

The Correctional Association of New York

FOUNDED 1844

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Bedford Hills Correctional Facility

Located in Westchester County, approximately one hour from Manhattan, Bedford Hills Correctional Facility is New York's only maximum-security prison for women. It also serves as the reception facility for all women inmates entering state custody. The current Superintendent at Bedford Hills is Ms. Ada Perez. Members of the Women in Prison Project visiting committee conducted two day-long visits to Bedford Hills, one on July 15, 2005 and the other on December 1, 2005. This report details our observations and recommendations based on the information we gathered during both visits.

Population and Physical Plant

At the time of our July visit there were 823 inmates at Bedford Hills; the facility's capacity is 972.¹ Roughly 49% of the population were African American, 30% were Caucasian, and 20% were Latina. Seventy-one percent were mothers and 61% were from New York City or its suburbs. About 66% were serving time for a violent offense and 18% were serving time for a drug offense. Roughly 74% reported having a history of alcohol or substance abuse before prison. Seventy-two percent were first-time felony offenders. The median age was 36 and the median minimum sentence was eight years.²

Inmates throughout the facility reported that many of the showers (especially those in Buildings 112, 113, 114 and 121) are in serious disrepair and often have ants or worms in them, and that there are problems in galleries and cells with inadequate ventilation in the hot months and insufficient heat in the cold months. We were pleased to hear that Bedford has recently been allocated funds to renovate the bathrooms and showers in all housing units (which had already started in Building 112) and to modernize the windows in the facility's older buildings to allow for better ventilation and heat retention.

Cameras

The Superintendent informed us that more than 180 cameras with audio/visual capabilities are being installed at Bedford Hills. They will be located in store houses, recreation areas, the gym, the mess hall, disciplinary hearing rooms, and all housing units,

¹ Statistics throughout this report regarding Bedford Hills Correctional Facility are from "Bedford Hills Data Sheet" provided by the State of New York Department of Correctional Services (on file at the Women in Prison Project).

² Statistics derived from *Hub System: Profile of Inmate Population Under Custody on January 1, 2005*, State of New York Department of Correctional Services (2005) (hereinafter *DOCS Hub Report 2005*).

both in the corridors and entrance ways, but not in the yard, visiting room or cells. Bedford will not assign staff to monitor the cameras, but instead will keep the recordings for 30 days, and will review footage only when needed. Only certain female correction officers will be given individual access codes to review camera footage.

Inmates and civilian staff both expressed ambivalence about the cameras: they understand the benefit of having footage that has the potential to help clarify what occurred during a particular incident but are concerned that cameras will violate their privacy. The Superintendent explained that she had already spoken with the Inmate Liaison Committee (ILC)³ and Inmate Grievance Review Committee (IGRC)⁴ and assured us that she would continue to dialogue with both groups to address their concerns and explain the camera system structure – especially the way in which recordings will be stored and monitored, and the method for distributing access codes. Correction officers seem to be very supportive of cameras and believe that they will help cut down on “false accusations.”

We support the installation of cameras at Bedford Hills and urge that the “review as needed” policy include saving and reviewing footage that pertains to grievances and complaints filed by inmates about officer misconduct.

Grievance System

The number of grievances filed by inmates at Bedford Hills has increased fairly dramatically over the past few years: inmates filed 229 grievances in 2002, 390 in 2003, and 491 in 2004. The three most highly grieved areas in 2004 were staff conduct (184 in 2004, up from 142 in 2003 and 71 in 2002), medical (57 in 2004, up from 34 in 2003 and 11 in 2002), and housing-internal block affairs (37 in 2004, up from 25 in 2003 and 26 in 2002).⁵ Some staff members stated that the rise in grievances could be attributed to the “more thorough” response to grievances that inmates now receive. They also suggested that new and transferring officers and the difficult officer-inmate relations that sometimes ensue could be an additional contributing factor. Some inmates felt that the increase was due to worsening conditions in particular aspects of prison life, including medical care and relations with correction staff.

Although some inmates expressed positive sentiments, most reported numerous concerns with the grievance system, including feelings that grievances were not adequately investigated, followed up, or resolved, and were almost always decided against the inmate regardless of the circumstances. We were especially troubled that many inmates expressed serious fears about retaliation from officers in response to filing grievances about officer mistreatment, including the issuing of unwarranted tickets for minor infractions. We were

³ The ILC is a group of inmates elected by other inmates to represent the concerns of the inmate population in that particular prison. See State of New York Department of Correctional Services Directive 4002.

⁴ The IGRC is a group of inmates elected by other inmates to help resolve formal and informal grievances or complaints made by other inmates. See State of New York Department of Correctional Services Directive 4040.

⁵ *Inmate Grievance Program Annual Report 2004*, State of New York Department of Correctional Services; *Inmate Grievance Program Annual Report 2003*, State of New York Department of Correctional Services; and *Inmate Grievance Program Annual Report 2002*, State of New York Department of Correctional Services (hereinafter *Inmate Grievance Report 2002, 2003 and 2004*).

also concerned by reports that grievances filed against officers are sent to the housing area Sergeant for further investigation. Designating the direct supervisor of the staff member against whom a grievance was filed to be the primary investigator into the allegations included in that grievance can be seriously problematic. We recommend that a more senior official be designated to conduct such investigations, a practice that could minimize personal bias, increase accountability, enhance the likelihood of a thorough and independent investigation, and decrease inmate fears of retaliation.

We were also concerned about reports that some inmates are being told not to utilize the grievance system but instead to write to specific members of the administration, especially the Deputy of Security, to resolve problems. Although this practice may sometimes be effective in resolving a complaint informally, it remains important for inmates to use the grievance system, thereby establishing a formal record of incidents and allowing inmates to formally appeal grievance committee decisions. Additionally, inmates throughout the day reported that the Deputy of Security does not appear to conduct thorough and impartial investigations after inmates file grievances against officers and seems to approach grievances with substantial bias against inmates. We urge the Superintendent to further investigate this issue.

Medical Services

Background

Until fall 2004, Bedford Hills Correctional Facility was required to comply with a court order resulting from Todaro v. Ward, a class action law suit filed in 1974 by the Legal Aid Society's Prisoners' Rights Project. As a result of this court order and several motions brought over the following 20 years, Bedford Hills was required to maintain enhanced levels of medical staffing, provide inmates with timely access to doctors and nurses, and establish systems to track the provision of specialty care and care given to chronically ill inmates. Todaro also required Bedford Hills to provide women inmates with access to physicians knowledgeable about the treatment of HIV/AIDS, including timely gynecological care for inmates whose immune systems had been compromised.⁶

Staffing and Overview

“Bedford has a total allocation of 15 LPN [Licensed Practical Nurse] positions – with only 7 filled – and 23 RN [Registered Nurse] positions – with only 13 DOCS staff nurse positions filled. Other positions are covered by extra service nurses and agency and per diem nursing staff. The medical staff assured us that they maintain a regular pool of nurses for continuity of care. The long term inpatient care unit in the RMU [Regional Medical Unit] has one RN and one LPN with an average census of 20 patients at any given time.⁷ Their level of acuity is usually low. The infirmary, whose average census is 15

⁶ Todaro v. Ward, 431 F. Supp. 1128 (S.D.N.Y. 1977), aff'd, 565 F.2d 48 (2d. Cir. 1977); Second Modified Judgment, 74 Civ. 4581 (RJW) (October, 1993).

⁷ Bedford Hills is the only female correctional facility in New York State with a Regional Medical Unit (RMU). RMUs provide skilled nursing care for inmates with sub-acute and chronic health care conditions and outpatient specialty clinics for inmates in prisons throughout the surrounding region. “[RMUs] are secure facilities that provide a range of medical services for inmates who are too ill to be treated in regular prison infirmaries but who do not require acute care.... RMUs provide step-down care for inmates returning from a

patients and whose capacity is 20, has one RN, one LPN and one CNA [Certified Nursing Assistant] and, depending on the census and level of acuity, per diem nurses are sometimes used as well. There are also eight infectious disease isolation cells.

Bedford has eight full-time equivalent physician positions including the Facility Health Services Director (FHSD), who works mostly in an administrative and managerial capacity. Of the eight full-time equivalent physician positions, six are full-time and four are part-time. The four part-time positions are currently vacant. There is one pediatrician who comes every other week. Bedford has three authorized Nurse Administrator positions, two of which are filled. The Nurse Administrator with whom we spoke, Ms. Williams, appears to be responsive, able and caring.

Bedford's Quality Assurance program is monitored by the FHSD, Dr. Goldstein, who, unfortunately, was not available to meet with us. During our meeting, medical staff informed us that both in-house and outside appointments are tracked via a computer system that Dr. Goldstein checks daily. She also checks the charts to assess any follow-up notes written by doctors and signs off on any consults. When patients go to outside appointments, the feedback is first reviewed by a nurse who then gives it to the primary care provider for a second review the next day. The level of priority for the follow-up is assigned by the primary care provider. There is a "trip nurse" who is responsible for scheduling all medical trips. The medical staff reported that they did not have any problems with security or transportation arrangements in conducting medical trips. Evening nurses are responsible for reviewing charts of the patients scheduled to be seen the next day.

Sick call is conducted Monday through Friday from 6:00am-9:00am. Approximately 90 inmates are seen per day at sick call during the beginning of the week, and roughly 20 are seen for sick call at the end of the week. If an emergent need to be seen arises not during sick call hours, inmates are told to notify their housing officer who will then notify medical staff. About 20 inmates are seen per day for emergency sick call. Bedford has a total of 32 specialty clinics in its RMU, which cover most general sub-specialties; procedures like biopsies and MRIs are conducted at outside hospitals, usually either at Mt. Vernon Hospital, Westchester Medical Center or Northern Westchester Hospital. Both the infirmary and the RMU seemed to be modern, clean, and well-equipped."⁸

Observations and Recommendations

We are very concerned about the high number of medical staff vacancies in women's and men's facilities throughout the state – and Bedford Hills, which had a total of 38 vacancies, is no exception. At the time of our July visit, Bedford was using four extra service nurses, three per diem nurses and 15 agency nurses to help cover the facility's nursing position vacancies. During our meeting, medical staff explained that even though Bedford has a pay differential of \$12,800, it remains difficult to recruit for in-prison medical positions. While using per diem and agency staff allows for covering shifts, it can lead to serious problems with continuity and quality of care. In addition, this practice does not

hospital stay, rehabilitation care, chronic disease care, long-term care and hospice care. Outpatient clinics in such specialty areas as ophthalmology, infectious disease, endocrinology, orthopedics, dermatology, gastroenterology, podiatry and urology are offered." *Health Care in New York State Prisons*, Correctional Association of New York (February 2000), at 27.

⁸ Staffing and Overview section prepared by Nereida L. Ferran, MD.

ultimately save the state money. As salary decisions are not made at the facility level, we recommend that Department and government officials increase salaries – with geographic and linguistic ability pay differentials – for prison medical staff positions. Such increases would make it easier to recruit qualified medical professionals and help alleviate the current vacancy crisis.

Medical grievances at Bedford Hills have increased substantially over the past few years: 11 were filed in 2002, 34 in 2003, and 57 in 2004.⁹ According to DOCS' *2004 Inmate Grievance Program Annual Report*, medical grievances at Bedford "concerned course of treatment, follow-up appointments and medication concerns."¹⁰ Although Bedford's Inmate Grievance Program Report attributes much of the overall increase in grievances to particular inmates filing multiple complaints, the trend in medical grievances remains significant and warrants further analysis, investigation and follow-up by Bedford's Superintendent and medical team.

In general, inmates reported that the waiting time to see a doctor was roughly two weeks – a shorter wait time than many other facilities the CA has visited throughout the state. Inmates' comments about quality of care from doctors were mixed. They reported that some doctors seem to give them thorough exams and adequately treat their medical problems (including Dr. Norwood, who was often singled out for praise), but that others seem to give cursory examinations, inadequate treatment plans and knee-jerk refusals to prescribe pain medication because of feelings that inmates "just want to get high." Many inmates who reported having a serious or chronic illness had positive comments about the doctors they saw but had serious concerns that they did not see the same doctor consistently and said that the quality of their overall care suffered as a result.

We recommend that the Superintendent work with Bedford's medical team to identify and evaluate medical staff members who inmates report do not provide adequate care. To assist in identifying problematic medical providers, we suggest that the Superintendent: (1) conduct regular meetings with the ILC focused on medical issues; (2) administer an anonymous patient satisfaction survey among the inmate population; and (3) track relevant grievances and informal complaints. We also recommend that Bedford's medical team work toward ensuring that inmates with serious or chronic conditions are assigned a primary care provider who regularly sees them to treat their medical needs.

Many inmates reported experiencing delays in being notified of test results – both normal and abnormal – and in receiving follow-up care for abnormal test results. They also described significant delays in receiving follow-up care at the prison after seeing an outside medical specialist and reported that prison doctors sometimes do not follow the specialist's treatment recommendations and fail to adequately explain their decisions to patients. Inmates indicated that the responsibility for ensuring consistent follow-up care after seeing a specialist often fell to them instead of to their prison doctor.

In contrast, inmates reported that medical staff respond to emergencies quickly and efficiently, and that delays in receiving treatment for medical issues designated "urgent" are rare. Bedford's medical team informed us that the facility contracts with a private agency to

⁹ *Inmate Grievance Report, 2002, 2003 and 2004.*

¹⁰ *Inmate Grievance Report, 2004, at 25.*

provide ambulance services for inmates and staff. Bedford has one Automatic Electronic Defibrillator (AED) and, at the time of our July visit, a request was pending for a second.¹¹ The medical staff informed us that a third AED would be very useful. We urge DOCS to designate a third AED for Bedford's medical department.

Gynecological care

Most inmates had very positive comments about the gynecological care given at Bedford and many gave high praise to Dr. Smalls in particular. Inmates reported that pap smear tests and mammograms are, for the most part, done annually, and that inmates are usually notified in a timely fashion if gynecological test results are normal (by mail) or abnormal (by being called out to the clinic). Some inmates did express concerns that there were delays in receiving consistent follow-up care after receiving notice of an abnormal gynecological test result.

Sick call

Similar to comments about doctors, inmates' comments about quality of care from sick call nurses varied greatly: they felt that some sick call nurses adequately assessed their medical needs and treated them respectfully, while others were "dismissive" of their medical concerns and gave superficial examinations and premature diagnoses. We were very disturbed to hear that certain sick call nurses had advised inmates who reported having yeast infections to buy yogurt in the commissary and insert it themselves into their vaginas. Although some medical practitioners recognize yogurt as a homeopathic remedy for yeast infections, recommending that inmates buy commissary yogurt (which may not be the correct type) with their own money is a wholly inappropriate practice within the prison context – yeast infections can and should be quickly treated and easily cured by a doctor.¹²

Some inmates noted that nurses being "overworked" probably contributed to the poor treatment they sometimes received during sick call. We agree that high work load and numerous vacancies in nursing items most likely contribute to the difficulties inmates identified. Notwithstanding this reality, we urge the Superintendent and medical team to further investigate these issues and develop a plan to ensure respectful treatment and quality medical evaluation by all nurses during sick call.

Dental Care

At the time of our July visit, Bedford had one full-time equivalent dentist (two part-time positions), two dental assistants, and one dental hygienist (who has been out on extended sick leave). Most inmates had positive comments about the quality of care given by dentists, but expressed great concern about problems in accessing the dental care itself. Inmates explained that although they are able to see the dentist in a timely fashion if their

¹¹ According to the American Heart Association, an AED is "a computerized medical device [that] can check a person's heart rhythm. It can recognize a rhythm that requires a shock. And it can advise the rescuer when a shock is needed." See www.americanheart.org/presenter.jhtml?identifier=3011859.

¹² See "Frequently Asked Questions: Vaginal Yeast Infections," The National Women's Health Information Center, U.S. Department of Health and Human Services, Office on Women's Health (April 2006). See *Our Bodies, Ourselves*, Companion Website, Chapter 28: "Vaginal Infections," (2005), www.ourbodiesourselves.org/book/excerpt.asp?id=37.

problem is designated an emergency, they encounter serious difficulties getting to see the dentist for conditions that are considered non-emergencies.

Recent studies have shown that a lack of adequate dental care for pregnant women can have a harmful impact on the health of both expecting mothers and their infants after birth.¹³ Especially in light of the apparent difficulties in accessing timely routine dental care, we recommend that Bedford Hills provide special access to dental care for pregnant inmates, including ensuring that a dental cleaning takes place at least once during pregnancy.

Prescriptions

At the time of our July visit, there was only one pharmacist at Bedford Hills; there were vacancies for another full-time pharmacist and a pharmacist aide position as well. Bedford's medical staff informed us that the facility contracts with a local pharmacy to fill most prescriptions. Inmates – even some with potentially life-threatening illnesses – reported that they sometimes experience delays in receiving medication and obtaining refills. Medical staff also informed us that a fully stocked and staffed pharmacy would cut down on delays and allow for more efficient and effective pharmacy services. We recommend that government officials allocate funds to allow Bedford Hills to establish such a pharmacy. As previously mentioned, we also recommend that Department and government officials increase salaries for pharmacist and other medical staff positions.

Almost every inmate with whom we spoke reported that her doctor had not adequately explained the side-effects of medication that had been prescribed. Inmates explained that they were often forced to look up the side-effects of medication themselves. Inmates noted that this was an increasingly difficult task because the Physician's Desk Reference (PDR), which used to be available on all units, had recently been removed from the units and is now kept only in the library. All doctors should make it a priority to clearly explain to their patients the name, dosage, potential side-effects of, and proper method for taking medication they prescribe and to answer any questions their patients may have. We also recommend that doctors supplement this explanation by giving each patient a written document summarizing this information.

HIV/AIDS and Hepatitis C

Of the 56 inmates identified as being HIV positive at Bedford Hills, 50 are on treatment. Inmates throughout the facility praised the medical care given to inmates living with HIV/AIDS, and felt that both HIV positive and non-infected inmates had adequate access to information about HIV/AIDS and prevention. We believe that this positive report is due both to the good work of the Superintendent and Bedford's medical staff and to the ongoing work of the AIDS Counseling and Education (ACE) Program, a program developed and run by inmates. We commend these efforts and encourage continued and expanded HIV/AIDS education for and outreach to the inmate population. Outreach and testing information seems especially important considering that there are most likely still many women at Bedford who are unaware that they are living with HIV: DOCS reports that

¹³ See, for e.g., *A Closer Look at the Oral Health Care Experiences of Pregnant Prisoners at Valley State Prison for Women in California*, Legal Services for Prisoners with Children (November 30, 2005), at 6.

more than 14% of women inmates in New York State are HIV positive; 14% of Bedford's current population is roughly 115 people.¹⁴

DOCS also reports that roughly 23% of female inmates in its custody are infected with Hepatitis C (HCV) – 23% of Bedford's current population is approximately 189 people.¹⁵ At the time of our July visit, however, only 43 inmates had been identified as having HCV and four were on treatment regimens. We are concerned about these low numbers, especially considering, as medical staff informed us, that all inmates are given a full Hepatitis panel (a test used to detect the existence of Hepatitis A, B or C) at reception. We are aware that not all people infected with HCV should receive treatment. Nevertheless, we urge Bedford's medical staff to further investigate the low numbers both of inmates identified as having HCV and those receiving treatment. Furthermore, in light of DOCS' recent positive change to its Hepatitis C policy to allow inmates who are less than 15 months away from their parole date to receive treatment, we recommend that medical staff re-evaluate inmates with HCV to determine if they are appropriate candidates for treatment.

Medical Care for Spanish-dominant Inmates

At the time of our July visit, there was one Spanish-speaking physician at reception and another internist who also covers emergencies. We have serious concerns about the lack of Spanish-speaking medical staff at Bedford and at other facilities throughout New York State which have the same deficiency. Inmates recounted incidents where Latina inmates had been misdiagnosed because of difficulties with translation; one such incident involved an inmate who had severe heartburn and was given a pregnancy test because of the communication breakdown. DOCS reports that 2% of the inmates at Bedford are Spanish-speaking with no, limited or moderate English proficiency.¹⁶ We believe that the number of inmates who need assistance in articulating their medical needs and concerns – which requires a significantly higher level of proficiency in English than daily conversation – is far greater than the 2% figure.

We also heard reports that medical staff sometimes use inmates as translators. This practice is problematic both because it leads to violations of privacy and because the ability to adequately translate medical concerns requires specific qualifications and should be conducted by a professional who has been trained in medical translation services. We strongly encourage the Superintendent to actively recruit Spanish-speaking staff and, in the absence of such staff, to use telephone translation services, such as AT&T's Language Line, which provides live translators in dozens of languages. We also recommend that Department and government officials implement linguistic ability pay differentials to facilitate the recruiting of qualified, Spanish-speaking medical staff.

¹⁴ Laura M. Manuschak, *HIV in Prisons and Jails, 2003*, Bureau of Justice Statistics (September 2005).

¹⁵ See New York State Department of Correctional Services Response to Document Request of the Assembly Committee on Correction and Committee Health (December 30, 2003). See John A. Beck, Esq., *Health Care in New York State Prisons*, Testimony Presented Before the Standing Committee on Health and Corrections of the New York State Assembly (April 30, 2004).

¹⁶ Statistic derived from *DOCS Hub Report 2005*.

Personal Hygiene

Almost every inmate with whom we spoke noted that the number of sanitary napkins they are provided is not sufficient for their needs when they are menstruating. Similarly, an overwhelming majority of inmates indicated that they were not given enough toilet paper each month. One inmate explained: “We get the same amount that men get but women need more toilet paper, especially when they have their period.” Inmates informed us that if they need more sanitary napkins or toilet paper, they must request it from their housing officer.

During our December post-tour meeting, the Superintendent noted that she had implemented a policy which allows inmates to count packs of sanitary napkins purchased at the commissary as one item, thereby allowing them to purchase other items they may need without superseding their item limit. We support this new policy but strongly believe that inmates – especially indigent inmates – should not be forced to supplement their sanitary napkin supply with commissary purchases. We recommend that Department officials re-evaluate current policy and, in consultation with qualified gynecologists and other medical professionals, increase the number of sanitary napkins and rolls of toilet paper deemed “adequate” for women inmates each month. Such an increase would allow the prison to better meet the needs of the women inmates and would lessen the frequency with which women would be forced to request additional supplies from their housing officer – often an uncomfortable and humiliating situation, especially if their housing officer is male.

Food/Nutrition

Almost every inmate we spoke with identified food as a major area of concern. They described the food not only as “disgusting” but also as nutritionally inadequate – resulting in skin breakouts, deteriorating nail quality and general feelings of depression. We are aware that no individual correctional facility maintains control over the menu or quality of food, as DOCS has expanded its “cook-chill” program based at the Food Production Center at Oneida Correctional Facility – where food is prepared, cooked until almost done, rapidly chilled, stored in containers, and shipped – to each of New York’s 70 prisons.¹⁷ We are concerned that this menu may not provide women (who have different nutritional requirements than men, especially as they grow older) with the nutrition they require. We recommend that Department officials work with qualified nutritionists to re-evaluate the quality of DOCS’ cook-chill meals and whether the current cook-chill menu meets women’s nutritional needs. We also heard consistent comments that inmates frequently see roaches and insects in the mess hall. We asked the Superintendent to investigate and resolve this matter.

We were pleased to hear that pregnant inmates can see a nutritionist and, if necessary, a high-risk doctor every month. We are concerned, however, that an extra afternoon sandwich and fruit snack is the only difference in the diet served to pregnant inmates. Pregnant women should be given an individualized special diet, one that meets their particular nutritional needs and is rich in vitamins and nutrients essential to healthy reproduction.

¹⁷ See *DOCS Today*, Vol. 12, No. 9, State of New York Department of Correctional Services (September 2003).

The Superintendent informed us that Bedford Hills had recently hired a dietician – a very positive development. We urge the Superintendent to inform inmates about the existence of this position and to encourage them to consult with the dietician to ensure that their nutritional requirements are being met and that they receive vitamin supplements if necessary. We also recommend that the Superintendent consider meeting with the ILC and the dietician to discuss inmates’ high level of dissatisfaction with the quality of food served at Bedford Hills.

Mental Health

Overview and Staffing

Bedford Hills is a mental health level one facility, meaning that it has the capability to provide mentally ill inmates with the most intensive mental health services available in the state prison system.¹⁸ At the time of our July visit, Bedford had one Mental Health Unit Chief, 2.7 psychiatrists, six psychologists, one recreational therapist, 3.6 social workers, three clerical staff, one nurse administrator, three LPNs and two RNs. Three mental health nursing positions and one social worker position were vacant.

There were 346 inmates – or 42% of Bedford’s total population – on the mental health caseload. In 2004, six inmates had been admitted to Central New York Psychiatric Center (a maximum-security psychiatric hospital run by the Office of Mental Health) from the general population and 21 had been to the facility’s Residential Crisis Treatment Program (which provides short-term, in-patient care and observation cells for inmates in psychiatric crisis). We were not able to visit the RCTP or examine the observation cells during our tour and plan to visit this area during our next trip. Self-inflicted injury has decreased at Bedford over the past few years: there were 14 incidents in 2002, five in 2003, and four in 2004. The Superintendent stated that she thought this decrease was due in part to Bedford’s new razor policy, which allows inmates to use razors only once a week for a limited number of hours.

We heard positive feedback from inmates, including inmates on the mental health caseload, about the quality of the mental health staff and the counseling services that they provide. Most inmates on the mental health caseload reported that they were able to see mental health staff often enough to address their needs, though some said that they would like to see a counselor more frequently and for longer periods of time. The vast majority reported that they did not usually encounter problems getting their mental health medication and that the side-effects of their medication had been explained to them.

There was general agreement among staff and inmates about two main areas related to mental health. First, both inmates and staff expressed the perception that many inmates on the mental health caseload are “overmedicated.” We heard comments that inmates on psychotropic medication walk around “like zombies,” occasionally trip or fall down, and are sometimes given jobs in the kitchen or mess hall which can be hazardous to themselves and

¹⁸ See State of New York Department of Correctional Services Directive 0046. For more information about mental health services in prison, see *Mental Health in the House of Corrections: A Study of Mental Health Care in New York State Prisons*, Correctional Association of New York (June 2004) and *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness*, Human Rights Watch (October 2003).

other people, as these jobs require a level of vigilance not present among heavily medicated persons.

Second, both staff and inmates held the view that Bedford seemed to be increasingly populated by inmates with serious mental illnesses. Officers explained that managing and guarding mentally ill inmates in general population can be problematic and reported that staff-inmate confrontations often arise as a result of mental illness-related issues. During our July post-tour meeting, the Superintendent expressed the belief that assaults on staff had increased over the past few years (11 incidents in 2002, 13 in 2003, and 16 in 2004) at least in part because of the influx of inmates suffering from mental illness. Officers also mentioned that DOCS has increased training for officers stationed in areas that have higher levels of contact with mentally ill inmates, but said that officers not assigned to these high-contact areas could also use additional training and support. Inmates communicated that if an inmate asks to see mental health, certain untrained officers will brush her off, saying that the inmate “just wanted attention.” We urge DOCS to offer additional mental health training for all correction staff, as such training can help decrease misperceptions, improve staff-inmate interactions and facility safety, and better equip officers with the skills needed to identify inmates that need to access mental health services.

Intermediate Care Program (ICP)

When we visited Bedford’s ICP, there were 13 cells filled out of a total of 16; we were told that an additional woman was on the waiting list. Considering the significant percentage of women inmates at Bedford and at other state facilities with serious mental illness, we are very concerned that not all of Bedford’s ICP beds are filled and that there is not a longer waiting list to get into the program. We urge the Superintendent and Department officials to look more closely into this matter and examine why more women are not being referred to Bedford’s ICP.

The ICP inmates with whom we spoke had very positive comments about the program: they reported that the officers assigned to the unit generally treated them with respect and that mental health staff was accessible, responsive to their needs, and met with them as often as they needed. They also said that groups, including recreational therapy and community meetings, were useful. A few inmates said that they were fearful of other inmates and staff in the general population and preferred to live in the ICP. Other inmates stated that they did want to return to the general population at some point in the future provided that they would have access to the same mental health services. One woman mentioned she wanted to go back mainly because she felt that she would have increased access to vocational and educational programs.

The Superintendent informed us that inmates in the ICP who mental health staff consider ready to return to general population go first to the Network program, which has been modified over the past year. Inmates in the Network program (enrollment at the time of our July visit was roughly 60) live together in Building 120 and participate multiple times per week in group and individual therapy sessions. We were not able to observe the Network program during our tour and look forward to visiting the program when we return.

Overall, it seemed clear that the more intensive services offered in the ICP are highly beneficial to the seriously ill inmates who live there. We urge Department and government

officials to expand the number of Bedford's ICP beds to better meet the needs of women inmates with mental illness and to ensure a more safe environment for inmates and staff. This notwithstanding, we hold the view that both this facility and society would be better served if these inmates were removed from the prison context altogether and placed in community-based programs designed specifically to manage and treat their mental illnesses. The Superintendent's comment during our July post-tour meeting that certain inmates with severe mental illness "should not be here" echoed this sentiment.

Disciplinary Confinement

At the time of our July visit, there were 64 inmates on keeplock status and the Special Housing Unit (SHU) had 23 of its 24 cells filled. Grievances filed about SHU decreased substantially from 39 in 2003 to 15 in 2004.¹⁹

Bedford's free-standing SHU is located in a fairly isolated place in relation to the facility's other buildings. SHU inmates must use their one hour of recreation time in one of two caged areas – a practice which seems to contribute to inmates overall anxiety and low morale. "The rec area makes us feel like we are animals," said one woman.

Some inmates in SHU said that they did not have adequate access to medical services and reported that certain sick call nurses dismiss their medical concerns during rounds, and sometimes speak about their medical problems in front of officers and other inmates. Some inmates reported that certain officers, particularly during the 7:00am-3:00pm shift, verbally harassed them. We also heard comments that women in SHU often feel uncomfortable and unhygienic when they are menstruating because of restrictions on the frequency with which they can take showers. We are aware that DOCS policy restricts inmates in SHU from having more than two showers per week. Nevertheless, we ask the Superintendent and Department officials to consider allowing inmates in SHU to take additional showers when they are menstruating.

In general, inmates in SHU praised the mental health services they receive and were grateful that they were allowed to speak with counseling staff in a private room. We were also pleased to hear that Bedford has initiated group counseling sessions for inmates in SHU, which also take place in a separate room. Despite these services and groups, some inmates told us that their mental health condition had significantly worsened since they had been placed in SHU.

Twenty out of the 23 inmates in SHU at the time of our July visit were on the mental health caseload. In 2004, five of Bedford's SHU inmates were admitted to CNYPC. We strongly recommend that inmates with serious mental illnesses not be placed in SHU, a highly restrictive setting that often aggravates their condition, even if they are able to meet with mental health staff on a regular basis.²⁰ We propose that Bedford's Therapeutic Behavioral Unit (our observations are below) be expanded both to allow the facility to better

¹⁹ *Inmate Grievance Report 2003 and 2004.*

²⁰ For more information about the disciplinary system in New York State prisons and the effect of disciplinary segregation on inmates with mental illness, see *Lockdown New York: Disciplinary Confinement in New York State Prisons*, Correctional Association of New York (October 2003).

meet the needs of mentally ill inmates who commit disciplinary offenses and to ensure a more safe environment for inmates and staff.

Therapeutic Behavioral Unit (TBU)

At the time of our July visit, Bedford had recently begun to operate its TBU, a unit for inmates with mental illnesses who have chronic disciplinary problems and who would otherwise be placed in SHU. When it is fully operational, the TBU will have a capacity of 16 cells; eight cells were filled during our tour. The TBU is based mainly on an incentive model: for the first two weeks after being sent to the unit, women are locked in their cells for 23 hours per day. Inmates who maintain good behavior are, over time, allowed the opportunity to participate in recreational and group therapy sessions, both of which take place outside of their cells in a separate room on the unit. Some inmates earn the ability to participate in programs off the unit. All inmates in the TBU have individual therapy sessions with mental health staff, though the number of sessions per month varies depending on the assessment of a particular inmate's mental health needs. Women in the TBU who mental health considers ready to leave the unit are placed first for five months in Bedford's "Step-Up Network Program" before matriculating back into the general population.

TBU inmates we interviewed had positive comments about the mental health services they were receiving and said that, in general, the officers assigned to the unit treated them respectfully. One inmate reported that she was happy to be in the TBU because she was able to see her mental health counselor more regularly and because she felt safer on the unit than she had in SHU where she had been harassed by certain correction officers. Other inmates commented that they enjoyed the yoga classes offered to them if they maintained good behavior.

Officer-Inmate Relations

Inmates throughout the facility expressed feelings that verbal harassment from correction officers, in general, has increased over the past few years. They reported that although some officers treat inmates with fairness and respect, others address inmates with sexist or homophobic language, racial epithets, and disrespectful language based on physical appearance, and that they "throw [inmates'] cases in [their] faces." The latter issue seems to be a problem particularly for inmates convicted of crimes against their children, a population of women traditionally and easily demonized by society.

Many inmates reported that, with the exception of certain individuals, verbal harassment was less prevalent among more experienced officers and more prevalent among younger officers and officers who are new to the facility (either as new transfers from male facilities or as officers completing their on-the-job training). We have found a similar variance in relations among inmates and officers at other facilities. This issue is particularly relevant at Bedford Hills, as it is the only female facility which serves as a training ground for female officers who have recently graduated from DOCS Training Academy and as the main transfer facility for officers, both male and female, coming from men's prisons.

Officers we spoke with acknowledged that it sometimes takes a while for new officers and officers being transferred from men's facilities to change their attitudes and "readjust." We urge that additional and ongoing gender-specific training on working in

women's facilities and appropriate staff-inmate interaction supplement the training that officers already receive from the DOCS Academy. Considering that the overwhelming majority of women inmates across the state have suffered severe physical and/or sexual violence in their lives, this training should include education about abuse and its effects. We also believe that representatives of both the new and more experienced correction staff should have regular meetings with the ILC under executive team supervision to facilitate communication and problem solving.

In contrast to verbal harassment, inmates reported that physical abuse by correction officers did not seem to be widespread throughout the facility. Inmates did note, however, that although physical and sexual abuse was not common, it was not non-existent, and that incidents of abuse by a few, specific officers continue to occur sporadically.

DOCS has recently taken a positive step by issuing a new directive which outlines its "zero tolerance" policy for staff sexual misconduct.²¹ Abuse of inmates is unacceptable and we support any efforts the Department makes to ensure better detection of and investigation into officer sexual misconduct. We encourage DOCS to build on this step and explore more effective ways not just to identify, but also to respond to serious misconduct, including the ability to remove and reassign specific officers in a timely fashion. In addition, we are concerned that allegations of staff physical harassment will not be as thoroughly or aggressively responded to or investigated as allegations of sexual abuse. We ask the Department to issue a similar "zero tolerance" directive about staff physical and verbal harassment of inmates and we urge the Superintendent to ensure rigorous, impartial and timely investigations into all allegations of staff misconduct at Bedford Hills.

Although most inmates did not express concerns about pat frisks, some inmates reported that certain officers – including female officers – conduct pat frisks in an overly rough and sometimes abusive fashion. Inmates pointed out that although most officers seem to be aware of and conform to the guidelines regulating proper pat frisk procedure established in the June 2000 settlement of Hamilton v. Goord, certain officers fail to follow these guidelines.²² We encourage ongoing training for staff on proper pat frisk procedures and recommend that the Hamilton v. Goord guidelines be clearly posted in multiple places throughout the facility.

All the aforementioned concerns reported by inmates seem to be reflected in the considerable increase in the number of grievances filed under the category of "staff conduct" over the past few years. Inmates filed 71 staff conduct grievances in 2002, 142 in 2003, and 184 in 2004.²³ According to DOCS' *2004 Inmate Grievance Program Annual Report*, these grievances included "allegations of threats, verbal abuse, inappropriate language, retaliation, intimidation and improper use of force."²⁴ As previously mentioned, although Bedford's Inmate Grievance Program Report attributes much of the overall rise in grievances to particular inmates filing multiple complaints, the steep increase in the number of staff conduct grievances warrants further analysis, investigation and follow-up.

²¹ See State of New York Department of Correctional Services Directives 4028A and 4027A.

²² Hamilton v. Goord, 797 N.Y.S.2d 334 (App. Div. 2005).

²³ *Inmate Grievance Report 2002, 2003 and 2004*.

²⁴ *Inmate Grievance Report 2004*, at 25.

In addition to formal disciplinary procedures, there seems to be a system of informal counseling of line officers who misbehave by superior correction staff at Bedford Hills. Although such informal counseling can be effective, supplementary measures, including close monitoring and supervision, are also sometimes necessary to ensure compliance with DOCS' standards of behavior. During our July post-tour meeting, the Superintendent informed us that verbal harassment, retaliation and threats of retaliation for filing grievances, and physical and sexual abuse are "unacceptable." We expressed our hope that the Superintendent continue to articulate and enforce this stance. We also urge that the Superintendent closely monitor those officers about whom a large number of inmates complain – especially those assigned to housing areas – and, where appropriate, to either recommend their speedy removal or reassignment to non-contact positions.

Inmate-Administration Relations

Inmates throughout the day expressed mixed feelings about their relationship with Bedford's administration. Many inmates praised the Superintendent's general style of leadership, yet felt that, in contrast to other issues where they are given the chance to communicate problems and thoughts, concerns regarding correction officer treatment are often dismissed automatically and without the opportunity to engage in a meaningful discussion. Many inmates also expressed concern that rules seem to be increasingly applied in an inconsistent manner – notwithstanding the Superintendent's clearly articulated directions about the way in which rules should be enforced. They feel that this situation creates frustration and anxiety among inmates and a tense atmosphere at the facility. Many suggested that an increased presence of and oversight by the Superintendent would help to prevent any individual executive team member from applying rules and policies in an erratic and inconsistent fashion.

New York State Correctional Officer and Police Benevolent Association (NYSCOPBA), Public Employees Federation (PEF), and Civil Services Employees Union (CSEA)

The civilian and correction officer union representatives with whom we met praised the Superintendent's leadership style, especially her "open door policy" and responsiveness to their concerns. They stated that staff-administration communication and morale among staff in general had increased significantly under the new Superintendent. Officers expressed special appreciation for the Superintendent's willingness to include more of their input into the facility's plot plan (the plan for designating staffing throughout the prison).

Adequate staffing is a concern for NYSCOPBA, PEF and CSEA at Bedford Hills, though the need seems less pressing for correction officers than it does for civilian staff – there are 431 officers at Bedford Hills and no vacancies. PEF has particular concerns about meeting adequate staffing levels, especially for nursing items, teachers, and correction counselors who have untenable case loads of up to 150 inmates. All unions noted experiencing difficulties recruiting new staff members and reported that Bedford's pay differential is not sufficient to cover the high cost of living in the Westchester area.

NYSCOPBA reported concerns about its current Tier III retirement system, which does not allow officers to earn larger pensions after serving 25 or 30 years on the job. Due to vast prison expansion during the 1980s and the concomitant increase in correction

staffing levels, many officers will soon reach their 25 year mark and will have little incentive to continue working. Losing a large number of veteran officers would present a troubling reality: more experienced officers can, and often do, play a significant role in helping to train, mentor, and set an example for less experienced officers about various issues, including appropriate staff-inmate interaction. We were told that three veteran officers at Bedford Hills retired this past summer and that a significant percentage of the officers at Bedford will probably retire in the coming years.

All union representatives suggested that the facility would benefit from implementing a rewards program for staff who perform their jobs especially well. We support the idea of a non-financial rewards program, as performance-based incentives can be a powerful tool to boost morale and encourage staff to improve the quality of its work. We also encourage the Superintendent to establish a formal mentoring program in which veteran correction officers can train and advise less experienced officers about ways to effectively and respectfully communicate with inmates and peacefully resolve situations that might otherwise result in serious staff-inmate confrontations.

Visiting and Nursery

Bedford seems to have the most extensive visiting services for mothers in the New York State prison system. The facility's Children's Center, located in the back of the general visiting room, is the most impressive we have seen – it has a pleasant atmosphere, is stocked with toys, and provides adequate space for women to play with their children.²⁵ The Center also organizes day visits (from 9:00am-3:00pm) between mothers and their children, works with local host families to allow children to visit their mothers for multiple days in a row, and hosts a summer program which provides free buses for children to visit their mothers on weekends. With assistance from outside non-profit agencies, Bedford's Parenting Center, staffed mainly by inmates, works to provide information about the rights and responsibilities of incarcerated mothers with children in foster care, among other activities.

Most inmates reported that they had no serious problems with the visiting process at Bedford Hills, although some reported that their families had to endure long waits before visits and that certain staff members treat their visitors with considerable disrespect, or, as one inmate put it, "like they were inmates too." Other inmates objected to the fact that their visitors were restricted from bringing food to a visit and that vending machines in the visiting room were often inadequately stocked. A few inmates were distressed that visitors who, in the past, had been allowed into the facility with their prescription medication were now being denied entry. Inmates seemed confused about this new practice and wondered whether Bedford had instituted a new visiting policy. We ask that the Superintendent inform all inmates about any newly implemented policies or practices and address any questions they may have. We also ask that new directives that affect visiting practices be clearly posted in the visitor processing area and urge DOCS to post this information on its website as well. Other inmates raised concerns about not having disbursements from their accounts processed quickly enough to ensure that they could pay for photographs during visits.

²⁵ For more information about the children's center at Bedford Hills, see Kate Stone Lombardi, *Parenting Behind Bars*, N.Y. Times, April 11, 2004.

Bedford's nursery has a capacity of 25 beds and at the time of our July visit, 18 mothers were participating. The nursery program offers pre-natal services and LEAP, a pre-GED program designed specifically for mothers and pregnant women.²⁶ Inmates praised the nursery program, which allows mothers to keep their infants with them for a year to 18 months (depending on their release date), and reported that correction staff assigned to the nursery treat inmates with fairness and respect. We agree that the nursery is a very important program at Bedford Hills, as it provides mothers with the opportunity to nurture family bonds during a critical developmental time in their child's life. We are concerned, however, about reports that women are being denied entry into the nursery based solely on their commitment crime. We are also concerned about reports that women are being denied entry into the Family Reunion Program (FRP) for similar reasons. We hold the view that cases should be reviewed on an individual basis and that no blanket restrictions should be placed on eligibility for participation in either the nursery or the FRP.

Programs

There are 673 inmates – almost 82% of the total population – with full-time program assignments at Bedford Hills. Nineteen inmates have half-time program assignments and 111 inmates are idle, or un-programmed. Bedford has 132 Inmates Program Aides (IPAs) – a very high number in comparison to other facilities in New York. There are also a number of “inmate organizations,” including ACE (AIDS Counseling and Education), PALS (Peer Adolescent Leadership Support), Long Termers' Committee, a chapter of NOW (National Organization for Women) and HOPE (Helping Other's Personal Expressions), among others. We believe that one of Bedford's greatest strengths is the opportunity it provides for women to start their own “inmate organizations” and assist with other programs throughout the facility. We were pleased to hear of the Superintendent's efforts to maintain these organizations and hope that the atmosphere at Bedford Hills remains encouraging to inmates who want to develop and participate in programs and groups.

Bedford is the only women's facility to offer Puppies Behind Bars, which allows inmates to train puppies to become seeing-eye dogs for people who are blind. Inmates participating in Puppies gave the program high marks. It is clear that the program allows inmates to gain useful skills while building their self-esteem and serving the outside community. We commend the Superintendent for continuing to operate this program and encourage her to work toward implementing other programs that would achieve similar goals.

Bedford also runs a Family Violence Program, a volunteer group for inmates with histories of domestic violence. The program has three groups of 15 people who meet once per week for two hours. There are two to three inmate facilitators in each group and the Family Violence Program Coordinator also conducts one-on-one counseling sessions as needed. One inmate who works in the program estimated that the Coordinator sees approximately five people per week. Unfortunately, at the time of our July visit, the Coordinator was away from the facility and we were not able to see the program in action or speak with inmates enrolled in the program. We look forward to visiting this program during a future visit.

²⁶ For more information about the nursery at Bedford Hills, see *Profile and Three Year Follow-up of Bedford Hills and Taconic Nursery Programs: 1997 and 1998*, State of New York Department of Correctional Services (2002).

Academic

In general, inmates gave positive comments about Bedford's academic programs. Inmates enrolled in ABE, pre-GED and GED classes said that the quality of the teachers was high and that the information provided was useful. Sister Catherine, a pre-GED teacher, was singled out for praise by many inmates. Of the 62 inmates at Bedford Hills who took the GED exam in 2004, 38 passed. That Bedford Hill's GED passing rate in 2004 – 61% – is higher than the 55% passing rate for women inmates system-wide is a noteworthy achievement. Nevertheless, we believe that the passing rate can and should be even higher.

At the time of our July visit, there were five teachers on staff and a total of 247 inmates (30% of Bedford's total population) enrolled in academic programs and 91 (11%) on waiting lists. We are concerned that 33% of Bedford's population does not have a GED,²⁷ yet only 15% are enrolled in ABE, pre-GED, GED, ESL and Special Education classes combined. When we asked why the waiting list for ABE classes was long (enrollment was 18 and the waiting list was 52), the Superintendent informed us that it was due to an ABE teacher vacancy which would be filled soon. Especially in light of DOCS' new policy requiring inmates who do not already have a GED or higher degree (with some exceptions) to participate in an academic program until they receive their GED, we urge the Department to establish more ABE, pre-GED, and GED classes with sufficient, quality staff at Bedford Hills. Also, we believe that at the time of our July visit, Bedford had neither a Spanish GED teacher nor an ESL teacher. We are troubled by the lack of Spanish-speaking teaching staff and urge that these positions be filled as soon as possible with teachers who are fluent in Spanish and English.

Inmates reported that they are extremely grateful to have the opportunity to participate in the college program, which was reinstated at Bedford in the late 1990s by a consortium of private colleges.²⁸ Forty-seven percent of inmates at Bedford already have their GED or high school diploma compared to 40% of women inmates system-wide.²⁹ At the time of our July visit, 124 inmates were enrolled in Bedford's college program. We urge Department and government officials to examine the positive impact of the college program at Bedford Hills – on inmates, on staff and on the facility's overall atmosphere – and consider reinstating college programs in all state prisons.

Vocational

Bedford currently offers four different vocational courses: print shop, cosmetology, horticulture, and computer technology. At the time of our July visit, a total of 108 women were participating in these programs. Because Bedford's vocational programs do not run on Friday during the summer months (the time we visited), we were not able to see any vocational programs in action or speak to any teachers. We did speak to many women throughout the day, however, who told us that they were not participating in a vocational program because they had completed one and had not been assigned to another. This gap seems to be an especially big problem for inmates serving long sentences – a group that comprises a much larger percentage of the population at Bedford Hills than at other

²⁷ Statistic derived from *DOCS Hub Report 2005*.

²⁸ See <http://www.marymount.mmm.edu/study/resources/specialprograms/bhcp.html>.

²⁹ Statistics derived from *DOCS Hub Report 2005*.

women's facilities: 38% of inmates at Bedford Hills have a minimum sentence of 10 years or more, compared to 13% of women inmates system-wide.³⁰

We are very troubled by the long waiting lists for many of Bedford's vocational classes. At the time of our July visit, 43% of the inmates at Bedford were on the waiting list for a vocational program assignment: 28 people were enrolled in print shop and 103 were on the waiting list; 21 people were enrolled in cosmetology and 183 were on the waiting list; 33 people were enrolled in horticulture and 59 were on the waiting list; 26 were enrolled in computer technology and 11 were on the waiting list. We were pleased to hear that Bedford plans to install a new computer lab and hire an additional full-time staff member to teach two general business classes, each of which will have a 17-person capacity. We urge Department and government officials to build on this positive step and allocate additional funds and/or partner with outside agencies to expand the number of vocational programming slots open to women – including women who have already completed one vocational program – and the types of programs offered at Bedford Hills.

Jobs

At the time of our July visit, there were 181 women with porter jobs, 157 with non-porter jobs and six with Department of Labor apprenticeships. Some inmates expressed the desire to participate in an industry program, which Bedford currently does not offer. They noted that an industry job would allow them to gain useful skills that would ultimately help them find employment in the outside world, and that it would provide them with an opportunity to earn a higher salary than they earn for regular prison jobs.

Substance Abuse Treatment

Bedford Hills has two Alcohol and Substance Abuse Treatment (ASAT) programs, a six-month, non-residential drug treatment program funded by New York State.³¹ Each program has three modules per day (AM, PM and Evening) and roughly 20 inmates participate in each three-hour module. At the time of our July visit, there were 165 inmates on the waiting list. Some women reported being on the waiting list for many years.

Unfortunately, the ASAT program was not in session during our July visit; we plan to visit the program during our next trip. We were, however, able to speak with a Correction Counselor assigned to the program, who explained to us that priority for enrollment is given to inmates who are nearing their parole board date – because completion of drug treatment is often a condition of making parole – and to inmates who have Hepatitis C. We believe that this statement was in reference to DOCS' now old policy of requiring inmates with both HCV and a past history of substance abuse to participate in drug treatment in order to receive treatment for their Hepatitis C, regardless of how long ago they had the substance abuse problem. We are very supportive of the policy change DOCS made in October 2005 to allow inmates to receive HCV treatment regardless of their participation in a substance abuse program.³² We were pleased to hear that Bedford plans to rearrange its ASAT staffing

³⁰ Statistics derived from *DOCS Hub Report 2005*.

³¹ See *Alcohol and Substance Abuse Treatment (ASAT) Program Operations Manual*, State of New York Department of Correctional Services (October 2002).

³² See Memorandum from New York State Department of Correctional Services Chief Medical Officer Lester N. Wright, "Hepatitis C Primary Care Guideline," October 13, 2005 (on file at the Women in Prison Project).

and hire additional counselors for the program. Given these plans, we urge the Superintendent and Department officials to expand the ASAT program's capacity to accommodate the current need and to shorten the lengthy waiting list.

We were also pleased to hear that Bedford has recently begun a new Mentally Ill Chemically Addicted (MICA) program, a residential housing unit for mentally ill inmates with prior histories of substance abuse. At the time of our December visit, there were 37 inmates participating in MICA. The Superintendent informed us that the program will be expanded to accommodate 50 inmates in total. We commend the Superintendent and DOCS on launching this program – the first one of its kind in the state prison system – and urge that services and programs continue to be increased to better meet the needs of inmates with co-occurring disorders at Bedford Hills.

Library

General

At the time of our December visit, Bedford's general librarian position was vacant. The Superintendent informed us that she planned to hire a new librarian very soon. Inmates' comments about the general library were mixed: some inmates felt that the reading selection was good, while others felt that there was an insufficient variety of books for people of varying literacy levels. Other inmates commented that there were not enough Spanish materials for Latina inmates.

Law Library

In contrast to the general library, almost all the inmates with whom we spoke expressed serious concerns about Bedford's law library. The number of grievances filed about the law library more than doubled from 2003 (11) to 2004 (28).³³ Inmates reported that the legal materials are inadequate and outdated; that there are not enough computers in total and that only two of the four computers are working; that the space is too small and does not allow for any privacy; that they do not receive enough legal assistance; and that, although some Inmate Law Clerks are helpful, not all clerks are sufficiently trained to assist inmates understand complex legal issues and procedures. Inmates also stated that there are often long waiting lists for the law library and that inmates who miss one call out, even for a doctor's appointment, are immediately removed from the call out list.

When we conveyed these comments during our July post-tour meeting, the Superintendent informed us that she had recently added two additional Inmate Law Clerks, making a total of eight clerks altogether, and that she planned to move the law library to a bigger space, create new work stations and order more updated books. We were pleased to hear of these advances and recommend that the Superintendent also consider installing additional computers, acquiring legal education CD-ROM disks, and offering supplementary legal training for law clerks and other inmates. Because case law is constantly changing, lack of access to the internet can hinder an inmate's ability to understand and analyze legal issues related to her case and can impede her access to the courts. For this reason, we also ask the

³³ *Inmate Grievance Report 2003 and 2004.*

Superintendent and Department officials to consider allowing inmates limited use of the internet in a supervised setting.

Clothing

Inmates we interviewed throughout our visit were very distressed about the new state-issue boots they are required to wear. Inmates indicated to us that they are “men’s boots” and are heavy and uncomfortable, often causing their feet to swell and hurt. Some inmates reported placing sanitary napkins in their boots to mitigate the discomfort. During our December post-tour meeting, the Superintendent confirmed that the boots are not suited to women’s feet and indicated plans to let DOCS Central Office know that the boots have been problematic. We very much support the Superintendent’s plans to suggest that DOCS issue new boots to the female population in state custody.

Parole

We heard inmates throughout the day express frustration about being repeatedly denied parole. Many women feel that the New York State Board of Parole no longer takes into account their institutional record, accomplishments, behavior, or other issues and denies them parole based solely on “the nature of their crime.” Understandably, this is a pressing issue for many women at this facility: the Board of Parole has been increasingly reluctant to grant parole to people who have committed violent offenses and 66% of women at Bedford are serving time for a violent offense, compared to 39% of women inmates system-wide.³⁴ We are aware that DOCS Central Office does not have control over the decisions of the Parole Board, and we plan to follow-up our advocacy for more fair and sensible parole policies with the appropriate government officials.

³⁴ Statistics derived from *DOCS Hub Report 2005*. See also John Caher, *Dismantling Parole: Parole Release Rates Plunge Under Pataki’s Tough Policy*, New York Law Journal, January 31, 2006.

Key Recommendations – Bedford Hills Correctional Facility
Women in Prison Project, Correctional Association of New York

The following is a summary of the Correctional Association's key recommendations for reform at Bedford Hills Correctional Facility. We recognize that, in many cases, the authority to institute facility-specific and system-wide changes rests with multiple institutions. We have nevertheless made an effort to pinpoint the agencies that are most directly responsible for making decisions regarding the various issue areas that we have addressed in our report.

1. Grievance System

Bedford Hills Correctional Facility:

- Take proactive steps to eliminate retaliation against inmates by officers in response to filing grievances about officer misconduct.
- Designate a senior official other than the direct supervisor of an officer against whom a grievance is filed to be the primary investigator into grievances about staff misconduct.
- End the practice of informing inmates that they should write to specific members of the administration to resolve problems instead of using the grievance system.

2. Medical Services

Bedford Hills Correctional Facility:

- Evaluate and monitor medical staff members who inmates report do not provide adequate care. To assist in identifying problematic medical providers: (1) conduct regular meetings with the Inmate Liaison Committee (ILC) focused on medical issues; (2) administer an anonymous patient satisfaction survey among the inmate population; and (3) track relevant grievances and informal complaints.
- Develop a plan to ensure respectful treatment and quality medical evaluation by all nurses during sick call.
- Work toward ensuring that inmates with serious or chronic conditions are assigned a primary care provider who regularly sees them to treat their medical needs.
- Ensure timely notification of test results – both normal and abnormal – and timely follow-up care for abnormal test results.
- Ensure timely and consistent follow-up care for inmates who see outside medical specialists and require doctors who decide not to follow the recommendations of outside specialists to (1) document their decisions so that they can be reviewed by the Facility Health Services Director, and (2) explain their decisions clearly to patients.
- Ensure that inmates are able to see the dentist for conditions that are considered non-emergencies in a timely fashion.
- Provide special access to dental care for pregnant inmates, including a dental cleaning at least once during pregnancy.
- Ensure that doctors clearly explain the side-effects of medication that they prescribe to patients and require doctors to give each patient a written document summarizing the name, dosage, potential side-effects of, and proper method for taking medication that they prescribe.
- Actively recruit Spanish-speaking medical staff, and, in the absence of medical staff translators, use telephone medical translation services, such as those provided by AT&T's Language Line.
- Continue and expand outreach to inmates about the importance of being tested for HIV.

Key Recommendations – Bedford Hills Correctional Facility

Women in Prison Project, Correctional Association of New York

- Investigate the low numbers both of inmates identified as having Hepatitis C and of those receiving treatment, and, in light of the recent changes to DOCS' policy, re-evaluate whether inmates with HCV are appropriate candidates for treatment.

New York State Governor, State Legislature, and Department of Correctional Services:

- Increase salaries for prison medical staff positions to aid facilities in recruiting qualified professionals.
- Increase Bedford's geographic pay differential and establish a linguistic ability pay differential for medical staff.
- Make sure that Bedford's medical department has three Automatic Electronic Defibrillators.
- Allocate funds to allow Bedford Hills to establish its own fully stocked and staffed pharmacy.

3. Personal Hygiene

Bedford Hills Correctional Facility and Department of Correctional Services:

- Consult with qualified gynecologists and other medical professionals to re-evaluate DOCS' current personal hygiene item policy and increase the number of sanitary napkins and rolls of toilet paper given to women inmates each month.

4. Food/Nutrition

Bedford Hills Correctional Facility:

- Investigate and resolve the problem of roaches and insects in the mess hall.
- Set up a meeting with the ILC and the dietician to discuss inmates' high level of dissatisfaction with the quality of food served at Bedford Hills.

Bedford Hills Correctional Facility and Department of Correctional Services:

- Consult with qualified medical professionals to re-evaluate the diet served to pregnant inmates and ensure that pregnant women are given an individualized special diet that meets their particular nutritional needs and that is rich in vitamins and nutrients essential to healthy reproduction.

5. Mental Health

Bedford Hills Correctional Facility:

- Work with staff from the Office of Mental Health to investigate reports that inmates receiving psychotropic medication are "overmedicated."
- Ensure that inmates on high doses of psychotropic medication are given appropriate jobs that they can perform without creating risks for themselves or other people.
- Investigate why more women are not being referred to Bedford's Intermediate Care Program (ICP).

Department of Correctional Services:

- Offer additional mental health training for all civilian and correction staff, not only for staff stationed in areas that have higher levels of contact with mentally ill inmates.

Key Recommendations – Bedford Hills Correctional Facility
Women in Prison Project, Correctional Association of New York

New York State Governor, State Legislature, and Department of Correctional Services:

- Allocate additional funds for Bedford Hills to expand its ICP so that it can better meet the needs of inmates with mental illness and ensure a more safe environment for inmates and staff.

6. Disciplinary Confinement

Bedford Hills Correctional Facility:

- Ensure that inmates and officers are fully informed about disciplinary infraction rules and ensure that those rules are applied by officers in a clear and consistent manner.
- Allow inmates placed in the Special Housing Unit to take additional showers when they are menstruating.

New York State Governor, State Legislature, and Department of Correctional Services:

- Allocate additional funds for Bedford to expand its Therapeutic Behavioral Unit to allow the facility to better meet the needs of mentally ill inmates who commit disciplinary offenses and to ensure a more safe environment for inmates and staff.

7. Officer-Inmate Relations

Bedford Hills Correctional Facility:

- Initiate regular meetings with representatives of new and more experienced correction staff and the ILC under executive team supervision to facilitate communication and problem solving.
- Clearly post the Hamilton v. Goord guidelines in multiple places throughout the facility.
- Ensure that thorough, impartial and timely investigations are conducted into allegations of staff verbal, physical and sexual misconduct.
- Closely monitor those officers about whom a large number of inmates complain – especially those assigned to housing areas – and, where appropriate, recommend either their speedy removal or reassignment to non-contact positions.

Department of Correctional Services:

- Issue a directive outlining the Department’s “zero tolerance” policy with regards to staff physical and verbal harassment of inmates.
- Offer additional and ongoing gender-specific training on working in women’s facilities, appropriate staff-inmate interaction, and the pervasive histories of abuse among the female inmate population and the far-reaching effects of that abuse.

8. Inmate-Administration Relations

Bedford Hills Correctional Facility:

- Inform inmates in a timely fashion about any newly implemented policies or practices (including any new policies around visiting rules and procedures) and address any questions they may have.
- Ensure that all rules and policies are applied in a consistent and fair manner by all correction, civilian and executive team staff.

Key Recommendations – Bedford Hills Correctional Facility
Women in Prison Project, Correctional Association of New York

9. NYSCOPBA, PEF, and CSEA

Bedford Hills Correctional Facility:

- Implement a non-financial rewards program for staff who perform their jobs especially well.
- Establish a formal mentoring program in which veteran correction officers can train and advise less experienced officers about ways to effectively and respectfully communicate with inmates and peacefully resolve situations that might otherwise result in serious staff-inmate confrontations.

New York State Governor, State Legislature, and Department of Correctional Services:

- Work toward restructuring the Tier III retirement system to provide incentives for correction officers to continue working after 25 years on the job.
- Increase Bedford Hills' geographic pay differential for civilian and correction staff.

10. Programs

Bedford Hills Correctional Facility:

- Actively recruit qualified academic and vocational staff who are fluent in Spanish and English.

New York State Governor and Legislature, and Department of Correctional Services:

- Increase Bedford's geographic pay differential and establish a linguistic ability pay differential for academic and vocational instructors.
- In light of DOCS' new GED policy, allocate additional funds to establish more academic classes with sufficient, quality staff at Bedford Hills.
- Allocate additional funds and/or partner with outside agencies to expand the number of vocational programming slots open to women and the types of programs offered.
- Allocate additional funds to allow Bedford Hills to expand its ASAT program's capacity to accommodate the current need and to shorten the lengthy waiting list.
- Reinstigate college programs in all state correctional facilities.

11. Law Library

Bedford Hills Correctional Facility:

- Install additional computers, acquire legal education CD-ROM disks, and offer supplementary legal training for law clerks and other inmates.

Department of Correctional Services:

- Consider allowing inmates limited use of the internet for the purpose of carrying out legal research in a supervised setting.

12. Clothing

Department of Correctional Services:

- Replace boots recently issued to the female population in state custody with new boots better suited to women's feet.