

The Correctional Association of New York

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GREENE CORRECTIONAL FACILITY

The Correctional Association of New York (CA) visited Greene Correctional Facility, a medium security facility for men located in Cossackie, New York, on October 2 and 3, 2008. At the time of our visit, the facility had a population of 1,754 inmates, near its capacity of 1,821. Of these, 1,564 men were confined in the prison's general population. The facility also included a 200-bed S-Block, which housed 174 inmates, and a 15-bed Special Housing Unit (SHU) that confined 14 inmates in disciplinary segregation. Greene operates an Alcohol and Substance Abuse Treatment program and a variety of educational and vocational programs.

The primary objective of our visit to Greene was to assess the programs, physical facilities and the conditions for inmates and staff within the prison. The CA obtained surveys about general prison conditions from 183 inmates. We also received surveys from 111 inmates specifically concerning substance abuse treatment programs and surveys from 85 inmates about their need for substance abuse treatment. We have not included the results of the substance abuse treatment surveys or our evaluation of the substance abuse treatment program at Greene, as we will publish them in a subsequent CA report. We base this report on findings from surveys; conversations with the Superintendent, the Executive Team, program staff and inmates; written correspondence with inmates; meetings with staff union representatives, staff of the many prison programs, security staff, and members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC); and, observations during our visit.

In July 2009, we spoke with the executive team from Greene and officials from DOCS Central Office concerning a draft of this report detailing our preliminary findings and recommendations. We found the discussion informative and useful in finalizing this report and have included information we learned during that conversation.

Summary of Findings and Recommendations

The Visiting Committee was impressed with the post-secondary education program at the facility and the high numbers of inmates taking and passing the GED. We also noted some problems: the apparent high level of verbal harassment and physical confrontation between staff and inmates and among inmates; treatment of inmates in the

Special Housing Unit and S-Block; complaints about the quality of medical care; and significant delays with the mail.

Our recommendations include that state policy makers should work with DOCS and facility officials on implementing the following:

- Fill the vacancies in the academic and vocational programs;
- Develop a plan to reduce tension and violence in the facility;
- Institute a training program for staff to increase sensitivity, with an emphasis on working with diverse populations;
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare;
- End the practice of punishing inmates with a restricted diet of bread and raw cabbage;
- Install cameras in the SHU.

Greene's Inmate Population

Greene houses a higher percentage of young inmates than other facilities throughout the state. Fourteen percent of Greene's population is aged 16 to 18 and 65% are between 19 and 30 years old, compared to 1% and 31% statewide, respectively. Eleven percent of the population is over 40 years old.¹ Similarly, the median age at the facility is 21 while the system-wide median age is thirty-six. Only 40% of Greene inmates have their high school diploma or GED, compared with 54% of inmates throughout the state. Sixty-four percent of Greene's inmates are from New York City or its suburbs, similar to the statewide average of sixty-three percent. Like state-wide averages, 17% of Greene's population identify as white, 55% as African-American, and 26% as Hispanic. Five percent of the population is Spanish-speaking with no, limited or moderate English proficiency, comparable to the statewide percentage. Like in many medium security facilities, most inmates face their earliest release date within two years. Consistent with other state facilities, 58% of the inmates at Greene were convicted of a violent felony. However, a smaller percentage of inmates at Greene were convicted of drug offenses (15%) than at facilities across the state (21%).

Programs

Given its young population and the legal mandate that inmates under 21 years old be enrolled in an academic or vocational program, Greene offers a relatively large number of classes. According to data provided by the facility, at the time of our visit, 259 prisoners, or 17% of general population inmates, were idle, or without any program or job assignment. A total 1,207 inmates were in programs the whole day, and 89 were in half the day. Five hundred and thirty-two inmates, or 34% of the general population,

¹ The data in this section were collected from DOCS' 2008 Profile of the Inmate Population, according to which system-wide averages for race/ethnicity were: White (21%); African-American (51%); and Hispanic (26%).

were assigned to porter positions, which entails performing cleaning or basic maintenance for the prison and rarely involves the development of transferable skills. This percentage is much higher than at other facilities we have visited. Staff explained during our July 2009 call that though the percentage was high, most inmates were assigned to porter positions for only a half-day while the other part of the day they were in programs. They added that if inmates are assigned full-time porter positions, the majority hold those positions only for three months or less while they are waiting for a program. Greene's young inmate population would greatly benefit from enhanced job training that is applicable to gainful employment in the community. Of the inmates we surveyed, 70% were satisfied with their job, at least sometimes.

Consistent with other prisons throughout the state, Greene inmates receive limited wages for paid modules. The rate of pay, 10 to 45 cents per hour, has remained unchanged for approximately 20 years, though the cost of items in the commissary has increased with inflation to rates comparable to charges for goods in the community. Inmates at Greene, and throughout the state, consistently complain about their inability to afford commissary goods. Of the inmates we surveyed at Greene, 77% were dissatisfied with the commissary.

Vocational Programs

At the time of our visit, 419 inmates were enrolled in one of Greene's 13 vocational programs: air conditioning, building maintenance, commercial arts, computer operator, computer repair, custodial maintenance, drafting, electrical trades, horticulture, masonry, printing, small engine repair, and a pre-vocational program for younger inmates, introducing them to different programs. In addition, the facility operates a related technology vocational program during the summer as well as a dairy farm, which we did not tour and, due to budget cuts, is scheduled to be closed.

At the time of our visit, there were three vacancies among the facility's 18 full-time vocational instructors, resulting in the morning commercial arts class closing in April 2008, the evening printing class closing in September 2008, and the evening electrical trades closing in January 2008. None of the vocational instructors speak Spanish. All the instructors with whom we spoke have substantial experience in their fields and appear dedicated to the inmates' progress.

When we spoke with facility staff in July 2009, we learned that the computer repair instructor retired in April, bringing the total vocational vacancies to four and leaving the class closed. They also informed us that DOCS was seeking waivers from the Division of the Budget so that the prison could fill these positions. However, if the prison could identify transfers of DOCS vocational instructors from other prisons, a waiver would not be required. We remain very concerned about the depleted vocational staff. Current budgetary restrictions suggest it is unlikely these vacancies will be filled promptly, resulting in a vocational program that does not sufficiently meet the inmates' needs. Considering that many young inmates have not received job training in the community and the DOCS requirement that inmates under 21 with a high school

diploma or equivalent attend a vocational program, a robust vocational program is crucial to preparing inmates for release to the community.

The vocational classes we visited seemed well-equipped and inmates and staff with whom we spoke were satisfied with the number of students in the classes. Greene offers seven Department of Labor (DOL) apprenticeship programs. Staff reported that while inmates can often begin the process at the facility, because most are transferred to another facility, frequently there is insufficient time to complete the certificate while the inmate is at Greene. No inmates received their DOL from Greene in 2006 or 2007, but two inmates received them in 2008 (through August). We were pleased to learn from staff that some of their former students released from DOCS custody successfully gained employment in the trade they learned at Greene. Staff also informed us that inmates at Greene earn approximately 15 Environmental Protection Agency certifications per year.

Consistent with prisons throughout the state, 63% of surveyed Greene inmates were satisfied, at least sometimes, with the vocational program. While many inmates appreciated the opportunity to learn skills and keep busy, others reported long waiting lists for classes and that classes were often closed. They also complained that the available classes did not help develop skills applicable to employment opportunities in the community. Staff reported that if a vocational program does not work well for inmates, they may change to another class within the first month they are placed in a class. During our visit, inmates complained that they were not able to change vocational programs. In addition, inmates said there was sometimes a delay in the facility officially recording that they had completed a vocational program.

Academic Programs

The state requires that DOCS enroll all inmates under age 21 who do not have their high school diploma or equivalent in an academic program. Inmates at Greene have greater education needs than at other prisons. Only 40% of the population have their high school diploma or a higher degree, compared to 54% throughout the state's prisons. Similarly, there are more inmates at Greene with a lower reading ability than at other prisons. At the time of our visit, 730 inmates were enrolled in one of Greene's five academic classes: Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED), General Equivalency Diploma (GED), Special Education, and English as a Second Language (ESL). Two of the instructors (ABE and Pre-GED) speak Spanish, however, there are no classes offered in Spanish. At the time of our visit, there were two vacancies among the facility's 26 academic staff, one of which had been vacant since April 2008 and the other since May 2008. These positions were still vacant when we spoke with prison staff in July 2009. These vacancies can negatively affect the quality of a program required to serve a large population with serious academic needs.

Greene's academic program has GED passage rates that are higher than at most other prisons. In 2006, 102 inmates, or 78% of test-takers, earned their GED and in 2007, 155 students passed the test bringing the passing rate to almost 81% of test-takers. Following our July 2009 meeting with the facility, we learned that 172 inmates passed

the exam. The Visiting Committee toured classrooms at Greene and found them to be clean and well-maintained though with little decoration other than a few posters and maps. Staff informed us that each class is scheduled for time in the computer lab but visit the library infrequently.

Most inmates with whom we spoke were positive about the prison's academic program, commending the instructors and class content. However, there were some reports that classes were not interactive enough and student participation is sometimes discouraged. We were also told that waiting lists to enter the program and to advance to a higher level class are long. The older inmates are often made to wait longer because of the large number of younger inmates prioritized for academic classes. At a rate slightly higher than at other prisons, 65% of survey respondents said they were satisfied with the academic program.

In conjunction with Marist College, Greene also offers college courses to inmates who are 26 or younger and have their GED or high school diploma. At the time of our visit, 129 people were enrolled in the classes of 30 students each. Many inmates spoke positively of the program. While the classes offered seemed of interest to many inmates, because the same ten classes are offered each semester, those with longer sentences quickly run out of classes to take. Additionally, several inmates over 26 expressed interest in the program and frustration that their age excluded them from participating. Some inmates suggested they would be interested in taking more than the six credits per semester. When we spoke with prison staff in July 2009, we were pleased to learn that in September, program eligibility will be expanded to include inmates who are 35 or younger. We were also pleased to learn that three new classes were offered in the spring and that two classes were running during the summer.

Libraries

General Library

The Visiting Committee toured the library and spoke with its one full time librarian, who is experienced in the field. The library also employs a part-time clerk. Staff estimated that about 15 to 20 inmates use the library in the morning and afternoon, though they are not permitted to browse the collection. When we spoke with staff in July 2009, they said they were exploring the possibility of allowing inmates to browse the collection. Staff suggested that the library would benefit from more books and it is working to build its Spanish-language collection. The library sends a book cart to the facility's S-Block and SHU every 60 days and also sends books to the Reception dorm. In July 2009, staff reported they were exploring the possibility of exchanging the magazines on the S-Block cart every 30 days. The facility also has a law library, which is open on weekends and employs six inmate clerks. Of the inmates we surveyed, 60% were satisfied with the general library, a rate lower than we have found at other prisons. Compared to other prisons, fewer Greene inmates (62%) were satisfied with the law library.

Visiting Program

The Visiting program operates on the weekends and holidays and can accommodate up to 450 inmates and visitors. There are four staff people who work in the Visiting Room. Staff reported that visits are sometimes terminated due to the large number of visitors. In these cases, staff said they ask for volunteers to terminate their visits and never terminate visits for those who have arrived on the free DOCS bus. Staff said they had not heard of times when visitors had been turned away. In contrast, inmates reported that staff chooses randomly those who must terminate their visits. The Visiting Room also has an outside area, though staff stated this location would not allow for expanded visiting because the space does not have a covering to protect the visitors from wet weather or a paved area for tables and therefore its could not be use while the indoor area was also fully occupied. The prison administration also said the prison does not have additional staff to supervise both locations. We were pleased to note a children's area, with books, a playhouse and high chairs. When we spoke with staff in July 2009, they reported that the facility are opening the visitors' receiving area one-half hour earlier in order to reduce the amount of time inmates wait for their visitors to complete the security screening.

Fifty-five percent of inmates surveyed said they were dissatisfied with the visiting program. Many reported long waiting times for visitors, adding that staff is often disrespectful to visitors. Inmates also questioned why the outside area was not used more often for visits. Increased communication between staff and inmates about the barriers to using the outside area for visits could help alleviate frustration.

Mail and Packages, Food and Housing Areas

Of the inmates surveyed, 82% were dissatisfied with the mail and package services, many complaining that items were often missing from packages and there were long waits for mail. These complaints were confirmed when we sent our surveys to inmates, many of which remained undelivered a month after we had mailed them. Staff explained that the delays were due to the facility's need to cutback on mailroom staff and the mailroom's small size. When we spoke with staff in July 2009, they said new procedures were in place to decrease the delay and that they were monitoring deliveries. They added that the ILC communicated that mail and package services had substantially improved since these new procedures were implemented.

Most inmates also complained about the food services, with 67% saying they were dissatisfied. Many reported that food was undercooked and that trays often had water on them. They complained that they were only given a limited time to eat and that inmates who lived in the Northern side of the facility—the furthest from the messhall—were made to wait long periods of time outside before entering the messhall, no matter the weather, while another group of inmates finished their meal. Inmates also reported that staff is quick to take away messhall privileges from inmates. During our July discussion, staff recognized that inmates are sometimes made to wait outside before entering the messhall because, while the food service staff attempts to call inmate

housing areas to the messhall on a schedule that will minimize the waiting time, the staff cannot accurately predict the number of inmates who will be coming to a meal, which can result in backlog of inmates waiting to be serviced. A permanent solution would appear to require construction of some sheltered area for inmates waiting for their meal, though the prison should make greater efforts in the winter to minimize long waits in inclement weather.

Staff reported that a pest extermination service regularly visits all areas of the prison. However, inmates complained about the cleanliness of the housing areas, saying that there were problems with roaches and mice. In addition, they reported that laundry facilities are often broken and that the facility's new laundry schedule made it difficult for 60 people to do their laundry in only four half-days per week.

Safety and Violence

Inmate-Staff Relations

Many inmates reported that relations with staff were poor and that staff were frequently abusive. By far, the highest grieved area in 2005, 2006, and 2007 was Staff Conduct.² At a rate much higher than at other facilities we visited, 80% of survey respondents characterized relations with security staff as bad. While 86% of surveyed inmates said that there are security staff who do a good job, 77% said that there are security staff who engage in misconduct. Inmates surveyed estimated that 75% of security staff do a poor job and 25% do a good job. Overall, 63% of survey participants said they frequently feel unsafe at the facility, a rate higher than at many other facilities we have visited. Comparable with rates at other prisons, 49% of surveyed inmates reported they felt very unsafe.

Fifty-five percent of surveyed inmates said they experienced a physical confrontation with staff, a rate twice as high as the rate we have found at other prisons. Also at a rate higher than at other facilities, 86% said physical confrontations were frequent throughout the facility. Of the inmates we surveyed, 40% said they frequently experienced abusive pat frisks and 76% said abusive pat frisks occurred frequently throughout the prison, compared with 20% and 42%, respectively, at other prisons throughout the state. Many inmates told us that security staff make inmates stand outside, with their hands on a wall and legs spread far apart for 20 to 30 minutes, with some reports of inmates standing this way for much longer periods of time. Mandating inmates to remain in the frisk position for longer than a minute or two is inappropriate and abusive. Inmates also suggested that security staff provoke inmates to react violently or kick their legs so that they "come off the wall" and thereby justify physical abuse. Inmates reported that many civilian staff are complicit with mistreatment by security staff and will frequently ask security staff to put inmates "on the wall." Only 4% of survey participants said that the prison's administration does anything to prevent abuse, though 62% suggested that cameras placed throughout the facility would significantly reduce abuse.

² DOCS Inmate Grievance Program Annual Report 2005, 2006, 2007.

Inmates also said verbal harassment is a problem at the facility. Compared to other prisons we visited, a greater percentage of Greene's inmates (92%) said verbal harassment occurred frequently throughout the facility. Many inmates reported that verbal harassment was often racially charged, adding that there is favoritism toward white inmates. Of the surveyed inmates, 69% said that racial tension was common throughout the facility and 54% said it contributes to abuse of inmates.

We reviewed DOCS computer records concerning inmate disciplinary data and Unusual Incident Reports (UIR) at Greene for two periods—January 2003 through August 2006 and calendar year 2008—and compared it to system-wide data. These data suggest the facility issues misbehavior reports at a rate higher than most other prisons in the state. Greene was third among all prisons in terms of the rate of misbehavior reports it issued in 2003 through 2006 and 2008. In 2003 through 2006, the facility issued tickets for unauthorized organizing more than any other prison and was in the top 40% of all prisons in terms of the rate at which it issued tickets for refusing an order. Confirming inmates reports of a high level of physical confrontation between staff and inmates, during 2003 through 2006 and again in 2008, Greene had one of the highest rates for assault on staff tickets among all medium and minimum security prisons. We noted, however, the number of assault on staff misbehavior reports declined from 23 in 2006 to 12 in 2008, but even at this lower figure, the rate was still very high compared to other prisons. Similarly, in 2003 through 2006, Greene was sixth among medium and medium prisons regarding UIRs issued for assault-on-staff. Staff reported that UIRs for inmate-on-staff assaults declined during the last few years, from 19 in 2006, 16 in 2007, 11 in 2008, and four in the first half of 2009. This decline is a welcomed trend, though we remain concerned about the level of violence between inmates and staff at the facility.

Given the apparent high level of tension and physical confrontation at the facility, it is important that Greene's staff serve as role models to Greene's young inmates, many of whom may not have the skills to resolve conflicts peacefully. Increasing communication between staff and inmates, improving the grievance system and focusing staff training on non-violent conflict resolution and on working effectively with young people and people from diverse backgrounds could reduce the levels of tension and violence.

Inmate-Inmate Relations

Survey participants also reported high rates of physical confrontation among inmates. While only 9% of respondents said they had been in a fight with another inmate, many more (68%) reported that inmate fights were frequent throughout the prison. Twenty-two percent said that staff were frequently involved in inmate fights. Inmates also reported that personal conflicts, gangs, property theft, and the stress of being incarcerated contributed to violence between inmates.

Both staff and inmates reported that gangs were a problem at the facility. Staff suggested that gangs contributed to a higher level of violence at the facility. At a rate

more than double the rate we have found at other prisons we have visited, 87% of surveyed inmates said that gang activity was common at Greene, with 51% saying that gangs were a significant source of violence. A higher percentage of Greene inmates reported contraband drug use as common at the prison compared to data from other visited facilities, with 10% saying that drugs were a significant source of violence.

We also reviewed DOCS computer data on inmate disciplinary actions and Unusual Incident Reports for assault-on-inmate and fighting incidents at Greene for the period January 2003 through August 2006 and for calendar year 2008. These data confirm inmates' reports of a high level of physical confrontation between inmates. Greene's rate for assault-on-inmate misbehavior reports was the highest of all medium and minimum security prisons during both periods. The facility was also second among medium and minimum security prisons in terms of the rate of fighting tickets issued for both time periods. The rate of UIR incidents for assault-on-inmates placed the facility high among all medium and minimum security prisons.

Because many of the young inmates at Greene might not have developed strong non-violent conflict resolution skills, staff at the prison may need to take a more active role in resolving conflicts peacefully.

Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities. We appreciated the comprehensive responses by the medical staff to our questions and the extensive data provided to us prior to our visit concerning medical care at the prison. The medical department includes a 10-bed infirmary and a dental area.

The inmate population had a mixed view of the prison's healthcare system. Of the inmates responding to our survey, only 7% rated the overall quality of medical care as good, 44% said medical care was fair and 49% reported it as poor. While these figures are slightly more favorable than at other prisons we have visited, serious concerns about medical care remain. Medical issues ranked second among issues grieved by Greene inmates.

Greene is authorized to have two full time doctors, one nurse practitioner and 15 nurses. At the time of our visit, the prison was missing a half-time doctor, who had been on military assignment since July 2008, and two nurses who were on long-term leave. The half-time doctor position had been vacant for three months at the time of our visit, and the facility informed us that this physician was expected to be on military assignment until November. When we spoke with staff in July 2009, they reported that two additional nurse positions had become vacant. This period represents a long time for a prison to be missing a quarter of its doctors. Fortunately, Greene had been able to fill the nurse practitioner position a few months before the doctor went on leave. We learned from staff that the nurse practitioner position had been vacant for about two years prior to the recent hiring, due to the limited pay scale available for the job. Consequently, for much of the last three years, Greene consistently has been short clinic providers, a staff

that is already significantly below the system-wide average for prison medical personnel. Throughout the Department, prisons generally have approximately one clinic provider for every 400 inmates. The ratio at Greene is one clinic provider for every 585 patients when all medical provider positions are filled; with the reduced staffing at the time of our visit, the ratio was one provider for 700 patients; and during the nurse practitioner vacancy, the ratio was one provider for 875 patients. Even though Greene is dealing with a younger population that on average has fewer medical problems than the typical prison, this staffing ratio is very low. In July 2009, staff told us that in late May, the prison received permission to fill all four nursing positions and they have since interviewed five or six candidates.

Because of the nurse vacancies, at the time of our visit the facility was using 8 to 24 hours per week of extra service nurses, approximately 40 hours per week per diem nurses and had used 166 hours of overtime by the permanent nursing staff during the last pay period. Although staff reported that the facility received funding to pay for extra service items in April 2009, these figures on supplemental nursing care demonstrate that the facility does not have adequate permanent staff to meet the needs of its patients and that the full-time prison nurses work many overtime hours. Such high use of overtime and lack of continuity can result in staff burnout and eventually staff turnover. Even at full staff, however, Greene has fewer nurses than most prisons that have an infirmary. Department-wide, there is usually one nurse for every 80 to 100 inmates; at Greene that ratio is about one nurse for every 120 inmates. With consistent vacancies, that ratio is even higher. DOCS could begin to improve the medical care at Greene by assessing whether additional medical staff is needed at the prison to meet the needs of the inmate population.

Sick call, the procedure used by inmates to request medical attention, is conducted four days per week from 6:00 am until 8:00 or 8:30 am during which time approximately 20 to 30 patients are seen. The inmates responding to our survey had a somewhat negative view of the sick call process. Sixty percent of survey respondents said they experienced problems with access to sick call at least some of the time, a rate worse than the average for the 14 prisons from which we obtained comparable data. Having sick call only four days per week for a facility this size is not ideal because it leaves three days per week when inmates can not get prompt attention from the medical department. If Greene had more nurses, it could consider expanding sick call to five days per week. During our discussions with prison staff in July 2009, the administration asserted that it could not expand to a fifth sick call day due to space limitations on the weekday when sick call is closed and medical staff are completing paperwork. Since most facilities with populations the size of this prison have five days of sick call per week, we urge the medical staff to reassess their utilization of the clinic space to permit a fifth sick call day.

Of greater concern, however, is the inmates' assessment of the quality of sick call at the prison. Only 4% of the respondents to our survey said the sick call nurses were good, 34% reported that they were fair, and 63% rated them as poor. These figures are worse than the average rates we have obtained during other prison visits. The percentage of inmates who considered the sick call nurses to be good was the lowest among the 14

prisons at which we obtained comparable data. A review of the survey respondents' descriptions of why they rated the sick call process poorly revealed several complaints about: (1) rude or insensitive conduct by the sick call nurses; (2) lack of interest or a caring attitude when treating the patients; (3) failure to refer inmates to a doctor for serious medical complaints; and (4) provision of only over-the-counter pain and fever medications, such as acetaminophen, ibuprofen or aspirin for many conditions that the inmates believed required more aggressive care. Meetings between prison officials and the Inmate Liaison Committee and inmate grievance representatives to discuss the nature of inmates' complaints about the sick call process could help alleviate some of these problems.

About 150 inmates access emergency sick call (ESC) each month. The facility staff informed us that they do not issue misbehavior reports for inmates who seek ESC, even if they are not experiencing a medical emergency. We commend the prison for not using the disciplinary process to deal with inmates whom they believe may be using the ESC process inappropriately.

After inmates are screened by a sick call nurse, if they still have a medical problem, they can be referred to a doctor or nurse practitioner for a clinic callout. These appointments occur five days per week, and approximately 300 patients are seen each month. Greene inmates participating in our survey reported less usage of the medical clinic than inmates at other prisons from which we have collected data. When asked to assess how often they experienced delays in seeing a clinic provider, 39% of survey participants reported frequent delays, 27% said delays happened once in a while and 27% stated that they never experienced a delay. These figures are somewhat more positive than the average for the other prisons we have surveyed where 46% of survey respondents reported frequent delays, 24% stated delays occur once in a while and 22% said delays never happened. But the fact that nearly 40% of the inmates report they frequently are delayed in accessing a doctor is not acceptable and requires remediation. Regarding the time they must wait to see a clinic provider, Greene survey participants' median estimation for delay was 21 days in comparison to 28-day delay for all surveyed prisons. But many respondents reported delays of one to two months, periods that undermine effective prison care. In contrast to inmates' perceptions, the Greene medical staff reported that inmates referred for a clinic appointment are seen within a week to 10 days. Some of the delays appear to be caused by the failure of sick call nurses to request follow-up care, as many of the survey participants stated that they were not referred to a doctor following sick call despite the inmates' perceived need for a clinic evaluation.

When asked to rate the quality of the care provided by the doctors, only 8% of Greene survey participants said it was good, 47% reported it as fair and 45% rated it as poor. These figures are somewhat more positive than the average response from all the prisons visited by the CA in which 11% of the survey participants rated physician care as good, 36% said it was fair and 56% reported it as poor. The inmates we surveyed had mixed impressions of the clinic providers. A minority of inmates stated that some providers were responsive to their medical needs and gave them quality care; however, many inmates reported that they received delayed and/or inadequate care and several

inmates wrote that some clinicians were indifferent, uncaring or unresponsive to their medical complaints. The most common complaint from inmates was their inability to get timely treatment for their condition. Similar to comments regarding sick call, there were numerous complaints that only over-the-counter analgesics, such as acetaminophen or ibuprofen, were given in response to many different medical conditions.

Greene apparently has fewer inmates with chronic conditions such as HIV or hepatitis C, probably due in part to the overall younger age of its population. The prison reported only 28 HIV-infected inmates, representing 1.6% of the prison population; of these known HIV-infected inmates, only 17 were on antiretroviral therapy. Greene's HIV-infection rate is well below the system-wide average of 2.5% for known HIV-infected inmates. Given the different demographics of the prison's population, it is difficult to determine whether this differential is due to the prevalence of younger inmates or a lack of aggressiveness by the medical staff in urging inmates to seek HIV testing. A review of Greene inmate appointments with infectious disease specialists for the period January 2003 through August 2006 reveals that Greene inmates appear to have access to HIV specialists at a rate comparable to prisons throughout the Department. We were also told that Dr. Rosenfield, one of the prison physicians, has extensive experience in treating HIV-infected patients.

There were 66 Greene inmates infected with hepatitis C (HCV), representing 3.8% of the prison population. As with the HIV rate, this percentage is well below the department-wide rate for known HCV-infected inmates of 9%. Given the demographic differences of Greene inmates compared to the overall Department population, it is difficult to assess whether the lower rate for HCV-infections is a function of the medical characteristic of Greene inmates or a lack of effort to identify all HCV-infected Greene inmates. After reviewing DOCS computer records for Greene inmates' access to gastroenterologists and liver biopsies (necessary consultations to diagnose and treat HCV-infected patients), we assessed that the prison has been referring inmates to such services at rates comparable to other state prisons. We are concerned, however, that only one Greene inmate was on HCV therapy at the time of our visit. The facility said that it has treated more HCV-infected inmates in the past, including five or six patients during the previous year, and that a majority of the treated inmates do well on the therapy. Although not all HCV-infected patients should initiate therapy, having only one inmate on treatment in a population of this size is well below the average for other state prisons, and consequently, we are concerned if all HCV-infected inmates are receiving appropriate care. To determine whether the prison medical staff is taking adequate measures to encourage inmates to learn their HCV status and receive treatment, it is necessary that medical professionals from outside the prison—DOCS Division of Health Services personnel or Department of Health officials—review the HCV diagnostic and treatment practices at Greene.

Greene does not have a pharmacy and relies on an outside contractor, Kinney Drugs, to provide its patients with medications. The prison's pharmacy has been closed since 1992 because of difficulty in hiring staff at the low state salaries, which are not competitive with community pharmacy salaries. Up until three months prior to our visit,

Greene obtained its medications from Cossackie Correctional Facility, but that prison lost a pharmacist and can no longer service Greene. Using Kinney Drugs as its pharmacy is much more expensive than obtaining drugs from a DOCS's pharmacy. Moreover, the prison does not have computerized medication records for outside pharmacy services and therefore, is less able to monitor its patients. Finally, we were told by prison staff that using Kinney Drugs is less efficient, taking more staff time, though the medical department was working on improving the process. Although DOCS plans to supply prisons such as Greene with individual patient medications directly from its central pharmacy, this plan is years away. It would be better in the meantime to augment the authorized salaries for prison pharmacists to permit the reopening of pharmacies closed due to an inability to hire staff.

Prison officials informed us that approximately 250 inmates daily receive medications, including 60 to 70 inmates who are taking psychotropic medications. More than 60% of the inmates responding to our survey who were on medications stated that they sometimes have problems obtaining their medications in a timely manner. Inmates noted delayed refills, failures to provide approved medications and problems getting clinic staff to issue orders for medications they believed were needed. When we spoke with staff in July 2009, they reported that since our visit, they had met with the ILC and IGRC to discuss concerns about the provision of medications. Following this meeting, the facility developed a form that inmates can complete using the label from their medication bottle so that they can submit requested refills in a timely manner.

At the time of our visit, the prison had a 10-bed infirmary with an average census of four to five patients. The typical infirmary length of stay was 10 days, but the facility also housed long-term infirmary patients, one of whom was on the unit at the time of our visit. Given the prison's proximity to Albany Medical Center (AMC), inmates from other facilities sometimes were transferred to Greene if they required frequent trips to AMC for treatment. A doctor or the nurse practitioner made daily rounds in the infirmary. During our conversation with the prison staff in July 2009, we learned that the infirmary closed in December 2008. Inmates in need of infirmary care are now transferred to the near-by Regional Medical Unit or infirmary at Cossackie Correctional Facility.

Greene utilizes specialty care services at rates that are more than 40% below the average for other state prisons based upon data we received from the Department on specialty care appointments for Fiscal Year 2006-07. Inmates' responses to our survey also confirm that fewer inmates access specialty care services at Greene than at the other prisons we have visited. We are concerned that utilization rates were particularly low for dermatology, ophthalmology and orthopedics; specialty services that are not necessarily associated with only older inmates. In response to our survey, more than 60% of the Greene respondents said that they experienced delays in access to specialty care and 62% reported that there was not adequate follow-up to specialists' recommendations.

The prison has a continuous quality improvement (CQI) committee that meets quarterly to review the prison's healthcare services. We were informed that the

committee has reviewed issues such as HIV care, sick call procedures, psychotropic medications, hypertension, diabetes, asthma and issues related to suicide attempts. The CQI committee has an agenda and written minutes for each meeting. Although we did not review documentation of these meetings, it appears that the medical department is making meaningful efforts to evaluate care.

Dental Care

The Visiting Committee toured the dental area and spoke with staff. There is one dentist, one dental hygienist and two dental assistants. We were told by dental staff that the dental department sees approximately 100 patients per week and that it takes approximately three weeks to get a dental appointment if the patient does not have an emergency. A dental surgeon comes to the facility once per month for extractions. The dental staff reported that the majority of their services are restorative care. Overall, the dental area seemed well equipped and we were impressed by the dental staff.

We surveyed the inmate population about dental services at the prison. Nearly two-thirds of the respondents reported accessing dental care at least once. The median time reported by the survey respondents to see a dentist was 60 days. Twenty-eight percent of the survey participants rated the dental care as good, 42% said it was fair and only 30% said it was poor. This response is more favorable than we have seen at other prisons.

Mental Health Care

Greene is a level 3 mental health facility, which means that it has limited mental health staff and should only confine inmates with an Office of Mental Health (OMH) acuity level of 3 or less, signifying less serious mental health needs. At the time of our visit, there were no vacancies among the mental health staff, which consisted of one full-time psychologist, one full-time psychiatric assistant III, one full-time social worker II, and one part-time psychiatric nurse.

At the time of our visit, there were 156 inmates on the mental health case load. During the years 2005-2007, the facility reported that no inmates were sent to Central New York Psychiatric Center for hospitalization. During these same years, 12, 8, and 10 general population inmates, respectively, were sent to a residential crisis treatment center at another prison.

Of the 183 general population inmates surveyed, 38% said that they had received or been recommended for mental health services while incarcerated. Twenty-two respondents said they were currently on the OMH caseload, and 16 had previously been on the OMH caseload while at Greene. Overall, 33% of the respondents rated mental health services as good, 43% assessed them as fair and 24% reported them as poor. Of the 38 respondents who had received OMH care at the prison, 55% rated mental health services as good, 32% assessed them as fair and 13% found them to be poor. These

ratings are more positive than we found at other prisons we have visited. Few inmates reported problems obtaining their mental health medications.

Grievances

Inmates filed a total of 168 grievances in 2007, a decrease from the 194 filed in 2006. These numbers are lower than at other facilities this size, most likely because of the large number of younger inmates who tend to file grievances less frequently than older inmates. The most highly grieved area was staff conduct, with 62 grievances, down from 77 in 2006. According to DOCS, these grievances concerned “alleged threats, sexual harassment, assault, retaliation, unprofessional conduct, racial slurs and verbal abuse.”³ The second highest grieved area was medical services, with 33 grievances filed in 2007 and 34 filed in 2006. DOCS reports that 60 grievances were filed in the facility’s S-Block in 2007, a significant increase from the 48 filed in 2006.

Survey respondents reported low confidence in the grievance system, with 79% rating it as poor. Many reported that inmates fear retaliation from staff if they file a grievance. Of surveyed inmates, 32% reported they had been frequently retaliated against for using the grievance system, a rate consistent with those we have found at other facilities. Staff suggested that the very nature of the grievance investigation process could potentially increase inmates’ anxiety, leading to perceived retaliation even though it might not be occurring. Despite staff’s explanation, we remain concerned about inmates’ reports of retaliation for filing grievances.

S-Block

At the time of our visit, the facility housed 174 inmates in its S-Block, a disciplinary housing unit with a capacity for 200 men. We received surveys from 32 inmates in the S-Block who had spent an average two months there.

Most S-Block inmates we surveyed expressed greater dissatisfaction with the available programs compared to other disciplinary housing units we have visited. At the time of our visit, there were 72 S-Block inmates enrolled in cell study, which is also offered in Spanish. Eighty-two percent of survey respondents were dissatisfied with the cell study program, compared 69% at other SHUs and S-Blocks we have visited. Of the respondents who said that they were enrolled in cell-study, 63% said they were satisfied. Several inmates reported that the teacher does not make rounds.

Also at rates much higher than at other disciplinary housing units, 83% of surveyed inmates were dissatisfied with their access to general reading materials and 58% were dissatisfied with their access to law library materials. Similarly, 60% were dissatisfied with their access to mail and 81% were dissatisfied with food services, with many inmates reporting that the food was often served cold and on dirty trays.

³ DOCS Inmates Grievance Program Annual Report, 2007.

S-Block inmates are permitted out of their cells into a small, fenced-in area for one hour per day. While there were no respondents who said they never went to their one hour of recreation per day, only 48% said they frequently make use of this time. Many inmates reported that they do not go out because they do not want to be in a “cage” with nothing to do for an hour. Providing equipment like chin-up bars could offer incentive for inmates who might otherwise spend 24 hours per day in their cells.

At the time of our visit, 33 S-Block inmates were on the mental health caseload, representing 19% of the S-Block population. The 33 patients constituted 21% of the total number of Greene inmates receiving services from mental health staff. Of the inmates surveyed in the S-Block, 11 said they had been on the mental health caseload during their current DOCS incarceration, representing more than one-third of all surveyed S-Block inmates. Five of these men rated the mental health services as good, while only one rated them as poor, a much more positive figure than we have found at other disciplinary housing units. A similarly low percentage of surveyed S-Block inmates (13%) rated these services as poor. Few inmates reported problems obtaining their mental health medication. The more positive ratings of mental health services could be attributed to the frequent rounds made by the mental health staff member who is assigned to the unit.

In 2006 and 2007, the facility reported that more S-Block inmates than general population inmates were sent to a Residential Crisis Treatment Program (RCTP), with 16 and 19 inmates, respectively, sent to an RCTP from the S-Block and only 8 and 10 inmates, respectively, sent from general population. We question why so many SHU inmates with mental health needs are being sent to this prison, given its low OMH classification and limited mental health staff. It appears that as an inmate’s mental health status changes, DOCS does not always reclassify an inmate to match him with appropriate mental health services. Since inmates with mental health needs often experience a deterioration of their mental status when confined in long-term disciplinary confinement, it would be preferable to have inmates with significant mental health needs assigned to disciplinary units in an OMH level one prison that has the full range of OMH services, despite their mental health classification.

Consistent with our findings from other disciplinary housing units we have visited, 57% of survey respondents reported relations with S-Block security staff as bad. Several said they had experienced a physical confrontation either in the S-Block or in other parts of the prison, with many saying they felt very unsafe. Also consistent with prisoner reports at other disciplinary confinement units, many inmates said they had been retaliated against for filing a grievance, with a slightly higher percentage (88%) rating Greene’s grievance system as poor.

While there were no inmates on restricted diets (“the loaf”) at the time of our visit, it is concerning that the facility has used restricted diets to punish inmates in its S-Block more frequently than other prisons.⁴ In 2006, 2007 and 2008 (through September),

⁴ Inmates who are fed a restricted diet receive a dense, binding, unpalatable one-pound loaf of bread and a side portion of cabbage three times a day for up to seven days straight, followed by two days off. Facility staff reported that in 2008, 15 of the 18 restricted diet orders were for three days or less.

Greene issued 25, 20, and 18 orders for restricted diets, respectively. In 2009 (through mid-August), the prison issued five orders for restricted diets in the S-Block. Although DOCS claims that “the loaf” regimen meets nutritional standards, many inmates do not eat it because it is unpleasant and difficult to digest. In addition, the Federal Bureau of Prison and many states have abolished the use of restricted diets. It is inappropriate to use a restricted diet as a means to control behavior or discipline an inmate.

Special Housing Unit

Greene has a 15-bed Special Housing Unit (SHU) for inmates serving a disciplinary sentence. At the time of our visit, 14 inmates were housed in the SHU. Many inmates, both in SHU and general population, expressed concern about security staff physically abusing inmates in the SHU. When we spoke with staff in July 2009, they reported that following a review of UIRs, they implemented a new procedure where COs read DOCS pat frisk procedure from a script to inmates when they enter the SHU. Their hope is that this will ensure inmates know that coming off the wall during a pat frisk will be considered an assault-on-staff, per DOCS policy. At the time of our visit, there were no SHU inmates on the OMH caseload. However, it seems that mental health has been an issue since in 2005, 2006, and 2007, two, 11, and two inmates, respectively, were sent to a residential crisis treatment center at another prison. Staff reported that no SHU inmates had received orders for restricted diets in 2006, 2007, or 2008 and that one order was issued in 2009 (through mid-August).

Transitional Services

The Visiting Committee toured the Transitional Services (TS) program area and spoke with the TS civilian staff. We appreciated their thorough responses to our questions. The TS area was clean but the classrooms were sparsely decorated. The TS staff consists of two full-time civilian staff and many Inmate Program Assistants (IPAs) who typically facilitate the classes.

At the time of our visit, Greene’s TS program conducted classes in all three TS phases that DOCS offers as well as Aggression Replacement Training (ART) classes. Phase I is a two-week, all-day program for inmates new to DOCS. Inmates in this class live together in a separate dorm. Facility staff estimated that a high percentage of Greene inmates attend Phase I classes at the prison. At the time of our visit, there were 31 inmates enrolled in Phase I.

Phase II is an eight-week, half-day program held five days per week emphasizing life skills such as time management and social living. The facility began offering this class in 2007. Inmates are typically enrolled in Phase II in the middle of their incarceration and are prioritized according to their earliest release date. At the time of our visit, there were eight inmates enrolled in Phase II, which has a capacity for 25 students. We surveyed 17 inmates who had been enrolled in Greene’s Phase II class and 57% of them were at least somewhat satisfied with the program, a rate consistent with inmate responses at other prisons we have visited. In July 2009, staff reported that the

facility was not offering Phase II classes due to TS staff being transferred (one in December 2008 and the other in April 2009).

Phase III is a six week, half-day program held weekdays for inmates nearing their release date. Staff suggested that most inmates in this class are within one year of their earliest release date. Unlike the other TS Phases, Phase III does not have rolling admission. Staff explained that the class's primary focus is preparing inmates to seek employment when they are released. Inmates develop hand-written resumes and are encouraged to type them once they are discharged. They also participate in mock interviewing. At the time of our visit, there were four Phase III classes running with a total of 62 students enrolled. Of the 30 inmates surveyed who had been enrolled in the program, 71% were satisfied, at least somewhat, with the class, a rate more positive than the inmate responses at other prisons we have visited. When we spoke with staff in July 2009, they reported that the facility was not running Phase III classes but it would reinstate the program soon following adjustments to DOCS new policy that only inmates who have had their Parole Board hearing and are scheduled to be paroled are eligible.

The TS program also provides inmates with information about programs in the community providing services such as job preparation and housing assistance. Staff explained that they have brochures for shelters and refer inmates to their Parole Officer. They said that community-based substance abuse treatment programs are not discussed. In contrast, a large majority of inmates surveyed said they had not received any resources from the TS staff.

In addition, the TS program staff and other corrections counselors are responsible for assisting inmates in obtaining their social security cards. Staff estimated that about 80% of inmates applying for their cards obtain them.

The ART classes are held three times per day and enrolled inmates attend once a day for nine weeks. When an inmate arrives at the facility, his counselor determines if he should take the class or not based on an inmate's conviction or history of violence. Staff explained that the program focuses on correcting violent behavior. At the time of our visit, there were 48 inmates enrolled in the program, which had a capacity for 78 students. There were 968 inmates at the facility who had been recommended for the program. Twenty-four of the inmates surveyed had been enrolled in the program and of these, 70% were at least somewhat satisfied with it.

Recommendations

Programs

- Expand the pre-GED education classes to accommodate more inmates.
- Expand the onsite postsecondary education program for inmates who have earned their GED or high school diploma.

- Fill vocational and academic program vacancies.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Permit inmates to enroll in more than one vocational program.
- Raise the limit on the amount inmates can spend at the commissary.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Permit inmates to browse the library collection.
- Explore the possibility of using the outside area more frequently for the visiting program.
- Continue to monitor measures to prevent delays in the delivery of mail and packages to inmates and to reduce destruction or loss of items contained in packages.
- Assess the feasibility of constructing a sheltered area for inmates waiting to enter the mess hall and make greater efforts in the winter to minimize long waits outside the mess hall.

Safety

- Assess the level and causes for tension within the prison and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Review Unusual Incident Reports, grievances and misbehavior reports to assess whether there are patterns of violence within the prison, whether specific staff members are more frequently involved in inmate-staff confrontations, and whether certain areas within the prison are more frequent locations for violence. Following this review, develop a plan, including additional staff training, to reduce violence between inmates and staff and among inmates.
- Meet with the ILC and IGRC to discuss ways to reduce tension at the prison and to improve the effectiveness and credibility among inmates of the grievance system.
- Install cameras where repeated incidents of violence occur.

Medical Care

- Seek temporary physician and nursing items to cover for the doctor and nurses who have been absent for an extended period of time.
- Perform a needs assessment for physician and nursing services and consider expanding clinic provider services and nursing staff for the prison.
- Expand sick call to five days per week.
- Review the quality of the sick call encounters and ensure that all sick call nurses adequately address inmates' medical needs in a timely manner.
- Review the quality of medical encounters between inmate-patients and clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Enhance efforts to identify inmates with HIV and/or hepatitis C through greater peer education efforts and more outreach by volunteer health educators and the medical staff to encourage inmates at risk for the disease to be tested and seek care.
- Re-evaluate inmates with Hepatitis C to determine whether more patients are appropriate candidates for treatment and review the prison's utilization of gastroenterologists and liver biopsy procedures to determine if there is under-utilization.
- Renew efforts to open a pharmacy at the prison, install the new DOCS computerized pharmacy system at the prison and review procedures for getting medications from the outside pharmacy to ensure timely and efficient pharmacy services.
- Review the utilization of specialty care services, the timeliness of access to such services and the adequacy of prison follow-up to specialists' recommendations.

S-Block and Special Housing Unit

- End the practice of punishing inmates with restricted diets both in the SHU and S-Block.
- Install cameras in the SHU.
- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment like balls or chin-up bars when they go to recreation.

- Promptly reclassify the OMH level of inmates in disciplinary confinement whose mental health status changes to permit their transfer to a facility with more intensive mental health services.
- Assess any inmate in disciplinary confinement with significant mental health needs to determine whether he should be transferred to a prison with comprehensive mental health services, regardless of his mental health classification.