

The Correctional Association of New York

FOUNDED 1844

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Green Haven Correctional Facility

Green Haven Correctional Facility is a maximum security prison for men, located in Stormville, New York. The prison includes a Special Housing Unit confining inmates in disciplinary segregation, an Academic Vocational Preparation Program for inmates with mental illness, an Alcohol and Substance Abuse Treatment Program and a variety of educational, vocational and treatment programs. The Correctional Association's visit to the facility was on May 24, 2006.

Members of the Correctional Association's Prison Visiting Committee conducted surveys, in-person and through the mail, with 84 Green Haven inmates throughout the facility. We have based this letter on findings from these surveys, conversations with staff and inmates, correspondence with inmates and a meeting with the Inmate Liaison Committee and the inmate representatives on the Inmate Grievance Resolution Committee.

The Visiting Committee was impressed with some programs at Green Haven and the dedication and commitment of some staff we met. The vocational shops and educational programs were praised by inmates and the staff we met seemed responsible and dedicated to their jobs. However, we identified some troubling problems, most notably, widespread reports of tension between staff and inmates, deficiencies in the provision of medical care and extensive complaints about the package room.

At the time of our visit, Green Haven confined 2,139 inmates, 89% of whom were convicted of a violent crime. More than half of the prison population had been at the prison for more than two years, and 66% of the inmates had more than six years to serve before their earliest release date. Inmates filed a total of 2,925 grievances in 2005, an increase of about 22% from 2004. Medical care was the area that received the highest number of grievances, and medical grievances increased 43% from the previous year. Staff misconduct grievances were up by 27% and grievances about the package room increased by 28%.

The following is a summary of the Committee's observations and recommendations.

Medical Care

During our visit we obtained mixed reviews of medical care at the prison. Although Green Haven has a greater allocation of medical staff and resources than many other prisons due

to requirements of a court order specifying staffing levels, inmates we interviewed raised significant complaints about the quality of healthcare, a problem that has apparently worsened in the last year as reflected by the increases in medical grievances.

During our visit, the Committee met with Dr. Carl Koenigsmann, the Regional Medical Director, who was Green Haven's Facility Health Services Director for several years and still spends a significant amount of time at the prison, closely monitoring specialty care services. In a lengthy and informative conversation, he discussed the status of Green Haven's medical program. The prison has seven full-time equivalent physicians (although one doctor was on extended sick leave) one physician's assistant and one nurse practitioner. There are 32 nurse positions at the prison, and two nurse vacancies, although Dr. Koenigsmann reported that filling these positions should not be a problem since the state authorized a substantially increased geographical differential for state nurses employed in Dutchess County, for which we commend the Department. The prison pharmacy, which has no vacancies, is staffed with one full-time and one part-time pharmacist and two pharmacy aides. The new computerized pharmacy system is not installed at the prison, and Dr. Koenigsmann was unaware of when it is scheduled to be operational.

Dr. Koenigsmann reported that the prison has an established quality assurance (QA) committee and that the Department of Correctional Services (DOCS) Division of Health Care personnel have conducted some assessments of healthcare at the prison. Although it appears there are regular QA meetings, we were not in a position to determine whether the prison QA committee is adequately assessing healthcare services at the prison. In response to questions about specialty care, Dr. Koenigsmann noted that the prison recently lost its dermatology clinic, but he thought that the facility would be able promptly to replace this specialty clinic. Other than this service, he reported the prison was not experiencing problems with access to specialists.

The prison has identified more than 300 inmates who are infected with Hepatitis C (HCV), 18 of whom are on active treatment. We commend the prison for diagnosing and treating more HCV+ inmates than many other prisons throughout the state. We also learned that at least one inmate has been enrolled in therapy under the HCV continuity program, which authorizes an inmate to initiate HCV therapy even though he will not be incarcerated for the full twelve-month treatment period. This is the first example we have encountered of a prison utilizing this valuable program. Dr. Koenigsmann also estimated that 80% of the patients on HCV therapy complete the full course of treatment, a completion rate that is higher than general figures for HCV-infected DOCS inmates as reported in 2004 to the New York State Assembly by DOCS officials.

Since Green Haven has substantially more medical staff than other prisons, it is not surprising that its inmates appear to have more prompt access to healthcare. More than three-quarters of the respondents to our survey stated that they could access sick call when needed. Similarly, only 22% of surveyed inmates reported that they experienced frequent delays in seeing a physician, and the median response to how long it takes to see a doctor was one week. In contrast, the inmates' assessment of the quality of the care provided by the medical staff was more critical. Only 14% of the respondents stated that the nursing care at sick call is good. 49% reported the nursing care is fair and 37% rated it as poor. The evaluation of the physicians was

worse. Only 8% of respondents described physician care as good, 44% rated it as fair and 48% found it poor. We repeatedly heard complaints about several of the prison physicians. Thirteen percent of survey respondents rated overall healthcare at the prison as good, 39% stated it was fair and 48% found it poor. In explaining these conclusions, inmates reported that some of the providers are unresponsive to their complaints and fail to adequately treat their conditions. Other inmates stated that some providers ignore their medical problems until they develop serious symptoms.

The inmates' assessment of specialty care was also mixed. Seventy-seven percent of the survey respondents who have seen a specialist in the last two years reported that they experienced delays in receiving specialty care at least some of the time. More than half of these respondents reported that the prison provider did not do a good job following up on the specialists' recommendations.

Inmates' dissatisfaction with the quality of healthcare is also reflected in the substantial increase in medical grievances in 2005 when there were 421, a 43% increase from 2004. Medical grievances represented 14% of all grievances filed last year, and healthcare was the issue about which most grievances were filed within the prison.

Mental Health Care

Green Haven is an Office of Mental Health (OMH) Level one facility. Therefore, it has full-time mental health staff at the prison at all times and is staffed to treat inmates with the greatest need for mental health services. At the time of our visit, there were 225 inmates on the mental health caseload, most of whom were in general population. In disciplinary segregation, 22 of the 48 Special Housing Unit (SHU) inmates were on the mental health caseload. Because of pending litigation unrelated to the Correctional Association, the OMH staff refused to discuss their program with us, but we toured the Residential Crisis Treatment Program (RTCP) and the residential mental health program and spoke with inmates in both areas. We also discussed OMH services with the inmate population and surveyed 84 inmates about mental health services at the prison.

Although inmates reported that some inmates with mental illness are not provided adequate treatment, overall the survey respondents were more positive about the mental health services than they were about medical care. Only 26% of the respondents rated mental health services as poor and 26% described them as good, with the remaining 47% rating them as fair. Among the inmates who had received mental health services while in DOCS, the percentage rating the mental health services as good increased to 35% and only 17% reported them as poor. Finally, for those inmates who were ever on the OMH caseload at Green Haven, 50% rated mental health services as good and only 14% reported them as poor. Generally, inmates found the mental health staff to be responsive to the needs of inmates with mental illness, but inmates in the general population did express the following views: there were insufficient mental health staff to meet the demand for services; there was an inadequate number of residential mental health beds for inmates suffering from the most serious illnesses; and, some inmates with mental illness in the general population are ignored by staff until their conditions seriously deteriorate.

We also learned that mental health services at Green Haven will be expanding. DOCS announced at a hearing earlier this year before the Corrections Committee of the state Assembly that a Special Treatment Program (STP) with capacity for 26 inmates will be opened in Green Haven's Special Housing Unit. The STP is intended to provide daily group therapy to inmates in the SHU who suffer from mental illness. The Superintendent also suggested that the residential mental health unit at the prison will be expanding. However, the Superintendent was unaware of any dates for operation of these additional units. We commend adding mental health services at the prison, but question whether placing a new STP program in the SHU, rather than diverting inmates with serious mental illness to more appropriate residential mental health housing and treatment, is the best use of these additional mental health resources.

Residential Crisis Treatment Program (RCTP)

The RCTP consists of an eight-bed dorm and three observation cells. At the time of our visit, there was one inmate in an observation cell. We were told by inmates that an individual can remain in the RCTP area for several weeks or more waiting for placement in an appropriate mental health setting, an especially long time for inmates in fragile mental states. This problem supports our general observation that there is insufficient capacity for residential mental health confinement in the system. We were also informed that the clothing of inmates in the observation cells is taken away and that RCTP residents in the observation cells are required to wear paper garments. For some individuals this practice may represent an excessive restriction. Since no staff from OMH would speak with our committee, we could not ascertain the typical length of stay in the dormitory or observation cell area. If inmates are not promptly removed from these areas, in which they receive almost no services and engage in no meaningful activity, prison staff should promptly ask OMH personnel about the status of RTCP patients and should pressure OMH staff to make timely placements to appropriate treatment facilities.

Academic Vocational Preparation Program

The Academic Vocational Preparation Program (AVP) is a residential program operated by the Office of Mental Health for inmates with mental illnesses, offering group therapy and classes on subjects ranging from psychological rehabilitation, substance abuse and interpersonal effectiveness, to first aid, arts and crafts, and life skills. Inmates informed us that class sizes range from 10 to 30 students. At the time of our visit, 36 inmates were in the AVP program.

The Visiting Committee was impressed with AVP and received many positive responses from inmates about the program. Residents described it as "marvelous" with a "laid back atmosphere" and staff that maintains an "attentive ear to problems." In addition, inmates told us that the dorms are cleaner and safer than those in the rest of the facility.

Inmates praised the mental health and correctional staff, citing the correction officers as respectful and quick to handle conflicts efficiently. They reported having greater access than they would in the general population to the mental health providers and social workers, with whom they meet bi-weekly. Inmates said that they are treated more fairly in the AVP, as compared to how they are treated by staff working elsewhere in the facility.

Libraries

General Library

Members of the Visiting Committee toured Green Haven's library, which was busy with inmates reading, working at computers and discussing topics with staff. We met with the librarian, who described the challenges of keeping the shelves well-stocked and organized, especially after recently losing all the data in the computerized card catalogue. He also told us that theft of books is a big problem. We were pleased to learn that the library is part of the Mid-Hudson Library System for interlibrary loans, enabling inmates to request books from outside libraries.

We were very impressed with the library's Spanish-language section, which the librarian was proud to describe as "probably the best in the state." The large section, which is maintained by a dedicated inmate, contains many shelves of fiction, nonfiction and reference books, as well many periodicals.

Given the prison's extensive population of inmates needing substance abuse treatment, books on recovery and addiction can provide valuable – if limited – assistance to inmates who are not currently enrolled in a treatment program, but in need of one. The library's substance abuse section of approximately 15 books should be expanded to provide inmates seeking information and guidance about recovery with sufficient reading material on the subject.

Of the inmates we surveyed, 46% were not satisfied with the library. Some reported that they were frustrated with limited African-American literature in the library, and the librarian agreed that there were insufficient books of this sort. A recent donation by a college professor included many books that would be of interest to African-American readers, but the librarian informed us that he had not yet been able to put them on the shelves because of the need to recreate the card catalogue. Inmates who were aware of this donation were frustrated with the slow process of releasing the books to the population and did not appear to understand why there was a delay in distributing them.

For inmates in the SHU, books are circulated on a cart. The librarian told us that he does not have sufficient time to refresh the books on the SHU cart frequently, but he believes the offerings have improved recently. The Deputy Superintendent for Programs said that the SHU library cart had been very much enhanced in recent months and that he was proud of the improvement. Some inmates we spoke with in the SHU expressed concerns about their access to reading material.

Law Library

The law library was closed when we visited, and we were not able to speak with staff or inmates who work there. As with all DOCS facilities, inmates should have access to up-to-date case law in order to pursue their legal endeavors. Providing Westlaw on CD ROM or in some format that is regularly updated would address this concern. Nevertheless, of the inmates we

interviewed, an impressive 65% reported that they were satisfied with the law library all or some of the time.

Special Housing Unit

Two members of the Visiting Committee toured the Special Housing Unit (SHU) and found it to be calm and well-run. Some SHU inmates expressed complaints about their treatment by COs on the unit, and they also expressed frustration with some of the same issues that inmates throughout the facility described, particularly healthcare. Most SHU respondents rated the care provided by nurses and doctors as poor. They also complained about the food on the unit.

We were concerned that nearly half of the 48 inmates in disciplinary segregation were on the mental health caseload, although they make up only 12% of the total inmate population at the facility. Indeed, we were struck by several of the inmates in the SHU who clearly suffered from mental illness, demonstrating difficulty communicating and confusion about their mental health diagnosis and treatment. Disciplinary segregation is a mentally harrowing experience for any individual, but for people with mental illness, 23-hour isolation can be truly agonizing, leading to psychiatric deterioration, self-harm or even suicide. Placing individuals who suffer from serious mental illness in the SHU is a harsh and ineffective practice. Options should be made available that are not only more humane, but also more successful in preventing disruptive behavior and creating a safer and more manageable prison environment.

We were pleased to learn that 16 SHU inmates were participating in a cell study program, enabling them to engage in a constructive educational activity while they serve their disciplinary sentences. The facility does not offer a cell study program in Spanish, preventing those who do not speak or read English from participating in this valuable activity.

Package Program

Inmates throughout the facility voiced consistent discontent with the way packages are handled, with many blaming officers for the theft and destruction of their property. Several inmates accused officers of denying them the items in their packages as retaliation. They also complained about long delays in receiving their goods. A total of 74% of the inmates we interviewed stated that they are not satisfied with the package room.

Green Haven inmates filed 322 grievances against the package room in 2005, 70 more than in 2004. Inmates also complained that they have been inadequately informed about the package room Directive 4911, the policy that outlines the receipt and distribution of packages in state prisons. Many complained about the inconsistent application of the directive, and they expressed a great deal of confusion about which items are permissible and prohibited.

Programs

Green Haven officials reported to us that 326 inmates are designated as idle, representing approximately 16% of the population. However, of the 84 inmates we surveyed, 28% reported that they did not currently have a program, and most of those inmates were not on a waiting list

for a program. Although we do not have information to ascertain why there is a discrepancy between our survey results and the official figures, we have observed at other prisons that inmates who are not currently active, but are assigned to a program that is not operational, are often designated as programmed, even though they have nothing to do. We would like to learn how Green Haven categorizes these inmates. According to data provided by the prison, 28% of those who are in programs are occupied for only half the day, and only 58% of the entire population is in programs for the full day. Clearly, more program opportunities should be offered the prison population. Idleness is a problem at Green Haven and throughout the Department – both for inmates and staff – because inmates who are not assigned to meaningful activity are more likely to engage in misbehavior.

Inmates who are Spanish-language dominant are less likely to have a program due to the lack of instructors fluent in Spanish. As noted herein, there are no bilingual educational instructors and limited vocational opportunities for Spanish-speaking inmates, with the exception of the general business course.

Educational Program

Green Haven offers a range of educational classes to inmates, including Adult Basic Education (ABE), Pre-General Equivalency Degree (Pre-GED), GED and English as a Second Language (ESL). Two of Green Haven's 12 instructor positions were vacant on the day of our visit and 360, or 17%, of Green Haven's inmates were enrolled in an educational program.

Inmates presented mixed reviews of the educational programs at Green Haven. We interviewed many who spoke positively about their classes and the teaching staff. There was significant praise for the educational supervisor, whom inmates described as compassionate and caring. However, out of 45 inmates surveyed who were in an educational class or had been in one within the past year, 64% said they were not satisfied with the program.

While there is a computer lab at Green Haven, inmates told us that placing computers in the classrooms would ensure they have more frequent computer access. Inmates also suggested installing additional programs, such as "Hooked on Phonics," on the computers. Finally, we spoke with a number of inmates who complained of having to wait in the halls for up to 45 minutes every day before class because security staff prevent them from moving to their classrooms.

We were impressed with the 2005 GED results: 36 of the 57 inmates who took the exam passed. However, with over 970 inmates at Green Haven who do not have a high school diploma or GED, many more inmates should take the test and pass each year. Moreover, for the 1,160 inmates who have their High School Diploma or GED, there are very limited postsecondary opportunities. We were pleased to learn that since our last visit in 2002, Green Haven has instituted a theological certificate program for inmates who have earned their GED or high school diploma. With only 13 inmates enrolled in theological studies at the time of our visit, and six inmates participating in college correspondence courses, there still remains a great need for additional postsecondary education courses. College education has proven to reduce recidivism and make it more likely that former prisoners will be successful when they return to

their communities. We spoke with many inmates who said that they would enroll in a postsecondary education program if it were available.

Educational services for Spanish-speaking inmates are limited at Green Haven. There is no ABE or GED program for those who do not speak English, nor is there any course material in a language other than English. There are no bilingual instructors, including the English as a Second Language teacher who speaks very limited Spanish. Spanish-dominant inmates reported having difficulty understanding lessons and having to rely on dictionaries, inmate teaching assistants, and bilingual inmates to translate. A number of the inmates we surveyed expressed frustration that there are no classes offered in Spanish and no Spanish-speaking teachers.

Vocational Program

Green Haven's vocational programs include Barbershop, Electrical Trades, Carpentry, Custodial Maintenance, Building Maintenance and General Business. There is also a Small Engine Repair shop, for which the facility was in the process of hiring an instructor on the day of our visit. Approximately 145 inmates are enrolled in the vocational programs, with about 185 on waiting lists. Visitors toured the Barbershop, Custodial Maintenance and Carpentry programs where we met with the instructors, although the classes were not in session. Class sizes range from fifteen to twenty students and there are currently nine instructors and three vacancies.

The instructors we met with appeared upbeat, energetic and invested in their work. They reported excellent morale among the instructors and expressed concern about their students and a great deal of interest in their work. The general business instructor speaks Spanish, and she, along with several of the instructor aides, assist Spanish-speaking inmates, although written educational materials exist only in English.

Each program offers a DOCS certificate upon completion. Inmates who participate in the Carpentry program have the opportunity to earn NCCER (National Center for Construction and Educational Research) certification, which is an internationally recognized certification for contractors. Although the program is very difficult and requires extensive math skills, one inmate has completed the first phase in the past year, and three more are in the process of doing so. The instructor was very supportive of inmates seeking certification and explained that it is exceptionally valuable, not simply for the inmates who are able to achieve it, but also for other inmates who are motivated by their peers' success.

We received mixed results from the inmates we surveyed about the vocational programs. Of the inmates we spoke with who were, or recently had been, in a vocational program, 47% were satisfied with the program at least some of the time.

Transitional Services

The Transitional Services program at Green Haven consists of Phases I, II and III. Phase I is an orientation program for all inmates new to the facility that provides one-to-two weeks of half-day programming during which inmates are told what is expected of them at Green Haven and learn how to obtain services and navigate systems such as mail and finances.

Phase II is a 100-hour program intended to teach inmates social living skills, including how to adapt to the prison setting, the consequences of negative behavior, personal healthcare, sex education, communication and conflict resolution. Inmates suggested that Phase II would be more useful if inmates were required to participate soon after completing Phase I. Instead, we were told that many inmates do not begin Phase II until close to the end of their sentences, which makes irrelevant much of the instruction on how to cope in prison.

Phase III works with inmates shortly before their release and is intended to prepare them for return to the community. Phase III consists of approximately 66 hours of programming and addresses topics such as employment skills, family relations, decision making and goal setting. Inmate aides assist their peers in résumé and letter writing and try to help participants connect with treatment programs and other social services that assist formerly incarcerated people with reentry.

Inmates expressed a number of concerns with both the content and resources available in Phase III. They suggested that inmates should be more sufficiently informed and prepared for the legal and social challenges that they will face upon reentry. They also complained that there are no word processors in Phase III classrooms, which significantly hinders inmates' ability to write professional resumes and letters. Some also reported that the classroom resource guides and manuals are out of date. Finally, we heard reports of frustration with inmates' lack of contact with outside social service agencies. Many agencies serving formerly incarcerated individuals will not begin the admittance process without a face-to-face interview, but do not come into the prison, which means inmates often have to wait until their release before they can even be placed on a waiting list for a program. We were pleased to learn that the Osborne Association visits the prison to provide HIV/AIDS education, which the inmates and staff with whom we spoke described as substantive and useful.

Alcohol and Substance Abuse Treatment Program

Green Haven has an Alcohol and Substance Abuse Program (ASAT) that reportedly enrolls about 100 inmates in a half-day program that lasts approximately six months. The prison is authorized one ASAT counselor and two aides, but the counselor position was vacant. We met with an instructor who had been teaching the class for three months. There are morning and afternoon sessions each day during the week. Because of the large population in the prison and delays associated with moving inmates to the program areas, the morning session generally lasts only one hour and forty-five minutes, instead of the full three hours of the program module.

When we visited the ASAT area, we were told that there was a total of approximately eighty participants, whereas the prison's response to our written questions provided after our visit stated there were 100 enrollees. We have no explanation for this discrepancy; it could be the difference between those assigned to the program, as opposed to the numbers who are attending the classes. But whatever the actual enrollment, ASAT participants complained that the classes were too large to permit meaningful therapy or productive group discussions. The area we visited had no materials on the wall to create an environment that is engaging and

supportive of the program. Similarly, the inmates told us that the program resources, including reading materials and videos, are outdated.

Although ASAT is supposed to be a modified therapeutic community, it does not function like one. Participants are housed together in J Block, but no treatment-related activities that would comprise a therapeutic community occur in the housing area, and there are no community meetings or other activities required of ASAT participants other than attendance at the half-day sessions. The instructors meet with each participant once per month for an evaluation, but the inmates said very little individual counseling occurs during these sessions. The instructor with whom we spoke said she goes to the housing area to speak with inmates upon request, but she affirmed that she only does so infrequently.

In 2004, 2005 and 2006 up to the date of our visit, the program had respectively 138, 126 and 34 inmate graduates, while, during those same years, 126, 152 and 41 inmates, respectively, have been removed from the program. A failure rate that is higher than the passing rate is unusual compared to other programs we have visited and supports the conclusion that the program does not adequately engage the participants and fails to motivate participants to follow the program rules.

We received mixed reports from the inmates with whom we spoke about the ASAT program. Some said that the program was very useful to them. Others objected to being required to enroll in the program even though they had no substance abuse problems for many years prior to their placement in ASAT. Sixty percent of the survey respondents who were ever in Green Haven's ASAT program reported that they were satisfied with the program at least sometime, and 40% percent stated they were dissatisfied.

Finally, the ASAT program fails to provide assistance to participants who are being discharged with securing community-based treatment. Any assistance that is provided the inmates is through Phase III of the Transitional Services program. This gap is a lost opportunity for the prison to provide meaningful continuity of care for ASAT participants and to encourage inmates to engage in treatment on the outside. Because drug treatment counselors have greater expertise in substance abuse treatment available in the community and has a better understanding of an ASAT participant's specific needs for treatment, ASAT staff should work with transitional services staff to assist participants who are nearing release in their efforts to identify appropriate community-based programs.

Safety and Violence

Inmate-Staff Relations

Complaints from inmates about abuse by correction officers were consistent and widespread. Throughout the prison we received reports of staff participating in physical abuse, verbal harassment, threats and intimidation and retaliation against inmates who file complaints. The consistency with which we heard these reports in all areas of the prison has led us to conclude that there is significant misconduct among some of the security staff at Green Haven. This problem has created a population of inmates that is angry, fearful and tense. Indeed, one

inmate with over 20 years in the system described Green Haven's environment as "about to explode" because the level of frustration among inmates is so high. Over two-thirds of the inmates we interviewed told us that inmate-officer relations are bad, and less than 5% described relations as good.

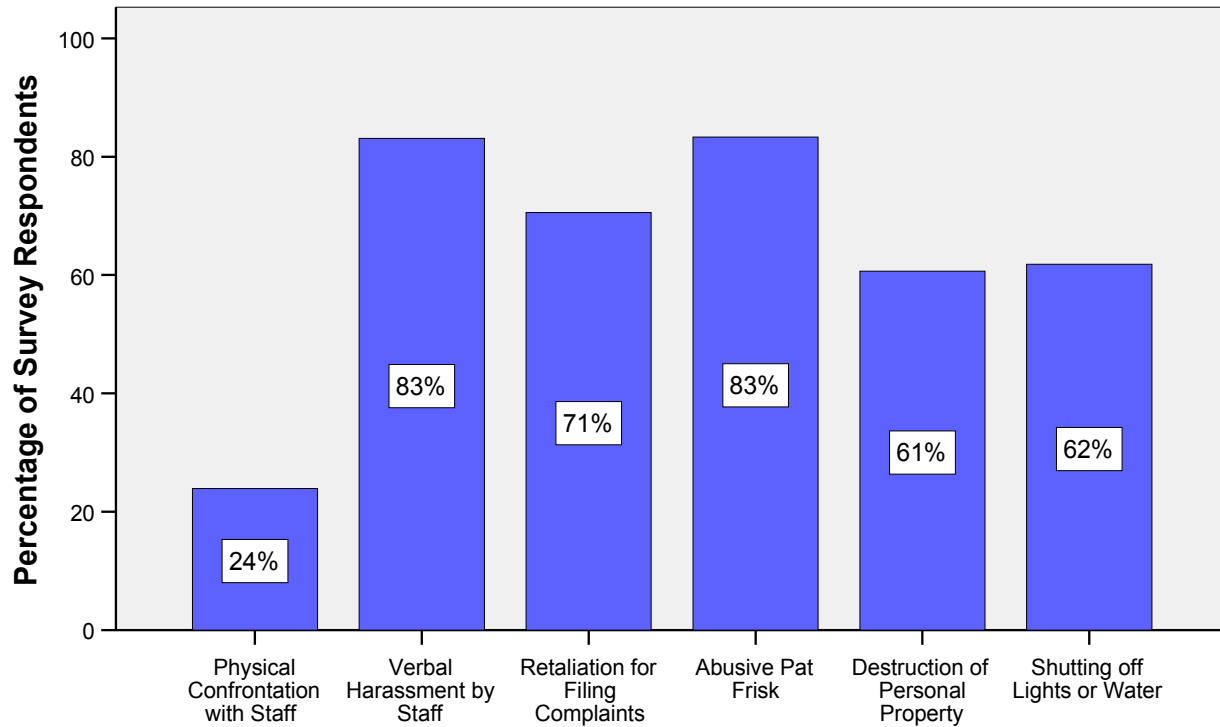
Although some inmates did report that Green Haven is an easier environment than other maximum security facilities, many took issue with its designation as an "honor" prison, which they said is inaccurate due to the high level of tension and constant fear of what they perceive to be frivolous misbehavior reports. Moreover, inmates complained that they are frequently threatened by staff with disciplinary action that would lead to their transfer to a facility that is further from New York City, jeopardizing their close proximity to family members. Over 80% of the inmates we interviewed reported that they feel unsafe frequently or once in a while at Green Haven. Eighty-one percent of the respondents thought that relations with staff were worse at Green Haven than at other prisons in which they had been confined.

Eighty percent of the inmates we interviewed told us that physical assault by staff is a common occurrence at the facility, and almost one-quarter of the respondents reported personally experiencing a physical confrontation with staff. Throughout the day, we heard reports of a group of COs called the "beat-up squad" who are responsible for physical confrontations with inmates. Verbal harassment, according to the inmates we interviewed, is very common at Green Haven, with over three-quarters of the men reporting that they have experienced it "frequently" or "once in a while." In addition, nearly two-thirds of the inmates reported that they have had the lights or water turned off in their cell as a form of informal discipline or retaliation by staff.

Inmates also reported a high level of racial tension within the prison. Three-quarters of the respondents to our survey stated that racial tension was widespread or fairly common at the prison. Moreover, 61% felt that racial discrimination contributes "a lot" to the level of violence in the prison. We were concerned to learn that only 10% of the security staff are persons of color. With an inmate population that is more than 80% men of color, the disparity between the racial makeup of staff and the inmate population inevitably leads to mistrust of staff and hinders the ability of staff to communicate effectively or demonstrate cultural sensitivity.

The following chart summarizes the personal experiences of the 70 Green Haven inmates who responded to questions about safety and violence based upon incidents at the prison in which they were directly involved. Abusive practices at the prison not involving physical violence, such as verbal harassment, abusive pat frisks, retaliation for filing complaints and destruction of property, were more common at Green Haven than physical confrontations between the inmates and staff. Both the levels of physical confrontations with staff and these non-physical abusive practices were generally more common at Green Haven than at other prisons we have surveyed.

Incidents Experienced by Green Haven Survey Respondents Involving Staff Conduct



It is notable that staff was not universally criticized by inmates. We asked the inmates we surveyed to identify COs who they believe engage in misconduct, as well as COs who they identify as professional and respectful. Although 98% responded that they believe there are some COs who engage in misconduct, 91% told us they believe there are COs who do a good job. When asked what percentages of the staff engage in misconduct, the median response was 65%, whereas only 25% of the staff were reported as doing a good job. But inmates were quick to identify officers who act professionally in dealing with inmates. When asked to provide names of staff in either category, inmates provided more names of COs who are respectful and professional than COs who engage in misconduct. In addition to a long list of COs who they described as professional and helpful, a few COs were named consistently, throughout the facility, as being abusive. The willingness of inmates to call attention to professional behavior among staff lends a great deal of credibility to their claim that there are also staff who engage in misconduct.

Many inmates told us that most abuse occurs during the 3pm to 11pm shift. A few inmates attributed this to the absence of the executive team during those hours. When we informed the Superintendent of this finding, he told us that many of the inexperienced COs work on that shift and they are more prone to writing tickets and strictly interpreting the rules, whereas the more experienced COs tend to counsel inmates, sometimes resolving a problem without disciplinary action.

Eighty three percent of the inmates we spoke with reported experiencing abusive pat frisks, making it one of the most problematic areas we identified. We understand that maintaining a secure facility requires frequent and invasive pat frisks, which include the inspection of bodily cavities. But inmates who have been incarcerated for many years at many different prisons told us that pat frisks at Green Haven are conducted more frequently and more invasively than at other facilities, leading them to believe that they are used intentionally to provoke and humiliate inmates. As one inmate who has to go to the medical area daily for essential medical care told us, “I have an invasive frisk every time I go to the hospital. It’s degrading and depressing.” We hear many complaints about pat frisks when we visit prisons, but the high level of frustration with the procedure at Green Haven indicates that the facility conducts them differently than other maximum security prisons. Although pat frisks are essential for security, if they are used abusively, they will undermine that goal, increasing tension in the facility and creating a prison that is more difficult to manage.

A correction officer training facility, Green Haven has a large number of COs who have recently completed training at the academy and are assigned to Green Haven for on-the-job training. Many inmates reported that these new COs tend to be more confrontational than the experienced staff, although some reported problems with experienced staff as well. Among the problems they cited with the newer staff were the frequent writing of frivolous tickets and overly aggressive pat frisks.

Many inmates believe that the Superintendent has every intention of curbing misconduct by staff and ensuring that the facility runs safely, but that he has been impeded by the line staff who are resistant to implementing meaningful change in the ways they deal with the inmate population. We commended the Superintendent on ensuring that the ILC and IGRC have sufficient access to the population, noting that it is a positive comment on his management that they feel that they can work with him to address issues as they arise.

Grievances

Inmates complained that they have very little ability to address problems with staff when they arise because supervisors rarely believe an inmate’s word over that of an officer. Many told us that they do not bother reporting incidents of misconduct because they think that it would be ineffective at best, and at worst, it would lead to retaliation. Of the inmates we interviewed, 71% reported experiencing retaliation for filing a grievance at some point, and 90% described Green Haven’s grievance system as poor. Nearly three-quarters of the inmates we surveyed told us that the system functions worse at Green Haven than at other prisons.

Inmate-Inmate Relations

Inmates reported less tension among the population than they have experienced at other facilities, which they attribute to the fact that many have worked to maintain good disciplinary records to earn a transfer to Green Haven, which is close to New York City, where many inmates resided prior to being incarcerated. Although 23% of the inmates reported getting into a confrontation with another inmate at Green Haven, 47% of the respondents stated that there were fewer inmate confrontations at Green Haven than at other prisons and only 13% believed that

there were more confrontations at Green Haven. One inmate contrasted his experience at Green Haven with other maximum security facilities by telling us, "You can relax in the yard here." Some inmates complained that those who have recently begun their sentences create disturbances in the facility by getting into trouble in ways that more experienced inmates have learned to avoid.

Cameras

When asked what could be done to improve the safety of staff at Green Haven, a member of the executive team stated that he would like to see more cameras throughout the entire facility, a recommendation that we support. He told us that cameras in the yard and in the corridors would be beneficial, although the Superintendent informed us that there are no current plans to expand their use beyond the SHU, where they already operate. The utilization of video surveillance can protect staff and inmates and ensure that disturbances are rapidly addressed. The inmates we asked largely supported the installation of cameras more extensively throughout the prison, with 85% stating that they would make the prison safer.

Staff Concerns

We requested meetings with each of the unions that represent Green Haven's employees, but regrettably none of their representatives agreed to meet with us on the day of our visit. The points of view and concerns of the staff who work at the prison each day are exceptionally valuable to our understanding of the issues at the facility, and this letter would provide a more complete analysis if it included their perspectives.

Final Meeting with Executive Team

At the end of our visit, we met with Superintendent Ercole and the prison's executive team to discuss our preliminary findings and seek his perspectives on some of our observations. We told him that inmates shared positive comments about his leadership. We also noted our positive impressions of AVP, the educational program and the calm atmosphere of the SHU.

When we told the Superintendent that we heard extensive and bitter complaints about theft or denial of items in packages, he explained that he has worked to address these issues by adding staff to the package room and posting visibly throughout the facility the directive explaining what is permitted in packages.

We raised our concerns about the quality of medical care and suggested that the Superintendent discuss these concerns with the ILC. He acknowledged that some inmates have problems with providers, but explained that he defers to professional healthcare staff who are equipped to make decisions about medical issues, and suggested that inmates should do the same.

We discussed the low level of tension and violence among inmates at the facility, which the Superintendent attributed to effective security practices, including aggressive frisking. We also mentioned the high level of complaints by inmates about their treatment by staff, which he

did not see as a serious problem. He indicated that the Inspector General's office conducts investigations on staff misconduct and takes appropriate action when necessary. He also explained the different approaches of COs who have more experience and those who are newer to the profession.

Staff throughout the day mentioned that they thought many people who work at Green Haven were approaching 25 years in DOCS, beyond which point they are no longer eligible to receive additional pension benefits. The people with whom we spoke indicated that many experienced staff would retire soon, but he disagreed, informing us that the facility has little turnover and he did not see that an inordinate number of people were planning to leave the prison.

The Superintendent explained to us that he is working to identify his priorities for Green Haven since he began his position fairly recently (August 2005) and he was still in the process of determining issues and areas to address. Overall, he told us that he believes the facility runs well now and that it has dramatically improved since he worked there in the 1970s and again in the 1990s.

Recommendations

Medical Care

- Meet with the ILC and IGRC representatives to identify healthcare personnel who inmates see as providing deficient care and require an investigation of their services by the prison's executive medical staff and representatives of DOCS' Division of Health Services.
- Review the records of the sick call nurses to assess whether they are appropriately responding to inmates complaints.
- Review the response of prison providers to the request for follow-up services by specialists to determine whether the requested recommendations are acted upon in a timely manner.
- Fill the vacant nursing positions.

Mental Health Care

- Request that senior OMH staff in the forensic department review the needs of Green Haven inmates with mental illness to determine whether there is adequate mental health staff assigned to the prison to meet the need for services.
- Request that prison OMH staff regularly review the records of inmates with mental illness currently confined in general population to determine if they should be placed in a residential mental health unit within Green Haven or another prison.
- Expand the capacity of the AVP program. In addition, provide Division of Parole officials with information about the rehabilitative activities that inmates assigned to the

AVP undertake in order to facilitate the parole board's recognition of AVP participation in its consideration of parole eligibility.

General Library

- Increase the number of books on substance abuse treatment.
- Ensure that the donation of books on subjects of interest to African-American inmates be made available to the prison population.

Law Library

- Acquire Westlaw on CD Rom or some other system to enable inmates to perform computer-based legal research so inmates can obtain legal materials in a timely manner.

Special Housing Unit

- Prohibit the placement of inmates with serious mental illness in the SHU and place them instead in residential treatment programs.
- Institute a Spanish cell study program for SHU inmates.

Educational Program

- Fill the two vacant educational positions. Recruit and hire Spanish-speaking teachers.
- Increase the capacity of the GED program.
- Review the process of inmate movement to educational programs to eliminate any delays in the start of classes.
- Increase the number of post-secondary educational programs and expand the number of inmates enrolled in current post-secondary programs.
- Create an educational program for Spanish-dominant inmates.

Transitional Services

- Acquire computers or word processors for inmates to use to write letters to potential employers and service providers.
- Obtain updated information about the employment, mental health care, medical care, substance abuse and housing services that are available to formerly incarcerated persons both in New York City and across New York State.
- Encourage agencies to come into the prison to speak about their services and begin the process of admitting individuals into their programs while still incarcerated.

Packages

- Conduct a review of the procedure by which packages are distributed to inmates and provide each inmate in the facility with copy of Directive 4911.

Vocational Programs

- Fill the two vacant vocational positions and hire bilingual staff to fill these positions and recruit and hire additional Spanish-speaking vocational instructors.
- Increase the number of inmates participating in the vocational programs.
- Increase the number of vocational courses offered at the prison and include additional courses that will enable inmates to gain meaningful experience and employment once released.

Alcohol and Substance Abuse Treatment

- Fill the vacant counselor position.
- Expand the staff and area for ASAT so that smaller classes can be created to facilitate therapy and group discussions.
- Reevaluate the program's curriculum and processes to implement more effectively a modified therapeutic community model, including the establishment of activities in the inmates' housing area.
- Determine why so many inmates are removed from the program and institute changes to the curriculum and the removal processes to enable more inmates to successfully complete the program.
- Evaluate the criteria for requiring substance abuse treatment so that only individuals in need of the program are assigned to it.
- Review the process of inmate movement to ASAT to eliminate any delays in the start of classes.

Inmate-Staff Relations

- Institute a training program for staff to engender increased sensitivity.
- Institute efforts to increase the diversity of Green Haven's staff by recruiting and hiring Spanish-speaking and African-American correction officers and additional female correction officers.
- Install cameras throughout the facility, particularly in areas where conflicts are most common.
- Establish a mentoring program in which senior correction officers are assigned to train and mentor junior officers about ways to communicate with inmates in a respectful and constructive manner, to defuse situations that could lead to inmate misbehavior and to avoid confrontations.