



**American Friends
Service Committee**

89 Market Street, 6th Floor | Newark, NJ 07102 | 973-643-1924

“FROM THE INSIDE OUT”

A report by the
Prison Watch Community Oversight Initiative
Issue 3 - June 2017

SNEAK PEEK

DEPARTMENT OF CORRECTIONS NJ

Welcome to
NEW JERSEY STATE PRISON
Sit in This Chair,

INSIDE DEMOCRACY POLICE DEPARTMENT

SCARY

THE PRISONER(S) IS KEPT IN THE CHAIR FOR A MINIMUM OF FOUR (4) HOURS: MOST TIMES MORE! AFTER THE PRISONER(S) IS REMOVED FROM THE CHAIR, HE OR SHE ARE STRIPPED NAKED AND GIVEN A QUILTED GOWN, AND PLACED IN A COLD CELL WITH NOTHING BUT A FILTHY PIECE OF FOAM FOR SLEEPING PURPOSES!

NEW JERSEY STATE PRISON

THE TWO (2) FORCED MEDICATION CHAIRS ARE LOCATED IN A ROOM IN ONE OF THE PRISON'S "SPECIAL NEEDS UNITS" CALLED 41-EE WHICH IS LOCATED IN THE SOUTH COMPOUND SECTION OF THE PRISON HERE AT TRENTON STATE PRISON (TSP). THE CHAIRS ARE SITUATED SIDE-BY-SIDE. THE CHAIR IS DESIGNED TO RESTRAIN A PRISONER(S) FROM BEING ABLE TO MOVE HIS OR HER ARMS, LEGS AND MID-SECTION OF THEIR BODIES.

Special Needs / Therapy
Forced
MEDICINE
MIND-BENDING

PSYCHOLOGICAL
Violence
Psychological wounds

Collage by Ojore Lutalo
www.ojorebehindenemylines.com
kerness.b@verizon.net

A PRISONER(S) IS PLACED IN THE CHAIR TO BE FORCED MEDICATED. THEY ARE SECURED IN THE CHAIRS WITH VELCRO STRAPS. THEY USE TO BE SECURED IN THOSE CHAIRS WITH HANDCUFFS. SOME PRISONER(S) HAVE A SHEER BLACK HEADNET PLACED OVER THEIR HEAD AND FACE. IN SOME CASES, (A) BAG MADE OF WHITE CLOTH IS PLACED OVER THE PRISONER'S NOSE UNDER WEATH THE BLACK HEADNET TO PREVENT THE PRISONER(S) FROM SPITTING, OR VERBALIZING HIS OR HER PROTEST OVER BEING FORCED MEDICATED!

ONCE A PRISONER(S) IS SECURED IN THE CHAIR, A NURSE INJECT THE PRISONER WITH SOME KIND OF PSYCHOTROPIC DRUG INTRAVENOUSLY. THE ATTENDING NURSE IS SUPPOSE TO TEST THE PRISONER'S HEART RATE AND BLOOD PRESSURE EVERY FIFTEEN (15) OR TWENTY (20) MINUTES IN THE "EYE OF THE PRISONER(S) MIGHT POSSESS GO INTO CARDIAC ARREST FROM THE FORCED INJECTION OF THE PSYCHOTROPIC DRUG."

LAWMAKERS
Stop the
Torture

This is a community effort created by the voices inside. With Program Director Bonnie Kerness (973-410-3978/ bkerness@afsc.org), Marshall (Justice) Rountree, Jean Ross, Esq, and Lydia Thornton.

Dear Friends:

"We would like to thank the Rev. Charles Boyer for the concept of an issue focusing on health care issues, both mental and physical, in New Jersey prisons. As Piper Kerman in her book "Orange is the New Black" noted on her first day in prison, "the most dangerous thing you could do in prison was get sick". We have made the decision to focus this entire issue on the health care needs of our sisters and brothers inside the walls, based on that suggestion, and because we get so many letters weekly from people asking for our assistance in getting their basic (emergent and chronic) physical and mental health needs met within our prisons and other institutions.

Both national and international norms address health related rights and protections.

1. The United Nations Convention against Torture (CAT) forbids any punishment intentionally designed to inflict severe physical or mental pain and suffering.
2. The International Covenant on Economic, Social and Cultural Rights (CESCR)
Article 12
(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

According to the ACLU:

"Each day, men, women, and children behind bars suffer needlessly from lack of access to adequate medical and mental health care. Chronic illnesses go untreated, emergencies are ignored, and patients with serious mental illness fail to receive necessary care. For some patients, poor medical care turns a minor sentence into a death sentence.

(<https://www.aclu.org/issues/prisoners-rights/medical-and-mental-health-care>)

The failure to provide prisoners with access to needed health care too often results in tragedy. It also violates the U.S. Constitution. Nearly forty years ago, the U.S. Supreme Court ruled in *Estelle v. Gamble* that ignoring a prisoner's serious medical needs can amount to cruel and unusual punishment, noting that "[an inmate must rely on prison authorities to treat his medical needs; if the authorities fail to do so, those needs will not be met. In the worst cases, such a failure may actually produce physical torture or a lingering death[.] ... In less serious cases, denial of medical care may result in pain and suffering which no one suggests would serve any penological purpose. The overwhelming majority of people behind bars will someday be released. Providing prisoners with care today means having healthier neighbors and communities tomorrow."

The Eighth Amendment to the U.S. Constitution requires that prison officials provide a system of ready access to adequate medical care. Prisoners must have the ability to ask for care on a regular basis. Prison officials show deliberate indifference to serious medical needs if prisoners are unable to make their medical problems known to the medical staff, if sick calls are not conducted regularly and professionally, or if the staff is not competent to examine the prisoners, diagnose illnesses, and then treat or refer the patient. Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. This principle applies regardless of whether the medical care is provided by governmental employees or by private medical staff under contract with the government.

In New Jersey: "The (NJDOC) Health Services Unit establishes Department of Corrections policy regarding medical, dental, nursing, pharmacy and mental health care of inmates held in state custody. The unit monitors professional activities to insure compliance with applicable rules, regulations and statutes related to inmate health care services, with a goal of ensuring that community standards are maintained." NJDOC FAQs

Therefore, people confined in state sanctioned and maintained prisons must have the ability to ask for and receive appropriate health care on a regular basis. Prison officials regularly show deliberate indifference to serious medical and mental health needs in the following ways: if prisoners are unable to make their problems known to the medical staff; if sick calls are not conducted regularly and professionally; if custody staff fail to bring prisoners requesting care to the attention of the health care staff; or if the physical and/or mental health care staff is not competent to examine the prisoners, diagnose illnesses, and then provide timely appropriate treatment or appropriately refer the patient. Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care, it is not a choice on their part, but a requirement under the law.

The principle that officials must ensure that prisoners receive proper health care applies, regardless of whether the health care is being provided by governmental employees, or by private health care staff under contract with the government.

The Eighth Amendment of the U.S. Constitution also requires that prison officials provide a system of ready access to adequate medical care. The Eighth Amendment also requires that prison officials not be deliberately indifferent to the

serious mental health needs of prisoners. A mental health care system that meets the serious needs of prisoners with serious mental illness is composed of many parts. First, there must be a systematic program for screening and evaluating prisoners in order to identify those who require mental health treatment. Second, treatment must entail more than segregation and close supervision of the prisoner patients. Third, treatment requires the participation of trained mental health professionals, who must be employed in sufficient numbers to identify and treat in an individualized manner those treatable prisoners suffering from serious mental disorders. Fourth, accurate, complete, and confidential records of the mental health treatment process must be maintained. Fifth, prescription and administration of behavior-altering medications in dangerous amounts, by dangerous methods, or without appropriate supervision and periodic evaluation, is an unacceptable method of treatment. Sixth, a basic program for the identification, treatment and supervision of prisoners with self-injurious behavior is a necessary component of any mental health treatment program.”

To be specific, the primary kinds of reports about medical and mental health care that advocates receive include: lack of prison on-site physicians during evenings, weekends and holidays, reluctance of prison staff to bother on-call physicians during those times, screening of medical complaints by non-clinical (custodial) staff, failure of custodial staff to make routine rounds to check on prisoners in isolation, difficulty in obtaining evaluations by physicians, lack of complete physical examinations, refusal to permit access to physician-recommended medical specialists, delay in seeing physician-recommended specialists, lack of individualized responses to pain (because of blanket prohibitions to counter addiction), failure to pursue, or delay in providing physician ordered evaluations, medication, surgery or other treatment, untreated and unreported injuries clearly arising from physical abuse and unjustified use of force by by Correction Officers, retaliation against abused/assaulted patients who seek redress for harm done to them, forcible administration of insufficiently monitored psychotropic medication, failure to provide minimal ADL (activities of daily living) assistance to patients with severe mental illness, medication mistakes, lack of continuity of medication (untimely renewal of medication), and insensitive-to-hostile attitudes to ill and disabled prisoners by some clinical and other staff.

We also receive numerous complaints about prisoners being exposed to a high risk of harm through classification and placement practices, which place them at serious risk of harm to life and limb, including: placement of prisoners who have been isolated for multiple years and decades immediately into multiple-occupancy cells; placement of prisoners with severe mental illness in isolation or in double cells with cell-mates who cannot or will not understand their needs; placement of prisoners with histories of prison violence in double cells with elderly or otherwise vulnerable cell-mates; retaliatory placement of prisoners into cells with others who are known to be hostile to them; transfer of prisoners to prisons or units where they have previously been abused by correction officers; intentional placement of gang members in units or pods with rival gang members; and finally placement of former gang members with current gang members, where there are likely to be punished for “dropping their flag.”

It is not our place here to make any judgment about medical malpractice. However, the letters we receive describe attempts to alert doctors, nurses and other prison staff to medical conditions and diagnoses (both verbally, in writing, and via family members and friends outside), alarming symptoms, doctors’ orders, and dangerous conditions of confinement, which clearly require but too often do not receive timely responses, if they are responded to at all..

Many letters describe eventual outcomes, like major surgery, that certainly appear to confirm the seriousness of the concerns expressed by prisoner-patients. These letters also recount attempts to use the prison ombudsman, grievance and appeal mechanisms to seek relief. However, severe reductions in the ombudsman staff and irrelevant and rubber stamp replies to formal written requests for review of medical concerns (if there is any response at all), leave prisoners without meaningful internal recourse.

To the extent possible, we also ask for reviews of communications we receive by supervisory DOC staff, in the hope of prompting medical reviews, and/or discussions with prisoner-patients by compassionate social workers, psychologists or even psychiatric staff. However, it is impossible for the small number of external advocates to keep up with the flow of concerns we receive.

We conclude, from the torrent of letters, calls and emails we get about medical and mental health care, that there must be a systemic, structural change, to protect people in state custody and the public and private providers who provide health care throughout the prison/“correctional” system. We specifically conclude that independent external monitoring of health care throughout the system. (including prisons, jails, halfway houses and detention centers) is an absolute requirement for the maintenance of viable health programs in those systems. Such a quality assurance measure would benefit prison providers as well as patients, by clearly documenting the need for better systems and resources for people in state custody. It would also actually save the state money overall, as the majority of prisoners who are released end up utilizing the state insurance system, for issues that are far worse due to neglect, and therefore cost more to treat long term.

A second imperative for medical and mental health providers is training and protection for health workers about their ethical responsibilities for reporting injuries that are reasonably likely to have resulted from the unjustified use of force by

custodial and supervisory prison staff. We firmly believe that the reduction of such unjustified force will inevitably result in safer prisons for everyone.

Friends, all of the above information is principles describe the basics requirements that our Constitution laid out over 200 years ago, and seems as if it would be a basic level of treatment for any human being in the care of the State or not. But in our current 'corrections' system many and, at times, all of the six levels of Principles for Treatment outlined above are not just occasionally missed, but often there is no system in place at all for them.

All of these requirements should be afforded any human being and many people assume that they are - but they are particularly essential in the toxic environments of our prisons - environments which trigger and exacerbate both physical and mental illnesses. Many of the testimonies and incidents that are outlined in this edition are a clear testament to this fact.



CUMBERLAND COUNTY JAIL

“....six inmates who have killed themselves in the Cumberland County Jail in downtown since July 2014. Most of those deaths have been by hanging.”

(BILL GALLO JR. bgallo@njadvancemedia.com For NJ.com)

When we talk about the need for community oversight, This location should ABSOLUTELY be the top priority! In only 61 days, the death toll went UP again! Can/Will anyone in the area help???

April 2017 (5 deaths)

JUNE 2017 (6 deaths)

CUMBERLAND COUNTY

Feds asked to probe 5 suicides at Cumberland County Jail

THE STAR-LEDGER, AFFILIATED WITH NJ.COM THURSDAY, APRIL 6, 2017

Bill Gallo Jr. For The Star-Ledger

The U.S. Department of Justice has been asked to investigate five recent suicides at the Cumberland County Jail.

Saying not enough attention has been paid to the needs of inmates with mental health or substance abuse issues at the jail, attorney Conrad J. Benedetto wrote to acting Assistant U.S. Attorney General Tom Wheeler asking federal authorities to intervene.

Wheeler, who heads the Department of Justice's Civil Rights Division, should examine "the conditions, policies and procedures of this corrections facility -- under the Civil Rights of Institutional Persons Act," Benedetto's letter says.

The five suicides took place between July 2014 and February of this year, Benedetto said in the letter that the families of the victims believe the suicides "demonstrate a deliberate and reckless indifference of the Cumberland County Department of Corrections to address the mental health and substance abuse needs of its inmates."

According to the attorney, those who died in the Cumberland County Jail during the past 2½ years included:

- David Henulis, 31, of Vineland, was found hanging in the infirmary holding cell July 30, 2014.
- Alissa Allen, 24, of Millville, was found hanging in her cell March 21, 2015.
- Robert W. Lewis, 35, of Vineland, was found hanging in the showers at the jail on Oct. 30, 2015.
- Jon Watson, 34, of Bridgeton, was found hanging in his cell June 3, 2016.
- Megan Moore, 21, of Millville, was arrested Feb. 18 and was found hanging in her cell Feb. 20.

Benedetto's firm, which has an office in Laurel Springs, has filed suits on behalf of four of the families of the inmates who died.

Cumberland County uses an independent contractor to perform all medical screening and classification of incoming inmates.

It has also hired a special consultant to look at procedures there.

"The county is naturally concerned about the welfare of the people in the jail and we have hired a special medical consultant to review all procedures to see if there are improvements we can make," said Ted Baker, Cumberland County solicitor.

He said if it's found that any staff have not been following the rules on inmate care, they will be disciplined.

Asked if the Department of Justice had received the letter or if an investigation would possibly be conducted, a spokesman Tuesday declined comment.

DAILY NEWS NY Daily News.com
Sunday, April 9, 2017

"People always scorn at the idea of suicide and the people who chose that path. But, sometimes, suicide is the best option."

ANONYMOUS BRONX SCIENCE STUDENT

Caged Cumberland County Jail
Collage by Ojore Lutalo kerness.b@verizon.net

THE JUSTICE STORY
Noose vic: 'A lot' of suffering
STUFF to watch!

An Unfolding Story

New Jersey BRIDGETON THE STAR-LEDGER, FRIDAY, JUNE 2, 2017

An inmate's death is jail's sixth suicide within three years

Bill Gallo Jr. For The Star-Ledger

An inmate on suicide watch hanged himself in the Cumberland County jail in Bridgeton, officials confirmed Wednesday.

David Conroy, 32, died Sunday, a day after he was found hanging in his cell, said Cumberland County Solicitor Ted Baker.

Conroy's death is the sixth inmate suicide by hanging in less than three years at the facility in downtown Bridgeton.

Baker said the county is working to stem such incidents. An outside consultant is studying jail procedures for dealing with inmates with substance abuse or other issues and the findings will be used to try to prevent future deaths.

Baker also said officials plan to install cameras in the cells of inmates with suicidal tendencies so they can be more closely monitored. Currently surveillance cameras just cover the general area, or "pods," where the cells are located.

Those on suicide watch are mostly checked on by corrections officers at intervals and are not under constant surveillance, he said.

"We owe it to ourselves and the public to do the best job we possibly can," Baker said.

Baker said Conroy was admitted to the jail early last week. He was still alive when he was found hanging in his cell on Saturday, according to Baker. Conroy was airlifted to the AtlanticCare Regional Medical Center, where he died the next day.

SOLITARY = TORTURE

(TALK COME CHEAP!)
(WHERE ARE THE (DIRELY) (NEEDED OVERSIGHT GROUPS?))

EXCLUSIVE

PHOTO OF THE DAY

Collage by Ojore Lutalo kerness.b@verizon.net

Cumberland County Jail

ANOTHER DAY

WHERE? WHERE DOES IT HURT?

WHAT A STUPID QUESTION
WHEN THE ANSWER IS...
WHERE DOESN'T IT?
LET ME FIND THAT SPOT.

LOOKING, FEELING, CHECKING
WAIT.... I KNOW THERE WAS
THAT ONE SMALL DOT
OF A PLACE.
SOMEWHERE....
SOMEWHERE THAT WAS PAIN FREE....

PHYSICALLY, MENTALLY
EMOTIONALLY, EVEN DOWN
TO THE PSYCHE
PAIN HURTS.
PAIN SUCKS.

HOW STRONG, HOW LONG
HOW MUCH MORE IS THERE?
HOW MUCH MORE AM I
TO BEAR....

WAITING,
FOR THE END.....

THE END OF PAIN,
FOR MORE THAN ONE SPOT,
ONE PLACE, ONE PART,
THAT DOESN'T HURT.
JUST THE END.....

IS THAT TOO MUCH TO ASK?

WELL.....MAYBE

@ LT 2010



EAST JERSEY STATE PRISON

Initial	Date	Category	Testimony
S.	March 28, 2017	Nutritional Diet/Religious Practice	"I am writing to request that you review a concern raised by me about the refusal of food services personnel to implement medical orders, of long standing , that govern a special kosher diet".
N.	March 26, 2017	Medical Transportation/ Quality Assurance of Medical Services	<p>" NJDOC prisoner transport vehicles present one of the greatest threats to traffic safety in New Jersey. Carrying up to 15 passengers and weighing 10,000 or more pounds, these vehicles are operated at excessive and dangerous speeds by Corrections personnel who are often eating, smoking, or talking/texting on a cell phone. The doctor in charge here in 2014 told me 7 out of 10 inmates refused medical trips in those vans".</p> <p>"There was also an audit of medical services happening by a group called the Correctional Medical Association and the DOC posted no notice until the day the auditors arrived, (according to the notice you were supposed to write the Association with comments at least 6 weeks before the audit). East Jersey (prison) passed the audit, and continued to be accredited by the organization. No surprise".</p>
D.	May 7, 2017	Medical Conditions	<p>"Here at East Jersey the medical conditions are poor. Doctor Winestsky says that his only job that was told to him by the Commissioner of the Department of Corrections is to give advice and to not treat the inmates here at East Jersey State Prison, and that has been shown to me by this Doctor. I have been putting in MR-007 forms (medical request slips) since August 2016 telling them I have a knot on my right rib cage and that my neck and knees have sharp pains that wake me up out of my sleep and hurt so bad they make me cry. On 4-18-17, I went again for the same issues that I had just went for on March 17, 2017, then March 31, 2017 the Doctor only solution is giving therapy now which don't work and his advice he says was ordered by the D.O.C. Commissioner of New Jersey, the doctor also stated that he is leaving on May 18, 2017 to go mess others lives up with good advice. What that means can only be determined by his comments. It shows you the poor medical conditions here. Therapy is being conducted in the same area on the beds that have patients that are committed in the medical unit and some people have shoulder injuries that need rehab, they use the office doors the nurses sit in so if there's an emergency they are stuck inside until the person receiving therapy is done.</p>

C.	May 20, 2017	Medical Neglect	<p>“The D.O.C. operated on my left knee twice, removing torn cartilage, neither time was rehab or follow-up provided, and the leg continued to deteriorate over the years. Complaints were ignored. In may 2014 a number of loose bodies (pieces of cartilage) were removed from the knee surgically. The surgeon made it clear that I required a knee replacement but he did not want to do it because I was ‘too young’ in his words... later a swelling the size of a golf ball appeared on the knee and refused to go away. I was examined by a doctor at South Woods who referred it back to the orthopedic surgeon since it appeared to be a post-surgical issue of some kind. Later that week I was transferred to Northern State Prison , and the same determination was made. Both South Woods and Northern State referred me back to the surgeon, but When I arrived at East Jersey they gave me a knee brace and canceled the appointment with the surgeon. I was called down to medical and informed of this and charged a \$5.00 co-pay for the experience. The knee continues to worsen”.</p>
R.	May 27, 2017	Medical neglect	<p>“ over the previous couple years it has become increasingly difficult to fully extend my right arm. The elbow only extends partially, then locks up. Medical services here at East Jersey have called it ‘arthritis’, but have done nothing more than xray which they determined to be ‘inconclusive’. Meanwhile, marble size bumps have appeared along the forearm of the same arm, and medical has only said ‘it must be scar tissue’. Medical is indifferent to the fact”.</p>
J.	May 26, 2017	Medical Neglect	<p>“I seriously injured my left arm when it was trapped between rack of water-filled plastic bags which had been made in case of emergency. (It was during the hurricane warning). The arm was shredded from the bicep to the fingers with a major loss of blood. After emergency treatment at the local hospital, I received dozens of dissolving sutures and was returned to the prison. I started physical therapy a short time later, and was beginning to regain usage of the arm when I was transferred to East Jersey. I have received no treatment since that time and have been told that ‘therapy is unavailable here’ .</p>



NEW JERSEY STATE PRISON

**"THIS AIN'T EVEN TRENTON STATE PRISON ANYMORE.
IT'S TRENTON PSYCHIATRIC WARD"**

Initial	Date	Category	Testimony
K.	March 11, 2017	Right To Treatment and Protection From Harm/ Dangerously Unhealthy Environment	"I was attacked by a cellmate. He threw hot water on me, which caused serious burns. After the hot water was thrown on me I was taken to a hospital outside the prison. I was placed in detention when I returned to NJSP. Because of my injuries, the detention cell was one of the observation "dry cells" in the prison infirmary. In this cell there was no bed, only a 2 or 3 inch mattress on the floor. There was no other furniture, as for fixtures, there was a sink connected to a toilet, but the toilet was flushed from outside the cell. The cell itself was filthy with dry feces smeared on the wall. I had serious bandaged wounds, which had to be cleaned twice a day ... The choice was made to place me in the cell [despite] the medical issues present".
C.	March 28, 2017	Unsafe transportation /Retaliation	" They have begun oppressive treatment, now denying me mail and legal access. I previously won a lawsuit against the State and D.O.C. for the prison van overturning during a court trip temporarily paralyzed me. So it appears this new action is retaliation for that".
J.	March 28, 2017	Right to Psychiatric Treatment	" The NJDOC refused to treat it or they simply choose not to accept my mental illness as it exist. I do not know how to get these government officials to do anything right as they are very mean to prisoners in all aspects of our basic needs".
S.	March 28, 2017	Forced Psychiatric Medication	"They are forcing inmates to take medication back here".
F.	April 11, 2017	Right to Medical Treatment	"I have been waiting to be treated with this new and effective drug (harvoni) for hepatitis C, 95-99% effective. I have been waiting for two years. It seems that they are waiting for my liver to be destroyed before they treat me, which doesn't make any sense. I also feel that I am being denied treatment for cost".
L.	April 18, 2017	Right to Medical Treatment	"I am a known Hepatitis infected inmate here in New Jersey State Prison documented by Medical.. I have requested treatment some time ago and so far to no avail. I believe that this institution is presenting a deliberate indifference to the known risk which follows from untreated chronic hepatitis".

W.	March 10, 2017	Right to Medical and Pain Treatment/ Unsafe Transportation /Disability Accommodation /Medical Fees	"I AM IN A LOT OF PAIN! It is well documented about my M.S. and arthritis. I injured my back in the Transport Van on February 23, 2016, coming from a court trip whereas I 'fell' inside the van. Then on Jan 23, 2017, I re-injured it while I was going on another trip, but it was cancelled and I only made it to Bordentown. I have been having problems ever since I informed medical. When I returned I was given Motrin like it's an Elixir. On 2/6/17, I put in a 'inquire form' with custody about the van not being 'handicap accessible' and they referred it to medical, I was called down on Saturday when no doctors were working. I was charged \$5.00. I put in a couple more inquiries and grievances in and was told that I was properly charged. It was not a medical request, I should have not been charged, that does not address the issue with the van."
J.	March 25, 2017	Abuse/ Disability/	"I am in urgent need of your help. The Sgt [and] c.o.'s all beat me up. I am also on medication, and I am in a wheelchair".
S.	March 25, 2017	Medical Transportation/ Disability Accommodation	"I have a court trip coming up very soon. Medical can put in an order. Custody can provide a 'handicap accessible Van', When I went to the hospital, they used the medical van. My ailments and diseases have exacerbated. I'm trying to handle this without getting my family, the lawyers, or courts involved."
I	May 2, 2017	Psychiatric Treatment/ Isolation /Disability Accommodation	"My neighbor is on heavy psych meds and he is epileptic. If he catches a seizure he might die back here. He needs to be on the South (compound) where they can monitor him and react fast. . I don't want that guilt o my hands if he expires".
W.	May 2, 2017	Right to Medical and Pain Treatment	"I'm writing to you in hopes of being assisted with my health concerns here at New Jersey State Prison. I was diagnosed with Ulcerative Colitis. I was hospitalized and given two units of blood and prescribed an IV medication called REMICADE which I go out to St. Francis to receive. I get this medication every 6 to 8 weeks". On the 24th of March 2017, health care provider[s] cut my pain medication from 2 tylenol # 3 in the am and 2 in the pm, to 1 tylenol # 3 in the am , and one in the pm. The pain in my stomach and rectum is so much so that its difficult sleepin".
M.	May 2, 2017	Danger in Medical Transportation Vans/ Retaliation	"For more than I year I have been trying to see the ear, nose, and throat doctor (E.N.T.) concerning my nostrils where I have trouble breathing. I made several complaints concerning no ventilation in back of D.O.C. transportation vans. It causes the air to be stale, hot and hard to breath. I am one of many prisoners that have complained about these conditions. I was given a 90 days pass for 'use of specialty van for transport not standard DOC van' ". " I was diagnosed with congestive heart failure, high blood pressure, and enlarged heart in the past and the lack of air can cause more complications with my heart. However, due to me filing a civil action against the medical department here at New Jersey State Prison, the medical department is refusing to renew my transportation pass and I am in dire need to the see the (ENT)".

U.	March 17,2017	Psychiatric treatment	<p>“ The treatment of prisoners on the Mental Health Stabilization unit continues to be mistreated and abused on and off that unit often times with the support of the mental health staff”. When a prisoner has some kind of crisis moment and is being deliberately ignored they begin to bang or kick on their cell door. Usually the issue is they want to speak with their psychiatrist, they need their medication, or they are upset over the C.O. not giving them their food tray. From the C.O.’s perspective the possible crisis moment is disturbing their sleep- so the issue is deemed ‘unruly’. The C.O.’s then go to assault the prisoner in those units. They go to the ‘unruly’ prisoners cell and yell “Stop the banging’ even though there is none going on, this is code language to signal to the C.O. in the control booth to open the prisoner’s cell door, once the door opens the C.O.’s run in the cell and assault the prisoner for 5-10 minutes before the control booth is again signaled to call a code 66 ‘attempted suicide’. by calling a false code they hide the actual assault against the prisoner”.</p>
L.	May 19, 2017	Mental Health Needs	<p>“ Assaults and Ill treatment of some special needs prisoners persist primarily because there is no oversight”.</p>
	June 2017	Dangerous Conditions	<p>I was electrocuted here at Trenton State Prison...My cell toilet leaked all the time on the floor ...I got out of my bed barefooted stepping in the water and leaning the left side of my arm on the toilet, which is made of steel and turning the light switch on at the same time and some how got electrocuted blown back to the floor. I suffered a 2d degree burn down my left arm.</p>
	June 2017	Failure to Treat Injuries	<p>I was assaulted by multiple staff members... SCO (X) struck me with a closed fist...I quickly surrender. I got on my knees, put my hands behind my head. Once cuffed, I was kicked and punched in the face repeatedly and pepper spray. Once transported to medical I asked for a cup of water...she responded by throwing a cup of water in my face followed by a series of punches to the face...SCO (y) picked my head up...and punched me in the face after which I was escorted to 1-c (to be detoxed from the pepper spray)...When I reached the shower room I was forcefully slammed on the floor and not allowed a detox shower. (When transported to Ad. Seg) I requested medical attention which I was denied. (etc!)</p>



NORTHERN STATE PRISON

Initial	Date	Category	Testimony
J..	March 24, 2017	Right to Psychiatric Care and Treatment	“The most heinous acts within these facilities are done to the mentally/emotionally challenged. The abuse that happens to them is mostly done by providers who are overwhelmed, unconcerned, and have predetermined responses of treatment based on affordability and easiness. I grew up in a house where schizophrenia lived and know the effects not only on the person but all those surrounding them”.
G.	March 24, 2017	Right to Psychiatric Care and Treatment	“ I've tried to tell these guys back here to write whoever they could but a lot of them are special needs, that needs care not punishment. Please just tell me what i need to do to better these circumstances , you really need to see this for yourself”.
C.	March 28, 2017	Psychiatric Treatment	The most heinous acts within these facilities are done to the mentally/emotionally challenged. The abuse that happens to them is mostly done by the providers who are overwhelmed, unconcerned and have predetermined responses of treatment based on affordability and easiness. I grew up in a house where schizophrenia lived and know the efforts not only on the person but to all those surrounding them. It's extremely devastating in these institutions as they collectively gather the challenged and wait to see what happens”.
J.	May 15, 2017	Medical Neglect	“If you have an ailment and put in to see the doctor you will be on a pass. The doctor or nurse will treat you but not to the best of their ability. All their doing is covering themselves so you can't sue them. If these staff members treated patients like this in the street they wouldn't have a job and they would get sued. So they work for the DOC knowing that they're protected. The medical department thinks that Motrin is the cure for all pain. If this was the case all other companies that sell pain medication would be out of business and nobody would be in pain. I have taken so many NSAIDS because of my back pain that I ended up with severe stomach pain. An Endoscopy showed that I had red blotches in my stomach but no ulcers and my stomach lining is thin and that's causing the pain. The doctor told me that this is from all the Motrin and NSAIDS that I've taken over the years. So, the medical department is slowly killing us with Motrin. My left calf is about two inches fatter than my right calf. This is from varicose veins. I read that you can get blood clots from varicose veins but

			the doctors tell me otherwise. I've seen or heard of a lot of people that died because of the neglect from the medical department and unfortunate nothing is being done about it".
P	June 5, 2017	Failure to Treat	(The doctor told me that s/he) talked to (a doctor) at SWSP (and was) told ...I was drug seeking and there was nothing wrong with me so she said she doesn't care about my pain because she doesn't believe i'm in pain
	June 2017	Failure To Treat - Delay in Treating	(In 2016) I injured my left ankle walking in slippers we are forced to wear (in CRAF)...I was... given test forms from the Doctor's that specified <u>no stair climbing</u> and a bottom bunk pass (and permission to use a walking cane)...(In Northern State Prison) the intake Nurse was informed of my condition...as well as the officer...(but I was taken to a cell on the third floor and placed on a top bunk)...After 6 and a half hours I was told I was being relocated to the first floor. In the process of me carrying all my belongings down the stairs, I lost my balance due to my injury and slipped down the last flight of stairs and felt something snap in my left ankle which caused extreme pain to shoot up the whole left side of my body. (In the medical department) I was given pain medication and sent back to my unit....Approx. 2 weeks later (an MRI showed) I obtained multiple tears in my achilles tendon and needed surgery. It wasn't until 3 1/2 weeks later that I was sent to see the orthopedic. I was told as a result of the facilities lack of attention to the obvious, that my injury had gotten worse and the surgery would have been much simpler if it wasn't attended to sooner (sic)...I have been in so much pain every day that get's worse.
	June 2017		I sustained several serious injuries during transport to Therapy due to the metal ankle cuff cutting off circulation, and the officers erratic driving behavior. I was violently slammed forward into the partition whereas I was knocked unconscious. I was raced to St. Francis Hospital ...(where) I was given seven stitches. My other injuries are in my back, neck and shoulder and at times the physical therapist will see me... I am in constant pain, always having headaches.



EDNA MAHAN CORRECTIONAL FACILITY

Initial	Date	Category	Testimony
J	January 2017	Over medication/ Right to Psychiatric Care and Treatment	“Medical personnel drug the prisoners as much as possible here - the reason? If the prisoners sleep the majority of the time, the officers jobs are much easier. Also it doesn't matter what they do or say to a prisoner, because they are not in their right state of mind (because of the meds) and can't report the officers, or they are not believed if they do report Many of the medicated prisoners will end up in the Mental Health ward - because of other prisoners complaints about them going to the bathroom on themselves, or not showering.”
D.S.	January 2017	Medical Transparency /Lack of Informed Consent	“Medical does not explain your x-rays, or any of the treatment they suggest - if you have an untreatable disease, they will not tell you. When you do request (and PAY for your medical records, and then question why you were not told something - they blow you off, and pretend they knew nothing”
J.	June 2017	Delay in Treatment	I went for an MRI on my lower abdomen (which had been giving me severe pain and which I had been complaining about) for over a year. (A month later) I was told there were 2 "small tumors" found below my liver, but the tumors were "benign." (A month later) I have been informed that I have been scheduled for a Biopsy, because it is unknown if the tumors are "Cancerous"...This is a serious health issue ...I have also been complaining about a lump in my throat right by my thyroid gland for over one...month, all that was done was some blood work and I was given some antibiotics, but the lump remains.
	June 2017	Failure to Coordinate Treatment	I am diagnosed with (multiple mental illnesses).For the better part of my life I have been in and out of mental health hospitals, MICA programs, in psychiatric wards and have had many suicide attempts. About a year ago I was diagnosed with ITP (low platelets)...Due to this mental health has taken me off all my psych medication...I struggle everyday without being medicated for my mental health issues...(I also get medication) for pain being that I suffer from arthritis and back surgery. The medical Dr. here took me off (medication) due to alleged allegations of trying to cheek my medication, with no institutional charges... I constantly go back and forth with the mental health and medical Dr...Mental health won't prescribe it and medical won't give it back to me. They periodically give me Tylenol which is counter productive due to the fact that that they just put me on ... for my ...treatment. I suffer every day in my mind trying to conquer my

			<p>thoughts from depression. When all I need them to do would be to prescribe me a medication that would greatly improve my mental health. The psychiatrist... says I won't die from depression, but he fails to realize I can choose to take my life trying to fight my demons. I do not feel mental health or medical is properly addressing my needs...I cry daily. I have no motivation or hope for my future. Dr. told me I would be better off at home because my psych and Hematologist would be in better contact with each other. When I asked (the doctor) to document this for the parole hearing he said he couldn't because it was against D.O.C. Since seeing parole I received a 16 month hit...I fought really hard for my HEP C treatment, they wasn't going to give it to me at first. I was put on a waiting list for a year, only to be taken off the list...for another year before I finally received treatment 9 months later.... The psych Dr. even told me that s/he was surprised they DOC was even given... this treatment because it is so expensive...they (also) give me Tylenol, which is bad for the liver. Then nurses give me Motrin...and I bleed from the inside. I believe had I not made a big stink I wouldn't have gotten the ...medication.</p>
--	--	--	--



SOUTHWOODS PRISON

Initial	Date	Category	Testimony
Q.	March 17, 2017	Dangerous Infectious Environment	"I was locked in a cell with a bunky who had Hep C and was special needs".
J	June 5, 2017	Medical Pain	" I am an elderly inmate with a medical condition involving a lower back bulging spinal disc and arthritis for which there is no cure. This condition causes me chronic and excruciating pain. In the past, I complained to a wing officer about my condition and he transferred me to a cell with a bottom bunk. The officer noted in my file that I should not be moved from a bottom bunk by medical clinic for 90 days and that restriction has refused to be renewed. I had for several months been experiencing severe and chronic back pain. The pain can be described as having a

			<p>knife repeatedly thrust into my back resulting in unbearable shooting pains, which restricted my mobility and daily activity. When my medical condition arose to a level whereas I needed to pull myself up from a laying position in a bottom bunk with the use of the ladder affixed to the two bunk cell set-up. I decided to do something about my medical condition . I completed a form of medical request in order to be scheduled for an appointment with sick call. I explained my medical condition to the clinic assigned registered nurse and requested a bottom bunk pass in order to ensure that complications would not become worse in being maybe latter assigned a top bunk. the R.N. explained that she couldn't do that and referred me to the nurse practitioner. I am going through the most unimaginable pain. I have missed movements because I cannot get down from the top bunk in time to catch the cell door. There are days when the pain is so bad, that rather than climb up on the latter to go to sleep, Ill sit on my storage bins, lean back against the wall and rest my head on my pillow. Here, I have had to endure many sleepless nights”.</p>
June 2017	Misdiagnosis/Delay in Treatment	(The Ocean County Jail refused to arrange for needed surgery on my shoulder.) When I was transferred to Southwoods State Prison, the medical staff gave me medication which was to help with the shoulder, neck and back pain. This medication which was prescribed was actually an antidepressant, which cause me to have an ill-regular heart beat and fast pounding, stiffness of the limbs and a host of ailments. I now take medication for the ill-regular heart beat and fast pounding. I've had two shoulder surgeries since I've been at Southwoods State Prison.	
June 2017	Denial of Specialist/Failure to Treat	I gave (the nurse) my medical records. She had said she lost them,,, (He received some papers back, months after, but they didn't look right.) I have been in pain since I had got locked up and off meds. I have had brain surgery . After being in coma for six weeks, I came out. I could not walk. I was in diapers... I cannot get this place to send me to a neurologist...I am in pain. I try to work out so it don't hurt so bad	
June 2017	Failure to Accommodate Disability	I'm an amputee it is very hard for me to go up and down steps...I have a prosthetic leg...after me telling them I can't be on the 2d floor...(they) put me on the 2d floor...there's 2 showers...one handicapped...(they open my cell door only when the regular shower is available)...I recently fell in the shower. There is no chair...and I can't stand on one leg...I fell and due to the fall I hurt my leg and it is swollen and it goes numb from time to time and I can't put my prosthetic leg on for long at all it's painful. I put in Medical request...(and) request for a wheelchair but I have not seen or heard for a doctor yet...they denied my wheelchair...I haven't seen a doctor yet to see if my leg is ok.	



KINTOCK

(HALFWAY HOUSE)

Initial	Date	Category	Testimony
E.	March 28, 2017	Right to Medical Treatment/Insufficient Medical Staff	"There is no medical staff in this facility to deal with a medical emergency. In fact, a resident was taken to the hospital where he later died. This, I believe, was the result of the lack of qualified medical personnel".

The Solitary Mind:

Time loses its normal sense of functioning and drifts into another realm where seconds, minutes and hours negate the rules we were used to. If you starve yourself, your body goes into survival mode automatically. When you begin to deprive the senses it's common functions your mind goes into survival mode as well. Depending on how vast your isolation is and to what degree your lack of communication is on top of your own resilience, will determine how you experience the effects of solitary confinement. My first time I was 15 years old and I spent 25 months in solitary confinement, and as I have been in and out of locked down units, I've come to realize that it was my resilience and immaturity that helped me stay grounded. But not without a cost. I would break up my days into three sections, all absentmindedly done. Positive distractions, social distractions and delusional distractions. They would never be routinely done, but depending on what was occurring around me at the time. My immaturity helped me with my delusional distractions because I had a creative imagination. My mind in trying to save itself of the lack of stimulation and the ebbing of the realities of my memories, I relived past memories and replayed them differently in my head. Over and over again, and after those 25 months I have lost the emotional attachments to these memories almost as if one remembers a scene in a movie, that is how I will look into my memories but even know I knew it was me I couldn't attach any sentiments to those memories, thus confused of its authenticity. I have lost the reality behind things I've went through prior to my incarceration. My days would feel to the equivalence of three and sometimes more. So time and dates became important to me ever since. The traumatic experience of being incarcerated is re-lived when one enters solitary confinement. And unfortunately the more sane one is or becomes the harder the effects when entering again into locked down. It actually becomes easier to come back and ultimately when never really leaves if not given the appropriate counseling and time out of those conditions. The mind has yet been given a chance to fully heal itself. Most of the troubles that haunt a man in solitary confinement are problems from the outside world, whether it's court, kids, parents, past traumas, woman, money, lack of support, etc... These effects on I. solitude more because it's outside of his sphere of control. Which causes present fears to be magnified into a higher magnitude that isolation helps to bare heavily into the individual. Trivial matters become of matter of life and death, making one always linger on the brink of his insanity. Unfortunately, this state is of the better of the two evils if one had to choose. The latter would be a complete breakdown of the mind causing depression, suicidal thoughts, delusional behavior, just to name a few. Everyone experience isolation differently, but to me and to most of those I know, what scares me the most is that I lose myself to my environment and never come back, to feel that I'm sentenced to general population and ad seg being my normalcy. I've been incarcerated 141 months and I've been in solitary for 42 of those months. It isn't a deterrent to bad behavior at all or is it conducive to rehabilitation. It threatens society because since I've been in prison, I've never seen more people leave then when I was in ad seg. It's a mental torture, to put it lightly and it's as prevalent as it has ever been in New Jersey State Prison!

This piece on life in solitary was written by James Zarate; he was waved up from Juvenile at 15 and Rev. Kathryn Prinz, Deacon, ELCA (Evangelical Lutheran Church in America) was his chaplain. He's now 26 and serving a life sentence in Trenton. Both wanted this shared with our communities.

International Covenant on Economic, Social and Cultural Rights (CESCR) states:
Principle 24: A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary. **This care and treatment shall be provided free of charge.**

“The steep cost of medical co-pays in prison puts health at risk”

by [Wendy Sawyer](#), April 19, 2017

If your doctor charged a \$500 co-pay for every visit, how bad would your health have to get before you made an appointment? You would be right to think such a high cost exploitative, and your neighbors would be right to fear that it would discourage you from getting the care you need for preventable problems. That’s not just a hypothetical story; it’s the hidden reality of prison life, adjusted for the wage differential between incarcerated people and people on the outside.

A \$2-5 medical co-pay in prison or jail may not seem expensive on its face. But when we consider the relative cost of these co-pays to incarcerated people who [typically earn](#) 14 to 62 cents per hour, it’s clear how they can be cost-prohibitive. The excessive burden of medical fees and co-pays is most obvious in states where many or all incarcerated people are paid nothing for their work: Alabama, Arkansas, Florida, Georgia, Mississippi, South Carolina, and Texas.

Co-pays in the hundreds of dollars would be unthinkable for non-incarcerated minimum wage earners. So why do states think it’s acceptable to charge people making pennies per hour such a large portion of their earnings?

Co-pays that take a large portion of prison wages make seeking medical attention a costly choice. [Administrators](#) want to deter “frivolous” medical visits. The [National Commission on Correctional Health Care](#) (NCCHC), however, argues that abuses of sick call can be managed with “a good triage system,” without imposing fees that also deter *necessary* medical services. The NCCHC warns that co-pays may actually jeopardize the health of incarcerated populations, staff, and the public. When sick people avoid the doctor, disease is [more likely to spread](#) to others in the facility – and into the community, when people are [released](#) before being treated.

http://www.huffingtonpost.com/entry/prison-jail-medical-copays_us_58f64bdbe4b0b9e9848ee23e

*In New Jersey, the average cost to an inmate of ‘dropping a slip’ for sick call (asking to see a healthcare professional) is \$5. While it is true that you will not be DENIED being seen for sick call, if there is nothing in your account at the time, those costs build up as **debts**. The only time you are not charged is if your condition is listed as ‘chronic’ and Medical wants to see you.*

If you earn money at your prison ‘job’ (an average of \$20 a month) and you requested to go to medical twice, and twice were prescribed something, your account will be debited \$5 per sick call, and \$1 per script, so you will actually have \$8 left for the month to spend, assuming you have no fines or support being held out, of course. The directive by the International community that medical care should be free to prisoners is clearly not being followed in most states in the US, as referenced above and certainly not in New Jersey. Free should mean that there is no cost, by its’ definition- not that there will be a cost added on if/when you get money.

FEEDBACK:

In Issue #2 there were comments made regarding Halfway Houses and the corporations that run them, be they for-profit or other. The following comment was submitted by Jim Hemm:

“I have a long history of opposing these kind of large facilities. In fact the PBA used a quote from me in the Star Ledger on a billboard on Rt. 129 in Trenton from that article. We have reduced our prison population from 31,000+ in 1999 to under 23,000 today and this didn't happen by accident. It's a result of DOC's reentry efforts, drug courts and Parole's financial commitments to community program and their efforts to keep technical parole violators in the community not our prisons....

Just a comment from someone who spent 43 years trying to improve our corrections system through community based reentry programs. To indict all halfway because of the behavior of one provider is not very productive. It alienates all of us who spent years on creating what some would call a national model for reentry.”

Jim Hemm
Consultant, New Jersey Association on Corrections

COMPASSIONATE RELEASE (A VERY REAL ALTERNATIVE)

In closing, forty-four prisoners have died in custody, in NJDOC facilities, in the past 24 months. Two of these were women, the remaining 42 were men. The age range was from 25 to 91 years of age.

Per the Aids Law Project of Southern New Jersey,

“The law allows judges to grant early medical release to inmates who are seriously ill or terminally ill. You, your lawyer or someone else on your behalf can file a petition for your medical release from prison for placement in a hospital, long-term nursing care facility, or hospice care location. You may be released to a hospital or long-term nursing care facility if you prove that: (i) your medical needs would be more appropriately addressed there rather than the prison; (ii) the facility has agreed to accept you; and (iii) you are seriously ill and not expected to live more than a year. You may be released to a hospice location if, in addition to the 3 items listed above, you also prove that you are terminally ill, not ambulatory (able to walk around) and likely to die in the near future. If you are released to a hospice location, you are subject to electronic monitoring by the Department of Corrections.”

Unfortunately, in the State of New Jersey, the option is very rarely granted, so many prisoners are discouraged from even trying to apply. The courts have held that Medical Release is not available to people who are serving the mandatory part of a mandatory parole ineligibility term. NJ Court Rule 3:21-10(b)(2). Similarly, Medical Parole is not available to people convicted of the most serious crimes of violence (N.J.S.A. 30:4-123.51c), even if they have a terminal medical condition. Thus, the elderly long-term prisoners for whom such remedies would be otherwise available, cannot benefit from them, and cannot leave the prison. From the multitude of testimonies received by AFSC, it would seem that these remedies should be expanded, as being the correct thing to do for the benefit of elderly ill prisoners, their families and the State. Their release would affect significant savings for the State, and would allow each facility’s medical department to better treat those who are ill, but not necessarily dying. An argument *cannot* be made to keep someone over 80, who is dying, in prison, as a public safety issue. Confinement, at that point becomes simply a punitive measure, serving no rational public policy and does nothing to “restore” the victim, nor “correct” the prisoner.