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Introduction:

I entered into a contractual agreement with the Commonwealth of Kentucky's Protection and Advocacy (KP&A) for the purpose of performing a records and policy review, and providing an expert opinion regarding the use of four-point restraints on two Kentucky Department of Corrections (DOC) inmates: [REDACTED] and Michael G. Gaddis, Jr., DOC number 258034.

[REDACTED]

As part of my review of [REDACTED] Gaddis, I requested, and was granted, a tour of the Kentucky State Reformatory on February 15, 2017, which included face-to-face interviews with [REDACTED] Gaddis; as well as a tour of KSR's Restricted Housing Unit (RHU), all three (A, B, & C) wings of the Corrections Psychiatric Treatment Unit (CPTU), the Inmate Behavior Expectation And Management program, and the Nursing Care Facility (NCF), which is the location where inmates are placed in four-point restraints at KSR.

[REDACTED]

Given the fact that neither the [REDACTED] Gaddis [REDACTED] cases is in litigation---at least at the time of this writing---I view my role in this matter as that of providing overall assistance to the Commonwealth of Kentucky, in the hope that not only Protection and Advocacy will benefit in their mission to protect and promote the rights of Kentuckians---in this case, inmates---with disabilities, but the Kentucky Department of Corrections, as well.

At this juncture in time, I have no vested interest in supporting the position of either Kentucky State agency; rather, it is my intention to provide an objective overview relevant to that of a correctional administrator, which is based on my education, training, and experience of 28 years of working in corrections, and 37 years of experience working in the field of criminal justice.

I have no illusions as to how difficult operating a correctional facility is. Corrections is a field where leaders are often times forced with making split second decisions that can be, quite literally, a matter of life and death. Complicating this issue exponentially, is the fact that correctional administrators, especially at the State level, are often times---if not always---faced with severe budgetary constraints and fiscal shortages; a lack of well-trained, steady staff; and a "clientele" of convicted felons whose freedom is limited, thus promoting friction in an already potentially volatile environment. In short, operating a correctional facility is difficult under the best of circumstances, and I clearly recognize this fact, as I experienced it for many years. With that said, the following represents my observations, opinions, and recommendations with respect to the aforementioned issues:

Credentials:

I have spent virtually all of my adult life working in the criminal justice field. Beginning at the age of 20, I was a West Virginia State Police dispatcher for three years while attending undergraduate school. I later worked as a police officer for approximately five years, taught criminal justice at six universities/colleges, and

worked in corrections for 25 years, retiring as a correctional practitioner in August 2014.

During this 25-year period of working in corrections, I served 20 years (1989-2009) with the United States Department of Justice's Federal Bureau of Prisons (BOP). Throughout my BOP career, I worked in seven different correctional facilities in a variety of positions of increasing responsibility, including two appointments as associate warden, and three appointments as warden, which were at the Federal Correctional Institution, Lompoc, California (1,500 inmates and 280 staff); the United States Penitentiary, Canaan, Pennsylvania (1,700 inmates and 375 staff); and the Metropolitan Detention Center, Brooklyn, New York (2,000-3,000 inmates and 550 staff). During my BOP career I also served as the deputy regional director for the Bureau's Northeast Regional Office in Philadelphia, Pennsylvania.

Subsequent to my retirement from government service in 2009, I worked for five years in the private sector of corrections, where I was the warden of the Moshannon Valley Correctional Center, Philipsburg, Pennsylvania (1,500 inmates and 240 staff); and the Delaware County Prison, Glen Mills, Pennsylvania (2,100 inmates and 575 staff).

In short, during my 25-year career in corrections, I served as the warden of five separate facilities---three prisons (two federal, one private) and two jails (one federal, one private/county)---over the course of 12 years.

Two years prior to beginning my career in corrections, I was a full-time, tenure-track instructor of criminal justice; and, throughout most of my career in corrections, taught criminal justice courses part-time at five other colleges and universities including, most recently, The Pennsylvania State University.

At the time of my retirement from the federal government, I held a top-secret security clearance, and had been appointed by the United States Attorney General to membership in the United States Government's Senior Executive Service (SES).

I hold a Bachelor of Science degree in Criminal Justice, a Master of Arts degree in Counseling and Guidance, and a Master of Science degree in Safety Management. I am a graduate of the West Virginia State Police 51st Basic Academy in Institute, West Virginia; and the Federal Law Enforcement Training Center (FLETC) in Glynco, Georgia, where I was elected class speaker by my fellow graduates.

*Since October 2014, I have been retained in the following matters:

Frost v. Arizona, USDC for AZ, Case No. CV2014-090418-AIU;

Wright v. Arizona, USDC for AZ, Case No. CV2013-004966;

Taylor v. Maryland DOC, et. al., USDC for Maryland, Case No. 16-CV-00336;

Alexander v. Monroe County, USDC for the Middle District of PA, Case No. 3:13-CV-01758;

Tarbox v. Butler Township, USDC for the Middle District of PA, Case No. 3:14-CV-1346;

Delaney v. GEO Group, District Court, 37th Judicial District of Bexar County, TX, Case No. 2012-C106719;

Doe v. GEO Group, USDC for the Western District of Texas, Case No. SA16CB173XR;

Hafer v. City of Trenton, Mercer County, New Jersey, Superior Court, Case No. MER-L-762-10;

Combs v. Three Forks Jail, Lee Circuit Court, Kentucky, Case No. 15C100105;

Simmons v. Three Forks Jail, Lee Circuit Court, Case No. 16C100080;

Smith v. Three Forks Jail, Lee Circuit Court, Case No. 16C100101;

Wells v. Rockcastle County Jail, USDC for the Eastern District of KY, Case No. 6:16-CU-00077-DCR;

Lacy v. Middlesex County, USDC for Massachusetts, Case No. 14-CV-10097;

Lopez v. New York City DOC, 24926-2011, Queens County Court, NY

Ruscher v. Arizona, USDC for AZ, Case No. 3:15-CV-08051-DJH;

New Jersey v. Aman, Cape May Superior Court, Case No. 13001083

*I have testified as an expert by deposition in five matters:

Forshey v. Huntingdon County, et al., No. 13-CV-00285, United States Court, Middle District of Pennsylvania;

White v. Pallito, USDC for Vermont, Case No. 174-3-15 WNCV

Morgal v. Jacobs, et al.; USDC No. CV-12-280-TUC-CKJ;

Manigault v. Ohio Department of Rehabilitation and Correction in the Court of Claims of Ohio, Case No. 2014-00962;

Smith v. District of Columbia, No. 1:15-cv-00161-ABJ.

I have not testified at trial in the last four year.

Materials Reviewed:



2. Department of Corrections Resident Record Card, and all other inmate file records regarding inmate Michael Gaddis.

Inmate file records include, but are not limited to, disciplinary reports, psychological reports, medical records, suicide watch records, watch logs, progress notes, other staff notations, etc.

[REDACTED]

4. Kentucky DOC policy 13.13, titled, Behavioral Health Services.
5. Kentucky DOC policy 9.1, titled, Use of Force and Mechanical Restraints.
6. Kentucky DOC policy 10.2, titled, Special Management Inmates.
7. Kentucky P&A written comments to the Assistant General Counsel for the Department of Justice and Public Safety, dated March 2, 2015; May 2, 2016, and September 29, 2016.
8. Statement of Consideration Relating To: 501 KAR 6:020 Corrections policies and procedures amended after comments, Justice and Public Safety Cabinet, Department of Corrections

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Interview with Inmate Michael Gaddis at KRS:

1. Inmate Michael Gaddis, age 23, is serving seven year sentence for Receiving Stolen Property, Receiving Stolen Property (firearm), First Degree Fleeing or Evading Police, and Burglary

in the Third Degree. He has a parole eligibility date of October 2018, with a Maximum Expiration Date of May 2, 2019. His highest level of education completion is the eighth grade. Mr. Gaddis has been incarcerated continuously since 2012.

2. Gaddis, who has been in and out of correctional facilities since he was approximately 10 years of age, indicated to me that he has had serious mental health issues since he was incarcerated in "juvie" when he was in sixth grade. He indicated that he became a "cutter" (self-harmer) during the period of time that he was incarcerated in the aforementioned juvenile correctional facility.
3. Gaddis has been diagnosed by the medical staff of Correct Care Solutions as having Impulse Control Disorder and Social Phobia. [REDACTED] Mr. Gaddis has a serious history of self-harming, which especially pertains to the cutting of his genitalia. During most of his time the KSR, Gaddis had also been prescribed a host of psychotropic medications. Interestingly, however, at the time of our interview, Gaddis said he was not being prescribed any psychotropic medications, nor was he involved in work and/or program opportunities.
4. With respect to the cycle of frustration and general feeling of hopelessness relevant to the situation, Gaddis is quoted in a Correct Care psychological progress note (dated February 10, 2016); it reads, "The offender reported these clinical contacts boosted his mood, also reported staff continue to encourage him to work toward eventual return (to) placement in CPTU. Mr. Gaddis expressed normal frustration regarding continued placement in restraints, *resulting/continued restriction to bed, and no opportunities for recreation. Also discussed recent follow up evaluation with PCP, during which he was reportedly advised to expect an additional 4-week placement in restraints as "overwhelming."* (emphasis added)
5. Gaddis [REDACTED] expressed overwhelming feelings of hopelessness and apathy with respect to the prospect of facing weeks of being continued in four-point restraints due to

incurred disciplinary reports. [REDACTED] Gaddis stated the problem, from his perspective, is that inmates in four-points can not eat after their trays have been served, nor can they go to the restroom and/or shower due to the aforementioned issues of security supervisor unavailability. Gaddis articulated the same cycle of dysfunction that [REDACTED] described in near identical fashion. He further stated that once four-point restraint time is imposed, it is stacked yet never reduced due to positive behavior.

6. Mr. Gaddis explained that prior to the KSR utilizing four-point restraints, which he believed was in 2015, the facility incapacitated inmates with the use of "hobbles," which involves the attachment of a short chain from the handcuffs of an inmate to the leg irons, thus forcing the inmate into an unnatural bent-over position. Although I have worked in the profession of corrections for 28 years and have taught numerous corrections courses at a variety of colleges and universities, I had never heard of the practice of utilizing hobbles. Simply stated, their use strikes me as a clear Eighth Amendment violation.
7. Mr. Gaddis told me that he was kept in hobbles on one occasion for 27 days straight, and for many of those days was in "mitts" and completely naked while he lay on the concrete floor of the cell where he was being quartered.
8. Mr. Gaddis submitted a Request to See Health Care Staff/Sick Call Request, dated February 23, 2016, in which he stated, "My lower back hurts really bad I think from laying in this bed for going on two months now and not allowed to stand up or exercise, and my wrist and hands hurt and burn from being forced into restraints for so long. Begging please (to) be released from this torture." The answer, dated February 26, 2016, and signed electronically by RN Cantrina Hopkins stated, "Per Provider Haun, patient is to shift his weight to decrease the discomfort in his lower back." Gaddis was promptly charged a \$3.00 co-pay for this sick-call visit.

9. Gaddis [REDACTED] indicated that razor blades and other forms of contraband that can be converted into a sharpened instrument capable of cutting flesh, were "simple" to acquire while he was in four-point restraints. Gaddis said that inmate watchers typically serve as the source of razor blades for inmates in four-point restraints. Gaddis pointed-out, and the record confirms, that on more than one occasion when he was brought out of four-point restraints, his legs were so weakened from immobility and inactivity, that he could barely hold himself up and walk.
10. Gaddis' perspective of his treatment by staff [REDACTED] was mixed. He indicated that most of the medical and security staff were professional and helpful, but there were a few staff members who attempted to provoke him and otherwise act in an unprofessional manner towards him. He said the three staff psychologists are very different from each other, and the manner in which he was treated by each varied significantly.

Meeting with KSR Warden Aaron Smith:

According to Warden Smith, the Kentucky State Reformatory is, at least at present time, the largest correctional facility in the KDOC and, therefore, the Commonwealth of Kentucky. Warden Smith said the facility typically houses around 2,000 inmates and has a staffing compliment of approximately 635 (full time, part time, and contractual) staff, inclusive of a security staff compliment of 365.

The warden indicated that his facility typically runs *a vacancy rate of 49 to 57 percent*, which has led to a mandatory work-week of 60 hours for security staff, and compels programs staff to devote one of their five days in the work week to that of security duties. Warden Smith further indicated that the KSR is accredited by the American Correctional Association. He also told me that there are no programs at KSR, outside of those offered within the facility's CPTU. Quite frankly, given the budgetary and staff shortages that Warden Smith

and his staff are faced with, it is truly remarkable that a catastrophic event has not occurred at KSR.

Tour of KSR's Restricted Housing Unit, CPTU, and NCF:

1. Throughout the course of my career in corrections, I have worked in, toured, and visited dozens of correctional facilities. As I proceed through any correctional facility, I formulate an opinion regarding the general wellbeing and operation of the facility based on my evaluation of a wide variety of items that I consistently look for.
2. Specifically, I look at correctional life-safety issues, general security, the health and well-being of inmates, living space square footage, and contraband control; the appearance, attitude, and visibility of staff; general appearance of the facility, sanitation, lighting, perimeter security, food services, medical services, emergency preparedness, availability and access to bath and toilet facilities, inmate capacity relative to the number of beds in the facility, program availability, recreation and religious service opportunities, etc.
3. Each component, at least from my perspective, is essential to the smooth and orderly operation of any correctional facility, and can take-on a uniquely important role in a correctional environment. For example, in any environment where human beings exist, sound sanitary practices can be attributed to disease control, insect and rodent control, and a positive effect on the mood of those in said environment; however, a key difference---a critically important difference---is that a lack of sound sanitation practices in a jail or prison, demonstrates that inmates, rather than staff, are in control of the facility. In well-managed, effectively operated correctional facilities, one invariably discovers that inmates are actively engaged in work assignments, and the facility is neat, clean, orderly, and well-kept, effectively demonstrating that staff---not inmates---are in control of the facility, and inmate idleness is maintained at a minimum.

4. I also evaluate intangible issues such as how staff greets and treats visitors, how inmates communicate and interact with each other, how staff communicate and interact with each other, how inmates and staff communicate and interact with each other, and the level of responsiveness staff demonstrate to inmate needs and reasonable requests.
5. My overall impression of the tour that I took of all six "runs" (or ranges) of the Restricted Housing Unit, the three wings (A, B, and C) and I-BEAM component of the Corrections Psychiatric Treatment Unit, and the Nursing Care Facility is one of ambivalence, and I will attempt to adequately articulate the specifics of that overall impression going forward in this report.
6. At KSR, similar to that of the Federal Bureau of Prisons, I discovered that inmates who are being quartered in the RSU are classified as being either in administrative segregation or disciplinary segregation. All inmates in the RSU are quartered in single cell status. Yellow uniforms are indicative of those inmates in administrative segregation status, while red uniforms are for those inmates in disciplinary segregation status. And while AS and DS inmates are celled separately---as all inmates in the unit are---they share the same runs. In other words, an AS inmate could be celled next door to the cell of a DS inmate.
7. As I walked into the main entrance of the RHU, I was struck at how clean the entrance was; yet as I proceeded into the unit, it was apparent that the unit lacked overall sound sanitation practices inside the cells. Many of the cells were abysmally unsanitary, and two cells that I saw were off-line and out of use due to "plumbing issues." I witnessed one cell in the unit that had a metal screen over the window area, which I would expect, but there was no actual window; rather, shredded plastic was covering the space where the window should have been.

8. I was told by our staff escorts (Kim and John) a typical count in the RHU is anywhere from 90 to 120 inmates. Although the general security of the unit appeared from my perspective to be adequate, I was extremely surprised that the doors leading onto the runs---what I would refer to as range doors---were propped open, thus, in my opinion, creating a threat to the general security of the unit. In every RSU that I have been in, *every* door in the unit remains locked and secured until there is a specific reason to open it; then, it is immediately secured. This practice is followed in order to create compartmentalization of the unit; in the event an inmate (or inmates) defeats the unit's security and gets out of their cell and onto the run (which I have personally witnessed), he will at least be confined to that run if the run doors are secured.
9. I noticed various inmates in the RSU who were completely covered by their blanket from head to toe, whereby one could not see the living, breathing, moving flesh of the inmate. This is not uncommon in correctional facilities; however, when I asked how many counts were performed within the unit in a 24-hour period, staff did not know the answer. *No inmate* should be counted unless staff can see the living, moving flesh of an inmate. Moreover, when I inquired about stand-up counts and how many were required each day, the answer that I received was that inmates in the RSU---or anywhere throughout the facility---are not required to stand for any counts. The importance of stand-up counts will be addressed in the opinions/recommendations section if this report.
10. There were a few inmates within the unit who were attired/covered with Ferguson Security Blankets, or what are commonly known as "suicide blankets" or "suicide smocks." When asked why, staff told me that those inmates were either disciplinary or mental health cases.
11. The CPTU of KSR is a unit consisting of A, B, and C wings, and the IBEAM (Inmate Behavior Expectation And Management) program. According to Kentucky DOC policy 13.13, Behavioral Health Services, the CPTU provides "specialized housing as

well as mental health treatment programs provided by the Department of Corrections Division of Mental Health to meet an inmate's mental health needs." The same policy states that an inmate "identified as mentally ill...shall be reviewed by the classification committee and psychology staff "to ensure that an appropriate level of care is being provided." (emphasis provided)

12. The A and B wings of the CPTU are program units. The A wing houses inmates who are currently participating in the STAR program, which stands for Striving Towards A Recovery. The B wing of the unit houses inmates who are participating in the THRIVE program, which is Trust Hope Recovery Integrity Values and Empathy.
13. The C wing is a non-programming wing that houses inmates who are on hunger strikes, and inmates with the lowest functioning abilities, many of which must be educated in the most rudimentary of personal care practices. The I-BEAM program is a separate component, yet part of the facility's CPTU. The I-BEAM houses 4 to 7 inmates at any given time; these inmates are typically those who engage in self-harming behavior, and/or who have experienced severe trauma, and/or have serious personality disorders.
14. My general impression when first walking into the C wing was the common areas were clean, yet upon closer inspection there was an abundance of graffiti on multiple cell walls.
15. There was one cell that had a "one on one" sign on the cell door, indicating that the inmate in the cell was on suicide watch and, therefore, according to applicable policy, an inmate watcher was there to provide oversight of that inmate. When I asked the watcher if his role was to provide "constant and direct supervision" to the inmate on watch, he said yes; yet, when I asked him how he could see the inmate from where his chair was positioned, he told me that he gets up and checks on the inmate *every five minutes*. He also showed me his five-minute notations in the logbook. While I am unfamiliar with

the Kentucky DOC's policy regarding suicide watch, inmates who are on suicide watch in other agencies are typically provided "direct and constant" supervision until downgraded or completely removed from watch.

16. Exacerbating this situation was the fact the cell immediately next door to the aforementioned suicide watch cell also had a "one on one" sign on the door, yet the same watcher was responsible for observing and documenting the actions of this second inmate as well. In short, *one watcher was providing "one on one" suicide watch for two inmates.*
17. When I asked a staff member how psychological staff conducted psychological treatment meetings with inmates who are on watch, I was told that staff communicate with the inmate by speaking through the crack between the cell door and the wall on the hinge side of the door, while alternately making eye contact with the inmate through the cell window. This reveals to me that the psychological treatment meetings are more than likely very short in duration, and obviously conducted within sight and sound of other inmates.
18. The most disturbing issue that I observed in this wing was the condition of one cell where the inmate appeared to be sleeping. Inside the cell, however, there was food and human excrement spread all over the cell, including all of the walls within the cell, and on the cell window. The odor emanating from this cell could easily be detected within ten feet of this particular inmate's cell door. I've spent enough time in correctional facilities to know this type of behavior on the part of some inmates is to be expected. However, at the time that we were touring the C wing, it was 2:00 p.m.; yet when I asked various staff how long the aforementioned cell had been in that condition, I was told that it had been that way since "at least 10:30 a.m." Staff seemed oblivious to the seriousness of the situation, as some were sitting and talking and were otherwise not overtly busy with their daily tasks.

19. I was struck by a few more observations as somewhat unusual, at least from my perspective. For example, when I asked why inmates were wearing green uniforms in the C wing, I was told they were recreating, yet they did not appear to be recreating; rather they were visiting other inmates who were secured in their cells, and talking with them through their cell doors.
20. Another example was the fact that a team of staff were conducting what I would call a "forced cell move," whereby a cadre of staff suited in protective gear brings a disruptive inmate under control, applies restraints, and moves him to a designated area. Again, this type of thing is not uncommon in penitentiaries and other higher security facilities, but what struck me as odd, and, frankly, as a threat to the general security of the unit, was the wing was not locked-down while the unruly inmate was being dealt with. Based on my observations of staff and inmates in the unit, it struck me that the extraction was an act indicative of business as usual. From my perspective, anytime a forced cell or disturbance control team plans to execute a calculated use of force, the unit should be temporarily locked down until the situation has been dealt with and the disruptive inmate and team have left the unit. This is a general safety and security issue.
21. It was my general impression that the programming wings (A&B) of the CPTU were clean, quiet, and orderly.
22. The last component of the CPTU that I toured was the IBEAM wing, which, I was told by staff, is the most challenging unit in the entire facility. It was explained to me that IBEAM houses severe self-harmers, those with personality disorders, those who have experienced extreme trauma, and those with serious disciplinary cases. On the date of my visit, February 15, there were seven inmates assigned to the IBEAM. On that particular date, the inmates assigned to the unit were enjoying the visit of two therapy dogs.

23. I was impressed with the therapy dogs program and applaud the facility for engaging in a program that is typically considered "outside the box" in a correctional environment. Although very few inmates benefitted from the experience, I believe this to be a positive and viable program.
24. I did notice a significant amount of dried blood on one of the cell windows in the unit.
25. I asked the unit's psychologist, Dr. K. Fish, if she could have anything at her disposal that would improve the overall quality of the program, what would it be. She immediately answered that she needs steady, regular, appropriately trained security staff working in the unit.
26. The final component of my visit to KSR was touring the Nursing Care Facility (NCR), which, according to our staff guide, has 126 beds, and is the sole location within the facility where four-point restraints are applied. I was shown a typical room/cell, and a bed where the restraints are applied to an inmate; I also examined the actual restraints used for the hands and feet when an inmate is four-pointed.
27. Again, my overall impression of the NCF unit was that of ambivalence; it was clean and all staff in the unit appeared to be busy with their assignments and daily tasks. However, when I approached one inmate who was incapacitated due to recent abdominal surgery, he explained that his draining tube had become problematic and bodily fluid had spilled all over him and the bed. He said he had been waiting "forever" to be attended to by staff. He asked us if we would notify a medical staff member. We told our guide about the situation and continued to tour the NCR. Approximately 20 minutes later as we were exiting the unit, our guide had forgotten about the inmate's need. I don't necessarily view this as a particularly serious issue, but it does cause me to wonder about the basic needs of inmates being responded to, especially those who are incapacitated.

Opinions and Recommendations Relevant to KSR:

1. The most important aspect of the operation of a correctional facility is protecting the community it serves while ensuring the custody, control, *and* care of *all* inmates. All too often in the world of corrections the critical component of care is excluded while custody and control (security) are focused on. All three components are absolutely essential to the safe and secure operation of the correctional facility.
2. This responsibility to focus on all three aspects starts from the top of the organization. If leadership adopts, promulgates, and promotes appropriate policies, procedures, and practices, their beneficial effects will permeate all levels of staff from the top of the organization---the administration---to the bottom, to include all correctional and programs line-staff.
3. Every organization, especially one that is charged with the basic care of human beings, should have a well-established mission, vision, goals and core values; all of which must be impressed upon *all staff* in the form of training, written policy, procedure, communication, and practice. Adherence to these vital components is demonstrated, at least in part, by a high degree of visibility on the part of the leadership and upper management throughout the facility. The Federal Bureau of Prisons refers to this basic tenet of correctional leadership as MBWA, Management By Walking Around.
4. I have stated throughout this opinion that my impression and overall feeling regarding the operation of the KSR is one of ambivalence. Throughout my tour I saw many positive things about the facility. For example, I saw numerous signs posted throughout the prison regarding PREA (the Prison Rape Elimination Act) that said, "Sexual assault is not part of your sentence." Furthermore, most staff members were active in terms of performing their assigned duties, were generally well attired, friendly, and interacted in a positive manner with inmates and each other.

5. In terms of programming, I applaud the efforts of the KSR for their implementation of its CPTU programs, including STAR, THRIVE, IBEAM, and dog therapy. I felt reasonably welcomed at the facility and detected no hostility on the part of staff during our visit. I furthermore understand that the business of operating a correctional facility, even under the most favorable circumstances, is an arduous task. And, given their lack of programs for the general population and critical staffing shortage issues, it is apparent the KSR is operating on a shoe-string budget, but the staff manages to clear the count and get through every day. I appreciate the complex and difficult nature of the work that Warden Smith and his staff perform, so I humbly offer the following with that notion in mind:
6. In my professional opinion, which is based on my education, training, and experience of 25 years as a correctional practitioner and approximately three years as a correctional expert witness, the facility has failed to demonstrate appropriate care for the health, safety, and well-being, in the matters of inmates [REDACTED] Michael Gaddis.
7. Throughout my corrections career I have dealt with and managed some of the most incorrigible and violent inmates, so I believe that I possess unique empathy for what it's actually like for correctional professionals to deal with such individuals. Yet throughout my entire career, I have *never* heard or known of an inmate being in four-point restraints for multiple consecutive days, let alone, weeks and months. I find the practice of leaving inmates in long-term four-point restraints unconscionable, and, if civil litigation were to proceed in the cases of [REDACTED] Gaddis, I firmly believe that I could articulate gross negligence and deliberate indifference on the part of the facility, the KDOC, and Correct Care Solutions.
8. Even though the Kentucky State Reformatory serves as the Department of Corrections' Psychiatric Unit, in my opinion, it

has---either unknowingly, or by design---created a culture of medicate and restraint. I believe that the agency must take on an attitude of "all in." Given that the KSR is, in fact, the Department's psychiatric component, it should own it, and it should be it, so to speak. Although the facility has an obvious correctional-based mission, I would recommend that the medical/psychological component of the facility create its own mission, goals, objectives, and values for the Corrections Psychiatric Treatment Unit. If not, then I would recommend that KDOC look for alternatives in a non-correctional environment to treat inmates who are perpetual self-harmers.

9. The amount of four-point time incurred by inmates [REDACTED] [REDACTED] Gaddis is not only unacceptable, but I believe, perpetuates a cycle of hopelessness for the inmate, which, in turn, leads to more and heightened negative behavior. The inmate then incurs *more* disciplinary action and, thus, more time in four-points. It is a system *that is designed to fail*. One must understand that we're not discussing the cases of typical inmates; conversely, [REDACTED] Gaddis' cases are extremely unique, and from my perspective, should be treated accordingly. [REDACTED] Gaddis suffered extreme trauma in the form of severe sexual abuse as children and, no surprise, have experienced post-traumatic stress throughout their lives. Therefore, it makes no sense whatsoever to treat their self-harming behavior as a disciplinary matter. Policy regarding the restraint of self-harmers should be clinically-based and specific, rather than broad and nebulous.
10. From my perspective, the KDOC must modify existing policy to promote and encourage flexibility among those staff who deal with and care for inmates of this nature. Staff must be specially trained to understand the long-term psychological effects of childhood sexual abuse, and how those feelings manifest into self-harming behavior. When dealing with inmates of this nature, staff should seek positive, effective methods for *reducing* segregation and four-point time rather than *increasing* it. Stacking time merely perpetuates the aforementioned negative cycle of behavior. It is no secret

there is a mountain of evidence that clearly indicates long-term segregation---obviously to include four-point restraints--is harmful and exacerbates the negative psychological aspects of inmates, especially those who are severe self-harmers, and/or who have personality disorders, and/or have other forms of severe mental illness.

11. According to the National Commission on Correctional Health Care's 2014 Standards for Health Services in Prisons, Standard P-I-01 states, "With regard to clinically ordered restraint and seclusion: Policies and procedures specify...how long restraints or seclusion may be used, (and) that proper nutrition, hydration, and toileting are provided. Every 15 minutes, health-trained personnel check on any patient placed in clinically ordered restraints or seclusion. The treatment plan provides for removing patients from restraints or seclusion as soon as possible." The same standard goes on to say, "Patients are not restrained in a manner that would jeopardize their health." I would suggest that the current manner in which self-harmers are treated at KSR is, in fact, a threat to their overall mental and physical wellbeing.
12. In the discussion section of the same NCCHC standard, it is noted, "This standard intends that when restraints are used for clinical or custody reasons, the inmate is not harmed by the intervention." I would argue that harm was, in fact, caused to [REDACTED] Gaddis, and would be for any inmate who is/was maintained in four-point restraints for days, weeks, and months at a time.
13. On the discussion section of the same standard, it states, "When clinically ordered restraint or seclusion is used, it is employed for the shortest time possible in keeping with current community practices." It goes on to say, "Generally, an order for clinical restraint or seclusion *is not to exceed 12 hours,*" and, "Health monitoring consists of checks for circulation and nerve damage, airway obstruction, *and psychological trauma.* When inmates are

restrained...periodically exercising each limb is recommended to prevent blood clots.”

14. I am of the opinion that KDOC’s policy regarding the use of four-point restraints is too broad in nature; and it appears that it is extremely easy for a self-harmer to get placed into four-point restraints, but no explainable method for them to get out. I would recommend that the DOC’s restraint policy be modified in a manner that articulates specific, measurable ways for inmates to get out of four-point restraints, and that the policy be unrestricted. I further recommend that KSR develop policy for decreased time in restraints and/or segregation for inmates with mental health issues, especially for inmates housed in the C wing of the CPTU.
15. From a security perspective, I see no viable reason why the use of restraints policy is restricted. The Federal Bureau of Prisons, for example, has made their policy on the use of restraints accessible to the general public, by placing it on its website. If KDOC feels it is necessary for security reasons, it could create a separate policy regarding the use of force.
16. Severe staffing shortages, combined with and a total lack of programs for the general population at KSR causes me *deep concern*. I fully realize the issue of staff shortages is a DOC fiscal issue, and not one that the warden or his staff has significant control of. However, given that inmates in general population are not mandated to work, combined with *no* programs, *and* severe staff shortages, is truly cause for alarm. While things may be going reasonably well today, it is my experience that the combination of the aforementioned issues is a recipe for tomorrow’s disaster.
17. I implore the KSR to take immediate, corrective action with respect to these issues. With some creativity, work assignments and programs could potentially be developed utilizing, for example, an ad hoc committee of staff, with perhaps inmate input. Anything constructive to reduce inmate idleness would, in my opinion, be better than the current

situation. As one of many examples that come to mind, perhaps a cadre of inmate painters could busy themselves by painting over graffiti-covered cell walls on a daily basis. Or, as the Bureau of Prisons practices, there could be a cadre of inmates specially trained and equipped to clean and disinfect areas contaminated with bodily fluids and other toxic substances, such as the situation in C wing. I personally find it shocking that Kentucky's largest correctional facility does not have programs for its general population inmates, and view this as a potential significant threat to the safe and orderly operation of the facility.

18. According to Standard J-A-04 of the aforementioned NCCHC Standards, compliance indicators and topics of discussion include health care services, "such as quality improvement findings, and inmate grievances." Inmate grievances serve as one of many "barometers," or key indicators, for how well---or poorly---a facility is operating. From the administrative remedy responses that I reviewed, it suggests that at least some staff do not take them seriously and answer them merely in a perfunctory manner. The response of "shifting his weight" that inmate Gaddis received from his administrative remedy regarding the pain he was experiencing from being in four-point restraints for days, indicates to me a staff attitude of "that's just too bad."
19. For inmates to [REDACTED] (and/or eating without the use of their hands) is unequivocally unacceptable. It was obvious from the record, and substantiated on my tour, that staff have little or no problem with inmates sitting in their own waste for prolonged periods of time. My experience is that when this occurs, some staff members are apathetic to the situation, or permit it to occur as a punitive measure towards the inmate.
20. What most staff do not realize, is that actions of this nature are actually counterproductive, and encourage more negative behavior, especially from inmates who have severe mental health issues. I see this largely as a leadership and training

issue, and encourage the facility's leadership to take an active role in abating staff inaction when inmates engage in this form of behavior.

21. The issue of staffing shortages has been addressed at various junctures throughout this report, but I believe it's necessary to specifically discuss the shortage of security supervisors. If KSR is as short on security supervisors as some have led me to believe, I would recommend that the DOC assign temporary duty security supervisors from other facilities and/or the Central Office, until the problem is resolved. I view this issue as absolutely critical, as effective leaders and decision-makers are essential to the smooth and orderly operation of all correctional facilities.
22. With respect to the specific issue of a security supervisor having to be present for an inmate to be removed from four-points in order to eat and/or to use the toilet, the DOC should examine alternative possibilities, such as relegating this decision to other, more available, yet equally well-trained staff members.
23. With respect to the use of inmate watchers, it is obvious to me they are not being trained to the degree necessary to effectively execute the duties they are (or should be) responsible for; or there isn't enough oversight to ensure the same. The use of inmate watchers---or inmate companions as they are known in some correctional agencies---is an acceptable practice; however, it is *absolutely imperative* that these inmates are being held to the highest of standards with respect to their assigned duties.
24. Obviously, this was not the case during my tour of KSR's CPTU. From my perspective, the watcher must be positioned in a manner to observe an inmate in one-on-one status, in a direct and constant manner. Furthermore, watchers must truly be watching in a manner consistent with "one-on-one" status, not one-on-two status, or some other combination. In the event that an inmate who was in one-on-one status had been able to

commit suicide and the watcher was observing two inmates at the same time, the potential damage from litigation could be astronomical.

25. Although some cost would be involved, I would recommend that a camera be placed in cells/rooms where inmates are being held in four-point restraints. This is advantageous for a number of reasons: staff could periodically/randomly check tapes to determine if watchers are engaging in their assigned duties; staff could potentially detect how contraband--- specifically razor blades---are getting to self-harmers; and there is a physical record available in the event an inmate makes an allegation of misconduct against staff.
26. In addition to training for inmate watchers, I would recommend that they pass through a metal detector or be "wanded" with a handheld metal detector prior to beginning their shift as a watcher. I would further recommend that said watchers be strip-searched before being permitted access to the inmate they are assigned to watch. This may seem extreme, but it's obvious there is a contraband issue in the NCR; and, according to [REDACTED] Gaddis, it was typically the watchers who passed razor blades to them. Both inmates said it was easy to get razors, even when in four-point restraints.
27. I recommend that KSR implement at least one stand-up count at a minimum of once per every 24 hours. This demonstrates that inmates are clearly present and accounted for (because "dummies" posed as inmates have been erroneously counted as real, live inmates throughout the history of corrections), and it demonstrates each inmate is conscious and at least healthy enough to stand for count.
28. It is further recommended that all psychological treatment meetings between mental health staff and inmates are conducted in private, as this is a Health Insurance Portability and Accountability Act (HIPPA) issue. I realize this creates more inmate movement, and thus more work for a staff that is already stretched, but the issue is founded in applicable law.

29. With respect to being consistent with national standards in the field of corrections, I would encourage the KDOC to consider moving towards suicide-resistant cells, which are constructed with tamper-proof fixtures, fiberglass molded bunk-beds, collapsible racks, etc. I realize this costs money, but in the long-term, it will more than likely be cost effective to make these modifications compared to the cost of litigation.

30. With respect to suicide abatement of inmates, I recommend and encourage improved interaction between security and medical staff, increased rounds and interaction of these staff to check on self-harming inmates more frequently, and the creation of a team-like environment between the Security and Medical departments.

31. With respect to security staff that work in the programming units (A & B wings, and IBEAM) of the CPTU, it is recommended that the psychologist(s) have input---based on interviews of prospective candidate officers---as to which officers are selected to work in a programming unit.

32. Furthermore, these security staff should be appropriately trained, and consistently be assigned to the program wings---preferably the same ones---as a matter of routine. I believe a team of steady, consistent, well-trained officers assigned to the programming units, will enhance communication between CPTU inmates and staff. This is particularly beneficial because staff and inmates have the ability to develop a rapport, and staff have the ability to "team" problematic inmates, thus enhancing the probability of success.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Recommendations Regarding Use of Force and Restraints:

1. As delineated in KDOC's policy regarding Use of Force and Mechanical Restraints, there are two types of force used:

planned and reactive. The focus of this section is dedicated to planned---or calculated---uses of force.

2. When an inmate must be forcibly moved and there is time for calculated use of force, it is imperative that staff employ tactics that minimize injury to staff and/or inmates.
3. Efforts should always be utilized to engage in "confrontation avoidance" techniques prior to executing a calculated use of force. While KDOC has a similar component to their planned use of force policy, this process, which should always be videotaped in its entirety, is typically handled by an experienced staff member who has a reputation as being fair among the inmate population, or has a positive rapport with the inmate.
4. Staff members who are selected to engage in a calculated use of force should be appropriately trained and attired, and team members have specific assignments, such as pinning or handcuffing the inmate. It is recommended that in order to minimize the risk of injury to staff and inmates, that oleoresin capsicum (OC) be utilized on inmates (after their medical file has been reviewed and cleared for use of gas) before engaging in the use of force. My experience is that the *vast majority* of inmates will give up and voluntarily submit to restraints when "gassed" and after ample time has been provided for the effects of OC to occur.
5. Not only should calculated uses of force *invariably* be taped in their entirety, but *all use of force* tapes should be submitted to a source outside the facility for review and critique. In the Federal Bureau of Prisons, *all* use of force tapes are submitted to applicable regional offices for careful review and feedback. Furthermore, the BOP utilizes an after action team at the facility level, that conducts a careful review of *all* uses of force. In the case of KDOC, I would recommend use of force tapes be submitted

to the Central Office for review and critique by staff who possess the knowledge, skills, and abilities, relevant to the use of force policy. This procedure assists with the development of "lessons learned" and "best practices," which can then be shared with staff department wide.

6. After the inmate is placed in restraints, a member of the medical staff should be filmed conducting a medical assessment of the inmate; furthermore, it is strongly recommended that *all inmates* be placed in a face-up position when restrained in four-point restraints. Deaths have occurred when inmates were placed face-down rather than face-up. Staff *must always* be careful not to place weight on the neck or head, or in any other manner obstruct the airway of the inmate; this must be a use of force training point for all staff.
7. KDOC's policy stipulates that, "When mechanical restraints of any level are used, the restrained inmate shall be visually monitored at a minimum of every 15 minutes. Inmates subjected to Restraint Control Levels 4 and 5 shall be monitored more frequently based on administrative or clinical judgment." From my perspective, this component of policy was not followed in the cases of inmates [REDACTED] Gaddis, and, if either case were in litigation, I personally believe that based on the record, this could be a significant problem for the Department.
8. The same policy further stipulates, "Authorization for continued use of restraints beyond an initial two hour extension shall be given by the health authority based on personal examination of the inmate and *only for reasonable periods of two hour increments.*"
9. Again, if either [REDACTED] Gaddis, [REDACTED] were litigated, based on my overall review, it is my humble belief that the KDOC would find itself in a precarious position from the standpoint of civil litigation.

All opinions are rendered to a reasonable degree of professional certainty, and I reserve the right to modify, alter, and change said opinions as new facts and/or other materials become available.

I have been compensated at \$200 per hour for all expert services in this matter.

Cameron K. Lindsay _____

March 13, 2017