STATE OF THE PRISONS 2002-2003

Conditions of Confinement in 14 New York State Correctional Facilities

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

June 2005

The Correctional Association of New York

"Because the dangers of abuse inherent in the penitentiary are always present, the work of the Correctional Association—an organization of knowledgeable experts unaffected by political forces—is so important."

—Judge Morris E. Lasker, Former U.S. District Court Judge, Southern District of New York

Founded in 1844, The Correctional Association of New York is a privately funded, nonprofit organization that conducts research, policy analysis and advocacy on pressing criminal justice issues. It is one of only two independent agencies in the country—and the only independent agency in New York—with legislative authority to visit prisons, report on conditions and make recommendations to the Legislature on behalf of prisoners, correctional staff and the society at large.

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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 prisons and jails convened the first meeting of the Correctional Association of New York. Two years later, the New York State Legislature granted the Correctional Association the authority to visit prisons and report its findings to policymakers and the public. Only one other private organization in the country has similar access to state correctional facilities.

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 the society at large. Currently chaired by Ralph S. Brown, Jr., the Correctional Association's Prison Visiting Committee includes lawyers, psychologists, physicians, formerly incarcerated individuals who have completed parole supervision, criminal justice experts, concerned citizens and board members of the Correctional Association.

This report is based on visits to 14 correctional facilities conducted between January 2002 and July 2003. Former Prison Visiting Project Director Jennifer Wynn and former Project Associate Alisa Szatrowski co-authored this report. Ralph Brown, Board Chair James D. Silbert, Executive Director Robert Gangi, Project Director Jack Beck and Project Associate Shayna Kessler served as principal editors.

Members of the Prison Visiting Committee volunteer their time traveling to prisons across the state to interview inmates and staff. Visiting Committee members Kathleen Adams, Gail Allen, Safiya Bandele, Heather Barr, Ralph Brown, William Dean, Nereida Ferran, Richard Gutierrez, Clay Hiles, Philip Johnson, Ricky Jones, Michael Mushlin, Alex Papachristou, Romeo Sanchez, Rod Sanchez-Camus, James Silbert, Peter Swords, William Thompson, Gregg Walker and Gregory Warner deserve special acknowledgement for their contributions to this report.

The Correctional Association thanks the many individuals who work in or were confined in New York State prisons who gave us the benefit of their wisdom from the inside. Specifically, we thank the members of the Inmate Liaison Committees throughout the state for sharing their observations and experiences with us. We are indebted to union officials at NYSCOPBA (New York State Correctional Officers and Police Benevolent Association) for working with us and teaching us about operations from the perspective of front-line officers. We thank the numerous correctional and civilian staff—superintendents, deputy superintendents, mental health and medical staff—for their assistance on our visits and the important work they do on behalf of all New Yorkers.

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Table of Contents

PART ONE: OVERVIEW ... 3

- I. METHODOLOGY ... 3
- II. OVERVIEW OF THE NEW YORK STATE PRISON SYSTEM ... 5
- III. ACADEMIC AND VOCATIONAL TRAINING PROGRAMS ... 7
- IV. MEDICAL CARE ... 10
- V. MENTAL HEALTH CARE ... 15
- VI. SUBSTANCE ABUSE TREATMENT ... 20
- VII. DISCIPLINARY CONFINEMENT ... 22
- VIII. LIBRARY SERVICES ... 29
- IX. GRIEVANCE PROGRAM ... 30
- X. VISITING PROGRAM AND PHONE SERVICE ... 32
- XI. INMATE-CORRECTION OFFICER RELATIONS ... 33
- XII. CORRECTION OFFICER CONCERNS ... 36

PART TWO: PRISON REPORTS ... 51

- ARTHUR KILL ... 52
- ATTICA ... 58
- COXSACKIE ... 65
- GREAT MEADOW ... 71
- GREEN HAVEN ... 82
- GREENE ... 93
- OTISVILLE ... 96
- QUEENSBORO ... 101
- SHAWANGUNK ... 107
- SING SING ... 118
- SOUTHPORT ... 130
- SULLIVAN ... 138
- WENDE ... 143
- WOODBOURNE ... 150

GLOSSARY ... 160

PART ONE: OVERVIEW

Prisons are costly institutions paid for by the public but largely hidden from public view. To all but the state employees who work in them and the government officials who are permitted access, prisons are essentially closed institutions. In any institution where men and women are confined against their will, the potential for abuse is always present. That is why the role of the Correctional Association—an independent body of lay people and professionals—is so important. Through authority granted to the Association in 1846 by the New York State Legislature, our role is to observe operations, identify problems, promulgate models and make this information available to the public and the Legislature.

> *It is said that no one truly knows a nation until one has been inside the jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.*
>
> —Nelson Mandela
> *Long Walk to Freedom*

The Prison Visiting Committee is the arm of the Correctional Association (CA) that carries out the organization's legislative mandate to monitor prison conditions. This document is based on observations of the Prison Visiting Committee from visits to 14 New York State correctional facilities conducted between January 2002 and July 2003.[1] Part One presents an overview of trends and areas for reform. Part Two contains reports from 14 individual prison visits. Readers should bear in mind that some specific practices, personnel and conditions of confinement may have changed since the time of the visit.

I. Methodology

The Correctional Association's prison visits are full-day, on-site assessments during which members of the Visiting Committee, typically five to eight people on each visit, branch out to all corners of the prison including cellblocks and dormitories, the yard, the medical clinic, classrooms and program areas. The Department of Correctional Services (DOCS) allows two committee members to interview inmates and staff in Special Housing Units (SHUs), separate cellblocks where inmates who have been found to have violated prison rules are locked in their cells 23 hours a day. During the course of the day, we hold separate meetings with the Inmate Liaison Committee (a leadership group elected to represent the concerns of prisoners), correction officers and civilian staff including physicians, nurses, teachers and mental health staff. At the beginning and end of the day we meet with the facility's administrative team.

To gather information, we use both structured and semi-structured questionnaires. When interviewing medical staff, for example, we use a protocol based on National Commission of Correctional Health Care standards that covers key areas of medical

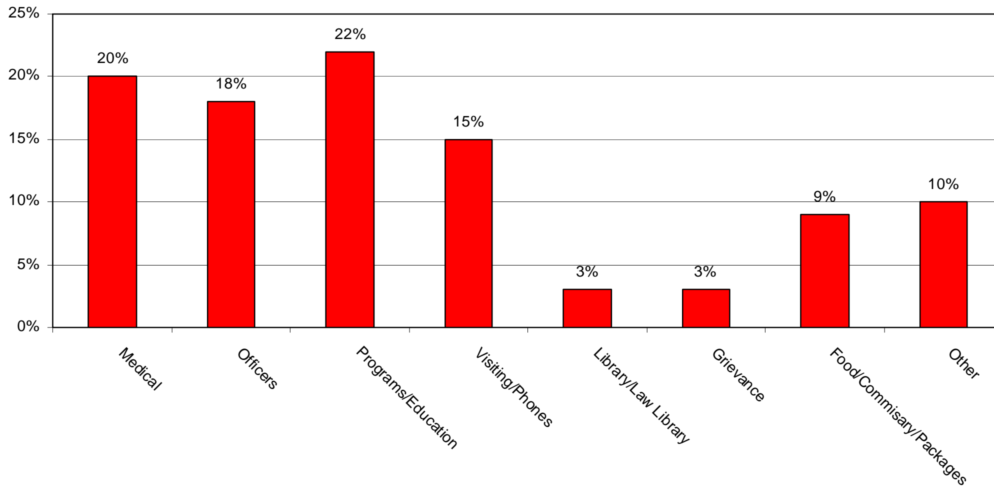
[1] Due to a dispute with state officials, the Correctional Association had to suspend its visiting work after July 2003. Visits were resumed in September 2004.

services. In focus-group-type interviews with correction officers, we ask about facility operations, problem areas and solutions, relations with inmates and the administration, and their overall level of job satisfaction. Meetings with security and civilian staff are often highly informative, as many employees have historical knowledge of the prison and insiders' knowledge of its operations and culture.

When interviewing prisoners, we use a 36-question survey designed to assess their views on a range of facility issues and operations. Committee members personally administer surveys to individual inmates in all areas of the prison to gather the most representative range of responses. For this report, a total of 301 prisoners were surveyed at nine correctional facilities, including seven maximum-security prisons (Attica, Great Meadow, Green Haven, Shawangunk, Sing Sing, Sullivan and Wende), one medium-security facility (Woodbourne) and one minimum-security prison (Queensboro).

In addition to questions such as *How would you rate inmate-staff relations? Would you feel safe reporting staff misconduct?* and *How would you rate the quality of library services, medical care*, etc., the final question we ask is: *If our visit could result in one improvement in this facility, what would you want it to be?* As the following chart indicates, the response most frequently cited was in the area of programs and education. Repeatedly, inmates expressed a desire for more opportunities to spend their time in constructive activities. Specifically, they sought more vocational training in fields where viable employment opportunities exist on the outside and academic classes that extend beyond Adult Basic Education.

If our visit could result in one improvement, what would it be?



After each visit, we write a report of findings and recommendations based on information gathered from inmates and staff and send the report 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), Director of Criminal Justice and relevant New York State legislators. We then begin the challenging follow-up work of advocating for facility-specific and system-wide reform.

The Prison Visiting Project also conducts research on critical corrections issues. For example, we undertook a study on conditions in Special Housing Units (SHUs)—prisons within prison where approximately 4,400 inmates are confined in New York's correctional system. The report, *Lockdown New York*, published in October 2003, represents the first quantification of the experiences of a large number of inmates (over 250) in disciplinary housing in 49 punitive segregation units throughout the state prison system. Most recently, the Prison Visiting Project completed a statewide assessment of the quality of mental health care in New York prisons. Based on survey interviews with over 400 inmates with mental illness in 20 facilities, the report, *Mental Health in the House of Corrections*, published in June 2004, highlights systemic problems as well as effective programs and out-of-state models.

II. Overview of the New York State Prison System

The New York State Department of Correctional Services (DOCS) operates 70 prisons throughout the state. As of January 2, 2005, there were 64,022 inmates under custody. In Fiscal Year 2004-2005, DOCS' operating budget was approximately $2.2 billion.

One of the most significant trends in recent years is the reduction in the inmate population. From an all-time high of nearly 72,000 inmates in 1999, the population has declined to approximately 64,000 inmates, an 11% decrease in five years.

Inmates Under Custody at End of Calendar Year 1971 – 2004

December 31	Inmate Population	December 31	Inmate Population
1971	12,525	1988	44,560
1972	12,444	1989	51,232
1973	13,437	1990	54,895
1974	14,386	1991	57,862
1975	16,074	1992	61,736
1976	17,752	1993	64,569
1977	19,408	1994	66,750
1978	20,187	1995	68,185
1979	20,855	1996	69,647
1980	21,929	1997	69,108
1981	25,921	1998	70,044
1982	28,499	1999	71,864
1983	30,951	2000	70,112
1984	33,809	2001	67,571
1985	35,141	2002	66,890
1986	38,647	2003	65,343
1987	40,842	2004	64,022

The decline is due to several factors: a decrease in felony convictions in New York City, resulting in fewer inmates sentenced to state prison; an increase in parole releases of individuals convicted of nonviolent offenses; and the introduction of programs available to certain nonviolent offenders that 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.

Inmate Characteristics

Men constitute 95% of New York State prisoners. Blacks and Hispanics account for approximately 80% of the inmate population, although they represent just 31% of the state population.[2] Approximately 60% of state inmates come from and will return to New York City. Other characteristics of the inmate population are as follows:[3]

Characteristics	Total Under Custody
Average age	35 Years
Foreign born	13%
Never married	65%
Has one or more living children	59%
In maximum security facility	36%
In medium security facility	54%
In minimum security facility	9%
Median minimum sentence	60 months
Median length of time in DOCS	25 months
Median time to earliest release	17 months
Convicted of violent felony	56%
Convicted of drug offense	26%
Second felony offender status	46%
Prior prison term	35%

[2] "New York QuickFacts" (US Census Bureau, 2000), http://quickfacts.census.gov/qfd/states/36000.html.

[3] *Hub System: Profile of Inmate Population Under Custody on January 1, 2004* (NYS DOCS, 2004); Glenn S. Goord, NYS DOCS Commissioner, Testimony at *Public Hearing on Health Care in NYS Prisons,* New York State Assembly Standing Committees on Health and Corrections (November 14, 2003); *Identified Substance Abusers, December 2003* (NYS DOCS, 2004).

Eighth grade or below reading level	36%
No high school diploma or GED	52%
Foreign language-dominant	10%
History of substance abuse (identified by DOCS)	73%
History of alcoholism (identified by DOCS)	13%
History of substance abuse (self-reported)	64%
History of alcoholism (self reported)	26%
HIV-positive (incoming males)	5%
HIV-positive (incoming females)	14%
Hepatitis C-infected (incoming males)	14%
Hepatitis C-infected (incoming females)	23%
On the Office of Mental Health caseload	11%

III. Academic and Vocational Training Programs

The Department of Correctional Services offers academic, vocational and industry programs to inmates throughout the prison system. Academic classes include Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED) and GED classes. Some facilities also offer advanced college programs, theology seminars and computer/business classes. Vocational classes are offered in a range of commercial skills including: air conditioning and refrigeration; carpentry; commercial art; computer technology; custodial maintenance; drafting; electrical trades; horticulture; masonry; printing; small engine repair and building maintenance. The primary industry program is Corcraft, which manufactures clothing and uniforms, cleaning supplies, furniture and eyeglasses that are sold to the Department and other state agencies. System-wide in 2003, there were approximately 20,000 inmates in academic classes, 11,000 inmates in vocational programs and 2,500 inmates working in industry.[4]

According to Department figures, approximately 40% of state inmates are re-incarcerated three years after release.[5] This high rate of recidivism might decline if more were done on the inside to prepare prisoners for life on the outside.

Program Cuts and Inmate Idleness. In most prisons we visit, superintendents, correction officers and inmates cite program cuts and idleness as the leading problems in their facilities. Over one-fifth of inmates ranked improvements in educational and vocational offerings as the single most important change they would like to see result from our visit. Unfortunately, in response to state budget constraints, DOCS initiated a hiring freeze in Fiscal Year 2001-2002 that prevents facilities from filling "non-essential" items (staff positions) when employees retire or are transferred to another facility. Items determined to be non-essential are not decided by the facility superintendent or even the Commissioner. Although these DOCS officials may advocate for staff items, a different

[4] *Education Annual Report: 2003* (NYS DOCS, 2004), at 11-12.

[5] *1999 Releases: Three Year Post Release Follow-Up* (NYS DOCS, 2003), at 4.

state agency, the Division of Budget, makes the final decision, and positions not related to security are usually considered non-essential.

At almost every facility we visited in 2002-2003, there were unfilled staff positions in academic and vocational areas. These staff vacancies often resulted in waiting lists of approximately six months to get into a class and a high number of idle inmates. At Green Haven, for example, only 60% (1,268 out of 2,110) of inmates had full-time program assignments, and 300 of these "program assignments" were porter positions. More significantly, 500 inmates—one quarter of the general prison population—were waiting to get into academic, vocational or substance abuse treatment programs. The administration reported that the six instructor vacancies were largely responsible for the lengthy waiting lists. "We have classroom space, materials and students waiting to come to school—but no teachers," a Green Haven instructor said.

At Sing Sing, five of the thirteen academic teaching positions were vacant when we visited in January 2003, and only three of ten scheduled vocational classes were up and running. At Woodbourne, a fully equipped woodworking shop was closed because there was no instructor to teach the class.

"Porter Patrol." With insufficient programming, facilities typically assign inmates to "porter patrol" job assignments. Porters do general cleaning and simple maintenance work throughout the prisons. But often, these positions do not involve extensive work and the porters may spend much of their time waiting for a task to do while on the job. Moreover, these positions do not provide the inmate-worker with any training or development of skills that could be useful once released. Consequently, in many prisons assignment to a porter position represents placement in a meaningless job that involves little work, no training or skills development and much idle time. For example, 338 inmates (40% of Woodbourne's population) had porter assignments. Correction officers complain that high numbers of porters create management problems throughout the facility generally and in keeplock specifically, where the presence of porters increases the flow of contraband and threatens security. On the day of our visit to Otisville, which has a population of only 700 inmates, 138 porters were assigned to the morning module and 138 porters were assigned to the afternoon module. Forty-two porters alone were assigned to clean the gym. Said the officer in charge of supervising them: "There's nothing for all of them to do…I give each of them five minutes worth of work."

GED Classes. As of January 2004, 33,514 inmates (52% of the inmate population) had no GED or high school diploma. Approximately 23,500 inmates (36% of the population) tested below a ninth grade reading level.[6] The Department requires all inmates who test below a ninth grade reading level to enroll in academic classes in order to qualify to take a GED exam. However, inmates may only fulfill this requirement if there is space in academic classes. In many of the facilities we visited, there were inmates on the waiting list for ABE, Pre-GED and GED courses. For example, Arthur Kill had 75 inmates on the waiting list for academic classes; Green Haven had 228 inmates on the waiting list; and Sing Sing had more than 125 inmates on the waiting list. More than 95% of inmates will

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[6] NYS DOCS, *Profile of Inmates on January 1, 2004*, at 45-51.

one day be released and many inmates will return to society after lengthy incarcerations without even a GED.

Vocational and Industry Training. For inmates who have received their GEDs, there are insufficient opportunities for increased training that would enable them to market themselves to potential employers. Incarceration could provide a window of opportunity for education and training that would help offenders be more likely to obtain employment and less likely to return to prison after release. Unfortunately, several correctional facilities we visited that were equipped with vocational shops were unable to enroll inmates in training programs for which the prisons had designated locations and expensive equipment because of vacant instructor positions.

At other facilities, inmates with lengthy sentences who had completed academic and vocational training had no opportunity to advance their skills by engaging in an industry program. For example, at Shawangunk where the average sentence is approximately 25 years, there were 74 inmate porters out of a population of 567 inmates and, despite the requests of prison staff, administrators and inmates, there was no industry program. For facilities like Shawangunk, where the majority of inmates have completed the Department's educational offerings, programs like Arthur Kill's Department of Motor Vehicles customer service program provide a model for how inmates may engage in meaningful work and give back to society.

College Programs. Inmates have few opportunities for additional education beyond their GED. 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.[7] Since then, there are only a few college programs available in the New York State prison system.[8]

Scores of studies,[9] 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

[7] *Commissioner's Policy Paper on Prison Safety and Inmate Programming* (NYS DOCS, November 2000).

[8] Privately funded college programs are offered at Sing Sing, Bedford Hills, Eastern and Wyoming.

[9] Michelle Fine, et al, *Changing Minds: The Impact of College in a Maximum-Security Prison* (The Graduate Center of the City University of New York and the Women in Prison at the Bedford Hills Correctional Facility, September 2001); *Division of Continuing Education Post-Secondary Programs Executive Summary* (Windham School District, Texas Department of Criminal Justice, January 2000); *Education as Crime Prevention: Providing Education to Prisoners,* Research Brief, Occasional Paper Series No. 2, (Center on Crime, Communities and Culture, Open Society Institute, September 1997), at 5-6; D. Karpowitz and M. Kenner, *Education as Crime Prevention: The Case for Reinstating Pell Grant Eligibility for the Incarcerated* (Bard Prison Initiative, undated), http://www.bard.edu/bpi/images/crime_report.pdf.

> 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.[10]

Similarly, a study conducted at Bedford Hills Correctional Facility found that only 7.7% of the women who participated in college recidivated after 36 months, whereas 30% of all female offenders released from prison between 1985 and 1995 were returned to custody within 36 months.[11]

This reduction of recidivism leads to significant savings for taxpayers, even when the costs of providing college courses in prison are factored in. One study found that New York State would save over $150 million if just one third of its prison population participated in a college programs.[12] Moreover, providing higher education programs for inmates increases prison safety by making the prison population more manageable and creating a more peaceful environment.[13]

College programs do exist at some facilities, but only when they are privately funded by colleges, foundations or the inmates and/or their families. Inmates can also participate in distance learning by enrolling in, and paying for, correspondence courses. Approximately 670 inmates participated in college level courses in 2003.[14] Clearly, greater college educational resources and state funding are required to serve the educational needs of the more than 30,000 inmates who have a high school diploma or GED.

IV. Medical Care

New York has a vast and complicated health care system serving over 64,000 inmates in 70 correctional facilities. Physicians, nurses, dentists and pharmacists are employed by DOCS and provide approximately one million clinical consultations annually. Specialty care is contracted out to community-based specialists who conduct specialty "clinics" in prisons or in outside hospitals where a specialist may examine prisoners from several facilities. Sub-acute care and long-term care are provided in five Regional Medical Units throughout the state. Over the past several years, the Department has introduced a telemedicine program using video conferencing equipment at 50 facilities. Telemedicine is used primarily for triage purposes and in clinics for dermatology, infectious disease and a few other specialty services. DOCS spends

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[10] *Analysis of Return Rates of the Inmate College Program Participants* (NYS DOCS, August 1991).

[11] Fine, *Changing Minds,* at 16.

[12] Ibid, at 20.

[13] Ibid, at 4.

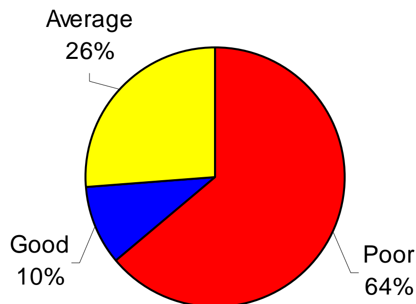
[14] NYS DOCS, *Education Annual Report 2003,* at 11.

approximately 11% of its budget ($243 million) on inmate health care annually, about the same proportion that correction departments nationally spend on medical services.

Upon reception, incoming inmates receive a physical exam and are screened for chronic illnesses, such as tuberculosis and sexually transmitted disease, and other medical problems. In 2004, 25,537 inmates were admitted to the state prison system. After medical screening, inmates are assigned to a permanent facility based on their medical, mental health, program and security needs.

In recent years, DOCS has made a number of improvements in the area of inmate health care. The opening of five Regional Medical Units, the introduction of telemedicine in many prisons, and initial efforts to implement a quality improvement program in the correctional facilities have helped improve medical care for inmates generally. Another positive development was the introduction of rapid-response HIV testing, which provides results in thirty minutes as opposed to two to three weeks. Since rapid-response testing was introduced in about half of state prisons, the number of requests for HIV tests increased by 30%.

Despite these significant improvements, a number of systemic problems remain. During Correctional Association visits and in the hundreds of letters we receive each year from prisoners, inadequate medical care ranks as a leading complaint. Annual grievance reports from New York State correctional facilities uniformly list medical care as inmates' first or second most frequently grieved issue. In 2003, medical grievances topped the list of grieved subjects, accounting for 19% of all grievances filed that year.[15] In our surveys with 301 prisoners at nine different facilities, the majority (64%) rated medical care as poor, 26% rated it as average and only 10% rated it as good. Sixty percent of inmates said that they do not have timely access to medical care; one-fifth of inmates cited better medical care as the single most important improvement they would like to see result from our visit.



The following systemic deficiencies compromise inmate health care in New York State.

Understaffing. Vacancies in medical staff existed in all of the prisons we visited in 2002 and 2003, with the exception of Green Haven, where a consent decree that settled litigation mandates that the facility maintain a full medical staff. For example, at Coxsackie, which we visited in June 2002, there was only one physician for over 1,000 inmates. At Queensboro, which we visited in July 2003, there was no medical coverage—not even a nurse—on site after 10pm and only 8 hours of medical coverage during weekends. At Southport, a total lockdown facility where approximately 750 inmates are

[15] *Inmate Grievance Program: Annual Report 2003* (NYS DOCS, 2004), at 6.

confined to their cells 23 hours a day, a facility nurse reported that inmates' medical concerns often go unaddressed because of insufficient staff to conduct cellside screenings.

The positions with the highest vacancy rates are pharmacist (with approximately 25% of positions vacant in 2004) and nurse. Statewide in the prisons in 2004, approximately 14% of nursing items were vacant, but at some facilities the vacancy rate was as high as 70%.[16] To fill the vacancies, the Department uses "per diem" employees from outside hospitals and pays them significantly higher wages than the pay scale for comparable DOCS nurses. However, these per diem nurses are not an adequate substitution for permanent staff because these temporary nurses often lack the skill and training necessary to provide quality care to inmates. Moreover, the constant turnover in medical staff at the facility, and particularly in key nursing positions, inevitably results in the failure to maintain continuity of care for those suffering from serious chronic illnesses. The remote location of many prisons and reluctance on the part of some health care providers to work in correctional facilities are problems, but the primary cause of staff vacancies is the state's noncompetitive salaries for prison health care workers.

Long Waits to See a Physician. Many inmates reported delays of two to four weeks to see a physician, delays that appear to be caused by chronic understaffing. At Arthur Kill, inmates complained bitterly that medical exams are cursory and that it can take a month or longer to see a doctor. At Woodbourne, which has a high concentration of inmates with mental illness and with chronic medical conditions, inmates reported a three to four week waiting period to see a physician and complained that Tylenol is the universal form of treatment. At Otisville, inmates' leading complaint was the up to two-month delay to see a doctor, and the brusque, often superficial, medical exams where medical staff sometimes fail to take inmate vital signs or even refuse to touch the patient.

Only about one-half of HIV-positive inmates receive treatment. As of 2003, DOCS estimated that New York prisons had over 5,500 inmates who were HIV-positive. This incarcerated HIV-infected population is larger than the HIV+ population in any other state department of corrections in the country, including California, which, as of 2001, had more than twice as many inmates as New York but one-fourth the number of HIV+ prisoners.[17] Blind seropositivity tests performed on all incoming inmates to the New York State prison system during a several month period in 2000-2001 revealed that about 5% of males and 14% of females are HIV-infected. Yet, of the 5,500 inmates throughout the system who were believed to be HIV-positive, only about 54%, or 3,000 HIV+ individuals, were known to DOCS medical staff and therefore receiving care.

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[16] Dr. Lester Wright, DOCS Chief Medical Officer, Testimony at *Public Hearing on Health Care in NYS Prisons,* New York State Assembly Standing Committees on Health and Corrections (March 15, 2004), at 46.

[17] L. Marurschak, *HIV in Prisons, 2001,* NCJ 202293 (Bureau of Justice Statistics Bulletin, January 2004), at 2.

Because HIV testing is voluntary—a policy that most inmates and advocacy groups support—thousands of inmates are unaware of their status or unwilling to notify DOCS of their HIV infection. Thus, correction departments that use voluntary testing must make special efforts to ensure that testing, counseling and treatment are widely and readily available. While DOCS performs approximately 15,000 voluntary tests annually, and rapid-response testing has resulted in a 30% increase in the number of inmates seeking tests, the Department should provide more patient education, peer counseling and support groups to encourage the two thousand-plus prisoners who are HIV-positive, but unaware of their illness or unwilling to inform DOCS of their condition, to learn or reveal their status and begin treatment.

Although community-based organizations have been contracted by the AIDS Institute, through the Criminal Justice Initiative, to train inmates to be peer educators in the prison about HIV, at many facilties the Department fails to utilize these individuals to educate its population about the disease and to encourage those who may be infected to seek out HIV testing and treatment.

On a positive note, the number of HIV/AIDS-related deaths has declined significantly since 1995 with the advent of life-prolonging antiretroviral medication. The Department has taken important and commendable steps to improve the treatment of HIV-infected inmates, including making the newest and most effective medication available. However, HIV-infected inmates are still dying at a significant rate from other chronic conditions, such as liver disease and cancer, and HIV-infected inmates still accounted for almost one-third of the deaths occurring in state prisons during the last several years.[18]

Inadequate treatment of inmates with Hepatitis C. Throughout the country, health care experts are recognizing Hepatitis C (HCV) as a prison epidemic and the costliest prison health crisis since AIDS. In New York State, seropositivity tests reveal that about 14% of incoming male inmates and 23% of incoming female inmates are infected with Hepatitis C. However, at most prisons we visit, inmates routinely report that testing and treatment for Hepatitis C are discouraged and that little education about the disease is provided. Facility medical staff report concerns about the growing number of Hepatitis C-infected inmates and say that access to treatment is compromised due to the costliness of the medication and a Department regulation requiring that inmates seeking treatment have at least fifteen months before their release date so that they can complete the full medication regimen while in state custody. Inmates infected with HCV who have any history of substance abuse are also excluded from treatment unless they are enrolled in a substance abuse program, even if their problem with substance abuse occurred many years ago.

As a result of these barriers, the vast majority of inmates go untreated. Although not all patients chronically infected with Hepatitis C require treatment, DOCS is failing to treat many patients who are experiencing significant liver damage and could benefit from

[18] Jack Beck, Testimony at *Public Hearing on Health Care in NYS Prisons,* New York State Assembly Standing Committees on Health and Corrections (April 30, 2004).

therapy. In fact, only 1.4% of the state's HCV-infected inmates receive drug therapy for this condition. While the majority of infected individuals are not at the point where costly therapy is needed, other states—such as Pennsylvania, which treats 6% of Hepatitis C infected prisoners—are treating a larger percentage of HCV-infected inmates.

At Great Meadow, for example, which we visited in December 2002, only three of the 200-plus individuals who had tested positive for HCV were receiving treatment. While not all HCV-infected individuals are appropriate candidates for treatment, the 1% treatment rate at Great Meadow was particularly disturbing. A more egregious example was reported to us by medical staff at Woodbourne Correctional Facility, which we visited in March 2003. According to a facility physician, two HCV-infected inmates deemed appropriate candidates for treatment were informed by the Department's Health Services Division that they could not receive treatment unless they agreed to stay in prison past their conditional release date as they had less than a year to serve. One individual opted to remain incarcerated past his release date; the other did not. It is a serious concern that inmates are being forced to choose between life-prolonging (or, in some cases, life-saving) medication or their freedom.

The 2004 HCV treatment protocol requires that inmates must have 15 months until either their parole eligibility date or their sentence expiration date in order to receive Hepatitis C treatment. This policy is based upon the rationale that DOCS cannot ensure that an HCV-infected inmate getting treatment in prison will continue to receive HCV care once discharged. This restriction has been in place for several years and has resulted in the denial of care for many HCV-infected patients who otherwise would have been eligible for HCV therapy. It is not medically justifiable to deny care to inmates infected with this serious chronic illness on the basis of this 15-month rule. At the 2004 public hearings on prison health care conducted by the Assembly Standing Committees on Health and Corrections, testimony was provided by physicians and New York City health officials that HCV care was readily available for HCV-infected patients newly released from prison.[19] In response to this information, in October 2004, DOCS issued an amendment to their HCV treatment guideline that would make an exception to the 15-month rule only for HCV-infected inmates who are scheduled to be released from prison to locations in New York City. For these patients, HCV therapy could be provided despite their pending release date and a discharge plan would be developed for them to ensure care within the community to which they will be released. This is a welcomed development, and we urge DOCS to expand the practice to all HCV-infected inmates. Rather than denying crucial therapy for those who many be discharged from DOCS, facility providers should be permitted to provide necessary care to all HCV-infected inmates, and DOCS and parole officials should develop appropriate discharge plans for those patients under their care who are going to return to the community.

[19] Dr. Brian Edlin, Testimony at *Public Hearing on NYS Prison Health Care*, New York State Assembly Standing Committees on Health and Corrections (April 30, 2004); and Dr. Benjamin Chu, President of New York City Health and Hospitals Corporation, Letter to Assembly Member Richard Gottfried (April 29, 2004).

V. Mental Health Care[20]

Approximately 7,500 New York State inmates, or 11% of the total prison population, are assigned to the mental health caseload, meaning that they have been identified as needing mental health services (i.e., medication, counseling or both). Of these 7,500 inmates, approximately 3,200 have a major mental disorder (schizophrenia, depressive disorder or bipolar disorder) and require long-term psychiatric treatment.

Overview of Services. Outpatient and limited inpatient services are provided to inmates throughout the state by the Office of Mental Health (OMH). Central New York Psychiatric Center (CNYCP), a JCAHO-accredited,[21] maximum-security psychiatric hospital with 189 beds for state inmates, serves as the hub for the network of mental health services in state prisons. Although more than 800 prisoners are admitted each year to CNYCP, it is operated solely by OMH and is not a DOCS facility. Each of New York's 70 prisons has a mental health service classification level depending on the resources available. Levels range from 1 to 6.

Level 1 facilities house intensive mental health services including Residential Crisis Treatment Programs (RCTPs) for inmates in acute psychological distress and Intermediate Care Programs (ICPs) that provide residential mental health care for victim-prone inmates with mental illness. OMH staff in Level 1 facilities also offer outpatient mental health services to the inmate population. There are twelve Level 1 correctional facilities in New York.

Mental Health Units in Level 2 facilities provide outpatient care only and have full-time OMH staff. Level 3 and 4 facilities provide outpatient care through part-time OMH staff. Level 6 facilities have no mental health services on site. There is no level 5. Inmates are assigned to correctional facilities based on their security classification and mental health needs.

Insufficient Staff / Inadequate Treatment. Because of the limited number of residential treatment programs, most inmates with mental illness are housed with the general prison population in maximum-security facilities, where mental health services are woefully insufficient. Correction officers and inmates we interviewed reported that inmates with mental illness are often isolated, stigmatized and easily victimized by other prisoners (extorted, "set up" or assaulted). In addition, treatment for mental illness is extremely scarce. Medication supplemented by brief consultations with clinical staff is the primary and often only form of mental health care for general population inmates. Resource constraints limit the availability of individual and group therapy for most general population inmates in New York. "We need more space, more staff to run groups, more

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[20] This section is based on: Jennifer Wynn, et al, *Mental Health in the House of Corrections: A Study of Mental Health Care in New York State Prisons* (The Correctional Association of New York, 2004).

[21] JCAHO (Joint Commission on Accreditation of Healthcare Organizations) sets standards for medical organizations and is the leading health care accreditation agency in the country. It has accredited 16,000 organizations in the United States.

treatment options and more resources for patients," a psychologist at Mid-State reported. A mental health unit chief commented: "Few resources are invested in individuals whose treatment needs are not urgent or acute."

In most of the OMH Level 1 prisons we visited, staff reported that the number of inmates on the mental health caseload far exceeded available mental health resources. Over the past decade, increases in mental health staff positions have not kept pace with the rising number of inmates on the mental health caseload. Between 1991 and 2002, the number of inmates on the mental health caseload increased by 71% (from 4,274 to 7,305) while mental health staffing positions increased by only 51% (from 231 to 354).[22] This problem is compounded by high staff vacancies. In 2002, 19% of mental health positions in the prisons were unfilled including 35% of psychiatrist positions, 25% of psychologist positions and 11% of mental health nurse positions.[23]

At Auburn, three psychologists share a caseload of 200 inmates. There, as in other OMH Level 1 facilities, the staff psychologists also oversee prisoners in the Residential Crisis Treatment Program (RCTP) who are in serious and immediate psychological distress or on suicide watch. Additionally, these psychologists must address any emergencies that arise in the facility. As a result, mental health staff at Auburn explained that their primary function is to provide "maintenance, not treatment." Many mental health employees reported feeling overwhelmed by burgeoning caseloads and not having adequate time to treat individuals with serious psychiatric disorders. "I'm supposed to say that current staffing levels allow us to meet the needs of our patients, but the truth is, they don't," a mental health unit chief told us.

Residential Treatment Programs. The New York State Prison system has two types of residential care units for inmates who have been identified as "victim prone": the Intermediate Care Program (ICP) for inmates with chronic mental illness and the Special Needs Unit (SNU) for developmentally disabled inmates with IQs of 70 or less, a majority of whom are on the mental health caseload. Overall, residential treatment programs are islands of compassionate care in the stressful and sometimes violent world of prison.

ICP Location	Number of Beds
Auburn	50
Attica	78
Bedford Hills	30
Clinton	60
Elmira	56
Five Points	38
Green Haven	51
Great Meadow	38
Sing Sing	31
Sullivan	64
Wende	38
TOTAL	534

[22] NYS Department of Correctional Services Figures (February 2002) (provided by *Poughkeepsie Journal)*; Michelle Pfeiffer, "State Prisons Falter in Psychiatric Care: Officials Fail to Heed Recommendations," *Poughkeepsie Journal* (March 10, 2002).

[23] *Outpatient Staffing* (NYS OMH, November 1, 2002).

SNU Location	Number of Beds
Arthur Kill	**54**
Sullivan	**64**
Wende	**52**
TOTAL	**170**

ICPs are located in eleven maximum-security prisons throughout the state and have a combined capacity of 534 inmates. All participants reside in unit cellblocks and receive intensive treatment services including one-on-one counseling, group therapy and mental health medication. SNUs are located in one medium- and two maximum-security prisons with a combined capacity of 170 inmates. Both units offer group sessions on topics such as anger management, life skills, personal hygiene, medication compliance and substance abuse. Inmates also participate in a variety of vocational, recreational and educational activities. Most residential care programs have gardens where inmates grow flowers and vegetables, kitchens for preparing meals and learning cooking skills, shops where inmates learn leatherwork, ceramics and/or woodworking, and indoor and outdoor recreation such as ping-pong and basketball.

Interviews with 213 ICP inmates and 60 SNU inmates confirmed that they are among the system's most vulnerable inmates. Fully 54% of ICP inmates and 45% of SNU inmates reported committing acts of self-harm or attempting suicide while in prison and 50% of ICP inmates and 34% of SNU inmates reported being victimized by other inmates, i.e. being physically assaulted or having their property or commissary purchases stolen. The majority reported that the residential care units afford them necessary protection from the aggressive inmates in general population; in fact, 57% of ICP inmates and 54% of SNU inmates said that they do not feel safe in the general population.

It is unusual to speak with inmates in a maximum-security facility who are satisfied with conditions of confinement. Interviews with ICP and SNU residents revealed high satisfaction with life on the unit as well as with their access to treatment.

Inmate Satisfaction Survey:	**ICP "Agree" (n=213)**	**SNU "Agree" (n=60)**
COs are respectful of my needs and rights as a patient on this unit.	66%	66%
My primary therapist is responsive to my needs as a patient at this facility.	84%	78%
I feel I receive enough therapy as a patient at this facility.	73%	82%
I was an equal participant with my therapist in developing my treatment plan.	83%	76%
I feel I could see a therapist if I had an urgent need.	90%	82%
The groups are a useful part of my therapy.	84%	89%

Residential care programs have several other positive functions. Inmate-residents who are prescribed psychotropic medications have high rates of medication compliance because these units provide patient education, symptom management, confidentiality and

frequent psychiatric consultations to adjust dosages and reduce side effects. In addition, we found a significant reduction in violent behavior after inmates are admitted into these programs. Finally the staff in these units tend to be among the most compassionate, creative and enthusiastic employees we have encountered in the state prison system. They exemplify what is possible when security and treatment staff work together to create a therapeutic environment. Many of the correction officers said that they bid on posts in residential care programs because they wanted to be part of a rehabilitative environment where they felt they could make a difference. In general, we were struck by the extraordinary level of care and commitment they showed toward inmate-residents.

Expanding the Capacity of Residential Treatment. Throughout our research, superintendents, correction officers, mental health staff and inmates emphasized the need for more beds in residential care programs. The 534 beds system-wide accommodate a fraction of the 3,200 inmates with major mental disorders. The 170 SNU beds can accommodate an even smaller percentage of the approximately 1,200 inmates with developmental disabilities. Most residential care programs operate at capacity and have waiting lists for admission. As a result, many vulnerable prisoners must wait in the general prison population before being appropriately placed.

Model Facility: Central New York Psychiatric Center

Central New York Psychiatric Center (CNYPC), a JCAHO accredited maximum-security hospital with 189 beds for state inmates, serves as the primary psychiatric hospital for the New York prison system. We visited CNYPC in April 2002 and were consistently impressed by its compassionate staff and intensive treatment services.

The facility averages approximately 850 admissions annually. Ninety-three percent of inpatient admissions are male, the mean age is 34 and 71% have a diagnosis of schizophrenia or other psychotic disorder. The median length of stay is about 40 days and the mean is 75 days.[24]

CNYPC has outdoor and indoor recreation areas, vocational training and a broad array of treatment options including individual and group therapy and classes in conflict resolution, substance abuse, yoga, stress management and medication compliance. The prisoners are referred to as "patients" rather than inmates. "This is a hospital," said Hal Smith, CNYPC's longstanding executive director. "Our mission is to treat people with serious and persistent mental illness. Our role is to provide one part of treatment in a continuum of care."

Although CNYCP can provide effective crisis care for some DOCS inmates with serious mental illnesses, there is insufficient capacity at CNYCP to meet the crisis care needs of all DOCS inmates. Since 1981 there has been no inpatient capacity growth at CNYCP even though the DOCS' inmate population has more than doubled during this

[24] Bruce Way and Robin Nash, *CNYPC Patient Demographic and Diagnostic Profile: Year 2003* (NYS OMH, Central New York Psychiatric Center, 2003).

time period. New York has one of the lowest inpatient bed-to-inmate ratios in the United States. Due to inadequate capacity at CNYCP and the lack of adequate mental health treatment in general population in the prisons, inmates with serious mental health problems are repeatedly shuttled back and forth between prison and CNYCP, resulting in approximately 65% of inmates discharged from CNYCP to general population mentally decompensating and being re-hospitalized to CNYCP within a year.

Victimization and Neglect. The human costs of insufficient mental health care were observable to us in the number of neglected and seriously impaired inmates living in general population cellblocks. In nearly every site visit to a maximum-security prison, members of the Inmate Liaison Committee (ILC) spoke of prisoners living in their cellblock who were visibly ill but not receiving treatment. A member of Elmira's ILC reported: "As long as an individual is taking his medication, or staff thinks he is, they don't intervene. Some of these guys cut themselves or never leave their cells, but staff does very little about it." "You'll find a lot of guys with bad physical hygiene," said a member of Clinton's ILC. "Their cells are in complete disarray, they don't shower, and staff just lets them stay there so the whole tier smells." At Green Haven, an inmate reported: "If someone is calm and they're not a problem, then most staff aren't even aware of what's going on. There was a guy two cells down from me who stayed in his cell for 15 days straight and wouldn't come out: not for showers, not for chow, nothing until they finally called medical to check on him."

Given the limited mental health resources in general population, inmates often do not come to the attention of mental health staff until they become so mentally impaired that they require hospitalization or end up in solitary confinement for violating prison rules. When asked about the lack of intervention in these kinds of cases, some superintendents expressed frustration at having to manage so many inmates who, in their opinion, belong in mental hospitals rather than prison. "A lot of these guys are people that society can't deal with. They get sent to us and it's not always clear what we can really do either," reported one Superintendent.

Interviews with 375 inmates on the mental health caseload revealed high levels of victimization. Approximately half of the individuals we interviewed reported being assaulted or having their property stolen by other inmates.

Inadequate Correction Officer Training. Correction officers' leading criticism concerning mental health services was the lack of training provided to front-line officers. "We don't believe there is adequate training among our officers to deal with mentally ill prisoners," said Dennis Fitzpatrick, spokesman for the New York State Correctional Officers & Police Benevolent Association (NYSCOPBA), the union that represents the state's 20,000 correction officers (COs). "Our officers need to learn the latest thinking and best techniques in how to calm down or subdue a person who is not in his right mind, so neither the officer nor the inmate gets hurt."[25]

[25] Paul Grondahl, "A Special Risk to Prison Staff," *Albany Times Union* (October 20, 2002), at A7.

A sergeant we interviewed at Sing Sing's B-Block emphasized the pressing need for increased training. "Dealing with mentally ill inmates is a major, ongoing challenge that's gotten worse over the years as the numbers have grown. Just last week, we had a guy who burned up his cell." He asserted that more training was necessary to prepare officers for this challenge. "COs who work in the cellblocks should be trained on how to deal with mentally ill inmates, the kinds of ways they're victimized, how to recognize if they've gone off their meds and what can happen if they do." An officer at Mid-State who had not received any on-the-job mental health training echoed this sentiment: "We want to know how to recognize the symptoms and how to talk to these inmates."

Correction officers are responsible for making rounds, referring inmates to treatment, managing inmates with chronic mental illness in Intermediate Care Programs, supervising inmates in crisis in Residential Crisis Treatment Programs and overseeing inmates on suicide watch in observation cells. At the training academy, new recruits receive eight hours of training on mental health issues and four hours on suicide prevention.[26] Officers who work in housing areas where inmates with serious mental illness are concentrated (the ICPs and RCTPs) may receive additional training but neither DOCS nor OMH requires it. In 2002, DOCS introduced a 3½-hour in-service training session entitled "Understanding and Dealing with Inmates with Mental Illness" for officers system-wide, but most officers told us they were unable to participate due to staffing shortages.

VI. Substance Abuse Treatment

According to Department figures, approximately 73% of inmates in New York State prisons are identified as having a substance abuse problem relating to drugs or alcohol; 26% of inmates have been convicted of drug offenses;[27] and every year approximately 40% of new commitments are for drug offenses.[28] To address the treatment needs of these inmates, 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). In New York, approximately 20,000 inmates complete drug treatment programs annually with 11,000 inmates in drug treatment on any given day.

RSAT is a federally funded six-month residential drug treatment program created as part of the federal Violent Crime Control and Law Enforcement Act of 1994. Every state Department of Corrections now has RSAT programs in its prisons. There are over 2,000 RSAT programs nationwide. Similar to national trends, the availability of RSAT

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[26] Grondahl, "A Special Risk to Prison Staff."

[27] NYS DOCS, *Profile of Inmates on January 1, 2004*, at 31, 55.

[28] *Preliminary Data Tables Year 2003 Court Commitments* (NYS DOCS, 2004).

funds in New York State has led to a significant increase in substance abuse treatment beds over the last decade.[29] As of November 2003, DOCS had RSAT programs at 19 prisons: 11 maximum-security prisons; seven medium-security prisons; and two special programs at Mid-State.[30] Inmates participating in the RSAT program must live and program separately from other inmates.

Recently, DOCS opened RSAT programs in Great Meadow and Shawangunk, two maximum-security prisons that previously had no drug treatment programs. This step represents real progress. Throughout our visits, we observed several RSAT programs with effective facilitators and inmates that were actively engaged in their treatment.

ASAT programs are state funded and are conducted in approximately 46 prisons: eight minimum-security prisons; 29 medium-security prisons; and nine maximum-security prisons. The ASAT program is similar to the RSAT curriculum but does not include a residential requirement or some of the therapeutic community concepts employed in the RSAT program. Typically, ASAT participants are required to attend one to two program modules per day, five days per week for six months.

Inmates are referred by their correction counselor for substance abuse treatment based upon screening done at reception or based on institutional records or self-reports indicating alcohol or substance abuse. Inmates may also petition ASAT staff for admission to the program. Decisions about admission to these programs are made by the ASAT/RSAT staff and priority is given to inmates who are HCV-infected or those closest to their parole board hearing.

Insufficient Treatment Beds. Unfortunately, the number of treatment beds system-wide is still inadequate to treat the 47,884 inmates with substance abuse problems.[31] In a number of the facilities we visited, there were hundreds of inmates on the waiting list for a small number of ASAT/RSAT slots. For example, Attica had 900 inmates on the waiting list for substance abuse treatment; Coxsackie had only 120 RSAT positions for 750 inmates with substance abuse histories; Green Haven had 271 inmates on the waiting list for 96 RSAT beds; Shawangunk had 300 inmates on the waiting list for 60 RSAT beds; and Sing Sing offered no substance abuse treatment to its 1,180 maximum-security inmates with substance abuse histories. Many inmates with substance abuse problems, some of whom have been arrested for drug offenses, are being released from New York

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[29] Lana Harrison and Steven Martin, *Residential Substance Abuse Treatment for State Prisoners: Implementation and Lessons Learned* (National Institute of Justice, Bureau of Justice Agency, April 2003).

[30] The maximum-security prisons with RSAT are Attica, Auburn, Clinton, Coxsackie, Eastern, Elmira, Five Points, Great Meadow, Green Haven, Shawangunk and Wende. The medium-security prisons with RSAT are Albion (female), Altona, Gouverneur, Hudson, Ogdensburg, Otisville and Wallkill. At Mid-State there are separate RSAT programs for chemically dependent sex offenders and for habitual drug offenders confined in SHU.

[31] *Identified Substance Abusers: December 2003* (NYS DOCS, 2004), at 3.

State's prisons without having received treatment. Not surprisingly, 52% of incarcerated substance abusers are second time or persistent offenders.[32]

VII. Disciplinary Confinement[33]

The Department of Correctional Services confines approximately 4,400 inmates, about 7% of the total inmate population, in highly restrictive disciplinary segregation units known as SHUs (Special Housing Units). Inside these prisons within a prison, where inmates are confined 23 hours a day, there is minimal human contact, little natural light and chronic, enforced idleness. Living conditions include either solitary confinement or double-celling, where two men must share a cell the size of a small office. No congregate activities or programs are provided. Simply enduring the extraordinary degree of idleness is one of the most difficult aspects of life in disciplinary segregation, as there is virtually nothing for prisoners to *do*.

Like animals in a cage, inmates are "cell-fed" through feed-up slots in thick metal doors or barred cells. Most facilities initially limit showers to just three per week. The number of phone calls inmates can make is sharply restricted. Visits are conducted behind Plexiglas or mesh-wire barriers and limited to one visit a week. Whenever prisoners leave their cells, they are mechanically restrained with handcuffs and a waist chain, and leg irons if they are considered seriously violent or escape-prone. Some inmates remain handcuffed throughout their visits (thus, they cannot embrace or hold hands with their visitors) and sometimes during their one hour of recreation.

Since 1998, the Correctional Association has visited many of the disciplinary segregation units in the New York State prison system, some units multiple times. We conducted survey interviews with over 250 inmates in 12 different SHUs. Overall, a disturbing picture emerged.

Over-reliance on disciplinary segregation. New York's use of disciplinary segregation is distressingly high. According to the latest figures from the Corrections Yearbook, an annual compilation of correctional trends and data, "New York had both the largest number of inmates in disciplinary segregation on January 1, 2002 and the greatest percentage of inmates in disciplinary segregation (6.7%)."[34] At that time, according to the Yearbook, the national average (of the percentage of state prison inmates in disciplinary segregation) was 2.6%. Between 1997 and 2000 alone, New York built 10 freestanding

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[32] NYS DOCS, *Substance Abusers December 2003,* at 8.

[33] This section is based on: Jennifer Wynn, *Lockdown New York: Disciplinary Confinement in New York State Prisons* (The Correctional Association of New York, 2003).

[34] *The Corrections Yearbook: Adult Corrections 2002* (Criminal Justice Institute, Inc., 2003), at 47. The Corrections Yearbook was an annual publication of the Criminal Justice Institute, a not-for-profit agency that conducts research on criminal justice issues and collects data on prisons in the US and Canada.

high-tech facilities (known as supermaxes in other jurisdictions) devoted totally to disciplinary segregation. This buildup represented the most dramatic expansion of high-security housing in state history. Construction costs alone ran to $238 million.

Prevalence of inmates with mental illness. By state estimate, nearly one-fifth of the inmates in disciplinary lockdown system-wide are on the mental health caseload. In some units that we visited, over half of the inmates in solitary confinement were identified as seriously mentally ill. When we visited Wende Correctional Facility in the fall of 2002, two-thirds of the inmates in solitary confinement were on the mental health caseload. At Southport Correctional Facility, one-fifth of the inmates were on the mental health caseload.

A growing number of studies have shown that long-term isolated confinement produces disabling psychological conditions.[35] Since the late 1980s, numerous court decisions have concurred with research findings. "The record shows, what anyway seems pretty obvious, that isolating a human being from other human beings year after year or even month after month can cause substantial psychological damage, even if the isolation is not total," wrote the judge in *Davenport v. DeRobertis* (1988), a case involving SHU conditions in Illinois prisons.[36] In *Madrid v. Gomez* (1995), a landmark case involving conditions in California's Pelican Bay supermax prison, Federal District Court Judge Thelton Henderson observed that 23-hour isolation "may press the outer borders of what most humans can psychologically tolerate." Placing mentally ill or psychologically vulnerable people in such conditions "is the equivalent of putting an asthmatic in a place with little air to breathe," he stated.[37]

By far, the most disturbing aspect of our site visits was encountering individuals who were actively psychotic, manic, paranoid or seemingly overmedicated. (These observations were confirmed by independent psychiatrists who accompanied us in the units.) In nearly every disciplinary segregation unit in maximum-security prisons, we came across individuals who were in states of extreme desperation: men weeping in their cells; men who had smeared feces on their bodies or lit their cells on fire; prisoners who cut their own flesh in a form of self-directed violence known as self-mutilation; inmates who rambled incoherently and paced about their cells like caged animals.

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[35] *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness* (Human Rights Watch, 2003), at 149-53; Hans Toch, "The future of Supermax confinement," *The Prison Journal*, no. 81 (2001), at 375-387; T. Kupers, *Prison madness: The mental health crisis behind bars and what we must do about it* (Jossey-Bass Inc., Publishers, 1999); C. Haney and M. Lynch, "Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement," *New York University Review of Law & Social Change,* XXIII, no. 4 (1997); C. Haney, "Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement," *Crime & Delinquency,* vol. 49, no. 1(2003), at 130; *Cold Storage: Super-Maximum Security Confinement in Indiana* (Human Rights Watch, 1997); S. Grassian and N. Friedman, "Effects of Solitary Deprivation in Psychiatric Seclusion and Solitary Confinement," *International Journal of Law and Psychiatry* (1986), at 8, 49-65.

[36] Davenport v. DeRobertis, 844 F.2d 1310, 1313 (7th Cir. 1988).

[37] Madrid v. Gomez, 889 F. Supp. 1146, 1265-66 (ND Cal. 1995).

Extremely Long Stays in Lockdown. Although inmates in New York know the length of their sentence in disciplinary lockdown (inmates in some jurisdictions do not), there is *no limit* to the amount of time to which correction officials can sentence a person to lockdown. If an inmate continues to violate rules while in lockdown, he can accumulate many more months or years in "the hole," as inmates refer to disciplinary confinement. During a visit to Wende Correctional Facility in October 2002, we encountered a seriously mentally ill man who had accumulated a total of *35 years* in solitary confinement.

While the average length of a SHU sentence is approximately five months according to DOCS,[38] many inmates are actually confined much longer, as this figure does not include the consecutive sentences correctional officials mete out to SHU inmates if they violate rules in lockdown. Of the over 250 inmates we interviewed in 12 different SHUs, prisoners reported an average cumulative sentence length of three years.[39]

Harsh regimen of punishment. To punish inmates in lockdown who continue to violate rules, correctional officials utilize increasingly punitive "deprivation orders," which most commonly include loss of recreation, loss of showers, and the use of mechanical restraints (handcuffs and waist chain) during recreation. While the Department claims that deprivation orders are used infrequently and for only the most incorrigible inmates, nearly half (49%) of the inmates in our sample received deprivation orders for violating rules while in lockdown. Forty-one percent reported receiving four or more. With so many deprivation orders being issued, one questions their effectiveness as deterrents.

The most severe punishment is the restricted diet, or "the loaf" where inmates are fed a dense, binding, unpalatable, one-pound loaf of bread and a side portion of raw cabbage three times a day for seven days straight, followed by two days off. Although the maximum period for which this diet of bread and cabbage can be imposed is 21 days, attorneys at Prisoners' Legal Services, who filed a lawsuit against DOCS challenging the diet's constitutionality,[40] have identified cases where it was imposed for as many as 56 days. One plaintiff in the lawsuit was fed bread and cabbage for nine months while he was at Southport and lost 65 pounds, according to his lawyer.

The American Correctional Association prohibits using food as punishment,[41] and the Federal Bureau of Prisons and numerous states have abolished the use of restricted

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[38] "PIMS contributes to a 28% reduction in SHU time served since '97," *DOCS Today* (NYS DOCS, December 2003), at 5.

[39] Inmates in SHUs reported a mean SHU sentence of 42 months; inmates in Upstate reported a mean sentence of 37 months; inmates in Southport reported a mean sentence of 34 months.

[40] Rodriguez v. McGinnis, et al., 98CV6031 (WDNY).

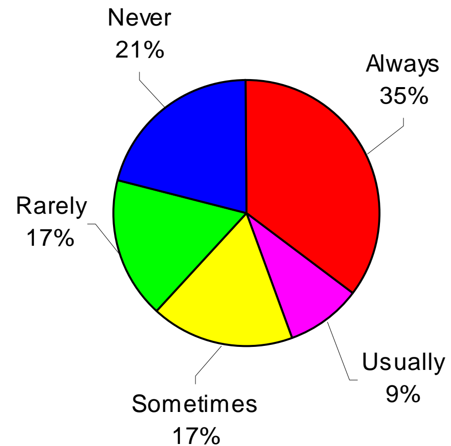
[41] According to Standard 4-4320, "Written policy precludes the use of food as a disciplinary measure. Food should not be withheld, nor the standard menu varied, as a disciplinary sanction for an individual inmate."

diets. New York, on the other hand, increased its use of the restricted diet by over 100%; from 626 diets in 1997 to 1,356 diets in 2002. While DOCS officials argue that the restricted diet is an effective tool for modifying inmate behavior, if this were the case, its use would have decreased, not doubled, in the past five years.

High Rates of Suicide and Self-Harm. Given the psychological toll that extended isolation takes on even the most mentally resilient individuals, the high rates of suicide and desperate acts of self-harm or self-mutilation among SHU inmates are not altogether surprising.

Between 1998 and April 2004, Department figures show that 34% of prison suicides in New York occurred in disciplinary segregation, although disciplinary segregation contains only about 7% of the inmate population.[42] Attesting to the prevalence of mental illness in disciplinary segregation, of the 250 inmates we interviewed in these units, 44% reported previous suicide attempts in prison and 20% had prior admissions to the psychiatric hospital. One-third of the inmates identified themselves as self-mutilators. Unthinkable to outside observers, "inflicting self-harm" is an official violation of DOCS policy and can result in additional disciplinary confinement. Prison officials issue misbehavior reports to inmates who attempt to kill or cut themselves, purportedly to discourage malingering.[43]

How often do you go to recreation?



Enforced idleness. Another serious problem with disciplinary segregation in New York is that inmates are basically warehoused. Whereas some states use disciplinary confinement as an opportunity for intervention, New York provides no meaningful programs in which inmates can engage, no jobs to perform and no opportunities for group interaction to determine their readiness for release to general population or society. For some inmates, the enforced idleness deepens their feelings of frustration and hostility. For others, particularly those who are housed in highly secluded cells behind thick metal doors, a kind of deadening lethargy sets in. Many inmates reported that they spend much of the time sleeping, as there is nothing to do and no way to tell time.

Dr. Lanham, *Standards for Adult Correctional Institutions*, 4th Ed. (American Correctional Association, 2003), §4-4320.

[42] *Inmate Suicide Report 1995-2001* (NYS DOCS 2002); and *Inmate Suicides* (NYS DOCS, April 17, 2004).

[43] Rule 123.10, 7 NYCRR §270.2(B)(23)(i). In 2004, DOCS issued new regulations requiring disciplinary hearing officers to refer inmates charged with self-harm to the Deputy Superintendent of Security, who can dismiss the charge if he or she believes that, due to the inmate's mental state or for any other reason, the disciplinary sanctions would serve no useful purpose. 7 NYCRR §251-2.2(d).

Almost 40% of the prisoners we interviewed said that they no longer had the energy or interest to go to recreation; more often than not, they refused their only opportunity to leave their cells and breathe fresh air. Research on the psychological effects of solitary confinement suggests that refusing recreation indicates the kind of social withdrawal that accompanies clinical depression, or is evidence of over-medication and/or listlessness brought on by social isolation and reduced stimulation.

Dangerous double-celling arrangements. The New York State prison system has 3,000 beds in high-tech, double-celled disciplinary segregation facilities: 1,200 at the massive Upstate Correctional Facility and 1,800 beds in nine smaller stand-alone units called SHU-200s or S-Blocks, located on the grounds of medium-security prisons. In these stark, foreboding places, each prisoner lives with another man 24 hours a day in a 105-square-foot cell behind a two-inch thick steel door. Each cell contains two beds, a desk, a shower, a sink and a toilet. Living in such close quarters can quickly become extremely challenging, as prisoners sleep, eat, shower and use the toilet within a few feet of each other. Many men complain bitterly about this forced cohabitation and lack of privacy. The toilets, for example, are in open view, with no barriers or screens for privacy.

Although other states have built similarly stark, high-tech lockdown units in recent years, few have taken New York's approach of double-celling so many high-risk prisoners. One exception used to be California's Pelican Bay state prison, which holds 1,250 inmates in its Special Housing Unit. Several years ago, about half of those prisoners had a cellmate, but the prison reduced that number to 20 percent (from 600 inmates to 250) after seven inmates were killed by their cellmates during a 12-month period. Six of the prisoners were strangled; the seventh was severely beaten in the face and head.

At Upstate Correctional Facility in New York, a supermax just south of the Canadian border, prisoner Jose Quintana was brutally murdered by his cellmate in May 2001. "He killed the man with his bare hands," the Superintendent said when we visited the prison several months later. "They were arguing about whether to turn off the light." An in-depth investigation by the *Village Voice* revealed that for twenty minutes, while Quintana's cellmate kicked and pounded his head against the wall, correction officers did little more than watch through the window and wonder what to do. According to the *Voice*, "DOCS is supposed to have an extensive screening process" that "prohibits the double celling of inmates . . . who are highly assaultive, those exhibiting histories of aggressive homosexual behavior, and those with histories of extreme violence." Yet, Quintana was a murderer with a history of attacking other prisoners. The man who killed him was serving time for armed robbery.[44]

Some model units exist. Despite the serious problems noted above, the Department has demonstrated a capacity for responding positively to the grave problems plaguing lockdown units. Some disciplinary units, notably those at Greene, Shawangunk, Sing Sing, Sullivan and Woodbourne Correctional Facilities, are markedly calm and quiet and

[44] Jennifer Gonnerman, "Anatomy of a Prison Murder," *Village Voice* (April 4, 2001).

commended by officers and inmates. Common to these cellblocks are the small number of inmates, an experienced and attentive correctional staff, regular rounds by mental health personnel, and sufficient coordination between correction officers and counselors.

Model SHU: Shawangunk Correctional Facility

The Shawangunk SHU, which we visited in February 2003, was quiet and noticeably tension-free. No one shouted or banged on the bars for attention or raised complaints about treatment from officers or denial of privileges. None of the inmates were on deprivation orders or the restricted diet. A number of inmates praised the correction officers and mentioned several officers by name who were particularly humane and responsive to their needs. Such positive reactions to correction officers are rare among SHU inmates. One man stated, "I've been to the box at several prisons and this one is by far the best." The logbooks (and inmates) confirmed that mental health counselors make regular rounds, and the grievance officer tours the unit once a week. The librarian recently developed a cell-study/reading enrichment program, whereby inmates earn certificates for writing book reports.

Model SHU: Sing Sing Correctional Facility

At Sing Sing, which we visited in January 2003, inmates also had high praise for correction officers. Even inmates who were embittered generally about being in lockdown had positive comments for the officers, describing them as "good guys" and very professional. The three officers with whom we spoke impressed us as highly adept at handling a challenging population, many of whom were on the mental health caseload. The Superintendent reported that a special joint management committee of security and mental health staff meets regularly to assess the status of inmates on the mental health caseload and to look for signs of mental deterioration.

Finally, unlike at other SHUs, where recreation consists of standing alone in an empty outdoor cage, inmates at Sing Sing with good behavior can recreate in pairs. In addition, some of the recreation cages had a chin-up bar or a basketball hoop. Congregate recreation and the provision of recreational equipment are required pursuant to a federal consent decree resulting from litigation about the right of Sing Sing inmates to have meaningful recreation while in the SHU.

Model SHU: Sullivan Correctional Facility

The inmates at the SHU in Sullivan, which we visited in December 2002, expressed overall satisfaction about conditions. The unit itself was noticeably orderly and clean. The correction officers reported that they minimize tension by addressing inmate concerns as quickly and efficiently as possible. The inmates confirmed that officers were responsive and treated them well. They also praised the librarian for supplying them with ample and diverse reading materials. We were interested to learn that mental health counselors conduct regular rounds and stop by every cell, not just the cells of inmates on their caseload, to check for signs of mental deterioration. The Superintendent reported that a room was being constructed for private mental health interviews and would be available for use within a few months of our visit.

The "Special Treatment Program" for Inmates with Mental Illness. In response to *Eng v. Goord*,[45] a federal lawsuit concerning inadequate mental health care in the Special Housing Unit at Attica Correctional Facility, DOCS and OMH developed a program for inmates with mental illness in which they receive mental health services in the SHU and thus can earn their way out of lockdown. Known as "STP," for Special Treatment Program, the initiative was piloted at Attica in 1999 and expanded to Five Points Correctional Facility in 2002. The program provides two hours each weekday for out-of-cell group therapy and some individual therapy, and the opportunity for a reduction of one's disciplinary sentence based on good behavior and compliance with a mental health treatment plan. The two programs serve a total of 45 inmates. A preliminary study by the Office of Mental Health showed that STP inmates had fewer disciplinary tickets, deprivation orders and psychiatric admissions upon completing the program.[46]

During our visit to Attica we observed an STP group counseling session. Inmates were shackled and placed in small "bird cages" the size and shape of phone booths in which it was difficult for inmates to hear and see each other. A psychiatrist, Dr. James Gilligan, who was part of the visiting team and observed the session concluded that the treatment offered in these units was superficial and inadequate, "akin to putting band-aids on hemorrhages."

In contrast, the STP inmates whom we interviewed at Five Points gave the program high marks. Inmates commented positively on the compassion and helpfulness of their mental health counselors, the value of group therapy and the ability to reduce their SHU time. Several inmates had graduated from the STP and were moved to the residential Intermediate Care Program, a long-term, treatment-rich unit for chronically mentally ill inmates. One prisoner told us that the program saved his life.

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[45] *Eng v. Goord*, Civ 80-385S (WDNY).

[46] *Attica Special Treatment Program (STP) for Mentally Ill Inmates in Special Housing Units, Preliminary Report:Patients entering the STP program between November 2001 and May 2002* (NYS OMH, 2002), at 8.

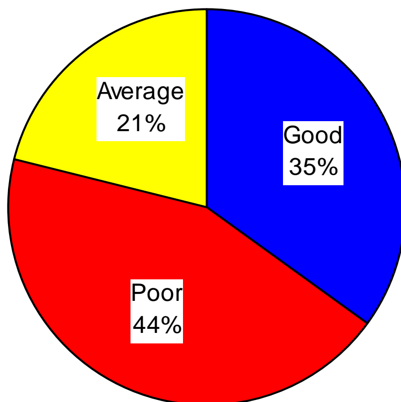
The New York State 2004-2005 budget included funds to create two Behavioral Health Units (for a total of 102 inmates) and to add 75 beds in Special Treatment Programs to divert inmates with serious mental illness from disciplinary segregation. These proposals are steps in the right direction; however, in light of the nearly 500 inmates suffering from major mental disorders who are housed in disciplinary housing, significantly more residential mental health beds should be added.

VIII. Library Services

According to Department figures, there are 76 general libraries and 90 law libraries system-wide. Case law requires that up-to-date legal resources be available to inmates preparing their legal papers, and in compliance with this mandate, every facility had an operational law library staffed by inmate law clerks who assist prisoners in locating resources and compiling legal briefs. The majority of inmates interviewed were satisfied with library services, particularly in the law libraries; only 21% of inmates described the quality of the law library as poor, while 44% of inmates described general library services as poor. Less than 3% of inmates interviewed cited improvements in library services as the change they would most like to see as a result of our visit.

General Library

Newly opened libraries. We were pleased to note that general libraries at Great Meadow and Green Haven were re-opened shortly prior to our facility visits. This step was important as these are large, maximum-security prisons with inmate populations of 1,600 and 2,100, respectively, that previously had no access to library services for an extended period of time. At Great Meadow, the general library had been closed for two years.



Staff vacancies, limited hours and library closures. Several libraries we visited were open for limited hours or closed due to staff vacancies that could not be filled under the hiring freeze limiting the replacement of "non-essential" staff. The general libraries at Arthur Kill, Coxsackie, Otisville and Sing Sing were open only during daytime, weekday hours, limiting library access for inmates who are enrolled in academic, vocational or industry programs, which operate during these hours. At Woodbourne, the library was closed because of insufficient staff.

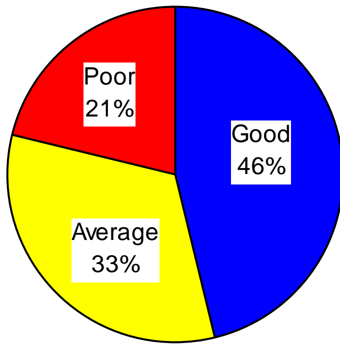
Inadequate staff also impacts the library service available to inmates in disciplinary confinement who must rely on librarians to answer their book requests and replace the books available on their book cart. Disciplinary inmates are offered little meaningful activity, aside from reading, for months, sometimes years at a time. Particularly at

Southport, a total lockdown facility with close to 750 SHU inmates, prisoners complained bitterly that library staffing was insufficient to respond to their requests.

Law Library

Availability of up-to-date case law. Unlike lawyers who utilize frequently updated electronic databases, New York State prisoners conduct their legal research primarily through law books that are updated periodically with inserts sent to the prisons. Among the facilities we visited, there was wide variation in how current the available legal resources were. At some facilities like Shawangunk and Sing Sing, the libraries had complete collections of law books and regularly received legal supplements and updates. At others, inmates complained that updated caselaw was received infrequently.

How would you rate the quality of law library services?

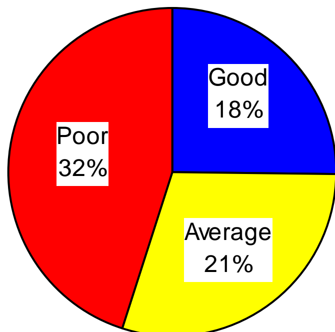


Inmates also reported that the current system used to access Westlaw, a legal database, requires inmates to mail written requests to Westlaw and wait for a mail reply that is slow and often results in missed filing deadlines. We advocated that the Department identify a way for inmates to conduct their legal research using more up-to-date technology, possibly through Westlaw CD-ROMs, that would allow inmates to access the legal databases on computers without using the internet.

Insufficient Computers and Word Processors. Throughout our visits, the most consistent complaint we received in the law libraries was about inadequate computers and word processors that inmates and law clerks had to use to prepare their legal work. Some facilities offered only typewriters to prisoners. Given the importance of legal work to prisoners and the timeliness with which most legal briefs must be filed, we advocated that additional computers and word processors be acquired in several facilities.

IX. Grievance Program

How would you rate the effectiveness of the grievance

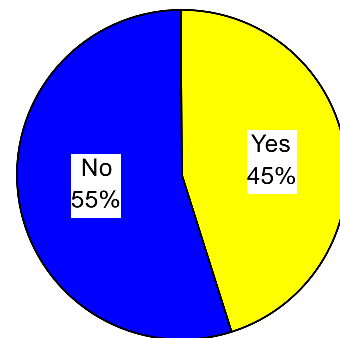


The Inmate Grievance Program is the office of the Department that processes all inmate grievances. Grievances may be resolved informally or through a hearing evaluation by the Inmate Grievance Resolution Committee (IGRC). Inmates may appeal IGRC decisions to the superintendent and may appeal superintendent decisions to the Central Office Review Committee (CORC). In order to file litigation against the Department, prisoners must exhaust the entire grievance process. In 2002, inmates filed 44,405 official grievances and 33,833 inmate contacts—

requests by inmates for assistance that were resolved by the IGRC without requiring an official grievance complaint.[47] In 2003, there was an increase in official grievances to 45,226, representing a 3% increase in the rate of grievances from 2002. Moreover, a greater percentage of grievances are being appealed to CORC. In 2002, 28% of grievances were appealed, whereas in 2003 that rate increased to 32%.[48] It appears that inmates were attempting to exhaust their administrative remedies for grievances filed and that fewer grievances are being resolved at the facility level. In contrast, in 2003 there was a reduction in inmate contacts to 29,130. During the last four years there has been a 23% reduction in these inmate contacts.[49]

Despite these avenues of redress, the majority of inmates interviewed expressed little faith in the grievance system to effectively resolve their complaints: 62% of inmates rated the grievance system as poor.

Ineffective procedure. The majority of inmates felt that the grievance system was ineffective because the grievance staff and administration did not take their complaints seriously. These objections were particularly frequent in such facilities as Otisville and Sing Sing, which did not supply inmates with official grievance forms or access to confidential drop boxes and where inmates felt that the IGRC rarely investigated their complaints.



In particular, inmates throughout our visits expressed concern that the grievance process did little to resolve staff misconduct grievances, the second highest category of grievances. In almost every case, inmates reported, staff misconduct grievances are dismissed because it is their word against a correction officer's. Perhaps more troubling, the majority of inmates reported that they would not feel safe using the grievance process to address issues of officer misconduct.

Model Grievance Program: Woodbourne Correctional Facility

Prison administrators frequently tell us that inmates are unsatisfied with the grievance system at every facility and it would be impossible to design a grievance program that received high marks from prisoners. However, at Woodbourne Correctional Facility, which we visited March 2003, inmates described the grievance program as "excellent," citing a grievance supervisor who is attentive and responsive to their grievances, even when he does not rule in their favor. Numerous inmates expressed gratitude and praise for this individual: "He's fair, doesn't put you off and make you wait

[47] *Inmate Grievance Program: Annual Report 2002* (NYS DOCS, 2003), at 1-2.

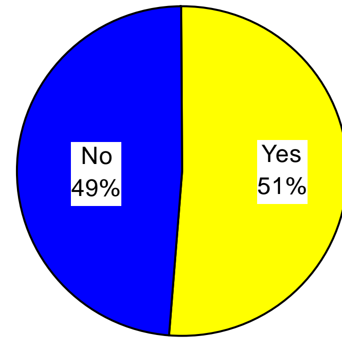
[48] NYS DOCS, *Grievance Annual Report 2003*, at 1-3.

[49] Ibid, at 2.

forever; he just handles things." Another inmate commented: "He goes out of his way to resolve problems for us. He is the best in the state." Correctional Association visitors who met him were similarly impressed by the grievance supervisor and his approach to running the program as an "information center." He explained that many grievances could be resolved simply by being proactive and helping inmates get what they need. "If a guy has a problem that I can clarify by picking up the phone, then I'll handle it on the spot," the supervisor said. The effectiveness of this essential program clearly contributed to the calmness of the facility.

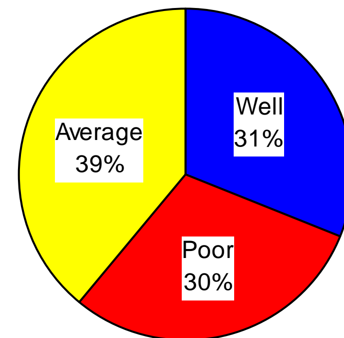
X. Visiting Program and Phone Service

Are you satisfied with the visiting program at your facility?



General population inmates at every facility can receive visitors. In maximum-security prisons, visiting rooms are open seven days a week; in medium-security prisons, visitors are often restricted to weekends-only. New York is one of six states that allows conjugal visits through a Family Reunion Program. Forty-nine percent of inmates surveyed reported they were unsatisfied with the visiting program at their facility; 30% felt that correction officers treated their visitors poorly; and 15% of inmates cited improvements in the visiting program and phone service as the change they would most prefer as a result of our visit.

How well do correction officers treat your visitors?



Insufficient visiting hours. Although the majority of prisoners in New York State are from New York City, many are incarcerated in prisons that are as far as 400 miles from their homes. As a result, families must make lengthy trips in cars, buses and even planes to visit them. In most facilities, inmates are restricted to one visiting day a weekend, and it is not uncommon for visits to be cut short because of limited space in the visiting room. In medium-security prisons particularly, where inmates may have long sentences but are not allowed visitors on weekdays, inmates complained bitterly about the lack of opportunity to meet with their families. Throughout the system, we advocated that visiting hours be expanded and that in prisons like Great Meadow, where the size of the visiting room not only limits visitors, but according to correction officers, also compromises security, that the room be expanded or that more space be identified in the facility to accommodate visits.

Family Reunion Program. The Family Reunion Program (FRP) allows inmates to have overnight visits with family members in trailers that are inside the prison's perimeter but outside of the cellblock area of the prison. This model program strengthens family ties by

allowing spouses and children to periodically reunite with their incarcerated family member. Unfortunately, it is only available in some maximum-security and few medium-security prisons. Inmates in maximum-security prisons like Coxsackie and medium-security prisons that have no FRP complained about the lack of opportunity to spend meaningful time with their families outside the prison context. We strongly advocated that FRP be expanded to all maximum- and medium-security prisons so that inmates can maintain close relationships with their family members.

FamilyWorks. FamilyWorks is a program of the Osborne Association that operates in three prisons, Shawangunk, Sing Sing and Woodbourne, and provides parenting classes and other services to state inmates to strengthen family ties. During our visit to Sing Sing, we had the opportunity to observe part of the FamilyWorks graduation ceremony and speak with inmate-participants. FamilyWorks struck us as a model program, effective in building the parenting skills of incarcerated men and in maintaining important connections between children and their fathers who will one day be released from prison.

Excessive Phone Charges. Inmates at many facilities complained bitterly about the high cost of MCI phone service in the state prisons. DOCS receives $22.4 million a year in "kickbacks" from MCI to whom it awarded the lucrative prison phone contracts. This money is put in an "Inmate Benefit Fund" used to subsidize inmate health care and visiting programs. The problem is that these subsidies are paid for by the recipients of prisoner phone calls, typically friends and family members who live in New York's poorest neighborhoods and are charged an average of 32 cents per minute,[50] a rate far higher than the cost of collect calls by non-incarcerated citizens in the state. High phone rates are particularly punitive for inmates with lengthy sentences and those imprisoned farthest from New York City, who must rely on the phone to maintain fragile family ties.

XI. Inmate-Correction Officer Relations

Correctional experts acknowledge that the relations between inmates and the correctional staff are crucial in determining how well a prison will operate.

> When people think of prisons, they tend to consider their physical aspect: walls, fences, a building with locked doors and windows with bars. In reality, the most important aspect of a prison is the human dimension, since prisons are primarily concerned with people. The two most important groups of people in a prison are the prisoners and the staff who look after them. The key to a well-managed prison is the nature of the relationship between these two groups.[51]

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[50] According to DOCS, the average inmate call is 19 minutes with a $3 connection fee and per minute rate of 16 cents. "Prison System Implementing New Inmate Collect Call Phone Rates: Reducing Costs for the 83 Percent of Inmates Furthest From Home," Press Release (NYS DOCS, July 31, 2003).

[51] Andrew Coyle, *A Human Rights Approach to Prison Management* (International Center for Prison Studies, 2002), at 13.

Inmate complaints against correction officers consistently rank as the first or second most highly grieved area in New York State correctional facilities. According to the Department's 2003 annual grievance report, complaints against correction officers comprised 16% of inmate grievances system-wide.[52] This figure is consistent with findings from our inmate survey, where 18% of inmates rated better treatment by correction officers as the single most important change they would like to see at their facility.

Among the prisons we visited, there was significant variation in inmates' ratings of inmate-officer relations (see chart below). For example, at Great Meadow, a large maximum-security prison, 77% of inmates surveyed rated inmate-officer relations as poor, whereas at Sing Sing, a similarly large, maximum-security prison, only 44% of inmates rated inmate-officer relations as poor. More striking, 88% of inmates at Sullivan and 77% of inmates at Shawangunk (both small maximum-security prisons) rated inmate-officer relations as good or average.

How would you rate inmate officer relations?			
Facility	**Good**	**Average**	**Poor**
Great Meadow	3%	18%	79%
Green Haven	3%	30%	67%
Queensboro	12%	52%	36%
Shawangunk	19%	58%	23%
Sing Sing	11%	49%	40%
Sullivan	58%	30%	12%
Woodbourne	48%	32%	20%
System-wide	21%	37%	42%

In fact, 58% of inmates we surveyed system-wide rated inmate-officer relations good or average. This figure is consistent with correction officer perceptions of relations with inmates. In a survey of nearly 2,000 correction officers conducted by the New York State Correction Officers Police Benevolent Association (NYSCOPBA), the union representing more than 20,000 New York State correction officers, only 9% of officers cited inmates as the biggest obstacle when performing their duties.[53]

While various forms of staff misconduct, i.e., derisive and/or racist comments, harassment for filing grievances against officers, falsification of charges, and actual physical abuse, are frequently reported by inmates, substantiating inmate claims 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, of course, a convicted felon. Even

[52] The most frequently grieved area was medical care, which constituted 19% of inmate grievances system-wide in 2003. NYS DOCS, *Grievance Annual Report 2003*, at 6-8.

[53] *Analysis of NYSCOPBA Staffing Survey* (NYSCOPBA, April 7, 2003), at 12. More commonly cited reasons for dissatisfaction by the correctional staff were: administration (56%), supervisors (22%) and other officers (11%).

so, 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; and
- Feedback from ILC members—who are often the most articulate and mature inmates—describing specific incidents in sufficient detail to make the claims credible, including identifying information on the offending correction officer.

Inmate allegations about staff misconduct are especially persuasive when inmates and ILC members impress upon us that some officers treat them fairly and provide names of officers whom they consider professional and fair. In many cases, when presented with the information, superintendents are not surprised by the identities of abusive COs.

Generally, reports of staff misconduct point to a rogue group of correction officers rather than an entire correctional staff that is abusive. For example, at Sing Sing, where the majority of inmates rated officers as good or average, we received reports throughout the facility about a specific group of officers known as the "A-Block Beat-Down Crew," who were known to physically abuse inmates. Similarly, at the maximum-security prison Wende, while correction officers in most areas of the facility received high marks from inmates, inmates in B-Block, which inmates referred to as "South Africa," consistently reported that the officers threatened them, retaliated against them for writing grievances, and taunted them by such acts as turning off the lights in their cells and making racist comments.

In some facilities, the problem of officer abuse is more widespread. At Attica, the level of fear and intimidation among inmates throughout the facility was the worst we had seen during the course of our 2002-2003 visits. Many inmates, particularly those in long-term keeplock, feared speaking with us or being seen answering our questions. In the yard, several inmates actually flinched when visitors approached, saying that to be seen speaking with outsiders meant that they would be targeted later. "Because you stopped at this table to speak to me," said an inmate to one of our visitors, "I'm not going to yard tonight." Specifically, numerous inmates reported that the "black glove gang"—correction officers who wear or carry black leather gloves to intimidate inmates—was an ongoing problem. At the entrance to A-Block on the second day of our visit, we saw five officers with black gloves hanging out of their back pockets or on their hands. When these officers noticed visitors taking notes, one officer removed his gloves and threw them in a locker. Two others pushed them deeper into their pockets. Black gloves were not an uncommon site throughout the facility.

Part of the problem, superintendents say, is that they lack the authority to remove problem officers or transfer them to a non-inmate-contact position without considerable documented evidence. New York's correction officers' union fiercely protects its members from inmate allegations that could result in suspension, dismissal or penalties.

Moreover, inmate reports of staff misconduct are not recorded in officers' personnel files. 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 document the allegations and build a case for a transfer. 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.

XII. Correction Officer Concerns

The New York State Department of Correctional Services employs over 20,000 correction officers to oversee the state's more than 64,000 inmates. Like correction officers everywhere, the men and women who work in New York State prisons perform difficult jobs in a tension-filled environment. Generally under-recognized by the public and underpaid by the state, many correction officers consider themselves the "stepchildren" of law enforcement.

The Correctional Association meets with correction officers during prison visits to understand the concerns of security staff and learn about facility operations from people who work on the front lines. On many occasions we have advocated on behalf of correction officers for better working conditions and increased staffing, training and compensation. We believe it is important that their voices are heard and their ideas for improving correctional operations are carefully considered. Below are the general themes that emerged during focus groups with correction officers conducted during prison visits and meetings with union officials during 2002-2004.

Insufficient staff. With an inmate-to-officer ratio of 3 to 1, New York has a lower-than-average inmate-to-officer ratio than most other states. According to the *Corrections Yearbook*, there were 4.7 inmates per uniformed officer among 50 state correctional agencies in 2002.[54] However, NYSCOPBA (New York State Correctional Officers and Police Benevolent Association) officials say that New York's seemingly low figure is highly misleading because it does not take into account the smaller number of officers assigned to evening and night shifts, or officers who are out sick, on worker's compensation or military duty. "In order for a 3:1 ratio to be valid, *all* 19,000 correction officers would have to work 24 hours a day, 365 days a year," said Richard Harcrow, president of NYSCOPBA, in an interview with the Correctional Association. "As it stands now, when shifts and time off are factored in, one officer might be in charge of anywhere between 30 to 60 inmates."

[54] Criminal Justice Institute, *The Corrections Yearbook 2002,* at 177.

According to union officials, security staff shortages are most severe in maximum-security prisons, which have not been affected by the declining inmate population. Several prisons in particular—Green Haven, Elmira, Sing Sing and Southport—have long been known to suffer from staff shortages, yet DOCS officials have done little to alleviate the situation.

In June 2003, when we visited Green Haven Correctional Facility—an old-style, maximum-security prison with over 2,000 inmates—we observed dangerously low staffing levels for the executive staff. In the months before we visited, the prison had been operating without an official superintendent, a first deputy superintendent, a deputy superintendent of security, and a captain—key security positions.

At the correction officer level, insufficient staffing was more pronounced. Only two correction officers were assigned to the cellblocks during the 3:00 to 11:00pm shift, severely compromising inmate oversight. With one officer assigned to monitor the control booth, a critical position requiring continual coverage, the remaining officer had to single-handedly "run" four galleries, moving some 300 inmates to the messhall, showers, programs and recreation. In the event that a fight or disruption broke out, only one correction officer would be in the position of having to provide first-line response to the situation while simultaneously overseeing 300 inmates in four different galleries who may or may not be in their cells.

Union representatives explained that even in the best of circumstances, having only one officer to move inmates to showers, recreation and programs creates delays and fuels frustration among prisoners, thereby engendering the very conditions that the facility is ill-equipped to handle.

Green Haven correction officers noted similarly serious staffing shortages in the yard, where only two officers are assigned to oversee anywhere from 200 to 400 inmates. In 2000, the prison's Deputy Superintendent was stabbed by an inmate in the yard. The officers expressed outrage that DOCS did not increase the staffing levels after this serious incident. In our report to DOCS officials following the visit, we stressed that insufficient staff was jeopardizing officer and inmate safety and urged them to rectify the situation. No changes were made. Two months later, an inmate was stabbed to death in the yard. In April 2004, an inmate in the cellblocks stabbed an officer with a nine-inch steel rod and threw a cup of hot liquid on him.[55]

At Southport, a total lockdown "supermax" prison, there is only one correction officer to oversee 168 inmates housed on two different floors during the afternoon and night shifts (from 3:30pm until 7:30am). "It's an accident waiting to happen," said a Southport correction officer.[56] "The correction officer's post is actually in the security

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[55] "Inmate Suspect ID'd in Stabbing, Throwing Hot Liquid on Green Haven Correction Officer," Press Release (NYS DOCS, April 13, 2004).

[56] Wynn, *Lockdown New York,* at 34.

console. So what happens if an inmate hangs up [attempts suicidal hanging] or has a heart attack? The officer is supposed to leave the console unmanned?"

Officers at Sing Sing reported that the state's system-wide staffing plan (known as a plot plan) does not include enough correction officers, which makes it difficult for officers to get time off and contributes to high overtime costs. Specifically, the plot plan does not include enough "relief" officers to fill in for officers who take vacation, sick time, or who are out on military leave or worker's compensation. To make up for the lack of relief officers, facilities regularly close "non-essential" posts, such as posts in the yard, library or program areas. Frustrated by the high number of post closings and DOCS' Central Office's lack of response, NYSCOPBA was successful in having legislation passed in 2002 requiring the Commissioner to submit an annual report of post closings showing the number and location of every post closed in all 70 facilities on a daily basis. "In a prison, *every* post is essential," said Richard Harcrow, president of NYSCOPBA, in an interview with the Correctional Association. "That is why the post was created in the first place." In 2003, DOCS closed an average of 300 posts every day, about 3% of posts system-wide.[57]

Post closings also impact inmate movement and participation in recreation activities, often resulting in increased tension between inmates and staff. At Woodbourne where the library had been closed for six months, three academic, three vocational and one drug treatment class were shut down and more than half the inmates were either idle or had porter positions due to high staff vacancies. Inmates complained bitterly that they could not even access the ball fields for more than one hour a day. When we asked the ILC if they had ever formally requested more COs on the fields, they responded: "All the time, the response is always there's not enough staff." Correction officers echoed inmate concerns, explaining that the lack of activity for prisoners to engage in resulted in higher tension and compromised security, but also said that there was little they could do. One officer explained: "We'd like to get them out to the ball field more, give them something to do, but we are already understaffed in the dorms and can't pull people off those posts to open the fields. The staffing situation has just gotten worse over the last two years. With the hiring freeze, teachers are gone, the librarian is gone, and they aren't being replaced."

Not only do staff shortages lead to post closings, they also result in costly overtime. "When a facility is short-staffed, mandatory overtime builds," explained union official Donald Premo in an interview with the Correctional Association, "That's why overtime costs rose from about $43 million in 2001 to $66 million in 2003. COs make up for having to work doubles by calling in sick, which then creates staff shortages and the cycle continues." Premo pointed out that the rising overtime costs are due to an insufficient "relief factor" (a set number of relief officers available to cover for regular officers out on sick leave, vacation, etc.) in the plot plan. Moreover, he said, "The fact that the Department has to cope with a reducing inmate population has created staffing imbalances. Some facilities [mainly medium- and minimum-security prisons housing individuals convicted of nonviolent drug offenses] now have excess officers because

[57] *Commissioner's Report of Post Closings* (NYS DOCS, 2004).

inmates are leaving at a faster rate than officers are retiring. The end result is that you have some prisons with an excess of officers and others with critical shortages."

Low salaries. Insufficient pay was another commonly expressed complaint, particularly among officers in downstate prisons where the cost of living in surrounding communities is significantly higher than in the areas where upstate prisons are located. Many correction officers working in prisons located in expensive areas such as Westchester and Duchess Counties have to work two and sometimes three jobs to make ends meet. Some officers regularly work a double shift—16 hours straight—in order to get four days off (as is mandated by policy), which they then use to work other jobs. "The result is that officers come to the prison tired and not thinking clearly," a CO at Green Haven explained. An officer at Otisville told the visiting committee: "Ninety percent of us work two jobs…as police officers, mechanics, whatever we can find." The salary of a correction officer, he said, used to be $1,000 above that of a state police officer. "Now it's $3,000 to $4,000 below."

Compared to other Northeast states, New York correction officers are paid below average.[58] Officers in neighboring New Jersey, for example, start at $38,324 annually, more than $10,000 higher than New York's starting salary of $27,482. Rhode Island correction officers start at $31,417 annually; Massachusetts officers start at $37,515. "DOCS likes to state, 'Our Officers are the best trained in the nation,'" said Harcrow in an interview with the Correctional Association. "If that's the case, then why aren't they the best paid?"

Correction officers also expressed concerns about the difficulties they experience in dealing with mentally ill inmates who are sometimes disruptive and violent. At Southport, we met with four correction officers, all of whom had a story of being stabbed, spat at, assaulted, or had food, liquids or human waste thrown at them by inmates. One man had twice been put on prophylactic HIV medications after exposure to blood or feces. They reported that the work is "degrading" and "humiliating." Some officers take anti-depressants to cope with the stress and the depressing nature of their work, they said.

Health care insurance. One of the most disturbing comments from New York's correction officers was that the state health insurance they receive is so insufficient and/or poorly administered that they cannot find outside providers who accept it. Several officers spoke of dentists, radiologists and physicians who have "dropped" them because the state provides low reimbursement rates, delayed payments or does not cover procedures such as MRI's. Since correction officers are exposed to considerable on-the-job health risks, it is critical that DOCS provide adequate medical insurance to COs and their families.

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[58] Among the 12 Northeast states, correction officer starting salaries ranged from a low of $19,000 in Maine to a high of $38,324 in New Jersey. The average for Northeast states (Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont) was $27, 922. See Criminal Justice Institute, *The Corrections Yearbook 2002.*

Low morale. Low morale due to insufficient pay, increasing bureaucratization, burdensome administrative duties and strained management relations were themes that emerged during our meetings with security staff. A state-wide survey of correction officers conducted by the NYSCOPBA in April 2003 revealed similar sentiments. For example, when asked how they feel at the end of the day, nearly 40% of the officers answered "exhausted and discouraged." When asked to identify the biggest obstacle in performing their duties, 78% stated "dealing with the administration," whereas only 9% said "dealing with inmates." Disturbingly, 68% of the officers in the survey do not believe that the correctional facility they work in is safe because of staff vacancies and insufficient hours to perform security-related duties such as searches for contraband.[59]

"A lot of the maxes where you have the highest staffing vacancies don't have the manpower or time to even do routine searches," said a union official in an interview with the Correctional Association. He continued:

> Our COs are filling out contraband reports with 'none found' *not* because nothing was found, but because they're not *doing* searches. They don't have the time. How's an officer on the block by himself, in charge of over 150 inmates, supposed to have time to get an inmate out of his cell, search the cell, look for contraband and then argue with the inmate about whether it's contraband or how he got it, and supposed to do three cell searches a day?

A correctional officer reported:

> Unless I know an inmate has something, I put 'NCF' [no contraband found] on the report. I mean, why bother? Albany just wants the paperwork filled out. It's impossible to do everything they want you to do, plus doing all of the administrative crap on top of your regular duties, like counting the number of soap balls in the cleaning supply and measuring the level of Ajax cans. All of this paperwork is just about keeping records so that the facility passes accreditation. Correction officers are like record keepers instead of security officers. At the end of the day, you ask yourself: 'Why do I even care any more?'

Another correction officer stated:

> There was a time when correction officers were like gods. We had power and the authority to make decisions. But now, with all of the layers of bureaucracy and the concentration of power in Albany (Central Office), even the inmates don't respect us. They know we don't have much power. It's discouraging. Most of the time you feel like you're fighting everyone—Albany, the administration at the facility, the inmates.

In an interview with the Correctional Association, union official Donald Premo framed the problem of low morale philosophically:

> The reason why officer morale is low is because of the nature of the job. By this, I don't necessarily mean working with inmates or inside of a prison. It's because the most satisfactory outcome of a day's work is nothing. The best result of an eight-hour shift is nothing, meaning that nothing happened…no fights, no assaults, no problems delivering services, etc. So after twenty years of producing nothing, you can't feel a heck of a lot of job satisfaction.

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[59] NYSCOPBA, *Analysis of NYSCOPBA Staffing Survey, at 6, 8, 9, 12.*

XIII. 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. In the last five years, New York has reduced its prison population by 11%. This development is a step in the right direction, but more could be done. New York has the fourth largest state prison population in the country and it spends approximately $2.4 billion per year to operate its prison system. Throughout our visits, it was clear that the system still struggles to provide inmates with adequate medical care, safe facilities and sufficient programming so that inmates are not merely being warehoused but instead taught skills necessary so that they do not recidivate.

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

A. **Repeal New York's Rockefeller Drug Laws,** mandatory minimum sentences which require harsh prison terms for low-level, nonviolent drug offenders. A substantial number of states have already enacted changes in mandatory minimum sentencing and drug policy in order to reduce their soaring prison budgets. For example, 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. Although recent legislation in New York reduces the length of sentences for drug offenders, these amendments do not fundamentally alter the structure of the drug laws or return discretion to judges so that they can divert drug offenders to alternative treatment programs. Consequently, repeal of these drug laws is still an essential element of a program to reduce the unnecessary incarceration of nonviolent drug offenders.

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.[60]

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[60] 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.

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 nearly doubles (from $32,000 to $60,000 per year) primarily because of high medical costs. Elderly, formerly incarcerated individuals 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 not a safety risk do not continue to languish in prison at a cost to taxpayers of more than $32,000 per inmate annually.

2. EXPAND ACADEMIC AND VOCATIONAL PROGRAMS

A. **Fill all vacant educational and vocational program staff positions.** Some of the educational and vocational staff hired should be bilingual so that opportunities for Spanish-speaking inmates can be increased and educational courses in Spanish can be established at the prisons.

B. **Increase space in academic classes so that all inmates have the opportunity to earn a GED while incarcerated.**

C. **Increase vocational programs and replace programs that utilize outdated equipment or technology with programs addressing the skills now in demand in the community, such as general business and computer skills.**

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.

F. **Increase the number of slots in industry and job programs**, so that inmates who have completed academic and vocational training may spend their time engaged in productive activity.

3. IMPROVE MEDICAL SERVICES

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

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Jonathan Caulkins, *Mandatory Minimum Drug Sentences: Throwing Away the Key or Taxpayers' Money?* (RAND, 1997).

are severe staff shortages in most prison clinics and an over-reliance on costly per diem health care workers.

B. **Enact legislation that requires annual reviews by the New York State Department of Health of HIV/AIDS and Hepatitis C policies and practices in state prisons.** The Governor and the Legislature should enact Assembly bill A.3544, sponsored by Assemblymember Richard Gottfried, which would require the Department of Health annually to review the policies and practices concerning HIV and Hepatitis C care at state prisons and local jails. The Assembly has unanimously passed similar measures during the past two years but no action was taken by the Senate last year on the companion bill in that chamber.

C. **Improve access to HIV testing and education**. Approximately 5,000 inmates are currently infected with HIV, yet it is estimated that only about half of HIV-positive inmates in prison are known to DOCS and, therefore, eligible for receiving 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. In particular, peer education programs in the prisons should be expanded, as they are the most successful method to reach the inmate population. DOCS should use more effectively the inmate-graduates of the train-the-trainer programs conducted by the community-based organizations who come to the prisons through the AIDS Institute's Criminal Justice Initiative.

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 (HCV) 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 may not readily exist in every facility.

F. **Discontinue the policy of requiring that inmates must have 15 months remaining on their sentence in order to be eligible for Hepatitis C treatment.** The current HCV treatment protocol requires that inmates must have 15 months until either their parole eligibility date or their sentence expiration date in order to receive Hepatitis C treatment. There is an exception to this rule for soon-to-be-released, HCV-infected inmates scheduled to be discharged to New York City, in which case care can be provided and a discharge plan for HCV treatment in the community will be developed. We believe this exception for New York City residents is recognition that the 15-month restriction is not medically appropriate. DOCS should make efforts to identify community providers in other areas of the

state that will care for its HCV-infected patients and authorize facility physicians to provide HCV therapy for all inmates for whom treatment would be medically appropriate.

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. New York's 2004-2005 budget recognizes the need for increased staff and treatment programs for inmates with mental illness. The budget included funding for the addition of 66 full-time clinicians, 87 beds in Intermediate Care Programs, 75 beds in the Special Treatment Programs in SHUs and the creation of two Behavioral Health Units with 102 beds to divert prisoners with serious mental illness from 23-hour disciplinary lockdown. We endorse these proposals and also make the following recommendations:

A. **Expand Central New York Psychiatric Center to its full 350-bed capacity.** The New York State prison system currently has one of the lowest inpatient bed-per-inmate ratios in the country[61] for inmates with mental illness and a high patient return rate to the psychiatric hospital: 65% of inmates discharged from the hospital decompensate in prison and are re-hospitalized within one year. Increased mental health staffing and expanding Central New York Psychiatric Center to its full 350-bed capacity would allow more inmates to be admitted and to stay longer, thereby maximizing their potential for long-term recovery.

B. **Increase the number of clinical staff and fill system-wide vacancies.** Over the past decade, increases in mental health staff have not kept pace with the burgeoning mental health caseload in New York's prisons. The addition of 66 full-time clinicians to staff the new units included in the state's budget is a necessary and positive step. However, more staff are needed to fill system-wide vacancies. As of November 2002, approximately 20% of mental health positions were vacant system-wide, including 35% of psychiatrists, 25% of psychologists and 11% of nurses.

C. **Enact legislation that requires DOCS to establish sufficient residential mental health housing for inmates with serious mental illnesses who have violated prison rules and mandates that these inmates be excluded from 23-hour lockdown.** The Governor and the Legislature should enact legislation that prohibits housing inmates with serious mental illness in 23-hour lockdown, establishes sufficient alternative therapeutic housing for these patients and requires mental health training for correction officers assigned to these units. This measure is currently before the Assembly, bill A.3926 sponsored by Assemblymember Jeffrion Aubry, and the Senate, bill S.2207 sponsored by

[61] Hal Smith, *NYS OMH Task Force on the Future of Forensic Services: Report of the Subcommittee on Prison Mental Health Services* (OMH, January 31, 1997).

Senator Michael Nozzolio. The Assembly passed a similar measure during the last term, but no action was taken in the Senate on this legislation.

D. **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.

E. **Provide more beds in therapeutic housing units for inmates with mental illness diverted from 23-hour lockdown.** As of December 2003, there were 480 inmates with serious mental illness confined in Special Housing Units. The initiative contained in the 2004-2005 budget to increase beds in the Intermediate Care Programs and to create 102 beds in Behavioral Health Units are steps in the right direction. However, in light of the 480 SHU inmates in need of residential mental health housing in the prisons, significantly more beds should be added.

F. **Increase training for correction officers.** OMH and DOCS should require correction officers to participate in annual, follow-up training on the symptoms and management of mental illness. The two agencies should make sure that officers are given the time to participate in training. In addition, correction officers who work in designated mental health housing areas (Intermediate Care Programs, Residential Crisis Treatment Programs and Special Treatment Programs) should receive annual clinically-based training.

G. **Create a permanent, independent oversight board comprised of psychiatrists, psychologists and correctional experts to monitor conditions in mental health units and disciplinary lockdown.** The oversight board should be authorized by the Governor to conduct regular monitoring visits to all areas of the prisons, make unannounced inspections, investigate complaints, evaluate compliance with standards and directives, and report findings and recommendations annually to the Legislature and the public. Such a body would be created if the proposed legislation, A.3926 and S.2207, concerning the treatment of SHU inmates with mental illness was enacted.

H. **Require nurses to conduct evening rounds in the cellblocks of maximum-security prisons and other areas where inmates with mental illness are concentrated.** Regular rounds by nurses can help identify neglected inmates and ensure better access to care.

I. **Offer psychotherapeutic groups and groups on such topics as anger management, medication compliance and self-care to inmates in general population.** Aside from monthly appointments with mental health staff, few if any supports exist for inmates with mental illness in the general prison population. Groups facilitated by mental health staff should be offered to general population inmates. The Georgia Department of Corrections found that this practice decreased the use of costly psychotropic medication.

J. **Expand the Community Orientation and Re-Entry Program (CORP).** The 31-bed program housed at Sing Sing should be significantly expanded to serve the thousands of inmates on the mental health caseload who are released to society each year.

5. SUBSTANCE ABUSE TREATMENT PROGRAMS

A. **Ensure that every facility has a fully staffed and certified substance abuse treatment program.** Since DOCS requires that inmates complete drug treatment in order to participate in the Family Reunion and Merit Time programs and to receive treatment for Hepatitis C, drug treatment should be available in every facility. Staff vacancies in current substance abuse treatment programs should be filled, and some of the individuals hired should be bilingual to increase the opportunities for Spanish-speaking inmates to participate in the programs.

B. **Increase the number of inmate slots in substance abuse treatment programs throughout the system.** Fully 73% of New York State inmates are identified substance abusers and the majority of facilities we visited had hundreds of prisoners on waiting lists for substance abuse treatment.

6. DISCIPLINARY CONFINEMENT

A. **Create a permanent, independent oversight board with the authority to monitor conditions in 23-hour lockdown units.** The review board should conduct monitoring visits, make unannounced inspections, investigate complaints, evaluate compliance with directives and report findings and recommendations annually to the Governor, the Legislature and the public.

B. **Regularly review the inmate death reports published by the New York State Commission of Correction (a government oversight agency) and implement its recommendations.** These carefully considered recommendations often go unheeded because no entity requires their implementation. The Governor's Director of Criminal Justice should review the Commission's reports and hold prison and mental health officials accountable for making necessary reforms.

C. **Enact legislation that prohibits confining inmates with serious mental illness in 23-hour lockdown.** The Governor and the Legislature should enact legislation that prohibits housing inmates with serious mental illness in 23-hour lockdown, establishes sufficient alternative therapeutic housing for these patients and requires mental health training for correctional officers assigned to these units. (See recommendation 4,C at p. 44.)

D. **Institute a suicide prevention program in every 23-hour lockdown unit, including keeplock.** A properly administered suicide prevention program could mean the difference between life and death for inmates in 23-hour lockdown.

E. **End practices of mechanically restraining SHU inmates during recreation, of punishing these inmates with a restricted diet of bread and raw cabbage, and of penalizing inmates for acts of self-harm.**

F. **Provide meaningful programs to inmates in lockdown.** The state can increase public and prison safety by permitting lockdown inmates to participate in group activity prior to their release from the SHU.

G. **Restrict the use of disciplinary lockdown to inmates who commit serious offenses.** The National Institute of Corrections of the U.S. Department of Justice asserts that lockdown facilities are inappropriate for the "nuisance inmate." DOCS should limit the use of long-term disciplinary lockdown to the most serious disciplinary cases.

H. **Avoid double-celling of lockdown inmates to the extent practicable**, including using cell-blocks in the new high-tech prisons (S-Blocks and Upstate) for drug treatment programs or other purposes, and take all necessary steps to ensure that inmates with a capacity for violent behavior are not double-celled.

I. **Correct deficiencies in the Special Treatment Program (STP).** In the new STPs to be constructed from funds contained in the 2004-2005 state budget the counter-therapeutic "birdcages" used during group therapy should be eliminated and the existing STP facilities should be modified to eliminate excessive physical barriers and improve communication among patients and therapists. In all SHUs with an STP program, the 12-week curriculum should be expanded to accommodate the many inmates who stay in the program longer. In addition, the curriculum should include Dialectical Behavior Therapy, a treatment with demonstrated success in reducing violence, suicide and self-injury among individuals with behavioral disorders.

J. **Appoint a task force of seasoned correction officers to identify ways to improve the safety, morale and training of security staff** in 23-hour lockdown units. The recommendations of this task force should be reported to the Governor and Legislature and translated into programs and policies.

7. LIBRARY SERVICES

A. **Fill all library staff vacancies so that inmates in every correctional facility have access to general library services.**

B. **Ensure that inmates have access to up-to-date legal resources.** Inmates at some facilities experience lengthy delays in accessing current case law particularly if they must write the Department for a Westlaw citation. The Department should identify a way for inmates to conduct their legal research using more up-to-date technology, possibly through Westlaw CD-ROMs, that

would allow inmates to access the legal databases on computers without having access to the Internet.

C. **Obtain sufficient computers and word processors so that inmates and law clerks may prepare their legal work in a timely manner.** Throughout our visits, the most consistent complaint we received in the law libraries was of inadequate computers and word processors. Given the importance of legal work to prisoners and the timeliness with which most legal briefs must be filed, additional computers and word processors should be acquired in many facilities.

8. GRIEVANCE PROGRAM

A. **Strengthen the power of Inmate Grievance Resolution Committees** (IGRCs) to investigate and resolve inmate grievances.

B. **Facilitate inmate access to the grievance process** by supplying inmates with official grievance slips and placing grievance drop boxes in areas where inmates regularly congregate. Inmates in disciplinary confinement should be supplied with a stack of grievance forms and should have direct access to a grievance drop box or members of the IGRC.

9. VISITING PROGRAM AND PHONE SERVICE

A. **Increase visiting hours in medium security facilities where inmates are serving lengthy sentences.**

B. **Expand the Family Reunion Program to all maximum and some medium-security facilities.** This model program strengthens family ties by allowing spouses and children to periodically reunite with their incarcerated family member and should be available to all inmates serving long sentences.

C. **Solicit bids for new telephone contracts that offer no kickbacks to the state and offer inmates the lowest phone rates possible.** Currently, the recipients of prisoner phone calls, typically friends and family members who live in New York's poorest neighborhoods, are charged an average of 32 cents per minute, a rate far higher than the cost of calls from non-incarcerated citizens.

10. IMPROVE INMATE-STAFF RELATIONS

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. Where possible, pat frisks should be replaced by scanning

wands, BOSS (Bodily Orifice Security Scanner) chairs and magnetometers and be conducted only in the presence of a sergeant or higher-ranking correction staff.

B. **Increase diversity of correction staff.** Approximately 80% of state inmates are black or Hispanic, while 95% of the correctional 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.

D. **Scrutinize, track and address correction officer misconduct.** Central Office and facility superintendents should formally track the number and nature of allegations filed against officers, as well as the location where, and whether, 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.

11. RAISE CORRECTION OFFICER MORALE

A. **Fill staffing vacancies and ensure that facilities have sufficient correction officer coverage during evening shifts.**

B. **Increase geographic pay differentials in prisons in the hubs in the southern region of New York.** 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 southern New York area, it will help provide officers in those areas with a livable wage.

C. **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.

D. **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 to correction officers via distance-learning technology, similar to the Department's use of telemedicine in prison clinics and community medical centers.

E. **Subsidize memberships at local health clubs or YMCAs for correctional staff to help reduce job stress.**

F. **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.

PART TWO: PRISON REPORTS

Note: The following reports are based on Prison Visiting Committee visits to 14 New York State correctional facilities conducted between January 2002 and July 2003. Readers should bear in mind that some specific practices, personnel and conditions of confinement may have changed since the time of the visit.

ARTHUR KILL

On January 16th, 2002, members of the Prison Visiting Committee toured Arthur Kill Correctional Facility, a medium-security prison for men located on Staten Island. Arthur Kill Correctional Facility was built in 1969 and originally designed as a drug treatment facility. It was converted into a prison in the 1970s; the first inmates arrived in May 1976. Arthur Kill was substantially renovated in the 1990s using the "cookie cutter" architecture of the new medium-security DOCS facilities, intended to create a campus-like environment at the prison.

Arthur Kill has one of the two dialysis units in the state prison system. It also has a residential unit for 54 developmentally disabled inmates, known as a Special Needs Unit, or SNU. The SNU at Arthur Kill is one of three such units in the state, and the only one at a medium-security prison.

On the day of our visit, the population was approximately 975 inmates. The following is a summary of the Committee's observations based on conversations with correction officers, staff and inmates throughout the facility.

Medical Services

Staff and inmates reported that the increasing number of inmates at Arthur Kill with serious medical and mental health problems is taxing the resources of an already understaffed medical unit. At the time of our visit, the medical unit had two unfilled nursing items (one full-time, one part-time). In addition, staff reported that a second nurse position is needed on the night shift, where only one nurse is on duty for the entire facility. Inmates throughout the facility complained that medical examinations are cursory and it can take a month or longer to see a doctor.

Inmates also criticized Arthur Kill's "closed-dorm policy," which they said negatively affects men who are sick. The policy mandates that the general population dorms are closed during the morning and afternoon program sessions, and that all dorm residents must leave the area whether or not they are attending a program. This practice is designed to limit inmate mobility, to maximize officer resources and to make space for substance abuse group sessions that are held in the dorm living areas. Inmates report that little allowance is made for those who are sick, especially those with temporary medical problems. For example, if an individual wakes up with a fever, he first has to sign up for sick call (and likely will not be seen until the next day), and then request a bed-rest slip from the nurse. He is then sent to the dayroom or yard, unless the nurse is willing to call the watch commander and he agrees to make special arrangements for the inmate to go back to the dorm. According to inmates, this special arrangement almost never happens.

Mental Health Services

Over a quarter (27%) of the inmates at Arthur Kill are on the mental health caseload, approximately 270 of the 975 inmates. The mental health unit chief reported that there were no staff vacancies.

Overall, the unit impressed us as efficiently run. A particular social worker received praise from inmates for her compassionate and effective counseling skills. She reported that she plans to start a "MICA" group for patients with mental illness and chemical addictions. We were pleased to learn that a staff psychologist sees all inmates in the Special Housing Unit (SHU), whether or not they are on the mental health caseload. A downside is that his rounds in the SHU were said to be cursory (15-20 minutes, according to inmates and staff) and inadequate.

As at other facilities, mental health staff at Arthur Kill rarely get involved in disciplinary hearings concerning inmates on their caseload. "We're not DOCS employees," the clinical supervisor said. We advocated that Office of Mental Health (OMH) staff be involved in disciplinary hearings.[62] Hearing officers who have no special training in mental illness should request mental health staff input whenever an inmate on OMH's caseload is charged with a disciplinary infraction. That way, mental health staff could consult with correction staff to analyze the situation, work with the inmate and advise DOCS on an appropriate course of action that would not exacerbate the inmate's mental condition. This suggested procedure is supported by the Memorandum of Understanding between the Office of Mental Health and the Department of Correctional Services, section F-3-b, which states:

> When the issue of an inmate's mental status is raised during the DOCS disciplinary hearing process by the inmate, the hearing officer or others, the hearing officer should request OMH consultation in the hearing process.

Finally, the system in place for ensuring medication compliance seemed to work well. The unit chief reported that nurses alert mental health staff if an inmate refuses his medication, and nurses will track down non-compliant individuals.

Special Needs Unit

The Special Needs Unit (SNU) is housed in a separate building on facility grounds. Arthur Kill's SNU is one of three such units in the state prison system for

[62] In 2004, DOCS revised section 254.6 (b) of Title 7 New York Correctional Rules and Regulations requiring that the hearing officer consult with mental health staff if the recipient of a misbehavior report is classified as level 1 by OMH or if it appears that the inmate may have been mentally impaired at the time of the incident or the time of the hearing. In addition, regulation 7 NYCRR §310.1 establishes a Special Housing Unit Case Management Committee to review, monitor and coordinate the treatment of SHU inmates on the OMH caseload in OMH level 1 facilities.

developmentally disabled inmates (defined as having an IQ under 70), who are considered victim-prone in the general population.

Interviews with fifteen inmates revealed a mixed picture. Mental health staff were universally praised (many of the men are on the mental health caseload). Inmates generally felt safer in the unit than in general population, but they were frustrated by the idleness and lack of programs. Day-shift correction officers were described positively, but evening-shift officers and 'floaters' (officers not regularly assigned to the unit but who are temporarily assigned to the unit to cover for absent staff) were criticized as poorly trained. Inmates reported that correction officers who are supposed to serve in a therapeutic capacity—helping the men learn basic tasks and socialization skills—often spend their time playing ping-pong by themselves or laughing at the inmates. Reports of verbal abuse were common; accounts of physical abuse were rare, though one man alleged that a new officer kicked him in the leg for not immediately obeying an order to put on his shirt. "These officers have to understand that we're on medications that slow you down," the inmate said. "Sometimes you have to give us those extra ten, fifteen seconds so we can understand what you're talking about. If you yell and scream at me, it's just going to make me more upset."

Many complaints about the unit—idleness, limited TV and poor access to medical care—remained unresolved because the SNU senior counselor had been frequently absent and the only other counselor was on maternity leave. Most of the men are illiterate and cannot write grievances. They are told to bring their complaints to the inmate peer aide, but the peer aide also cannot write. These problems contributed to a general feeling of helplessness and abandonment. Some inmates said they did not know why they were there.

There is no screening procedure for officers who want to work in the SNU. Some inmates told us that this is a problem: officers who bid on the unit were not always the best for the job and some officers bid on the unit primarily because it was a relaxing place "to play ping-pong and hang out."

Finally, though the dorm was originally built for 50 beds, there were 54 beds in the unit. The extra four beds—added onto the end of rows and lacking their own cubicle space—presented obvious safety hazards. About one foot of space exists between the beds at the end of the row and the additional beds; this narrow passageway was obstructed with electrical cords.

Programs

Academic Classes

The three schools we toured were clean, spacious, and sunny and adorned with educational materials and posters. The educational supervisor struck us as bright and

committed to making the school a place where students want to be and want to learn. The other teachers we met impressed us as enthusiastic and focused.

Even the most dedicated teachers, however, could not make up for the deep cuts in the teaching staff—almost 70% in the past 15 years, according to the Superintendent. Currently, there are seven teachers and one teacher's aide, compared to the 1980s when there were thirty teachers. Inmates have to wait several months or more to get in a class. On the day of our visit, there were 150 men in classes and half as many on the waiting list.

There were no computer classes at Arthur Kill. Inmates reported that six years ago some inmates were found with computer disks containing classified information. All of the computers were then removed from the facility for inspection, and many were not returned.

Vocational Programs

One of the unique programs at Arthur Kill is the Department of Motor Vehicles (DMV) customer service program. The 40 inmates in the program field calls from DMV customers, answering routine questions such as how to find a DMV office and how to register a car. The DMV program office was well-lit and organized, and the inmates were busy and absorbed in their work. The carpentry class and general business class also received high marks from Prison Visiting Committee members and inmates.

Arthur Kill has no vocational programs other than the aforementioned classes. The results of this deficiency were evident. Everywhere we went, we saw inmates sitting on benches, leaning against walls or staring vacantly into space with no choice but to wait three to six months for available jobs or programs. Some men asked if we could get them transferred back to maximum-security prisons, where they had programs or industry jobs that enabled them to earn money for themselves and their families. These comments were especially discouraging, since many Arthur Kill inmates are from New York City and had worked their way down to a medium-security prison that is closer to their families. Upstate prisons can be anywhere from six to fourteen hours from New York City, whereas Arthur Kill is less than an hour away and accessible by public transportation. Despite being closer to their families, some inmates felt that this advantage did not substitute for the lack of programs. Men spoke of living weekend to weekend—visit to visit—with nothing to do in between. "I thought it would be good to be here, closer to the city and to my family," said one inmate, formerly at Attica. "But I spend my time just sitting around. I have no training, no skills, and no idea what to do when I get out."

Another inmate, who had come from Fishkill Correctional Facility, said that the level of idleness at Arthur Kill made him feel hopeless. He liked seeing his mom more often, he said, but he'd rather go upstate and learn a trade. "Here, they just send you out the same way you came in."

General Library

The library closes at 3:45pm on weekdays and is closed on weekends, leaving little time for inmates to use it. The library is also small, poorly ventilated, and dimly-lit.

Visiting Program

Inmates throughout the prison complained about the insufficient visiting hours. Arthur Kill is a medium-security prison that permits only one day a week of visiting. The Superintendent explained that the facility limits visiting because Arthur Kill is so close to the city, and because the volume of visitors would be too great for the facility to handle. However, he said that even when the visiting room is opened to the entire population on holidays, over-crowding is never a problem.

Miscellaneous Concerns

Inmates requested that lights be installed in the yard so that prisoners can remain outside after dusk. Especially given the level of idleness, we found this request reasonable. In addition, inmates reported that Arthur Kill's dress code is uniquely restrictive compared to other prisons in the state. We received numerous complaints that facility policy prohibits inmates from wearing personal sweatshirts that are permitted in other facilities.

Special Housing Unit (SHU)

The Special Housing Unit (SHU) at Arthur Kill was generally calm and quiet. The officers seemed seasoned, fair and efficient. We did not receive any complaints regarding basic services, such as access to medical care, recreation, reading material or meals.

However, the isolation, loneliness and idleness that exist in SHUs throughout the system, including Arthur Kill's, seem counterproductive and cruel when meted out to inmates with serious mental illness, such as the bipolar inmate we interviewed whose entire body trembled for the twenty minutes we spoke with him.

Meeting with Executive Team

Overall, the Superintendent was open to our observations, but he stated that fiscal constraints limited possible changes. He agreed that there was a lack of vocational programs and a problem with inmate idleness. He hoped that more programs would be added in February 2002. The Superintendent reported that he would like a larger library, but that he simply lacked the space. He intends to improve ventilation in the library, but was not able to present plans to do so. He also said that there is no money in the budget to install lights in the yard.

The Superintendent affirmed that sick inmates are not allowed to remain in dorms designated as closed dorms. He said, however, that if an inmate misses 5:00am sick call, he can still usually get an officer to take him down to the infirmary that day. He agreed to make sure medical and security staff understood this informal protocol.

The Superintendent also agreed that the SNU is usually understaffed with officers. Though there are supposed to be four officers on the day shift, he said that usually there are only two, because the other officers are needed elsewhere in the facility. As a result, officers have little time to conduct more therapeutic socialization activities with the inmates. He confirmed that one of the counselors was on maternity leave, but said that the position would remain unfilled because it was an "extra" item not in the official SNU staffing plan. As for the complaint about untrained officers, the Superintendent said that the six officers who bid on the SNU unit were receiving training in Albany on the day of our visit.

Finally, the Superintendent said that the strict dress code was necessary to distinguish inmates from the many volunteers from the city who work there, and to prevent inmates from stealing food (by concealing it in their hoods). He agreed, however, that the quality of state-issued clothes had deteriorated, and agreed to look into making more hats and gloves available for purchase in the commissary.

Follow-up with the Superintendent

In December of 2002, we spoke to the Superintendent about what had changed in the year since our visit. He said that no new vocational programs or classes had been added, and that two more teachers had retired, dropping the total number of teachers to five. Concerning medical services, two part-time nursing positions were still unfilled. The pharmacist had retired, so all medicines were being obtained from outside vendors. The number of inmate grievances had increased, but the Superintendent felt that the reason for this trend was that the old grievance coordinator had retired and that the new person in the position was "being tested."

ATTICA

On September 17th and 19th, 2002,[63] members of the Prison Visiting Committee toured Attica Correctional Facility, a maximum-security prison for men located 35 miles east of Buffalo. Opened in 1931 and the site of a historic inmate uprising in 1971, the massive, fortress-like prison houses over 2,000 inmates behind a turreted, 30-foot wall.

More than 30 years after the disturbance, Attica still struggles with strained inmate-correction officer relations. A Deputy Superintendent informed us that the week before our visit, an inmate punched an officer in the face, breaking his jaw. In the infirmary, we encountered an inmate, also with a broken jaw, who said his injury was the result of officer retaliation. Throughout the prison, tensions were high and correction officer abuse was a persistent complaint.

On the day of our visit, the population was approximately 2,200 inmates. Following is a summary of observations based on conversations with various civilian and correction staff and on structured survey interviews with approximately 100 inmates throughout the facility including general population cellblocks and yards, the Intermediate Care Program, the Special Treatment Program and the Special Housing Unit.

Medical Services

Overall, Attica's medical services had improved since our previous visit in 2000. The medical department was fully staffed and making use of its telemedicine capacity with Erie County Medical Center. There were plans underway to further expand its use to include infectious disease consultations. In addition, an Automatic Electronic Defibrillator had saved a life six months prior to our visit, and there was another machine on order.

Attica was offering pre- and post-HIV test counseling but still appeared to be struggling with under-identifying inmates with HIV. Attica had 45 identified HIV+ inmates, approximately 2% of its population, which was less than half of New York DOCS' overall estimate of HIV infection among male inmates (5.5%), indicating that more needed to be done to encourage inmates to get tested.

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[63] The CA visit on September 17th was for the purpose of monitoring conditions at Attica. The CA visit on September 19th was made as part of a two-year research project on mental health services in NYS prisons resulting in the 2004 CA report *Mental Health in the House of Corrections*.

Intermediate Care Program (ICP)

The ICP is a residential unit for chronically mentally ill inmates. Attica's ICP residents receive individual treatment and have the opportunity to participate in sex offender and anger management groups. The majority had positive feedback about the program and appreciated the opportunity to live separately and safely away from the general population. Of the 41 inmates we interviewed, 85% reported that they received sufficient mental health services, and 78% felt that the groups were useful.

Unlike other correctional facilities, Attica had no Assisted Daily Living program to pair ICP inmates who have personal hygiene problems with inmates whose paid job is to encourage them to shower and clean their cells and clothes. As a result, inmates with poor hygiene were housed in the last ten to fifteen cells of the tier with no guidance to develop these skills.

Inmates expressed a strong interest in additional activities, such as arts-and-crafts or music therapy, which are offered at other ICPs. In addition, inmates and staff felt that ICP inmates need their own yard because most ICP inmates are afraid to recreate in the main yard and the dozen or so men who go stay away from general population inmates. "They stick together like a little cloud, talking to themselves and picking up cigarette butts," an inmate from the ICP commented.

Special Treatment Program (STP)

The Special Treatment Program (STP) was developed as part of a settlement in the *Eng v. Goord* case that challenged the level of mental health care for prisoners in Attica's disciplinary segregation cells. The program, opened in January 2001, provides one hour a day of group or individual counseling to 40 severely mentally ill inmates in 23-hour disciplinary lockdown. A second STP was opened in Five Points Correctional Facility one year later.

Attica's STP is a step in the right direction to provide treatment to the seriously mentally ill in disciplinary segregation, but more needs to be done to make it a worthwhile program. Inmate feedback was not as positive as feedback from STP inmates at Five Points. Some men gave the program high marks and were grateful for the opportunity to have their SHU sentence reduced through improved behavior, while other inmates felt that the program was superficial.

Inmates are locked in small cages during all STP counseling sessions. The Department justified making cages a norm for all therapeutic encounters because of the perceived security threat of SHU inmates. Dr. James Gilligan, former director of mental health services in the Massachusetts prison system and a recognized expert in the field, joined us on our visit to the STP. He reported that the cages reinforce inmates' self-identification as violent predators.

In addition, cages undermine the STP's stated goal of helping inmates develop socialization skills to counteract the isolating and alienating experience of serious mental illness and long-term SHU confinement. They also hamper the therapeutic alliance between the inmate and therapist. These cages have no counterpart in the community mental health hospitals that treat the violent mentally ill. At Bedford Hills Correctional Facility, New York State's maximum-security prison for women, SHU inmates participate in group therapy unshackled.

The therapeutic services offered—one hour a day of group therapy—is insufficient to address the serious mental health needs of participants. Dr. Gilligan interviewed an STP inmate who, for example, presented a chronic, unresolved paranoid psychosis and suicidal complex. According to mental health staff, this inmate spends most of his time in STP groups reading magazines. "The 'treatment' he receives in the SHU just scratches the surface," said Dr. Gilligan. "It's like putting band-aids on hemorrhages."

The group session visitors observed appeared superficial and fragmented. The layout of the cages makes it difficult for the inmates to hear and see each other when they speak. Moreover, the bulk of the hour was spent discussing what movie the inmates would rent the next day. Several of the inmates reported that they did not find the STP useful because so much of the "treatment" involved watching movies.

On a positive note, the correction officers assigned to the unit seemed to appreciate the value of the program. They saw their role with the inmates as supportive and helpful. "With these guys, you feel like what you say to them can actually make a difference," said one officer.

Programs

Academic Classes

Attica's educational program was impressively comprehensive. Visitors observed several classes with instructors who were engaging, professional and highly dedicated. Classroom walls were decorated with educational posters and student work. In addition, Attica had 68 Inmate Program Assistants—inmates who aid students with lessons and assignments—a high number for the state prison system. Attica had recently been approved for two additional teachers, which would open up evening classes for inmates, and a vocational instructor to teach an introductory technology class involving math skills and computer literacy.

Finally, Attica's educational department was making extensive use of computers. In the general business class, inmates were learning Microsoft Office, and there was a Macintosh design station in the office where advanced students could learn PageMaker. There was even an internal network system set up so that inmates could learn to use and navigate the web and design web pages without having Internet access.

Residential Substance Abuse Treatment (RSAT)

Visitors observed two RSAT sessions that were first-rate. The instructors were savvy, engaging and skilled facilitators and inmates gave the program high marks. With 900 men on the waiting list, we advocated a significant expansion of this useful program.

One negative remark surfaced as visitors were leaving the area. Several inmates pulled us aside and spontaneously commented upon officer misconduct. "The steady COs on the night shift are out of control," one man said. "They burn us on rec, push us around, smack us, take our cigarettes." These types of complaints were raised persistently throughout the facility.

Aggression Replacement Training (ART)

Visitors observed an Aggression Replacement Training (ART) session, which was well-run and useful. Attica has an ART class that is used as a step-down program for inmates exiting the SHU and returning to general population. Although many other states have step-down units for inmates from disciplinary confinement, Attica's program is the first in New York. There seemed to be great value in bringing inmates together immediately after their SHU confinement to work on anger management and to talk about their personal issues in a group setting.

General Library

Attica's librarian had made significant improvements to the library by computerizing the card catalog and expanding the collection by purchasing discount books, which enabled him to stay within budget and maximize resources. There were many notable self-help and non-fiction books.

Unfortunately, Attica had recently lost its part-time library clerk, which compromised services and slowed the librarian's progress. In particular, SHU and keeplock inmates reported that they do not receive adequate library services. Their book supply consisted largely of old and worn paperbacks thrown in a cardboard box.

Visiting Program

Attica has two visiting rooms: one was dank and dimly lit while the other was brighter and more airy. A room used for confidential legal visits had a colorful mural on the wall. In contrast, the children's area was a dark, unadorned corner with an old rubber mat, a little plastic bench, and a few old, dirty toys.

Feedback from the Inmate Liaison Committee (ILC)

The Inmate Liaison Committee (ILC) reported that they faced significant barriers in collecting the concerns of the general population. Apparently, they are regularly denied

the chance to tour the facility because, under the current system, inmates are not permitted to retain their facility pass, but must request the pass from their housing officer. They said that officers typically tell them that the pass is not there. One inmate asserted that he had not had his pass for the entire five months that he has been on the ILC. The ILC legal advisor reported that he has had access to a pass only four times in the six months prior to our visit. In addition, Attica has few drop boxes that would allow general population inmates to write their concerns to the ILC if they cannot communicate with them face-to-face. The only drop box visitors saw was in C-block. There, the word ILC was crossed out with black ink.

Miscellaneous Concerns

Physical Plant Issues

The cells in A-Block were grossly in need of repair. Many had peeling paint, rusted areas and toilets and sinks that were leaking. There was no hot water in these cells, which violates American Correctional Association (ACA) standards.

Sexually Offensive Material

With only ten female correction officers, Attica has one of the highest male-to-female CO ratios in the state. Visitors observed several items, including a graphic swimsuit calendar on an officer's wall, which could not help but create an uncomfortable working environment for female officers. The Superintendent agreed to remove these items and re-issue the Department's policy prohibiting sexually offensive material in the workplace.

Staff Conduct

It is not uncommon for visitors to hear complaints about officer misconduct in our visits to maximum-security prisons. However, the level of fear and intimidation among inmates at Attica was the worst we have seen system-wide. Many inmates, particularly those in long-term keeplock, feared speaking with us or being seen answering our questions. In the yard, several inmates actually flinched when visitors approached, saying that to be seen speaking with outsiders meant that they would be targeted later. "Because you stopped at this table to speak to me," said an inmate to one visitor, "I'm not going to yard tonight."

Even a member of the Inmate Liaison Committee reported that he was harassed after our meeting by an escort officer, who called him a snitch to another officer. A comment from a long-termer summed up the problem as follows: "I've been in prison for twenty years and all around the state. What you realize when you come to Attica is that Attica is its own little world. The officers don't pay attention to the rules and regulations. They do what they want, and we've built up resentment. It's out of control."

Pat Frisks

Attica inmates complained bitterly about frequent and invasive pat frisks. Several inmates reported that pat frisks are used specifically as a means of intimidation. Inmates told us that officers would make them stand in hard-to-hold positions, taunt them and then hit them if they moved. Inmates also said that officers give confusing, conflicting commands that were difficult to follow. One inmate reported that he was told to take off his shoes, and when he reached down to comply, he was smacked for taking his hands off the wall. Another inmate commented, "If you turn your head, they jam you in the shoulder blades. They make you spread your legs so wide you almost can't stand."

We recommended that the facility investigate ways to ensure that pat frisks are conducted in a more professional and respectful manner. This objective could be achieved by requiring that sergeants be present during pat frisks, allowing the ILC to view the pat frisking videotape as they have requested, and making more use of metal detecting wands and BOSS (Body Orifice Security Scanner) chairs to detect contraband.

Black Glove Gang

Numerous inmates reported that the "black glove gang"—correction officers who wear or carry black leather gloves to intimidate inmates—had resurfaced. At the entrance to A-Block on the second day of our visit, we saw five officers with black gloves hanging out of their back pockets or on their hands. When these officers noticed visitors taking notes, one officer removed his gloves and threw them in a locker. Two others pushed them deeper into their pockets. Black gloves were not an uncommon site throughout the facility.

Meeting with Executive Team

The focus of our meeting was the ongoing problem of hostile, unprofessional and abusive correction officers. Almost unanimously, inmates reported that better treatment from and more respect by correction officers was the change they wanted most in the facility. We expressed serious concerns over what seemed to be an entrenched officer culture at Attica that was poisoning morale and breeding resentment.

We suggested several ways to ease the tension between inmates and officers, such as better oversight during pat frisks, increased anonymity in filing grievances, more ILC movement and drop boxes, and officer-inmate mediation sessions, perhaps between union representatives, the ILC and a skilled outside facilitator. The Superintendent was open to our observations but asserted that the pat frisk procedure was necessary to detect items, like drugs, that metal detectors miss, and to maintain a secure facility. He was resistant to fully addressing these persistent complaints.

Overall, Attica was an improved facility since our visit two years ago. The Special Treatment Program for inmates with mental illness in disciplinary lockdown, the

expanded offering of educational classes, the fully-staffed medical department, as well as the many extra-curricular activities offered, were noteworthy enhancements. However, the tensions between staff and inmates were highly disconcerting and remained a pervasive issue with potentially dangerous consequences.

COXSACKIE

On June 18th, 2002, members of the Prison Visiting Committee toured Coxsackie Correctional Facility, a maximum-security prison for men, 135 miles north of New York City. Coxsackie opened in 1935 as a reformatory for wayward, vagrant, and truant youth. Built to resemble a schoolhouse, it is a symmetrical brick building covered with ivy and crowned with a bell-tower. In the 1970s, Coxsackie began its transformation from a school to a correctional institution for under-21 felony offenders.

For many young men, fresh from the New York City jails on Rikers Island, Coxsackie is the site of their first prison term upstate. Over the years, it has been known as a "gladiator school," an allusion to the high rate of violence among its largely young inmate population. In recent years, Coxsackie has increased admissions of older inmates to stabilize the population. Today, 30% of the inmates are between ages 16 and 21, still a high rate for any prison. Coxsackie's unique challenge is to adjust to its older inmate population while still meeting the needs of the youth it is specialized to service.

On the day of our visit, the population was approximately 1,010 inmates. Following is a summary of the Visiting Committee's observations.

Medical Services

Coxsackie had only one physician for over 1,000 inmates and three of the nursing items were unfilled. To compensate, Coxsackie was hiring per diem nurses from the proximate Albany Medical Center or paying regular nurses overtime. This situation was not only costly, but compromised continuity of care. We sensed that the nurse administrator was frustrated by having to work with Albany Medical Center nurses, who consider prison duty "an elective." We advocated that Coxsackie hire a full nursing staff to work together as a team, to reduce burnout, to improve medical services, and ultimately, to save taxpayer money.

In addition, none of the employees in the medical clinic spoke Spanish. Correction officers and other inmates were being used as translators, a practice that violates patient confidentiality and compromises the delivery of health care. In the case of stigmatized illnesses such as HIV, using officers and inmates as translators is problematic and highly inadvisable. We recommended in our letter to the Superintendent that the Department utilize AT&T translation services, subsidize Spanish-language classes for medical staff or hire bilingual health care providers.

Coxsackie had 35 inmates identified as HIV+ on the day of our visit. Inmates reported that HIV testing is relatively easy to obtain. However, testing for Hepatitis C (HCV) seems to be discouraged, and little inmate education is provided about this chronic illness. Inmates expressed to us ignorance about and/or fear of contracting HCV. Since HCV is difficult and expensive to treat and ultimately can be fatal, we asserted that

prevention education should be a priority for correctional facilities. Perhaps nowhere is HCV education more essential than at Coxsackie, where the young population stands most to benefit because they can learn how to avoid contracting the disease.

Hospice Program

Coxsackie houses a small hospice program inside its 60-bed Regional Medical Center. The program received very positive reviews from inmates and staff and fulfills an important function in end-of-life care. Counselors, social workers and clergy provide extensive services for a small group of terminally ill inmates, from arranging family visits to filling out the lengthy application for medical parole (which is rarely granted). The downside to the program is that it serves less than a dozen inmates while many more are in need. We recommended that hospice care be implemented in other facilities based on the Coxsackie model.

Programs

Academic Classes

Because of its substantial under-21 population, Coxsackie is classified as a school district and receives federal funding. On the day of our visit, there was a GED graduation ceremony, so there were no classes for us to observe. However, the teaching staff we interviewed seemed enthusiastic, dedicated and justifiably proud of their high GED passing rates and the quality of the special education program. One teacher commented: "Some of the students are very smart; they just need to be given a chance and some training." It was encouraging to hear many of the teachers discuss the potential of their young students after they leave Coxsackie. In addition, inmates throughout the facility who had received their GED said that the academic classes were the most important and effective program in the prison.

Residential Substance Abuse Treatment (RSAT)

Coxsackie's RSAT program had 120 inmate-participants. The Superintendent reported that approximately 75% of the population needs substance abuse treatment. The program itself impressed the visiting committee, and many of the inmates praised it as "helpful" and "thought-provoking." However, it is clear that DOCS has provided insufficient resources for this program thereby limiting participation to only 12% of the inmate population, even though the majority of the inmates need to be enrolled for their rehabilitation and to earn parole.

Idleness

Throughout the facility, inmates' leading complaint was the lack of programs and long waiting periods to enter existing programs. Inmates recounted extensive stints as porters while they waited for a program slot to open. The idleness and lack of opportunity

for learning, personal development and vocational training were particularly troubling considering the number of youth in Coxsackie. Many of Coxsackie's inmates will be released when they are in their twenties and thirties. These inmates may have a GED, but they will have little else with which they can market themselves upon their release.

Correction Counselors

Coxsackie had lost two bilingual counselors in the year prior to our visit; the one remaining bilingual counselor was working in the Regional Medical Unit. A Spanish-dominant inmate we interviewed said that his counselor left five months ago and he had not been seen by anyone since that time. There were no Spanish-speaking vocational teachers, no Spanish-speaking ESL teacher (the ESL teacher was relying on videotapes), and only one Spanish-speaking teacher who was teaching Spanish GED. Many of his students remain in his class long after they get their GED, he said, because there were no other programs in a language that they understood.

In addition, four of the nine correction counselor positions were vacant. Given the many tasks that correction counselors perform and the host of services they provide for inmates, these vacancies were a serious problem.

General Library

Because of limited staffing, Coxsackie's library was only able to open one evening per week and was closed during the weekends. These gaps were making it difficult, if not impossible, for programmed inmates to access the library. The facility requested one additional library clerk, which we urged Central Office to approve so that the general library hours could be increased and the library services in the SHU expanded.

Visiting Program

The inmate visiting program had improved significantly since our last visit in 1998. The facility established an alternating visiting schedule, was processing visitors a half-hour earlier, and had a trailer with coffee, snacks, a TV and a diaper-changing table for early arrivals. In addition, the Inmate Liaison Committee (ILC) had plans to buy toys and games for the children's corner.

Inmates' main complaint was the lack of a Family Reunion Program, which most maximum-security prisons have. Given the importance of visiting—to inmates, to their families, and to the stability of the whole facility—we recommended to the Superintendent that a Family Reunion Program be added.

Grievance Procedure and Inmate Liaison Committee

System-wide, there are significant problems with the inmate grievance process. Coxsackie is unique, however, in that the inmates not only complained about grievances

but about the ILC itself. In many facilities, the inmates rely on the ILC to represent their concerns to the administration. At Coxsackie, however, inmates described the ILC as a "joke." Apparently, correction officers target and harass inmates who serve on the ILC; thus, there is no incentive for inmates to serve. The ILC members we met seemed less organized and less attuned to the needs of their constituents than other ILCs we have encountered. Furthermore, on the day we visited, the chairman of the ILC was in the SHU. Taken together, these factors suggest that there are serious problems with Coxsackie's inmate representation process that prevent inmates from effectively having their concerns raised by inmates and addressed by the prison administration.

Keeplock and Special Housing Unit (SHU)

There were approximately 100 inmates in keeplock on the day of our visit, representing a significant drop from our last visit when there were 480 keeplocked inmates. The Superintendent attributed this decrease to the admission of a greater percentage of older inmates, who have had a calming effect on the prison population. The construction of 3,300 disciplinary housing cells between 1997 and 2000 is also a factor, as it has contributed to a decrease in the number of keeplock inmates system-wide.

The conditions on Block F – the keeplock block – were substandard. Although the American Correctional Association recently re-accredited Coxsackie with a score of 97.2, we observed chipped and crumbling paint in several cells, a leaking toilet in one cell and no electrical outlet in another.

In the SHU, 27 out of 32 cells were occupied. The cells appeared clean; the mood on the block was quiet. Grievances focused on the lack of reading material and limited access to the law library. The law librarian informed us that he goes to the SHU every day; however, inspection of the SHU sign-in log showed that the law librarian had signed in only four times in two weeks.

The SHU book supply consisted of a few dozen books, some of which were in Spanish, on a cart. The cart had not been replenished, we were told, for at least three weeks. The captain accompanying us seemed surprised that there were so few books and said that the librarian would replenish the supply that week. In addition, the current "outreach program," where SHU inmates request books from the COs and the COs pass on the request to the librarian, did not seem to be functioning properly. Most inmates in SHU had no idea about such a program and did not want to bother the COs with requests for fear of harassment.

Half the inmates we interviewed in the SHU were 22 or younger. We suggested that the facility should do more than other maximum-security prisons to provide materials, including GED-prep workbooks, appropriate to the age and literacy level of SHU inmates.

Staff Conduct

Between 2000 and 2001, the number of grievances pertaining to staff misconduct at Coxsackie rose by 150%. In addition to insufficient programs, staff misconduct was the leading complaint we heard from inmates. Almost all of the complaints were variations on a single theme: that the correction officers, used to handling a young inmate population, treat all inmates “like kids” and run the facility in an overly oppressive manner. Inmates complained about not being allowed to talk to their neighbor while locked in their cells (even in the afternoons when policy permits conversation), not being allowed to play the radio, even at a low volume, and being harassed and physically assaulted. While we were unable to assess the credibility of any individual complaint, the consistency of the complaints suggested that the general accusation had merit.

Historically, Coxsackie has been a prison for youth, but at the time of our visit, 70% of the inmates were 21 and over. The Superintendent credited the admission of older inmates for the reduced tension and violence in the facility since our last visit. Certainly, that the older inmates could act as peacekeepers and mentors with the younger inmates was a positive development. However, the attitudes of some officers seemed to alienate many of the older inmates whom the facility was relying on to keep the peace.

Coxsackie had made important strides in reducing facility violence, which was a credit to the changing population demographics and the efforts of staff. However, given the large number of inmate reports of staff misconduct, it appeared that there was still a strong need for more staff training and possibly the implementation of mediation sessions between officers and inmates.

Meeting with Executive Team

The executive team seemed interested in our observations and responded to the issues we raised without defensiveness. It was clear that they were aware of many of the problems we pointed out and were in the process of developing strategies to remedy them.

With regard to the lack of programs, the Superintendent attributed the deficit to the recent decrease in keeplocked inmates, which created an increase of 200 general population inmates in need of programs. Coxsackie’s plan for programming expansion included increasing evening programs after the new mess hall opened and adding a computer literacy program for inmates who had already earned their GED. In addition, the executive team developed a sex-offender program, but was still waiting to hire a Spanish-speaking counselor. Overall, the Superintendent recognized the need for Spanish-speaking staff and said that it was an important criterion in recruitment. The Superintendent also recognized the pressing need to fill the four correction counselor vacancies and had submitted a budget request to Central Office.

With regard to the sub-standard conditions of various keeplock cells, the Superintendent reported that there were plans to repair E and F cellblocks and during this time, all "conditions issues" would be addressed.

There was some contention about the validity of the staff misconduct grievances. The executive team reported that they read and track every grievance. They recognized that code 49s, staff misconduct grievances, are the most common. The Superintendent attributed the recent increase in these grievances to the fact that inmates have to exhaust the prison grievance system before they can file a lawsuit. But he also recognized that staff had to adjust to having an older population. The executive team seemed resistant to the idea of a mediation program between officers and inmates, and no definite solution to this problem was offered.

Overall, Coxsackie seemed greatly in need of more programs to occupy inmates' time and to better prepare them for release, particularly in light of the facility's predominantly young population. For these young men, prison could represent an important window of opportunity for meaningful intervention. Also, more programs might alleviate staff-inmate tensions. Notwithstanding these issues, the general tenor of the facility—specifically, operations and staff morale—seemed much improved since our visit in 1998.

GREAT MEADOW

On December 5 and 6, 2002,[64] members of the Prison Visiting Committee toured Great Meadow Correctional Facility, a maximum-security prison for men, located in Washington County, approximately 230 miles north of New York City. Our previous visit to Great Meadow was in 2000.

Great Meadow opened in 1911 as an "honor" prison for first-time offenders. Due to overcrowding in other state correctional facilities, Great Meadow became a "disciplinary max" for young offenders in 1953, earning it the reputation as a "gladiator school."

Today, Great Meadow houses adult offenders, but it is still classified as a "disciplinary max," meaning it provides the highest level of security. According to the Superintendent, approximately 75% of new admissions to Great Meadow are from the S-Blocks (freestanding 23-hour disciplinary lockdown units). Great Meadow has a mental health satellite unit with a 38-bed Intermediate Care Program (ICP) for chronically mentally ill inmates. The Superintendent reported that there are over 300 general population inmates on the mental health caseload.

On the day of our monitoring visit, the population was approximately 1,700 inmates. The following is a summary of the Visiting Committee's observations based on interviews with inmates in general population, the Special Housing Unit, keeplock and the Intermediate Care Program and on the Inmate Liaison Committee, as well as discussions with the representatives of the Professional Employees Federation and various correctional and civilian employees in the facility's medical department, grievance office, visiting area, and library.

Medical Services

The clinic was clean, modern and well-equipped. Visitors interviewed the board-certified Facility Health Services director and the Nurse Administrator. The Nurse Administrator received many compliments from inmates and staff as a compassionate and responsive health care provider. He reported that he investigates and responds to all inmate grievances.

However, even with an attentive Nurse Administrator and modern facility, the medical services at Great Meadow were inadequate because of insufficient nursing staff to attend to the many serious ailments among the inmate population. It was reported that 60 inmates are HIV+ and over 200 inmates have Hepatitis C (HCV). Although Great

[64] The CA visit on December 5th was for the purpose of monitoring conditions at Great Meadow. The CA visit on December 6th was made as part of a two-year research project on mental health services in NYS prisons resulting in the 2004 CA report *Mental Health in the House of Corrections*.

Meadow's medical area was fully staffed by the Department's standards, the nursing allocations were noted by staff as insufficient. This problem was reflected in the poor ranking that medical care received in our inmate surveys and the fact that medical was the most highly grieved area at Great Meadow in 2002. According to staff, noncompetitive state pay rates make finding relief nurses to work at Great Meadow all but impossible. The situation results in burnout and expensive overtime costs. Apparently, every two weeks, the medical department accrues approximately 20 hours in overtime.

In addition, although over 200 inmates at Great Meadow had Hepatitis C, only "two or three" inmates were receiving treatment, according to the Facility Health Services Director. Not everyone with HCV should be on treatment, but a 1% treatment rate is troublingly low. Pennsylvania's Department of Corrections, for example, tests all incoming inmates for HCV antibodies and treats approximately 6% of the infected population, 500 inmates out of the 7,000 who have been identified with HCV.

On a positive note, the local AIDS Council provides weekly anonymous HIV testing and counseling at Great Meadow, and there is a peer support group for HIV+ inmates. In addition, the new Automatic Electronic Defibrillator, recommended by the CA after a prior visit, recently saved an inmate's life.

Mental Health Services

Great Meadow has one of the eleven Mental Health Satellite Units throughout the state prison system, which provide the highest level of mental health services. These services include psychotropic medication, outpatient consultations with mental health staff, crisis care beds in the Residential Crisis Treatment Program for observation of inmates in acute psychological distress and an Intermediate Care Program, a residential mental health unit for inmates deemed "victim prone" due to the effects of a major mental disorder. Approximately 20% of the 1,700 inmates at Great Meadow were on the mental health caseload. The majority of mentally ill inmates reside in the general prison population where they receive psychotropic medications and one therapeutic consultation per month.

The Inmate Liaison Committee reported that there were a number of inmates with mental illness living in the general prison population who were not receiving adequate treatment, particularly in the six company of B-Block. Before we even walked onto the six company tier, we could hear the raucous din of dozens of men calling out to each other, yelling for a correction officer, cursing and cat-calling. The cellblock had the feeling of an asylum. One man was imitating a rooster, repeatedly making the "cock-a-doodle-doo" sound, which prompted similar animal sounds in response. Their voices bounced off the walls and up and down the tier. The heat was stifling, though the temperature outside was below freezing. Many inmates who were on the mental health caseload told us they were not assigned to programs. They complained bitterly about

being locked in their cells most of the day. It was possible to imagine how difficult such confinement would be given the noise, the heat and the palpable level of chaos.

A Correctional Association board member, psychiatrist Gail Allen, accompanied us on the visit. Following is her account of mental health services at Great Meadow.

Visit to Great Meadow Correctional Facility

Gail Allen, M.D.

On December 6, 2002, I accompanied the Correctional Association to Great Meadow to view its mental health services. Areas toured included the Residential Substance Abuse Treatment, the Special Housing Unit, the Intermediate Care Program, and general population blocks A and B. Meetings were held with the Superintendent, his administrative staff and the ILC. The mental health staff was prohibited from meeting with us due to current litigation. Informal and structured interviews were conducted with individual inmates.

Reflecting on the visit as a whole, I was struck by how deeply disturbed and sick many of these men are. The incidence of mental illness throughout the prison was alarming.

For example, on B6, one man was floridly psychotic and paranoid. The tension in this inmate was palpable, as he spoke incoherently of homicidal fantasies or memories. Another inmate on the same general population cellblock was visibly agitated, guarded, and potentially explosive. He talked to himself and appeared to be actively hallucinating while muttering violent threats. He apparently had had an outbreak in his printing class and was singled out by his teacher as “troubled.” Although he initially hesitated to speak with me, he gradually engaged and confided that he hated printing class because he was illiterate. He was interested in school and also said he would be willing to talk with a counselor, especially in Spanish. He complained he had not been feeling well physically and expressed a desire for a medical work-up and HIV testing.

A third man was delusional and grandiose. Another inmate was housed in an observation cell after cutting his throat. He claimed he had been off his meds and had been asking for help for several weeks before making the suicide attempt. He felt the staff had been unresponsive compared to his other experiences upstate. A review of his chart showed a two-week span between entries and a well-documented horrendous history of sexual abuse, depression, violence, self-mutilation, and repeated efforts to kill himself.

The CO in charge of the area had been there for nine years and seemed sensitive to the men’s needs. He informed us that their length of stay varied from several days to several months and they were allowed out of their cells only three times a week for showers.

The fact that so much pathology surfaced in the brief time of our visit suggests that we saw but the “tip of the iceberg.” It engenders sympathy for the officers faced with the task of containing this population. That they resort to and perhaps overuse SHU and keeplock sentences or keep men heavily medicated in their cells is understandable but hardly optimal. It has been observed that “normal” persons subjected to solitary confinement and nutritional deprivation deteriorate in those circumstances. Needless to say, there is a greater toll on the mentally disturbed.

So what can be done if substantial resources – time, energy, personnel, money – are spent pursuing strategies that are counterproductive and actually aggravate the mental illness in the facility? Quite simply, the men such as those described above should not be in general population or in long-term observation cells. They need more intensive treatment. They should be hospitalized, stabilized, medicated, and subsequently transferred and maintained in a therapeutic environment.

The ICP, with its vocational activities and groups, is such a setting, but it restricts admission to the more manageable and docile inmates. This program and the dormitory should be enriched, expanded and better utilized, suggesting implications for the size of the Central New York Psychiatric Center (CNYPC).

One man I interviewed in general population (PT) illustrates what's possible. PT stated he had been given more than ten tickets for fighting and assaults and had been to CNYPC twice for extended periods: seven-month and sixteen-month stays. Schizophrenic and violence prone, he had nonetheless been treated and medicated at CNYPC to the point that he was able to function in the open environment of the ICP.

According to the administrative staff, approximately two to three men per month are now sent to CNYPC and another two to three are waiting for entry into the ICP at any one time.

Temporary transfers to CNYPC should be made more often, and if doing so is limited by capacity, CNYPC should be expanded.

When the men return from the hospital, they should not be put in SHU where whatever stability they've achieved may be undone. They should be referred to the Residential Crisis Treatment Unit or the ICP or to a "step down" unit of less austere cells and modified activity, mirroring the hospital atmosphere in which they recovered.

Although Great Meadow will never be "a hospital," other steps could be taken to make it more generally therapeutic.

1. There should be an intensive training program given for all COs and staff throughout the institution so that the staff will be better able to identify and understand symptoms of mental illness and respond in a more appropriate way.

2. Disturbed inmates should not be penalized for untidiness or minor infractions. Positive reinforcement such as praise and rewards should be employed more frequently in place of punishment. Groups on hygiene and daily living skills should be increased.

3. Inmate requests for help should be treated seriously and with respect, not ignored or dismissed as manipulative (a problem cited by several men we interviewed, who also told of a case where an inmate was ridiculed and called "Cyclops" by the guards and who subsequently fatally set himself on fire). Officers who persist in name-calling or engage in other sadistic behavior should be reprimanded and ultimately screened out if they fail to change their approach. It was reported, for example, that Officer R----- provoked an inmate who had been off his medication. The man "snapped," resulting in a violent fracas.

4. The prison population should also be educated about mental illness so they too, can be more sensitive to those with psychiatric problems. The compassion shown by many of the men towards their disturbed colleagues was impressive. Since money and staffing present potential obstacles to structuring a more supportive environment, a group of peer counselors or buddy system might be established, a recommendation of the ILC that I think has merit. We suggested that a representative from the ICP serve on the ILC, and the Administration was receptive to the idea.

5. Spanish-speaking professionals or counselors should be actively recruited given the large number of Latino prisoners.

6. Medication should be more closely monitored. Patients should not be overmedicated or rendered totally dysfunctional. Meds should be dispensed so that at least a portion of the day can be spent in activities. Side effects should be minimized through the use of counter-acting meds or the newer anti-psychotic drugs so that inmates feel less inclined to stop their medication. When an inmate refuses to take his meds, he should be seen at least once a week for signs of decompensation and for exploring his reason for noncompliance. In some instances, intra-muscular medication should

be considered.

7. The issue of idleness was raised during the prior visit and noted again. The men are in dire need of more educational and vocational groups and activities. There are links between boredom, despair and negative behavior, and conversely, people who are learning and feeling productive are less likely to act out.

A therapeutic community can reduce the incidence of violence and promote the healing necessary for many inmates to return safely to the outside. Expanding CNYPC and the "receiving" units would be costly but ultimately a cost-saving endeavor. But many of the other measures could be implemented with little expense.

The administration, to its credit, has launched a new and much needed Residential Substance Abuse Treatment program at Great Meadow. Perhaps they can have the courage to adopt a fresh vision and change their fundamental approach to mental health issues.

Intermediate Care Program

Inmates in the Intermediate Care Program (ICP) had generally positive feedback about conditions on the unit and the therapeutic services they received. They reported feeling safer in the ICP than in general population; in fact, most men told us that they did not want to leave the ICP, not only because they felt safer there but because they received better care for their mental illness and were more likely to take their medication in a supportive environment. In addition, residents who were higher functioning appreciated the opportunity to work in the Corcraft factory. Of the approximately 30 inmates with whom we spoke, nearly all expressed immense gratitude for the mental health staff.

Inmates' concerns included idleness on the unit and hostility from correction officers. Only 21% of inmates felt that COs treat them well (lower than percentages at other ICPs), and almost half of the inmates said they had witnessed or experienced abusive treatment. We recommended that the Superintendent investigate the situation and implement additional training for officers working in the ICP.

Some highlights from structured interviews with 27 ICP men are as follows:

Inmate Satisfaction Survey:	***ICP (n=27) "Agree"***
I receive sufficient therapy on this unit.	83%
I feel the groups are a useful part of my therapy.	95%
I could see a therapist if I had an urgent need.	91%
I was an equal participant with my therapist in developing my treatment plan.	84%
My psychiatrist explained to me how my medications work and what side effects I may experience.	79%

Programs

Academic Classes

On the day of our visit, five of the twelve teaching positions were vacant: a bilingual instructor, a special education instructor, an ABE (Adult Basic Education) instructor and two pre-GED instructors. Seven instructors were insufficient to meet the needs of Great Meadow's population, resulting in a high number of inmates on waiting lists for basic academic classes. Inmates must have a GED to enroll in most of the vocational and industry programs at Great Meadow. Therefore, the majority of inmates who are waiting for an opening in GED classes remain completely idle until space opens.

Vocational Programs

The serious deficiencies in vocational training and substance abuse treatment that we noted in 2000 appeared to have been rectified. Since then, two vocational programs, printing and welding, were added, giving Great Meadow a total of five vocational programs. The inmates we interviewed in these programs gave high marks to their instructors and the usefulness of the classes. We were particularly impressed with the enthusiastic new printing instructor who was teaching inmates to use advanced software including Publisher and Quark.

Residential Substance Abuse Treatment (RSAT)

Prior to our visit, Great Meadow received funding to start an RSAT program for 88 inmates. The facility had hired a Substance Abuse Counselor and two Program Assistants, and the program was scheduled to begin in two weeks. This step represents an important addition given the high substance abuse treatment needs of the population—as many as 75% of Great Meadow inmates had addiction issues. Unfortunately, even with the new treatment program, hundreds of inmates with substance abuse treatment needs will likely wait years before they will receive a slot in RSAT.

Aggression Replacement Training (ART)

The Aggression Replacement Training (ART) program was reported to have a waiting list of approximately 600 inmates. The correction counselors we spoke with expressed frustration that many inmates at Great Meadow had histories of violent behavior, including assaults on staff, but were unable to access treatment. We recommended the expansion of the program since many inmates will need ART to receive a positive response from the Parole Board and to successfully integrate into their communities after their release.

General Library

We were pleased to see that the library had recently been re-opened. It had been closed for two years because the facility did not have a librarian, a situation we brought

to the attention of Central Office. Inmates had generally positive feedback about access to, and services in, the library.

Idleness

Throughout the facility, inmates complained about idleness. We encountered a number of men who said they had been at the prison for six months or more and were not assigned to a program. Civilian staff explained that the problem was related to the changing population of the prison. Before the S-Blocks were built, Great Meadow housed a large number of inmates in long-term keeplock. Because a significant proportion of inmates were in lock-down status, there was less need for programs and staff. Now, however, more inmates are in general population than in the past, but the facility's programming allocation has not been modified.

In addition, Great Meadow has a high number of staff vacancies, 28 in all, about half of which represent key civilian positions such as commissary staff. Not only do the vacancies strain facility operations, they result in high overtime costs. Clearly, it is in the Department's best interests to fill these vacancies, particularly since Great Meadow holds nearly 1,700 maximum-security inmates representing some of the most difficult prisoners in the system. Given that the majority of Great Meadow inmates have poor institutional histories, it would seem that a fully programmed and staffed institution is essential. Moreover, the prison shoulders the burden of housing a significant number of the system's seriously mentally ill prisoners. Undoubtedly, the impact of staff vacancies is heightened in light of these dual challenges. We believed that this issue was important and strongly advocated for more program resources and staff.

Visiting Program

Great Meadow's visiting room is one of the smallest we have seen in the state, which struck us as illogical given the large size of the inmate population and the long sentences they serve. Significant, too, was that the steady COs were as vocal in their complaints as the inmates. The officers reported that the configuration of the room and the crowded, cramped conditions on weekends make surveillance difficult. Contraband could easily be exchanged, they said, and the conditions were unsafe.

Grievance Program

We received numerous complaints about the grievance program. Specifically, inmates alleged that the grievance supervisor miscodes grievances in order to protect correction officers (coding a complaint about harassment by an officer in the yard as a grievance about the yard, for example) and logs grievances without numbering them, or sometimes discards them, to make the numbers appear lower than they are.

Quantitative Findings from Interviews with General Population Inmates

Committee members conducted structured survey interviews with 36 general population inmates selected at random in various parts of the facility. Surveys probed inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 6% **Average = 15%** **Poor = 79%**

- Do you have adequate access to a physician or physician's assistant?
  Yes = 19% **No = 81%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 3% **Average = 18%** **Poor = 79%**

- Would you feel safe reporting CO misconduct?
  Yes = 49% **No = 51%**

- Have you ever been physically accosted by a CO at this facility?
  Yes = 36% **No = 64%**

Visiting Program

- Are you satisfied with the visiting program at this facility?
  Yes = 8% **No = 92%**

- How do the COs treat your visitors?
  Well = 32% **Average = 36%** **Poorly = 32%**

Library Services

- How would you rate the quality of general library services and resources?
  Good = 35% **Average = 22%** **Poor = 43%**

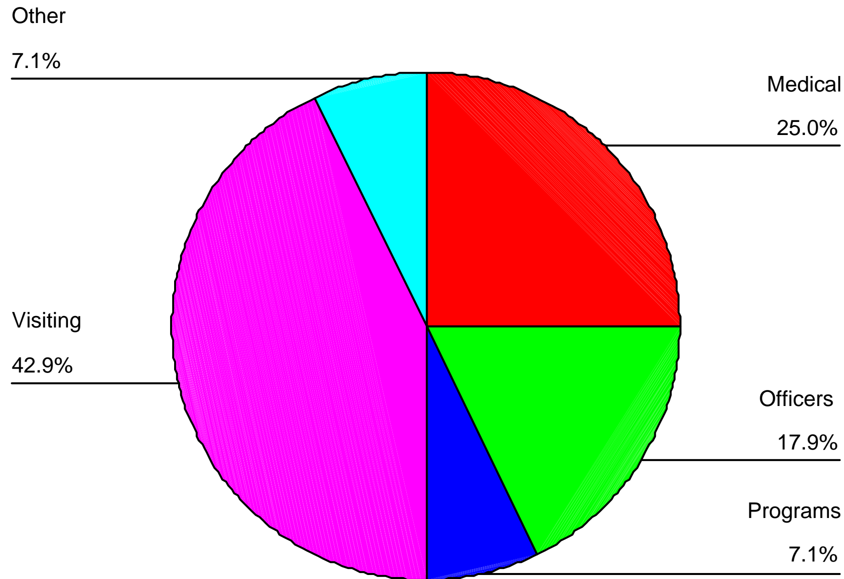
- How would you rate the quality of law library services and resources?
  Good = 42% **Average = 37%** **Poor = 21%**

Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Good = 10% **Average = 13%** **Poor = 77%**

Final Question

- If our visit could result in one improvement in this facility, what would you want it to be?



Of interest to us was the inmates' response to our final question: If our visit could result in one improvement in the facility, what would you want it to be? At most maximum-security facilities we visit, better treatment from COs and improved medical care emerge as the most frequent responses. At Great Meadow, a significant number (43%) of inmates cited a larger visiting room as their most desired improvement.

Special Housing Unit (SHU)

Correctional Association staff spent two hours over the course of two days in the SHU, conducting structured survey interviews with twelve randomly selected inmates, half of whom were on the mental health caseload. Conditions in the SHU appeared to have improved since our visit in 2000. The capacity was reduced from 108 to 69 beds and mental health services were enhanced through more frequent staff rounds and less waiting time for transfers to Central New York Psychiatric Center. Key findings from inmate interviews were as follows:

	Disagree	Agree
I feel I have sufficient access to mental health staff while in the SHU.	**58%**	**42%**
I feel I can see a therapist when I have an urgent need.	**58%**	**42%**
I feel the COs respect my medical confidentiality.	**100%**	**0%**
I feel I was an equal participant with my therapist in developing my treatment plan.	**50%**	**50%**
My psychiatrist explained to me how my medications work and what side effects I may experience.	**40%**	**60%**

We were pleased to note that 60% of inmates said that their psychiatrist explained to them how their medications work and what side effects they might experience. Still, we suggested that more could be done to ensure that *all* inmates taking mental health medication know what they are taking and why.

Recreation was also an area of concern. Approximately 60% of inmates reported that they "never" or "rarely" go to recreation. We interviewed men who said that they had not left their cells in several months. Disincentives included being handcuffed in order to be escorted to recreation, the inclement weather, the prohibition against wearing gloves, and fear that officers would "mess with" them if they left their cells. We asked the Superintendent to speak with SHU officers about facilitating access to recreation and encouraging inmates to go.

A final observation concerned the use of the restricted diet, a dense, unpalatable loaf that is used at some facilities to punish inmates for throwing food or fluids. We were pleased to see that none of the inmates in the SHU were on the restricted diet. When we spoke with the officers, they explained that they had developed a procedure we have not seen in any other SHU, which they referred to as the "modified feed-up." Instead of disciplining inmates with the "nutri-loaf," they require recalcitrant individuals to lie on their beds with their hands visible while their food tray is placed through the slot in the cell door. We observed a modified feed-up and were interested to see how easily the inmate complied and how smoothly the process went. We believe that Great Meadow's SHU officers have come up with a more humane way to handle difficult inmates than depriving them of regular meals and a model that should be replicated at other facilities.

Meeting with Executive Team

The Superintendent was open and responsive to our feedback. We shared that a number of positive and meaningful changes had occurred at Great Meadow Correctional Facility over the two years prior to our visit, as was evident in our conversations with inmates and staff and in the general tenor of the facility. It seemed to us that the problems the facility was facing were due, in part, to the changing composition of the inmate

population. With fewer inmates in lock-down status, there was a greater need for programs. Above all, the high number of staff vacancies was seriously compromising the facility's ability to manage the population. The Superintendent reported that the facility was awaiting waivers from Central Office to fill several key staff positions but believed that it was unlikely the facility would be fully staffed given current fiscal constraints.

In response to our concern that the grievance supervisor was miscoding and at times discarding grievances, the Superintendent stated that an external investigation had been conducted last year and no allegations were verified. In addition, his office conducted an investigation of the grievance program with similar results. We expressed our belief that problems remained with the grievance system and required continued observation and, perhaps, intervention by the Superintendent's office.

In response to our concerns about the limited size and poor layout of the visiting room, the Superintendent noted that expansion of the visiting room has been on the Department's capital requests list for many years, and that an estimate from two years ago calculated the cost of expansion at approximately $2 million. We stated that institutional safety justifies the cost. In our advocacy with state legislators, we have strongly supported funding to expand the visiting room.

Finally, we reported that the large number of inmates with mental illness at Great Meadow—upwards of 300 men on the caseload—was creating serious problems. Dr. Allen noted that the number of psychotic inmates we encountered in various cellblocks raised the question of why they are there in the first place. She emphasized that more can be done to ensure that they receive better care. The Superintendent said that he would investigate the situation of inmates in B-Block's Six Company immediately and provide referrals to mental health services, where appropriate. He added, however, that if inmates refuse to speak with mental health staff or take mental health medications, there is little he can do.

GREEN HAVEN

On June 3, 2003, members of the Prison Visiting Committee toured Green Haven Correctional Facility, a maximum-security prison for men, located in Dutchess County, 80 miles north of New York City. Constructed in the late 1930s, Green Haven is the last of New York's old-style prisons with a 30-foot high wall stretching more than a mile around its periphery. It houses the state's only Unit for the Physically Disabled (UPD), a cellblock for wheelchair-bound inmates.

Green Haven's proximity to New York City gives it the designation of an "honor max" that inmates with lengthy sentences earn their way into through good behavior. Fully 60% of inmates at Green Haven are serving life sentences; the median sentence at Green Haven is 20 years.

On the day of our visit, the population was approximately 2,110 inmates. Following is a summary of observations based on structured interviews and discussions with approximately 75 individuals throughout the facility, including inmates in general population, the Special Housing Unit and on the Inmate Liaison Committee, as well as correctional, medical and civilian staff.

Medical Services

Visitors had the opportunity to meet with the Facility Health Services Director and a Nurse Administrator. These medical staff people appeared committed to providing quality health care and had made a number of improvements in the months prior to our visit. They discussed at length the quality assurance measures they had implemented, including quarterly QA meetings, tracking and monitoring all areas of clinical performance, reviewing inmate medical charts on an ongoing basis, investigating all medical grievances, expediting specialty care consults to effect a 24-hour turnaround time, and ensuring specialty care follow-up via automatic scheduling.

In addition, Green Haven has an infectious disease specialist to monitor care of the approximately 150 inmates infected with HIV and the 80 inmates infected with Hepatitis C. Surprisingly, 25 inmates infected with Hepatitis C (over 30%) are receiving treatment at Green Haven. At most facilities we visit, less than 5% of inmates with Hepatitis C receive treatment.

Also striking was Green Haven's rich medical staffing level: five full-time physicians, a full-time physician's assistant, a full-time nurse practitioner and 32 nurses. Additionally, we were pleased to hear that sick call is conducted at a reasonable hour (8:45am), five days a week, and that patients see physicians within a day or two of submitting requests. Over 75% of the inmates we surveyed rated access to physicians as "sufficient" (see section on Quantitative Findings from Interviews with General

Population Inmates). Finally, Green Haven has as an onsite, fully-staffed pharmacy and computer-generated refills to ensure regular availability of medication.

It should be noted, however, that the enhanced medical staff and the prompt access to nurses, physicians and specialists, along with many of the other improved procedures for access to health care, are mandated by a consent decree in the federal litigation, *Milburn v. Pataki*. In addition, as part of that litigation, the facility is regularly inspected by an outside physician, who has been appointed by the federal court to monitor compliance with the *Milburn* consent decree.

But even with the enhanced staff and improved access to care, 61% of inmates surveyed complained about medical services. Most of the medical complaints we received from inmates focused on a specific physician. The Facility Health Services Director reported that he is creating special performance-based measures of physician care to identify particular provider problems and recommendations for improvement.

Unit for the Physically Disabled (UPD)

Wheelchair-bound inmates in the UPD were generally satisfied with the level of medical care they receive on the unit and stated that they have regular contact with a physician. A staff physician is assigned to the UPD and sees all the inmates at least once every three months.

Inmates' primary complaint was the lack of hygienic pads and plastic bags necessary to empty their catheters. In addition, the inmates reported that correction officers sometimes override medical decisions and deny items permitted by medical staff. In particular, some inmates are denied the walkers they need to go to commissary. Finally, inmates complained that some areas of the facility are not handicap accessible, such as the bathrooms in the old visiting room.

Programs

Academic Classes

Visitors spoke with the academic supervisor, who struck us as dedicated but struggling to manage a program with an insufficient number of teachers. Three out of thirteen teaching items were vacant at Green Haven; 228 inmates were on the waiting list for academic classes. "We have classroom space, materials, students waiting to come to school, but no teachers," said a staff member. In addition, the one Spanish-speaking teacher was retiring shortly after our visit, a serious loss given that over 10% of Green Haven prisoners are Spanish-dominant. We advocated that Central Office allocate the necessary funding to fill the academic instructor vacancies.

On a positive note, Green Haven plans to start a theology certificate program in the fall.

Vocational Programs

Several vocational classes were added since our last visit in 2001, largely due to the dedicated efforts of Green Haven's Deputy Superintendent of Programs. Visitors were favorably impressed with several shops they saw—welding, carpentry, small engine repair and electrical trades in particular. Instructors described comprehensive training curricula combining theory, hands-on work, and regular performance assessments of students. Visitors met with an enthusiastic electrical trades instructor, formerly a maintenance employee at Green Haven, who spoke with pride about his shop and the useful skills he is teaching the inmates. We observed students building a "simulated house" and creating actual project estimates. In the computer lab—also new since our last visit—we observed men building and repairing computers.

A downside is that three instructor items were vacant, and 57 inmates were on the waiting list to get into vocational classes.

Residential Substance Abuse Treatment (RSAT)

Green Haven's RSAT program was fully staffed with three facilitators. Visitors had the opportunity to observe two RSAT groups, where inmates were engaged in serious discussion and debate. We were favorably impressed with the facilitators who were providing a rigorous drug treatment program.

Unfortunately, there were 271 inmates on the waiting list for RSAT, and one of the facilitators was preparing to retire, which would leave the program with insufficient staff. The lack of space in drug treatment programs for the many inmates who desire and need treatment is a system-wide problem that is particularly severe at Green Haven. We urged Central Office to expand the RSAT program so that the approximately 75% of inmates with substance abuse histories could receive the treatment they need to be considered favorably for parole and to remain drug-free upon release.

Idleness

Idleness was a serious problem at Green Haven. Nearly 300 inmates had porter assignments, and only 1,268 of the approximately 2,110 inmates had full-time program assignments. More significantly, there were over 500 inmates on waiting lists for academic, vocational and treatment programs, representing 25% of the population. Even fully staffed, Green Haven would likely have idleness problems, but without necessary program staff, the idleness level was much too high. In fact, with nearly 500 inmates on idle status, it had one of the highest idleness levels in the system.

On a related issue, inmates discussed the serious impact that the frequent "Code Orange" terrorist alerts were having on volunteer-run activities. Central Office's policy of

banning regular volunteers from the facility during Code Orange alerts was resulting in the closing of important classes such as Bible study for weeks at a time. Given the high rate of idleness, not just at Green Haven but at most maximum-security prisons, we urged Central Office to make every effort to relax this policy and allow regular volunteers in good standing with the facilities to continue their valuable work.

General Library

At the time of our visit, Green Haven's library had recently been opened after being closed for several months. Half of the inmates interviewed rated library services as "good" or "average." The new librarian (who transferred from Elmira) commented favorably on the large and varied collection at Green Haven—about 11,000 books—and the ways inmates' reading needs are accommodated through inter-library loans and during weekend hours (when the library is closed) through placing well-stocked book carts in the cellblocks.

Law Library

Green Haven's law library is open from morning until evening on weekdays. The law library received generally high marks from general population inmates, with 79% rating services as "good" or "average." Inmates whom we interviewed in the law library reported that the law clerks are knowledgeable and responsive.

The prisoners' leading complaint was the lack of access to Westlaw for important, up-to-date information, a problem for inmates throughout the New York State prison system. While inmates can request cases by mailing written requests to Westlaw, they reported that the process is slow and filing deadlines are often missed because of the time it takes to access the law library, do the research necessary to identify cases they need, and receive those cases through the mail from Westlaw.

Inmates also reported that the law library is too small, and that the six word processors for 23 law clerks, and six typewriters for all inmates doing legal work, are insufficient. They explained that computer equipment, typewriters and the copy machine frequently break down, and there are extended waits for repairs. In addition, prisoners reported that accessing the law library can take up to two weeks. Once they get there, they often cannot type their legal work due to insufficient or broken equipment. For a prison where 60% of the inmates have life sentences, access to legal services is extremely important. We advocated adding word processors for general population inmates and/or law clerks responsible for submitting legal materials to the courts.

Package Program

A high number of inmates we interviewed (85%) were dissatisfied with the package program, citing long delays in processing and uneven enforcement of rules. Inmates reported that items were frequently missing from packages with no explanation.

Despite these grievances, many inmates had positive comments about the package room officer.

Food Service/Commissary

Over 80% of inmates reported that the quantity and quality of food in the messhall was poor. Inmates cited under- and over-cooked food as a problem. Inmates also complained that the menu is heavy in starches and deficient in fresh produce, a problem with the cook/chill food that is served throughout the prison system.

In addition, inmates complained that the commissary was too small to accommodate inmate traffic and frequently ran out of important items.

Phone Service

Inmates throughout the facility complained bitterly about the high cost of MCI World Com phone service in New York State correctional facilities. Prisoners' families, many of whom live in poor urban communities, must shoulder the expensive costs of prison phone calls that are far higher than those of regular calls. This overcharging is a problem system-wide that impacts men at Green Haven particularly harshly since they are serving lengthy sentences and must rely on the phone to maintain contact with their family members.

Double-Celling

Green Haven has a practice of double-celling inmates for an average of six months, a period that far exceeds the Department's maximum double-celling term of 60 days. Correction officers and inmates complained that this practice is not only unfair but unsafe. The cells we observed, where two inmates are confined in a space designed for one person, were so small and cluttered that a person of average size could barely pass between the bed and the wall. Moreover, the accumulated property of two inmates in such cramped conditions make cell searches all but impossible, according to correction officers. Exacerbating the situation is that inmates are not informed of these lengthy double-celling arrangements until well after their arrival at Green Haven, and they then must sign a waiver agreeing to six or more months of double-celling or they will be transferred back upstate to another prison.

We advocated that the facility refrain from transferring inmates until cell space is available or, at a minimum, that inmates be informed *before* they are transferred that the double-celling period will likely extend to six months or longer.

Quantitative Findings from Interviews with General Population Inmates

Committee members conducted structured survey interviews with 33 general population inmates selected at random in various parts of the facility. Surveys probed

inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 14% **Average = 25%** **Poor = 61%**

- Do you have adequate access to a physician or physician's assistant?
  Yes = 77% **No = 23%**

- Do you have adequate access to outside specialists?
  Yes = 52% **No = 48%**

- Does staff respect your medical confidentiality?
  Yes = 48% **No = 52%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 3% **Average = 30%** **Poor = 67%**

- Would you feel safe reporting CO misconduct?
  Yes = 47% **No = 53%**

- Are there any COs here whom you feel engage in serious misconduct, such as physically assaulting inmates or falsifying charges against them?
  Yes = 91% **No = 9%**

- Have you ever been physically assaulted by a CO at this facility?
  Yes = 16% **No = 84%**

Visiting, Packages and Commissary

- Are you satisfied with the visiting program at this facility?
  Yes = 44% **No = 56%**

- How do the COs treat your visitors?
  Well = 15% **Average = 39%** **Poorly = 46%**

- Are you satisfied with the package program at this facility?
  Yes = 15% **No = 85%**

- Are you satisfied with the commissary program at this facility?
  Yes = 33% **No = 67%**

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 18% **No = 82%**

Religious Services

- Are your religious needs accommodated at this facility?
  Yes = 86% **No = 14%**

Library Services

- How would you rate the quality of general library services and resources?
  Good = 15% **Average = 35%** **Poor = 50%**

- How would you rate the quality of law library services and resources?
  Good = 42% **Average = 37%** **Poor = 21%**

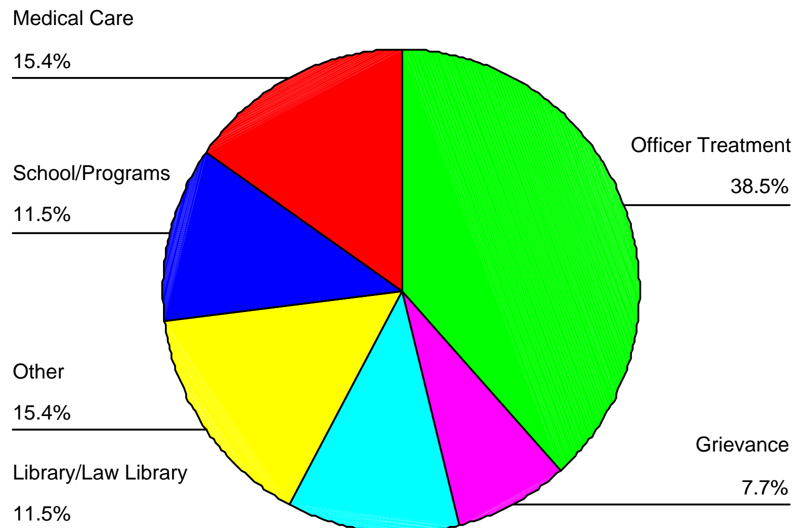
Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Good = 4% **Average = 28%** **Poor = 68%**

- Is CO retaliation for grievances a problem?
  Yes = 69% **No = 31%**

Final Question

- If our visit could result in one improvement in this facility, what would you want it to be?



Staff Conduct

Nearly 40% of inmates cited better treatment by correction officers as their most strongly desired facility improvement. This response is typically expressed by inmates in disciplinary facilities such as Great Meadow and Attica. It is unusual for inmates in an honor facility such as Green Haven to rate better treatment by correction staff as the area most in need of improvement.

Inmates throughout the facility reported that there is a core group of COs who harass, provoke and sometimes even assault prisoners, with no consequences to the COs involved. It strikes us as very serious that 91% of inmates reported that there are officers in the facility who engage in serious misconduct such as falsifying reports; 16% reported that they had been physically assaulted by an officer at Green Haven. Their allegations are supported by the high number of Code 49 grievances (staff misconduct), which increased by 14% between 2001 and 2002. Men expressed deep-seated bitterness over the fact that Code 49s are rarely decided in an inmate's favor. They felt resigned to the fact that an officer's word will always outweigh an inmate's, and that even inspector general investigations rarely make a difference because in the event that an officer is found guilty, the Department cannot transfer him to a non-inmate-contact position.

Inmates reported that officer misconduct is not a systemic problem but confined to a group of rogue officers whose names were repeatedly mentioned during our visit. Some inmates would not speak with us because they feared officer retaliation; others reported that there are areas of the facility that they avoid for fear of encountering specific officers who are known to "set people up." Although we cannot substantiate individual allegations, we were struck by the high number of reports we received—more so than at any other prison except Attica.

Pat frisks done in a way to provoke and humiliate inmates was the most common form of harassment reported. Officers were said to "bait" inmates into "coming off the wall," thereby prompting a use of force. We recommended that sergeants be present when possible during pat frisks, and that those officers who are repeatedly accused of engaging in misconduct be prohibited from conducting pat frisks for a discrete period of time or until allegations cease. Given their nature and purpose, pat frisks—which must be intrusive to be effective—can easily cross the line between an effective search and an act of abuse. In light of this reality and the vulnerability of the inmate being frisked, we believe that pat frisks should be conducted only by officers with the professionalism and level-headedness required and in the presence of supervisors.

Special Housing Unit (SHU)

The Special Housing Unit was calm and quiet, much more so than during the monitoring and mental health visits we conducted in the 18 months prior to our visit. No inmates were on deprivation orders or the restricted diet. In addition, mental health and correction staff have begun meeting regularly to monitor the status of inmates on the

mental health caseload and these meetings include line officers from the SHU. Inmates reported, and correction officers confirmed, that mental health staff make regular rounds in the SHU and frequently have private consultations with inmate-patients. The grievance officer was also said to make regular rounds. Finally, several men were participating in cell study.

Inmates' main complaint was that the reading materials and periodicals on the book cart are outdated.

Following are results from structured survey interviews with eight men in the SHU. Their responses match our positive impressions of SHU operations.

Medical Care

- Do you feel you have adequate access to medical staff?
  Yes = 100%

- Does staff respect your medical confidentiality?
  Yes = 88% **No = 12%**

- Do you feel you have adequate access to mental health services?
  Yes = 100%

Inmate-Staff Relations

- How would you rate inmate-staff relations in the SHU?
  Average = 88% **Poor = 12%**

- Would you feel safe reporting CO misconduct?
  Yes = 83% **No = 17%**

Visiting and Food

- Are you satisfied with the visiting program at this facility?
  Yes = 100%

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 38% **No = 62%**

Library Services

- Do you feel that you have sufficient reading material while in the SHU?
  Yes = 88% **No = 12%**

- Do you feel that you have sufficient access to legal materials while in the SHU?
  Yes = 100%

Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Good = 14% **Average = 43%** **Poor = 43%**

Feedback from Correction Officers

Visitors met with correction officers and union representatives at the facility. They raised a number of serious issues. First, staffing levels were reported to be dangerously low. Indeed, until a few weeks prior to our visit, the prison was operating without an official superintendent, a first deputy superintendent, a deputy superintendent of security, or a captain. Vacancies in such key security areas at a maximum-security prison, where the majority of inmates are serving life sentences, jeopardize the safety of staff and inmates.

At the correction officer level, insufficient staffing was described as equally, if not more, serious. Particularly alarming was that only two correction officers are assigned to the cellblocks during the 3:00pm to 11:00pm shift. One officer stays in the control booth while the other officer single-handedly "runs" four galleries, moving some 300 inmates to the messhall, showers, programs and recreation. In the event that a fight or any disruption breaks out requiring immediate security intervention, the safety of everyone on the block—inmates and officers alike—is seriously jeopardized since one correction officer cannot possibly handle an emergency while simultaneously managing the movement of 300 inmates in four different galleries. The union representatives explained that even in the best circumstances, having only one officer moving inmates to showers, recreation and programs creates delays and fuels frustration among the inmates, thereby engendering the very conditions that the facility is ill-equipped to handle.

Similarly, correction officers noted serious staffing shortages in the yard, where only two officers are assigned to oversee anywhere from 200 to 400 inmates. "Inmates know they have the upper hand," the officers reported. In our letter to the facility, we noted that if an incident occurred, officers and other inmates would be in significant danger. Unfortunately, two months after our visit, an inmate was stabbed to death in the Green Haven yard.

In addition to staffing shortages, the group discussed several physical plant issues that make their jobs more difficult and corrode morale. For example, there is no air-conditioning in the control booths in F, G, B and C corridors, where an officer is posted in a confined area with chemical agents and temperatures that frequently reach over 100 degrees during the summer. Officers reported that one man passed out from the heat last year. Central Office denied the union's request for air conditioners in the booths and refused to allow officers to purchase air conditioners themselves. Also, the lack of a Quality of Work Life building, which burned down five years ago and has not been rebuilt, is a source of deep frustration.

The group reported that morale among correction officers was "low and getting worse." In the past, officers said, there was greater esprit de corps at Green Haven with facility activities, torch runs, blood drives, etc. Participation in these activities is a third of what it used to be, they said, because COs feel alienated from the facility and unappreciated by management.

Finally, the group emphasized that the state's geographic supplement pay is insufficient to support the high cost of living in Dutchess County. Inadequate salaries mean that many correction officers have to work two and sometimes three jobs to make ends meet. Some men regularly work a double shift—16 hours straight—so that they receive the four days off (mandated by policy), which they then use to work at other jobs. "The result is that officers come to the prison tired and not thinking clearly," a CO explained.

Meeting with Executive Team

At the time of our visit, Green Haven's Superintendent had only recently been promoted to his position. He appeared open to our observations and committed to improving facility operations. We reported on the many areas Green Haven had improved significantly since our visit in 2001 including: several new vocational programs; a computer lab; a fully staffed RSAT program; a calmer SHU with no inmates on deprivation orders; a committee to monitor SHU inmates on the mental health caseload; a fully staffed and efficiently run medical clinic dedicated to continuously improving the quality of care; and increased oversight of and attention to inmates in the Unit for the Physically Disabled.

However, we expressed serious concern over Green Haven's idleness problem with over 500 inmates waiting to get into vocational, academic and treatment programs and numerous teaching vacancies. The Superintendent responded that the facility had recently hired two vocational instructors and was still awaiting waivers to fill the remaining staff vacancies. With regard to the complaints of UPD inmates, the Superintendent reported that necessary medical supplies had already been ordered and would arrive soon. He also offered to investigate the issues of inadequate walkers and officer interference.

The Superintendent expressed concern over the numerous reports of persistent officer harassment and misconduct. He said that he would investigate the situation and send officer names to the Inspector General's office if accusations appeared credible.

Finally, we reported that correction officer morale was very low and that officers believe the facility is under-staffed and the Department has a blatant disregard for their safety. He responded that it was unlikely that the Department would approve an increase in officer positions given current fiscal constraints. We strongly advocated that, at the very least, officers should be allowed to install air-conditioners in the control booths especially since they offered to purchase the units. He responded that the decision was under Central Office's authority, not his. He did say that rebuilding the Quality of Life Building was a high priority and the facility was in the process of gaining estimates and approvals to complete the project.

GREENE

On June 19, 2002, members of the Prison Visiting Committee toured Greene Correctional Facility, a medium-security prison for men, located 135 miles north of New York City. Opened in 1984, Greene was the first of the many "cookie cutter" New York State prisons, designed to create a more campus-like setting with 36 separate buildings spread across the grounds. In 1998, it opened a 200-bed S-Block (one of nine freestanding total lockdown facilities in the state where disciplinary segregation inmates are double celled 23-hours a day). General population inmates reside in dormitory-style barracks and walk outside between buildings to attend programs and meals.

Greene has the highest number of under-21 prisoners in the system and is federally funded to provide education to the population. It has an impressive GED passing rate of over 90%. It is also one of 15 facilities to offer a Special Education Program for inmates under 21 with learning disabilities.

On the day of our visit, the population was approximately 1750 inmates. The following is a summary of observations based on interviews with general population and S-Block inmates, as well as with correctional and civilian staff.

Medical Services

At the time of our visit, the medical staff's top complaint focused on Greene's three vacant nursing items. In addition, staff said that there is a significant need for an electronic medical records system.

Inmates reported that medical services at Greene are generally satisfactory. The complaints they raised focused on the length of time it takes to see a doctor, and to gain access to dental services. Inmates also reported that it is relatively easy to obtain an HIV test but many had concerns and questions about Hepatitis C.

Mental Health Services

Insufficient mental health staffing at Greene leaves OMH workers with caseloads of as many as 150 inmates. The Professional Employees Federation (PEF) and correction officers union representatives we met with reported that mental health staff is responsive if they submit a referral on an inmate who has decompensated, but by then, they said, it is usually too late and the inmate must be hospitalized. In addition, correction and civilian staff members reported both that they have received no in-house mental health training and that they need it. Several employees described in detail situations where inmates with mental illness in general population created serious disturbances.

Programs

Academic Classes

At the time of our visit, Greene was down six academic teaching items. Staff reported that the most critical vacancies are ESL and special education instructors. Teachers are crucial at Greene since so many inmates are under 21 and urgently need an education. Moreover, Greene has an excellent track record in GED passing rates, and it would be a shame to see a decline.

Vocational Programs

Greene had an impressive number of vocational programs including Air Conditioning and Refrigeration, Drafting, Horticulture, Computer Technology, Vocational Building Maintenance, Masonry, Small Engine Repair, Commercial Art, Electrical Trades, Custodial Maintenance and Printing.

Alcohol and Substance Abuse Treatment (ASAT)

The Alcohol and Substance Abuse Treatment (ASAT) program received high marks from inmates and members of the Visiting Committee who observed a group.

Community Lifestyles Program

Inmates spoke favorably about Community Lifestyles, a structured housing unit program for all of Greene's general confinement inmates. They felt that the program promotes responsibility and personal growth, helps keep housing areas clean and orderly, and fosters a healthy camaraderie among inmates.

Feedback from the Inmate Liaison Committee (ILC)

Members of the Inmate Liaison Committee (ILC) reported that they meet with the Superintendent and the executive team every two months, and that rapport is good. "[The Superintendent] is there any time we need to talk," one member said. "The administration does a good job taking care of the issues we bring to them."

Their key concern was delayed mail. "This is the biggest complaint we get from population," they said. Examples they gave included a letter from New York City post-marked the 4th and received on the 19th and a birthday card received two weeks after it was mailed. Apparently, backlogged mail has been a chronic problem. Minutes from ILC meetings in 1998 show that the problem was raised at least four years ago.

Another complaint concerned the two inmate representatives on the Inmate Grievance Resolution Committee. Inmates reported that they are not permitted passes to walk around the facility, mobility they are entitled to according to DOCS Directive 1440.

Special Housing Unit: S-Block

Visitors toured the S-Block, a freestanding disciplinary facility on the grounds of Greene, where inmates are locked in their cells with a cellmate for 23-hours a day. The S-Block was calm and well run. Facility staff reported that Greene has the lowest number of Unusual Incidents and grievances of the state's nine S-Blocks. We attribute this low incident rate to good leadership from the sergeants on the unit, well-trained staff, and staff's willingness to provide inmates with what they are entitled to receive.

We were also favorably impressed with the pre-Residential Substance Abuse Training (RSAT) program on the unit which provides inmates who have drug problems with some form of treatment while they are in disciplinary confinement. We recommended that this program be expanded to the other S-Blocks in the system. Finally, inmates gave high marks to the cell-study counselor. They appreciated his upbeat demeanor and dedication to teaching them.

Inmates' most common complaint focused on the reason they were sent to a Special Housing Unit, especially to the more punitive S-Block. We interviewed men who were there for Tier II (mid-level) offenses such as gambling, smoking and horseplaying. Although Greene received a waiver from the Department permitting the prison to transfer inmates serving more than 30 days of keeplock time to the S-Block, these inmates were deeply distressed (and confused) about how their keeplock sentence suddenly transformed into lockdown in the system's most restrictive setting. We strongly disagree with the Department's issuing of these waivers. Housing in S-Blocks is extremely punitive as inmates are double-celled 24 hours a day behind thick metal doors. This type of confinement should be reserved for inmates with serious charges and for whom intermediate sanctions have failed. Finally, it was pointed out that not all the correction officers on the S-Block have fire and safety training.

Meeting with Executive Team

The Superintendent and his staff were open and responsive to our observations. He shared our concern over vacancies in the nursing staff, saying that nurses are the major health care providers at Greene and medical staffing, generally, is low. He had recently received budget waivers and planned to fill the nursing positions immediately. In response to our concerns about Hepatitis C education, the Superintendent offered to provide Hepatitis C information to all inmates during orientation. In addition, the Superintendent reported that he was in the process of recruiting educational staff and had recently hired a Spanish-speaking instructor. Finally, he said he would ensure that correction officers in the S-Block received appropriate training.

Overall, Greene Correctional Facility impressed us as a calm, well-run prison. Inmates raised no serious complaints regarding service deficiencies, staff misconduct or facility violence. Staff seemed pleased to work at Greene and with the new administration. Employee morale and camaraderie struck us as high.

OTISVILLE

On February 20, 2002, members of the Prison Visiting Committee toured Otisville Correctional Facility, a medium-security prison for men, 85 miles from New York City. Otisville is located in a sprawling and mountainous setting that spans 1,300 acres. Men with physical disabilities or foot problems are not admitted to Otisville because inmates must walk several miles a day just to go to daily meals and programs.

Otisville is a very calm facility, with only five violent incidents reported in 2001. The relations between inmates and correction staff at Otisville are the best we have seen in the state. Inmates praised correctional staff as fair and professional, and officers were equally positive in their descriptions of inmates. One officer even referred to the inmates as his "clientele." When the Prison Visiting Committee arrived for our visit to the facility, the reception officer said: "Welcome to the green grasses of Otisville."

On the day of our visit, the population was approximately 771 inmates. The following is a summary of the Committee's observations.

Medical Services

The top complaint of inmates throughout the facility concerned poor medical care. Inmates reported that it can take up to two months to see a doctor; that nurses rarely do more than dispense aspirin; and that doctors are brusque and known to breach confidentiality. Inmates feel that their complaints about re-occurring illnesses are perceived as harassment of medical staff. One physician in particular received numerous complaints about his glib demeanor and superficial attention to patient concerns. Inmates described him as: "Out of control…his physical examinations don't include taking vitals or even touching the patient." One man reported that his five-year exam consisted of being asked if he had been circumcised.

In contrast, the Prison Visiting Committee members who met with the nurse administrator and Facility Health Services Director were favorably impressed with their background and training, the ease with which they answered our questions, and the procedures they have in place to monitor quality of care.

Medical staff seemed unaware of the level of inmate dissatisfaction, which suggested a serious communication gap. To rectify this situation, and lay the groundwork for improved relations, we suggested that the Superintendent arrange regular meetings between medical staff and the Inmate Liaison Committee (ILC). When Sullivan Correctional Facility instituted that practice several years ago, medical grievances from inmates declined by 50%. Previously, Otisville had one such meeting but the medical director was not present. His absence, we gleaned, made the nurse administrator

uncomfortable and gave inmates the impression that he or the facility had something to hide.

Medical staff are participating in the new Transitional Services Program. This involvement has already helped decrease the number of medical grievances, the Inmate Grievance Supervisor noted in his year-end report. Also, a new clinic is being constructed, which will address some of the problems with confidentiality. The present clinic is too small; medical staff reported that additional examining rooms are needed to protect inmate confidentiality and perform necessary procedures.

Finally, Otisville is lacking both a physician's assistant and a pharmacist. We advocated hiring for these positions, if only on a part-time basis, to improve the provision of medical services.

Programs

Academic Classes

Otisville has an impressive educational program. The facility's teachers struck us as dedicated and professional, students were engaged in their work, and the classrooms were well lit and inviting. The entrance and vestibule were filled with plants. The hallways were covered with posters, artwork, motivational messages, educational posters, poems and more. As one of our visitors wrote: "This is a school…in spite of some of its shortcomings…this is a real school. This is a rarity in any prison."

The Spanish GED instructor was the one disappointment in an otherwise first-rate educational department. A Spanish-speaking member of our Visiting Committee could barely understand her. Students in the class reported that they cannot understand her and that she teaches mostly in English when she is supposed to be teaching in Spanish. While it would be understandable for an ESL teacher to teach in English, the Spanish GED class is designed to prepare inmates to take the GED exam in Spanish. It is necessary, therefore, that the teacher speak and teach in Spanish. Unfortunately, she is the only Spanish-speaking teacher on staff. The Educational Supervisor blamed this problem on Otisville's remote location, where Spanish-speaking people are hard to find. "Look where we are," he said. "This is as good as it gets in a place like this."

In our final meeting with the Superintendent, we recommended that bilingual inmates be employed to assist the class and that either the Spanish teacher be provided with proper training or that a replacement for her position be recruited.

Vocational Programs

The vocational classes—welding, horticulture, printing, small machine work, and plumbing—were clean and well-run. We were especially impressed with the zeal of the

horticulture instructor, who said that he shows his students want ads and helps them practice résumé writing. The one class that seemed below par was plumbing. Several inmates complained about this class, and visitors noticed that there was little instruction and students seemed to be sleeping or just walking around aimlessly.

Residential Substance Abuse Treatment (RSAT)

Inmates reported mixed reviews of Otisville's RSAT. Some individuals said they enjoyed the program and singled out one or two counselors as particularly effective; more inmates complained that the staff is unmotivated and more interested in socializing with each other than doing their jobs. "They're always going into the other room to chat and have coffee," one inmate said. Visitors did not get the opportunity to observe the RSAT program.

Idleness

On the day of our visit, Otisville had no inmates listed as completely idle. However, both inmates and correction officers spoke about the pervasive problem of inmate idleness. Typically, facilities with insufficient programs will have a greater number of porters than necessary. On the day of our visit, Otisville had 138 porters assigned to the morning module and 138 porters assigned to the afternoon module. These numbers struck us as far greater than necessary even for a facility of Otisville's size. Forty-two porters alone are assigned to clean the gym. Said the officer in charge of supervising them: "There's nothing for all of them to do…I give each of them five minutes worth of work." Hundreds of unprogrammed inmates are sent to the gym, which is nicknamed the "shelter," because of its seeming similarity to a homeless shelter—a crowded room with men sleeping on the floors and bleachers.

Both inmates and correction officers spoke about the insufficient level of programming. "It's worse than it's ever been," commented an officer. "We used to have a tractor trailer program and colleges…Mercy and Marist were here. If we brought the college classes back, you'd see the attitude of the inmates change." Officers said that there are "no beneficial programs that will give inmates transferable skills." They suggested, and we strongly agree, that graduates of the welding program receive certificates so at least they have something tangible to show to an employer upon release.

General Library

Because Otisville had a vacant library clerk position, the library could not be opened until 2:00pm. We recommended to the Superintendent that this position be filled as soon as possible.

Grievance Procedure

Otisville inmates expressed vehement criticism of the grievance system. First, in order to file a grievance, inmates must walk up a mile-long hill to the Grievance Office to obtain a grievance form, which impedes access for older inmates. Second, inmates reported lengthy delays in processing by the Grievance Department. Third, the civilian coordinator of the Inmate Grievance Resolution Committee (IGRC) is said to be ineffective and rarely known to investigate any complaint. Finally, we understand that the Grievance Office keeps limited hours.

In addition, while other prisons make grievance forms available in the library and through counselors and civilian staff, Otisville does not. The only way for inmates to obtain grievance forms at Otisville is from correction officers. Even in a facility with relatively little tension, this practice is rife with potential problems. Finally, other prisons have confidential drop-off boxes throughout the facility; Otisville has no such boxes.

Miscellaneous Concerns

Almost every inmate we spoke with said that the water at Otisville is unpleasant and unsafe to drink. Many inmates mentioned a particular bacterium called H Pylori that they say is in the Otisville water. According to the executive staff, 32 inmates have been tested for H Pylori, and 12 turned up positive.

The concern over the water's safety seemed to be unfounded, since a licensed laboratory conducts monthly tests of water samples and has found the Otisville water to be safe. However, the universality of this complaint—not only every inmate but also many officers and staff said they fear drinking the water—was cause for concern. Their beliefs, accurate or not, caused real tension in the facility.

Executive staff had distributed Department of Health memos on the subject. We suggested, given the prevalent concerns, that they do more than distribute memos to assure inmates and staff about the safety of the water. Perhaps, we suggested, it would help to invite a Department of Health representative or other expert to the facility to address concerns in an informational session with the ILC and interested correction and civilian staff.

Feedback from Correction Officers

We were impressed with the excellent relations between inmates and correction staff. Inmates throughout the facility had virtually no complaints about treatment from correction officers. The correction officer assigned to the Inmate Liaison Committee received especially positive feedback. Similarly, the officers we interviewed during lunch

impressed us as energetic and genuinely concerned about the inmate population and the quality of life at Otisville.

Correction staff presented several grievances, salary first among them. "Ninety percent of us work two jobs…as police officers, mechanics, whatever we can find," explained one veteran officer. They requested that Orange County be included in the catchment area for a geographical pay differential. "The job of a correction officer used to be $1,000 above state police. Now it's $3,000 to $4,000 below."

Exacerbating low morale over compensation was insufficient medical coverage. Some physicians and most dentists, COs reported, do not accept the state's health insurance plan. Since correction officers are exposed to serious on-the-job risks, we supported the officers' argument that New York State should take the steps needed to adequately insure them and their families.

Meeting with Executive Team

In our final meeting, we praised the executive team for their correction officers and educational staff. In these areas, we believe, Otisville is a model for the rest of the state. We also expressed the widespread concerns about medical care and inmate idleness. We presented our view that Otisville seems to "play a numbers game," employing excessive numbers of porters so that no inmates are listed as idle. We also expressed concern that the grievance procedure was unnecessarily inconvenient to inmates.

Our key recommendations were that the Superintendent and his staff: re-institute quarterly meetings between medical staff and inmates; establish a more accessible grievance program with drop boxes throughout the facility; hire another Spanish-speaking teacher and recruit inmates to facilitate the Spanish GED class; recruit volunteers from inside or outside the prison to enhance program services; invite a Department of Health or other water expert to hold informational sessions with the ILC and corrections and civilian staff; and enable graduates of the welding program to receive certificates or letters of completion to show to their employer upon release.

QUEENSBORO

On July 23, 2003, members of the Prison Visiting Committee toured Queensboro Correctional Facility, a minimum-security prison for men located in Long Island City in the borough of Queens. Queensboro operates primarily as a transitional services center for inmates serving the last few months of their sentence; the average length of stay is 31 days. During the inmates' stay, correction counselors and parole officers develop discharge plans and prepare the men for release.

Queensboro had undergone several changes in the year prior to our visit, including: the departure of a Vera Institute of Justice pilot transitional services program "Project Greenlight;"[65] an official status change from a work release to general confinement facility; and the appointment of a new superintendent.

On the day of our visit, the population was approximately 415 prisoners. Following is a summary of observations based on structured interviews and discussions with 70 individuals throughout the facility, including inmates in general population and on the Inmate Liaison Committee, as well as with correctional, medical and civilian staff.

Medical Services

A key problem at Queensboro was the dangerously low medical staffing level. There was only one nurse and one physician, who also serves as the Facility Health Services Director (FHSD). This limited staffing meant that there was only one nurse shift during the weekends and no medical staff on site after 10:00pm on weeknights. When we visited four years ago, medical staffing was inadequate. Since then, the head nurse had taken an extended leave and had not been replaced. The FHSD and the COs with whom we met reported that the situation was untenable and was placing the Department and inmates at risk. We urged Central Office to supplement the medical staff with another nurse or, ideally, a full-time physician's assistant. In addition, we recommended that another nurse be assigned to temporarily cover the vacant head nurse position.

Programs

Transitional Services Program

Inmates appreciated several components of the transitional services program, including the opportunity to complete Medicaid applications and meet with

[65] Project Greenlight was a pilot transitional services program that the Vera Institute of Justice tested at Queensboro. The project attempted to facilitate close collaboration between DOCS, the Division of Parole and community-based organizations to provide intensive preparation for release for people in the last two months of a lengthy sentence. The preparation included daily classes designed to help participants develop the skills necessary to get a job, find housing, spend time wisely and make good decisions.

representatives from outside agencies, such as Wildcat, the Fortune Society, STRIVE and CEO, that provide job training and job placement services. Unfortunately, few inmates with whom we spoke had lined up employment through facility resources, and many complained that they had too little contact with their correction counselors or parole officers to formulate effective discharge plans.

Moreover, correction counselors expressed concern that a significant number of men leaving Queensboro do not promptly receive the benefits they had applied for while incarcerated because the staff at Queensboro have no contact with inmates' parole officers on the outside or with the New York City Office of Human Resources Administration, which processes Medicaid applications. An inmate who was recently released from Queensboro (and visited us in our offices) reported that when he met with his parole officer upon release and inquired about the Medicaid application he completed at Queensboro, the officer had no idea what he was talking about.

One major problem is that the inmates' parole officers at Queensboro are not the same parole officers to whom they report upon release. We suggested that Queensboro parole officers should contact inmates' parole officers in the community prior to their release to discuss their discharge plans and needs. In addition, we advocated for regular case management meetings between parole officers and correction counselors serving the same individuals to improve the continuity of planning that is necessary for an inmate's success on the outside.

Cognitive Skills Program

The Vera program, Project Greenlight, had contained a cognitive skills behavior modification curriculum that was still being partially implemented by facility staff at the time of our visit. The cognitive skills classes received low marks from the prisoners, correction counselors and security staff. Correctional Association visitors observed three cognitive skills classes that appeared artificially regimented and too large to allow for meaningful interaction with counselors. Inmates reported that they had participated in similar classes in upstate prisons and that much of the material was repetitious. They expressed interest in learning concrete job skills and having more individual time with their correction counselors to develop a discharge plan. A number of inmates spend up to three months at Queensboro, time during which more useful programming could be implemented.

Our observations supported the opinion of the inmates, correction counselors, and correction officers that the cognitive skills curriculum does not provide the services inmates need most in the last few months of their incarceration. We advocated to the Superintendent that it should be replaced with vocational and educational classes (even if on the introductory level and only for a handful of inmates), with job readiness classes and with more meetings with representatives from outside agencies. We suggested that correction counselors should be freed up to spend more time working individually with inmates to develop detailed, realistic discharge plans. Also, Queensboro should make greater use of its location in New York City to involve community organizations in

developing post-release opportunities for inmates and participating in job fairs at the prison. Finally, collaboration and case management between correction counselors and parole officers were important elements of Vera's Project Greenlight program that we felt should be reinstated.

General Library

The general library's collection of resource guides for formerly incarcerated individuals was sparse and outdated. The *Job Bank* on the shelf was five years old; there was no copy of *Connections,* a free and comprehensive guide to services for formerly incarcerated persons in New York City. We believe that every counselor at Queensboro should have his or her own copy of *Connections* and that ample copies of *Connections* should be placed in the library.

Visiting Program

Inmates throughout the facility complained that the limited visiting program, restricted to weekdays only, thwarts their ability to rebuild family ties. Inmates' loved ones typically work on weekdays and their children are in school. Under this policy, children will rarely be able to see their fathers during the academic school year.

Physical Plant Issues

On the day of our visit, only three of the eight showers were working in a sixth floor dorm that houses over 100 individuals. Nearly a quarter of the inmates with whom we spoke cited overcrowding and physical plant deficiencies as the conditions at Queensboro that they would most like to see improved. In addition, none of the showers had rubber mats, creating a potentially dangerous situation.

Findings from Interviews with General Population Inmates

The Visiting Committee conducted structured survey interviews with 34 general population inmates selected at random in various parts of the facility. Surveys probed inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 7% **Average = 55%** **Poor = 38%**

- Do you have adequate access to a physician or physician's assistant?
  Yes = 61% **No = 39%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 12% **Average = 52%** **Poor = 36%**

- Would you feel safe reporting CO misconduct?
  Yes = 47% **No = 53%**

- Are there any COs here whom you feel engage in serious misconduct, such as physically assaulting inmates or falsifying charges against them?
  Yes = 19% **No = 81%**

- Have you ever been physically assaulted by a CO at this facility?
  No = 100%

Visiting, Packages and Commissary

- Are you satisfied with the visiting program at this facility?
  Yes = 30% **No = 70%**

- Are you satisfied with the package program at this facility?
  Yes = 48% **No = 52%**

- Are you satisfied with the commissary program at this facility?
  Yes = 48% **No = 52%**

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 42% **No = 58%**

Library Services

- How would you rate the quality of general library services and resources?
  Good = 41% **Average = 45%** **Poor = 14%**

Final Question

- If our visit could result in one improvement in this facility, what would you want it to be?

  Better Transitional Services = 43% **Housing Issues = 23%**

  Visiting Program = 20% **Other = 14%**

Not surprisingly, over 40% of prisoners interviewed requested better transitional services as the improvement they would most like to see. Their responses supported our view, and that of the civilian and correction staff with whom we spoke, that more could be done to provide inmates with practical resources and hands-on skills.

In addition, numerous inmates requested more face-to-face time with parole officers to coordinate their release plans and better understand the conditions of parole.

Clearly, the number of parole officers at Queensboro was insufficient. We strongly urged the Division of Parole to allocate four additional parole officers to Queensboro to provide the necessary level of services during the critical last months prior to release.

Meeting with Correction Counselors

The correction counselors we met with described their morale as "less than zero." In general, they were frustrated by the constraints on their ability to properly prepare inmates for release. They believed that the cognitive skills curriculum was flawed and resented having to teach material that they considered ineffectual. Specifically, they felt that the daily 2½-hour cognitive skills classes were too long to keep inmates' attention and that the curriculum lacked the practical, real-life information inmates desperately need. Moreover, the regimented nature of the curriculum did not permit time for individual counseling to assess inmate needs and develop discharge plans tailored to those needs.

The counselors did not support what they described as the facility's "blanket approach" of referring all inmates to residential drug treatment programs and requiring substance abuse evaluations when not all individuals have serious enough drug use histories to warrant inpatient treatment or the necessary will to go from one institution to another. The counselors wanted to be able to offer more inspiring alternatives to inmates, such as the opportunity to advance their education, learn a vocational trade or secure an apprenticeship. Many inmates need referrals to mental health and family counseling, they said, and the counselors expressed a desire to have time built into their schedules for learning about these and other programs for their clients.

In addition, the counselors requested better access to the facility's video recording equipment and VCRs so that they could conduct mock job interviews and occasionally show movies that may deviate from a prescribed curriculum but which they believed impart valuable and relevant "life lessons."

Compounding the counselors' frustration was the perception that they have little support from the administration, security staff or their supervisors. They felt disconnected from each other and requested biweekly staff meetings with the Deputy Superintendent of Programs, a request that we strongly supported to the administration. In addition, some counselors felt "disrespected" by correction officers, whom they claimed treat them like inmates and unnecessarily "police" them, and by supervisors whom they felt were unresponsive to their concerns and input. The facility's policy of requiring counselors to seek permission from a supervisor to go to the bathroom was contributing to their feelings of being infantilized. We advocated that arrangements could be made to allow counselors to step out of their classrooms for five minutes, especially since two correction officers are on duty in the area.

In sum, the correction counselors were among the most discontent employees we have met on our prison visits. We believed that the administration should take steps to

ensure that the counselors' concerns are heard regularly and addressed when possible. We recommended that staff representing security, counseling and parole functions meet as a group to better coordinate their activities, since they all work in the same facility and serve the same clients. Finally, we suggested that the correction counselors should play a major role in revising the transitional services curriculum and be asked to submit their ideas for improving the program.

Meeting with Correction Officers

The correction officers with whom we met expressed high job satisfaction. They were pleased to work in a facility close to their homes and appreciated the chance to mentor inmates who are on their way back to society. Their top complaint was poor relations with the correction counselors, whom they felt do not understand security procedures. They requested regular meetings between officers and counselors to facilitate understanding of their respective roles, a suggestion we advocated to the Superintendent. In addition, the officers were concerned about the inadequate medical staff at the facility, particularly during nights and on weekends, which too often leaves them and the inmates for whom they are responsible in dangerous situations.

Meeting with Executive Team

Our final meeting with the executive team focused primarily on the flaws of the Cognitive Skills program, the inadequacy of transitional services and the vociferous complaints of the correction counselors. The Superintendent shared our belief that counselors' time would be better spent on imparting practical skills of direct value upon inmates' release as opposed to teaching abstract cognitive skills and reported that he was working with Central Office to develop a new transitional services program. In response to our reporting on the numerous complaints we received from correction counselors and officers about the lack of collaboration, the Superintendent agreed to implement regular staff meetings.

We advocated to the Superintendent that weekend visits are needed to help rebuild family ties. He said that he was willing to investigate whether this step was viable given facility staffing levels. Finally, we shared that additional medical staff and parole officers impress us as urgently necessary, a recommendation he agreed would improve facility operations and discharge planning.

SHAWANGUNK

On February 28, 2003, members of the Prison Visiting Committee toured Shawangunk Correctional Facility, a maximum-security prison for men, located in Ulster County, 80 miles from New York City. Shawangunk opened in 1985 on the grounds of Wallkill, a medium-security facility, as the first in a series of high-security, fully automated prisons for long-term inmates. It includes the state's only Close Supervision Unit (CSU) for men who present serious escape risks. "These are guys who've made it over the wall," the Superintendent explained.

When we visited, 60% of Shawangunk inmates had their GED or high school diploma. Two-thirds were serving life sentences; the average sentence length for a Shawangunk inmate is approximately 25 years. With no industry or college program, these well-educated men have little left to do for the decades they are incarcerated.

On the day of our visit, the population was approximately 567 inmates. Following is a summary of observations based on structured interviews and discussions with approximately 75 individuals throughout the facility, including inmates in general population, the Close Supervision Unit, the Special Housing Unit and on the Inmate Liaison Committee, as well as correctional, medical and civilian staff.

Medical Services

Shawangunk's medical unit was clean, modern and well-equipped. On the day of our visit, the Facility Health Services Director (FHSD) was unavailable and the Nurse Administrator (NA) spoke with the visitors. She impressed us as a capable and hands-on health care administrator with high enthusiasm for her job. All medical positions at Shawangunk were filled and staff was making extensive use of telemedicine. The NA reported that the facility's telemedicine service with Erie County Medical Center is particularly helpful in expediting care, and that the ER doctor there does "an exceptional" job.

The quality of medical services was one of the major complaints of the inmates with whom we spoke and a leading source of inmates' written grievances. Two problems appeared to be compromising health care delivery at Shawangunk. The first was the lack of an onsite or hub pharmacy to fill prescriptions because the prison cannot recruit pharmacists to accept a prison pharmacy position. Due to these vacancies, the facility is forced to contract for these services with an outside company, Diamond Pharmacy, a procedure that is very expensive and causes delays in delivery. "This is a seven-day-a-week problem," medical staff noted. Inmates must inform medical staff four business days before their medication runs out to receive a timely refill. Staff noted that this was creating serious delivery problems, and that the situation would be corrected if the hub pharmacy at Ulster Correctional Facility were in operation. It was reported to us that the Ulster hub pharmacy was closed because the Department could not recruit a pharmacist

there either. We were also told that noncompetitive pay rates set forth by the state's Department of Civil Services is making the filling of critical prison pharmacist positions virtually impossible throughout the system. Meanwhile, the state actually spends more money contracting out these services and inmate health care is compromised in the process. We strongly advocated that state policymakers work to resolve this persistent bureaucratic conundrum.

The other concern was insufficient physician hours at the facility. Apparently, the doctor serves not only as the sole physician at Shawangunk, but as the FHSD and the on-call physician at Wallkill Correctional Facility as well. Inmates throughout the facility reported that it takes three to four weeks to see the doctor, and that some nurses have informed inmates that they must submit three sick-call slips in order to be seen. We communicated strongly that the situation was untenable, the workload of the doctor was not sustainable and the addition of a physician's assistant was necessary.

An additional issue raised by the inmates was confidentiality during sick-call screening. Nurses were conducting triage in the sally-port area of the cellblocks with correction officers standing within earshot. Inmates reported that they did not feel comfortable talking about sensitive medical issues in the presence of correction officers.

Mental Health Services

Although we did not have the opportunity to meet with mental health staff, we received few complaints from inmates or staff about the quality of mental health care. Moreover, we did not observe any neglected or mentally decompensated individuals during our visit. The small number of inmates on the mental health caseload—36, down from 55 at the time of our previous visit in 2000—was likely a contributing factor. The correction officers we met with stated that mental health counselors are "very responsive" to requests for urgent care. They reported that they did not observe much evidence of untreated mental illness in the facility, citing few incidences of self-harm or situations such as inmates lighting their cells on fire. However, in response to our question as to whether they felt they had been adequately trained in mental health issues, the response from COs was a resounding "no."

Inmates in the SHU reported satisfaction with the level of mental health services and quality of care. Their one complaint was the lack of confidential consultation sessions. We recommended that their privacy requests be accommodated.

Programs

Academic Classes

On the day of our visit, the classrooms were buzzing with activity. Inmates in an Adult Basic Education class were working through assignments in individualized lesson

plans; an Inmate Program Associate, an inmate trained to aid students in educational and vocational programs with lessons and assignments, was conducting a lively training session for other inmates. Down the hall, inmates in the General Business class worked through modules on modern desktop computers. One man proudly reported that he had learned Excel, Access, PowerPoint and Microsoft Works. It was also good to see that Shawangunk had an ESL class.

Shawangunk's strong academic program illustrated a commitment to inmate education. The one complaint we heard from inmates and administrators throughout the day concerned the lack of a college program. Approximately 60% of Shawangunk inmates have their GED. College courses would be an important addition to combat idleness and channel inmates' time into a positive endeavor.

Vocational Programs

Shawangunk offers four vocational workshops—Cabinet/Millwork, Building Maintenance, Printing and General Business—that altogether occupy only 100 inmates, leaving many individuals in "make-work" jobs as porters. Shawangunk had 74 inmate-porters, a high number for a facility with only 567 inmates. In comparison, Sullivan Correctional Facility, with the same size population, has only 45 porters.

Overall, there is not enough for Shawangunk inmates to do. Many prisoners with whom we spoke had completed all the programs that DOCS offers and still had decades left on their sentences. Over 370 of the 567 Shawangunk inmates are serving sentences in excess of 20 years. Inmates throughout the facility expressed a great desire for constructive ways to serve their time. They wanted to work. Many men asked about an industry program, which would be particularly appropriate for this population. The Superintendent informed us that space already exists for such a program, and that manufacturing "soft" products, such as clothing or soap, would be a viable option for the security level of the population. We urged the Department to look into the possibility of implementing such an industry program at Shawangunk.

Alternatively, Shawangunk could replicate the Department of Motor Vehicles customer service program that currently operates at Arthur Kill. This type of program could particularly benefit inmates who are serving life sentences and have fewer opportunities for contact with the outside world.

Finally, the print shop program, which we visited, received positive feedback from participants. The supervisor, who formerly ran his own printing business in the community, explained how the inmates do important jobs for the facility, such as printing brochures and even a recipe book, and how he is teaching them four-color processing. The main problem was that the equipment they use is 30 years old. Also, the folding machine is broken and a new camera is greatly needed.

Aggression Replacement Training (ART)

Visitors had the opportunity to observe an ART session, where inmates viewed videotaped recordings to identify signs of aggression. Participants were actively engaged with this multi-media approach to learning.

The men had high praise for the staff and inmate facilitators. They appreciated the opportunity to participate in ART, even though they were far from their release date. One man commented: "This program is helpful for when we return to society, but also for this institution since we all live here. Now I try to think before I offend the next person; I watch my body language and by going through the steps we learn, I try to reduce aggression."

Residential Substance Abuse Treatment (RSAT)

Shawangunk had recently opened an RSAT program for 60 inmates. Visitors observed a treatment group where the men were actively engaged in discussion and expressed high praise for the treatment modality and the RSAT staff. We were impressed with the RSAT director who appeared dedicated to developing an intensive curriculum and integrating Spanish-dominant inmates into the program.

Throughout the facility, we received an unusually high number of reports about drug use at Shawangunk. Therefore, it was troubling to visitors that 300 men were on the waiting list for RSAT and might not receive drug treatment for years.

General Library

Shawangunk had an extensive library collection with 14,000 books and a computerized card catalogue. The librarian struck us as enthusiastic and conscientious. The library is open for three modules a day, Monday through Friday, and the majority of inmates interviewed rated library services as good.

In addition, the librarian and Deputy Superintendent had recently created a cell-study enrichment program for inmates in disciplinary lockdown. Participants were being assigned specific books to read and write reports on and would receive certificates for successfully completing these tasks. This program is a model initiative that should be replicated throughout the system.

Law Library

The law library had a complete collection of mandated legal materials and the supplements and updates were being provided on a timely basis. Also, inmates had word processors for writing legal motions; in other prisons, only old typewriters are available. The library is open 49 hours a week, seven more than is mandated by law, and on weekends. The law library CO, who struck us as dedicated to assisting inmates and honing his own legal skills through outside studies, reported that inmates with pressing

legal deadlines are allowed unlimited access to the law library. Some inmates complained, however, that they are unable to do their legal work because the weekend hours conflict with their family visits and the law library is not open in the evenings.

Visiting Program

Shawangunk has a Family Reunion Program (FRP) that allows inmates to have overnight visits in a trailer area apart from the main prison. Inmates appreciated the opportunity to spend time with their family outside the prison setting and praised the officers for being courteous and helpful to FRP visitors. However, Shawangunk's visiting room is small and inadequate to accommodate the population. Inmates throughout the facility complained that the visiting room becomes so crowded on weekends that the facility cuts visits short. In addition, inmates reported that some COs verbally harass their visitors.

Grievance Procedure

There were 163 fewer grievances in 2002 than in 2001. From the facility's thorough grievance report, it appeared that grievance staff and IGRC representatives work hard to resolve issues raised by inmates. Unfortunately, the vast majority of inmates we interviewed reported little confidence in the effectiveness of the grievance program. (See "Quantitative Findings from Interviews with General Population Inmates")

Package Program

Eighty-four percent of inmates we interviewed reported dissatisfaction with the package program, citing inconsistent enforcement of package rules and theft. Grievance figures also indicated that packages are one of the most grieved areas. We advocated for increased supervision of package processing and greater clarity about what is permitted in the facility to address these concerns.

Phone Service

While not unique to Shawangunk, the phone service was a leading inmate grievance. Inmates throughout the facility complained bitterly about MCI, which charges recipients of inmate phone calls far higher rates than those of regular citizens. A half-hour phone call to New York City, for example, costs about $10. Exorbitant phone rates are a system-wide problem that hits the men at Shawangunk particularly hard; they face lengthy sentences and must rely on the telephone to maintain fragile family ties.

Unit for Wheelchair-Bound Inmates

Inmates in Shawangunk's handicap unit have trouble participating in many of the programs. One man reported that he received a certificate from a vocational class even though he had been unable to participate because of equipment limitations. In addition,

men on this unit reported that certain areas, like the law library, are difficult to navigate because of small doors and crowded aisles. Some inmates complained that their wheelchairs were not appropriately equipped for their medical needs.

Finally, inmates reported that they used to be allowed to eat at the tables on the gallery, but are now forced to eat meals in their cells because staff does not want to clean the floor under the tables. We urged the facility to assess services for handicapped inmates and work to accommodate their needs so that they can have more out-of-cell time.

Quantitative Findings from Interviews with General Population Inmates

The Visiting Committee conducted structured survey interviews with 29 general population inmates selected at random in various parts of the facility. Surveys probed inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 7% **Average = 31%** **Poor = 62%**

- Do you have adequate access to a physician or physician's assistant?
  Yes = 46% **No = 54%**

- Do you have adequate access to outside specialists?
  Yes = 25% **No = 75%**

- Does staff respect your medical confidentiality?
  Yes = 30% **No = 70%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 19% **Average = 58%** **Poor = 23%**

- Would you feel safe reporting CO misconduct?
  Yes = 41% **No = 59%**

- Are there any COs here whom you feel engage in serious misconduct, such as physically assaulting inmates or falsifying charges against them?
  Yes = 41% **No = 59%**

- Have you ever been physically accosted by a CO at this facility?
  Yes = 15% **No = 85%**

Visiting, Packages and Commissary

- Are you satisfied with the visiting program at this facility?
  Yes = 36% **No = 64%**

- How do the COs treat your visitors?
  Well = 13% **Average = 62%** **Poorly = 25%**

- Are you satisfied with the package program at this facility?
  Yes = 16% **No = 84%**

- Are you satisfied with the commissary program at this facility?
  Yes = 36% **No = 64%**

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 44% **No = 56%**

Religious Services

- Are your religious needs accommodated at this facility?
  Yes = 87% **No = 13%**

Library Services

- How would you rate the quality of general library services and resources?
  Good = 61% **Average = 17%** **Poor = 22%**

- How would you rate the quality of law library services and resources?
  Good = 46% **Average = 35%** **Poor = 19%**

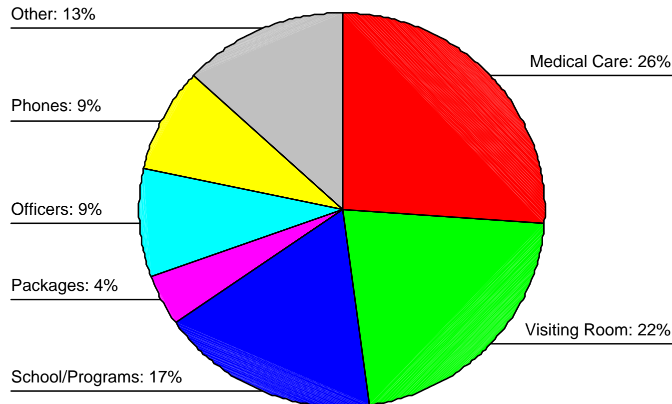
Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Effective = 4% **Neutral = 26%** **Ineffective = 70%**

- Is CO retaliation for grievances a problem?
  Yes = 71% **No = 29%**

Final Question

- If our visit could result in one improvement in this facility, what would you want it to be?



With regard to this last question, inmates cited better medical services as their most desired improvement in the facility. Again, we saw their responses here as an indication of problems with the quality of care.

Special Housing Unit (SHU)

The Special Housing Unit was calm and quiet, with no inmates on deprivation orders or the restricted diet. Inmates praised the SHU officers, naming several COs who were professional and responsive to their needs, including some officers on the 3:00 to 11:00pm shift. Their spontaneous enthusiasm for correction officers, and favorable comments generally, are rare to find among SHU inmates. One man stated: "I've been to the box at several prisons and this one is by far the best." In addition, the inmates were enthusiastic about the new cell-study/reading enrichment program. The mental health counselors make regular rounds, they said, and the grievance officer tours the SHU every Friday morning. Inmates' major complaints were the lack of contact visits and small food portions.

Following are results from structured interviews with 11 of the 16 men in the SHU. Again, their favorable responses to a number of questions suggest a high level of corrections management and practices.

Medical Care

- Do you feel you have adequate access to medical staff?

  Yes = 73% **No = 27%**

- Does staff respect your medical confidentiality?
  Yes = 36% **No = 64%**

Inmates on the Mental Health Caseload

- Do you feel you have adequate access to mental health services?
  Yes = 90% **No = 10%**

- How would you rate the quality of mental health services?
  Good = 67% **Average = 33%**

- Do you ever speak with a therapist in private?
  No = 100%

Inmate-Staff Relations

- How would you rate inmate-staff relations in the SHU?
  Good = 64% **Average = 36%**

- Would you feel safe reporting CO misconduct?
  Yes = 73% **No = 27%**

Visiting and Food

- Are you satisfied with the visiting program at this facility?
  Yes = 38% **No = 62%**

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 20% **No = 80%**

Library Services

- Do you feel that you have sufficient reading material while in the SHU?
  Yes = 91% **No = 9%**

- Do you have sufficient access to legal materials while in the SHU?
  Yes = 90% **No = 10%**

Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Good = 40% **Average = 20%** **Poor = 40%**

- Is officer retaliation for grievances a problem?
  Yes = 20% **No = 80%**

Feedback from Correction Officers

We met with several members of the correctional staff who discussed the positive and negative aspects of their work and the facility. Correction officers reported that staff camaraderie was the greatest source of job satisfaction. One man felt that Shawangunk had the "best officers in the system," and that he considers them "like family." They felt that Shawangunk's size contributed to positive inmate-staff relations. "We know the inmate population well. If one of us has a problem with someone, we can talk to an officer who knows the inmate and find out what's going on." They felt that this communication network was crucial to maintaining a calm facility. In addition, officers appreciated Shawangunk's design, which allows them to isolate any incident to 1/32 of the building. They felt that the smaller yards and mess halls, which seat only 36 inmates at a time, make supervision easier and prevent small problems from escalating into serious situations. In this way, Shawangunk's architecture was contributing to their sense of safety and control.

Regarding the downsides of the work, the correction officers spoke about the frustration of being little more than overseers and the desire to make more of a difference in their day-to-day work. Another officer spoke of the stress involved in working in an unpredictable environment where they must be vigilant against dropping their guard despite how peaceful the facility seems. The Employee Assistance Program (EAP) coordinator confirmed that stress is the leading problem among staff. The on-the-job stress, correction officers reported, is exacerbated by the negative public perception of their profession.

Staff cited drugs as another problem in the facility. They suggested that increased programs would make their jobs easier and felt that RSAT has been an important and positive addition. They also supported the use of cameras throughout the facility. "The camcorder was one of the best inventions for corrections. Now we're in the age of accountability for staff and for inmates."

Correction officers requested that the employee gym be moved out of the facility and into the space below the visitor processing area, which was being used for storage. They explained that COs were reluctant to wander the facility in exercise clothes and would be more likely to use the equipment if it were not immediately inside the prison. We supported their request to the administration as it would be a small concession that would mean a great deal to them. Finally, the officers were pleased that the Quality of Life building was being renovated.

Meeting with Executive Team

The executive team appeared open to our observations and echoed many of our concerns about the facility. We shared the many positive aspects of the facility including: the addition of an RSAT program; a dedicated teaching staff and a wealth of inmate instructors who run specialized evening classes; a significant reduction in grievances; a

calm SHU with a correctional staff highly regarded by inmates; a general library with over 14,000 books; and a pilot cell-study program for SHU inmates who have earned their GEDs.

On the downside, we felt that Shawangunk was suffering from a pervasive idleness problem caused by the lack of activities for inmates who have their GEDs and have met the Department's program requirements. We suggested the addition of a college program and an industry or Department of Motor Vehicles program to create a positive outlet for men who may be incarcerated for decades. The Superintendent shared a desire for the addition of one of these programs stating: "As a prison manager, I think it's needed." He also offered that Shawangunk used to operate a soft industry program that was closed in the eighties when the equipment was sent to Clinton Correctional Facility, but space still existed to restart the program. He had investigated the possibility of starting a college program but found no way to fund one.

The Superintendent was aware of the number of medical grievances but stated that inmates have often been seen by the time he receives their complaints, and that he is not trained to assess whether or not the doctor has prescribed appropriate care, only that the prisoners are seen. He agreed to arrange regular meetings between the ILC and selected medical staff. In addition, he reported that the facility was planning to implement a new arrangement to conduct medical exams that would increase inmates' confidentiality. The Superintendent also agreed that the lack of an on-site or hub pharmacist was expensive and disruptive to care. He was hopeful that the Department would continue to work with Civil Service to address this problem. He planned to address the problems affecting wheelchair-bound inmates immediately.

The executive team had recently changed the package distribution policy to expedite delivery in an attempt to address package grievances. The Superintendent had restructured the honor visiting room to accommodate more visitors, but was resistant to changing the regular visiting room because he felt that it might compromise security. He stated that the law library was already open seven hours over the minimum and he had received few complaints about access, so he had no plans to make changes to the hours.

Overall, Shawangunk was a well-run facility with a professional staff and responsive leadership. It does suffer from serious idleness that could be addressed by the addition of an industry or college program. In addition, medical services were being impeded by the lack of a pharmacist, a problem in prisons throughout the system, and inadequate physician hours at the facility. Ultimately, it appeared that despite these limitations, the executive team was striving to improve facility operations and to make the most out of limited resources.

SING SING

On January 7 and 8, 2003,[66] members the Visiting Committee toured Sing Sing Correctional Facility, a maximum-security prison for men located 35 miles from New York City. Opened in 1825, Sing Sing is one of the oldest prisons in the country and the second oldest operating prison in New York. Sing Sing was the site of New York's first "death house," where 614 men, women and children died in the electric chair.

Located high on a hill, overlooking the Hudson River, Sing Sing covers 130 acres of land. Officers describe it as "a small city," and every hour a Metro-North train actually passes through the center.

On the day of our monitoring visit, the population was approximately 2,295 inmates. Following is a summary of observations based on discussions with various civilian and correctional staff as well as structured interviews with approximately 100 inmates throughout the facility including members of the Inmate Liaison Committee and inmates in general population cellblocks and yards, the Intermediate Care Program and the Special Housing Unit.

Medical Services

Sing Sing's medical services improved significantly since our visit two years ago. Previously, the wait for an ambulance ranged from 35 minutes to 2 hours. Now it is down to five minutes. In addition, a new Automated Electronic Defibrillator has saved the lives of two inmates during the evening shift.

Most importantly, Sing Sing had filled the majority of its long vacant nursing items, which improved the overall quality of care and chronic care oversight. Nurses have computerized some of the inmate medical records and medical staff has begun to attack a backlog of five-year physicals. In addition, the Facility Health Services Director and mental health unit chief were meeting on a biweekly basis to share information on mutual patients. Finally, construction was concluding on a new, more spacious clinic set to open in February 2003.

An ongoing problem is the lack of a pharmacist. Filling this position is virtually impossible, the Superintendent explained, because the state civil service pay rate for pharmacists falls about $20,000 below community pay scales. The absence of an onsite pharmacist, we believe, is exposing the facility to liability issues and inmates to sub-standard care. We advocated that the Department work with the State's Civil Services

[66] The CA visit on January 7th was made as part of a two-year research project on mental health services in NYS prisons resulting in the 2004 CA report *Mental Health in the House of Corrections*. The CA visit on January 8th was for the purpose of monitoring conditions at Sing Sing.

Department to raise the salary levels of prison pharmacists. This step would also be more fiscally responsible given the high cost of contracting out pharmacy services.

Mental Health Services

Psychiatrist Alan Felix accompanied us on the visit. The following is his account of mental health services at Sing Sing.

Visit to Sing Sing Correctional Facility

Alan Felix, M.D.

My visit began with a meeting with the Inmate Liaison Committee. Members of the committee expressed diverse opinions about the quality of mental health services in the prison. Most felt the response to psychiatric emergencies was prompt. However, one committee member called the observation cells "appalling" while another inmate found his 10-day treatment in observation "okay." While some felt that counselors were not available enough for non-urgent concerns (taking up to three months to see someone) one inmate reported that the quality of counseling he received was "great."

Overall, the ILC seemed to feel that abuse of mentally ill prisoners by the COs occurred, but infrequently. There was general agreement that COs needed to speak more respectfully to the mentally ill and that they would benefit from improved training. The committee recommended that the ICP be expanded and that counselor visits to general population increase.

Next, I visited the SHU where I spoke with three inmates, each receiving psychiatric treatment. Inmate AC reported that he was newly homeless but had little knowledge of the shelter system. He believed he was close to release and felt anxious about where he would go and how he would receive his medications for bipolar disorder. He was unaware of the vouchers available to pay for his medications.

A second inmate, TK, reported that he was on antipsychotic and antidepressant medications, and that he was in "the box" for 14 months. I was unable to elicit why he was there for so long. I did have the opportunity to interview more extensively and review the chart of a third inmate, RY.

RY reported a long history of mental illness and appeared to be frankly manic and psychotic. He was agitated, his speech was pressured, he had flight of ideas, and he believed that he could feel "the power" in his body. His explanation for why he was in the SHU was as follows: He had been to the medical clinic when he was placed in a holding cell. He began to shout that he wanted to use the bathroom or return to his cell. He felt he was left there too long. Officers approached him, telling him to keep his hands in his pockets. He believes he was cooperating, yet he was "beaten up" and taken to the SHU for creating a disturbance.

I reviewed RY's prison medical record with the goal of assessing his treatment and the events leading up to his placement into the SHU. During September and October 2002 RY seemed to be rapid cycling, alternating between mania and depression in the course of bipolar disorder. He was described as delusional at times, made threats of self-harm, and actually self-inflicted some lacerations at one point. Attempts to treat him with atypical antipsychotic medications and Depakote, a mood stabilizer, seem appropriate.

In November 2002, RY showed his doctor a cup of pills he did not take. Despite the fact that he voluntarily disclosed this, a nurse wrote: "Patient tried to rationalize his reasons for hoarding meds but reality oriented by writer who pointed out that his decision was his own and manipulative." Medications were discontinued. Subsequent notes indicated that the staff was revising their diagnosis of RY from

"paranoid schizophrenic" to "BPD," which in the context of the notes, I took to indicate "Borderline Personality Disorder."

By mid-November, RY was described as loud and hyperactive, with an "alteration in thought process—reality orient is needed." What I believe was needed at that point (ideally, before this point was reached) was a more aggressive regimen of mood stabilizers and antipsychotic meds. Stopping meds only exacerbated his symptoms and this seemed to stem from a misdiagnosis and belief that he was being "manipulative." There was an understandable concern about self-inflicted injury, but careful monitoring of meds would seem to have been a more appropriate response than stopping them.

Only after RY appeared increasingly manic and was placed in an observation cell was he placed on Zydis, a rapidly dissolving form of olanzapine, an atypical antipsychotic medication.

For unclear reasons, the staff began to indicate that RY should be returned to general population. This seems inappropriate and the rationale for this is poorly documented, although one psychiatrist's note reads, "Loud talking—marked, sudden changes, probability of feigning or malingering although secondary gain is not apparent." To me, these symptoms, without any apparent secondary gain, indicate continued mania, not malingering. Further staff observations ("delusional, irritable, non-stop talking, grandiose") support this.

The last note written while RY was in the observation cell was dated 11/27. In a subsequent psychiatrist's note, it is clear that the psychiatrist is unaware that RY had been transferred to general population. It struck me as disturbing that this decision was reached without the psychiatrist's knowledge, particularly in a patient so unstable.

Not surprisingly, RY ended up in the SHU on 12/7/02. There are no notes documenting what occurred between RY's departure from the observation cell and his screening in the SHU on 12/9. However, one could easily draw the conclusion that RY's mania was a contributing, if not central, factor in the events leading to his placement in the SHU.

My last stop in Sing Sing was a visit to the ICP. I was impressed with the unit and its director. I am also pleased to learn that a new unit is being planned that will help mentally ill inmates prepare for their release. However, it is unfortunate that the new unit will occupy half the space of the ICP. This is especially unfortunate because the existing ICP probably serves only a fraction of the chronic mentally ill inmates in Sing Sing. In other words, this seems to be a case of robbing Peter to pay Paul.

While at the ICP, I asked its director about RY. He was very familiar with him and informed me that RY had been removed from the ICP due to his inability to participate in the groups and effectively utilize the program. At times, RY's behavior was disruptive to the program and he was therefore placed back into general population (GP).

During our wrap-up meeting with the Superintendent, I brought up the lack of appropriate services for a difficult-to-treat individual like RY. Placing them in GP because they are too ill for the ICP is illogical. This lack of proper care is likely to be a frequent factor for the use of the SHU to contain the behavior of mentally ill inmates. The prison administration is understandably frustrated by this situation, but seems to throw up its hands rather than seek out innovative programs, such as Dialectic Behavior Therapy (DBT). FEGS, for example, an agency that provides LINK services, has a forensic DBT program.

Perhaps more importantly, I think it is vital that the prison staff, including mental health providers, not mistake the symptoms and behaviors that result from mental illness for "manipulative" behavior that warrants punishment. Isolating mentally ill inmates and withholding necessary treatments will only make their symptoms worse.

Overall, I found the attitudes and approaches of the prison staff towards those with mental illness to be sensitive and appropriate. However, there seem to be exceptions that might be ameliorated through

better training of COs and expanded mental health services. In particular, the prison does not have a program for inmates too disturbed to take advantage of the ICP. Based on epidemiological studies of prison populations, I believe that a significant number of inmates would fall into this category and suffer as a result of this gap in services.

Intermediate Care Program (ICP)

Sing Sing's ICP for chronically mentally ill inmates is one of the most therapeutically intensive programs in the system. An array of groups is offered on the unit: groups in self-care, medication compliance, symptoms management, poetry, self-discovery and substance abuse. "All the groups have a psycho-educational/psycho-dynamic orientation," the ICP clinical director reported. He noted that the ICP also has a horticulture program, an art program, shuffleboard, volleyball and other recreation.

The mental health staff in the ICP impressed us as particularly proactive. The director regularly reviews and recommends inmates for admission and frequently visits the SHU to see if inmates there are appropriate candidates for the ICP. In addition, the staff has weekly case management meetings.

The regular officers on the unit were integrated into the treatment process. The relationship between the officers and ICP inmates is particularly beneficial when the inmates' transition back into the general prison population. The ICP director explained: "Some of our COs here on the unit become so loyal and such great advocates for the guys that they go out of their way to help them re-integrate into general population by hooking them up with appropriate jobs, etc." Apparently, COs from the ICP work with COs in the general population to help them understand ICP inmates.

Sing Sing was preparing for the opening of the Community Orientation Re-Entry Program (CORP) on half of the ICP unit. CORP is a pilot transitional program for Seriously Persistently Mentally Ill (SPMI) inmates mostly from ICPs throughout the state who are within three months of release. The goal of the program is to provide concerted discharge planning. CORP will involve the Department of Correctional Services, the Office of Mental Health, the Division of Parole, Project Renewal and Hands Across Long Island to connect inmates with resources in the community, including supportive housing.

CORP is a critical program and DOCS and OMH should be applauded for launching it. While this initiative is important, it is unfortunate that it will take up half the beds in Sing Sing's ICP. System-wide, ICP beds are insufficient to serve the needs of the mentally ill incarcerated in New York. The loss of 32 ICP beds will only aggravate that situation.

Overall, feedback from inmates on the ICP reflected our positive impressions of the treatment services. Following are results from structured interviews with 25 men on the unit:

Inmate Satisfaction Survey:	*ICP (n=25) "Agree"*
I receive sufficient therapy on this unit.	61%
I feel the groups are a useful part of my therapy.	79%
I could see a therapist if I had an urgent need.	90%
The correction officers respect my needs and rights as a patient on this unit.	63%
I was an equal participant with my therapist in developing my treatment plan.	90%
My psychiatrist explained to me how my medications work and what side effects I may experience.	84%

Inmates' chief complaint was verbal harassment from the officers who are not regulars on the unit. We recommended that relief officers be included in the ICP mental health training that the steady officers attend.

Programs

Academic Classes

Five of the thirteen teaching positions (38%) were vacant on the day of our visit. There were 57 inmates on the waiting list for Adult Basic Education (ABE) and 75 inmates on the waiting list for GED. The educational supervisor reported that many classes had to be closed. The recent promotion of a teacher to educational supervisor left her Spanish ABE, pre-GED and GED classes without a teacher. The lack of a computer instructor meant that teachers had to serve as substitutes on this post.

Because of these vacancies, the educational program is unable to meet the needs of the large inmate population at Sing Sing. Facility staff explained that the parole board does not penalize an inmate who does not have a GED as long as he is on the waiting list. However, an inmate's chances for success after release are seriously reduced if he has not at least achieved a high school level of education.

On a positive note, Sing Sing with Mercy College offers one of very few college degree programs for inmates in New York State prisons.

Vocational Programs

Of the ten vocational programs that Sing Sing is supposed to provide, only three are actually offered. Similar to the academic programs, vocational programs suffer from high staff vacancies. We did observe a computer repair class, however, and interviewed the instructor, who had 33 years on the job and struck us as highly energetic. The program served the dual functions of imparting skills, as well as providing the facility with low-cost repair services.

The instructor was hoping to teach the men to design web pages and fix network systems since jobs in the computer industry are concentrated in the area of networking versus repair. This effort would only require connecting the computers to each other with a phone line in order to create an internal network (with no connection to the outside world).

Alcohol and Substance Abuse Treatment (ASAT)

ASAT is located in Tappan, the medium-security prison on Sing Sing's grounds that has since been closed. On the day of our visit, there was no counselor or staff facilitator to lead the ASAT group. Inmates reported that the ASAT counselor "sometimes" comes in. The group was led by an inmate facilitator who received high praise from the other men. However, the lack of a regular counselor to deliver an intensive, curriculum-based program seriously decreased its effectiveness.

Another issue was the lack of substance abuse treatment for maximum-security inmates. ASAT is limited to inmates in Tappan who have medium-security status; thus, the vast majority of Sing Sing prisoners were unable to receive substance abuse treatment.

FamilyWorks Graduation

FamilyWorks, a program of the Osborne Association, provides parenting classes and other services to state inmates to strengthen family ties. We observed part of the FamilyWorks graduation ceremony. Inmates felt proud of their accomplishments and appreciative of the Osborne Association staff who run the program and the facility for making it possible. The men felt that it had a powerful effect on their lives and their families on the outside.

General Library

Due to staff vacancies, the general library was closed during evenings and weekends, the times when inmates are not in programs and most able to go. Several inmates reported that it takes "months" to get a call-out to go to the library. We consider this situation a serious facility deficiency.

Law Library

The law library was humming with activity when we visited. Inmate law clerks were assisting men on their cases, while an ex-attorney prisoner was leading what appeared to be a stimulating paralegal class. Sing Sing had a full contingent of qualified inmate law clerks, including a bilingual clerk, and an up-to-date collection of law books.

A serious deficiency is that the library has no computers or word processors. Inmates had to rely on old typewriters to file legal motions and appeals. The typewriters frequently break down, they said, and there are extended waits for repairs. We advocated that given the size of Sing-Sing's population and the importance of legal work to men who are serving lengthy sentences in a maximum-security prison, the Department should provide the library with computers, limited to word-processing capabilities.

Grievance Procedure

Inmates uniformly reported that the grievance procedure is inadequate and ineffective. The facility does not make grievance forms readily available, leaving inmates to submit grievances on "nonofficial" paper, which reinforces their perception that the procedure is not taken seriously by the administration.

Package Program

Sing Sing faces a particular challenge because it processes over 50,000 packages a year, an extraordinarily high number for any facility in the system. Perhaps not surprisingly, problems with packages were a major complaint throughout the facility. Figures from Sing Sing's grievance reports showed an increase from 69 complaints about packages in 2001 to 126 in 2002. The complaints focused on theft, damaged contents and delays in receipt and notification.

Miscellaneous Concerns

We observed serious physical plant decay throughout the facility. Many cells in A and B blocks had peeling paint and graffiti on the walls. Some showers were covered in mildew and rust. Visitors navigated broken steps on the way to Tappan, and noticed a charred and burnt skylight in the vocational area. Peeling paint was a common site. Correction officers reported decrepit conditions in the watchtowers and staff restrooms.

The physical plant environment significantly impacts the morale of those who live and work in a facility. Given the dilapidated state of these buildings, it was clear the Department needs to do more to maintain the physical condition of the prison.

On a related note, several cells on each company had double-celled inmates. At 54-square-feet, these cells require inmates to turn sidewise to squeeze between their bed

and closet in order to access the toilet. They have to crouch behind the bed to use the sink. The Department is employing double-celling because of the lack of maximum-security cell space, but these cells are far too small to house two inmates for even a brief period of time. These and the aforementioned conditions violate ACA standards and require immediate remediation.

Findings from Interviews with General Population Inmates

We conducted structured interviews with 59 general population inmates selected at random in various parts of the facility. Interviews probed inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 6% **Average = 27%** **Poor = 67%**

- Are you satisfied with the timeliness of medical care at this facility?
  Yes = 20% **No = 80%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 11% **Average = 49%** **Poor = 40%**

- Would you feel safe reporting CO misconduct?
  Yes = 50% **No = 50%**

Visiting, Packages and Commissary

- Are you satisfied with the visiting program at this facility?
  Yes = 76% **No = 24%**

- How do the COs treat your visitors?
  Well = 30% **Average = 49%** **Poorly = 21%**

- Are you satisfied with the package program at this facility?
  Yes = 26% **No = 73%**

- Are you satisfied with the commissary program at this facility?
  Yes = 42% **No = 58%**

Religious Services

- Are your religious needs accommodated at this facility?

Yes = 87% No = 13%

Library Services

- How would you rate the quality of general library services and resources?
  Good = 34% Average = 32% Poor = 34%

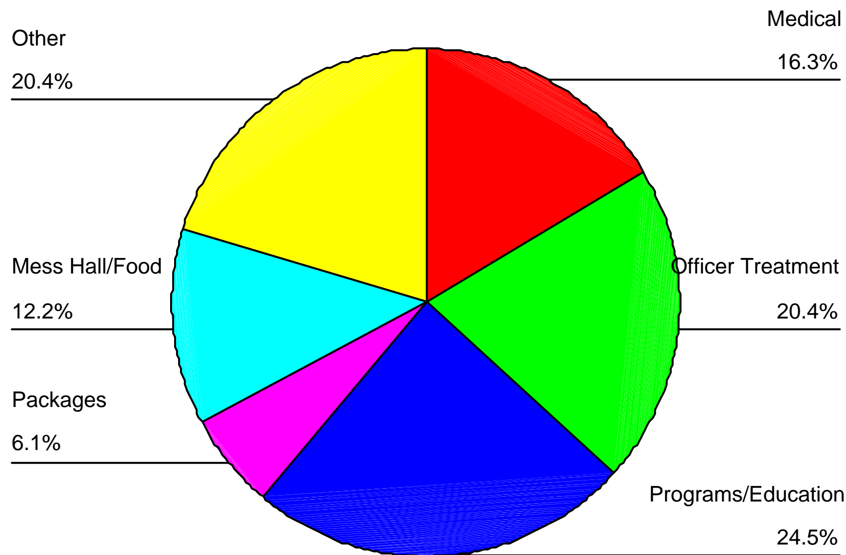
- How would you rate the quality of law library services and resources?
  Good = 46% Average = 37% Poor = 17%

Grievance Procedure

- How would you rate the effectiveness of the grievance procedure for resolving complaints?
  Effective = 12% Neutral = 26% Ineffective = 62%

The final question we ask inmates is what one improvement they would most like to see as a result of our visit. At most maximum-security facilities we visit, better treatment from COs and improved medical care emerge as the most frequent responses. Interestingly, more programs and educational opportunities was the most frequent response at Sing Sing.

- If our visit could result in one improvement in this facility, what would you want it to be?



Staff Conduct

The majority (60%) of inmates rated inmate-staff relations as good or average, a far higher percentage than we find at most maximum-security prisons. The racially diverse staff and high number of female COs likely contribute to this outcome. However,

we received many reports from inmates in A-Block about a group of officers that inmates referred to as the "A-Block Beat-Down Crew." The frequency of these reports led us to believe that there was a significant problem with a group of A-Block officers.

Special Housing Unit (SHU)

The SHU was relatively calm and quiet. The officers make regular rounds and even disgruntled inmates were quick to praise the steady COs as decent and responsive. In addition, the project to install cameras throughout the SHU was nearly complete.

In most SHUs, recreation consists of standing alone in an empty pen. At Sing Sing, not only could men recreate in pairs, but they also had a chin-up bar and basketball hoop, representing a more meaningful form of recreation for inmates who are allowed out of their cells only one hour a day. This approach should be replicated at other facilities. It should be noted, however, that these elements of the recreational program in the SHU are mandated in a consent decree dealing with conditions in Sing Sing's SHU.

Inmates and correction officers reported that mental health staff makes daily rounds in the SHU. The majority of the inmates we interviewed felt that they had sufficient access to mental health services and believed that they could see a therapist if they had an urgent need. A complaint was the lack of opportunity for privacy during mental health consultations. Inmates reported that most conversations they have with mental health counselors are conducted through the bars, and they feel uncomfortable discussing their mental health issues within earshot of other men.

Senior correctional staff and mental health staff have regular case management meetings to review the status of SHU inmates on the mental health caseload and to look for indicators of decompensation. We recommended that the committee expand its oversight effort by gaining input from the steady officers on the unit who have the most contact with the men and, at Sing Sing, are particularly adept at handling problems.

The most common complaint in the SHU was the cold temperature of the food.

Feedback from Correction Officers

We met with five officers, some with over 20 years on the job. They shared with us the positive and negative aspects of their jobs and their perceptions of the facility. They described employee morale at Sing Sing as "medium to high," and cited the challenging, hands-on nature of the work as a source of job satisfaction. "If you want to work, you come to Sing Sing," an officer commented. Another officer expressed the pride he takes in working at such a large and multifaceted facility, noting that he turned down promotions at other prisons because he wanted to stay at Sing Sing. "With 2,200 inmates, Sing Sing is like a small city. We move 2,200 inmates to the mess hall three times a day—that's pretty amazing."

Sing Sing is one of the facilities where incoming officers do on-the-job training. The officers appreciated Sing Sing's role as a training facility, but felt that the high number of transient correction officers created instability. They explained that it is difficult to maintain a cohesive team when so many employees "come from up north, do their time, and leave."

The group expressed a desire to have more input in Departmental policies and directives. There was a perception that policies are made without sufficient input from line officers. In addition, they had several suggestions for improving training. Most importantly, they said, is more training—both in the Training Academy and on-the-job. The seven weeks of training at the Academy—reduced from seventeen weeks, years ago—is insufficient, they said. (New York City Correction Officers spend 16 weeks in the City's Training Academy). They discussed the need for regular refresher courses in critical areas. "You have one session on baton use in the Academy," an officer stated, "but then no opportunity to practice until you have to actually use it and then you screw up because you've forgotten everything you learned."

A key concern was insufficient staff, which makes it difficult for officers to get time off. When employees use vacation or sick days, they said, other officers have to work excessive overtime. In addition, they mentioned that the VHS video cameras the facility provides for recording cell extractions and uses of force are cumbersome and sometimes malfunction. "It's embarrassing when you're trying to film a serious incident and the equipment breaks down," an officer stated.

Another issue raised was the lack of collaboration with mental health staff. The group reported that while mental health employees are responsive when called, they remain isolated from the prison community and take a reactive rather than proactive approach to the delivery of mental health services. Essentially, they described mental health as assuming the role of "guests in the prison." They felt that this dynamic encouraged inmates to play correction officers and mental health staff against each other.

When we asked if they had received any training in the area of mental health issues, they said that they had not. After some discussion, they recalled that they had received one module on the subject of suicide prevention, but noted that it was entirely insufficient to deal with the large population of inmates with mental illness in the general population at Sing Sing. The lack of communication with mental health staff and insufficient training leaves correction officers struggling with how to deal with difficult inmates, they said. One officer commented that when it comes to dealing with inmates with mental illness: "We're the last to be consulted, but the first ones to blame." They mentioned that when there are case management meetings in the Psychiatric Services Unit about the status of inmates on suicide watch, no security staff—i.e., the people who spend the most time with the inmates, observing them and monitoring their behavior—are asked to provide input. The group recommended increased collaboration with mental health staff and more meaningful mental health training for line correction officers. One sergeant we spoke with in B-Block said: "COs who work in the cellblocks should be

trained on how to deal with mentally ill inmates, the kinds of ways they're victimized, how to recognize if they've gone off their meds and what can happen when they do."

Meeting with Executive Team

The executive team seemed open to our concerns but uncertain if solutions were possible under current budget constraints. The Superintendent was pessimistic about hiring teachers and explained that with the current hiring freeze, he did not foresee any improvement in the near future. He also reported that despite several months of advertising, they had not been able to attract teachers for the closed vocational classes.

The Superintendent agreed to discuss the possibility of expanding the networking curriculum of the computer repair class. He also hoped to reach an agreement with this class to build simple word-processing computers for the law library.

Packages were a source of frustration with the Superintendent. He reported that the facility works hard to make the package process maximally efficient but constantly struggles with the high number of packages received at the facility. He said that the package room was already over its allocated staffing level and that grievances about package theft were rare and always investigated.

He agreed to rectify the problem of cold food in the SHU and explained that the food temperature is recorded in the logbook nightly.

Overall, we were pleased to note the first-rate Intermediate Care Program; the college program with Mercy College; the many volunteer-run activities offered; and the responsiveness of officers in the Special Housing Unit. On the downside, Sing Sing suffers from insufficient program staff, particularly teachers, which is unfortunate for the many men who need a GED and some type of vocational training to improve their chances on the outside. Moreover, there were serious physical plant issues and some troubling allegations of CO misconduct in A-Block.

Ultimately, Sing Sing, like many other facilities in the system, is struggling to make the most out of limited resources during a time of statewide fiscal austerity. Nevertheless, it seemed that Sing Sing had made significant improvements since our previous visit and that morale among inmates and officers was higher than at most maximum-security prisons.

SOUTHPORT

On May 29, 2002 and July 24, 2002,[67] members of the Prison Visiting Committee toured Southport Correctional Facility, a supermax prison for men, located 70 miles west of Binghamton with a capacity for 930 inmates. Originally opened in 1988, Southport was New York's first "supermax" or "end of the line" prison, converted from a maximum-security correctional facility in 1990 to a facility primarily holding inmates assigned to disciplinary segregation. Shaped like a lopsided coffin with a stark, brick exterior, Southport houses disciplinary confinement prisoners in three L-shaped housing blocks (Blocks A, B, and C) with 252 cells each. Cadre inmates (men who are assigned to various jobs in the prison) are housed in the 75-cell E-Block. A final housing area, D-block, consists of 32 solid-door punishment cells in the basement of the facility.

Southport's transition to a supermax facility in 1990 was violent with the number of assaults and use-of-force incidents skyrocketing almost immediately. A visiting Assemblymember witnessed two inmates getting stabbed with shanks in the recreation yard. Three months later, 53 inmates revolted and took over one of the blocks holding officers hostage for 26½ hours. Since then, much at Southport has changed. More officers were hired, and a behavioral management program, known as the Progressive Inmate Movement System (PIMS), was instituted to give inmates incentives for good behavior. But the most profound changes have been outside Southport's walls. Since 1998, New York has gone from having one supermax facility to having eleven: the 1200-bed Upstate Correctional Facility, plus nine, 200-bed "S-Blocks" (free-standing total lockdown units).

On the days of our visits, Southport was filled to capacity. The following is a summary of observations based on structured interviews with 97 inmates on the mental health caseload as well as discussions with inmates in disciplinary confinement areas A-, B- and C-blocks, E-block cadre inmates, and with correction, medical and civilian staff.

Medical Services

Insufficient medical staff compromises the delivery of health care at Southport. For the past year, one physician has served as both the sole primary care provider and as the Facility Health Services Director for over 900 inmates, the majority of whom are confined in their cells around the clock with limited access to medical services. Recently, Southport hired a physician's assistant to fill a critical position that was vacant for over a year. Not surprisingly, inmates throughout the facility reported delays of up to a month to be seen by the physician. Others referred to delays in medication refills and to medical care consisting of little more than cell-side screening by nurses and the dispensation of Tylenol.

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[67] The CA visit on May 29th was for the purpose of monitoring conditions at Southport. The CA visit on July 24th was made as part of a two-year research project on mental health services in NYS prisons resulting in the 2004 CA report *Mental Health in the House of Corrections*.

Staffing deficiencies also limit the ability of Southport's nurses to carry out their responsibilities. Besides their duties as DOCS employees, they are required to serve as mental health nurses since Southport has no mental health nursing staff. They dispense both medical and mental health medications, maintain logbooks, transcribe orders and process some 1,000 mental health referrals annually. Often they find themselves ignoring inmates' medical concerns. "We're supposed to stop and talk to whomever needs to talk to us," said one nurse, evidently frustrated, "but we never have time."

In addition, it appeared that there is insufficient medical confidentiality at Southport. Of the inmates we interviewed, 76% reported that the correction officers do not respect their medical confidentiality. Medical care for Spanish-dominant inmates is especially undermined by the lack of confidentiality. Inmates and staff alike reported serious problems due to the fact that there is only one civilian translator in the facility. Inmates who cannot speak English must rely on other inmates or correction officers to translate their medical and mental health concerns. We were told of an instance where a nurse had to use an inmate housed four cells away from the inmate whom she was screening to shout the translation of his medical problems down the block.

The Office of Mental Health (OMH) unit chief reported that correction officers are used as interpreters for Spanish-speaking inmates in need of mental health services. Using correction officers as conduits of sensitive personal information is an objectionable practice. Monolingual inmates whom a Spanish-speaking member of our committee interviewed said that they refrain from seeking medical or mental health services because they do not want other inmates or correction officers to know about their problems. We were also told that medication information regarding dosages and side effects is not available for Spanish-speaking inmates.

Mental Health Services

Since Southport is the only supermax where inmates are housed alone in their cells, the system sends prisoners there who cannot or will not be housed with a cellmate, either because they are paranoid, victim-prone, anti-social, or some combination of the three. There are, in fact, more inmates with mental illness at Southport than at any other supermax (one in five is on the mental health caseload); Southport is the only supermax that accepts inmates with serious thought disorders like schizophrenia.

Unfortunately, the staffing level of Southport's mental health unit is seriously inadequate. Civilian and correctional employees whom we interviewed reported that two full-time psychologists and a one-day-per-week psychiatrist could not attend to the needs of approximately 140 inmates on the mental health caseload. The unit chief for Southport also serves as the full-time unit chief at Elmira, a prison with 1,800 inmates, and as the part-time unit chief at Camp Monterey. There are no mental health professionals readily accessible to handle mental health emergencies after 4:00pm on weekdays and during

most weekend hours, leaving nurses and correction officers to respond to serious mental health situations on their own.

Inmates who were on the mental health caseload reported problems with the treatment they receive. Of the 97 inmates we interviewed who were on the mental health caseload, 65% said they did not have sufficient access to mental health staff. In addition, 60% reported that their psychiatrist did not explain to them how their medications work and what side effects they might experience.

Moreover, several inmates reported that mental health screening upon admission to Southport is conducted in a group setting, with inmates being interviewed simultaneously and within earshot of other inmates and correction officers. Inmates said that they were reluctant to share personal mental health information in such a setting. Group screening on admission violates the 1999 Memorandum of Understanding between DOCS and OMH, which states, "an OMH clinician will conduct a personal interview with each newly admitted inmate…" (Section 6 on Special Housing Unit services, p. 12). Furthermore, ACA standards require that a mental health evaluation be completed on each inmate admitted to SHU within 30 days of admission and every 90 days afterward. Inmates and staff reported that this practice is not followed.

At Southport, suicides and acts of self-harm are a cause for concern. In September 2002, 22-year-old Paul Lagoe was found hanging in his cell. In March 2000, inmate Carlos Diaz was also found hanging in his cell. The death report written by the New York State Commission on Correction on the Diaz death concluded that mental health staffing levels at Southport were inadequate, particularly given the isolated nature of confinement. "It is a well-established fact that inmates serving long-term sentences in SHUs are likely to de-compensate due to extended periods of isolation and sensory deprivation," the Commission reported. It expressed "significant concern" at the system's failure to monitor Diaz, who suffered paranoia and hallucinations.

Programs

Cell Study

The cell study program received favorable comments from participating inmates. The teachers were said to make regular rounds, to provide sufficient educational material and to instruct inmates as best they could from behind bars.

Alcohol and Substance Abuse Treatment (ASAT)

The waiting list for the self-administered ASAT course at Southport is months long and even as the waiting list has expanded, the Superintendent has cut available spaces in the program by half. "We found that many of the inmates were not doing [the ASAT program] for the right reasons," he explained, but declined to clarify. The delayed

opportunity to participate in ASAT inevitably discourages inmates who seek to rehabilitate themselves.

General Library

Library staffing was insufficient to respond to the volume of inmate requests that the library receives. In addition, the library has few resources or materials for Spanish-dominant inmates.

TV Audio Program

A number of inmates reported that the TV audio program schedule is frequently changed, and that scheduled programs are not aired. Specific correction officers on the evening and weekend shifts were reported to change the program as a way to harass inmates. A staff member commented, "If they know the inmates want to hear a particular basketball game, they'll put on golf." In addition, headphones sent to maintenance for repair, inmates said, are not returned for days at a time.

Grievance Program

According to Department figures, Southport had the highest grievance rate in the state prison system in 2002: approximately 850 inmates filed nearly 2,500 grievances. The leading grievances are medical care, followed by internal block affairs (Code 33) indicating poor living conditions, and staff misconduct (Code 49). Exacerbating the number of grievances is the fact that Southport has only one grievance supervisor to investigate 2,500 grievances over the course of a year. He has little time for meaningful investigation and follow-up. The result is substantial inmate frustration and repeat filing of grievances.

It is impossible for one grievance supervisor at Southport to adequately investigate the numerous allegations, do weekly rounds in the cellblocks, answer FOIA requests from the Attorney General's office on Article 78 motions, handle appeals to the Superintendent (at most other prisons we have visited, the executive team handles its own appeals) and run the grievance program within the timeframe required by the Department's Directive 4040.

Food Service

Almost unanimously, inmates in each of the cellblocks complained that food portions were substandard.

Progressive Inmate Movement System (PIMS)

Southport uses PIMS, a system of graduated privileges that rewards inmates with time-cuts and privileges for good behavior. All inmates begin at Level I, the most

restrictive status, and can progress to Level III, the least restrictive status. The PIMS program often improves behavior and relieves tension by allowing prisoners to earn their way out of disciplinary confinement. There are, however, serious problems with the way PIMS operates at Southport.

We received many complaints that inmates on Level II are kept on that level for months beyond their eligibility date for advancement to Level III due to space limitations. These inmates who have earned Level III status are denied advancement, and are thus denied the privileges and time cuts they have justly earned. In addition, many inmates we interviewed had no idea what the Progressive Inmate Movement System is, how it works, or what level they were on. (In contrast, all the inmates we recently interviewed at Five Points and Upstate, which also use PIMS, knew their level and how the system works.) Southport's inmates and staff reported that inmate orientation is insufficient—that the orientation to PIMS and Southport's policies and procedures lasts ten minutes at most. It is vital that prisoners understand how PIMS works, since it provides the only means for them to earn their way out of disciplinary segregation and the prison prior to the expiration of their SHU sentence.

Restricted Diets, Deprivation Orders and Mechanical Restraints

Restricted Diet

In New York State, inmates in disciplinary confinement who have lost all other privileges or who throw or threaten to throw food or bodily fluids can be placed on the restricted diet, which consists of three servings a day of a dense loaf of flour, carrots and potatoes and a side portion of raw cabbage. The diet is referred to as "the loaf" by inmates and the staff. The Federal Bureau of Prisons and 45 other states do not utilize this severe form of punishment. Moreover, ACA standard 3-4301 prohibits using food as punishment. However, at Southport, we received numerous complaints that the loaf is overused and that the procedures used to issue the restricted diet orders are not consistent with the requirements of Directive #4933. In fact, in 2002, Southport administered the diet 546 times, comprising 40% of the restricted diet orders issued for the entire prison system for the year. We encountered 40 inmates who either were on or had been on the loaf. Over 25% of the inmates we interviewed who were on the mental health caseload had been punished with the restricted diet at Southport.

DOCS' assertion that the diet constitutes a nutritionally sound meal is based on inmates' eating three portions a day. However, 60% of the inmates whom we interviewed said that they rarely, if ever, ate three servings of the loaf daily because it is unpalatable and difficult to digest. In fact, we received several reports that certain sergeants intentionally serve the loaf when it is days old and stale. In addition, officers at Southport can impose the restricted diet before an inmate has had a hearing to determine if they are guilty of the charges filed against them. As a result, an inmate can be on the loaf for seven days before his guilt or innocence is even determined.

Other Deprivation Orders and Use of Mechanical Restraints

Almost any inmate misbehavior can, in theory, justify a restraint or deprivation order under the Department's broad regulations. We received reports from inmates and staff that this authority is consistently abused at Southport, where inmates are placed on restraint orders and deprived of showers, exercise, cell-cleaning equipment and haircuts, for 30 to 45 days at a time.

We also received many complaints from inmates who are sent to recreation in handcuffs and chains. Last year, a federal district court refused to dismiss the complaint of a Sullivan SHU inmate who alleged that 28 days of recreation in shackles deprived him of his constitutional right to exercise. Williams v. Goord, 142 F.Supp 2d 416 (SDNY 2001). Thereafter, the jury found that this policy, as applied to the plaintiff, was unconstitutional. In a consent decree settling this case, DOCS agreed to change its procedures and standards for shackling inmates during recreation at all facilities other than Southport. We see no justification for this exception.

All inmates spend their first month at Southport in mechanical restraints during all out-of-cell movement. They are shackled and handcuffed during their one hour of "recreation" in an empty, outdoor cage, and during visits with their family, friends and even attorneys. We understand that Southport has a substantial number of assaultive inmates, for whom heightened security might be appropriate. But we also believe that it is excessively punitive to place all new arrivals in shackles and handcuffs, without regard to any actual threat they may pose to themselves or others, during their one-hour of exercise.

In addition, we received reports from inmates and employees that officers arbitrarily deprive inmates of showers, recreation and even meals. They write in the logbook that the inmate refused exercise, a shower, or a meal tray, when in fact the officer denied the inmate the opportunity. Some officers are said to withhold meals, exercise or showers as a form of retaliation against inmates who submit grievances. One employee reported a situation in which officers withheld meals from a prisoner "for several days," and that "correction officers know they can get away with anything because it's sanctioned at the top."

D-Block

We did not visit D-block during our 2002 visits because it was closed for renovations, a significant and positive step. The dungeon-like conditions we observed in that unit during our visit in 2001 were dangerous and inhumane, especially for inmates with mental illness. We strongly urged that this block be shutdown and not be re-occupied until it was substantially renovated so that conditions are less isolating and dark. We also urged that inmates with mental illness not be confined there.

Cadre Concerns

Nearly all the cadre inmates with whom we spoke said they would like to participate in the self-administered ASAT program as well as Anger Replacement Therapy. We did not understand the logic of prohibiting inmates from participating in necessary rehabilitative programs that require little staff time.

In addition, cadre inmates were frustrated with the lack of library services as the library is open only one hour in the morning and one hour in the afternoon, when most inmates are working.

Feedback from Correction Officers

Visitors met with three correction officers during the visit and spoke with other correction officers away from the facility grounds to learn their concerns. Officers described morale as extremely low. Understandably, correction officers' leading concern was the high number of "unhygienic acts" committed by inmates. Their statement that "feces are thrown somewhere in the prison" at least several times a week reflects a chaotic and dangerous situation that is far worse than at any other SHU that we have visited in the state prison system. While officers said that most of the throwings are inmate-on-inmate, Southport employees are reportedly targeted three to four times a month. This level of disorder is costly as well as unsafe. Many work hours are spent gathering evidence, processing paperwork and going to court.

Officers also expressed the need for more staff. Currently, only one officer is assigned to the upper tier blocks on the evening shift. "This is an accident waiting to happen," noted a veteran correction officer. One example of the consequence of inadequate staff deployment is a meal distribution problem. Currently, disciplinary confinement (versus Cadre) inmates distribute meals to inmates on PIMS Levels I and II, i.e., the inmates who are theoretically the system's most disruptive. This practice is said to result in a power struggle between the inmates in the cells and the inmates with the food trays. Violence, tension, and unhygienic acts follow. Sufficient staff and supervision of meal distribution would cut down on that violence.

Finally, officers requested more (and better) training in mental health symptomatology and the handling of inmates with mental illness. The 1999 Memorandum of Understanding states: "OMH will provide training to DOCS staff on mental health issues in other areas as needed or requested." We urged OMH to provide more substantive mental health training to all correction officers who work in Southport's cellblocks.

Meeting with Executive Team

At no other facility have we ever experienced the level of animosity expressed by Southport's Superintendent. Throughout the tour he impeded conversations with staff to the point where we felt it necessary to contact a Central Office representative who intervened on our behalf. In explaining his behavior the Superintendent said: "This is my house, I do what I want." His treatment of visitors is consistent with the dictatorial and arbitrary style of management reported by staff and inmates that is at least partially responsible for the noticeably low morale throughout the facility.

Our final meeting with the Superintendent was predictably disappointing. With one exception—his willingness to consider making a video about PIMS and showing it to inmates at orientation—our observations seemed to fall on deaf and uninterested ears. In our letter to the Superintendent, copied to the Governor's Director of Criminal Justice, the Commissioner of the Department of Correctional Services, the Commissioner the Office of Mental Health, and relevant state legislators, we urged that the serious problems identified in the two days of our visits be addressed.

SULLIVAN

On December 17, 2002, members of the Prison Visiting Committee toured Sullivan Correctional Facility, a maximum-security prison, located 100 miles from New York City. Sullivan was erected in the early 1980s on the hilly south-end of the 850 acres of farmland occupied by Woodbourne, a medium-security facility. In 1985, Sullivan received its first residents, three busloads of keeplocked inmates who had participated in a disturbance in Wyoming, a medium-security prison. It opened to full capacity in 1986.

Eighty-seven percent of Sullivan inmates were convicted of a violent felony; sixty percent are serving life sentences. Sullivan has a uniquely high-security layout, housing inmates in four self-contained "pods," each with its own recreation yard and mess hall. It contains a Mental Health Satellite unit and services several special needs correctional populations with units for the mentally ill, developmentally disabled and sensorily disabled. A large group of Inmate Program Assistants (IPAs) work with correctional and mental health staff to aid and guide inmates in these areas.

On the day of our visit, the population was approximately 570 inmates. The following is a summary of observations based on interviews with inmates in general population, the Special Housing Unit, the Intermediate Care Program, the Special Needs Unit and the Sensorily Disabled Unit, as well as discussions with the representatives of the Professional Employees Federation and with various correctional and civilian employees in the facility's medical department, grievance office, visiting area, and library.

Medical Services

The clinic was clean, modern and well equipped. Facility medical staffing included a full-time dentist, full-time hygienist and a three-day-per-week physical therapist. In addition, medical staff was making ample use of the facility's telemedicine capacity for consultations with outside specialists and infectious disease clinics with Albany Medical Center and Erie County Medical Centers. This practice helped to cut down on transportation costs and enhance care.

With only one full-time doctor, who had additional responsibilities at other prisons in the regional hub, no physician's assistant, and a high number of inmates with chronic illnesses who required ongoing monitoring, Sullivan's medical team was greatly in need of additional staff. Inmates complained that it generally takes a month to see the doctor for general health concerns. Medical staff reported that there is a delay in care because there is only one physician to approve all medical procedures and follow-up. At times, this gap in service has resulted in costly trips to outside hospitals that could be substantially reduced if Sullivan had a physician's assistant. In addition, the vacancy of a half-time nurse item was taking a serious toll on existing staff.

Intermediate Care Program and Special Needs Unit

Visitors toured the Intermediate Care Program (ICP), a unit for mentally ill inmates deemed victim-prone and unable to live in general population, and the Special Needs Unit (SNU), a unit for the developmentally disabled. Inmates in these areas garden, participate in specialized vocational programs in the unit, receive appropriate group and individual counseling and are able to participate in Aggression Replacement Training and GED preparation. In addition, Sullivan has an Assisted Daily Living program (ADL) where IPAs aid residents with basic hygiene and cell cleanliness.

Inmates had generally positive feedback about conditions in the units and the therapeutic services they receive. Responses to our survey (n = 33 SNU inmates and n = 25 ICP inmates), highlights of which are reported below, matched our favorable impressions of the units and the dedicated staff who work there.

Inmate Satisfaction Survey:	*ICP (n=25) "Agree"*	*SNU (n=33) "Agree"*
I receive sufficient therapy on this unit.	52%	77%
I feel the groups are a useful part of my therapy.	77%	83%
I could see a therapist if I had an urgent need.	78%	80%
The correction officers respect my needs and rights as a patient on this unit.	71%	53%
I was an equal participant with my therapist in developing my treatment plan.	74%	67%
My psychiatrist explained to me how my medications work and what side effects I may experience.	50%	68%

Programs

Academic Classes

Sullivan had an array of programs, which were being assisted by 45 IPAs, inmates trained to aid students with lessons and assignments. With only three inmates on the waiting list for Adult Basic Education and no waiting list for GED classes, it was evident that academic programming was sufficient for Sullivan's population. Committee members who visited the school, one of whom teaches in a correctional facility, noted that the students appeared engaged and motivated, that the instructors were enthusiastic,

and that the academic materials were sufficient and of high quality. Thus, it is not surprising that 17 out of the 19 Sullivan inmates who took last year's GED exam passed.

Vocational Programs

Visitors were impressed with the vocational programming. Inmates in the welding class and drafting and commercial arts class gave their programs particularly high marks. In addition, six inmates were participating in the Department of Labor Apprenticeship program that allowed them to receive certification from an outside vocational agency.

Visiting Program

The visiting room was clean, welcoming and spacious; visitors are rarely turned away. The visiting room officers, with the exception of one individual who was said to harass inmates, received high marks for their efficiency in processing visitors and their treatment of inmates' family members.

Grievance Procedure

The grievance supervisor was well informed about facility problems and committed to working with staff and inmates. He explained how he uses his role as Inmate Liaison Committee (ILC) advisor to stay in touch with inmate concerns, noting that it is crucial for the ILC and grievance office to work in tandem.

Inmates and Executive staff play an important role in Sullivan's grievance process. Grievances concerning staff misconduct (Code 49) comprised a relatively small percentage of the total grievances, and the Superintendent was closely monitoring them. In addition, Sullivan's inmate grievance representatives had passes that allowed them to visit most areas of the prison and collect inmate concerns.

Quantitative Findings from Interviews with General Population Inmates

The Visiting Committee conducted structured survey interviews with 28 general population inmates selected at random in various parts of the facility. Surveys probed inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 13% **Average = 26%** **Poor = 60%**

- I feel I have sufficient access to medical care.
  Disagree = 55% **Agree = 45%** **Neutral = 0%**

- I feel that correction officers respect my medical confidentiality.
  Disagree = 67% **Agree = 0%** **Neutral = 33%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 58% **Average = 29%** **Poor = 12%**

- Would you feel safe reporting CO misconduct?
  Yes = 65% **No = 35%**

- Have you ever been physically assaulted by a CO at this facility?
  Yes = 11% **No = 89%**

Visiting Program

- Are you satisfied with the visiting program at this facility?
  Yes = 87% **No = 13%**

- How do the COs treat your visitors?
  Well = 53% **Average = 20%** **Poorly = 27%**

Library Services

- How would you rate the quality of general library services and resources?
  Good = 86% **Average = 14%** **Poor = 0%**

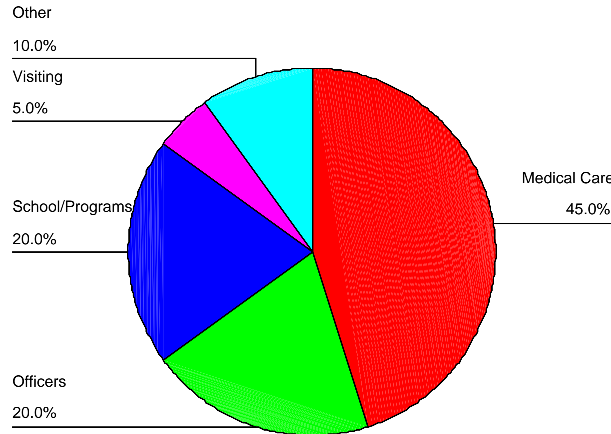
- How would you rate the quality of law library services and resources?
  Good = 77% **Average = 23%** **Poor = 0%**

Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Effective = 29% **Neutral = 7%** **Ineffective = 64%**

Final Question

- If our visit could result in one improvement in this facility, what would you want it to be?



The results of our inmate survey reinforce the impressions of the Visiting Committee that medical services were inadequate.

Special Housing Unit (SHU)

The SHU was quiet and well run. The correction officers seemed committed to minimizing tension and addressing inmate concerns efficiently. Unusual for SHU correction officers, these men received praise from inmates on the unit. Inmates also expressed spontaneous appreciation for the librarian who supplies the SHU with books and periodicals. Finally, inmates reported and the logbook confirmed that mental health staff conduct regular rounds and stop by every cell, not just the cells of inmates on their caseload. However, there was no room for mental health staff to conduct private interviews on the unit so inmates had to discuss their mental health concerns through the bars of their cells, seriously impairing their right to confidential exchanges. The Superintendent was aware of the lack of confidential mental health interviews in the SHU and stated that a special room was being built and would be available within months.

Meeting with Executive Team

The final meeting began with Correctional Association visitors conveying the positive feedback we received from several areas of the facility. The executive team was open and responsive to the issues we raised. The Superintendent agreed to look into the problems with harassment from grievance officers.

Sullivan appears to be a model correctional facility with a first-rate staff. Overall, it struck us as one of the calmest, most efficiently run facilities in the New York State prison system, an accomplishment for a maximum-security facility.

WENDE

On September 18 and 20, 2002,[68] members of the Visiting Committee toured Wende Correctional Facility, a maximum-security prison for men, located 25 miles from Buffalo. Formerly the Erie County Penitentiary, Wende was converted into a state prison in 1983. Since that time, Wende has undergone substantial renovations, including the addition of a Mental Health Satellite Unit and a Regional Medical Unit.

Wende has been the site of three visits from the Correctional Association in the past four years and has shown significant improvement since 1998, when it had the highest rate of Unusual Incidents in the system with 210.1 incidents per thousand inmates. Today, Wende's Unusual Incident rate is down to 181.5 incidents per thousand inmates. The shift in order and calmness of facility operations is palpable to visitors, inmates and staff.

On the day of our monitoring visit, the population was approximately 934 inmates. Following is a summary of observations based on discussions with various civilian and correctional staff as well as structured interviews with approximately 100 inmates throughout the facility including members of the Inmate Liaison Committee as well as inmates in general population cellblocks and yards, the Intermediate Care Program (ICP), the Special Needs Unit (SNU) and the Special Housing Unit (SHU).

Medical Services

Wende's Regional Medical Unit was spacious and state-of-the-art. The Visiting Committee was unable to spend much time with medical staff (due to scheduling delays on our part), but did interview five inmates privately. Inmates commented favorably on the medical care they received, the clean and modern facility and the compassionate staff, including the correction officers who work there.

The dialysis unit that opened in June was similarly impressive. Most inmates said that the unit was well run and that staff took good care of them. General population and Special Housing Unit inmates praised a new physician for his responsiveness and decency. In addition, inmates appreciated being able to watch TV while they received their treatment. The regular officers were said to be very good; however, one man said that the "floaters" were terrible and rude. We also received complaints about the lack of communication between RMU and dialysis nurses.

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[68] The CA visit on September 18th was for the purpose of monitoring conditions at Wende. The CA visit on September 20th was made as part of a two-year research project on mental health services in NYS prisons resulting in the 2004 CA report *Mental Health in the House of Corrections*.

Intermediate Care Program (ICP) and Special Needs Unit (SNU)

Wende has two units for inmates who have been identified as "victim prone": the Intermediate Care Program (ICP) for chronically mentally ill inmates and the Special Needs Unit (SNU) for developmentally disabled inmates with IQs of 70 or less, a majority of whom are on the mental health caseload. Inmates in each program had very positive feedback about the treatment they receive, the therapeutic activities available to them and life on the units generally. The staff struck us as among the most compassionate, creative and enthusiastic employees in the state prison system. Inmates participate in the Assisted Daily Living Skills program, summer picnics and athletic tournaments, academic modules, paid employment opportunities and ample recreation time. Inmates' responses to our survey (n = 26 SNU inmates and 25 ICP inmates), highlights of which are reported below, matched our very favorable impressions of the units and the dedicated staff who work there.

Inmate Satisfaction Survey:	*ICP (n=25) "Agree"*	*SNU (n=26) "Agree"*
I receive sufficient therapy on this unit.	77%	88%
I feel the groups are a useful part of my therapy.	96%	96%
I could see a therapist if I had an urgent need.	92%	89%
The correction officers respect my needs and rights as a patient on this unit.	72%	77%
I was an equal participant with my therapist in developing my treatment plan.	85%	80%
My psychiatrist explained to me how my medications work and what side effects I may experience.	92%	86%

Programs

Academic Classes

The school and classrooms were clean, spacious, orderly and conducive to learning. Most impressive was the General Business class that utilized 18 personal computers equipped with modern software. The educational supervisor explained that each student works through a series of job titles, learning functions and tasks before moving on to the next job title. The students' names and titles were written on a large board with check marks next to the job title functions they completed. Equally impressive was the classroom of the Special Education and Adult Basic Education instructor that featured a colorful educational poster, maps, decorations and drawings by the students.

She reported that she had a sufficient budget that allowed her to buy supplemental books and resources, including a VCR for educational videos, and a Gateway computer with a CD-rom for instructional purposes. Wende's GED passing rate was 67% last year.

Vocational Programs

Wende's vocational programming is unable to meet the needs of its inmate population. The only vocational programs offered are building maintenance for 31 men and floor covering for 28 men. Recently, the plumbing and heating class closed. This lack of vocational classes leaves older inmates, who have been in the system for several years, few options to occupy their time and learn important skills they can utilize after their release.

Law Library

Law library resources were noted to be deficient, a complaint reflected in the facility's grievance reports, which showed a doubling of law library grievances from 12 in 2000 to 25 in 2001. Many inmates complained about insufficient resource materials to prepare their legal work. Specifically, inmates reported that updates to Supreme Court and Appellate Division cases are received only once every few months. In addition, general population inmates had only one run-down Apple computer with which to write legal motions, appeals, etc.

Another complaint was incompetent staffing. The steady correction officer was described as unprofessional, rude and having scant knowledge of the law. The law library clerks were described as little more than porters and of limited assistance to inmates. We suggested that this problem could be addressed by making Grade 4 pay slots available in the law library to attract those inmates who have extensive legal knowledge but who are now paid more to work in other areas.

Finally, inmates reported that they were told about plans that never materialized to bring in an outside agency to provide legal research clinics to inmates. Given the importance of up-to-date legal resources in a maximum-security prison where many inmates now face lengthy sentences, we recommended that the facility make this legal research clinic available.

Phone Service

Inmates' leading complaint concerned the excessive phone charges of MCI. The Department of Correctional Services contracts out its phone service with MCI at a cost to its customers, the family and friends of inmates, which is three times the long-distance rate for other phone customers. Because Wende is located 380 miles from New York City, the phone is the only means of contact for many inmates' family members and friends. As a result, family members of inmates, many of whom live in New York's poorest neighborhoods, must shoulder the burden of this over-charging.

Staff Conduct

Wende correction officers overall were reported to be consistent, professional and fair, with one notable exception. The officers who were working in B-Block, which inmates referred to as “South Africa,” received universally negative reports. Inmates said that for years, B-Block had been run by a group of rogue COs who threaten them, retaliate against inmates who write grievances and taunt them by doing things such as turning off the lights in their cells and making racist comments. Apparently, new and relief officers on the block had confided that they object to the way in which the steady COs run the block and acknowledged that they are “out of control.” The Superintendent had recently assigned a new sergeant to oversee the operations in B-Block but it was unclear if this step would be sufficient to change what seemed to be an entrenched negative culture. One inmate commented, “You can put the Commissioner on that block but nothing will change until you get rid of the bad apples.”

In all other cellblocks, Wende officers received high marks from inmates. Wende has an unusually high concentration of female officers and officers of color, which inmates noted (and the literature shows) have a calming effect on the population. Officers’ professionalism and decent, respectful rapport with inmates were noticeable to members on the Visiting Committee.

Inmates commented that Wende is one of the calmest and least violent maximum-security prisons in the state, representing a significant improvement from the past. The grievances in the “Search & Seizure/Frisks” category have declined sharply in recent years, from 23 in 2000 to 6 in 2001. This decline is consistent with the lack of complaints we received about aggressive pat frisks. It appears that the practice of more respectful searches and less pat frisking had contributed significantly to the improvement in inmate-staff relations.

Special Housing Unit (SHU)

The condition of Wende’s Special Housing Unit was tense and troubling. Of the 30 inmates in the SHU, two-thirds (20 out of 30) were on the mental health caseload. Many inmates were seriously mentally disturbed and were not receiving sufficient treatment. Instead, men exhibited volatile behavior that was responded to with punitive sanctions. On one side of the cellblock, inmates were shouting and banging so loudly that it was difficult to conduct interviews.

On the other side, most of the inmates were asleep. Four of the five inmates interviewed who were on the mental health caseload appeared dazed and over-medicated. They reported that they rarely go to recreation and spend most of their days sleeping, which was confirmed by the high number of recreation refusals in the SHU log.

One of these inmates was in the SHU for assaulting an officer while in the Residential Crisis Treatment Program (an acute treatment program to stabilize mentally

deteriorating or suicidal inmates). He was extremely distressed about the voices he hears and said that mental health staff had not come to see him since he arrived in the Special Housing Unit even though he was on their caseload and had an extensive history of mental health services.

Four inmates in Wende's SHU were on the restricted diet (three daily servings of bread and raw cabbage). According to the officers, one man was on the diet for "busting his tray," another for "flooding his cell," and another for "throwing liquid." The fourth man on the diet was an inmate with 35 *years* of SHU time, for numerous offenses. The behaviors exhibited by these inmates were hostile and desperate. Emotionally stable inmates who are treated fairly and receive the few privileges they are permitted in Special Housing Units do not engage in such extreme forms of behavior. The facility's response to their disruptive behavior, applying punishment upon punishment until there is nothing to take away except food, is not only inhumane but appears to us to be ineffective.

In recent years there has been an increase in the number of restricted diets used in New York State. In addition, it is not uncommon for the same inmate to be placed on a restricted diet multiple times, indicating its ineffectiveness in altering individuals' behavior. The Federal Bureau of Prisons and many other states prohibit the use of restricted diets to discipline inmates. If the vast majority of other states can implement more humane ways to discipline inmates, New York can, too.

The inmate with a 35-year SHU sentence is a good example of the ineffectiveness of increasing and excessive punishment. He had recently been transferred to Wende from Attica, where he exhibited the same behavioral problems that he did for years at Southport. At Wende, correction officers said, he had accrued 10 to 12 tickets. Clearly, depriving this individual of food and passing him from facility to facility was not addressing the source of his problem or significantly modifying his behavior. When we encountered him, he appeared a broken man. Inmates on either side of him reported that he is "totally gone." His neighbor remarked, "He refuses rec and doesn't shower." During our first visit, he lay curled in his bed under a blanket and did not move or speak when we attempted to engage him. We asked him to make some gesture to indicate that he could hear us, but to no avail. Under his bed were decomposing orange peels. The stench from his cell was noxious. When we returned the second day, he was sitting in bed, motionless. He would not lift his head, make eye contact or speak. After many attempts at conversation, he muttered: "I want to speak to mental health." He had recently returned from the mental health unit in this mentally decompensated state and, to all appearances, continued to be shuffled through the system with little hope of receiving the intensive treatment he needed.

Another inmate we encountered had been in punitive segregation in Wende's SHU since July 2001. Previously, he was in an observation cell on suicide watch. Twice, he said, he tried to commit suicide in Mid-State Correctional Facility. He reported that he has "mental health issues" and is paranoid. In addition, he is HIV+ and has heart disease. Twice at Wende he had been put on a restricted diet although DOCS medical policy prohibits placing individuals with HIV on restricted diets. Both times, he said, he was

found not guilty of the charges and taken off the diet, but only after being on it for a week and losing weight. Given the precarious health of individuals with HIV, placing this inmate on the loaf and causing his weight to drop was a dangerous oversight.

In general, the SHU inmates had so many grievances—including ones about treatment from the COs, the lack of response to their concerns, why they were in the SHU and the length of their SHU sentences, the daily indignities such as being shackled on the way to and/or in the recreation cages, and the use of the restricted diets—that their collective rage was palpable.

Responses from the inmates on the mental health caseload with whom we conducted interviews revealed a mixed picture:

- 50% of inmates reported that they receive sufficient access to mental health staff while in the SHU; 50% reported that they did not. This finding is significant in light of the fact that mental health staff makes rounds in the SHU on a daily basis. Despite the regularity of rounds, one-half of inmates do not feel they have sufficient access, suggesting that more outreach needs to be done during rounds.

- 56% of inmates said they did not feel they could see a therapist if they had an urgent need.

- 67% of inmates disagreed with the statement, "I feel I was an equal participant with my therapist in developing my treatment plan."

- 50% of the inmates on medication reported that their psychiatrist did not explain to them how their medications work or what side effects they might experience.

- 80% of inmates felt that the correction officers did not respect their medical confidentiality.

On a positive note, inmates reported that a Spanish-speaking psychiatrist visits the SHU and attends to the Spanish-dominant inmates on the mental health caseload.

Feedback from Union Representatives

The Visiting Committee met with representatives from the Professional Employees Federation (PEF) and Civilian Services Employees Association (CSEA). They shared many favorable comments about Wende and commented that morale among employees is high. They described the current administration as "proactive," and noted that there is an open line of communication between staff and facility administrators. In addition, employees felt that their annual 40 hours of training was sufficient and of high quality. In particular, they cited the stress management training as especially helpful, as well as the facility's Employee Assistance Program for personal issues.

They reported that the environment at Wende had improved over the past five years, when Wende had more inmate turnover and a younger and more gang-associated population. They noted that the rapport between civilian and correctional staff was good, and that inmate-staff relations were above average compared to other facilities. One reason, they said, that Wende was running well was because inmates were not idle. They had three program modules—morning, afternoon, and evening—as well as organized athletic leagues, such as baseball, soccer, and football. "We keep the inmates very active," one staff member said. "The sports and activities help curb the aggression and violence. We make an organized attempt to get them to participate in sports, to win and build camaraderie."

Meeting with Executive Team

This visit to Wende, the third in four years, left us with generally positive impressions and a sense that the prison has steadily improved. Inmate-staff relations appeared respectful and fair; aside from the serious issues raised in regard to COs on B-Block, no significant staff misconduct complaints were reported.

Regarding the problems in the Special Housing Unit, it was clear that Wende, like the system at large, is struggling with limited resources and too few options for managing a challenging population. Many men were only made angrier and more hostile by the regimen of increasing deprivations and punishments that is enforced in punitive segregation. Last August, members of our visiting committee visited Five Points' Special Treatment Program, a therapeutic program for mentally ill inmates in the Special Housing Unit. At Five Points, we encountered individuals whose records resembled those of Wende's SHU inmates, but who responded well to a system that rewarded positive behavior with real rewards, rather than increasing punishment for bad behavior. These Five Point SHU prisoners succeeded in graduating from the program and earning time cuts on their disciplinary sentences. We recommended that Wende evaluate some of its mentally ill SHU inmates for this program as a more effective means of behavior modification than a diet of bread and cabbage and other punitive measures.

Overall, Wende was a well-managed facility with a hands-on executive team and a professional staff. This combination resulted in generally strong operations, though Wende still suffers from many of the resource deficiencies faced by prisons throughout the state.

WOODBOURNE

On March 28, 2003 members of the Prison Visiting Committee toured Woodbourne Correctional Facility, a medium-security prison for men, located 100 miles from New York City. Constructed in the early 1930s as part of the New Deal's Works Projects Administration, Woodbourne's façade more closely resembles a monastery than a prison. Throughout the facility, inscriptions with reflective phrases and tableaus have been chiseled into doorways and arches, depicting images of prisoners, criminals and biblical figures. The center doors open to a small courtyard where an ornate fountain sits.

Woodbourne is a unique medium-security facility in that it has both dorm and cellblock housing. It is considered a high-security medium and is often used as a "step-down" facility for maximum-security prisoners nearing their release date. It was originally designed to house developmentally disabled inmates and later operated as a drug treatment center. Woodbourne piloted the Alcohol and Substance Abuse Treatment (ASAT) program that now exists throughout the system.

On the day of our visit, the population was approximately 775 inmates. Following is a summary of observations based on discussions with various correction and civilian staff as well as structured interviews with approximately 70 inmates in general population and the Special Housing Unit.

Medical Services

Visitors met with the Facility Health Services Director (FHSD) and Nurse Administrator, who both appeared enthusiastic and committed to their work in the facility. They reported many positive aspects of care, specifically: staff was making ample use of telemedicine, conducting Infectious Disease clinics, ER triage, dermatology and gastroenterology pre-surgery admission consultations; pharmaceutical services were reported to be sufficient; chronic care patients were being closely monitored and automatically scheduled for follow-up appointments; ambulance arrival time was ten minutes for staff and inmates; and an HIV-trained nurse was overseeing medication compliance and monitoring HIV cases. In addition, the audiologist and dentist received high marks from inmates throughout the facility.

On the downside, the medical unit had serious staffing deficiencies. There were two nurse vacancies and a medical clerk vacancy. The absence of a clerk was placing a tremendous burden on medical staff; the FHSD reported that 60% of her time was being spent on paperwork. We advocated for the medical clerk position to be filled immediately as the new federal medical guidelines (HIPPA), which were recently issued, would likely increase clerical duties for the medical staff.

In addition, the FHSD reported that the 1.5 physicians assigned to the facility were insufficient, given the many older inmates with chronic illnesses at Woodbourne.

Inmates throughout the facility reported that it takes three to four weeks to see a doctor and that Tylenol is the universal form of treatment. Two other problems that inmates reported, which violate DOCS policy, were that correction officers were remaining within earshot during medical consultations and that inmates did not receive written results from medical tests.

The most troubling problem with medical services was the facility's unwillingness to provide Hepatitis C treatment to some inmates who need it. Two inmates with the Hepatitis C virus (HCV) were told by the FHSD that they could not receive treatment for Hepatitis C because they could not meet the requirement contained in DOCS' Hepatitis C Primary Care Practice Guideline that in order to qualify for treatment an inmate-patient must have an "anticipated incarceration of at least 15 months from the time" of the referral for treatment. Since these patients did not have that much time left in prison, the FHSD stated that he could only provide the requested treatment if the inmates agreed to stay in prison past their conditional release date, the time their sentence in prison was scheduled to end. One individual opted to remain incarcerated past his release date; the other did not.

It is a serious concern that inmates are being forced to choose medical treatment for a life-threatening disease over their freedom. A more progressive and certainly tenable strategy, which other state Departments of Correction carry out, would be to connect inmates with community providers that would continue treatment upon release.

Programs

Academic Classes

Due to scheduling conflicts, we were unable to observe academic classes. Inmates did, however, report positive feedback about the quality of academic instruction. On the downside, three of Woodbourne's eight instructor items (38%) were vacant. Inmates and correction officers complained about overcrowded classrooms. In addition, a classroom with computers was sitting vacant, since there was no instructor for the general business class. This class had filled an important training need for inmates who had earned their GEDs.

Vocational Programs

Visitors had the opportunity to observe the air conditioning, electric, and radio & TV repair shops, to speak with instructors and to interview inmates. These vocational programs were among the best we have seen in the system. Instructors were using a combination of lecture and hands-on training to deliver an intensive curriculum modeled after a two-year associate's degree program. One inmate said that he learned more in Woodbourne's radio & TV repair class than he had in a similar, two-year program on the outside. Each classroom had computers and software that allowed students to supplement technical training with mathematical and theory work. In addition, we observed students

in the electrical shop at individual workstations wiring circuits. In the air conditioning class, we observed an inspired instructor delivering a motivational lecture encouraging students to learn technical skills by reading before engaging in hands-on work or applications.

Unfortunately, three of Woodbourne's vocational programs (30%) were closed due to staffing shortages. Over half the inmates at Woodbourne were either idle or on "porter patrol" program assignments. In fact, 338 inmates (40% of Woodbourne's population) had porter assignments. Correction officers noted that the high number of porters was creating management problems throughout the facility generally and in keeplock specifically, where the presence of porters increases the flow of contraband and threatens security.

Because of staff shortages at Woodbourne, programs like the woodworking shop were sitting vacant, devoid of students, yet fully set up with expensive equipment and tools that were not being used. We advocated that staffing items be allocated for these positions as the majority of Woodbourne inmates will be released within two years, and these programs provide important training that might combat recidivism, an outcome that is far more costly to society in the long-term.

Alcohol and Substance Abuse Treatment (ASAT)

Visitors spoke with ASAT counselors and observed a group. The counselors were engaging and seemed highly committed to working with inmates to address their treatment needs. Unfortunately, one of the ASAT counselor positions was vacant, and 80 inmates were on the waiting list to participate. Some inmates told us that they were being released soon and had been unable to receive substance abuse treatment while incarcerated because there were no openings in the ASAT programs at Woodbourne and other facilities in which they had been incarcerated.

General Library

On the day of our visit, Woodbourne's general library was closed, as it had been for six months, due to the lack of a librarian. The Superintendent had created a makeshift schedule to open the library on Saturday afternoons and Thursday evenings and to supplement those times with a daily "reading room" where inmates were able to read current periodicals. However, inmates throughout the facility reported that the Thursday evening periods had not been available for some time.

Staff and inmates noted that when the library was staffed and open, it was regularly full, a claim supported by the crowded reading room that visitors observed. Woodbourne's library is especially important given the facility's high level of idleness. It gave older inmates a quiet place to read during cold weather and provided one of the few indoor areas where inmates could engage in meaningful activity. We were informed that its closing had resulted in dangerous overcrowding in the gym. Moreover, for the 350

inmates who are idle or porters, the library is the only outlet they had for constructive activity.

Law Library

The law library had a full staff of inmate law clerks and a correction officer who inmates praised as helpful and knowledgeable. They reported that the library provides sufficient legal materials and regular access. Inmates' primary complaints were that the library was too small and that there were too few computers and typewriters for them to do their legal work, resulting in long lines. In addition, there was no bilingual law clerk to assist Spanish-dominant inmates.

Visiting Program

Woodbourne's visiting room was small and dingy with leaks in the roof and pipes. Inmates reported that persistent overcrowding on weekends results in visits being cut short. The small tables, squeezed into the room, make privacy impossible. "You're trying to have a quiet visit with your own family, but you can't because you're visiting with the family of the guy next to you," an inmate noted. In addition, the number of microwaves and the type and supply of food in the vending machines were insufficient to accommodate visitors.

Grievance Procedure

At Woodbourne, many inmates described the grievance program as "excellent," citing the grievance supervisor as "a great troubleshooter," attentive and responsive to inmate concerns. Numerous inmates expressed gratitude and praise for this individual: "He's fair, doesn't put you off and make you wait forever; he just handles things." Another inmate commented: "He goes out of his way to resolve problems for us. He is the best in the state."

Visitors who met him were similarly impressed by the grievance supervisor and his approach to running the program as an "information center." He explained that many grievances could be resolved simply by being proactive and helping inmates get what they need. "If a guy has a problem that I can clarify by picking up the phone, then I'll handle it on the spot," the supervisor said. "It's the least I can do to put someone's mind at ease." The effectiveness of this essential program was clearly contributing to the calmness of the facility.

Food Service

Eighty percent of the inmates we interviewed rated food service as poor—a much higher percentage than at other prisons we have visited. Inmates reported that food portions had become smaller and that it was not uncommon for the mess hall to run out of certain items before the last inmates were fed. Other complaints were that the meals

served often deviated from the menu, and that occasionally food was under-cooked and spoiled.

Water

Woodbourne's water supply had previously been contaminated. Although filters had been installed and an outside company was checking the water regularly, inmates reported lingering fears about the facility's water supply. Several men we interviewed believed that they had contracted skin rashes from the water.

Quantitative Findings from Interviews with General Population Inmates

The Visiting Committee conducted structured survey interviews with 59 general population inmates selected at random in various parts of the facility. Surveys probed inmates' perceptions of various conditions issues, i.e. medical care, staff relations, programs, etc. While we recognize that the findings may be skewed by several factors, including the small sample size and that inmates will sometimes over-report or exaggerate levels of dissatisfaction, the results can be considered as baseline indicators of inmate perceptions. Following are findings from these interviews.

Medical Care

- How would you rate the quality of medical care at this facility?
  Good = 24% **Average = 29%** **Poor = 47%**

- Do you have adequate access to a physician or physician's assistant?
  Yes = 56% **No = 44%**

- Do you have adequate access to outside specialists?
  Yes = 44% **No = 56%**

- Does staff respect your medical confidentiality?
  Yes = 57% **No = 43%**

Inmate-Staff Relations

- How would you rate the quality of inmate-staff relations?
  Good = 48% **Average = 32%** **Poor = 20%**

- Would you feel safe reporting CO misconduct?
  Yes = 36% **No = 64%**

- Are there any COs here whom you feel engage in serious misconduct, such as physically assaulting inmates or falsifying charges against them?
  Yes = 39% **No = 61%**

- Have you ever been physically accosted by a CO at this facility?
  Yes = 5% **No = 95%**

Visiting, Packages and Commissary

- Are you satisfied with the visiting program at this facility?
  Yes = 55% **No = 45%**

- How do the COs treat your visitors?
  Well = 50% **Average = 31%** **Poorly = 19%**

- Are you satisfied with the package program at this facility?
  Yes = 67% **No = 33%**

- Are you satisfied with the commissary program at this facility?
  Yes = 74% **No = 26%**

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 20% **No = 80%**

Religious Services

- Are your religious needs accommodated at this facility?
  Yes = 92% **No = 8%**

Library Services

- How would you rate the quality of general library services and resources?
  Good = 4% **Average = 2%** **Poor = 94%**

- How would you rate the quality of law library services and resources?
  Good = 49% **Average = 30%** **Poor = 21%**

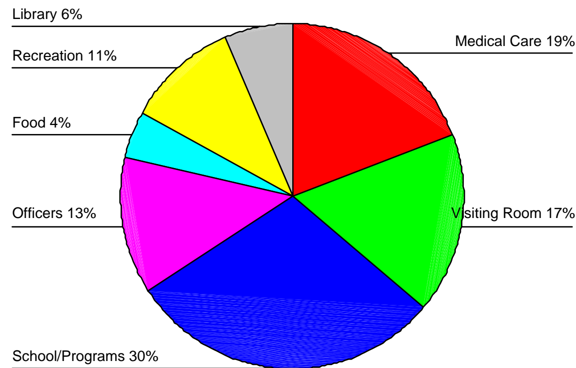
Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Effective = 42% **Neutral = 28%** **Ineffective = 30%**

- Is CO retaliation for grievances a problem?
  Yes = 60% **No = 40%**

Final Question

- If our visit could result in one improvement in this facility, what would you want it to be?



It was interesting to note that increased school and programs were the number one request from general population inmates. This sentiment reflects inmates' desire for constructive activity and their frustration with the high level of idleness.

Staff Conduct

Approximately 80% of inmates we interviewed rated inmate-officer relations as good or average, an unusually high figure. When asked if there were any officers they would rate as notably professional and responsive, inmates named over 50 different individuals, again an unusually high number especially considering the size of Woodbourne's correctional staff. Inmates' survey responses corresponded with the low number of Code 49 (staff misconduct) grievances.

Special Housing Unit (SHU)

The Special Housing Unit was calm and quiet, with no inmates on deprivation orders or the restricted diet. In almost all SHUs we tour, inmates recreate alone in outdoor cages, sometimes in shackles. Woodbourne permits SHU inmates to recreate three at a time in a large pen and without shackles. In addition, the facility provides a sizeable and varied collection of books to SHU inmates. Finally, SHU correction officers received high praise for their professionalism and responsiveness. Every inmate we spoke with rated inmate-officer relations in the SHU as average or good.

Following are results from structured survey interviews with eight of the 11 men in the SHU. Their responses corresponded with our positive impressions of SHU operations.

Medical Care

- Do you feel you have adequate access to medical staff?
  Yes = 67% **No = 33%**

- Does staff respect your medical confidentiality?
  Yes = 71% **No = 29%**

- Do you feel you have adequate access to mental health services?
  Yes = 86% **No = 14%**

Inmate-Staff Relations

- How would you rate inmate-staff relations in the SHU?
  Good = 63% **Average = 37%**

- Would you feel safe reporting CO misconduct?
  Yes = 33% **No = 67%**

Visiting and Food

- Are you satisfied with the visiting program at this facility?
  Yes = 88% **No = 12%**

- Are you satisfied with the quality and quantity of food at this facility?
  Yes = 63% **No = 37%**

Library Services

- Do you feel that you have sufficient reading material while in the SHU?
  Yes = 88% **No = 12%**

- Do you feel that you have sufficient access to legal materials while in the SHU?
  Yes = 100%

Grievance Procedure

- How would you rate the effectiveness of the grievance procedure?
  Good = 60% **Average = 20%** **Poor = 20%**

Feedback from Correction Officers

Visitors met with a group of correction officers who shared with us the positive and negative aspects of their jobs and their perceptions of the facility. Correction officers described staff support as a source of job satisfaction, commenting that they share "good team spirit," which helps the facility run smoothly. They also felt that Woodbourne's size and layout added to the generally peaceful atmosphere. Finally, they praised the Superintendent's oversight, approachability and walk-around style of management, which keep him connected to inmate and officer concerns.

Correction officers cited idleness as the facility's number one problem. They were concerned about "over-crowded classrooms" and the hundreds of inmates with few options other than "going to the yard, going to the gym, sleeping, or maybe getting a porter job." Staff reported that the high number of porters disrupt facility operations and compromise security. In addition, the closing of the general library was causing overcrowding in other recreation areas.

Officers felt that Woodbourne's security staffing level was insufficient to open other recreation areas, like the ball field, which might alleviate the overcrowding. Many inmates asked for more access to the facility ball field.

Prior to our visit, Woodbourne had been changed to OMH Level 2 facility with increased mental health services. The officers expressed some concern over managing the new population of inmates with mental illness who had been transferred to the facility. Although the transition had been smooth and few incidents had occurred since more inmates with mental illness were admitted, the officers believed that they had not been sufficiently trained to respond to the needs of inmates with mental illness. They requested more mental health training.[69]

In addition, correction officers reported that OMH staff is responsive to emergencies, but does not do enough to facilitate medication compliance. "We call OMH when these inmates act out, but often they blame us if the inmate has not taken his medication. I have 30 inmates on my unit, no access to records and no printout of who should be taking medication. OMH should check medication compliance and contact the officers if they want our assistance."

Finally, correction officers reported that there are no staff bathrooms on A-3 and B-3 companies. The officers assigned to these areas cannot "relieve" themselves during an eight-hour shift unless another officer can be found to supervise their post.

Meeting with Executive Team

The Superintendent was open and receptive to our observations, providing possible solutions to some of the problems we reported. In response to the numerous complaints we received about medical care, he agreed to set up an ILC subcommittee that would meet with medical staff on a regular basis to communicate concerns and identify possible solutions. In addition, he agreed to consider opening an outdoor visiting pavilion to alleviate overcrowding in the visiting room. In order to address inmate concerns about the water, he agreed to provide a copy of the monitoring company's reports to the ILC and suggested he might have the company make a presentation to interested inmates and staff.

[69] Due to the *Disability Advocates, Inc. v. Office of Mental Health* lawsuit, filed in May 2002, challenging the adequacy of mental health services for NYS prisoners, mental health staff at Woodbourne were not permitted to speak with us.

The Superintendent shared our concern over the number of staffing vacancies in treatment, vocational and educational programs as well as in the general library. He reported that he was waiting for approval from Central Office to fill these positions, but was not hopeful in light of the current budget problems facing the state. We advocated for Central Office to approve funding for a full librarian or, if a librarian could not be hired, we urged the facility to consider gaining a temporary permit to use Inmate Program Assistants to facilitate library operations and assign correction officers to the area for supervision. He offered that the facility would attempt to open the ball field more often to provide idle inmates with more recreation options.

Overall, Woodbourne impressed us as a well-run facility with several uniquely positive aspects: a correctional staff that is highly-regarded by the inmates; an outstanding grievance supervisor who is proactive in resolving inmate concerns; three excellent vocational programs that integrate theory and hands-on training; and a package program that was noted by inmates as efficiently run. Unfortunately, it suffers from pervasive idleness and severe staffing shortages that cause management problems and deprive inmates of the opportunity to learn skills that may be crucial to their successful adjustment after their release to the community.

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.

American Correctional Association (ACA): A national organization that accredits correctional facilities, issues standards and provides training to staff.

Aggression Replacement Therapy (ART): An intensive anger management program facilitated by trained inmates under the supervision of facility staff, designed to assist inmates in identifying and controlling aggressive behavior.

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 189 beds for state inmates.

CO: Correction Officer

Comprehensive Alcohol and Substance Abuse Treatment (CASAT): Post-ASAT drug treatment program for inmates within one 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 64,000 inmates held at 70 state correctional facilities.

Deprivation Order: The loss of certain privileges due to a disciplinary infraction, including the loss of recreation, showers, haircuts or water in the cell; the use of mechanical restraints (handcuffs and waist chain) during recreation and visits; and being fed a restricted diet (see Restricted Diet).

General Equivalency Diploma (GED): Equivalent to a high school diploma.

General Population: Inmates confined in general housing areas.

Grievance: An official administrative complaint filed by an inmate about conditions, treatment or policy at a facility. A grievance may be resolved with the assistance of the inmate grievance resolution committee (IGRC), consisting of elected peers and appointed staff, or the inmate may appeal to the superintendent and then to DOCS Central Office if he or she is unsatisfied with the outcome. If the inmate remains unsatisfied after an appeal to Central Office, only then may he or she bring a lawsuit on the issue.

Hub System: The grouping of correctional facilities by geographic 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.

Inmate Program Assistant (IPA): Inmates who assist in programs or aid other inmates with disabilities or special needs.

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 Office of Mental Health (OMH). There are currently eleven ICPs throughout the state with a total capacity of 565 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 23 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 one part-time psychiatrist and one full-time psychologist. Level 3 and 4 facilities have only part-time mental health staff. Level 6 facilities have no mental health staff. (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 family and legal visits. 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 of their disciplinary sentence, Level I inmates are reviewed by a Disciplinary Review Committee, which may recommend to the facility's 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-issued, underwear, and an additional 30 minutes of recreation per day.

Porter: Inmates assigned to cleaning and general maintenance duties in specific areas throughout the facility.

Regional Medical Unit (RMU): Medical facilities providing sub-acute and long-term care for inmates. There are a total of five RMUs providing care to inmates throughout New York State.

Residential Substance Abuse Treatment (RSAT): A federally funded, intensive, six-month residential treatment program that currently operates in the following correctional facilities: Albion, Altona, Attica, Clinton, Coxsackie, Eastern, Elmira, Gouverneur, Great Meadow, Green Haven, Hudson, Ogdensburg, Otisville, Sullivan, and Wallkill.

Restricted Diet (The Loaf/Nutri-Loaf): A deprivation order given to inmates in disciplinary segregation who have lost all other privileges, who throw food or bodily fluids or refuse to return utensils after a meal. The diet consists of three servings a day of a dense loaf of flour, carrots and potatoes and a side portion of raw cabbage.

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 or S-Blocks: 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, Gouveneur, 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.

Ticket: A disciplinary infraction given to an inmate for violating prison rules

The Correctional Association of New York

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