prisoners compete in power lifting contest against other inmates from other facilities throughout the state. With so many programs, it is easy to see why tension and grievances are low.

### **Medical Clinic**

We toured the clinic, a clean, modern and airy facility. Since the medical director was out, the nurse administrator gave us a tour and spent a good hour answering our questions.

She reported that nurses screen approximately 72 inmates per day for sick call and that staff physicians perform about 35 medical examinations. However, with only one full-time and one part-time physician and frequent nursing shortages, they are inadequately staffed and desperately need budget lines for another full-time doctor and either a nurse practitioner or physician’s assistant to dispense medication, do suturing and perform procedures beyond basic screening. As in most prison clinics, attracting nursing staff is extremely difficult given the noncompetitive state pay. The nurse administrator said she makes use of a Vital Life Signs Monitor (VLMS)—the first we have seen in a

prison clinic—to help speed up sick call screening. (The Department recently made VLSM’s available to clinics throughout the system.)

In addition, the medical staff oversees in excess of 5,000 DOT’s (directly observed therapy—dispensing medication to inmates in the presence of medical personnel) each month. Approximately 200 inmates are on psychotropic medication—“it helps them sleep better at night,” a nurse commented. About 20 inmates receive preventive medication for TB, though no inmates have active TB; 25 to 30 inmates are HIV+ and receive antiretroviral medication; 52 inmates have tested positive for Hepatitis C, of whom “only several” are on treatment. Departing inmates are given a two-week supply of medication and a one-month prescription. All of the nurses have been trained in HIV/AIDS and are CPR-certified.

Washington also has a pharmacy, dental unit and optometry section. DOCS closed the infirmary at Washington (and at eight other state prisons) in 1999 to cut costs. Inmates who require in-patient care are sent to nearby Great Meadow prison, a practice that the nurse administrator and Superintendent said has not created a problem. The majority of inmates are under 21 and in good health; those who do need in-patient care are serviced by the Great Meadow clinic in a timely manner. The former infirmary is now used as a patient education room, where inmates watch videos on wellness and healthy living habits.

As we have observed in other prisons, the dental unit lacks a dental hygienist. The Department is phasing out this position, a nurse said, due to noncompetitive pay rates and the short length of inmate stays. Inmates are apparently told at orientation that they should not expect to have their teeth cleaned while they are at Washington.

### **Alcohol Substance Abuse (ASAT) Dormitory**

We visited the residential ASAT program, a therapeutic community designed “to foster recovery and implement responsible behavior.” The program runs in six-month cycles, providing 330 hours of treatment for all inmates who earn an ASAT certificate. Approximately 85% of participants graduate. The waiting list was over 260 men.

A “community meeting” had just started when we entered; approximately 50 inmates filled the room. The men opened with an enthusiastic round of applause and welcomed new members. The civilian facilitator turned the meeting over to an inmate presenter, who discussed “regressions” and asked if anyone had a regression to share. One man said he’d lost his temper when another inmate left his clothes in the dryer. He said he’s working on his patience. The presenter asked the group for “progresses,” and many hands went up. Some told about the progresses of other inmates—a man who recently earned his GED, another who decided to make his anger problem a priority. The men applauded each other after each progress was announced; their support for each other was palpable.

We spoke with several inmates after it was over, and they made uniformly positive comments. “We’re a family here, a team,” one said. “We help each other deal with our hopes, fears and dreams.” Correction officers play an important role in the program, a Deputy Superintendent said, and an inmate confirmed that COs serve more in the capacity of counselors and coaches “than cops.” The COs “always make time for me,” one man reported. “They never say, ‘I’ll see you next time’ and keep going.”

### **General Population Dormitory**

The dorm we visited was calm and clean. We spent about 30 minutes speaking with small groups of inmates. Some complained about being treated “like children” and about rules that they considered petty, such as being required to tuck their shirts into their pants. Overall, they described Washington as a calm and safe facility with few problems. While some COs are known to “retaliate for a friend” (e.g. if an inmate files a grievance or staff misconduct form against an officer, his friends will hassle the inmate), they acknowledged a lack of violence.

### **Inmate Liaison Committee (ILC)**

The ILC began by noting that Washington is generally a well-run prison with ample programs and fair, approachable correction staff. Their concerns were as follows:

- There is no dental hygienist and they can’t get their teeth cleaned;
- There aren’t enough staff physicians to provide medical care when needed. “There’s only one doctor for over a thousand inmates,” one man said. Another inmate, who was on crutches, said his artificial leg had been broken for 75 days despite repeated requests to have it replaced.
- Visiting policies are too restrictive. Inmates said they couldn’t receive a visitor if the person hadn’t visited in the past 60 days. Of five recently scheduled family events, they said, four had been cancelled.
- Memos from the administration are not consistently available in English and Spanish.
- Packages are often delayed.

### **Meeting with Correction Officers**

We met with two male officers, with 15 and 16 years on the job, and two females, with 18 and 21 years on the job.

The group reported liking their jobs at Washington because “the caliber of inmate is different. They’re not looking for trouble—they’re looking for parole.” Another said he enjoyed being part of a “family throughout the state.” Regarding coworkers, one officer noted, “We may not always get along, but we can always depend on each other.” They described the security staff at the prison as “a big family. Everyone pretty much knows everybody else.”

Among their dislikes about the job, they cited risk of contracting diseases from inmates. “It scares me to think what I’m bringing home to my children,” a male officer commented. Unlike correction officers at downstate prisons, they didn’t complain about salary. The cost of living in rural New York is moderate, they said. “Do we make bad money? No. Could it be more? Yeah.” One officer said he would like to see the state defray the cost of college for the children of state employees.

They felt that the prison needed more security on the 11 p.m.-to-7 a.m. shift. In 1997, they said, the facility cut the “rover” positions responsible for checking on the officers posted in dorms. One rover used to be responsible for the COs in two dorms; now there is only one rover for the entire facility, and COs are concerned about the time it would take for backup to arrive in the case of an emergency.

### **Special Housing Unit (SHU)**

Two members toured the 32-cell SHU, a dimly lit freestanding building that was full on the day of our visit. The control pod (posted with two COs who control cell lights, doors and showers) sits in the center. Each cell has a solid metal door with a small Plexiglas window and a slot to pass a food tray through. To get an inmate’s attention, we had to knock on the door or shout through a small speaking patch. The men were thoroughly sealed off from the outside. The level of isolation was striking.

We spoke to the inmates through the food slot so we could make eye contact while we were interviewing them and could speak in normal tones, versus having to shout through the speaking patch in the door.

The cells are lit with a low-watt bulb controlled by the COs. Small windows permit some natural light. The majority of inmates wanted to speak with us. A couple of men were sleeping; one said he was busy studying. Many were teenagers, and the sight of such young men—practically adolescents—subjected to restrictive conditions and sensory deprivation was unnerving. Most said they were there for fighting or dirty urines.

For the most part, the inmates seemed calm and had few complaints. They confirmed that the officers give them their showers, food and recreation at scheduled times, and that nurses make rounds daily. One inmate, a Hispanic man who spoke in broken English, started to cry while speaking with a visitor. He did not understand why he was in the SHU, he said, and we asked the Superintendent to speak with him. The Superintendent explained the charges that landed him in the SHU, which seemed to calm him down. He explained to another inmate that he could receive stamps. We left with the impression that officers are not making sufficient rounds.

### **Meeting with Executive Team**

The final meeting was a cordial exchange, as we heard mostly positive comments throughout the day. Regarding dental care, Superintendent Rivera said that Washington

does not have a dental hygienist item and when the item did exist, they were unable to recruit personnel due to noncompetitive state pay.

The Superintendent explained the visiting policies for family events. If an inmate has had a family member visit within the 60 days before a scheduled family event, no friends are able to attend the event, only family. If the inmate had no family member visit during those 60 days, then he could invite a friend to the event. The reason for this, he said, is to limit family events to family members to strengthen family ties. He felt that if inmates were permitted to invite girlfriends, they would ignore their family members.

The Superintendent acknowledged the cuts in the rover positions but explained that the cuts were made after the dorm populations were reduced by half.

We concluded the meeting by expressing the positive impression that the facility and staff had made on us.

## WENDE CORRECTIONAL FACILITY

On May 19, 2000, the Prison Visiting Committee toured Wende Correctional Facility, a maximum-security prison for men approximately 10 miles northeast of Buffalo. Formerly the Erie County Penitentiary, the prison was acquired by the State of New York in 1983. Since its opening, the prison has undergone substantial renovation, the most significant being the construction of a Mental Health Satellite Unit, which was opened in 1993, and a Regional Medical Unit, opened in 1998. Wende holds 962 inmates and was at capacity the day of our visit.

We had last been to Wende in May of 1998; several members of the Visiting Committee were returning visitors and felt that conditions and inmate-staff relations had improved.

Superintendent Edward Donnelly approved our agenda and provided an overview of the facility and inmate population.

Wende has a high concentration (567 out of 962) of inmates classified as “violent felony offenders.” About a third have been convicted of murder, attempted murder or manslaughter. Fifty-one percent are first felony offenders, 40% are second felony offenders and 9% are persistent offenders.

According to DOCS’ Unusual Incident Report (1998), Wende has the highest rate of UI’s in the system. (Unusual incidents include assault on inmates or staff; contraband; death; disruptive behavior; escape; employee misconduct; fire; self-injury; sexual misconduct; employee weapon use; inmate disturbance and destruction of property, among others.) We asked the Superintendent if the high rate was due to the concentration of violent felony offenders; he seemed surprised to hear of Wende’s status and suggested that the number was artificially high in that it included medical deaths in the Regional Medical Unit (RMU). We pointed out that the RMU was listed as its own facility with its own UI rating.

### **Regional Medical Unit (RMU)**

The four-story RMU contains an 18-bed infirmary for Wende’s primary care services, 80 inpatient beds, a physical therapy room and a clinic for onsite procedures and inmate evaluation by specialists. The RMU provides services for inmates in the Wende Hub and statewide as needed. Overall, we were favorably impressed with the staff, operations and the modern facility. We noted many improvements since our last visit, shortly after the unit opened.

Inmates in both the infirmary and RMU described the care as excellent and the doctors and nurses as caring and professional. The senior utilization nurse spent half an hour with us, explaining how he monitors patient care and advocates on patients’ behalf. We were equally impressed with the RMU medical director. His credentials as a board-

certified internist and prior experience as director of a substance abuse program were among the many qualifications he brings to his position. He created his own quality assurance program for the RMU, as well as discharge summary and admission forms. His answers to our questions regarding rates of chronic illness, access to care, medication compliance, and other issues showed that he was well-informed and effective.

Twenty-five inmates are HIV-positive and receive treatment. An HIV peer educator is currently being trained. Approximately a dozen inmates have been diagnosed with hepatitis C.

### **Meeting with Correction Officers**

We met with one female correction officer and six male officers. In response to our question of why they entered corrections, one officer said that he “stumbled into corrections” and has family members in the field. Another said he took the Civil Service exam out of high school and turned down requests from the Department to interview for the job until he was “talked into it,” adding that he “never looked back.” Another officer joined when the steel plant where he worked closed. He noted that his wife’s family has 11 members working in corrections.

With regard to what they like best about their jobs, three officers cited camaraderie with their fellow officers. “We look out for each other,” they said. Another said he “learns a lot from the inmates; there are a lot of different personalities.” In addition, he said, the job lets you “get a good look at yourself and find out how you will react in a pressure situation or emergency.”

The officers were faster to describe what they dislike about their jobs. They reported it is monotonous and stressful. One officer said that they are “working with the dregs of society and it can wear on you. You change your attitude and get cynical. A lot of times you can leave it at the jail, but not always. It leaves you thinking that you can’t trust anyone.” One officer explained that many people enter the field acting tough because “you are made to believe that’s how to get respect.” Officers who start out “hard-nosed” tend to mellow as time goes on, while those who start out “relaxed and naive” are taken advantage of by inmates “who can sense it in a heartbeat.” As a result, COs become more cynical.

They emphasized the danger and uncertainty inherent in their jobs. One CO communicated the attitudes of many officers we’ve spoken with when he noted that “they don’t pay me enough to risk my life everyday.” Another CO described how he had to break up a fight in the kitchen and “ended up with a pot of hot syrup being dumped on [him].” One officer likened the job to “a professional high-wire walking act where the situation can change at anytime.”

### **Special Needs Unit (SNU)**

We were favorably impressed with Wende's Special Needs Unit (SNU), the first of three such units in the state prison system. (There are SNUs at Sullivan Correctional Facility and Arthur Kill.) The unit consists of 52 single cells, two classrooms and an indoor recreation room. The SNU is designed for inmates with IQs of less than 70, or with developmental and learning disabilities. The inmates have their own yard and mess hall and mix with the general population at sick call, religious services and on visits.

On the third floor of the unit is an honor block for SNU inmates, with large cells with TVs. To qualify for and stay on the honor block, inmates must exhibit good behavior, participate in programs and keep up with personal hygiene.

The unit has its own staff—two teachers, two teaching assistants and a recreational therapist. One classroom has computers with math and reading software. Posters and maps decorate the classroom walls. In a room where inmates are taught Adult Daily Living (ADL) skills, there is a stove, washer and dryer, sink, a table and six chairs. Here, the inmates are taught socialization skills, cooking and hygiene.

The unit staff, both civilians and security, was particularly impressive. Inmates referred to two COs as “good guys.” They reported that the COs are willing to listen and help. “The COs and teachers here cheer me up,” one said. “I feel much safer here than at Oneida.”

We spoke with a correction counselor who runs groups for substance abuse, aggression, and sex offenders on the unit. She reported that Wende's SNU is the most structured of the three units in New York's system.

### **Mental Health Services**

The unit consists of six observation cells, eight dormitory beds and 38 Intermediate Care Program (ICP) cells. In addition to housing mentally ill inmates from other prisons, the unit serves Wende inmates on an outpatient basis. Over 25 percent of the prison's population, 250 inmates, are on the mental health caseload, of which 185 receive psychotropic medication.

According to the discharge planner, approximately 20 inmates had been released from the OMH unit to society between January and May of 2000. Men are given a two-week supply of medication and a 30-day prescription. The discharge planner said he schedules appointments with community-based mental health care facilities or the hospital where the inmate last received treatment. The inmate and his parole officer receive a letter with the location, date and time of the appointment. The discharge planner

also prepares a Social Security Insurance (SSI) application for the inmate. Unfortunately, he noted, the majority of men go to shelters upon release.

### **Intermediate Care Program (ICP)**

We visited the Intermediate Care Program (ICP), run by DOCS. There are nine ICPs in the state prison system. Typical participants are men with life-long psychological illnesses who have spent time in and out of mental health facilities. They typically have little or no job experience and limited ability to function in mainstream society.

A staff member pointed out artwork—large, brightly colored cartoon characters—that an ICP inmate had painted on the wall and introduced us to the artist. He was proud to display his work. Another sign of the therapeutic nature of the ICP was evidenced in the treatment of a deaf inmate. Staff provided him with his own TTY (Teletypewriter) phone and a TV with closed captioning. Two inmates on the unit speak American Sign Language, and a staff member said that she and several other ICP inmates have picked up “bits and pieces” of ASL. Her goal is to communicate with this inmate and keep him involved. Two blind inmates also live on the unit.

### **Inmate Liaison Committee (ILC)**

We met with four members of the ILC. The first issue the men raised was medical treatment. They reported that inmates diagnosed with Hepatitis C are denied adequate treatment. They were also concerned about what they considered to be unsanitary conditions in the clinic. They said the RMU provides poor treatment and there has been no hot water in the unit for over a year. They reported that the bed linens are not changed often enough and COs dispense medications without gloves. Committee members, who have toured many clinics, felt that these complaints were somewhat exaggerated.

In addition, they reported that visitors are often treated disrespectfully by COs. They told of visitors being reprimanded as if they were children, and COs enforcing rules that don't exist (they did not provide examples). The inmates said it is frustrating and upsetting to the visitors, who often travel long distances to see their loved ones, only to be treated rudely by the COs. It makes them less likely to come again. One inmate told of a female visitor who was made to remove her bra in the bathroom for inspection by a female CO. The visitor was told to walk into the visiting room with her bra in a paper bag and then use the bathroom there to get dressed.

The ILC also discussed what they consider to be an extensive Negative Vendors List. They said there are too many companies from which they are not permitted to make purchases. They reported that they were not informed of the criteria used to determine whether a company should be placed on the Negative Vendors List. On a positive note, they said the administration is an improvement over past executive teams, and listens to their concerns. Compared to the serious allegations of staff misconduct, harassment and beatings by COs and “horrendous” medical services we heard from inmates when we visited in 1998, conditions at Wende appear to have improved considerably.

### **Meeting with Executive Team**

We reported our favorable impression of the Regional Medical Unit, the Mental Health Unit, SNU and ICP. We brought up inmates' fear that they are being denied treatment for hepatitis C and asked that they receive more information from medical staff. The Superintendent said he would look into it.

Regarding treatment of visitors, Superintendent Donnelly reported that the ILC brought the issue to his attention a few months before. He said he had already discussed the problem with the steady officers in the visiting room and now surveys inmates' family members as they leave to determine how they perceived the visiting experience. He also informed us that the minutes from every ILC meeting are broadcast on the prison's closed circuit TV.

We reported the complaints about a lack of hot water in the RMU, which the Superintendent said is due to structural problems that have taken some time to rectify. They plan to have repairs completed in time for the American Correctional Association audit in the fall. The Superintendent noted that more sinks will be added in the RMU.

We cited the lack of substance abuse treatment and suggested the possibility of a Residential Substance Abuse Treatment (RSAT). The executive team agreed, and an RSAT program has since been started.

In closing, Wende appeared to be a much improved facility since our last visit. The new executive team received high marks from all—the inmates, staff and Visiting Committee.

## WILLARD DRUG TREATMENT CAMPUS

On October 18, 2001, the Prison Visiting Committee toured Willard Drug Treatment Campus, in Ovid, about 60 miles west of Binghamton. Opened in 1995, Willard is a three-month boot camp/drug treatment program that provides a new sentencing option for low-level drug offenders and parole violators who otherwise would have served longer prison sentences. Because of their special status, the men and women at Willard are referred to as “parolees,” not inmates. The facility is operated by three agencies: DOCS, the Division of Parole and the state Office of Alcohol and Substance Abuse Services (OASAS).

Superintendent Melvin Williams reported that the primary objective of Willard is treatment for addiction, and that each ‘platoon’ of approximately 60 parolees has its own “treatment team.” Primary members of the team are ASAT counselors, parole officers, and correctional counselors, all posted on the unit with the parolees. Secondary members of the teams include teachers, vocational instructors, and correction officers (known at Willard as drill instructors).

The three-month program at Willard is followed by six months of outpatient supervision in the community by parole officers. In December of 1999, a 15-month “Extended Willard” program was introduced, which provides six months of residential treatment in the community as a bridge between Willard and outpatient treatment. The ‘Extended Willard’ program is offered only to judicially sanctioned parolees who have demonstrated success with treatment. This criterion excludes most of Willard participants, the majority of whom are parole violators. As of September 1, 2001, 13 individuals had completed all three phases of the 15-month program, and another 133 individuals were enrolled.

Superintendent Williams said the Department does not have recidivism rates for Willard graduates.

### **Programs**

The first thing one notices about Willard DTC is the military discipline that is observed at all times, in the classroom as well as in formal drill sessions. Boots are polished, uniforms are clean, and meals are eaten in silence. At all times, parolees speak only with permission, and then only according to military protocol, which means beginning and ending all sentences with ‘sir’ or ‘ma’am.’ The organizational benefits of those rules were immediately obvious. The campus was quiet, clean, and orderly, and at every program we visited, parolees were engaged in organized activity.

Academic instruction at Willard is limited mainly to GED classes, although there are some books and occupational coursework available for parolees who have their GED. All parolees are tested upon admission and given an individualized “diagnostic prescription” and weekly assignments from a textbook. Parolees work silently at their

desks in large, well-lit classrooms. If someone has a question, he stands silently on line to ask the teacher or one of parolees who work as unpaid tutors. This system has the advantage of allowing students to study at their own pace. Not everyone benefits from this method, however, especially those at either end of the spectrum – the illiterate and learning disabled, and the college-level students, who have little organized material to work with.

Willard offers vocational classes in plumbing, architecture, carpentry, building maintenance, and masonry for parolees who have their GED. Some of the vocational students have built structures on the campus. At the masonry class we visited, which was clean and well supplied with tools and materials, five female parolees were assembling brick walls and then taking them apart again. Oddly, graduates of vocational classes are not given certificates of completion, or any letter of recommendation. The Deputy Superintendent of Programs reported that inmates become “certificate-crazy” and enroll only for the sake of getting a certificate, rather than for learning.

The masonry teacher struck as us enthusiastic and amiable. He felt that the skills he taught were sufficient to get a job as a brick layer; however, he did not know any specific student who had gotten a job nor did he have any contacts with employers. He was more interested in the therapeutic value of the class. “For many of these students, this is the first thing they’ve ever accomplished in their lives,” he said. “They see they can do this, and they realize they can do other things.”

Treatment of addiction is the main objective at Willard, and the treatment methods are in accordance with the philosophy of Shock Incarceration. According to that philosophy, a person's failure to get along with others is a symptom of his own maladjusted behaviors. So individuals who are having problems in the group are publicly confronted by the their platoon in organized weekly confrontation sessions. The sessions can last up to four or five hours. We witnessed part of two such sessions. In the first, a middle-aged black man was singled out for confrontation by fourteen other parolees. Sitting in a circle in the center of the room, the man was harshly criticized for being obnoxious, for talking in no-talking areas, for not participating in groups, for having a bad attitude, and for making racist comments. “You called the DI a peckerwood,” one man said, “and I resent that because my wife is white.” Counselors and officers clapped and cheered, while other members of the platoon raised their hands in agreement. The *us vs. them* mentality of COs and inmates seemed to have vanished.

The second part of the confrontation session comes after the individual has been ‘broken down’ by public criticism. Then he is told to own up to his behavior and to take responsibility for changing it. Another session we saw was in this stage. The confronted parolee was sitting at a desk in a circle with his platoon. “I own that I took the peanut butter,” he mumbled. The counselor chided him to talk louder and to tell the group how he planned to change his behavior. “I’ll observe military protocol 24/7,” he said. A counselor cut him off, shouting, “Don’t give us the Shock answer! Don’t give us what you *think* we want to hear! Close the book and *talk* to us!” Eventually the parolee promised to “stop playing the victim” and to “start working through the 12 Steps.” The

counselor then adopted a softer approach, telling the parolee that he needed to respond better to stress.

“It’s easy to break a man down,” Superintendent Williams told us later, “but it’s very important to build him back up.”

We were glad to see that formal procedures for monitoring staff performance are conducted by a Quality Improvement Committee, which regularly assesses counselors’ case notes. In addition, Willard staff recently developed anonymous exit evaluations for parolees to fill out on their last day. Staff said that they were still analyzing and compiling the feedback.

### **Meeting with Parole Officers**

We met with three parole officers and a senior parole officer, who were enthusiastic about their job and candid about what they thought were Willard’s positive attributes (the military discipline) and problems (the transition process back to the community).

The POs seemed supportive of the program and appreciative of parolees’ life skills. “They’re survivors,” said one PO, citing an exercise where parolees managed to create household budgets based on an income that “I’d be afraid to live on.” The parole officers thought that the weakest part of Willard DTC was the transition for graduates back into the community. “We’re selling a pie in the sky,” one said. “We talk about community support, family values, finding strength in your peers. Then we send them to the same dysfunctional situations, the same poverty they came from. We teach them what they need to look for, but they can’t find it.”

The senior parole officer felt that Willard POs should have more contact with POs in the community and suggested that Willard parole officers be allowed to follow their platoon after graduation and maybe spend a few days with them in the community. Another officer, who had worked with Willard graduates in the field before coming to Willard, said that she wished she had known more about the Willard program so she could have helped enforce the right habits and better understood the difficulties of transition.

### **Meeting with Drill Instructors**

The four Drill Instructors (DIs) we met with were among the most upbeat correction officers the Visiting Committee has encountered. Three of them had been at Willard since it opened or soon after; their correctional experience ranged from 20 months to 27 years. Some of them had initially been apprehensive about working at Willard, fearing the physical demands (all DIs must do exercises with their parolees) as well as the extra responsibility of being more involved in the treatment process and assuming a more active leadership role. They all felt that being a DI at Willard was more demanding but more rewarding than any other prison experience. One DI said he hadn’t

“banged in” (called in sick) in months; another said his wife told him that his personality had improved since he started working there. One DI, who had previously worked at Great Meadow, a maximum-security prison, said that he drives an hour and a half each way to work at Willard when he could work at a prison seven minutes from his home. At other state correctional facilities, he said, “It’s just, ‘do your eight hours and go home.’” Another added, “We’re not just babysitters here.”

The DIs felt that Willard parolees are no different than regular prison inmates, but that the culture of the Willard produces different behavior. One sergeant said she often encounters parolees whom she knew as inmates at Sing Sing, where she worked for ten years. She is always amazed at the change. “[Here] I tell them to do something and they do it without a struggle.” A lieutenant said he leaves his house at three o’clock in the morning in order to get to Willard by five and run laps with the platoons. He told stories of being thanked by parolees and their parents for transforming their lives.

The DIs enjoy making a difference, playing an active role in parolee’s lives, and – unthinkable in a traditional prison setting – acting as role models. They said that the lack of behavioral problems at Willard is due in part to the short sentence, which gives parolees incentive to follow the rules. They also noted that at Willard the schedule is so regimented that parolees “don’t have time to think.”

### **Meeting with Parolees**

We met with five parolees, one female and four males. Four of them had been judicially sanctioned; one was a parole violator. (This was an inverse ratio to the general population, 80% of whom are parole violators, 20% judicially sanctioned). As the interview progressed (and with encouragement from us to be candid), their military bearing began to loosen – hands came off thighs, spines relaxed. The parolees said they didn’t mind the regimented schedules and military protocols – most said that was the best part of the program – but they complained that few of the counselors were actually interested in helping them with their problems. “You can’t speak or think. Your opinion doesn’t matter,” they said. “They treat you like robots.”

The parolees named several obstacles to adequate therapy. First, there is a lack of individual counseling. A few times a week there is an activity called “three minute clearing,” where each member gets exactly three minutes to talk about whatever’s bothering him (with no feedback or conversation afterwards). Other than that, individual counseling sessions are mostly reserved for praising or rebuking parolees who are doing exceptionally well or poorly in the program. Second, the military protocols on language impede free and honest discussion. It is difficult to open up to a counselor when you have to begin every sentence with ‘sir’ or ‘ma’am.’ Finally, parolees didn’t feel safe talking to individual counselors because some counselors were known to use personal information against them in the confrontation sessions. For example, one parolee’s counselor shouted out in the confrontation session that he had a mental disorder, something he had told her in private. “She threw it in my face like a dagger,” he said. “I just kept thinking, 90 days, 90 days, and then you can relax.” Other parolees nodded, confirming our sense that the

hostile and accusatory nature of the confrontation sessions might cause people to avoid disclosure and shut down in self-defense.

On the other hand, some of the parolees did feel that confrontations could be worthwhile. They felt strongly that they should be conducted more professionally and compassionately, with less yelling and more respect for the privacy of the individual and with more effort afterward to restore the person's self-esteem. "They leave you open and exposed," one parolee said.

Disturbingly, parolees reported that they are forced to participate in confrontation sessions, or else fail their weekly evaluations and get kicked out of the program and sent to prison. This means that they feel pressure to join in the accusations even if they don't know whether the accusations are true. "The parolee being confronted might live in another dorm," one person said, "You don't know anything about him, but you raise your hand [and agree with the accusations] anyway, just to get the [participation] points." A Willard graduate we met with on the outside said that he would often tell parolees in advance that he was going to go along with the group confrontation and not to take it personally. "The whole process encourages conning and lying," he said.

Parolees requested dedicated platoons, and a more thorough orientation (both of which the superintendent promised would be instituted in the next few months). Parolees also complained that the phone privileges – limited to one ten-minute phone call every two weeks – are inadequate. One parolee wanted more information on other drugs besides heroin and crack and alcohol, "club drugs" such as ecstasy and LSD. Parolees laughed when we asked them about the library – "what library?" – and said they'd never seen the bookshelf of drug information contained in the *DOCS Today* write-up of Willard.

Finally, parolees said that the success of the program ultimately rested on the staff. They had strong praise for certain DIs, whose names we passed on to Superintendent Williams.

### **Meeting with Executive Team**

At the debriefing session with Superintendent Williams and his staff, we raised our concerns about the destructive nature of the confrontation process, and its susceptibility to abuse by parolees and staff. They told us that the process works well if it is facilitated effectively, and that they were always trying to model the right method for their staff. They said that counselors are not supposed to bring up private information in public confrontation sessions, and are not supposed to use military language in counseling sessions. They said they understood the need for care and compassion and want to encourage those attributes.

We also brought up the lack of certificates in vocational training. They hesitated to award certificates, having worked in prisons where inmates focused more on gaining certificates rather than on developing skills. However, they offered to put a letter in the

parolee's file for his parole officer to see, detailing how much training the parolee had completed. We suggested handing a letter of recommendation directly to the parolee on graduation, and they said they would consider it.

All in all, we left with the sense that Willard is an effective program which, with some improvements and more monitoring of staff to ensure that treatment is therapeutic versus punitive, should be expanded so that more nonviolent drug offenders can participate.

## GLOSSARY

**Adult Basic Education (ABE):** Academic instruction for inmates who test below the eighth-grade level in reading or math.

**Alcohol and Substance Abuse Treatment (ASAT):** A drug treatment program in prison focusing on chemical dependency, education, and recovery. ASAT participants typically reside in a separate dormitory, which is run as a “therapeutic community.”

**Cadre:** Specially assigned inmate work crews that perform a range of jobs inside a prison. Inmates who are selected for cadre—considered one of the better prison assignments—must have a good institutional record and no serious medical or mental health needs.

**Central New York Psychiatric Center (CNYPC):** An inpatient, maximum-security psychiatric hospital overseen by the New York State Office of Mental Health (OMH). Located in Marcy, New York, CNYPC consists of 210 beds.

**CO:** Correction Officer

**Comprehensive Alcohol and Substance Abuse Treatment (CASAT):** Post-ASAT drug treatment program for inmates within a year of their release date. Participants reside in a CASAT unit in a correctional facility or a residential treatment program in the community. CASAT focuses on relapse prevention and the transition from incarceration to the community.

**Corcraft:** A manufacturing program operating in 15 prisons. Corcraft workers make file cabinets, license plates, furniture, soap and other items for purchase by other state agencies. Corcraft is one of the most popular and highest-paying prison work assignments.

**Department of Correctional Services (DOCS):** The New York State agency responsible for the confinement of approximately 67,200 inmates held at 70 state correctional facilities.

**GED:** General Equivalency Exam, equivalent to a high school diploma.

**General Population:** Inmates confined in general housing areas.

**Hub System:** The grouping of correctional facilities by geographical proximity into administrative regions. These regions, called Hubs, are groups of neighboring facilities that share administrative, support and program services.

**Inmate Liaison Committee (ILC):** A leadership group of prisoners that serves as a liaison between inmates and the prison administration. Members are elected by other inmates.

**Intermediate Care Program (ICP):** A therapeutic, residential program for inmates who are unable to function in general population because of mental illness. ICPs are run jointly by DOCS and the New York State Office of Mental Health (OMH). There are currently nine ICPs throughout the state with a total capacity of 534 beds. ICPs are designed to provide inmates with the support and life skills training they need to return to the general population.

**Keeplock:** Short-term disciplinary confinement, usually for periods of 30 days or less. Keeplocked prisoners are confined to their cells 24 hours a day and given one hour of court-mandated recreation. Phone calls, packages, and commissary privileges are usually suspended.

**Mental Health Level:** Upon admission to the state prison system, all inmates are evaluated and given a mental health level based on their psychiatric needs. The inmate is then sent to a prison that provides the level of service indicated. Service levels range from 1 – 6, with Level 1 being the most intense level of service and Level 6 requiring no services. Level 1 correctional facilities contain Mental Health Satellite Units, which have at least one full-time psychiatrist, a full-time psychologist, support staff and several program components. Level 2 facilities have Mental Health Units and at least a part-time psychiatrist and full-time psychologist. Level 3 and 4 facilities have only part-time mental health staff. Facilities with no mental health staff are assigned Level 6. (There is no Level 5).

**Office of Mental Health (OMH):** The New York State agency that oversees, regulates and provides mental health services in inpatient and outpatient psychiatric centers and community-based programs throughout the state. OMH provides mental health services to approximately 7,400 state inmates.

**Progressive Inmate Movement System (PIMS):** A system of graduated privileges in SHU-200s, and in Upstate and Southport Correctional Facilities, which allows inmates to earn privileges and receive time cuts on their disciplinary sentence based on good behavior. All inmates begin at Level I, the most restrictive status, and can progress to Level III, the least restrictive status. Level I inmates wear leg irons during all out-of-cell movement, and handcuffs attached to waist chains during visits (family and legal). Earphones and commissary privileges are prohibited. Stamps—up to 50 a month—are the only items they can purchase. Indigent inmates receive one free stamp per month.

Upon completion of half their disciplinary sentence, Level I inmates are reviewed by a Disciplinary Review Committee, which may recommend to the Superintendent that up to one third of the inmate's remaining time be cut. At Level II, inmates who do not have a high school diploma or GED can enroll in a cell study program. Restraints are removed during visits. Cellmates receive a deck of cards. At Level III, inmates get an additional

weekly shower (for a total of four a week), one pair of sneakers, permission to wear their own, rather than prison, underwear, and an additional 30 minutes of recreation per day.

**Residential Substance Abuse Treatment (RSAT):** An intensive, six-month residential treatment program that currently operates in the following correctional facilities: Albion, Altona, Attica, Clinton, Coxsackie, Eastern, Elmira, Gouverneur, Green Haven, Hudson, Ogdensburg, Otisville, Sullivan, and Wallkill.

**Special Housing Unit (SHU):** Disciplinary confinement units for inmates who violate prison rules. Conditions include 23-hour lock-up, limited or no access to programs, phone calls or congregate activities.

**SHU-200:** Also known as “S-Blocks,” SHU-200s are high-tech disciplinary housing units for inmates who violate rules in general population. Inmates in SHU-200s are double-celled, 24 hours a day. Nine SHU-200s, holding a total of 1,800 prisoners, have been built since 1998 on the grounds of the following medium-security prisons: Cayuga, Collins, Fishkill, Gouverneur, Greene, Lakeview, Marcy, Mid-State and Orleans.

**Special Needs Unit (SNU):** A therapeutic residential program for inmates with developmental disabilities (an IQ of less than 70) who are considered victim-prone and unable to function in the general population.

**Supermax:** A highly restrictive, fully-automated, freestanding control unit that houses prisoners who violate rules in general population. This document defines the following eleven New York prisons as supermaxes: Upstate Correctional Facility, Southport Correctional Facility and each of the nine SHU-200s.