

The Correctional Association of New York

FOUNDED 1844

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Upstate Correctional Facility

Upstate Correctional Facility, a maximum security prison for men located in Malone, New York, was constructed in 1999 to house inmates sentenced to disciplinary segregation or Special Housing Units (SHUs) for violating prison rules. Its modern structure consists of cells designed to limit contact between inmates and staff, with solid steel doors, recreation pens attached to the back of each cell that can be opened remotely by staff, as well as remotely operated showers. The cells, which measure 105 square feet, are designed to house two inmates who share a small table, a shower and a toilet, although some inmates are housed alone. On the day of our visit, Upstate had 1,216 inmates, 918 of whom were in disciplinary confinement and 298 who worked in the prison's Cadre, performing tasks such as maintenance and food preparation for the prison. According to Superintendent Robert Woods, inmates in disciplinary segregation are most commonly sentenced to Upstate for misbehavior reports relating to drug use or possession.

The Correctional Association conducted visits to Upstate on December 13, 2004 and January 18, 2006. Members of the Correctional Association's Prison Visiting Committee conducted surveys, in-person and through the mail, with approximately 120 SHU cadre inmates. Nearly 100 inmates responded to our 86-question survey on safety and violence at the facility. We have included some of our findings from that survey in this letter, but we will incorporate a broad analysis of that information in a forthcoming statewide report on prison safety and violence. We supplemented the safety and violence survey with a brief survey on general conditions at the facility. In addition, 53 inmates completed surveys on their experiences and perspectives regarding medical and mental health services, as well as programs, libraries, food and recreation. We have based this letter on findings from each of these surveys, as well as conversations and surveys conducted during our visit in 2004, correspondence with Upstate inmates and meetings with the Superintendent and the prison's executive team, staff union representatives and the Inmate Liaison and Inmate Grievance Resolution Committees.

The Visiting Committee was pleased to learn that programs for Cadre inmates had increased since our previous report on the facility and we were encouraged that many inmates reported sufficient access to mental health services. However, we identified many troubling problems, including reports by inmates of widespread tension with staff and dissatisfaction with bunking arrangements, medical care and recreation.

A total of 3,531 grievances were filed in 2005, a decrease of 299 since 2004, when there were 3,830. In spite of this reduction, the rate of grievances at Upstate is almost three times the average rate for all maximum security prisons. Consistent with our findings, staff misconduct, with 653 grievances, received one of the highest levels of complaints in the facility. In addition, in recent years, complaints about medical care and housing units have been substantial. In 2005, there were three unusual incident reports for inmate assaults on inmates, a decrease from seven the previous year, and 25 reports concerning inmate assaults on staff, down from 29 in 2004.

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

Workers Cadre

Approximately 300 Upstate inmates are members of the prison's Cadre of workers, responsible for tasks including maintenance, cleaning and food preparation. Cadre inmates agree to work longer hours and have fewer programs available to them than they would at traditional maximum or medium security prisons, in exchange for transfers to an area of the state of their choice after working two years at the prison. Cadre inmates all have a cellmate, and their cells are on a block that is separate from the SHU inmates. Contact between Cadre and SHU inmates is limited to haircuts or encounters in areas like the infirmary or corridors.

We were pleased to learn that the facility has begun to provide additional programs to Cadre inmates since our 2004 visit. Educational offerings now include Adult Basic Education, English as a Second Language, Pre-General Equivalency Degree (GED) and GED. A total of 50 students participate in educational classes, and 96 are on waiting lists. The inmates with whom we spoke appreciated the additional classes, and we commend the facility on providing these opportunities to the Cadre. In addition, the facility now offers Alcohol and Substance Abuse Treatment to the Cadre, which has an enrollment of 38 students and 103 on the waiting list. Six inmates also participate in Alcoholics Anonymous.

On both of our visits, members of the Visiting Committee met with the Inmate Liaison Committee, which represents the concerns of the inmates in Upstate's Cadre. In addition, we received surveys and letters from members of the Cadre describing their experiences at the facility. Members of the Cadre were pleased to be in a facility that they perceive as cleaner than others, with no problems of vermin infestation and a well-functioning physical plant. Many also looked forward to their placement at a prison in a preferred part of the state as a result of agreeing to work for two years in the Cadre.

Some Cadre inmates complained that they receive too few showers. In addition, echoing a complaint we hear throughout the state, they expressed frustration with the low rate of pay for their work, which has not kept pace with rising prices for goods in the commissary over the years. In particular, they urged that inmates who work longer than eight-hour shifts in the mess hall should be entitled to increased pay for their additional work.

Disciplinary System

Upstate uses the Progressive Inmate Movement System (PIMS), a three-tiered program designed to provide inmates in disciplinary segregation incentives for good behavior. When we visited in 2006, there were 195 inmates on PIMS level I, the most restrictive level, 229 on level II and 502 on level III. At each PIMS level, a committee may recommend to the Superintendent that an inmate who has completed half of his SHU sentence deserves a cut in that sentence as a reward for good behavior. Superintendent Wood informed us that nearly all Upstate inmates receive such a time cut during their stay at the prison, and of the inmates we surveyed, 44% reported already having their SHU sentences reduced.

In addition, inmates who receive misbehavior reports may be punished with deprivation orders, such as loss of recreation, haircuts, the ability to clean their cell or access to water in their cell. When we visited in January, we were pleased to find that only two inmates were on deprivation orders, although nearly 40% of the inmates we surveyed in 2006 reported having received a deprivation order at some time during their incarceration at the facility.

When we visited in 2006, we were disappointed to note that five Upstate inmates were on the restricted diet or “the loaf” and 14% of the inmates we surveyed told us they received it at some point during their time at the facility. In 2005, 211 restricted diets were ordered. The Correctional Association has long advocated an end to the policy of using food as punishment, as it is inhumane and ineffective in curbing misbehavior and leads to weight loss and nutritional problems for many inmates. We join the American Correctional Association and many medical and mental health professionals in calling for an end to the use of food as punishment in prisons.

Programs

Inmates in disciplinary segregation have few opportunities to break the oppressive monotony of their imposed isolation. One valuable, if limited, opportunity is participation in educational or treatment-based cell study programs. These programs cultivate a safer, more manageable prison population, and also enable inmates to gain skills and occupy themselves with enriching activities while they serve their disciplinary sentences.

Educational Cell Study

For SHU inmates on PIMS level II or III, Upstate offers an academic cell study workbook program. Inmates on PIMS level I are not permitted to participate in cell study. Approximately 360 SHU inmates are enrolled in a cell study program, which includes Adult Basic Education, Pre-GED, GED and a postsecondary option. Although the postsecondary option is not a degree program, it does provide inmates who have achieved their GED the opportunity to continue their education and engage in productive activity. There is no cell study program for Spanish-speaking inmates, creating an unnecessary disadvantage for the approximately 70 inmates at the facility with limited English proficiency.

The six students who took the GED test in 2005 passed. We commend the facility for offering SHU inmates the opportunity to take the GED, a valuable opportunity that should be

available to SHU inmates throughout the state. Yet since more than 600 Upstate inmates do not have a high school diploma or GED, we urge the facility to expand its GED cell study program and to encourage additional inmates to take the exam.

We were pleased to learn that there were no vacancies in Upstate's staff of seven full-time and one part-time teachers. On the other hand, we are concerned that conducting educational lessons through steel doors prevents instructors from communicating adequately with students. Although a teacher told us that she does not believe the doors are a hindrance to effective lessons, it is clear that the heavy doors do not cultivate communication between teachers and their students. We recommend using the secure rooms where private mental health encounters occur to conduct some individual lessons. The educational staff with whom we met noted that the students are proud of their academic courses and stated that many cellmates assist each other with assignments. The teachers recognized the value of the educational program, noting its positive effects on inmates' self-esteem and behavior.

Alcohol and Substance Abuse Pre-Treatment

SHU inmates cannot participate in an approved Alcohol and Substance Abuse Treatment program that meets Department requirements, but upon Departmental recommendation, they may complete a pre-treatment cell study program consisting of three workbooks. Approximately 30 inmates participate in this cell study program. Since 60% of Upstate's inmates have been identified by DOCS as having a substance abuse problem and, as the Superintendent informed us, many inmates are at the facility due to drug-related disciplinary infractions, the prison should offer more intensive substance abuse treatment to the inmate population. This step would help inmates overcome their substance abuse problems and prevent future disciplinary difficulties. In addition, the workbooks should be provided in Spanish so that inmates who read only Spanish can benefit from substance abuse treatment.

Transitional Services

Over 100 inmates are released from Upstate into the community each year as they reach the maximum term of their prison sentence, yet the facility offers no transitional services for SHU inmates. The failure to provide assistance with reentry for inmates who have spent months or years in disciplinary confinement with limited social interaction makes it very difficult to avoid destructive behavior that can lead to recidivism when returning to their communities. DOCS's transitional services program should be readily available to all inmates nearing their release date, including those in SHUs. In addition, the Department should provide a SHU time cut to inmates who are within eight weeks of being released so that they can spend the final weeks of their incarceration out of disciplinary segregation and become accustomed to social interaction.

Medical Services

Although complaints about medical care are common at many prisons, rarely do we hear the steady chorus of dissatisfaction that Upstate inmates repeated about their healthcare.

Overwhelmingly, they reported feeling neglected and disrespected by doctors and nurses and described waits for services as exceptionally long.

Routine medical care at Upstate is provided in areas on the cellblocks that are equipped with basic medical equipment and medication. For more serious problems, inmates may be placed in the 12-bed infirmary. Upstate's medical staff includes one full-time and one part-time physician, two part-time physician's assistants, a nurse practitioner and 26 nurses. When we visited in January, there were vacancies for a half-time dentist and a full-time nurse.

Of the 29 HIV+ inmates at Upstate, 20 receive treatment. In addition, of the 46 identified inmates with Hepatitis C (HCV), only four were receiving treatment. Although it is not appropriate for every individual with HCV to be on treatment, with an estimated HCV rate of 13% in the male prison population, the efforts to identify and treat HCV+ inmates at the prison are inadequate.

One chronically ill inmate told us that he objects to having to place his arm in the "feed-up slot" in the door of his cell in order to give blood for routine tests. This unnecessary policy, which is endorsed by DOCS Central Office, is inhumane, unsafe and disrespectful to inmate-patients, creating unnecessary distrust of the medical staff and tension.

Although many believe they have adequate access to sick call, three-quarters of the inmates reported that the services they receive from the sick call nurses are poor. Similarly, no inmates described overall health care as good. Most stated that they do not believe the healthcare providers do a good job evaluating their needs or examining them, and they overwhelmingly reported that their confidentiality is not respected during medical encounters. We heard many reports that other inmates and correction officers are regularly present to hear conversations between patients and doctors or nurses. Emergency care was also described as poor, with under 10% of the people we surveyed describing their access to urgent care as adequate. In addition, inmates reported that delays in receiving specialty care are commonplace, and that prison medical staff do a poor job of following up on specialist recommendations.

With no Spanish-speaking medical personnel at Upstate, inmates who do not speak English encounter additional challenges in communicating with their providers and maintaining confidentiality. Many inmates told us that other inmates regularly translate for prisoners who speak only Spanish. This practice compromises inmates' medical confidentiality, increases the possibility that individuals will misunderstand their diagnoses or treatment and may prevent them from discussing their concerns openly and honestly. Spanish-speaking health care providers should be recruited, and short of hiring bilingual staff, the facility should use a telephone service to translate for inmates who do not speak English.

Mental Health Services

Mental health services at Upstate are provided through a collaboration between DOCS and the Office of Mental Health (OMH). Mental health staff includes two DOCS psychologists and six OMH employees, although one of the DOCS psychologist positions has been vacant since 2004. DOCS mental health staff work with inmates who are not on psychotropic

medication, but who request mental health services. OMH staff provide services to individuals on their mental health caseload. There are no Spanish-speaking mental health care providers.

Of the 918 inmates in disciplinary segregation in January 2006, 89 were on the OMH caseload. Of the 98 inmates we surveyed, over one-third reported that they had been on the OMH caseload at some point, indicating, as we find throughout the state, that individuals in disciplinary segregation suffer disproportionately from mental health problems. Moreover, in 2005, 38 of Upstate's SHU inmates were transferred to a Residential Crisis Treatment Center and two were transferred to Central New York Psychiatric Center for treatment for severe psychiatric distress. Additionally, over 80% of inmates told us that self-harm or suicide attempts occur at the prison, and over one-third reported that such occurrences are frequent. Upstate is an OMH Level 3 facility, which should mean that its inmate population has limited mental health care needs, yet such high rates of transfers to crisis treatment and reported self-harm indicate that the population has serious, unmet mental health needs. Twenty-three hour confinement is a mentally harrowing experience for any individual, and for those suffering from mental illness, it is truly toxic. We strongly urge the Department to end the placement of inmates with serious mental illness in disciplinary segregation, and assign them instead to treatment programs that would address their mental health needs.

The inmate population had mixed reviews of the mental health services available at the prison. More than half the inmates we surveyed rated the mental health care as poor. Nearly 80% of the survey respondents reported that their therapist does not provide adequate treatment. It does not appear that access to mental health providers is the primary problem. Of the inmates we surveyed, approximately half reported that they can see a mental health staff person who communicates clearly with them when they need services. Most respondents told us that the mental health staff do not respect their confidentiality, complaining that Correction Officers (COs) are often present to hear discussions with mental health care providers. In addition, although a few inmates praised the mental health care they received, most told us that their mental health needs are not met, citing additional individual counseling, Spanish-speaking providers and a better explanation of their mental health diagnoses as improvements they would like to see.

Food

Many inmates we spoke with stated that they do not receive sufficient food at Upstate, and some told us that they have lost weight since their transfer to the facility. Some believe that portions are improperly measured, and others complained of being denied meals as an informal disciplinary measure imposed by staff.

Recreation

SHU inmates are eligible to receive a minimum of one hour of recreation each day. A unique aspect of the double-celled SHUs is the limiting of direct contact between staff and inmates by having the recreation pens attached to the back of each cell; rather than being escorted to recreation, inmates simply walk out the back of their cells, with officers opening the

doors remotely when it is time for recreation. Inmates on PIMS levels I and II receive one hour per day of recreation and when they reach PIMS level III, they receive an additional half hour.

The small recreation pens are fully enclosed with wire mesh, enabling inmates to do little more than breathe fresh air and do calisthenics. There are no balls, chin-up bars, or any athletic equipment for inmates to use during their outdoor recreation periods. Many inmates are hesitant even to categorize their one hour outside as recreation time, as they are unable to move more than a few feet in any direction. While many take advantage of the opportunity to spend some time outside, nearly one-third of the inmates we surveyed reported that they rarely go into the pen, seeing it as little more than a small extension of their cell. In particular, some inmates complained that in the winter time they rarely go outside because they are not provided with gloves and are not permitted to go back into their cell until the end of their mandated hour. Rather than suffering the cold of northern New York, many opt to remain inside for 24 hours a day.

Mail and Packages

We have received complaints about mail and packages at the facility. Among the problems mentioned by inmates were delays in receiving legal material, legal mail that has been opened outside of the inmates' presence and the denial of items they believe they are permitted to have. Providing inmates with the services and materials to which they are entitled reduces tension in the facility and creates a more manageable prison environment.

Double-Celling

Most of Upstate's SHU inmates and all its Cadre inmates share a cell with another prisoner or "bunkie." Each inmate has his own bed, and they share a desk, a shower and a toilet. DOCS Central Office identifies some inmates as ineligible for double-cell arrangements based on medical, mental health and disciplinary records. When we visited in 2004, 160 inmates were in single cells.

Of the double-celled inmates that we interviewed, three quarters were unsatisfied with their arrangement. It is not surprising that sharing a 105 square foot cell with another person for 24 hours a day is an unsatisfactory arrangement for many people. Nonetheless, at our meeting in 2004, the Superintendent told us that there is limited violence among cellmates, which he attributed to vigilant security staff and appropriate placements by Central Office. According to staff, the inmates in single cells are more prone to disciplinary problems than those in double cells, and they told us that they believe that most fighting between cellmates is staged in order to be placed in a different cell.

Libraries

General Library

Upstate's library is staffed by one librarian, a part-time clerk and six inmate aides from the Cadre. According to the librarian, its hours are sufficient to meet the needs of the Cadre inmates

who are able to use it. Although SHU inmates are not permitted to visit the library, a cart of books is circulated to them weekly, and they may make requests for specific material they would like to read. In 2006, 68% of the survey respondents reported that they are not satisfied with the general library, however we have received letters from inmates reporting that a new librarian, hired subsequent to our visits, is doing his best to improve its services.

Law Library

One of the most highly grieved areas in the facility was the services from the law library, which is consistent with our survey findings. Since SHU inmates are not permitted to go to the law library, staff told us that officers who work in the law library conduct rounds in the SHU twice a day, during which inmates can request materials or exchange documents. Although these officers do not speak Spanish, some law library clerks, who are Cadre inmates, are bilingual and can translate materials for the SHU inmates. Most inmates we surveyed stated that they were not satisfied with the law library services, primarily citing problems with receiving requested documents in a timely manner. In addition, we heard reports of computers in need of repair.

Meetings with Staff

Members of the Visiting Committee spoke with representatives of the staff unions during our visits in 2004 and 2006. They identified many positive aspects of their work at Upstate, including congenial relations among civilian and security staff and adequate staffing levels. In addition, they are pleased with the training they receive, and feel that they can successfully request additional training as needed. The COs appreciate the ability to bid on the post of their choice, even if they have relatively few years on the job, since Upstate's security staff is less senior than at many other facilities. Civilian and security personnel reported feeling safe on the cellblocks because there is sufficient staff to ensure safety.

Among the challenges of their work, they cited difficulties in working with an inmate population that is prone to misbehavior. Some felt that there is insufficient punishment of inmates. In addition, they expressed frustration with the grievance process, complaining that inmates spend a great deal of time writing frivolous grievances simply because they have too much time on their hands.

Some members of the staff expressed concern that many inmates spend a lot of time sleeping. They also told us that additional programs for the inmates would reduce problems in the facility, stating that inmates who are idle tend to cause more problems than those who are busy with constructive activities. In addition, some staff reported that they see many inmates who appear to be suffering from mental illness who should not be at a facility with limited mental health services, such as Upstate. Although the staff is pleased with the mental health care providers at the facility, who, they told us, react very quickly whenever a problem arises, they explained that inmates with mental illness are often difficult and time consuming to work with, and they would be better served by a facility that provided sufficient services to meet their needs.

Correction Counselors

The Visiting Committee also met with a group of correction counselors who provide assistance to inmates with accessing services and setting and achieving disciplinary, educational and treatment goals. Counselors conduct rounds on the cellblocks twice a day, attempting to visit each inmate once a week. They keep track of inmates who refuse a meeting with their counselor, and told us that they often notice that many inmates sleep throughout the day and are non-responsive when they visit, which is evidence of the psychologically debilitating effects of the long-term isolation in disciplinary confinement. For its population of 1,216 inmates, nine counselors are insufficient to meet the needs of the total population. Counselors are burdened with high caseloads and inmates, in turn, have inadequate access to their services.

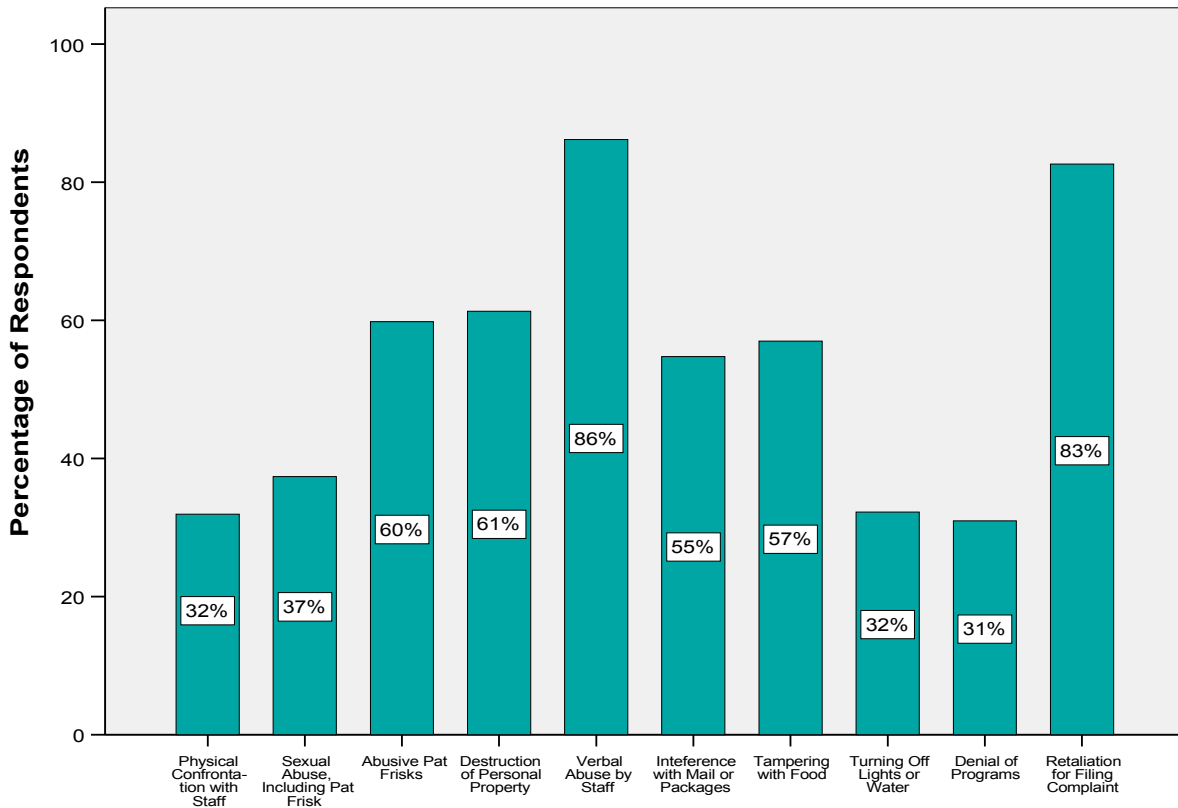
Safety and Violence

Inmate-Staff Relations

Inmates throughout the facility reported high levels of tension among inmates and staff, with over two-thirds describing relations as very bad or somewhat bad. Among the problems concerning staff mistreatment most commonly cited by inmates were: (1) verbal harassment; (2) retaliation for filing complaints; (3) theft or destruction of property; (4) false tickets; and (5) threats and intimidation. One-third of the inmates we surveyed reported being involved in a physical confrontation with staff at Upstate, and many cited abusive pat frisks as a major problem. A similar number reported that they experienced sexual abuse from staff, primarily in the form of pat frisks in which the staff member touched their genital or rectal areas in a manner that the inmates believed was excessively intrusive. In addition, over one-third stated that they have had the lights or water turned off in their cells as a form of harassment or informal discipline by staff. Half the inmates reported that physical assault by staff is common, with two-thirds reporting that they had witnessed an inmate being physically assaulted by a CO.

The following chart summarizes the personal experiences of the 98 Upstate inmates who responded to our safety and violence survey based upon incidents at the prison in which they were directly involved. With the exception of Southport, the level of physical confrontations reported at Upstate was higher than at any other prison we surveyed. Abusive practices at the prison not involving physical violence, however, such as verbal harassment, interference with mail and packages, retaliation for filing complaints and destruction of property were more common at Upstate than physical confrontations between the inmates and staff. These non-physical abusive practices were generally more common at Upstate than at other prisons we have surveyed.

Incidents Reported by Upstate Inmates Concerning Staff Conduct



Although the staff we met with insisted that race is not a factor in their interactions with inmates, many inmates reported that racial tension contributes significantly to the poor relations between inmates and staff. Nearly 90% of Upstate’s inmates are people of color, yet not one of the facility’s 335 correction officers is African American or Latino. In addition, over 75% of Upstate’s inmates come from New York City and its surrounding areas, whereas most of the prison staff is from rural, upstate New York. Although acts of outright racism appear to be extremely rare, these vast disparities fuel mistrust and insensitivity among inmates and staff. Of the inmates we surveyed 46% believe that racial discrimination by staff contributes “a lot” to staff abuse at the prison, and only 15% believe that discrimination contributes “very little” or “not at all” to the abuse problems.

Moreover, we heard reports that double-shifts are common at Upstate so that some COs can return to their distant homes for several days at the end of each work week. Not surprisingly, some become tired and irritable during these intense work days and inmates believe that these officers take out their irritability on them, becoming impatient and short-tempered when minor issues arise.

It is notable that while over 80% of inmates reported that there are COs at Upstate who engage in serious misconduct, over 90% also reported that there are COs who are respectful and helpful to inmates. However, the survey respondents estimated that more than 50% of the staff are involved in misconduct and only 25% of the officers perform their job well. Among the staff who inmates told us are more respectful are the female COs and those with more experience, whom they described as more reasonable.

Although members of the staff told us that CO misconduct is extremely rare, they did admit that sometimes the stress of the job leads people to behave in ways that may be inappropriate. They added that misconduct is rare, not simply because COs are well-trained and professional, but also because the cameras throughout the facility prevent misbehavior of any sort. Staff also reported that incidents of inmates tossing or spitting bodily fluids onto staff, an act known as throwing, have become much less frequent than in the past because of the practice of criminally prosecuting inmates for such behavior.

Conflicts among Inmates

Most inmates we surveyed have had a confrontation with another inmate while in prison, and more than one-quarter reported having at least one confrontation with another inmate while at Upstate. The level of inmate-on-inmate confrontations at Upstate is lower than at other facilities, according to the inmates.

Of the inmates we interviewed, 70% described gang activity as common at Upstate, although half reported that there is less gang activity than at other prisons. More importantly, more than half stated that gang activity contributes very little or not at all to violence at the prison. Similarly, drug use and drug trafficking were seen as widespread by many inmates, but three-quarters of the inmates stated that drug activity contributes very little or not at all to violence and 65% reported that the level of drug activity is lower than at other prisons.

Evaluation of Inmate Safety

Eighty percent of Upstate inmates reported feeling unsafe at the facility, with over half stating that they frequently feel very unsafe. This high level of personal insecurity is surprising in a facility where contact among inmates and between inmates and staff is so limited, yet prisoners' steady and uniform reports of both physical abuse and abuse of power by some members of the security staff appear credible.

Cameras

Upstate has video cameras throughout the facility. Cameras on the cellblocks always record, while throughout the rest of the facility, they are closed circuit, monitored by officers with the ability to record if staff turn them on. Some staff feel that cameras benefit both employees and inmates, helping to ensure that individuals behave properly and providing evidence that facilitates the resolution of disputes. Other Upstate staff resent being constantly on camera while at work, and particularly oppose the placement of cameras in places like the employee break room, where they see no need to be under surveillance.

Most inmates we met with believe that the cameras reduce abuse in the facility. They also told us that it is often difficult to receive a copy of the tapes when they request them, and that there are many blind spots in the facility that are not under video surveillance where assaults on inmates occur.

Grievance System

Upstate's grievance staff consists of a grievance sergeant, a supervisor and two inmate representatives from the facility's Cadre. Staff informed us that the inmates on PIMS Level III submit the fewest grievances and generally complain less than other SHU inmates. In addition, staff reported that for all grievances except those about staff misconduct, the facility works to resolve issues informally, by contacting the area of the prison responsible for the complaint. Although there are inmate representatives from Upstate's Cadre on the Inmate Grievance Resolution Committee, they review only a few of the complaints from the SHU, and they do not conduct investigations.

The staff with whom we spoke regarded inmate grievances as excessive and often frivolous, while 87% of the inmates we surveyed regard the grievance program as ineffective. Many fear retaliation from filing grievances against staff – 80% of those who filed grievances stated they had experienced retaliation.

With a grievance system that they regard as ineffective, inmates believe that they have no means of recourse when they have problems at the facility, particularly with staff. Discussing a problem with supervisors is ineffective, they reported, because they do not believe that a senior member of the staff will credit an inmate's version of an incident over that of another member of the staff.

Final Meeting with the Executive Team (Based on 2004 Visit)

At the end of our visit in 2004, we met with Superintendent Wood and the executive team to discuss some of our preliminary findings. We commended the teachers for their dedication, and we noted that permitting SHU inmates to participate in the ASAT pre-treatment study program is beneficial to inmates. We also expressed our support for the addition of an Aggression Replacement Training program, which he informed us may be instituted.

We told the Superintendent that inmates complained of insufficient food and weight loss – complaints that we were disappointed to hear repeated in our 2006 visit. We also discussed our concerns about medical care, specifically relating to the lack of confidentiality and the long delays to see doctors or specialists. As we report above, results from our 2006 survey indicate that concerns about the provision of medical care remain largely unchanged. We told him that inmates reported encountering difficulties in accessing mental health services. We were encouraged in 2006 to learn that inmates did not repeat this complaint, but, as we described above, we continue to have serious concerns about the quality of the treatment they receive. We discussed the belief of many inmates that the grievance system is not simply ineffective, but that they fear retaliation by staff for filing complaints against them, and similar concerns were expressed by inmates during our most recent visit. We reported complaints that the law library has insufficient and outdated materials, which were also confirmed by our 2006 survey results. Finally, we informed the Superintendent of complaints that visitors are treated poorly by correctional staff.

Recommendations

Programs

- Increase the number of students who take the GED cell study course.
- Use the secure meeting areas for inmate mental health sessions to conduct some of the educational sessions for SHU inmates.
- Institute a Spanish cell study program.

Substance Abuse Treatment

- Provide all Upstate inmates with the opportunity to engage in an official substance abuse treatment program that is recognized by DOCS.
- Accommodate Spanish-speaking inmates in all substance abuse treatment programs.

Transitional Services

- Institute a transitional services program for SHU inmates who are within one year of returning to the community.
- Grant a time cut to inmates who are within eight weeks of returning to the community so that they can join general population and become accustomed to social interactions prior to their release.

Medical Services

- Review the timeliness of inmate access to physicians for routine care and if delays are noted, take action to address these delays.

- Review the patients infected with HIV and HCV to determine if all patients are receiving appropriate treatment. Also, review the protocols for identifying and testing inmates for HIV and HCV to ensure that all patients who may be at risk for these diseases are being diagnosed promptly.
- Hire Spanish-speaking medical staff or utilize a confidential telephone translation service for inmates who are Spanish-dominant.
- Terminate the policy of having inmates place their arms in the feed-up slots of their cell doors to draw their blood.

Mental Health

- Prohibit the placement of inmates with serious mental illness in the SHU and place them instead in residential treatment programs.
- Recruit and hire Spanish-speaking staff to provide mental health services to Spanish-speaking inmates.
- Ensure that inmates can have confidential sessions with mental health staff.
- Fill the DOCS psychologist position. If the prison continues to be unable to fill this position due to salary limitations, inform DOCS Central Office and appropriate Division of Budget officials so that they can take action to augment the salary levels offered to new staff.
- Implement a training program for security staff to: (1) assist them in identifying inmates with mental illness who are experiencing a problem so that they can be referred for appropriate mental health care; and (2) enhance staff skills in communicating with inmates with mental illness and in dealing with inmates who may become disruptive or unmanageable in a non-confrontational manner.

Food

- Ensure that each day, every inmate receives three meals that are nutritionally sound and sufficient to maintain a healthy body.
- Ensure that inmates are not being denied meals as a form of informal punishment.
- Terminate the practice of placing inmates on the restricted diet as punishment for misbehavior.

Recreation

- Ensure that inmates can remain warm while participating in recreation during the cold weather months by supplying sufficient clothing, including gloves, and enabling them to return inside after completing a half-hour of their recreation during cold or inclement weather.

- Provide inmates with equipment to facilitate exercise during recreation, such as chin-up bars or balls.

Packages

- Distribute a clear description of approved and unapproved items to inmates throughout the facility.

Law Library

- Review law library services to ensure that inmates have timely access to requested materials and assistance.

Inmate-Staff Relations

- Institute a training program for staff to improve their ability to communicate effectively with inmates.
- Institute efforts to increase the diversity of Upstate's staff by recruiting and hiring Spanish-speaking and African-American correction officers and additional female correction officers.
- Establish a mentoring program in which senior correction officers are assigned to train and mentor junior officers about ways to communicate more effectively with inmates in a respectful and constructive manner, to defuse situations that could lead to inmate misbehavior and to avoid confrontations.

Grievance

- Permit the inmate representatives on the Inmate Grievance Resolution Committee to conduct investigations of grievances filed by SHU inmates.

Staff Concerns

- Increase the number of correction counselors in order to reduce caseloads and provide additional opportunities for one-on-one counseling.