

The Correctional Association of New York

FOUNDED 1844

2090 ADAM CLAYTON POWELL, JR. BLVD. • SUITE 200 • NEW YORK, NY 10027
TEL. (212) 254-5700 • FAX (212) 473-2807 • www.correctionalassociation.org

MARCY CORRECTIONAL FACILITY

The Correctional Association (CA) visited Marcy Correctional Facility, a medium security prison for men in Marcy, NY, on April 2nd and 3rd, 2008. At the time of our visit, Marcy had a total inmate population of 1,093 men, close to its capacity of 1,122. The facility recently closed its disciplinary housing unit, the 200-bed S-Block, to begin construction on a Residential Mental Health Unit (RMHU) as the result of litigation and legislation requiring enhanced services for inmates with serious mental illness who are sentenced to disciplinary housing. The Visiting Committee was not permitted to visit the construction site, nor was the facility able to provide information on the new construction. The facility operates academic, vocational, and Alcohol and Substance Abuse Treatment programs.

One of the primary objectives of our visit to Marcy was to assess facilities and programs. The CA obtained surveys about general prison conditions from 149 men at Marcy. We also received 70 surveys from inmates specifically concerning substance abuse programs and 35 surveys from 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 Marcy, as we will publish them in a subsequent 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 and security staff; and observations during our visit.

Summary of Findings and Recommendations

The Visiting Committee was impressed with many areas at Marcy. Overall, there seems to be a low-level of physical violence, as compared with other prisons we have visited. Many staff impressed us as dedicated to working with inmates in their programs and helping them prepare for return to the community. The facility has an impressively high GED passage rate and many inmates we surveyed were pleased with the vocational program.

We also had some concerns focused on such matters as: the quality of medical care; the level of tension between staff and inmates and among inmates; the lack of Spanish-language resources and staffing; the effectiveness of the grievance program; and the treatment of inmates in Marcy's Special Housing Unit.

Our principal recommendations to relevant state, DOCS and prison officials include these measures:

- Hire Spanish-speaking staff;
- Increase the number of vocational programs;
- Institute a training program for staff to increase sensitivity, with an emphasis on working effectively with diverse populations;
- Fill nursing vacancies and consider augmenting physician staff;
- Improve the quality of sick call and physician encounters;
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare;
- Enhance efforts to identify inmates with HIV and Hepatitis C;
- Enhance access to specialty care services and improve follow-up to specialists' recommendations; and
- Install cameras in the SHU.

Marcy's Inmate Population

Similar to state-wide averages, 21% of Marcy's inmates identify as white, 46% identify as African-American, and 31% identify as Hispanic.¹ The median age of the population is 36 and 68% are from New York City and its surrounding suburbs. Like at other medium security prisons, most inmates have their earliest release date within two years, and almost all the inmates will reach their earliest possible release date within six years. Fifty percent of the population was convicted of a violent crime and 27% had a drug conviction, compared with 58% and 21% statewide, respectively, in the New York state prison system. Fifty-three percent of the prisoners have their high school diploma, GED or higher, similar to the state-wide average. Higher than state-wide figures, 7% of the inmate population is Spanish-speaking with limited or no ability to speak English. Eighty-seven percent of Marcy's population was identified as having a substance abuse history by the Department of Correctional Services (DOCS), a slightly higher rate than the state-wide average of eighty-four percent.

Programs

According to data we received from the facility, 70 inmates – six percent of Marcy's population – are idle, or without any program or job assignment. A total of 870 inmates were in programs or jobs for the whole day, and the remainder of the population was occupied for half the day. Twenty-nine percent of the population is assigned to a full- or part-time porter position, which involves performing maintenance and cleaning tasks for the prison and does not generally help individuals to develop transferable skills. Many inmates assigned to work as porters with whom we spoke complained about the low level of job skills they were learning. Overall, of the inmates we surveyed, 55% were satisfied with their job, 15% were sometimes or somewhat satisfied, and 30% were dissatisfied with their job.

¹ According to DOCS' 2008 Profile of the Inmate Population as of January 1, 2008, system-wide averages are: White (20.8%); African-American (51.3%); and Hispanic (25.9%). Data presented in this paragraph about the Marcy population are based upon the DOCS 2008 Profile.

Consistent with prison practices throughout the state, Marcy inmates receive limited wages for paid modules. The system's rate of pay has remained unchanged for approximately 20 years, although the cost of items in the commissary has increased with inflation, and commissary prices are comparable to charges for goods purchased outside the prison. Prisoners at Marcy and throughout the state consistently complain about their growing inability to afford commissary goods.

Many inmates with limited English language ability commented to us that the language barrier can sometimes pose challenges, particularly in academic and vocational settings.

Vocational Program

At the time of our visit, a total of 307 inmates were enrolled in one of 10 vocational programs, which include masonry, horticulture, small engine repair, electrical trades, appliance repair, building maintenance, custodial maintenance, drafting, air conditioning/refrigerator, and general business. The facility offers Department of Labor certificates for five of its programs and National Center for Construction Education and Research (NCCER) certificates for four of its programs. There were no vacancies among Marcy's vocational staff of ten.

The classrooms in the vocational area of the prison seemed well-equipped. Of the inmates we surveyed, 65% were satisfied, and 9% were sometimes or somewhat satisfied, with the vocational program while 26% were dissatisfied. Many inmates with whom we spoke were pleased with the instruction and with the skills they were learning in the vocational program and believed they would be better prepared for the job market upon release. However, as at other facilities we have visited, inmates complained about the DOCS policy that an inmate may only complete one vocational program. Staff estimated that there were 175 to 200 men on the vocational program's waiting list. Staff explained that if an inmate does not like a class once he is enrolled, they can work with the inmate to find a more appropriate class. Vocational programs in prisons can help prepare inmates for jobs upon release while decreasing idleness among the prison population. We encourage the Department to seek ways to increase these activities at Marcy.

While staff reported that they recently attended training on vocational and academic coordination, there seemed to be little coordination between the two programs. Increased coordination can improve the utility of the programs, and we encourage the facility to continue endeavors such as the coordination training.

Academic Program

Marcy's academic program includes Adult Basic Education, Pre-GED, GED, Multi-Level, Bilingual ABE/ESL and Bilingual GED. There was one part-time vacancy in the facility's academic staff of eleven and a half. The position has been vacant since February and remained vacant when we spoke with the facility in December 2008. Staff explained that it would help to have another ABE teacher, an item they have requested, though the academic staff who had been assigned to the now-closed S-Block is temporarily teaching general population inmates.

Marcy's GED passage rate increased from 59% in 2006 to 91% in 2007. If an inmate already had a GED when he arrives at the facility, he can apply to be a teacher's aid. With such high numbers of inmates coming to the facility with their high school diploma or GED (55%) or obtaining it while at the facility, Marcy would benefit from higher education programs. We visited the academic area of the facility and found the classrooms bright and decorated with posters. Staff reported that each class visits the computer lab for 1.5 hours per week. We were impressed with the academic staff's dedication to providing inmates with services. Of the inmates we surveyed, 59% were satisfied with the academic program, at least sometimes or somewhat, and 40% were dissatisfied.

Libraries

The Visiting Committee toured the law and general libraries and met with the facility's one librarian. The library also employs one part-time civilian clerk and 9 inmate-clerks. The librarian seemed dedicated to providing materials and extra programs to inmates. The librarian is involved in reentry planning through teaching an internet class. There is also a book club, and inmates may participate in the Words Travel Program (where an inmate chooses a book, tape records his reading and sends it home to his children), and apply for the Department of Labor's (DOL) library apprenticeship program. The librarian reported that twenty inmates completed the DOL library apprenticeship program, which requires a minimum 2,000 hours, a GED, and completion of other mandated programs. The facility participates in an inter-library loan program so that inmates can obtain materials not available in the prison library.

Of the inmates we surveyed, 52% were satisfied, 18% were somewhat satisfied, and 30% were dissatisfied with the general library services. When we asked inmates about the law library, 42% were satisfied, 23% of respondents said they were sometimes satisfied, and 35% said they were dissatisfied.

Safety

Inmate-Staff Relations

Staff reported a low level of tension and physical violence at the facility, between both inmates and staff and among inmates. The inmates with whom we spoke also reported low rates of physical confrontations, though they said that verbal harassment by staff is a problem.

When we asked inmates about their relations with staff over all, 41% reported relations as bad, 38% as equally good and bad, and 21% as good, rates comparable to those we have found at other prisons we have visited. Fifty-eight percent of respondents stated that there are COs who engage in serious misconduct, but nearly all (91%) of the survey participants believed that there are some COs at Marcy who do a good job. The survey respondents estimated that half of the COs were doing a good job but also felt that one-third of the COs were involved in inappropriate behavior. These figures represent a more positive impression of CO behavior than the average percentages we have obtained at most other prisons.

The staff misconduct inmates described largely involved verbal harassment. Thirty-three percent of the inmates whom we surveyed stated they frequently experienced verbal harassment

and 60% said that it occurred frequently throughout the facility. At a rate much lower than other prisons we have visited, only 19% of the inmates we surveyed reported they had experienced a physical confrontation with staff at least once while at Marcy. In addition, 22% described physical confrontations between inmates and staff as frequent, a rate that is lower than comparable data we have received from other facilities. When inmates we surveyed compared the level of inmate-staff physical confrontations at Marcy with other facilities, 38% said that the situation at Marcy was better than at other facilities and 48% said it was about the same. The overall perception of safety among inmates we surveyed was comparable to that at other medium security prisons, with 29% of the respondents stating that they frequently felt unsafe and 25% saying they felt very unsafe.

Of the inmates surveyed, 35% said that racial tension was widespread or common throughout the facility and 29% percent said that racial discrimination contributed significantly to abuse. These rates are comparable to those we have found at other prisons.

We reviewed DOCS computer records concerning inmate disciplinary data and Unusual Incident Reports (UIR) for the period January 2003 through August 2006 for Marcy, excluding incidents from Marcy's S-Block, and compared it to system-wide data for assault on staff incidents. This data confirms our observations and inmates' and staff's perceptions of lower levels of inmate-staff violence. The inmate discipline data places Marcy in the lower third of medium and minimum security prisons in terms of the rate of tickets for assault on staff. Similarly, the prison's UIR rate for assaults on staff is also in the lower third for all medium and minimum security prisons.

Inmate-Inmate Relations

Staff described confrontations between inmates as uncommon. Twenty-three percent of survey respondents reported having been in a physical confrontation with another inmate at least once, a rate that is comparable to those at other facilities we have visited. Similarly, 39% of survey participants reported frequent confrontations among inmates, a rate higher than at other medium security prisons we have visited. While 83% of surveyed inmates stated that gang activity was very common at the facility, a rate higher than other prisons we have visited, most inmates said that gang activity did not contribute to violence at the facility. Twenty-seven percent of survey participants reported that contraband drug use was very common at the facility, though very few stated that illegal drugs were a 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 Marcy, excluding data for its S-Block, for the period January 2003 through August 2006. These data suggest that there is a somewhat greater problem with inmate-on-inmate violence than confrontations with staff. Marcy's rate for fighting tickets was in approximately the top one-third of medium and minimum security prisons. However, the rate for assault-on-inmate tickets was in the bottom 40% of all medium and minimum security prisons. Similarly, the rate of UIR assault-on-inmate incidents was also in the lower third of all medium and minimum security prisons. These data suggest a somewhat high frequency of inmate-on-inmate incidents but a lower number of more serious assaults.

Grievance Program

Inmates filed a total of 600 grievances in 2005 and 601 in 2006. The most highly grieved area by far was medical services, with 154 grievances in 2006, down from the 223 the previous year. According to DOCS, these grievances concerned “requests for physicians, outside specialists, testing, delays in medications, bottom bunks, permit and allegations of inadequate treatment.”²

Approximately half the inmates we surveyed had used the grievance system. Of all the inmates we surveyed, 64% rated the grievance system as poor, with 41% saying that the system was worse than the grievance system at other facilities and 49% saying it was comparable to that at other facilities. Forty-two percent of respondents stated they had been retaliated against for making a formal complaint.

Other Programs: Visiting, Mail/Package, Food Services

The visiting room at Marcy operates on weekends. Fifty-two percent of survey participants were satisfied with the visiting program, at least some of the time. Some inmates complained that communal tables prevented the contact visits to which most Marcy inmates are entitled. When we spoke with staff in December 2008, they reported that the facility opted to use smaller tables to increase the capacity of the visiting room, however, we could not confirm this action addressed inmates’ concerns about contact visits. We also heard complaints from inmates that staff were disrespectful to visitors. Inmates raised concerns about package and mail services, with 53% percent reporting they had experienced a problem with mail. Sixty-nine percent of the inmates we surveyed reported they were dissatisfied with the food at the facility. When we visited the mess hall it appeared clean. Forty-four percent of survey participants were dissatisfied with the Commissary.

Transitional Services

Marcy has all three phases of the Transitional Services (TS) program: (1) Phase I for newly admitted inmates who have not received an orientation to the Department during their current incarceration; (2) Phase II, a half-day program five days per week for 10 weeks for Marcy inmates who are one year from their earliest release date, designed to focus on the life skills these individuals will need when returning home; and (3) Phase III, a half-day program five days per week for four weeks for inmates who are one to four months away from their earliest release date, intended to help prepare soon-to-be-released inmates for a job and to teach them other essential skills they will need when they return to their communities. There was one Phase I class, a single Phase II class of 25-30 inmates and Phase III classes for 40 inmates.

There are three Corrections Counselors assigned to the TS program, one staff person for each of the three Phases. One of these individuals is also the supervisor of volunteer tutors. The current TS staff includes an additional correctional counselor who was approved for the program by DOCS approximately one and one-half years ago. There are also 10 inmate program assistants who facilitate many of the classes.

² DOCS Annual Grievance Report, 2006.

The TS program also conducts three Aggression Replacement Training (ART) classes at the prison, one each in the morning and afternoon and a third for Spanish-speaking inmates. Although there are no bilingual TS staff members, the program recruits bilingual inmate facilitators to conduct the class for Spanish-speaking inmates. The ART class is a half-day program conducted five days per week for nine weeks. TS staff told us that the ART program is offered early in the incarceration period of Marcy inmates and that most of the estimated 80% of the Marcy population who need ART are getting it.

One important function of Transitional Services is to assist inmates in obtaining their birth certificates and social security cards. The TS staff estimated that 50% to 75% of the inmates being discharged from the prison have these documents when they leave. To monitor the acquisition of these documents the TS program maintains a tracking system and prepares quarterly reports showing the inmates who have requested documents and the status of their requests.

The TS staff reported that some outside organizations come into the facility to provide information to participants in the Transitional Services classes. The Center for Community Alternatives comes to the prison monthly to conduct an HIV educational program. Other outside organizations that have, or are scheduled to, participate in the Transitional Services program include: JOBS and HOPE (homeless employment agency); the Resource Center for Independent Living and the Fortune Society (which we were told was planned to come every month).

The TS staff reported that the northern counties in the state do not have many reentry resources for inmates. We were also told that many inmates in Phase III ask for assistance identifying resources they will need in the communities to which they will return.

The inmates with whom we spoke and those responding to surveys expressed concerns about the level of assistance they receive from the TS program in identifying treatment programs and residential options in the community. Specifically, some inmates said that the materials are out-of-date and consequently, inmates do not receive responses from programs they attempt to contact. For example, very few of the nearly 200 inmates responding to our survey were successful in getting any response from the treatment and/or residential programs they attempted to contact.

Medical Care

The Visiting Committee met with the prison's Nurse Administrator and physician staff and toured the medical facility. We appreciate the cooperation of the medical department in supplying information to us, both prior to our visit and during the meeting. The medical facilities appeared clean and well maintained.

The medical staff consists of two full-time physicians, a Nurse Administrator and 13.5 nurses. The two doctors have worked at the prison for about 15 or more years and many of the nurses have been there for more than five years.

There is a question whether the prison has an adequate number of physicians, especially considering that a new residential mental health unit will open next year. Currently, there is one clinic provider for every 550 inmates, and that figure will increase to one doctor for 600 inmates. This ratio is substantially higher than the system-wide average of one clinical provider for approximately every 400 inmates. When we discussed this issue in December 2008, facility staff said they believed the prison had adequate physician staffing. We are concerned that the provider-patient ratio could negatively affect the quality of care provided and urge DOCS Division of Health Services officials to review staffing levels at the facility.

At the time of our visit, one half-time nurse position had been vacant for 14 months and another full-time nurse position had been vacant for more than four months. These vacancies represented more than 10% of the nursing staff and can adversely affect the prison's ability to provide quality care. The staff told us that the prison's inability to fill these positions was the consequence of state civil service salaries that are not competitive with community rates. When we spoke with staff in December 2008, however, we were pleased to learn that the facility had hired two nurses to fill the full-time position and the half-time position remained vacant.

Overall, the inmates had a negative opinion of medical care. Fifty-nine percent of the nearly 140 inmates responding to our survey rated the quality of medical care as poor and less than 7% stated it was good. This response represents one of the lowest rankings we have received from any prison. The consistent complaint from the inmates responding to our survey focused on the quality of the medical care much more than problems with timely access to medical personnel. Our survey results are confirmed by the high number of grievances filed about medical care issues. In 2006, 26% of all Marcy grievances were about healthcare, well above the system-wide average of eighteen percent.

Sick call is conducted four times per week using three nurses, and an average of 40-50 inmates are seen each day. At the time of our visit, the procedure was to call inmates to the clinic area at 6:00 am where patients will be seen until 7:30 am. At that time, any patient not seen had to return to his housing area for count and then return to the clinic after the count was completed. Since sick call often goes until 9:30 or 10:00 am, it appeared that this process of having patients come twice to the sick call area was a common occurrence. As many inmate housing areas are a long distance from the clinic building, this procedure is inefficient and unnecessarily burdensome on inmates who may be ill. When we spoke with facility officials in December 2008, they reported that the facility was modifying the sick call times and taking other action to reduce the number of inmates who had to be returned to the clinic for sick call. We urge the facility to develop a process of calling inmates that will eliminate or minimize the necessity of having inmates come to the clinic multiple times on the same day.

When we surveyed inmates about sick call, they reported typical problems with access, but were consistently critical of the quality of care they received from the sick call nurses. Fifty-seven percent of the survey respondents said they could access sick call when needed and 20% said they could not. These rates are comparable to the average figures we have obtained from other prisons. However, when survey respondents were asked to rate the quality of the sick call nurses, only 10% said they were good and 55% rated them as bad, representing the highest rating of dissatisfaction with nurses we have received from any prison where we asked these questions during the last year. A small percentage of inmate respondents stated that some nurses were

receptive to their complaints and provided adequate care. But most survey participants said many nurses dismissed inmates' concerns about their health, provided only ibuprofen for most problems, were hurried and inattentive during the exams and sometimes treated patients in a disrespectful manner.

Inmates who experience a significant medical problem after sick call hours can request emergency sick call, which can result in them being taken to the clinic to be seen by nurse. Inmates are instructed to use this procedure only if it is an emergency. At the time of the visit, medical staff reported that they issue misbehavior reports to inmates who abuse this process, estimating that they have issued four or five tickets in each of the last few months. This is a much higher rate of disciplining inmates who are accused of inappropriately seeking emergency care than we have observed at other prisons; such frequent use of discipline by the medical staff can damage the relationship between provider and patient. Inmates participating in our survey raised objections to this practice, noting that it is often difficult to determine whether they are experiencing a medical emergency until they are examined. When we discussed this issue in December 2008, the prison informed us that the data provided during our visit represented a spike in incidents at the time of our visit, but that the prison had only 10 misbehavior reports during the last year for misuse of emergency sick call.

The staff reported that inmates referred by the sick call nurse to be seen by a physician are called to the clinic area usually within a week or two of their sick call appointment. These clinic call-outs are held five days per week, usually in the mornings from 9:00 am to 11:00am. The staff estimated that approximately 100 patients are seen for clinic call-outs each week.

The inmates criticized the care from the doctors at these clinic call-outs. Forty-one percent of the survey participants stated that they frequently experience delays in seeing a physician and only 21% reported that they never experienced delays in access. These figures are somewhat worse than the average responses we have obtained from other prisons. But when inmates were asked to estimate the time it takes to see a doctor, the mean estimate was two weeks, a response time somewhat better than delays reported by inmates at many of the prisons we have visited.

Of greater concern, however, were the survey participants' opinions about the quality of care received from the doctors. Seventy percent of the inmate-respondents rated the physicians as poor and only 9% said they were good, the worse rating we have obtained during recent prison visits and representing dissatisfaction with the doctors that is significantly higher than the average rating from other prisons. The inmates repeatedly asserted that their medical problems were often dismissed, that the providers only prescribed over-the-counter analgesics for many medical problems and the doctors appeared reluctant to treat conditions, providing only the bare minimum of care. Again, there were several complaints of disrespect and dismissive attitudes by these providers.

Given these levels of dissatisfaction, it is important that DOCS Division of Health Services undertake a careful review of the prison's sick call and clinic call-out process to ascertain whether inmates are receiving comprehensive and effective evaluation and care. This evaluation should include a careful review of a sample of medical charts and interviews with inmate-patients who have raised complaints about their care.

We obtained, however, some encouraging information about care of inmates with chronic illnesses. In response to the CA's request for data about the treatment of Marcy inmates, the prison reported that of the 76 Marcy inmates identified as infected with Hepatitis C (HCV), 21 were currently receiving treatment. We were impressed that more than 25% of the prison's HCV-infected population was on treatment, a percentage five times higher than the system-wide average of 5% as of last year. The 21 inmates on treatment was a significant increase from the situation in January 2007 when only 12 Marcy inmates were receiving HCV therapy.

We were surprised, however, to learn that the facility had only 76 known HCV-infected inmates when it reported 127 HCV-infected patients in August 2006. While staff reported that HCV screening is performed for every inmate, given the system-wide estimate that approximately 13% of male DOCS inmates are infected with HCV, it would appear that Marcy is identifying only 54% of their projected HCV-infected population, a figure somewhat lower than the system-wide average of 70%. During our conversation with the prison executive team in December 2008, they informed us that a liver function test is performed at DOCS reception facilities on all newly admitted inmates, and if abnormal values are detected or other risk factors for HCV are noted, the individual will be offered HCV testing. We also learned that Marcy medical staff review medical charts of inmates newly admitted to the prison to assess whether the record suggests the inmate is at risk for HCV, and if so, they will be offered an HCV test. Although these procedures are commendable, they would not result in DOCS knowing the HCV status of all inmates. Consequently, we urge the prison to be as aggressive in identifying inmates with HCV as it is in establishing its positive record of treating many of those known to have the disease.

The facility also reported data on inmates with other chronic conditions. Thirty-one inmates were HIV-infected, all of whom were on treatment. This figure represents only 2.8% of the prison's population, whereas the system-wide estimate is that 6% of male DOCS inmates are HIV-infected. Consequently, it appears that Marcy has identified less than half of the inmates at the prison who have HIV. We are pleased, however, that all the known HIV-positive inmates are on therapy. During our conversation with facility staff in December 2008, we learned that the PACE program, an inmate peer education and counseling group, regularly conducts a 36-hour program to train inmate facilitators and that during the past year more than 200 inmates completed this voluntary program. In addition, Project HOPE volunteers conduct a counseling program at the prison for HIV-infected inmates. We commend the prison for its efforts to reach out to the inmate population.

The prison also reported: 185 asthmatic inmates, of whom 90 were on treatment; 149 inmates with hypertension, of whom 115 were on treatment; and 63 inmates with diabetes, of whom 56 were taking daily medications. When we asked the physicians whether the inmate population had changed during their tenure, they reported that the population had gotten older, and conditions such as hypertension, arthritis and back problems had increased. These data demonstrate that a significant number of Marcy patients require regular care. We are concerned whether the prison has adequate staff to provide timely and comprehensive care to its entire population.

Marcy gets its medications from the Oneida C.F. regional pharmacy. Marcy medical staff reported it did not experience difficulties ordering and receiving drugs from this nearby prison. However, more than 70% of the survey respondents who were on medication stated that they experience problems, at least sometimes, in getting their medications. When we spoke with staff in December 2008, they reported that they were working with the ILC to investigate specific problems with medication distribution and that the Quality Improvement Committee was looking into the issue. We commend the prison administrations' initiative to resolve the medication distribution issue and hope such efforts will be continued.

Inmates also expressed concerns about access to specialty care and the prison's follow-up to specialists' recommendations. Sixty-eight percent of inmates responding to our survey who had seen a specialist in the last two years stated that they had experienced delays in getting to a specialist, estimating the delay as nearly six weeks. Seventy-five percent of these survey participants reported that the facility did not adequately follow-up on the specialists' recommendations.

DOCS data support the inmates' concerns about limited access to specialty care services. The CA analyzed DOCS computerized records of specialty care for all prisons for Fiscal Year 2006-07. At Marcy, the utilization of specialty care services overall was only 55% of the system-wide rate, and certain services were significantly underutilized.³ Rates for many services were much lower than those at nearby Oneida, where for many of these same specialists, utilization rates were near or above the system-wide average. The comparison indicates that providers for these specialty services must be available to DOCS facilities in that region, but Marcy either has no need for, or is not referring its patients to, these services. Nothing about Marcy inmates would suggest a significantly different patient population than at other medium security prisons. It should be noted that in 2005, Marcy had one of the highest proportion of medical care grievances out of all grievances filed by its inmates, a rate more than two times higher than the system-wide average. In 2007, the number of medical grievances remained high, dropping somewhat to 50% higher than the system-wide rate. Moreover, the rate of complaints about specialty care appealed to DOCS Central Office by Marcy inmates was three times the system-wide rate. Staff attributed the higher medical care grievance rates to the facility's relatively large population of inmates with more medical needs, particularly those inmates with mobility impairments who are sent to Marcy because it is a handicapped accessible facility.

The medical staff reported that they conduct regular quality improvement meetings. The most recent meeting focused on MRSA, Methicillin-resistant Staphylococcus Aureus, a bacterial infection that was identified in six cases at Marcy during the October through December 2007 period. The prison staff described their procedures to enhance the cleaning of the prison in response to this outbreak and an inmate education program about this condition. The Nurse Administrator also reported that she performs 12 chart reviews each quarter. Notes from the prison-based quality improvement meetings are sent to regional DOCS medical officials.

³ Marcy had low utilization rates for: dermatology (30%), infectious disease (9.5%), nephrology (15%), orthopedics (63%), physical therapy (38%) and urology (56%).

Dental Services

The prison has two full-time dentists, two dental assistants and one dental hygienist. We interviewed the dental staff and observed the dental area, which seemed modern, clean and in good order. The dental staff reported that a patient can be seen within a week of his reporting a dental problem. It appears that many extractions are occurring, with the dentist reporting that each provider performs approximately thirty extractions a month. Restorative care is more problematic; the dental staff stated that it can take several months to schedule an appointment for restorative work. We were informed that the prison does approximately 10 dentures per month and that it can take six weeks to complete a denture if there are no extractions, or three months for the usual patient who requires extractions and healing before the dentures can be prepared.

Overall, we were impressed with the dental services. Compared to other prisons, it appears inmates have better and more prompt access to care than other prisons we have visited. Several inmates responding to our survey made favorable comments about their dental care. As with all Department dental services, however, we are concerned about the frequent use of extraction, rather than restorative work, to address patients' dental problems.

Special Housing Unit

Marcy's Special Housing Unit (SHU) has a capacity of 32 inmates and it held 30 when we visited. We spoke with and received surveys from 16 SHU inmates, who had been on the unit for less than two months. We were pleased to note that there were no inmates on deprivation orders when we visited.

In total, four inmates were enrolled in the cell study program, enabling them to do academic work while serving their disciplinary sentences. Although facility staff said that information on cell-study is presented at the SHU orientation, many of the inmates we surveyed complained that they were unaware of this program. While most respondents were satisfied with their access to law library materials, only 50% were satisfied, at least somewhat, with access to general reading materials. Many inmates were also dissatisfied with their access to mail.

Most inmates we interviewed did not go out for their one hour of recreation or only went once in a while. Since this hour is the only out-of-cell time inmates have while serving their disciplinary sentences, it is problematic that so few take advantage of it. Many said they do not go out because they feel like being in "a cage" for an hour is not worth it. Permitting inmates to go to recreation in pairs and providing them with physical equipment like chin-up bars or balls could provide an incentive for inmates who otherwise spend 24 hours a day in their cells.

Of the 30 inmates in the SHU, six, or 20%, were on the Office of Mental Health caseload, although SHU inmates make up only three percent of the population of the entire prison. Of the SHU inmates we surveyed, 8% rated mental health services as good, while 58% rated them as fair and 33% rated them as poor.

Consistent with other SHUs we have visited, only 19% of surveyed inmates rated relations with staff as good. Many inmates complained about their property missing or being destroyed. Thirty-three percent said they had experienced a physical confrontation with staff,

with 40% saying they frequently felt unsafe. Thirty-three percent of the survey participants stated they frequently experienced verbal harassment from staff, and 67% rated the grievance system as poor.

Meeting with Staff

Visiting Committee members met with representatives of each staff union, and we appreciated the informative conversation. They described a positive work environment in which they feel safe and where there is a good rapport between security and civilian staff. They also noted that, while there is some frustration among staff concerning the number of turnovers in the executive team at the facility, they have a generally positive relationship with the administration.

Marcy's security personnel are very experienced. There was a concern among some of them that many senior correction officers would retire upon reaching 25 years with the Department, since their existing pension plan offers no incentive for them to remain on the job longer. In addition, staff reported that the facility would benefit from increased staffing levels in all parts of the prison.

Final Meeting with Executive Team

At the end of our visit, the Visiting Committee met with the facility's Executive Team to discuss our initial observations. We mentioned our positive impressions of the apparent lack of physical violence and tension between staff and inmates and among inmates. We noted the dedication of the academic staff, and reported that inmates seemed engaged. We also remarked on the cleanliness of the housing areas and the well-equipped vocational classrooms.

We discussed our concerns about reports of disrespectful treatment of inmates by staff. We also noted that while there did not seem to be delays in inmate's receiving medical care, there were serious concerns about the quality of medical care and many statements that it was provided in a disrespectful manner.

Recommendations

Vocational Program

- Initiate additional vocational programs that more closely reflect job opportunities in the community.

Packages and Mail

- Initiate monitoring measures to prevent delays in the delivery of mail to inmates.

Visiting Room

- Review arrangements in visiting areas to ensure those inmates entitled to contact visits are able to have them.

Safety

- Assess the level and causes for tension within the facility and develop a plan to reduce this 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 in the prison 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.

Transitional Services

- Initiate an effort to update materials for treatment and residential programs in the community and expand the assistance provided to inmates seeking such referrals.

Medical Care

- Fill the vacant nursing position.
- Perform a needs assessment for physician services and consider expanding clinic provider services for the prison.
- Review the quality of the sick call encounters and ensure that all sick call nurses adequately address inmates' medical needs.
- Conduct regular meetings between medical staff and the ILC and IGRC to discuss inmates' concerns about (1) the care they receive from nurses and clinic providers, (2) problems in receiving medications, and (3) access to, and follow-up from, specialty services.
- Modify the sick call procedure to eliminate and/or substantially reduce the need for inmates to travel to the clinic area twice in the morning in order to be seen by a sick call nurse.
- Reduce the number of misbehavior reports issued to inmates seeking emergency sick call (ESC) by issuing warnings, rather than disciplinary tickets, to those patients who are alleged to have inappropriately sought ESC. Also, expand the definition of what are acceptable conditions for which ESC can be requested.
- Review the quality of the medical encounters between Marcy inmates and the clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Increase educational and other outreach efforts concerning HIV and Hepatitis C (HCV), including more peer education programs, to encourage more inmates to be tested for HIV and HCV and to seek care from the medical staff if they are infected.

- Continue to review complaints concerning access to medications and develop a corrective plan if systemic deficiencies are identified.
- Improve the timeliness of specialty care appointments and initiate a review of completed consultations to determine whether there has been adequate follow-up to the recommendations made by the specialists.

Special Housing Unit

- Review procedures for securing property of inmates placed in the SHU to ensure that it is not misplaced.
- Ensure that inmates in the SHU who are eligible are aware of the cell-study program.
- Ensure that inmates in the SHU have regular access to general library materials.
- 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.

Staff Concerns

- State policymakers should institute system-wide incentives for security staff to remain on the job for longer than 25 years.