

# The Correctional Association of New York

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## Attica Correctional Facility

Attica Correctional Facility is a maximum-security prison for men located in the town of Attica in Wyoming County, NY. It has a population of approximately 2,190 prisoners, including a general population, a Special Housing Unit with a capacity of 116, an infirmary with a capacity of 30 and an Intermediate Care Program with a capacity of 84. The facility has a Residential Substance Abuse Treatment program, a non-residential Alcohol and Substance Abuse Treatment Program, and educational and vocational programs. The Correctional Association visited Attica on March 17, 2005.

Overall, we were left with both positive and negative impressions about Attica. While some programs provide beneficial and productive opportunities for inmates to gain skills and confront difficult challenges, we were struck by a widespread sense of fear and intimidation among inmates. Reports of staff physically abusing inmates and retaliation by officers against inmates who file complaints about staff were extensive. Although inmates had positive impressions of Superintendent James Conway and his administration, they reported that he is unable to halt the pervasive violence and abuse by the officers.

Additionally, we found the facility to be in better repair than it was on our previous visit in September 2002. We understand that a \$5.3 million facility-wide renovation project is nearly complete. In particular, we noted the improvements made in the Special Housing and Mental Health Units. Our impressions of the educational, vocational and drug treatment programs that we visited were largely positive, although there are exceptionally long waiting lists and a large number of inmates assigned to porter positions.

Grievances at Attica increased by 18% in 2004, the most dramatic increase in five years. The most highly grieved area was medical, but grievances in this area decreased slightly as they did in 2003. Grievances about staff conduct, which was the second most highly grieved area, increased by 36%, a troubling indicator of the poor relationship among inmates and staff.

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

### **Mental Health Care**

Attica is a Level 1 mental health facility with an Intermediate Care Program, a Mental Health Unit and a Special Treatment Program. Over 400 individuals or 18% of the population are on the Office of Mental Health Caseload. On the day of our visit, 26 of 28.2 full time

equivalent mental health positions were filled, and candidates were being interviewed for two of the vacant positions. There are no Spanish-speaking mental health staff, creating a significant challenge for Spanish-dominant inmates in need of mental health services.

We are very concerned about the condition of inmates with mental illness at Attica, a concern that we understand the Superintendent shares. With the notable exception of the services in the Intermediate Care Program, we found that they face significant obstacles to treatment and personal safety throughout the facility. Staff and inmates with whom we spoke reported that inmates with mental illness face victimization in the general population, and individuals throughout the facility told us they fear acts of aggression by inmates with mental illness who behave unpredictably when they are not properly treated. We commend the Superintendent for ensuring that Attica's correction officers (COs) who work closely with inmates with mental illness have one day per year of onsite training and we share his belief that additional training would be a positive step. Officers throughout the facility could also benefit from increased training on how to interact with inmates with mental illness.

### ***Intermediate Care Program***

Members of the visiting committee toured the Intermediate Care Program (ICP) where 73 inmates with mental illness live in a separate cellblock and participate in group and individual therapy. The inmates with whom we spoke were generally satisfied with their treatment, and the staff and inmates who work there struck us as understanding and sensitive to the needs of inmates with mental illness. We were pleased to learn from the Superintendent that the program offerings to ICP inmates will soon be expanded, and we agree with him that the facility could greatly benefit from an increase in the capacity of the program, which is not currently planned.

### ***Mental Health Unit***

The newly renovated Mental Health Unit (MHU) consists of ten observation cells, a dormitory and a room where inmates in a locked cubicle can meet privately with a therapist. The cells are enclosed by Plexiglas, bars and wire mesh – the latter material prevents inmates from hanging themselves from the bars. This arrangement permits greater visibility than many observation cells throughout the state, which often have only a small window and a thick steel door. On the day of our visit, five out of ten cells were occupied. We were pleased to see that in contrast to our previous visit, all the inmates in the observation cells had mattresses. The dormitory, which is used to temporarily house inmates who are awaiting mental health evaluation, a transfer to a new facility or who are adjusting to new medication, was unoccupied on the day of our visit. Staff reported that a psychiatrist visits the unit daily to meet with each inmate.

### **Special Housing Unit**

On the day of our visit, there were 103 inmates in the Special Housing Unit (SHU), which has a capacity of 116 inmates. Visitors found the physical space to be improved since our last visit with newly painted walls, new windows and a repaired heating system. The SHU has

cameras that film the gallery, capturing inmates as they enter and leave their cells. Cameras also film the area that leads into the cellblocks and the outside of the shower area.

A review of the logbook revealed daily visits by mental health staff, medical nurses and weekly visits by medical specialists and personnel from the general and law libraries. Inmates reported that they can have individual counseling sessions with OMH staff upon request. While there are regular visits by the staff from the general library, the limited selection of reading material and outdated periodicals available to the inmates were sources of complaints. Moreover, an increase in grievances against the law library in 2004 is partially attributed to problems of SHU inmates in accessing legal materials. The inmates we interviewed had few complaints about their treatment by officers. Some told us that their treatment is better in the SHU than in the general population. Additionally, we were pleased to learn from the Superintendent that inmates accused of self harm are no longer prosecuted for violating prison rules and instead are referred to the Office of Mental Health.

We have grave concerns about the inmates with mental illness in the SHU. Spending 23 hours a day in a small cell with extremely limited social interaction and few productive activities can pose an exceptional mental challenge for anyone. For those with mental illness, this environment can be truly toxic, causing those with disciplinary problems to become more aggressive or mentally decompensate altogether. When we visited, there were 56 inmates or 54% of the SHU population, on the mental health caseload, a significantly higher proportion than the already unacceptable rate of 20% system-wide.

Further highlighting the need for treatment for this population is the great number of SHU inmates requiring crisis treatment in 2004: 14 were transferred to Central New York Psychiatric Center (CNYPC) and 71 were transferred to a Residential Crisis Treatment Program. This high number of inmates in severe psychological distress is a compelling demonstration of the need to identify humane and effective alternatives to SHU placement for individuals with severe mental illness. The Superintendent's told us that he believes that fewer inmates with mental illness are being sentenced to SHU time now than they were in the past, and we hope this view is correct, as disciplinary segregation does not help individuals overcome their mental health difficulties.

### ***Special Treatment Program***

Attica is one of two facilities in New York State that offers the Special Treatment Program (STP) for SHU inmates identified by OMH staff as being seriously and consistently mentally ill. The 22 men who participate voluntarily in the program attend two hours of group therapy five days a week for 12 weeks and receive a reduction in their SHU sentence upon completing the program. Although the capacity of the program is only 18, there are always some inmates who do not wish to participate in the daily sessions, which explains why enrollment in the program exceeds capacity.

The minimum cut granted in the SHU sentence for inmates who complete the STP is 12 weeks, and can be more. We strongly encourage enabling inmates who successfully complete the STP to have a greater time-cut, particularly those with exceptionally long sentences for

whom 12 weeks might not represent a significant reduction or provide much incentive for succeeding in the program.

During the therapy sessions, inmates sit in individual cubicles or “birdcages,” not much larger than the size of a phone booth. This environment has been criticized by psychiatrists who describe it as confirming the inmates’ self-impression as violent predators and preventing positive group interaction. We understand from our conversation with the Superintendent that during some individual therapy sessions, inmates are shackled but not confined in the cubicles, a practice which we encourage. The inmates in the program with whom we spoke told us that while they discuss topics like anger management and the difference between right and wrong, they also said that they spend time watching movies about things like nature and history. Although the program is limited, the participants made positive remarks about it, and they all stated that the possibility of a SHU time cut was the most positive aspect.

We have serious questions about the value of treatment provided by the STP. Although it is a clear improvement on the full 23 hours of lockdown, it falls far short of providing care that would help individuals find long-term solutions to the mental health challenges they face. For example, one inmate with whom we spoke had a ten year SHU sentence. He told us he has been transferred to CNYPC for crisis treatment 20 times, most recently seven months prior to our visit. One month prior to our visit he cut himself and admitted to repeatedly attempting suicide. While he has few complaints about the STP, he would prefer to be in the ICP, where he had been housed in 1997, but had not been returned since. It is clear from his repeated placements in CNYPC and continual suicide attempts that the STP is not meeting his needs.

We understand that the STP will soon be expanded to a capacity of 34, and all the participating inmates will be housed in the same area. While we encourage any effort to provide services to this underserved population, there is a need for more comprehensive and extensive treatment. Placing inmates in a common housing unit can create a supportive environment and represents a step in the right direction, but we remain concerned about continuing to place individuals in the highly restrictive disciplinary lockdown environment.

We applaud the program that the Superintendent has instituted that enables inmates to “step-down” from the SHU to the ICP after successful participation in the STP. The program, which currently has three inmates and a capacity of six, permits inmates to move into the ICP housing area in a partially keeplock status and gradually gain privileges such as out-of-cell time, commissary access and television. We were pleased to learn from the Superintendent that three or four inmates have successfully completed the program, had their SHU time substantially cut and are now participating fully in the ICP. We strongly encourage the expansion of this valuable program, which helps inmates to permanently address their mental health issues while simultaneously creating a more humane and manageable prison environment and improving their chances of success upon release.

### **Inmate-Staff Relations**

The inmates’ most consistent complaint was the problem of staff abuse, which apparently takes several forms, including physical abuse, inappropriate force and intimidation during pat

frisks, retaliation for filing grievances, excessive force in response to inmate-on-inmate confrontations, improperly denying inmates access to essential services or programs, and sexual abuse. We heard these complaints throughout the facility with such frequency and certitude that we concluded that a serious problem exists at Attica requiring immediate attention. We have communicated our concerns to the Superintendent and DOCS Central Office staff.

The essential components of the abuse appear to be: (1) many acts are intentional; (2) abuse is widespread and pervasive; (3) many officers are involved in abuse or are condoning it through their silence and refusal to report inappropriate acts by their colleagues; and (4) the administration is incapable of controlling or curbing it despite efforts to investigate allegations. The inmates had positive comments about the Superintendent but felt that he could not meaningfully affect the conduct of the staff. Inmates said that prisoners who make complaints about abuse or file grievances are retaliated against by staff and many are too intimidated to even raise allegations of abuse.

The purposefulness of the abuse was particularly disturbing. Inmates reported that physical assaults by staff occur when inmates are intentionally isolated from other inmates who could be potential witnesses, either by removing them from group movements throughout the facility or taking them to locations where the staff is alone with the inmate. Inmates also reported that cells are sometimes opened to permit other inmates to physically assault an inmate who has offended an officer. Similarly, shutting off inmates' lights or water or denying them meals or recreation are conscious acts of abuse or retaliation.

During our visit we could not adequately investigate the amount and severity of the abuse or evaluate the factors that contribute to the problems between inmates and staff. Consequently, as we informed the Superintendent during our conference call, we intend to more thoroughly investigate the situation so that we can better define the problem and propose more effective remedies. However, the inmates consistently proposed to us, and we concur, that the installation of video cameras throughout the facility would greatly assist in monitoring the level of misconduct and in deterring the abuse. Although more effective investigations of allegations are needed, the availability of physical evidence to substantiate or contradict abuse claims would go a long way toward addressing this long-standing problem at Attica.

### **Programs**

The job of Deputy Superintendent for Programs has been vacant since January 2005, a position that provides crucial oversight and direction to the opportunities for education and personal and professional development available to inmates. According to information we received from the Superintendent, there are only 480 inmates or 22% of the population with full time program assignments. There are 217 inmates listed as idle by the prison. In addition, inmates in reception and those classified as unassigned are also not programmed. It is our understanding that inmates on the waiting list for a program are considered unassigned. With 430 inmates on waiting lists for vocational and educational programs, there are clearly insufficient opportunities at Attica to learn and advance skills. Moreover, many inmates appear to have only half-day assignments. More extensive program offerings at Attica would provide valuable opportunities for inmates and would improve the prison environment for them and staff.

### ***Aggression Replacement Training***

Attica's Aggression Replacement Training (ART) program is intended to provide inmates with anger management and conflict resolution skills through skits, films, discussions, homework and tests. Four counselors facilitate the program, in which inmates participate for a period ranging from five to 10 weeks. One session is reserved for inmates in the Residential Substance Abuse Treatment (RSAT) program; another is for inmates who are nearing release and participating in the Transitional Services program; and there are two additional classes for inmates referred by COs who identify them as needing the program. Although there is no longer an ART class reserved for inmates who have recently completed their SHU sentence, one class regularly enrolls recent SHU inmates, helping them to manage their aggression after having spent time in isolation with extremely limited social interactions.

Inmates had mixed reviews of the program. One inmate described it as beneficial, telling visitors, "it gave me the tools to look at myself and know different ways of reacting, helping me to think before I react." Others felt that the program was less helpful, and participate primarily because completing ART may help them receive more favorable consideration by the parole board. Another inmate felt that the program was positive, but not long enough, stating, "It's unrealistic that 10 weeks will get rid of a lifetime built up of problems. The program needs to be longer."

### ***Vocational Programs***

CA visitors to Attica's vocational programs were impressed with the range of offerings and the large number of students enrolled in programs. All 12 vocational instructor positions were filled, and on the day of our visit, 360 inmates were enrolled in programs, learning skills and trades ranging from electronics and printing to building maintenance and general business.

Still, with 183 inmates on the waiting list, many individuals are not able to access these valuable programs. Moreover, with no Spanish speaking instructors, inmates with limited English skills find it much more difficult to gain the skills and training available to other prisoners.

### ***Educational Program***

Attica offers a range of educational classes to inmates, including Adult Basic Education, Pre-General Equivalency Degree (Pre-GED), GED, Multilevel (which accommodates prisoners with varying reading and math abilities), English as a Second Language (ESL) and a limited number of postsecondary correspondence courses. Ten of Attica's 11 instructor positions were filled on the day of our visit, and we understand that interviews were being conducted to fill the vacant Pre-GED/GED instructor position. There are no longer paid Inmate Program Associates, but some inmates volunteer as aides for the classes.

Inmates had mixed reviews of the educational programs. Some had positive comments about their instructors and described their classes as motivating and good preparation for future endeavors. Others felt overwhelmed by the subject matter, and still others thought that the

coursework should be broadened to include more reading material. Most complained that the waiting lists were excessively long.

With over 300 inmates enrolled in educational programs and over 300 on waiting lists for the classes, there is a clear need to expand the capacity of educational offerings. This expansion will become particularly important to meet the Department's newly instituted requirement that all inmates achieve their GED. Attica's GED class currently enrolls 59 inmates and has a waiting list of 87. Moreover, since it is required for inmates to pass their GED to be eligible for certain facility programs, prisoners on the waiting list have limited options to productively occupy their time while they wait for a position in an educational class.

We were pleased to learn that of the 44 inmates who took the GED exam in 2004, 31 or 70% passed. However, with over 1,100 inmates at Attica who do not have a High School Diploma or GED, many more inmates should take the test and pass each year. Moreover, for over 1,000 inmates who have their High School Diploma or GED, there are very limited postsecondary opportunities. An extensive offering of college courses could vastly increase the likelihood that many inmates find success when they return to their communities. We spoke with many inmates who told us that they would be enrolled in a college program if it existed at the facility.

Attica's all-white teaching staff includes no Spanish-speakers. We were told that there are Spanish books available for the Pre-GED and GED classes, but no instructor to teach the course. Moreover, the ESL class is taught by an individual who is not fluent in Spanish, but took Spanish courses in college. The addition of a Spanish-speaking teacher would vastly improve the educational opportunities for Attica's approximately 125 Spanish-dominant inmates.

A total of 30 inmates in disciplinary segregation are enrolled in a cell study program, and there is no waiting list. Unfortunately, there is no Spanish cell-study program, so individuals on keeplock or sentenced to SHU time who do not speak English have no ability to participate in an educational program.

### ***Substance Abuse Treatment***

The substance abuse treatment program at Attica consists of a residential RSAT program for approximately 80 participants and two part-time ASAT programs enrolling 38 inmates, apparently designed for individuals not eligible for RSAT. Although we received many positive comments about these programs from some inmates, there are not enough substance abuse treatment slots or staff to meet the needs of the prison population. At the time of our visit there were 684 inmates waiting for a substance abuse treatment program.

The staff for all three classes consists of only one counselor and three aides. We met with the counselor and were impressed by his experience, knowledge of the program and his commitment to providing treatment. He explained that his three aides are very experienced, and inmates also had favorable comments about them. The counselor reported that very few inmates in the program receive misbehavior reports and few are removed. Random drug testing is

performed on participants, and individuals found to be using drugs are removed from the program.

Unfortunately, none of the staff speak Spanish and Spanish-dominant inmates must rely on other inmates to translate for them, an inadequate approach for a program that is effective only if the participant is actively engaged in the dialogue. Moreover, given the extensive waiting list for treatment, more staff is clearly needed.

RSAT is a full-time residential program that generally requires six months to complete. The essential element of the program is the therapeutic community in which participants are engaged throughout the day; activities include the three-hour daily session run by the RSAT staff. We learned from the staff and inmates that only inmates close to their release date can get into the program. Almost all the participants are within a year of release and most prisoners in the program are only six to seven months before their release date. Given that more than 70% of Attica inmates have more than 12 months to their earliest release date, RSAT is not a meaningful option for most of the inmate population.

We were pleased that Aggression Replacement Training (ART) is incorporated into the RSAT schedule, a component we believe should be added to all RSAT programs in the state. However, we were concerned to learn that inmates with mental illness are excluded from RSAT if they are classified as mental health level one or two. Although we understand the potential for inmates to be disruptive, we believe wholesale exclusion is not appropriate. Efforts should be made to screen inmates with mental illness to determine whether the program is suitable for them.

There are two part-time ASAT programs, one from 1:00-4:00pm and another from 6:15-9:00pm, five days per week. The latter is designed to include inmates who are fully programmed during the day and therefore cannot participate in a day substance abuse program. We were told that participation is on a first-come-first-serve basis and that inmates with a far-off release date are encouraged to apply. Given the small number of inmates enrolled—approximately 20 per class—this program can only accommodate a very small percentage of the population. Moreover, a non-residential program of only three hours per day cannot have RSAT's impact. It is commendable that the prison offers substance abuse therapy to individuals who are engaged in other essential activities. However, we urge an expansion of substance abuse treatment to include a residential program in which more intensive therapy can occur, and more lasting effects from the program can be realized by its participants. We were told that the creation of a substance abuse program in the ICP is under consideration, a proposal we strongly endorse.

### *Transitional Services*

Visitors to Transitional Services met with five of the eight Inmate Program Associates (IPAs) who work in the program. Inmates who have between one and two months left before their parole board hearing can participate in a program, which is coordinated by eight IPAs and is overseen by a corrections counselor. Additionally, a parole officer from the facility runs regular discussions and attempts to assist inmates with finding housing upon release.

The inmates who work in the program struck us as articulate, responsible and proud of their work. Unfortunately, the program itself is extremely limited in its scope and fails to provide valuable guidance and preparation for the difficult transition from prison to the community. The IPAs assist their peers in writing resumes and discussing what to expect on the outside during approximately 25 hours of transitional services sessions held over a two-month period. However, the IPAs do not provide direct assistance in finding employment or in accessing mental health services, drug treatment, health care or other social services the inmate will need once released. Moreover, the corrections counselor did not appear to provide any significant individualized assistance to the inmates nearing release or professional guidance to the IPAs.

### **Medical Care**

Inmates expressed concerns about the quality of medical care at the prison, including treatment for serious and/or chronic illnesses and the long waits for access to providers and specialty care. The medical services at Attica have been compromised by the failure to have a Facility Health Services Director (FHSD) for approximately six months. Attica is only authorized to have two full-time physicians and two full-time nurse practitioners for its population of 2,200 inmates. With one physician vacancy and no permanent FHSD, the prison experiences significant delays in access to providers. We were informed that routine physician appointments can take six weeks to a couple of months to schedule. When we visited, there were 11 pages of patients waiting to be called out for an appointment. Patients with chronic conditions are not assigned to a particular provider, which can compromise continuity of care. Nurses are backlogged on getting prescriptions signed. With no FHSD it is also impossible to have an effective quality assurance program to monitor care. Finally, two nurse items are vacant and should be filled.

We were also concerned about treatment for hepatitis C (HCV). We were told that only six patients were on therapy and staff could not give us an estimate of the number of inmates known to be infected with HCV. Given the size of this facility and the rate of HCV in the Department (14% among male prisoners), there are probably 300 or more inmates infected with HCV. Although many HCV-infected inmates are not identified, we would anticipate that the medical staff should be aware of 100 to 140 HCV-infected patients. Treating only six patients falls far short of the need, and we therefore request that the care provided to HCV-infected inmates be reassessed, particularly given the new DOCS treatment guideline that permits therapy for inmates returning to New York City even if they have less than 15 months on their sentence. Finally, we were informed that no inmates who are co-infected with HIV and HCV are being treated for HCV. Since HCV progresses faster in co-infected individuals, we are concerned that the prison is not aggressively pursuing treatment for this patient population.

### **Visiting Program**

Attica has two adjacent visiting rooms. We were pleased to note that both rooms were clean and bright, with murals on the walls, a marked improvement over what we observed during our last visit. Unfortunately, inmates complained extensively about the treatment of visitors by correction officers. They reported that female visitors often face sexual harassment. They also

told us that it sometimes takes an exceedingly long time to process visitors, significantly shortening the length of visits.

### ***Family Reunion Program***

The Family Reunion Program (FRP) provides inmates with good behavior with the opportunity to spend two to three days with immediate family members in trailers within the prison. This valuable program helps inmates maintain fragile family ties and provides a compelling incentive for prisoners to maintain good behavior records. The program is highly regarded by inmates.

To become eligible for FRP, inmates and their family members must establish a consistent visiting pattern. This requirement is difficult and costly for families who live far from the prison. The ILC has requested that such families be permitted to establish their visiting pattern immediately prior to participating in FRP, an accommodation that strikes us as reasonable and would maintain the incentive for good behavior for those with distant family members.

### **Meeting with Correction Officers**

Members of the Visiting Committee met with two Correction Officers with 32 years of experience between them. They told us that they decided to become COs because of the benefits and the salary, although salary increases have been inadequate, particularly over the past seven years. According to them, Attica is safer for officers than other prisons, largely because of the stricter rules for inmate movement. Additionally, according to the officers, Attica has had fewer post closings and is therefore better staffed than other facilities.

Acknowledging that “Attica is not a fun place for inmates,” the officers told us that more force is used at Attica than at other maximum security prisons because according to them, Attica’s inmate population is more prone to disciplinary infractions and violence, and force therefore becomes necessary more often. They said that they would invite security cameras at the facility because they would protect both inmates and staff.

The COs feel that they have a good relationship with the Superintendent and his administration, and that he has the difficult responsibility of balancing the interests of the officers, the inmates and Central Office. Their primary frustration relates to the difficulty in obtaining approval from Albany for actions that would secure the safety of officers. For instance, they complained extensively that it took over 24 hours to get approval to lock down the entire facility and search all the inmates’ cells after three officers were stabbed last year.

They also thought that one of the most challenging aspects of their job is the great number of inmates with mental illness. They said that the large number of inmates with mental illness makes the job of the COs more difficult, and inmates with mental illness are regularly victimized by other prisoners. They described a system in which inmates cycle quickly and repeatedly in and out of Central New York Psychiatric Center, where they are sent for crisis treatment. This pattern struck them as wholly ineffective in addressing the underlying

psychiatric issues facing individuals. They thought that it would be better for inmates to be in treatment programs, with staff who are qualified to work with them.

Throughout the system, we have found that the DOCS pension plan, which provides little incentive for officers to continue to work after 25 years on the job, is leading to the loss of many experienced and seasoned officers to retirement. The officers confirmed this reality, estimating that approximately 50% of Attica's COs would retire in the next five years.

### **Meeting with Superintendent**

We had a productive and helpful conversation with the Superintendent after our visit during a conference call on April 12. We greatly appreciated his openness and willingness to discuss our observations and recommendations. He described to us the major renovation project and how it would affect the prison. We told him of our concerns about medical treatment, particularly because of the absence of a FSHD.

We discussed our concerns about the treatment of inmates with mental illness at Attica and our impression that their needs are not met. The Superintendent suggested that he would like to see an expansion of the capacity of the ICP, and he described to us the "step-down" program from the STP to the ICP, which we strongly support. He described to us the functioning of the STP and agreed that SHU placement is challenging for inmates with severe mental illness.

We described to him our overwhelming impression that CO abuse of inmates is an unusually serious problem at Attica and discussed the process by which officers are disciplined. He said that he has very limited ability to discipline COs or move them to a post that involves no inmate contact, and that he rarely sees the results of complaints about COs that are sent to the Inspector General's office. He also told us that grievances against officers are not placed in their file unless there is a disciplinary action as a result. He disagreed with our suggestion that placing cameras throughout the facility would curb abuse, and told us that there have been cameras in some areas, including some yards, mess halls and the chapel, for many years.

We told him about the lengthy and frustrating screening process imposed on the Visiting Committee prior to its entering the prison; women wearing under-wire bras were asked to remove them for inspection and the detailed review of our belongings took 45 minutes. We informed him that the smock, which we have learned is supposed to be offered to women after their bras are removed, was not offered to the Committee.

### **Recommendations**

We made the following recommendations to the administration to address problems that remain and to foster continuing improvements:

#### ***Mental Health***

- Increase the capacity of the ICP.

- Increase the amount of training all staff receive in working with inmates with mental illness.
- Hire Spanish-speaking mental health staff.

### ***Special Housing Unit***

- Remove inmates with major mental disorders from disciplinary housing and place them in residential mental health treatment programs.
- Discontinue the use of the cubicles for inmates in the STP.
- Expand the capacity of the program that enables inmates to “step down” from the STP to the ICP.

### ***Inmate-Staff Relations***

- Develop a plan, and seek funding for, installation of video cameras in all areas of the prison.
- Scrutinize, track and address correction officer misconduct. Administrative staff should formally record the number and nature of allegations filed against officers, as well as the location and whether injuries were sustained. Officers with multiple charges of excessive force, verbal harassment or abuse should be more closely supervised, and if it is determined that they have participated in improper behavior, the officers should be terminated, penalized or, at a minimum, reassigned to non-inmate-contact positions.
- Meet with the ILC to discuss their allegations that correctional staff retaliate against inmates who file grievances. Investigate incidents of such retaliation and if the inmates’ complaints are confirmed, take appropriate disciplinary actions against staff involved in these abuses.
- Establish a mentoring program in which senior correctional officers are assigned to train and mentor junior officers about ways to more effectively communicate with inmates in a respectful and effective manner, to defuse situations that could lead to inmate misbehavior and to avoid confrontations with inmates.

### ***Aggression Replacement Training***

- Increase the capacity of the ART program.

### ***Vocational Programs***

- Hire Spanish-speaking vocational staff.

- Reduce the number of inmates on the waiting lists for vocational, educational and industry programs by expanding the number of positions available and, where appropriate, increasing the number of inmates who can be enrolled.
- Reduce the number of idle and unassigned inmates by offering more extensive employment at jobs appropriate for the more mature inmates who have completed their educational and vocational programs.

### *Transitional Services*

- Increase the scope of the transitional services program to include assistance with and discharge planning for accessing medical and mental health care and drug treatment, navigating social service programs and employment opportunities upon release.

### *Educational Programs*

- Hire Spanish-speaking teachers.
- Provide opportunities for postsecondary education.
- Institute a Spanish cell study program
- Conduct a thorough assessment of the additional staff and other resources that will be necessary to accommodate the substantial increase in the number of students that will result from the new requirement that inmates pass the GED exam.

### *Substance Abuse Program*

- Hire additional ASAT instructors, one of whom should be bilingual.
- Expand the number of participants in the residential and non-residential ASAT programs to substantially reduce the waiting list for these programs. Most of the additional slots should be in the residential ASAT program.
- Create a more effective follow-up program for ASAT graduates and coordinate it with the pre-release program.
- Permit inmates identified as mental health levels one or two to participate in RSAT if it is determined that they would not disrupt the program.

### *Medical Care Services*

- Fill the vacant Facility Health Services Director and two nursing positions. To help fill these positions more promptly, DOCS Central Office should request increased compensation for them from the Division of Budget.

- Assess whether the current allocation of two full-time physician and two full-time nurse practitioner positions is adequate to meet the needs of Attica's patient population.
- Improve the timeliness of clinic appointments for physicians and other providers.
- Recruit Spanish-speaking staff to serve the large patient population that is Spanish-language dominant.
- Review the care provided to HCV-infected inmates to determine whether more patients should be receiving treatment. In particular, assess whether any potential candidates for treatment have been excluded due to the 15-month rule but who will be returning to New York City; if individuals are so identified, initiate treatment consistent with current DOCS policy.
- Assess the timeliness of inmate access to specialty care services. If routine appointments are delayed beyond 30 days, take action to increase the frequency of specialty clinics and/or identify additional specialty providers to improve access to specialty care.

#### *Visiting Program*

- Enable inmates with distant family members to establish a visiting pattern immediately prior to participating in FRP.

In summary, the Visiting Committee found that there are several valuable programs at Attica, for which we commended the Superintendent and his staff. However, we were greatly concerned about several serious problems at the facility, particularly relating to the abuse of inmates and the treatment of inmates with mental illness, which require attention and remediation.