

**Supporting Documents
Hearing on Prisoner Suicides**

**Submitted May 1st, 2007
to**

**Joint Committee on Mental Health and Substance Abuse
Joint Committee on Public Safety and Homeland Security**

**Massachusetts Statewide Harm Reduction Coalition
www.MassDecarcerate.org**



Statewide Harm Reduction Coalition
c/o Community Church of Boston
565 Boylston Street
Boston MA 02116
www.MassDecarcerate.org

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I. Culture of Cruelty and Manufacture of Disability

Philip Zimbardo on situational dynamics

Excerpts from *The Lucifer Effect: Understanding How Good People Turn Evil*

"I have focused on understanding the nature of the bad barrel of prisons that can corrupt good guards, but there is a larger, more deadly barrel, that of war. In all wars, at all times, in every country, wars transform ordinary, even good men into killers. That is what soldiers are trained to do, to kill their designated enemies. However, under the extreme stresses of combat conditions, with fatigue, fear, anger, hatred, and revenge at full throttle, men can lose their moral compass and go beyond killing enemy combatants. Unless military discipline is strictly maintained and every soldier knows he bears personal responsibility for his actions, which are under surveillance by senior officers, then the furies are released in unimaginable orgies of rape and murder of civilians as well as enemy soldiers. We know such loss was true at My Lai and in other less well-known military massacres, such as those of the 'Tiger Force' in Vietnam. This elite fighting unit left a seven-month-long trail of executions of unarmed civilians. Sadly, the brutality of war that spills over from the battlefield to the hometown has become true again in Iraq." (From Chapter 15, pages 416-417)

"Administrative evil is systemic, in the sense that it exists beyond any one person once its policies are in place and its procedures take control. Nevertheless, I would argue, organizations must have leaders, and those leaders must be held accountable for creating or maintaining such evil. I believe that a system consists of those agents and agencies whose power and values create or modify the rules of and expectations for 'approved behaviors' within its sphere of influence. In one sense, the system is more than the sum of its parts and of its leaders, who also fall under its powerful influences. In another sense, however, the individuals who play key roles in creating a system that engages in illegal, immoral, and unethical conduct should be held accountable despite the situational pressures on them." (From Chapter 15, page 438)

"Our usual take on evil focuses on the violent, destructive actions of perpetrators, but the failure to act can also be a form of evil, when helping, dissent, disobedience, or whistleblowing are required. One of the most critical, least acknowledged contributors to evil goes beyond the protagonists of harm to the silent chorus who look but do not see, who hear but do not listen. Their silent presence at the scene of evil doings makes the hazy line between good and evil even fuzzier. We ask next: Why don't people help? Why don't people act when their aid is needed? Is their passivity a personal defect of callousness, of indifference? Alternatively, are there identifiable social dynamics once again at play?" (From Chapter 13, page 314)

Exporting Abuse?

Wardens Chosen to Establish Iraq Prison System Had Past Abuse Allegations

By Brian Ross

May 20, 2004 — A number of former state prison commissioners chosen by the Bush administration to establish a prison system in Iraq left their old posts after allegations of neglect, brutality and inmate deaths, an investigation by ABCNEWS has found.

Last year, the former head of Utah's prison system, Lane McCotter, was hired by the U.S. Government to help set up Iraq's new prison system and train guards.

He even led a tour of Abu Ghraib for U.S. Deputy Defense Secretary Paul Wolfowitz, who attended the reopening of the Baghdad prison.

But in 1997, guards at a Utah prison, then under McCotter's charge, made a videotape showing the abuse of Michael Valent, a mentally ill inmate who allegedly would not follow orders.

Inmate Kept in Restraints for Hours

Valent was stripped naked, marched down the halls and, under an approved procedure at the time, placed in a special restraint chair, where he was left for 16 hours.

"By the time he was finally released from that restraint chair, he developed blood clotting and, through a pulmonary embolism, died," said Salt Lake City Mayor Rocky Anderson.

The use of the restraint chair was stopped soon after, and McCotter resigned in a shake-up two months later, going to work as a consultant.

McCotter denied any wrongdoing. He told ABCNEWS in a written statement that Valent was "placed in a restraint chair for his own protection" and "observed by correctional officers every 15 minutes and by medical personnel every 30 minutes."

McCotter, who left the Iraqi prison system in August, is one of four former prison officials sent to Iraq whose selection and backgrounds are now being questioned by civil rights lawyers.

"[The allegations are] very, very much like the kinds of things we are hearing [now] out of Abu Ghraib," said attorney Tony Ponvert. "They're no strangers and, in fact, are quite intimate with brutality and with degradation and with humiliation."

Ties to Abu Ghraib Abuse?

Gary Deland, another controversial former head of the Utah Department of Corrections, worked at Abu Ghraib last summer.

Anderson said he was sadistic in the way he ran the state prison system in the mid-to-late-'80s — a claim Deland denied.

Deland told ABCNEWS that no one can run a state prison system without being accused of prisoner mistreatment.

Anderson, who was working as a civil litigation attorney at the time, brought lawsuits against both former Utah corrections officials on behalf of the inmates.

"They seemed to have nothing but total disdain for the rights and interests of inmates," Anderson said.

A Culture Where Beating Inmates Was OK

John Armstrong, another member of the team sent to Iraq, served as head of the Connecticut prison system from 1995 to 2003. The tactics used by prison guards during his tenure were blamed in three inmate deaths.

Videotapes made by guards showed prisoners who did not follow orders being restrained, smothered and beaten by guards during the time Armstrong ran the corrections department.

"He established a culture where that was acceptable conduct and where if you did it, you wouldn't be punished, you wouldn't be disciplined, and in some cases you would be rewarded," Ponvert said.

The widening scandal over the abuse of Iraqi prisoners by U.S. Soldiers has raised eyebrows about whether the influence of the former prison commissioners might be partly to blame.

"[Armstrong's] appointment raises serious questions, including whether he had anything to do with the Abu Ghraib crimes, and I asked Attorney General [John] Ashcroft what was being done to investigate the role of civilian contractors in the Iraqi prison scandal," said Sen. Chuck Schumer, D-N.Y. "I'm still awaiting a response."

Armstrong has been in Iraq since August 2003, been training Iraqis and recruiting Americans to work in the country's prison system. He did not respond to questions about his work for Connecticut's prison system.

'I Was Absolutely Uninvolved'

The former prison directors in question all said they do not condone prisoner abuse, and McCotter denied suggestions that his leadership might have led to prisoner abuse at Abu Ghraib.

He told ABCNEWS in a written statement: "Everyone seems to be ignoring one simple and irrefutable fact: my obligation in Iraq was over and I was back in the United States before any inmates ever arrived at the facility.

"I did not oversee the inmates, nor did I train or supervise the military personnel who did oversee them," McCotter added. "I was absolutely uninvolved and cannot understand this attempt to tie me to those incidents."

A senior Justice Department official said the department was aware of the backgrounds of the men before they were sent to Iraq, but they were among the few willing to go there.

http://abcnews.go.com/sections/WNT/Investigation/iraq_prison_wardens_040520-1.HTML

"Post Incarceration Syndrome and Relapse"

By Terence T. Gorski

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"Since PICS is created by criminal justice system policy and programming in our well intentioned but misguided attempt to stop crime, the epidemic can be prevented and public safety protected by changing the public policies that call for incarcerating more people, for longer periods of time, for less severe offenses, in more punitive environments that emphasize the use of solitary confinement, that eliminate or severely restrict prisoner access to educational, vocational, and rehabilitation programs while incarcerated."

http://www.tgorski.com/criminal_justice/cjs_pics_&_relapse.htm

The Post Incarceration Syndrome (PICS) is a serious problem that contributes to relapse in addicted and mentally ill offenders who are released from correctional institutions. Currently 60% of prisoners have been in prison before and there is growing evidence that the Post Incarceration Syndrome (PICS) is a contributing factor to this high rate of recidivism.

The concept of a post incarceration syndrome (PICS) has emerged from clinical consultation work with criminal justice system rehabilitation programs working with currently incarcerated prisoners and with addiction treatment programs and community mental health centers working with recently released prisoners.

This article will provide an operational definition of the Post Incarceration Syndrome (PICS), describe the common symptoms, recommend approaches to diagnosis and treatment, explore the implications of this serious new syndrome for community safety, and discuss the need for political action to reduce the number of prisoners and assure more humane treatment within our prisons, jails, and correctional institutions as a means of prevention.

Post Incarceration Syndrome (PICS) – Operational Definition

The Post Incarceration Syndrome (PICS) is a mixed mental disorders with four clusters of symptoms:

- (1) Institutionalized Personality Traits resulting from a chronic state of learned helplessness,
- (2) Post Traumatic Stress Disorder (PTSD) from both pre-incarceration trauma and institutional abuse,
- (3) Antisocial Personality Traits (ASPT) developed as a coping response to institutional abuse, and
- (4) a Social-Sensory Deprivation Syndrome caused by prolonged exposure to solitary confinement. PICS often coexists with substance use disorders and a variety of affective and personality disorders.

The Post Incarceration Syndrome (PICS) is a set of symptoms that are present in many currently incarcerated and recently released prisoners that are caused by being subjected to prolonged incarceration in environments of punishment with few opportunities for education, job training, or rehabilitation. The symptoms are most severe in prisoners subjected to prolonged solitary confinement and severe institutional abuse.

The severity of symptoms is related to the level of coping skills prior to incarceration, the length of incarceration, the restrictiveness of the incarceration environment, the number and severity of institutional abuse episodes experienced, the number and duration of episodes of solitary confinement, and the degree of involvement in educational, vocational, and rehabilitation programs.

Symptoms of the Post Incarceration Syndrome (PICS)

Below is a more detailed description of four clusters of symptoms of Post Incarceration Syndrome (PICS):

1. Institutionalized Personality Traits

Institutionalized Personality Traits are caused by living in an oppressive environment that demands:

- passive compliance to the demands of authority figures,
- passive acceptance of severely restricted acts of daily living,
- the repression of personal lifestyle preferences,
- the elimination of critical thinking and individual decision making, and
- internalized acceptance of severe restrictions on the honest self-expression thoughts and feelings.

2. Post Traumatic Stress Disorder (PTSD)

PTSD from both traumatic experiences before incarceration and institutional abuse during incarceration that includes the six clusters of symptoms: (1) intrusive memories and flashbacks to episodes of severe institutional abuse;

(2) intense psychological distress and physiological reactivity when exposed to cues triggering memories of the institutional abuse;

(3) episodes of dissociation, emotional numbing, and restricted affect;

(4) chronic problems with mental functioning that include irritability, outbursts of anger, difficulty concentrating, sleep disturbances, and an exaggerated startle response.

(5) persistent avoidance of anything that would trigger memories of the traumatic events;

(6) hypervigilance, generalized paranoia, and reduced capacity to trust caused by constant fear of abuse from both correctional staff and other inmates that can be generalized to others after release.

3. Antisocial Personality Traits:

Antisocial Personality Traits both preexisting and developed within the institution as an institutional coping skill and psychological defense mechanism. The primary antisocial personality traits involve the tendency to challenge authority, break rules, and victimize others. In patients with PICS these tendencies are veiled by the passive aggressive style that is part of the institutionalized personality.

Patients with PICS tend to be duplicitous, acting in a compliant and passive aggressive manner with therapists and other perceived authority figures while being capable of direct threatening and aggressive behavior when alone with peers outside of the perceived control of those in authority. This is a direct result of the internalized coping behavior required to survive in a harshly punitive correctional institution that has two sets of survival rules: passive aggression with the guards, and actively aggressive with predatory inmates.

4. Social-Sensory Deprivation Syndrome:

The Social-Sensory Deprivation Syndrome is caused by the effects of prolonged solitary confinement that imposes both social isolation and sensory deprivation.

These symptoms include severe chronic headaches, developmental regression, impaired

impulse control, dissociation, inability to concentrate, repressed rage, inability to control primitive drives and instincts, inability to plan beyond the moment, inability to anticipate logical consequences of behavior, out of control obsessive thinking, and borderline personality traits. [Reference: Grassian, Stuart, Psychopathological effects of solitary confinement, American Journal of Psychiatry, 140, 1450 - 1454 (1983)]

The syndrome is most severe in prisoners incarcerated for longer than one year in a punishment oriented environment, who have experienced multiple episodes of institutional abuse, who have had little or no access to education, vocational training, or rehabilitation, who have been subjected to 30 days or longer in solitary confinement, and who have experienced frequent and severe episodes of trauma as a result of institutional abuse. The syndrome is least severe in prisoners incarcerated for shorter periods of time in rehabilitation oriented programs, who have reasonable access to educational and vocational training, and who have not been subjected to solitary confinement, and who have not experienced frequent or severe episodes of institutional abuse.

There is good reason to be concerned because about 40% of the total incarcerated population (currently .7 million prisoners and growing) are released each year. The number prisoners being deprived of rehabilitation services, experiencing severely restrictive daily routines, being held in solitary confinement for prolonged periods of time, or being abused by other inmates or correctional staff is increasing.

The effect of releasing this number of prisoners with psychiatric damage from prolonged incarceration can have a number of devastating impacts upon American society including the further devastation of inner city communities and the destabilization of blue-collar and middle class districts unable to reabsorb returning prisoners who are less likely to get jobs, more likely to commit crimes, more likely to disrupt families. This could turn many currently struggling lower middle class areas into slums. (Source: Sabol, William, Urban Institute, Washington DC)

As more prisoners are returned to the community, behavioral health providers can expect to see increases in patients admitted with the Post Incarceration Syndrome and related substance use, mental, and personality disorders. The national network of Community Mental health and Addiction treatment Programs need to begin now to prepare their staff to identify and provide appropriate treatment for this new type of client.

The nation's treatment providers, especially addiction treatment programs and community mental health centers, are already experiencing a growing number of clients experiencing the Post Incarceration Syndrome (PICS). This increase is due to a number of factors including: the increasing size of the prisoner population, the increasing use of restrictive and punishing institutional practices, the reduction of access to education, vocational training, and rehabilitation programs; the increasing use of solitary confinement and the growing number of maximum security and super-max type prison and jails.

Both the number of clients suffering from PICS and the average severity of symptoms is expected to increase over the next decade. In 1995 there were 463-284 prisoners released back to the community. Based upon conservative projections in the growth of the prisoner population it is projected that in the year 2000 there will be 660,000 prisoners returned to the community, in the year 2005 there will 887,000 prisoners returned to the community, and in the year 2010 1.2 million prisoners will be released. (Reference: Abramsky, Sasha, When They Get Out, Atlantic Monthly, June, 1999 p. 30). The prediction of greater symptom severity is based upon the growing trend toward longer periods of incarceration, more

restrictive and punitive conditions in correctional institutions, decreasing access to education, vocational training, and rehabilitation, and the increasing use solitary confinement as a tool for reducing the cost of prisoner management.

Clients with PICS are at a high risk for developing substance dependence, relapsing to substance use if they were previously addicted, relapsing to active mental illness if they were previously mentally ill, and returning to a life of aggression, violence, and crime. They are also at high risk of chronic unemployment and homelessness.

This is because released prisoners experiencing PICS tend to experience a six stage post release symptom progression leading to recidivism and often are not qualified for social benefits needed to secure addiction, mental health, and occupation training services.

Stage 1 of this Post Release Syndrome is marked by Helplessness and hopelessness due to inability to develop a plan for community reentry, often complicated by the inability to secure funding for treatment or job training; Stage 2 is marked by an intense immobilizing fear. Stage 3 is marked by the emergence of intense free-floating anger and rage and the emergence of flashbacks and other symptoms of PTSD. Stage 4 is marked by a tendency toward impulse violence upon minimal provocation; Stage 5 is marked by an effort to avoid violence by severe isolation to avoid the triggers of violence. Stage 6 is marked by the intensification of flashbacks, nightmares, sleep impairments, and impulse control problems caused by self-imposed isolation. This leads to acting out behaviors, aggression, violence, and crime, which in turn sets the stages for arrest and incarceration.

Currently 60% of prisoners have been in prison before and there is growing evidence that the Post Incarceration Syndrome (PICS) is a contributing factor to this high rate of recidivism.

Since PICS is created by criminal justice system policy and programming in our well intentioned but misguided attempt to stop crime, the epidemic can be prevented and public safety protected by changing the public policies that call for incarcerating more people, for longer periods of time, for less severe offenses, in more punitive environments that emphasize the use of solitary confinement, that eliminate or severely restrict prisoner access to educational, vocational, and rehabilitation programs while incarcerated.

The political antidote for PICS is to implement public policies that: (1) Fund the training and expansion of community based addiction and mental health programs staffed by professionals trained to meet the needs of criminal justice system clients diverted into treatment by court programs and released back to the community after incarceration; (2) expand the role of drug and mental health courts that promote treatment alternatives to incarceration; (3) convert 80% of our federal, state, and county correctional facilities into rehabilitation programs with daily involvement in educational, vocational, and rehabilitation programs; (4) eliminate required long mandated minimum sentences; (5) institute universal prerelease programs for all offenders with the goal of preparing them to transition into community based addiction and mental health programs; (6) assuring that all released prisoners have access to publicly funded programs for addiction and mental health treatment upon release.

Soteria Associates: Mental Health Consulting from an Alternative Viewpoint

Soteria Associates

(Loren R. Mosher M.D.- Psychiatrist, Director)

Posted on web site www.moshersoteria.com June 30th, 2003;

What We Are About

Our mission is to provide evidence based alternative (to the currently dominant biomedical model) explanatory concepts and practices for the mental health community. We offer educational materials, lectures, seminars, consultations, support groups, advocacy, and expert testimony.

Our name has its origin in the Soteria project. In a random assignment study the Soteria Project demonstrated that acute psychosis could be treated successfully in the context of caring human relationships without the use of anti-psychotic drugs. Soteria is a Greek word meaning salvation or deliverance. For more information about the Soteria Project see the articles on this website.

The alternative evidence we present stands in contrast to the currently dominant biomedical hypotheses about the nature of major "mental illness". The alternative practice we espouse is not based on the medical model that treats nearly everything with psychotropic drugs. Rather, our model is voluntary, need and problem focused, relationship based, holistic, consumer (including families and social networks) driven and recovery oriented.

While we may offer various drugs (including dietary supplements and herbal remedies) they are viewed as adjunctive and used in as low a dose as possible for the shortest period of time that will allow evaluation of their usefulness.

There is no methodologically sound scientific data that what is labeled "serious mental illness" is genetically determined, is the result of identifiable biochemical abnormalities, is associated with specific brain lesions or is due to known etiologic agents (see bibliography on this site). Basically, the current hypothesis that "mental illness" is a "brain disease" is unsupported by data, making its continued propagation as "true" a myth or a delusion or a fraud. As such, we are in the realm of religious dogma -- not science. Pity the non-believers, for they shall be punished as deviants.

We do know that there are a number of psychosocial factors associated with the development of problematic behaviors:

- **poverty**
- **childhood sexual and /or physical abuse**
- **parental neglect**
- **dysfunctional family behaviors such as the inability to communicate clearly and cogently, a pervasive family context of hostility and criticism, serious addictions, parental emotional divorce, high levels of stress secondary to chronic intra-familial conflict and an absence of a supportive social network.**

Fortunately, by being able to understand the relationship of problematic behaviors to these psychosocial factors the kinds of interventions most likely to ameliorate their impact on those embedded in these psychotoxic contexts can be defined and implemented. Basically, being able to define the nature of a problem makes it possible to develop a potential solution. For example, if family conflict seems to be the main issue, it can be dealt with in family therapy specifically focused on reduction of conflict.

We believe that operating within a psychosocial paradigm can avoid many of the problems associated with the medicalization of what is labeled as "mental illness".

As we see it, the downside of the biomedical model of treatment is:

- **A labeling process that does not allow for unlabeled and hence, almost inevitably, produces marginalization and discrimination**

- ***Institutionalization that disrupts family and social network relationships and does little to help find meaningfulness in relation to crises, further escalating anxiety and perplexity in all those who care***
- ***The introduction of the current (but erroneous) biomedical view of serious "mental illness" as being "incurable", "chronic", and/or "deteriorating". Maintenance is possible but-hope-so necessary for recovery, is nearly impossible in this conceptualization***
- ***Medication, viewed by most as a required part of treatment, may actually impede or prevent recovery by aborting a potentially helpful psychological process that needs to be related to and understood rather than suppressed. It has, for example, been shown that the use of the anti-psychotic drugs, at least for what is called "schizophrenia", has resulted in poorer long-term outcomes than was the case prior to their use. In addition, suicide rates have not been reduced as a result of the use of the anti-depressant medications***
- ***In violation of the Hippocratic dictum to "above all, do no harm", excessive reliance on medications has produced enormous rates of iatrogenic (doctor induced) diseases such as tardive dyskinesia and dementia, neuroleptic malignant syndrome, akathisia, suicidality, obesity, reproductive difficulties, and addiction- to name but a few***
- ***The model has induced a sense of powerlessness in individuals, families and social networks because of its ability to use coercion in the name of providing "medical treatment"***
- ***Medicalization has produced a psychiatric/drug company/hospital industrial complex that has such power and control over theory and practice as to make a change to a humanistic, psychosocial paradigm virtually impossible.***

Many mental health professionals -- especially psychiatrists -- will attempt to invalidate and refute this argument -- while defending the status quo -- by referring to the "miraculous" effects of drug treatment. In addition they will contend that clinical practice is actually based on a "biopsychosocial model." It takes a very serious case of denial not to see what is before your eyes: Mental health treatment for the so-called "seriously mentally ill" is centered on medication with lip service at best being given to the "psychosocial" part of the model.

Consider these questions: How many adult mental health consumers in the mental health systems you know about are not being prescribed medications? What percentages are receiving regular psychotherapy of any type? How many are regularly able to access peer support groups? Is client input into program planning and development real -- or is it just tokenism? Are there client run programs? Are the expressed needs of clients taken seriously?

We believe the alternative voice provided by Soteria Associates and other similar organizations that provide accurate information (that is, with no conflict of interest) and education about the realities of today's mental health context -- via critical examination of current research on mental illness -- is much needed. Without critical dissident voices the real recovery oriented needs of persons with complex and recalcitrant problems will never be addressed.

There are many, many consumers and families coming to the realization that today's treatment landscape is desolate of any real understanding, help or hope for them. Soteria Associates hears from these dissatisfied persons daily by phone, email and regular mail. Among the many issues they raise, the following are common themes:

- ***They inquire whether there are any treatment centers that do not use psychotropic drugs routinely -- at present there are five in the entire country.***
- ***They ask to be withdrawn from psychotropic drugs because of the terrifying and painful effects they have experienced from them -- but there are no doctors or facilities willing to take on the arduous task of withdrawing these drugs. Many report that the drugs have not really helped them -- only caused them problems. Many of those who have tried to withdraw experienced very frightening and unpleasant withdrawal reactions -- often of***

- sufficient magnitude to make them restart the medication.*
- *They seek to understand and deal more effectively with their experiences but can not find persons willing to join with them in this difficult collaborative endeavor. Basically, no one wants to hear them out. Psychiatric residents (trainees) are taught that you "can't talk to disease" (ie, "schizophrenia" and severe depression or mania).*
 - *They wonder why it is so difficult to find decent affordable housing with interpersonal support, if needed, in such an affluent country.*
 - *They seek almost any alternative way of dealing with their problems but there are few professionals willing to offer anything outside the current dogma. Even asking, or questioning, may be viewed as non-compliance, further damaging their reputations.*

The list goes on, but these are representative examples of what is wrong with the system. We find ourselves empathizing with their powerlessness and hopelessness.

It would be delusional to believe that Soteria Associates, a very small voice in a vast wilderness, can, by itself, address these needs. What is required is the formation of many communities of persons (and their friends) who have been failed by biomedically focused mental health treatment, the formation of groups demanding an alternative: Interventions that are humane, focused on understanding the meaningfulness of subjective experience, and on filling legitimate needs is what we espouse. Soteria Associates will be glad to be facilitators in so far as our resources allow.

However, the system will not change without the mobilization of many voices of angry, disaffected consumers -- and those who care about them -- collectively directed to changing the status quo and replacing those perpetuating it.

II. Prisoners Letters

The Murder of Minds: Prison Suicides

We had another suicide in Souza-Baranowski prison yesterday. It is the umpteenth suicide since January of 1979, when a decision was made to enforce punishment and do away completely with any "foolish" notion of the idea of rehabilitation as a tool to curb crime inside the prison system — or outside, for those who one day might get there. This would mean more than 98% of those already doing time.

The numbers are staggering. We have surpassed what could reasonably be considered an epidemic proportion of men and women in the state of Massachusetts taking their own lives. The numbers are only as important as a single digit of one: each one tragic to those who are left behind to mourn the loss. Mothers still weep and children still remain fatherless or motherless, while others may reasonably question the why of it all.

To better understand the epistemology of suicides in prison, a study and research project was done by Lindsay M. Hayes of the National Center of Institutions and Alternatives. Presented on January 31, 2007, it was entitled "Technical Assistance Report on Suicide Prevention Practices Within the Massachusetts Department of Correction."

In part, this study shows that as of December of 2006, the Mass. Department of Correction (DOC) held approximately 10,500 inmates in 18 Correctional facilities. Since 2000, the DOC has experienced 18 inmate suicides in its facilities, with more than 60 percent occurring during 2005-2006. The suicide rate within the Mass. DOC during the past ten years was 26.9 deaths per 100,000 inmates. According to the most recent national data, the suicide rate in federal, state, and private prisons throughout the country during 2002 was 14 deaths per 100,000 inmates. As such, the suicide rate within the DOC was almost double the national average during this 10-year period, and it was several times greater than the national average in 2006.

Leslie Walker, Executive Director of the Massachusetts Correctional Legal Services inmate rights group, said: "The worst problem in prison isn't violence, it is boredom. They don't have enough job training, they don't have enough education. Add in the overcrowding, and they are at a breaking point." (Associated Press, December 27, 2006).

On March 9, 2007, the Boston Globe reported that the Disability Law Center, which provides legal help for the disabled, sued the Department of Correction in US District Court in Boston after a year long investigation. During the investigation, the advocates questioned more than 220 inmates in segregation units at two maximum security prisons (Souza-Baranowski Correctional Center at Shirley, and MCI Cedar Junction at Walpole). They found that at least two dozen of the 220 segregated inmates displayed signs of mental illness. Extrapolating from those numbers, advocates estimated that hundreds of prisoners in the state with mental health issues are being confined in such units, which is demoralizing for any inmate but exceeds "the limit of human endurance" for those with psychological problems, the Globe said.

In Massachusetts, the suit says, cells in segregation units often have minimal furnishings, little if any natural light, and solid doors with a narrow slot used to deliver food. Inmates are allowed out only an hour a day to exercise (five days a week, in addition), and some are so depressed that they decline to do so.

In 1890, the US Supreme Court noted that even healthy prisoners often become psychotic and agitated in such conditions. "Now if you take someone who is already mentally ill and put them in an environment that is supposed to be painful psychologically, what do you expect?"

It has been my unfortunate experience to note that, when any prisoner seeks help either for physical or

psychological problems, they are punished for doing so. I do not claim to be an expert on mental health nor of the care medical providers deliver. I can only write from my personal views as someone who has been in the prison system for 34 years.

If someone is ignorant enough to seek help under the belief that the DOC cares about them, they are sadly mistaken — and that mistake will be proven in the way they are treated for having the audacity to fall ill.

Someone might go up to a guard, a case worker, or even a mental health worker and say that they are depressed and have given some thought to hurting themselves. They are immediately taken to a strip cell in what is euphemistically called a "Health Service Unit" or HSU, and they are stripped down to their under shorts in an empty and filthy cell, where they can be observed on either "eye-ball" or 15-minute watches. They may be interviewed by a mental health worker, who will most often prescribe some sort of chemical therapy, which in many cases exacerbates the already deeply rooted problem. They are very quick to hand out a pill or two to act in lieu of their being overburdened with case loads, or to be able to write that the prisoner was "treated," thereby covering their asses if and when the prisoner hangs it up. In other words, he or she is punished into having second thoughts about hurting themselves. When they get out of that situation, they will relate to others the kind of punishment they received for having sought help in the first place. Those who hear the stories, as I think most all of us have, will now decide to just kill themselves, rather than to be punished for thinking about killing themselves. The same approach is applied to anyone who, again, has the audacity to fall sick. You are locked in a strip cell labeled "HSU hospital room," and you are punished. It is all about punishment and always will be. It matters not how many kill themselves or die from not seeking "help."

The recommendations by Lindsay M. Hayes, are a start, but they deal with identifying those in need of careful watch and what to do with them if they should attempt suicide. They do not at all, in any way whatsoever, deal with the root causes of what might have provoked the initial decision to end it. "Mentally ill" is a label. Where did it begin? Were the conditions of confinement in any way responsible for it?

It is my contention that this epidemic of suicide in Massachusetts prisons is not an anomaly specifically related to any particular state. Suicide is not geographical. It is despair. Simply stated, with much more complex reasoning behind that one word. If we have the highest suicide rate in the entire nation, what is it about Massachusetts that causes them? In the 1970s in segregation units, we had our property. We had the televisions and radios to distract us, and we had a minimum of canteen each week to make us at least feel not so isolated from everyone else in the prison population. It was not about coddling prisoners back then. No one wants to suggest such a thing. However, that said, in *Nolan V. Scafati*, 306 F. Supp. I:

A Prisoner is one whose freedom has been intentionally restricted in the interests of the safety of society, his own reform, and a deterrence of misconduct by him or others. While he is not sent to prison for punishment, he has been sent there as punishment . . . to the preclusion of invidious discrimination.

Just losing one's liberty was more than enough. The same thing can be said about segregation units. If a person is on sanctioned disciplinary restrictions for a reason, the purpose of segregation units is to isolate those who by word or deed have clearly demonstrated that they are a threat to the well being of themselves or others. When someone is removed from the general population and placed in a segregation cell for 24 hours a day, "Mission Accomplished!" Anything further inflicted upon this person is punishment and nothing less.

Once in segregation for committing an infraction of any rule or regulation, a person then sees a disciplinary board to determine appropriate punishment for that particular offense. They are then sanctioned to do fifteen days (the most allowed by law at anyone time) in isolation with loss of privileges.

Any suggestions that I, a prisoner, may boldly make will be seen as a self-serving diatribe. Yet having served off and on over 18 years in segregation, I have earned the right to call it as I see it.

There were very few suicides in the early 1970s, therefore someone must have been doing something right. Prisoners have not gotten mentally weaker since those days. They have just been punished more onerously. Those who may not have had any serious mental health issues will manifest them in a negative way simply because the culture of prisons has so drastically changed from trying to be humane to being draconian in its treatment of people.

There are many who think we are all throw-away human beings and deserve to hang for using drugs or robbing gas stations or even harming others. That makes those who entertain such notions no better than the men and women who commit a crime against them.

I have seen several men hanging over my long years, and I can promise those who read this statement that it is an ugly and despicable way to die. Yet, given the nature of punishment, it is not hard to understand why they might choose this way out.

Joe Labriola
March 12, 2007

The Pain of the Soul

What is it that a person think at the time they decide to end there lives? For they came to prison for their crime, now some how they are force to end there time. Yes, force may not be the correct word of choice, or is it! Men and Women survived the process that places them in prison. Yet once in prison they feel compelled or force to end their time. Suicide is not a coward way out, nor do I think it is a courageous act. Suicide is most often, the result of depression. Now in the course of life every person one time or other experiences some type of depression and it does not end in suicide. However, in prison, the culture's is such that it is a daily battle to fight off depression. The system robs men and women of their hope. The system does not allow its captives to see the path, the tunnel to a future, let alone the light at the end of the tunnel. For many the tunnel to the future does not exist and when that stage of thinking becomes concrete. All hope is lost and suicide becomes a natural escape. The system is so abnormal even its employees who go home and leave after eight hours, have been know to commit suicide or use another form of escape the bottle. It is no great wonder why divorce rates are so high among its employees. I feel suicide in prison could be part of the life cycle in which we live. For the system in there need for power is not to empower the prisoner in any way. Not even empowerment in the form of hope. The more we fight to keep our flame burning inside us; they come along and keep putting it out. The system wants us to have no hope, no dignity, and no individuality or control over anything. They will tell us when to eat, when to sleep, when to stand, when to sit, when to go to the bathroom, when to shower, what to wear, when to talk on the phone, what you can say or not say, when you love ones can see you, when you get mail, when you don't, When you see the Dr. when you don't.

Maybe in ending our lives it is fulfilling a need to ending the suffering and finally has some type of control. For in feeling worthless, some how we now have a sense of worth, we can control what we are about to do. For the need for power is fundamentally a need for inner control over our own lives. In ending a life, a person is in control of the event. When a person dies of his or her own hand what is the mindset? The thinking that is taking place at that time. In some cultures, suicide is view as a sacrifice of such, to bring about change. In the end, maybe suicide is a felt sense of restoring one's own dignity. I tried, I have scars, I see. In trying to escape the emotional pain. I have only but tasted suicide. Yet for the men and women who have killed themselves in prison. I say your lives do have value in death your voice is still heard. You are not forgotten.

ON SBCC

"I really do understand that SB is just another prison, but there's just so much about the penal system that I despise and pretty much all of it is represented at that facility. If I were to try and sum up that prison in a simple sentence it would probably be something like "The mindless and unnecessary infliction of punishment and deprivation without a single redeeming quality." It only serves to separate us even more, mentally, emotionally, and physically from our friends, family and a decent and compassionate society. Engraining an all-encompassing feeling of "NOT BELONGING...", probably because the cell blocks and individual restrict all natural sun light and fresh air as there are no windows except the 4" x 18" tempered glass in the cell, which doesn't open.

There are 2 things that I've always hated above all other irritating, abrasive and "BAD THINGS". #1 Places, Rules or Things that only serve to hurt but are masked or dressed up in an effort to convince they have a noble purpose ("IT'S FOR YOU OWN GOOD") And "#2 Bullies! People, agencies and organizations that hurt, pick on, humiliate, or otherwise abuse a person who's smaller, weaker or just not able to defend him/herself, or those who harm critters (which includes hunting and "murdering" animals for sport) SBCC is all of these things. Its nothing more than a "monument to human suffering."

By virtue of its name and its very existence, it can never be anything but an evil, violent, and enormously negative entity. Two prison guards are shot and killed by a convict whose girl friend smuggled a gun into the visiting room of a walled prison. These 2 honorable men with families, doing a noble job, protecting the community and serving a greater good on the outskirts of law enforcement aren't remembered for how they lived, but how they died. Rather than honoring them and their families for their sacrifice with the construction of a playground, youth center, statue or memorial fund for the widows and children whose spouses were killed in the line of duty "to accent their commitment to GOOD," the state attached their name and their memory to a violent, oppressive, degrading, dehumanizing, (and worst of all) unnecessary, maximum security prison.

Every guard, civilian, staff member and con who enters that place every day is mindful of the events that lead to its construction. So you can rest assured the guards, especially, report to work with a chip on their shoulder, consciously or unconsciously, uncomfortable in the knowledge that envelopes each of them that "TWO OF OUR GUYS WERE KILLED BY ONE OF THEM!" And if it was a relative of mine whose name was above the entrance to a prison, I would make my purpose in life to have it removed. It dishonors them. Unless of course, they were evil, violent, vengeful, mean spirited and hateful men who reveled in the pain and suffering of others. Then, their families can be proud. And hopefully, there's a special place in hell reserved for each and every one. "

March 2007

JMF

Hello,

3/6/07

My Friends and Brothers + Sisters of Christ.

I was shocked to hear from you, it would be my honor to speak to you to help you understand the world from which I came, to allow you into my heart and spirit. My love for God is second to none my hatred towards those who abuse and neglect children or adults. Hate runs rampant in the world I was raised in but nobody cared it was something swept under the rug, the child abuse that goes on here in the most powerful country in the face of this planet would drop you to your knees in awe! I speak brutally and honestly because that's the way God made me to. Shock and wake you people up! if you close your eyes Right Now!

I want you to think of a 4 or 5 yr old hiding in a closet crying trying to hold their breath as not to give away their position, because once they're found they will be beat and raped, please God the child prays to himself don't let him find me please, please, then minutes later the door swings open and this huge hard Grabs you around the neck his eyes happy with winning the hide and seek game, his mouth slightly open to show his approval he unbuttons his pants and puts his manhood in your mouth the tears mean nothing to him your ~~tears~~ restands only arouse him further. the punches in your face as you do what is expected, you must take them show him no pain because that's what he gets off on.

Now open your eyes!

this was no movie, no play, no tv show, this is what is happening Right Now!

in our foster systems in our Group homes. Now turn to Jesus fall on your knees and beg how do we stop this? How can we stop this evil,

I speak to our lord he has granted me this miracle this power and we speak of Satan often. how do we stop this?

We bring the holy spirit down into the pit! we no longer stay where we are safe we bring it to his foot steps! and I am proud to lead this, our, army of Christ.

Close not your eyes, and keep not your souls from the truth, that is everywhere.

Your brother in Christ.
Love

Another Prisoner Driven To Death
Name withheld by editor

My words here may not be 100% accurate, but I assure whoever reads my words will not forget this tragic matter all too soon. Here is 95% of my own personal knowledge of watching, listening to and baring my own soul as a man was completely broken down by a corrupt officer of the Mass State Prison called OCCC in Bridgewater, Ma.

Inmate Steven Koumaris entered the HSU hospital unit on his own on October 5th or 6th, 2006 for injuries to his leg and possible other injuries sustained from 2 separate inmates of the MPU unit. The first issue was a good 3 1/3 weeks ago and the second one, I'm not sure but close to his entering the HSU. On October 5, 2006, Steven was placed on the HSU ward with 4 other prisoners. This is an open ward with 8-10 beds.

Steven ended up being sexually assaulted by 2 of these prisoners, one of which was placed inside the HSU because of a fight. He is now in isolation for one of the two incidents or perhaps both. Steven had banged on the door as Lt. Steven Bisailion walked by and told him through the door, according to another prisoner in the ward, that he had been raped by the two men. The Lt. left him there to go get Sgt, Joe Almeida, the worst of the worst of corrupt officers. Sgt. Almeida arrives and now bangs on the door for Steven with "What's your problem". The door opens and closes. Steven tells the Sgt., not 10 feet from my cell, how the 2 men had just raped him and he needed to be seen by a doctor or the Captain and that he was not going back in there with these men.

The Sgt. now cuts him off and tells him that he doesn't have time to be making out any fucking faggot reports, for Steven to either go back in there and be the bitch, suck a dick or fight... Steven refused to enter and the Sgt. opens the door and Steven asks again for a doctor or the Captain. He is told no. Request for doctor or Captain is denied. Steven requests to go to mental health. A call is placed to mental health and Steven is cuffed only to be walked to his cell #5 25 feet away. Mental health came and he explained what had happened to them. The results: the Sgt and crew took all of Steven's clothes and he was left on a suicide watch, to be checked every 15 minutes by a c/o and logged in the chart. Steven, I knew was not at all strong enough to last on any 15 minute suicide watch with nothing but 3 meals a day and whatever for medications. The guards here don't even give you toilet paper while on watch. One could eat a roll and perhaps choke. Steven made no loud noises at all. He knocked yet he was not heard as far as the ward. When I would knock, bang or yell, it's heard over in the next unit. Point, Steven was not at all strong ; no voice, no strength, not a loud person at all. Steven's attempts with every c/o passing, every round by c/o or Sgt., he would ask to see the doctor or a Captain. When denied, he'd ask "Why not"????

On or about October 8th, Steven flooded his toilet by either keeping his foot inside the bowl or maybe a plastic cop saved. He thought this would get a Captain down here to the HSU, but none ever came. Steven was taken out and water cleaned, 2 or 3 times this went on.

Sgt. Joseph Almeida would parade Steven all the way down to the insulin cage of the HSU. where several medical staff and prisoners coming and going were visible. Sgt. Joe Almeida had done it to me on Sept 29th, 2006. I was using the bathroom and Sgt. J A Hole Almeida would stand at the door making endless immature comments. I would put strips of toilet paper on the window and this got the LT. and crew to escort me nude and handcuffed to the insulin cage.

Sgt. J A Hole Almeida tore into Steven and threatened him with every verbal humiliating comment possible.

The verbal abuse is as bad as the physical and don't think it's not.

Sgt. J A Hole Almeida tore into Steven and threatened him with insane jokes and taunts, daring him to kill himself. This animal in a Mass. DOC uniform making anywhere from \$30.00 - \$35.00 an hour, offered this human being, totally lost with no help, a sheet to hang himself with. Unbelievable nature for any human being to even attempt to exploit one's vulnerabilities such as Steven's conditions.

This Sgt. would be held responsible if Steven ever hanged himself, because there are no sheets allowed to anyone on mental health watches unless mental health allows a smock or mental health security blanket. Steven was pulled out and paraded nude. I would look into his eyes and nod with a "Just hang in there" look. Tuesday, Oct. 10th, a cell was needed ASAP and the isolation unit was full. I was eligible to go back to isolation #2, #4 was eligible and #3 was eyeballed 24-7 for 17 days. #5 was Steven, also on suicide watch and not at all stable. What does this fine Dept. of Corruption do- they take the weakest person in this asylum called a prison and they clothe him and send him out to his MPU in population and tell him he's gonna be kept locked up on AA status. 5:30 AM - 6:00 AM Oct. 12th, Steven's body was found in a pool of blood in his cell. He had cut his femoral artery twice and his throat once with a razor.

By 8:50 AM - 9:00AM- a nurse from the third shift, who had to respond to the code 99 MPU and pronounce Steven DEAD, was walking by my cell a bit stunned. She told me that Steven had taken his life early that morning and how she had to stay half the day to answer questions from different prison investigators. The next c/o to go by my cell was asked about Steven and I was told, as though I had asked about the weather, he cut his inner thigh, and throat and he's all wrapped up. Like he didn't have to finish his sentence.

Steven had over 30 years inside these prison walls and he'd been through a lot. How is it that when a man asks for help with medical problems, not remotely close to fatal, ends up DEAD???

Let's try to help our source out with getting her some reports needed and please, if you're inside or outside, let's not forget about Steven's death or any other prisoners before Steven's!

Prisoner Suicides:

The Danger of Manufacturing Hopelessness

Ed Bowser

Several weeks ago, I heard the news of yet another prisoner who had committed suicide while in the custody of the Massachusetts Department of Correction. Steven Koumaris, though not yet 50 years old, had served more than 30 years in prison for a crime he committed as a teenager. At the time of his suicide in early October, he was housed at the OCCC in Bridgewater.

What struck me most about this particular suicide was the fact that I knew Stevie many years ago. Our contact was superficial and based solely on the fact that we were both young "lifers" housed in the same prisons so I don't know many of the details of Stevie's life before prison. I do know that we both entered the prison system as teenagers in the mid 70's.

I knew others over the years of my incarceration who have taken their own lives, but the news of Steve Koumaris' suicide seemed to be something I could not stop thinking about. The obvious question - why - weighed heavily on my mind. Reports of prisoner and staff abuses leading up to Stevie's death were already circulating around the prison system. At least one prisoner alleged that Steve had been sexually assaulted by two other prisoners and that staff response was anything but appropriate.

So, while the obvious reason(s) for Steve's death were becoming known - I became aware of what it was that disturbed me so much about his suicide: I realized that I could relate to the underlying feelings of isolation and

despair that most certainly must have preceded his decision to bring an end to his own personal suffering. Of course, it is impossible to know for sure what went through Steve's mind before he took a razor blade and cut two openings in an artery in his thigh and another in his throat. We can be sure, however, that he was not thinking that life was worth living or that there was some hope for a brighter future.

In preparing to write this article, I wrestled with whether or not I wanted to share my own personal experience with thoughts of suicide which arose after my second parole denial in 1994. My fear was that an admission that I had once contemplated suicide would result in my being labeled as somehow less stable. After a discussion with a respected Licensed Independent Clinical Social Worker, I realized that the subject of suicide in prison seemed more important to me than my paranoia about how I might be viewed because I once considered suicide.

Though people have different reasons for committing suicide, I am convinced that the underlying feelings that precipitate the act itself are universal. These feelings include: a very deep and abiding sense of isolation, hopelessness, despair, and loneliness. The magnitude of the emotional and psychological pain is so deep and so intense that it feels like the only way out – the only way to end the pain – is through death.

As noted above, my own experience with the thought of suicide arose after receiving my second parole denial in 1994. My first parole denial after serving 15 years was painful, but the second parole denial was a devastating blow. At the time, the maximum allowable time that the Parole Board could set until the next parole review was 3 years. The idea of another 3 years on top of the first 3 year setback seemed like an eternity. I had already served 18 years at this point and had completed every rehabilitative program available to me: including earning a Bachelors Degree from BU: spending nearly 8 years in minimum security; completing 49 unsupervised furloughs and spending 5 days a week in service to the community through two programs that I was instrumental in creating.

When I received the news of my second parole denial and the attendant 3 year setback, I was being housed at MCI – Shirley medium where I had been transferred directly from my parole hearing. When the decision came several months later, I remember being called to the Institutional Parole Office. Once there I was met by the Institutional Parole Officer (IPO). The IPO told me that she had my parole decision and asked me to take a seat. I was feeling a combination of anxiety and fear. I remember asking: "Did I get a parole?" The IPO was as gentle as she could be in saying: "No, you were denied." I then asked: "When do I see the Board again?" When she said 1997 I repeated it in question form: "1997?" I suddenly felt as if I weighed several hundred pounds. I halfheartedly asked for a copy of the decision and asked if I could go.

As I walked back to my cellblock with the decision in hand, every step I took seemed to take every bit of energy I could muster. The buildings around me seemed to be getting bigger and I felt as though I were shrinking. By the time I made my way back to the cellblock I felt smaller and more insignificant than I ever had in my life. I felt as though I had to wade through the deafening din of life going on in the cellblock as I headed toward the telephone. Everything seemed distant and surreal. All I could think about was how the news of another denial was going to hurt the people that I loved and cared about, in particular, I was concerned about the impact that I knew this decision would have on the woman who had dedicated the last 11 years of her life to me. As I thought about the look of disappointment and pain in her face when I delivered the news of the first denial 3 years earlier, I walked directly past the telephone feeling the deepest sense of sadness and hopelessness I had ever experienced in my life. When I arrived at my cell I sat on my footlocker. I felt numbness come over me and it was as if I were looking at the world through a veil.

Though I don't recall ever having a conscious thought of killing myself I began shredding a bed sheet into long strips. I then stripped down and headed to the shower room at the end of the tier just a few feet from my cell with the strips of bed sheet in my hand. Once I was in the shower I tied the sheets securely around the showerhead and turned the water on. I stood there in the stream of water thinking this will end it. No more disappointments, no more pain. As the water streamed over me I felt the water cutting through the numbness and I was again feeling the overwhelming sadness and pain. A sudden release of tears caused me to squat down under the stream of water. With my head in my hands I began to think of how the news of my death would impact my loved ones.

The thought of them being told I was found hanging in a prison shower suddenly seemed selfish and grotesque. From outside of the shower I heard someone asking who was next in the shower. I said nothing, I simply untied the bed sheets, gathered up my stuff and returned to my cell.

For me, what may have been the critical moment had passed. I was fortunate to find my way through the fog that clouded my thinking. Others, like Steve Koumaris, Mike Keohane, Manuel Tilleria, Anthony Garafaolo, Nelson Rodrigues, Andrew Armstrong, Sean Turner, and Shane Acker – all men who committed suicide in Massachusetts prisons between March 2005 and October 2006 – were obviously so steeped in their pain, hopelessness and despair that they saw no other way out.

Recent conversations with other prisoners about the subject of suicide have been an eye-opening experience. While it is common in the testosterone filled cellblocks of most prisons to label anyone who commits suicide as “weak”, the number of men who have admitted that they had considered and/or attempted suicide at some point in their incarceration is mind-boggling.

My heart goes out to the families who have lost a loved one to suicide while in prison. I wish I could say that it will never happen again, but the reality is that it will most definitely happen again, and probably soon. From March 2005 through October 2006, there have been on average – 1 suicide every 2 ½ to 3 months.

The Massachusetts prison and parole systems have manufactured a very real and very dangerous hopelessness among prisoners in Mass. Over the past 17 years or so, the DOC and the Parole Board have continued to implement more and more restrictive policies which have resulted in overcrowded conditions, prisoners serving longer sentences and ultimately stripping many prisoners of any hope for a brighter future, the net result of which is to guarantee that there will be more suicides in this so-called era of reform.

III. SHaRC Communications re Prisoner Abuse

Abuse in Massachusetts Prisons

November 17, 2006

Nearly every day the popular media cover stories about torture and abuse by Americans acting ‘under color of law’ in U.S.-operated detention facilities and military prisons like Guantanamo and Abu Ghraib. Our government tacitly condones these abuses. Though they may ‘shock the conscience’ their origins lie deep within the U.S. Federal and State prison systems. In fact, the U.S. exports its prison policies all over the globe.

The gross violations of human and civil rights that occur in prisons daily on American soil rarely receive substantive media attention. Perhaps this is because abuse, harassment and neglect in America are not new.

In Massachusetts prisons, for example, the violation of human and civil rights has been going on for decades, with occasional reforms, followed by new and ever more repressive measures.

What is new is that there are a growing number of ordinary folks; incarcerated people, formerly incarcerated people, friends and families of prisoners and community activists who refuse to accept the status quo. We document the abuses. We strive to hold officials accountable for the neglect, abuse and lawlessness perpetrated by the Department of Correction upon those in its custody. However, it is not enough to just document the abuses. We are obliged to end them and to call our officials and state employees to account.

In recent years, we, the undersigned, have repeatedly brought prisoner deaths, suicides, medical maltreatment and torture to the attention of the executive, legislative and judicial branches of the Commonwealth.

Unfortunately, many officials are loath to change prison conditions. This resistance may stem from wanting to appear “tough on crime”, wanting to advance their careers, from a desire to ally with powerful politicians or from simply not caring about people they consider unworthy of their attention.

We cannot say why Senator Jarrett Barrios appears to ignore his responsibility as Co-Chair of the Joint Public Safety Committee. The Senator claims to be a champion of progressive ideals. However, we share the experience of having our letters go unanswered; our phone calls unreturned and our concerns ignored, dismissed or trivialized. We have attempted to get Barrios’ help for abused and dying prisoners. In May, we urged the Senator to visit a paraplegic prisoner whose intestines were protruding from his lower back. That inmate died a month later soon after a beating. We have acted in good faith by bringing our complaints to him over several years. The final straw, for us, occurred last week when the Senator again ignored a letter requesting a response and a meeting to discuss the recent rash of ‘suicides’ behind bars. (Please see the November 5 letter, included here.)

Senator Barrios has the obligation, as a member of the General Court to serve his constituents; the authority as Public Safety Co-Chair to bring the Department of Correction into compliance; and the responsibility to work to end these abuses. He has not done so.

Today we bring our efforts to your attention. We place Senator Barrios and his colleagues on notice. We will speak truth to what we know of prison conditions. We demand real oversight and accountability. We will bring the evidence of human rights violations to international bodies to shame Massachusetts for the pain and suffering it inflicts upon prisoners, their families and their communities.

People are sentenced to prison AS punishment, not FOR punishment. Those in positions of authority must be held to at least as high a standard as those in their custody. The medical maltreatment by guards, administrators, physicians and nurses must stop now. Psychological abuse, torture, and the deprivation of sufficient food, clean air and water must end now.

Human rights abuses in Massachusetts’ prisons and houses of corrections are far too many to be listed

comprehensively here. The following is just a short list:

- Guards have slipped razor blades to suicidal prisoners and encouraged them to kill themselves. There is reason to believe that such an incident is how Steven Koumaris found the means to commit suicide on October 12, 2006.
- Prison officials have covered up dates of conception for women in prison to hide the fact that guards rape women prisoners.
- Medical staff repeatedly ignores requests for medical care.
- Physicians and nurses routinely do the bidding of guards
- Health Services Units are filthy: infection control is lacking.
- Prescribed medications are not dispensed in a timely manner.
- Prisoners are not sent for scheduled hospital appointments and/or surgery.
- Prisoners of color receive the harshest treatment at every level.
- Guards regularly hurl homophobic and racist epithets at prisoners. There are no consequences for their behavior.
- Prisoners' efforts to report abusive treatment are responded to with retaliatory disciplinary reports. In hearings and appeals, the word of guards and other staff always carries more weight than that of prisoners.
- Queer prisoners are placed among violent, homophobic prisoners, with little regard to issues of safety.
- Mentally ill prisoners are targeted for abuse: guards gas and beat people unable to understand and comply with guard commands.
- Transgender prisoners are denied access to hormone therapy and other needed therapies to support their identity. In one case, the neglect became so bad that an inmate attempted to slice off her genitals and commit suicide.
- Suicide attempts are classified as disciplinary infractions. Seclusion is used as a response to suicide attempts.
- Prison guards condone the practice whereby vulnerable prisoners buy the protection of bullies in exchange for sexual and other favors. This practice serves as a means of social control.
- Repeated, unnecessary strip searches are conducted as punishment. Prisoners often remain naked for long periods of time, which leaves them open to taunts of passers-by.
- Medical conditions are ignored until it is too late to provide appropriate treatment.

We repeat our call for a meeting with the Senator. We call for him to take immediate action. Please join us. There are people suffering as we write. Barrios can hold the Department of Correction accountable for the abuses it inflicts with impunity. His actions are essential but let us not forget that we must move away from mass incarceration toward decarceration. Getting people out of an out-of-control system is the only way we will truly bring an end to prison abuse.

Thank you.

Susan Mortimer, Statewide Harm Reduction Coalition, Sister of prisoner Glenn
Nancy Ahmadifar, First Church in Jamaica Plain, Social Justice Committee Member
Karen Scovil, Family of the late Kelly Jo Griffen
Michelle Griffen, Mother of the late Kelly Jo Griffen
Lorraine Jaillet, Mother of the late Anthony Garafolo
Andrea Hornbein, Statewide Harm Reduction Coalition
Jason Lydon, Congregational Director, Community Church of Boston
Holly Richardson, OutNow, Statewide Harm Reduction Coalition
Sue Huskins, Prison Voices, and Mother of the late Michael Besson

The ills of the state's prison system

February 28, 2007

FOR MANY of us with family and friends "behind the wall," the spike in Massachusetts prison suicides is a symptom of a sickness inherent in the prison system ("State is faulted over rise in inmate suicides," Page A1, Feb. 21). The recent independent study shines a glimmer of light on a system devoid of transparency or accountability.

Yet the report's reform approach fails to question the efficacy of incarceration to address problems rooted in discrimination and poverty. Many of those incarcerated have sustained lifelong harm imposed by insurmountable difficulties, such as lack of living-wage jobs, adequate housing, healthcare, and education.

Further, the report overlooks how the prison system manufactures both physical and psychological illnesses through medical neglect, taunting and brutality from guards, and other factors.

The Department of Correction has a poor track record of implementing recommended reforms. We want to prevent in-prison suicides by ensuring adequate resources for basic human needs in our communities.

NANCY AHMADIFAR Boston
ANDREA HORNBEIN Boston

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March 16, 2007

Letters to the Editor
The Boston Globe
P.O. Box 55819
Boston, MA 02205-5819

Dear Globe Editor:

While we thank you for publishing our letter, "Ills of the state's prison system", on 2/28/07, we feel compelled to describe and explain, in more depth than a letter to the editor allows, the "ills" we referred to in that letter. As a grassroots group of family and friends of prisoners, we have a perspective, grounded in experience over many years, that the media and the general public lack access to. We have outlined some of our observations in this letter, but these examples are just the tip of the iceberg. We would like to take the next step by requesting a meeting with the Globe editors to explain why we think the Globe's understanding of the problems of those deemed mentally ill and suicide in Massachusetts prisons has been framed too narrowly, and why we think the proposed solutions will not work.

To illuminate our view point we ask you to consider the similarities of treatment of veterans at Walter Reed Hospital and prisoners in the Massachusetts DoC and County Corrections. If what has recently been revealed at Walter Reed is happening to people we as a society say we care about--vets, we must ask ourselves what

happens inside jail and prison health facilities to the people we seem not to care about--prisoners and detainees.

These similarities include; 1) the inability and unwillingness for administrators and staff to implement positive change even in the face of repeated exposure and subsequent recommendations; 2) the disturbing ease with which medical professionals sworn to the Hippocratic oath create, perpetuate or tolerate gross medical neglect and abuse; 3) the effect of disenfranchisement created by cumulative daily degradations and abuse 4) the gag on "inmates" to speak freely with representatives of the media and the fear of retribution; and 5) the hiring or rehiring of administrators on whose watch the abuse originated and/or accumulated.

1) For years both US Military officials with Hospital oversight and Massachusetts' DoC officials have been repeatedly "challenged" to change their ways. In the case of the Massachusetts Department of Correction, numerous studies and their recommendations have been ignored, or worse, policy has been implemented in direct contradiction those recommendations--security classification levels is one current example. Whereas the Harshbarger report recommended lowering security levels to aid prisoners in reentry and to cut fat from runaway guard labor costs (2nd highest in the nation), Dennehy policy and practice has resulted in increased security classification not only for individuals but for entire institutions within the system.

2) A glance at the recent "suicides" and deaths, and prisoners currently at risk, indicates that medical neglect and/or abuse is a primary factor: 23 year old Kelly Jo Griffen, neither convicted nor civilly committed died 35 hours after arriving at MCI-Framingham, a full month before the shocking murder of defrocked priest John Geoghan; Anthony Garafolo, a detainee with paraplegia developed an 8 x11 centimeter bed sore and massive infections in the care of correctional health staff before he died by "suicide" last June; 28 year old Michael Besson, died of complications due to gross medical neglect a few months after a short sentence in the Middlesex County House of Correction. Kelly Jo, Anthony and Michael are just three victims of widespread medical neglect and physical abuse in MA prisons and jails. Carla Carvalho, a young woman whose case has finally reached court after 2 years pre-trial detention, has not yet received appropriate medical care for her treatable pre-cancer condition. This situation persists despite advocacy by concerned citizens and Ms. Carvalho's attorney, meetings between her mother and Senator Jarrett Barrios, as well as Mitt Romney EOPS Ombudsman/Undersecretary Patrick Bradley, and repeated requests for help from other relevant elected officials.

3) The cumulative effect of "mishaps" at Walter Reed has led to disenfranchisement, anger and voluntary isolation of some vets. For prisoner Steven Koumaris, a plea for protection from further rapes in October 2006 at a Health Services Unit at Old Colony Correctional Center in Bridgewater was met with derision and taunting by Sgt. Joseph Almeida. Almeida is alleged to have told the despondent Koumaris, "...either go back in there and be the bitch, suck a dick or fight." Staff 'treated' Koumaris by cutting his clothing off and placing him on a punitive "suicide watch." His captors, with acquiescence from medical staff, continued to laugh and humiliate him. On Oct. 12, 2006 Steven was found dead "in a pool of blood" in his cell. He had cut his femoral artery twice and his throat once with a razor.

4) The effect of DoC media policy on prisoners is analogous to the prohibition of veterans at Walter Reed Army Hospitals from speaking to the media. In 2002, MA DoC issued media restrictions which in practice bar access to almost every prisoner. In cases where media are granted entry by the DoC commissioner, 103 CMR: 131.10 (7) states that, "a correctional employee shall be present for the duration of an interview." Since DoC policy against retaliation is not enforced, the regulation is effectively a gag order. Indeed, your paper reported in 2002 that "Massachusetts' proposed ban on unsupervised interviewing has the potential to keep inmates from speaking candidly with representatives of the media, especially about corruption within the prison system." ("Officials plan to limit medias access to inmates", Christine Lagorio, 6/6/2002.)

5) MA DoC Commissioner Kathy Dennehy is an insider who progressed "through the ranks" for 31 years to assume leadership of the Department in 2003. She has observed and participated in daily human and civil rights abuses perpetrated on prisoners during her tenure. She is complicit in current abuse of prisoners with physical and psychological disabilities. She muzzles the complaints of relatives and advocates who publicize the abuses with threats of prosecution. (*In her November 21, 2006 response to a prisoner's sister, Dennehy warned the relative, "This material contains CORI, evaluative and or intelligence information or personal data concerning*

inmates, and is a confidential, non-public record matter under the laws of Massachusetts. Release of this information could lead to fines, civil liability and criminal prosecution.") Ms. Dennehy is by her own practices and policies absolutely unqualified to "clean up" the DoC. She is more interested in public relations than in stopping rampant abuse of prisoners. Your own paper has reported that the DOC repeatedly ignores the recommendations of studies it has commissioned. To add insult to injury, the public foots the bill for the discarded reviews.

The routine mistreatment of people in the custody of the Massachusetts Department of "Correction" demands constant scrutiny by the media and public. After all, the Commonwealth sentenced them AS punishment not FOR punishment. State employees are allowed to inflict extrajudicial harm with impunity.

We thank the Boston Globe for the attention it has begun to focus on the behaviors of jailors, wardens and medical staff in Massachusetts jails and prison's.

Sincerely,

Andrea Hornbein, Boston
Susan Mortimer, Somerville
Nancy Ahmadifar, Boston
Jason Lydon, Boston
Simeon Kimmel, Somerville
Kimberly Milberg, Springfield
Lorraine Jaillet, Springfield

IV. Communications to elected officials re Prisoner Abuse

----- Original Message -----

Subject: MCI-Framingham
Date: Wed, 30 Jul 2003 20:31:04 -0400
From: A Hornbein <ahornbein@earthlink.net>
To: "Barrios, Jarrett-(SEN)" <JBarrios@senate.state.ma.us>
CC: plamarre@senate.state.ma.us

Dear Senator Barrios,

Today I received email forwarded from Susan Mortimer, regarding a letter sent by an inmate to Peter Kane, an excerpt of which you will see below. I am appalled and saddened by the incident described. Through my work on the Leonard Peltier case (the Native American man framed by the FBI and in prison now for 27 years... "...Your Honor, we can't prove who shot those agents." - quote from the Federal Prosecutor, 1985 appeal) I have become aware that I should not be surprised by what goes on today in prisons.

From: Peter Kane
>Reply-To: shutdownDDU@topica.com
>To: Peter Kane
>Subject: Life in MCI-Framingham
>Date: Wed, 30 Jul 2003 12:39:58 -0400

>
>This is an excerpt from an letter we received today (7/30) from a woman in MCI-Framingham:

>
> "Last week, a 24 yr. old woman (I believe her name was Kelly Griffin) came here detoxing from heavy heroin use. She continued vomiting profusely, and begged to be taken to a hospital. Her mother called here to inform the staff that Kelly had kidney problems and may require hospitalization while detoxing. After ignoring her pleas, inmates informed the staff that Kelly had turned purple. Kelly died here after failed attempts to resuscitate her. Inmates reported that the officers on duty at the time (Dunford & Golsen) were cruel to Kelly, telling her to "toughen up" and that she shouldn't have used drugs to begin with."

>

It is too late for Ms. Griffin but I sincerely hope that you will do whatever it takes to insure that this type of occurrence does not happen again.

I am also aware that a new bipartisan Crime Commission (http://www.mass.gov/portal/govPR.jsp?gov_pr=gov_pr_030710_KMH_crime_commission.xml) has been created to look at the entire criminal justice system in the state and make recommendations to Governor Romney early next year. I ask that you work to insure that this Commission is not only truly bipartisan but includes input from members of the affected communities and their designated advocates.

Finally, I would say that the direction that our society has been going in for the past 20 years needs to be reversed. Whether the motives are profit or a misguided belief that the more punitive the criminal justice system the more effective it is - an ideology refuted by fact - mass incarceration and torture of non-violent offenders has got to stop. The cost to individuals, families, and to our communities is too high, both financially and socially. It is time to stop victimizing people who

turn to drugs and related crime due to a lack of services and opportunities, both of which are cheaper now and in the long run. We need to return to the United Nations document regarding the treatment of prisoners, which the US signed onto in 1957, for some guidance I think. I have included an excerpt below and attached a larger portion of this document for your perusal.

Sincerely,
Andrea Hornbein
20 Rugg Road
Boston, Ma 02134
(617) 789-3938

United Nations Standard Minimum Rules for Treatment of Prisoners – 1957

Part II – Rules Applicable to Special Categories

A. Prisoners Under Sentence

Guiding Principles. 56. The guiding principles hereafter are intended to show the spirit in which penal institutions should be administered and the purposes at which they should aim, in accordance with the declaration made under Preliminary Observation 1 of the present text.

57. Imprisonment and other measures which result in cutting off an offender from the outside world are afflictive by the very fact of taking from the person the right of self-determination by depriving him of his liberty. Therefore the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation.

58. The purpose and justification of a sentence of imprisonment or a similar measure deprivative of liberty is ultimately to protect society against crime. This end can only be achieved if the period of imprisonment is used to ensure, so far as possible, that upon his return to society the offender is not only willing but able to lead a law-abiding and self-supporting life.

59. To this end, the institution should utilize all the remedial, educational, moral, spiritual and other forces and forms of assistance which are appropriate and available, and should seek to apply them according to the individual treatment needs of the prisoners.

Human Rights Violations Report Form

Date report filled out: 11/25/06

Your name (filling out form): Susan Mortimer, Andrea Hornbein

Address and phone: 78 Putnam Road, Somerville MA 02145, (617) 776-6624

20 Rugg Road, Boston, MA 02134, (617) 372-5760

Organization: Massachusetts Statewide Harm Reduction Coalition

Source of information (with date, if possible): Family of Kelly Jo Griffen, 7/2003; North Shore Sunday, 8/31/2003; Boston Phoenix, 9/12-18, 2003

Location (including city/state): Lynn MA; Framingham MA

Summary:

Kelly Jo Griffen died on July 23rd, 2003, 35 hours after her arrival at the Massachusetts Correctional Institute at Framingham. Three days earlier, on the morning of July 20th she was picked up by municipal police on outstanding warrants for traffic violations. Ms. Griffen was denied access to court proceedings to determine the lawfulness of her detention. She was wrongfully transported to MCI-Framingham. During her unlawful detention she was subjected to cruel, inhuman and degrading treatment by prison guards and prison medical staff. Her rights to medical services were violated. Her death was preventable.

Confidentiality Waiver (Not necessary for stories carried by media):

I certify that the Economic Human Rights Project has permission to use this story in their efforts to document economic human rights violation in the United States. Please list any qualifications (e.g. do not release to the press, person is available for further testimony, etc.)

Signature of interviewee (Signature of Karen Scovil, Aunt, on file)

The Economic Human Rights Projects, 49 Francesca Ave., Somerville, MA 02144 (617) 625-3166

Violation of International Covenant on Civil and Political Rights (CCPR)

Article 9(4):

Anyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings before a court, in order that court may decide without delay on the lawfulness of his detention and order his release if the detention is not lawful.

Kelly Jo Griffen, 24, of Lynn, Ma., was picked up by municipal police on outstanding warrants, on the morning of Sunday, July 20th, 2003. She was kept overnight at the Lynn police station and taken to Lynn District Court the following morning, Monday, July 21st. By this time, Kelly Jo was experiencing withdrawal from an acute addiction to heroin.

Kelly Jo was arraigned the next morning in Lynn court and released on personal recognizance. The judge then ordered her to appear that day in Salem District Court to take care of another warrant and authorized transport. Kept for hours in a holding cell at the Lynn courthouse and becoming sicker from withdrawal symptoms, Kelly Jo was never taken to Salem District Court. In direct contradiction to the judges orders she was transported to MCI-Framingham late Monday afternoon.

In response to her family's pleas (by telephone) staff replied that she was being well cared for

On Wednesday at 8:35am Kelly Jo was pronounced dead.

Violation of Standard Minimum Rules for the Treatment of Prisoners - Rule 22(2):

Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals.

Violation of Standard Minimum Rules for the Treatment of Prisoners - Rule 57*:

Imprisonment and other measures which result in cutting off an offender from the outside world are afflictive by the very fact of taking from the person the right of self-determination by depriving him of his liberty. Therefore the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation.

*as governed by Rule 95: . . . persons arrested or imprisoned without charge shall be accorded the same protection . . .

Kelly Jo was in need of medical care as early as Sunday evening. By then she would have begun to experience withdrawal symptoms. Her medical history called for supervised detoxification. A fellow prisoner and friend of Kelly Jo's says that upon arrival at MCI-Framingham she "was throwing up. She couldn't keep her bowels in. Liquid was coming out of her any way it could." Her face was pale and sunken. She asked to go to a hospital. A guard told her "This is the other side of the dope game. Get used to it."

On Tuesday morning Kelly Jo's mother called MCI-Framingham and informed staff that her daughter had a history of kidney infection and high blood pressure. She also requested her daughter be sent to a hospital.

Throughout Tuesday Kelly Jo was moaning for help. She cried for her mother and her friend. She called for an ambulance. A nurse referred to her as "a pain in the ass." After an episode of puking the nurse said to her, "Look what you did. Now, you're not getting any more medication."

Letters and phone calls from other Framingham prisoners corroborate the friends testimony. In one

letter, dated July 28th, a prisoner wrote that Kelly Jo "begged to be taken to a hospital." And "inmates reported that officers on duty were cruel to Kelly, telling her to 'toughen up' and that she shouldn't have used drugs to begin with." Another letter states that, when guards went to fetch her for her court appearance the next morning, "she vomited and collapsed, with no heartbeat."

We of Massachusetts CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) and MaSHaRC (Massachusetts Statewide Harm Reduction Coalition) are joining the family of Kelly Jo Griffen in this campaign to enforce Article 9.4 of the International Convention on Civil and Political Rights.

Addendum

In addition to the violation of Article 9(4) of the CCPR, and Rules 22(2) and 57 as governed by 95 of the Standard Minimum Rules for the Treatment of Prisoners, treatment Kelly Jo received at MCI-Framingham violates numerous other articles of human rights treaties and covenants, listed, but not limited to the following:

from Correlation of Prisoners' Issues and Conditions to International Covenants and Treaties: An AFSC Resource Guide, Standard Minimum Rules for the Treatment of Prisoners

International Covenant on Civil and Political Rights (CCPR)

Article 6

(1) Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

Article 9

(1) Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.

(3) Anyone arrested or detained on a criminal charge shall be brought promptly before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a reasonable time or to release. It shall not be the general rule that persons awaiting trial shall be detained in custody, but release may be subject to guarantees to appear for trial, at any other stage of the judicial proceedings, and, should occasion arise, for execution of the judgement.

Article 10

(1) All persons deprived of their liberty shall be treated with humanity and with respect for the dignity of the human person.

International Covenant against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Article 1

(1) For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by

or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

International Covenant on Economic, Social and Cultural Rights (CESCR)

Article 12

(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Basic Principles for the Treatment of Prisoners

Principle 9

Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Principle 24

A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge.

Standard Minimum Rules for the Treatment of Prisoners

Rule 62

The medical services of the institution shall seek to detect and shall treat any physical or mental illnesses or defects which may hamper a prisoner's rehabilitation. All necessary medical, surgical and psychiatric services shall be provided to that end.

Rule 95

Without prejudice to the provisions of article 9 of the International Covenant on Civil and Political Rights, persons arrested or imprisoned without charge shall be accorded the same protection as that accorded under part I and part II, section C. Relevant provisions of part II, section A, shall likewise be applicable where their application may be conducive to the benefit of this special group of persons in custody, provided that no measures shall be taken implying that re-education or rehabilitation is in any way appropriate to persons not convicted of any criminal offence.

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly

Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Basic Principles for the Treatment of Prisoners

Principle 1

All prisoners shall be treated with the respect due to their inherent dignity and value as human beings.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Principle 1

All persons under any form of detention or imprisonment shall be treated in a humane manner and with respect for the inherent dignity of the human person.

From: Andrea Hornbein

Date: 05/22/06 15:03:26

To: Jarret Barrios; Cheryl Coakley-Rivera

Cc: Brad Hill; Bruce Ayers; Bruce Tarr; Jarret Barrios; Joan Menard; Marc Pachecho; Theodore Speliotis; Liz Malia; Kathi Reinstein; Jeffrey Perry; Emile Goguen; David Sullivan; Christopher Donelan; Cheryl Coakley-Rivera; Charles Murphy; Stephen Brewer; Stephen Buoniconti; Robert Creedon; Steven Baddour; Robert Antonioni; James Murphy; Lewis Evangelidis; Alice Peisch; Michael Costello; Kay Khan; John Keenan; James Leary; Gene O'Flaherty; Garrett Bradley; Daniel Webster; Cynthia Creem; Brian Lees; Thomas McGee

Subject: Medical neglect of prisoner at Shattuck

Dear Senator Barrios and Representative Coakley-Rivera:

I was informed on Saturday of disturbing circumstances of Mass. Prisoner, Anthony Garafolo, who was transferred to the Shattuck Hospital on Thursday. Mr. Garafolo is post surgical from UMass Medical where he received excellent care for the gaping bed sore, caused by prior DoC neglect, referenced below. I was informed that the flap sewn over the hole left by the bed sore has split open and is bleeding and that Mr. Garafolo, a paraplegic, is experiencing pain and is not receiving proper medical care.

I am very concerned that the treatment of Mr. Garafolo may not be in accordance with his civil and human rights. Increasingly media reports and research articles are exposing cruel, inhuman and degrading treatment in U.S. jails and prisons, including in Massachusetts. Medical neglect and abuse appears to be a factor in some of the recent deaths in state and county facilities.

As Chairs of the Joint Public Safety/Homeland Security Committees I am writing to ask that you ensure that Mr. Garafolo's rights are not being violated and that he is given the medical care he requires.

**Sincerely,
Andrea Hornbein
20 Rugg Road
Boston, MA 02134
(617) 372-5760**

Andrea Hornbein
20 Rugg Road
Boston, Ma 02134
(617) 372-5760

Honorable Kevin Honan
State House
Boston, MA 02133

March 26, 2006

Dear Representative Honan;

Thank you for returning my calls about the MCI Shirley lock down. Below and attached find the text of the letter to which I referred in our recent phone conversation. A Shirley prisoner sent it, postmarked March 6th. Also attached are the two subsequent Herald articles.

Just prior to the lock down, the situation was reported as peaceful by the prisoner, The Herald, and by Senator Barrios' aide Dede Edmondson. Given this corroboration, I urge you to question the "high ranking" Department of Corrections administrator's characterization, that the warden was surrounded and threatened by a circle of prisoners, or that weapons were at issue.

It is more likely that the warden preferred not to be accountable to 200 unhappy prisoners in "The Yard," who were about to be affected by unwarranted policy changes made without oversight and contrary to the Governor's Commission on Corrections Reform (GCCR) recommendations.

Prison's are places where the state can and does exert total control over those in it's charge. Discipline has been harshly enforced at the slightest infraction. A threatening protest would be an unlikely occurrence. The 15 "lugged" prisoners should be interviewed by independent entities before they are returned to Shirley Medium. This process is essential to determine what actually transpired.

The discrepancy in information should cause one to ask; (1) whether it is advisable to believe that DoC administrators are always truthful and (2) whether it is accurate to assume that prisoners are always lying.

Prisoner stories and testimony must not automatically be discounted. Under lock-down conditions prisoner's report remarkably similar chronologies of abusive treatment even as the DoC has kept them from communicating with each other.

Friends and family members working to protect prisoner's human rights, including well regarded former prisoner's, can confirm for you that torture, abuse and subsequent cover-ups are systemic. Shackling and cuffing of injured and sick prisoners, the use of restraint chairs for punishment and applying choke holds to cuffed prisoners fall deep into the territory of cruel and inhumane treatment. Yet these things happen regularly in Massachusetts prisons. Human Rights organizations consider the use of these restraints to be torture. Massachusetts inmates have repeatedly won suits and monetary damages against violent guards, whose worst instincts are encouraged in the 'tough on crime' environment. Solitary confinement and sensory deprivation

are routinely used for extra-judicial punishment. Supermax 'correctional' facilities are specifically designed for round-the-clock sensory deprivation. The existence of such prisons contravenes the Universal Declaration of Human Rights and international conventions. Common sense indicates what psychological testing has repeatedly shown; many prisoners are permanently impaired by sensory deprivation. The alarming increase in the number of suicides and the prevalence of rape should be cause for action to bring abuses to a halt, not for providing funding for yet another costly investigation.

DoC policy permits the interviewing of prisoners only when guards are present and when the department deems the news report will reflect favorably upon it. Now DoC administrators have given you information on the cause of the March 2nd lock-down, which stands in direct contradiction to that in the public domain.

You've been following the release of the GCCR/Harshbarger Committee reports and recommendations. There is a push for less restrictive classification and security levels. You know that Scott Harshbarger resigned because there's no political will to fix the problems. Until the political will exists to stop abuse of prisoner's and the taxpayers, officials will use time consuming, biased investigations to distract from implementing real change. As I mentioned in our phone conversation, taxpayers foot the bill for these self-investigations.

The lock-down at MCI-Shirley must end immediately, as must the imposition of Superintendent Thompson's edict of reduced out-of-cell time. I would like to meet with you so that I may share documentation of my claims.

Sincerely,

Andrea Hornbein

Andrea Hornbein
20 Rugg Road
Boston MA 02134
(617) 372-5760

Susan M. Mortimer
78 Putnam Road
Somerville MA 02145
(617) 629-6609

April 8, 2006

To: The Joint Committees on the Judiciary, Public Safety and Homeland Security
State House
Boston, MA 02133

Re: Status of the MCI Shirley Medium Lock-down

Dear Committee Members:

We are writing to strongly urge you to end the lock-down at MCI-Shirley immediately and to return it to Level 4 Security. Since its construction, Shirley has been labeled as Level 4 but historically restrictions there have been far greater than all other 'medium' facilities in the Commonwealth.

A prisoner's brother reports the following: The heat has been turned off in all housing units. Last week water was shut off for 24 hours for yet another “shakedown” (search for contraband) in Housing Units C-1 and C-2. Guards have begun to ration toilet paper below the miserly normal rate of a single roll per week. Religious services have been sharply curtailed. This past Sunday was the first time visits have been allowed in 30 days: visitors were treated disrespectfully and visits were ended early and abruptly, without advance notice. Families were ordered to leave immediately. It appears the DoC is seeking to justify the lock-down by deliberately provoking the prisoners. We believe these gratuitous actions by administration and the guards are intended to intensify pressure and foment disturbances in an attempt to justify the DoC's actions on March 2.

Below and attached find the text of a letter from a Shirley prisoner, postmarked March 6th, regarding the month old lock-down. Also attached are two subsequent Herald articles.

Just prior to the lock down, the situation was reported as peaceful by the prisoner, The Herald, and by Senator Barrios' aide Dede Edmondson. Given this corroboration, we urge you to question the “high ranking” Department of Corrections administrator's response to inquiry by a colleague of yours, that the warden was surrounded and threatened by a circle of prisoners, or that weapons were at issue.

It is more likely that the warden preferred not to be accountable to 200 unhappy prisoners in “The Yard,” who were about to be affected by unwarranted policy changes made without oversight and contrary to the Governor's Commission on Corrections Reform (GCCR) recommendations.

Prisons are places where the state can and does exert total control over those in its charge. Discipline has been harshly enforced at the slightest infraction. A threatening protest would be an unlikely occurrence. The 15 “lugged” prisoners should be interviewed by independent entities before they are returned to Shirley Medium. This process is essential to determine what actually transpired.

The discrepancy in information should cause one to ask; (1) whether it is advisable to believe that DoC administrators are always truthful and (2) whether it is accurate to assume that prisoners are always lying.

Prisoner stories and testimony must not automatically be discounted. Under lock-down conditions prisoners report remarkably similar chronologies of abusive treatment even as the DoC has kept them from communicating with each other.

Friends and family members working to protect prisoner's human rights, including well-regarded former prisoners, can confirm for you that torture, abuse and subsequent cover-ups are systemic. Shackling and cuffing of injured and sick prisoners, the use of restraint chairs for punishment and applying choke holds to cuffed prisoners fall deep into the territory of cruel and inhumane treatment. Yet these things happen regularly in Massachusetts prisons. Human Rights organizations consider the use of these restraints to be torture. Massachusetts inmates have repeatedly won suits and monetary damages against violent guards, whose worst instincts are encouraged in the 'tough on crime' environment. Solitary confinement and sensory deprivation are routinely used for extra-judicial punishment. Supermax 'correctional' facilities are specifically designed for round-the-clock sensory deprivation. The existence of such prisons contravenes the Universal Declaration of Human Rights and international conventions. Common sense indicates what psychological testing has repeatedly shown; many prisoners are permanently impaired by sensory deprivation. The alarming increase in the number of suicides and the prevalence of rape should be cause for action to bring abuses to a halt, not for providing funding for yet another costly investigation.

DoC policy permits the interviewing of prisoners only when guards are present and when the department deems the news report will reflect favorably upon it. Now DoC administrators have given you information on

the cause of the March 2nd lock-down, which stands in direct contradiction to that in the public domain.

You've been following the release of the GCCR/Harshbarger Committee reports and recommendations. There is a push for less restrictive classification and security levels. You know that Scott Harshbarger resigned because there's no political will to fix the problems. Until the political will exists to stop abuse of prisoners and the taxpayers, officials will use time consuming, biased investigations to distract from implementing real change. Taxpayers foot the bill for these self-investigations.

The lock-down at MCI-Shirley must end immediately, as must the imposition of Superintendent Thompson's edict of reduced out-of-cell time. It behooves committee members to visit Shirley-Medium. As legislators you have the freedom to visit Massachusetts prisons at any time, indeed you have an obligation to do so.

We would welcome a meeting with you.

Sincerely,

Andrea Hornbein
Susan M. Mortimer

enc: letter from prisoner postmarked March 6th, 2006; DOC: MCI-Shirley guard sparked cons' protest; Lockdown continues for stubborn inmates, THOMAS CAYWOOD. Boston Herald. Boston, Mass.: Mar 8, 2006; Team sweeps Shirley prison for weapons after mutiny, MAGGIE MULVIHILL. Boston Herald. Boston, Mass.: Mar 17, 2006

By email and first class mail

November 25, 2006

Dear Senator Barrios,

As a board member of the Coalition for a Strong United Nations, I have been deeply immersed in planning for our Human Rights day conference which will focus issues in Massachusetts prisons.

This past year, we have all heard a great deal about the human rights abuses perpetrated in Guantanamo and Abu Ghraib, and many of us have felt shame and disgust at acts being done by agents of our government in our name. These emotions, combined with a broader array of qualms about U.S. foreign policy, drove the Democratic party to victories in congressional and gubernatorial races here in Massachusetts and across the country.

Unfortunately, the outrageous practices documented at Guantanamo and Abu Ghraib were not unique nor invented on the spot. Rather, in too many cases, they were exported from practices that occur daily in our domestic prisons. Although Massachusetts has done an exemplary job of maintaining public control, and thus oversight, of our corrections facilities, we have done less well in reversing the trends toward overincarceration and in eliminating a range of conditions that clearly violate the human rights of those imprisoned.

The Statewide Harm Reduction Coalition (SHaRC) has documented specific cases of prisoners in Massachusetts who have been subjected to discrimination based on race or sexual orientation, who have had necessary medical care withheld or denied, and who have suffered cruel and unusual punishment while incarcerated that meets all definitions of torture.

Recently members of SHaRC have asked to meet with you to discuss the number and circumstances surrounding the suicides and attempted suicides of Massachusetts prisoners. Having read the documentation on these cases, I believe there are very real reasons for concern and action. When you meet with the representatives of SHaRC, which I hope will happen very soon, I urge you to pay close attention to the evidence they present and to their suggestions for ways to remedy the situation.

As co-chair of the joint committee on Public Safety, you are in a unique position of authority from which to (a) launch a human rights inquiry into conditions at Massachusetts prisons and (b) to insist that the provisions of the U.S. ratified human rights treaties (International Covenant on Civil and Political Rights, Convention Against Torture, and Convention on the Elimination of All Form of Racial Discrimination) as well as international standards on the minimum treatment of prisoners and on the use of weapons and force by law enforcement personnel serve as the standard to which prison personnel are trained and evaluated in their service to the Commonwealth.

Human rights standards governing the treatment of individuals, including prisoners, by public institutions and private actors exist not just to protect the weak and vulnerable. As with the Geneva Conventions, they exist to protect us all should the tables turn and we become the subjects of state administered justice. Human rights standards outline a path for social development that enhances the dignity of all members of a society while increasing the likelihood that all members can achieve their human potential. The group of people likely to experience the most immediate gains from the rigorous observance of human rights standards in the treatment of Massachusetts prisoners is, in fact, prison guards, who will be able to measure their on-the-job performance against a clear set of expectations that recognizes the important professional role they have to play in realizing the positive aspirations of peoples around the world.

In July, the United Nations Human Rights Committee released a set of concluding observations relative to the United States 2nd and 3rd periodic reports under the International Covenant on Civil and Political Rights, and I have enclosed that document with this letter. You may be surprised, as I was, to see how some aspects of U.S. life which to which we have grown accustomed are viewed by the rest of the world as well as by the international community's suggestions for how we might improve in these areas.

I am sure neither you nor I need the United Nations or international human rights experts to tell us that the medical maltreatment, psychological abuse, torture of prisoners by guards, administrators, physicians and nurses in Massachusetts prisons must stop now. However, we can use the instruments developed by the United Nations and by international human rights experts to help us with this politically and operationally most difficult task. And, I ask you to do just that: use the tools of the international human rights system to end the abuse of prisoners in Massachusetts.

Thank you for your attention to this matter. Please keep me informed of your actions in this policy area.

Sincerely,

Laura H. Roskos
The Massachusetts CEDAW Project
464 Windsor Street
Cambridge, MA 02141

Enclosures:

SHaRC Statement
HRC concluding observations
HR Day flyer
Minimum Standards

Use of Weapons

Sheet1

#	From	Date	Person	Issue	Location	Response
1	MCI Shirley Prisoner (via Susan Mortimer)	06/05/03		Denied and disappeared mail; overcrowded dining hall; officers, not doctors determining who gets treatment; medications line long and arrive late; loss of access to law library, library, church, and exercise periods due to understaffing; superintendent refuses to meet with inmates; poor fiscal responsibility and wastefulness in the DOC resulting in larger tax burden; eliminate duplicate jobs and decrease the level of security will allow for funds for necessary prison programs	MCI Shirley	None
2	Andrea Hornbein	07/30/03	Kelly Jo Griffin	Investigation into death so that this occurrence does not happen again		None
	Susan Mortimer	07/30/03		Bipartisan Crime Commission must have input from members of affected communities and their advocates		was "deleted without reading" read on 8/4/04"
3	Andrea Hornbein, Susan Mortimer	08/05/03	Kelly Jo Griffin	Requesting an investigation into her death	Health Services Unit at Framingham	None

Sheet1

	Nancy 4 Ahmadifar	04/11/05	1) Tod F. Walsh, W51645	Assaulted by another inmate which could have been prevented by a guard; went to Shattuck Hospital on 3/25 but forced to leave hospital before surgery and received a disciplinary report for resisting; hearing 4/25/05	Cedar Junction	None
		04/11/05	2) Robert McCarthy, W80796	High risk for suicide/HIV		None
		04/11/05	3) Kevin Kelly Gearhart, W63333	In need of medical treatment and therapy; high risk for suicide/HIV		4/13/2005: "followed up a second time this morning"
	Nancy 5 Ahmadifar	07/19/05	Tod Walsh	In need of protective custody; may go on hunger strike; 24 hour lock-up for 7 months, including 4 months in 10 Block isolation	Cedar Junction	7/19/05, contacted Pat Bradley and Kathy Dennehy
	Nancy 6 Ahmadifar	07/22/05	Tod Walsh	Tim Hall of DOC said considering plans to move Tod to a new facility; It is important that he not be returned to the Souza-Baranowski Correctional Center where he was allegedly forced to perform sexual acts with inmates for the entertainment of a correctional officer		7/22/05; Tod's own behavior is jeopardizing the best outcome – being transferred to a less secure facility; I had asked Pat Bradley to speak with you

				Transfer to SBCC protested with hunger strike (8/31/05); at SBCC a correctional officer at SBCC complicit in a series of sexual coercion incidents; targeted as a homosexual both verbally and physically; disciplinary reports began when we started speaking out about rape and assault; requesting protective custody		
7	Nancy Ahmadifar	08/30/05	1) Tod F. Walsh, W51645			None
8	Andrea Hornbein, Susan Mortimer (addressed to The Joint Committees on the Judiciary, Public Safety and Homeland Security)	04/08/06		End the lockdown at Shirley; return it to level 4 security; reports of heat being turned off, toilet paper further rationed	MCI Shirley	None
9	Jason Lydon	10/11/05	Kevin Kelly Gearhart	Parole hearing 10/13/05; if put on parole will be able to access the health services she needs		None
10	Nancy Ahmadifar	10/12/05	Kevin Kelly Gearhart	Parole hearing; not a risk to the community, needs therapy to deal with suicide attempts		None
11	Nancy Ahmadifar	12/23/05	1) Kevin Kellie Gearhart, W63333	Suicide	Cedar Junction	None
		12/23/05	2) Tod Walsh, W51645	Parole	OCCC	None

				Thank you for stepping down from Department of Corrections Advisory Council because of non-responsiveness		None
		12/23/05	3) Robert McCarthy W80796	Feels in limbo even after rehousing following sexual assaults against him	OCCC	None
	Susan 12 Mortimer	03/09/06	Everett constituent (brother of inmate)	Constituent requests a meeting with Barrios to determine his brother's unknown situation; must prosecute state employees	MCI Shirley	None
		03/09/06	Unnamed prisoner whose letter is enclosed (mailed 3/6/06)	Prisoners put on lock down for logging complaints with the superintendent	MCI Shirley	None
	Susan 13 Mortimer	03/20/06		How serious are the rumors that a jail/correction facility will be built in Somerville?		None
		03/20/06		What is the latest state of the MCI Shirley lockdown?		None
	Nancy 14 Ahmadifar	03/21/06		Thank you for your testimony at the State house hearing on mental health and substance abuse services in prisons and jails		None
		03/21/06	Todd Walsh	A year has passed since we spoke with Todd Walsh together and little has changed for lgbt people in prison.		None
		03/21/06	Kelly Kevin Gearhart	In segregation unit for suicide attempts	Cedar Junction	None

Sheet1

		03/21/06	Robert McCarthy	Waiting in limbo for trial regarding his rape	Old Colony	None
		03/21/06	Tod Walsh	D reports for refusing to be bunked with violent inmates or fighting off attacks		None
15	Andrea Hornbein	05/22/06	Anthony Garafolo	Medical neglect of bed sore; the hole has split open after surgery at UMass Medical causing significant pain; post- surgery at Shattuck	Shattuck	None. Aide Edmondson said visitation would appear biased against DoC.
16	Nancy Ahmadifar	10/24/06	1) Steven Koumaris	Investigation into suicide, harassment and abuse of gay people by C/O's and by Joe Almeida	OCCC	None
17	Andrea Hornbein	11/06/06		Delivered a letter on Monday, 11/6 requesting a meeting regarding urgent matters; followed up with phone message to Dede Edmondson, yet have not received a response		None
	Andrea Hornb	11/17/06		E-mailed in reference to 11/6 request for		Received reply 11/17

V. Human Rights



Statewide Harm Reduction Coalition (SHaRC)
www.MassDecarcerate.org

HOW INCARCERATION VIOLATES HUMAN RIGHTS, including the rights of women and their families

The Universal Declaration of Human Rights was adopted on December 10, 1948 in order to protect the rights and freedoms of all people worldwide. The United States is a signatory to this document. Yet systemic violation of human rights is a factor both leading up to and during incarceration, as shown in the following examples:

Article 2. *Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status....*

As of June 30, 2004, the US incarcerated adult white males at rate of 717 per 100,000, adult latino males at a rate of 1,717 per 100,000, and adult black males at a rate of 4,919 per 100,000 (Prison and Jail Inmates at Midyear 2004). The biased application of discriminatory drug war laws accounts for much of this discrepancy. The majority of illicit drug users are white, while the majority of those incarcerated for violation of drug laws are people of color. This racism, an integral part of US institutions including prisons, is in violation of Article 2. (<http://prisonsucks.com>)

Article 4. *No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.*

The Thirteenth Amendment to the US Constitution abolished slavery in the United States *except in cases where it was the punishment for a crime for which the accused person was duly convicted*. Again, biased application of discriminatory law ensured that the labor of former slaves was accessible for a fee to former slave owners. Today corporations including Victoria's Secret, Eddie Bauer and Toys R Us use prisoner labor. Prisoners receive as little as .20 per hour. Some don't get paid at all. Political Prisoner Ruchell Magee notes "slavery is being practiced by the system under the color of law.... Slavery 400 years ago, slavery today; it's the same thing, but with a new name. They're making millions and millions of dollars enslaving blacks, poor whites, and others--people who don't even know they're being railroaded." (<http://www.prisonactivist.org/crisis/labor-of-doing-time.html>)

Article 5. *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

Strip searches, body cavity searches, beatings, rapes, deprivation of food and proper clothing, isolation, and medical neglect are part of how prisons are run. Prisoner Marcia Bunny notes, "our current standard of medical care is tantamount to a death sentence." ("One Life in Prison: Perception, Reflection, and Empowerment").

A British documentary called "Torture, Inc: America's Brutal Prisons" shows prisoners being brutalized by attack dogs, stun guns and tasers, toxic chemicals, and restraint chairs. (<http://www.informationclearinghouse.info/article8451.htm>)

And the recent report submitted by the US Human Rights Network to the UN Committee Against Torture regarding police brutality in the US makes clear that torture and cruel, inhuman or degrading treatment or punishment begins well before trial or conviction.

Article 16.

(3) The family* is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Prisons hurt families by splitting up loved ones and removing income-earners and nurturers. This assault is in violation of protections that families are entitled to. An audio compilation entitled "The We That Sets Us Free" put out by Justice Now, an organization that works with women in prison, notes that "prisons destroy the right to family of people of color and poor people of all races"(www.jnow.org). *SHaRC affirms that all kinds of families are affected by the prison system.

Article 21.

(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

(2) Everyone has the right of equal access to public service in his country.

(3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

In all but three states, people convicted of felony offenses have their right to vote taken away, either temporarily or permanently. In Massachusetts, people with felony convictions are barred from voting while serving their prison

sentences; they are rarely informed of the return of these rights upon their release. This disenfranchisement denies a person his or her suffrage rights and violates Article 21 (for more information see www.righttovote.org).

Article 23.

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

Work conditions outside of prisons are unfavorable for too many people. As corporations moved factories overseas, prisons were built to deal with the unemployed and underemployed. Now corporations are being encouraged to use prisoner labor, which is even cheaper and subject to far less oversight. Historian Manning Marable discusses the problems facing communities of color, noting that "mass unemployment, mass incarceration, and mass disenfranchisement" feed and accelerate each other creating more dispossession and poverty (<http://www.zmag.org/content/showarticle.cfm?ItemID=6034>). This lack of work with favorable conditions and compensation outside prison, itself a violation of Article 23, contributes to people going to prison, where they face harsher violations of the right to work.

Work conditions in prisons are also not favorable and prisoners do not receive favorable remuneration. There are no minimum wage or overtime protections, and workers are not allowed to form or join unions for the protection of their rights and interests. Beverly Henry, a female prisoner in California describes being paid 55 cents an hour sewing American flags. ("Reclaiming the Red, White and Blue For All Americans" (<http://www.commondreams.org/views06/0105-31.htm>)).

Upon reentry a prisoners' record creates insurmountable obstacles. Jobs held behind prison walls often become unavailable upon release. Background checks are a more frequent occurrence for low-wage and human service work, thus disproportionately impacting poor people and women. In addition, the effect of a criminal record is more severe for people of color (Pager, D., 2003, *The Mark of a Criminal Record*, American Journal of Sociology).

Article 25.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

By incarcerating mothers, the primary nurturers and caregivers, prisons violate rights of mothers and children to special protection. According to the May 1994 issue report of Women's Economic Agenda Project, 90% of women in prison are single mothers (<http://prisonactivist.org/women/women-in-prison.html>). Incarceration of mothers, or anyone, for acts incited by conditions of poverty, in lieu of providing for basic human needs, is itself a violation of rights (http://www.stopchicopeejail.org/women_paper.html).

Article 26.

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

The US education system is inadequate for so many people of color and people living in poverty, and is one of the major reasons people end up in prison. As education budgets are cut, police, court and prison funding grows exponentially. New laws circumvent parental involvement while police and the courts are given legal authority to oversee youth and children. Positive family structures are actively destroyed by such laws and result in unnecessary and senseless involvement of children, youth and parents in the criminal justice system. Garrett Albert Duncan argues that "urban pedagogies effectively serve an economic function: to channel young people of color in the US into the prison system." ("Urban Pedagogies and the Ceiling of Adolescents of Color" in *Critical Resistance to the Prison Industrial Complex*, www.criticalresistance.org).

Likewise, educational programs in prisons have been severely cut, in violation of Article 26. David Matlin notes in *Prisons: Inside the New America*, "In August of 1994, President Clinton's Crime Bill destroyed the monies designated on a nation-wide basis for all Prison Education programs." Without job-training or education, people incarcerated face immense difficulty in obtaining education or finding employment and housing upon release. Given that poverty and homeless are also major indicators of who goes to jail or prison it should come as no surprise that many people often end up back in prison.

In order to protect human rights, we must end the system of racism, violence, and exploitation, a system where prisons play a major role. We need alternatives to warehousing people of color and people struggling with poverty and addiction. Instead of investing money in more prisons, money should be invested in communities for them to solve their own problems, ending the conditions that send people to prison.



Background paper no. 8
June 2003

*Correlation of Prisoners' Issues and Conditions
to International Covenants and Treaties:
An AFSC Resource Guide*

*AFSC New York Metropolitan Regional Office (NYMRO)
Criminal Justice Program, Prison Watch Project
972 Broad Street, 6th Floor, Newark, NJ 07102
Tel: (973) 643-3079, Fax: (973) 643-8924, e-mail: bkerness@afsc.org*

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Correlation of Prisoners' Issues and Conditions to International Covenants/Treaties: An AFSC Resource Guide

Introduction

Since 1975, the Criminal Justice Program of the American Friends Service Committee in Newark, New Jersey has articulated its concern with the United States' violation of prisoners' human rights.

Since 1992, the AFSC Prison Watch Project has monitored the use of extended sensory deprivation, racism, brutality and the use of devices of torture in prisons across the country. Prison Watch has received testimonies from countless men and women held in prison conditions of egregious violations of international law, including the Convention Against Torture, ratified by the U.S. in 1994.

Over the years, the AFSC has received thousands of calls and letters from prisoners and family members complaining of the use of electric stun belts, stun guns, restraint chairs, restraint tables, and prison chain gangs. We continue to receive complaints of sexual assault of female prisoners, detention of minors, racism, brutality and other violations of human rights. In our efforts to speak about these concerns, we have used the language of United Nations treaties and covenants. It is our hope that through weaving this language into our own, the concepts of human rights law will find their way into the police, court and prison justice systems.

The importance and implementation of the wide range of international standards has practical relevance as a guide in the daily life of the U.S. criminal justice system. *Correlation of Prisoners' Issues and Conditions to International Conventions and Treaties: An AFSC Resource Guide* has been developed to empower those who advocate for prisoners rights. It emphasizes the importance that the U.S., as part of the world community, cannot continue to violate the basic human rights of prisoners while criticizing other countries for such violations.

The Resource Guide correlates the most relevant major issues and conditions existing in U.S. prisons to international standards as stipulated in international human rights agreements. It contains texts of the pertinent international treaties, conventions, declarations and rules, standards and principles in relation to the major issues.

In addition, Annex I of the Guide provides the status of ratification by the U.S. of the most relevant international human rights treaties and conventions (with a definition of treaty terms), and Annex II leads to links of the complete official documents of all the relevant human rights instruments.

This Resource Guide is born of the valiant attempts by prisoners to keep lawyers, advocates, loved ones and family members alert to what is happening to the powerless. We hope it will enable advocates for prisoners' rights to infuse the right language in their work and future dealings with the U.S. criminal justice system.

Nardos Assefa
Bonnie Kerness
June 2003

Correlation of Prisoners' Issues and Conditions to International Covenants/Treaties: An AFSC Resource Guide

Correlation of Issues to International Conventions, Treaties and Declaration

Issues	International Conventions, Treaties and Declaration						
	ICESCR	ICCPR	ICERD	CEDWA	CAT	CRC	UN Declaration of Human Rights
	Article No.	Article No.	Article No.	Article No.	Article No.	Article No.	Article No.
Compensation/Reparation		Article 14 (6)	Article 6				
Death Penalty		Article 6 (1), (2) (5)					Article 3
Institutions/officials					Articles 10 (1&2), 11, 12		
Medical Care	Article 12 (1)			Article 5 (2)			
Political Prisoners							Article 19
Prisoners		Articles 6 (1), 10 (1)	Article 5 (b)				
Torture, isolation		Article 7			Articles 1, 4 (1), (2)		Article 5
Racism/discrimination			Articles 2 (a), 5 (a)				
Rape							
Women				Articles 1, 2 (d) & (g), 5 (1)			
Youth		Article 10 (3)				Articles 1, 6, 37, 40	

International Covenant on Economic, Social and Cultural Rights (CESCR)

International Convention on Civil and Political Rights (CCPR)

International Convention on the Elimination of all forms of Racial Discrimination (CERD)

Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Convention on the Rights of the Child (CRC)

In addition to this chart, each issue contains additional text drawn from the following UN Declarations, Standard Rules and Principles.

*Correlation of Prisoners' Issues and Conditions to International Covenants/Treaties: An
AFSC Resource Guide*

Basic Principles for the Treatment of Prisoners
Body of Principles for the Protection of All Persons under Any Form of Detention or
Imprisonment
Declaration on the Elimination of Violence Against Women
Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel,
Inhuman or Degrading Treatment or Punishment
Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in
the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or
Degrading Treatment or Punishment
Standard Minimum Rules for the Treatment of Prisoners
Safeguards guaranteeing protection of the rights of those facing the death penalty
United Nations Rules for the Protection of Juveniles Deprived of their Liberty
United Nations Standard Minimum Rules for the Administration of Juvenile Justice

Compensation/reparation

International Covenant on Civil and Political Rights (ICCPR)

Article 14

(6) When a person has by a final decision been convicted of a criminal offence and when subsequently his conviction has been reversed or has been pardoned on the ground that a new or newly discovered fact shows conclusively that there has been a miscarriage of justice, the person who has suffered punishment as a result of such a conviction shall be compensated according to law, unless it is proved that the non-disclosure of the unknown fact in time is wholly or partly attributable to him.

International Convention on the Elimination of All Forms of Racial Discrimination (CERD)

Article 6

States Parties shall assure to everyone within their jurisdiction effective protection and remedies, through the competent national tribunals and other State institutions, against any acts of racial discrimination which violate his human rights and fundamental freedoms contrary to this Convention, as well as the right to seek from such tribunals just and adequate reparation or satisfaction for any damage suffered as a result of such discrimination

Death Penalty

Universal Declaration of Human Rights

Article 3

Everyone has the right to life, liberty and security of person

International Covenant on Civil and Political Rights (CCPR)

Article 6

- (1) Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.
- (2) In countries which have not abolished the death penalty, sentence of death may be imposed only for the most serious crimes in accordance with the law in force at the time of the commission of the crime and not contrary to the provision of the present Covenant and to the Convention on the Prevention and Punishment of the Crime of Genocide. This penalty can only be carried out pursuant to a final judgment rendered by a competent court.
- (5) Sentence of death shall not be imposed for crimes committed by person below eighteen years of age....
- (6) Nothing in this article shall be invoked to delay or to prevent the abolition of capital punishment by any State Party to the present Covenant.

Safeguards guaranteeing protection of the rights of those facing the death penalty

Article 9

Where capital punishment occurs, it shall be carried out so as to inflict the minimum possible suffering.

Institutions/Officials

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Article 10

(1) Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.

(2) Each State Party shall include this prohibition in the rules or instructions issued in regard to the duties and functions of any such person.

Article 11

Each State Party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.

Article 12

Each State Party shall ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction.

Standard Minimum Rules for the Treatment of Prisoners

Rule 27

Discipline and order shall be maintained with firmness, but with no more restriction than is necessary for safe custody and well-ordered community life.

Medical care

International Covenant on Economic, Social and Cultural Rights (CESCR)

Article 12

(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Basic Principles for the Treatment of Prisoners

Principle 9

Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Principle 24

A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge.

Standard Minimum Rules for the Treatment of Prisoners

Rule 10

All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

Rule 12

The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.

Rule 13

Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as

*Correlation of Prisoners' Issues and Conditions to International Covenants/Treaties: An
AFSC Resource Guide*

frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.

Rule 22

- (1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.
- (2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.
- (3) The services of a qualified dental officer shall be available to every prisoner.

Rule 25

1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

Rule 26

- (1) The medical officer shall regularly inspect and advise the director upon:
 - (a) The quantity, quality, preparation and service of food;
 - (b) The hygiene and cleanliness of the institution and the prisoners;
 - (c) The sanitation, heating, lighting and ventilation of the institution;
 - (d) The suitability and cleanliness of the prisoners' clothing and bedding;
 - (e) The observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.

Rule 62

The medical services of the institution shall seek to detect and shall treat any physical or mental illnesses or defects which may hamper a prisoner's rehabilitation. All necessary medical, surgical and psychiatric services shall be provided to that end.

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

*Correlation of Prisoners' Issues and Conditions to International Covenants/Treaties: An
AFSC Resource Guide*

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Prisoners

Basic Principles for the Treatment of Prisoners

Principle 1

All prisoners shall be treated with the respect due to their inherent dignity and value as human beings.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Principle 1

All persons under any form of detention or imprisonment shall be treated in a humane manner and with respect for the inherent dignity of the human person.

International Covenant on Civil and Political Rights (CCPR)

Article 10

(1) All persons deprived of their liberty shall be treated with humanity and with respect for the dignity of the human person.

(3) The penitentiary system shall comprise treatment of prisoners the essential of which shall be their reformation and social rehabilitation.

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Article 13 – Each State Party shall ensure that any individual who alleges he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined by, its competent authorities. Steps shall be taken to ensure that the complainant and witnesses are protected against all ill-treatment or intimidation as a consequence of his complaint or any evidence given.

Political prisoners

Universal Declaration of Human Rights

Article 19 – Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Torture/Isolation

International Covenant on Civil and Political Rights (CCPR)

Article 7 – No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Article 1

...the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Article 4

- (1) Each State Party shall ensure that all acts of torture are offences under its criminal law. The same shall apply to an attempt to commit torture and to an act by any person which constitutes complicity or participation in torture.
- (2) Each State Party shall make these offences punishable by appropriate penalties which take into account their grave nature.

Standard Minimum Rules for the Treatment of Prisoners

Rule 30

- (1) No prisoner shall be punished except in accordance with the terms of such law or regulation, and never twice for the same offence.
- (2) No prisoner shall be punished unless he has been informed of the offence alleged against him and given a proper opportunity of presenting his defence. The competent authority shall conduct a thorough examination of the case.

Rule 31

Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences.

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Rule 32

- (1) Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.
- (2) The same shall apply to any other punishment that may be prejudicial to the physical or mental health of a prisoner. In no case may such punishment be contrary to or depart from the principle stated in rule 31.
- (3) The medical officer shall visit daily prisoners undergoing such punishments and shall advise the director if he considers the termination or alteration of the punishment necessary on grounds of physical or mental health.

Rule 33

Instruments of restraint, such as handcuffs, chains, irons and strait-jacket, shall never be applied as a punishment. Furthermore, chains or irons shall not be used as restraints. Other instruments of restraint shall not be used except in the following circumstances:

- a) As a precaution against escape during a transfer, provided that they shall be removed when the prisoner appears before a judicial or administrative authority;
- b) On medical grounds by direction of the medical officer;
- c) By order of the director, if other methods of control fail, in order to prevent a prisoner from injuring himself or others or from damaging property; in such instances the director shall at once consult the medical officer and report to the higher administrative authority.

Basic Principles for the Treatment of Prisoners

Principle 7

Efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged.

Racism/discrimination

Universal Declaration of Human Rights

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

International Covenant on Civil and Political Rights

Article 27

In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practise their own religion, or to use their own language.

International Convention on the Elimination of all Forms of Racial Discrimination (CERD)

Article 2 – States Parties condemn racial discrimination and undertake to pursue by all appropriate means and without delay a policy of eliminating racial discrimination in all its forms and promoting understanding among all races, and, to this end:

(a) Each State Party undertakes to engage in no act or practice of racial discrimination against persons, groups of persons or institutions and to ensure that all public authorities and public institutions, national and local, shall act in conformity with this obligation;

Article 5 - ... States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law....

(a) The right to equal treatment before the tribunals and all other organs administering justice;

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(b) The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution.

Basic Principles for the Treatment of Prisoners

Principle 2

There shall be no discrimination on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Principle 5 (1)

These principles shall be applied to all persons within the territory of any given State, without distinction of any kind, such as race, colour, sex, language, religion or religious belief, political or other opinion, national, ethnic or social origin, property, birth or other status.

Standard Minimum Rules for the Treatment of Prisoners

- (1) Prisoners who are foreign nationals shall be allowed reasonable facilities to communicate with the diplomatic and consular representatives of the State to which they belong.
- (2) Prisoners who are nationals of States without diplomatic or consular representation in the country and refugees or stateless persons shall be allowed similar facilities to communicate with the diplomatic representative of the State which takes charge of their interests or any national or international authority whose task it is to protect such persons.

Rape

Declaration on the Elimination of Violence against Women

Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Women

Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)

Article 1 - ... the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, or human rights and fundamental freedoms in the political, economic, social, cultural, civic or any other field.

Article 2

(d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation

(g) To repeal all national penal provisions which constitute discrimination against women.

Article 5

States Parties shall take all appropriate measures:

(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;

International Covenant on Civil and Political Rights (CCPR)

Article 3

The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.

Declaration on the Elimination of Violence against Women

Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Article 4

States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

(c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons

(i) Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Principle 5

(2) Measures applied under the law and designed solely to protect the rights and special status of women, especially pregnant women and nursing mothers, children and juveniles, aged, sick or handicapped persons shall not be deemed to be discriminatory. The need for, and the application of, such measures shall always be subject to review by a judicial or other authority.

Standard Minimum Rules for the Treatment of Prisoners

Rule 8

Men and women shall so far as possible be detained in separate institutions; in an institution which receives both men and women the whole of the premises allocated to women shall be entirely separate

Rule 23

- (1) In women's institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate.
- (2) Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.

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Rule 53

- (1) In an institution for both men and women, the part of the institution set aside for women shall be under the authority of a responsible woman officer who shall have the custody of the keys of all that part of the institution.
- (2) No male member of the staff shall enter the part of the institution set aside for women unless accompanied by a woman officer.
- (3) Women prisoners shall be attended and supervised only by women officers. This does not, however, preclude male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women.

Youth

International Covenant on Civil and Political Rights (CCPR)

Article 6

(5) Sentence of death shall not be imposed for crimes committed by person below eighteen years of age and shall not be carried out on pregnant women.

Article 10

(3) The penitentiary system shall comprise treatment of prisoners the essential of which shall be their reformation and social rehabilitation. Juvenile offenders shall be segregated from adults and be accorded treatment appropriate to their age and legal status.

Convention on the Rights of the Child (CRC)

Article 1 - For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Article 6

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 37

States Parties shall ensure that:

- (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;
- (b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;
- (c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

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(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

Article 40

1. States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:

(a) No child shall be alleged as, be accused of, or recognized as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed;

(b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:

(i) To be presumed innocent until proven guilty according to law;

(ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;

(iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;

(iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;

(v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;

(vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;

(vii) To have his or her privacy fully respected at all stages of the proceedings.

3. States Parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law, and, in particular:

(a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law;

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(b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected.

4. A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

United Nations Standard Minimum Rules for the Administration of Juvenile Justice

Rule 13

Detention pending trial

- (1) Detention pending trial shall be used only as a measure of last resort and for the shortest possible period of time.
- (2) Whenever possible, detention pending trial shall be replaced by alternative measures, such as close supervision, intensive care or placement with a family or in an educational setting or home.
- (3) Juveniles under detention pending trial shall be entitled to all rights and guarantees of the Standard Minimum Rules for the Treatment of Prisoners adopted by the United Nations.
- (4) Juveniles under detention pending trial shall be kept separate from adults and shall be detained in a separate institution or in a separate part of an institution also holding adults.
- (5) While in custody, juveniles shall receive care, protection and all necessary individual assistance-social, educational, vocational, psychological, medical and physical-that they may require in view of their age, sex and personality.

Rule 19

Rule 19 aims at restricting institutionalization in two regards: in quantity ("last resort,") and in time ("minimum necessary period"). Rule 19 reflects one of the basic guiding principles of resolution 4 of the Sixth United Nations Congress: a juvenile offender should not be incarcerated unless there is no other appropriate response. The rule, therefore, makes the appeal that if a juvenile must be institutionalized, the loss of liberty should be restricted to the least possible degree, with special institutional arrangements for confinement and bearing in mind the differences in kinds of offenders, offences and institutions. In fact, priority should be given to "open" over "closed" institutions. Furthermore, any facility should be of a correctional or educational rather than of a prison type.

Rule 21

- (1) Records of juvenile offenders shall be kept strictly confidential and closed to third parties. Access to such records shall be limited to persons directly concerned with the disposition of the case at hand or other duly authorized persons.

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Rule 26

Objectives of institutional treatment

1. The objective of training and treatment of juveniles placed in institutions is to provide care, protection, education and vocational skills, with a view to assisting them to assume socially constructive and productive roles in society.
2. Juveniles in institutions shall receive care, protection and all necessary assistance-social, educational, vocational, psychological, medical and physical-that they may require because of their age, sex, and personality and in the interest of their wholesome development .
3. Juveniles in institutions shall be kept separate from adults and shall be detained in a separate institution or in a separate part of an institution also holding adults.
4. Young female offenders placed in an institution deserve special attention as to their personal needs and problems. They shall by no means receive less care, protection, assistance, treatment and training than young male offenders. Their fair treatment shall be ensured.
5. In the interest and well-being of the institutionalized juvenile, the parents or guardians shall have a right of access.
6. Inter-ministerial and inter-departmental co-operation shall be fostered for the purpose of providing adequate academic or, as appropriate, vocational training to institutionalized juveniles, with a view to ensuring that they do not leave the institution at an educational disadvantage.

Rule 27

1. The Standard Minimum Rules for the Treatment of Prisoners and related recommendations shall be applicable as far as relevant to the treatment of juvenile offenders in institutions, including those in detention pending adjudication.
2. Efforts shall be made to implement the relevant principles laid down in the Standard Minimum Rules for the Treatment of Prisoners to the largest possible extent so as to meet the varying needs of juveniles specific to their age, sex and personality.

Rule 29

Efforts shall be made to provide semi-institutional arrangements, such as half-way houses, educational homes, day-time training centres and other such appropriate arrangements that may assist juveniles in their proper reintegration into society.

United Nations Rules for the Protection of Juveniles Deprived of their Liberty

Rule 11

For the purposes of the Rules, the following definitions should apply:

- (a) A juvenile is every person under the age of 18. The age limit below which it should not be permitted to deprive a child of his or her liberty should be determined by law;

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(b) The deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting, from which this person is not permitted to leave at will, by order of any judicial, administrative or other public authority.

Annex I (Treaties, Conventions, Minimum Standards, Rules, Declarations and Principles)

International Covenant on Economic, Social and Cultural Rights (CESCR)

http://www.unhchr.ch/html/menu3/b/a_cescr.htm

International Convention on Civil and Political Rights (CCPR)

http://www.unhchr.ch/html/menu3/b/a_ccpr.htm

International Convention on the Elimination of all forms of Racial Discrimination (CERD)

http://www.unhchr.ch/html/menu3/b/d_icerd.htm

Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)

<http://www.unhchr.ch/html/menu3/b/e1cedaw.htm>

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

http://www.unhchr.ch/html/menu3/b/h_cat39.htm

Convention on the Rights of the Child (CRC)

<http://www.unhchr.ch/html/menu2/6/crc/treaties/crc.htm>

Basic Principles for the Treatment of Prisoners

http://193.194.138.190/html/menu3/b/h_comp35.htm

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

http://193.194.138.190/html/menu3/b/h_comp36.htm

Declaration on the Elimination of Violence Against Women

[http://193.194.138.190/huridocda/huridoca.nsf/\(Symbol\)/A.RES.48.104.En?Opendocument](http://193.194.138.190/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En?Opendocument)

Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

http://193.194.138.190/html/menu3/b/h_comp38.htm

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

http://193.194.138.190/html/menu3/b/h_comp40.htm

Standard Minimum Rules for the Treatment of Prisoners

http://193.194.138.190/html/menu3/b/h_comp34.htm

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Safeguards guaranteeing protection of the rights of those facing the death penalty
http://193.194.138.190/html/menu3/b/h_comp41.htm

United Nations Rules for the Protection of Juveniles Deprived of their Liberty
http://193.194.138.190/html/menu3/b/h_comp37.htm

United Nations Standard Minimum Rules for the Administration of Juvenile Justice
http://193.194.138.190/html/menu3/b/h_comp48.htm

Universal Declaration of Human Rights
<http://www.unhcr.ch/udhr/lang/eng.htm>

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Annex II (Treaty Ratification by the United States)

Treaty	Signature	Ratification
International Covenant on Economic, Social and Cultural Rights (CESCR)	October 5, 1977	
International Convention on Civil and Political Rights (CCPR)		June 8, 1992
Optional Protocol to the International Covenant on Civil and Political Rights (CCPR-OPT)		
Second Optional Protocol to the International Covenant on Civil and Political Rights, aimed at the abolition of the death penalty (CCPR-OPT2)		
UN Convention on the Elimination of all forms of Racial Discrimination (CERD)		October 21, 1994
UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)	July 17, 1980	
The Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW-OP)		
UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)		October 21, 1994
UN Convention on the Rights of the Child (CRC)	February 16, 1995	
The Optional Protocol to the Convention on the Rights of the Child (CRC-OP-AC) on the involvement of children in armed conflict	July 5, 2000	
The Optional Protocol to the Convention on the Rights of the Child (CRP-OP-SC) on the sale of children, child prostitution and child pornography	July 5, 2000	
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (MWC)		

Definitions of treaty terms:

Ratification: defines the international act whereby a state indicates its consent to be bound to a treaty if the parties intended to show their consent by such an act. In the case of bilateral treaties, ratification is usually accomplished by exchanging the requisite instruments, while in the case of multilateral treaties the usual procedure is for the depositary to collect the ratifications of all states, keeping all parties informed of the situation. The institution of ratification grants states the necessary time-frame to seek the required approval for the treaty on the domestic level and to enact the necessary legislation to give domestic effect to that treaty.

Signature Subject to Ratification, Acceptance or Approval: Where the signature is subject to ratification, acceptance or approval, the signature does not establish the consent to be bound. However, it is a means of authentication and expresses the willingness of the signatory state to continue the treaty-making process. The signature qualifies the signatory state to proceed to ratification, acceptance or approval. It also creates an obligation to refrain, in good faith, from acts that would defeat the object and the purpose of the treaty.

Acceptance and Approval: The instruments of "acceptance" or "approval" of a treaty have the same legal effect as ratification and consequently express the consent of a state to be bound by a treaty. In the practice of certain states acceptance and approval have been used instead of ratification when, at a national level, constitutional law does not require the treaty to be ratified by the head of state.

Accession: is the act whereby a state accepts the offer or the opportunity to become a party to a treaty already negotiated and signed by other states. It has the same legal effect as ratification. Accession usually occurs after the treaty has entered into force. The Secretary-General of the United Nations, in his function as depositary, has also accepted accessions to some conventions before their entry into force. The conditions under which accession may occur and the procedure involved depend on the provisions of the treaty. A treaty might provide for the accession of all other states or for a limited and defined number of states. In the absence of such a provision, accession can only occur where the negotiating states were agreed or subsequently agree on it in the case of the state in question.

VI. No Need For More Jails Or Prisons

11 Causes of Overcrowding

Excerpted from American Gulag by Jerome C. Miller

“While most people assume jail overcrowding results from rising crime rates, increased violence, or general population growth, that is seldom the case. Here, in order of importance, are the major contributors to jail overcrowding:

1. The number of police officers
2. The number of judges
3. The number of courtrooms
4. The size of the district attorney’s staff
5. Policies of the state’s attorney’s office concerning which crimes deserve the most attention
6. The size of the staff of the entire court system
7. The number of beds available in the local jail
8. The willingness of victims to report crimes
9. Police department policies concerning arrest
10. The arrest rate within the police department
11. The actual amount of crime committed

It is common for a “trickle-up effect” to set in. Although there may be little or no change in the ways serious crimes are handled, those who engage in minor infractions of the law end up receiving harsh penalties as well, thereby “casting the net” of social control ever wider. Such matters should give the nation pause as we move aggressively to build more prisons and camps, but there is little to suggest any respite.”

Miller is best known for closing the state reform schools in Massachusetts and replacing them with community-based programs while serving as commissioner of the state Department of Youth Services. He has since headed criminal justice programs in four other states. His books include: *Over the Wall* (re-released by Ohio State University Press in 1998) and *Search & Destroy: African Americans in the Criminal Justice System*(Cambridge University Press, 1997).

What Causes Overcrowding in Jails and Prisons?

"In 2004 the United States surpassed Russia in incarceration rates to become the world leader. With 5% of the world's population and 25% of the world's prisoners, there are now 2.2 million people inside and upwards of 7 million either on parole, probation or awaiting trial. 1 in every 33 people in the U.S. is now under state control and the number is growing."

"If incarceration worked, wouldn't we see the numbers going down?"

1 through 24:

Profit motive – the profit motive that permeates society affects the punishment sector as well. Even in Massachusetts, where the Pacheco law prohibits much privatization, this is a factor. The state and counties contract for medical services, provision of meals, clothing, canteen, and so forth. In order to please shareholders, corporations must achieve growth. Empty cells do not generate profits.

Mass round ups of immigrants and non-citizens – who in 2003 made up 40% of federal prisoners. The state and counties receive \$75-100 per day per detainee from the federal government.

Dragnets in low income communities – in which dozens of poor people and people of color are arrested. For example, when the new Chicopee women's jail was proposed, sweeps of sex workers in the Springfield area increased. The majority of these arrests are for low level offenses or outstanding warrants and impact the taxpayer far more than the offense. For example, a \$300 robbery resulting in a 5 year sentence, at the MA average of \$43,000 per year and exclusive of law enforcement and court costs prior to sentencing, will cost \$215,000. That doesn't even include law enforcement and court costs.

The "War on Drugs" – Prior to the current prohibition era the U.S. Prison population was a quarter of what it is today. But 30 years ago the "War on Drugs" was launched. Before that the prison population had been level for over 5 decades. Today 70 to 75% of people in prison are drug war prisoners. Drug use, arrest and incarceration rates along with data on sentence length show that people of color disproportionately bear the brunt of the drug war.

Severe cuts in public health funded detox beds and treatment programs – In the last three years over 60% of detox beds have been cut throughout the state. In western MA no detox beds currently exist in Hampshire or Franklin Counties. Lack of facilities forces individuals to travel far from their communities and support systems to receive treatment. In addition, options for mothers with children are even more limited as treatment programs that allow for mothers to bring their children are few and far between.

Transfer of funds from social services and infrastructure into Corrections budgets – Over the last three decades budgets for social services have been slashed, while Department of Corrections and County Sheriffs budgets have continued to swell. When new prisons and jails are built the money to run them must come from somewhere. Increased corporate tax breaks leave discretionary social service funding as a primary source. People are incarcerated for "crimes of poverty". Here we see the direct link between cuts in social services and increasing prison and jail populations.

Criminal Offender Record Information (CORI) Laws – Though the CORI system's original stated intent was to protect the privacy of those with criminal records, today it has the opposite purpose. Businesses, landlords, educational institutions and others have access to a person's criminal record. Nearly 1/3 of all individuals in the State are thus marked for life. With a criminal record it is nearly impossible to obtain legal employment or subsidized housing, without which many are forced into illegal or underground employment--perhaps the same that gave them a record in the first place--just to provide for themselves and their families.

Mandatory Minimum Sentencing – This was supposed to eliminate racial and other bias in sentencing. Studies show that racial disparities remain and may even have worsened as a result. These laws ensure that jails and prisons will be overcrowded, as judges and administrators have no leeway to release inmates to lower the prison census.

Raising classification of offenses – Longer sentences for the same offenses means a larger prison population.

"Policing" of parole and probation – Many people are sent back in for very minor, technical violations of parole or probation. Parole officers frequently impede successful reentry rather than support it.

Denial of Parole – Parole reduces the prison population; each eligible prisoner who is denied parole occupies a cell

Unaffordable bails – Many in prison and jail are low-income, and often unable to afford bail. Time spent awaiting trial can often exceed the sentence if found guilty. Many will plead guilty with a sentence of time served and a criminal record (CORI) in order to be released.

Overburdened court systems – Public defenders are over-worked, underpaid and therefore unable to mount a vigorous and timely defense.

Poverty– Elimination of programs, funding cuts and policy changes in social services. With no access to resources people turn to the underground economy to feed themselves and their families, thereby creating prisoners.

Examples are:

- Elimination of Massachusetts' 200-year-old General Relief Program, for poverty-stricken single men and women
- Severe cuts in Assistance to Families with Dependent Children, AFDC
- Slashing of welfare rolls

Cuts in services to those diagnosed with "mental illness" –Massive de-institutionalization closed down the State's "mental hospitals", but the State budgeted inadequate resources to assist those it had abused for decades. Few resources exist to support people deemed mentally ill find employment and housing. These folks are now experiencing a re-institutionalization—this time in prisons and jails.

Increasing Homelessness – Reductions in public housing and housing vouchers; exclusion of those with criminal records.

Job flight and outsourcing – Without concurrent job replacement,"globalization" means fewer legitimate job opportunities for everyone.

Para-militarization of local law enforcement – Local police operate more and more like occupation armies rather than community peacekeepers.

Criminalization of trivial acts – Adults and youth are now being incarcerated for behaviors and conduct that a generation ago were not deemed appropriate for arrest.

Criminalization of youth by "zero tolerance" policies – Young people in our state are being refused a public education because of "zero tolerance" policies. In the past a student might have been given an after school detention or an in-school suspension. Now students are being suspended out of school for long periods of time or expelled altogether. The most accurate predictor of who goes to jail or prison is the lack of a high school diploma.

MICAS – Due to the cost of obtaining out-of-school assistance to increase the likelihood of passing this test, many low-income students, mainly people of color, do not finish high school. Many students drop out when they fail to pass in 8th or 10th grade because they feel they are unlikely to get a diploma.

Closing of minimum security prisons and building of more and higher security prisons – The worst of these are the new "SuperMax" prisons, where prisoners are held in isolation and sensory deprivation. This is one form of torture under international law.

Cutbacks or elimination of programs and policies proven to reduce recidivism– Out of cell time, family visiting hours, educational, vocational and peer programs, furlough, GED teachers, library and gym access, elimination of good time for all but two of the remaining programs.

Post Incarceration Syndrome (PICS) – "...there is growing evidence that the Post Incarceration Syndrome (PICS) is a contributing factor to high rates of recidivism."The cruelty of guards and staff remains a primary problem. In addition to physical violence, those in prison are subjected to verbal violence and ridicule for anything from participation in programs, to sexual preference and gender identity. Post Incarceration Syndrome, a reality for perhaps as many as 70% of prisoners, is a cluster of symptoms caused by incarceration. Impacts are learned helplessness, Post Traumatic Stress Disorder, development of anti-social personality traits "as a coping response to institutional abuse", as well as severe harms due to use of sensory deprivation.

We must also point out that Massachusetts ranks second in the U.S. in staff to prisoner ratios—1 to 2. Because of the good salaries and benefits available—\$60,000 to 71,000 excluding overtime pay and 52 paid days off per year etc., pressure to increase the numbers of these destructive jobs, and therefore prisoners, will continue.

The examples above demonstrate a negative use of law and policy. SHARC believes that law and policy should be an instrument for the people, promoting social, political and economic justice rather than state repression and violation of civil and human rights.

"Overcrowding isn't necessary, it's deliberate"

Statewide Move Reduction Coalition and Jail/Prison Alternatives Endorsees

American Civil Liberties Union – Massachusetts (Nonprofit Endorse) . American Friends Service Committee – National . American Friends Service Committee – NE Region . American Friends Service Committee – Western MA . Fair Access, Boston City Council . ARISE for Social Justice . SWJY . Bread of Life . Center for Republic Economics . Cloud Turner, Boston City Council . Citizens for Participation in Political Action . Community Change, Inc. – Boston . Community Church of Boston . Connecticut River Valley Green-Roaders Party . Criminal Justice Institute, Harvard School of Law (Nonprofit Endorse) . Critical Resistance . Drug Policy Forum of Massachusetts . Efficacy . Freedom Center . Governors for Change . Holyoke Gate, Inc. . Justice – Boston . Peter Kocof, 1st Massachusetts District Rep. (Nonprofit Endorse) . Lucy Parsons Center . Mass. Coalition for Healthy Communities . Mass. Welfare Rights Union . Out Now . Release House . Prison Book Program – Quincy . Prison Book Project – Western MA . Root 9 Collective . Springfield Catholic Workers . Survivors Inc. . Through Barbed Wire . Tom Hovey Local Socialist Party



50 Ways to Reduce the Number of People in Prison in California

SENTENCING:

1. Mandate parole, rather than prison, for people with sentences of 12 months or less.
2. Discharge people who have been civilly committed ("civil narcotic addicts").
3. Remove state prison as a sentencing option for driving under the influence, hashish possession, receiving stolen property, drug possession, vehicle theft and grand theft.
4. Repeal the Three Strikes Law.
5. Amend the Three Strikes law so that the third strike must also be classified as a "serious or violent felony".
6. Amend the Three Strikes law so that burglary does not constitute a strike.
7. Eliminate the disparity in sentencing between crack and powder cocaine by reducing sentence lengths for crack cocaine to the sentence lengths for powder cocaine.
8. Mandate treatment in non-CDCR facilities, rather than prison, for people convicted of controlled substances offenses.
9. Mandate alternatives to prison for people serving a sentence for possession of a controlled substance, petty theft with a prior or receiving stolen property.
10. Make petty theft with a prior a misdemeanor.
11. Establish community-based restorative and transformative justice programs as an alternative to prison.
12. Mandate probation, rather than prison, for anyone serving a sentence of 12 months or less.
13. Discharge all people determined to be mentally ill from prison to treatment programs.
14. Increase good time credits for those who wish to participate in programming or education.
15. Discharge women who fall under the definition of "battered women."
16. Provide alternatives to prison outside of CDCR custody for women who are pregnant.

PAROLE:

17. Enact and implement policies, such as intermediate sanctions, so that fewer people are sent back to prison for violations for parole.
18. Expand eligibility for intermediate sanctions so that fewer people are sent back to prison for violations for parole.
19. Abolish return-to-custody as a sanction for technical parole violations. This could result in anywhere between 15,000 and 55,000 fewer people being sent to prison every year.
20. Fully implement the remedies contained in *Valdivia v. Schwarzenegger* to "reduce the number of returns to prison for violation of parole by up to 10 percent in 2004" and "by up to 30 percent by 2006."
21. Discharge people from parole before their currently established discharge dates.
22. Legislatively mandate that California reduce its return to prison rate for violations of parole to the national average within the next 3 years.
23. Parole people serving indeterminate sentences who have reached their parole eligibility dates.
24. Directly discharge (eliminate parole supervision for) persons convicted of offenses classified as "non-serious" and "non-violent".
25. Reduce the time served for parole revocations by 140 days.

(continued >)

PAROLE (continued):

26. Expedite parole revocation hearings, so that people are not imprisoned without a hearing.
27. Eliminate the Governor's discretion to veto parole recommendations.
28. Make providing services, rather than supervision, the primary function of parole.
29. Discharge people on parole who have served 12 months of parole without a violation.
30. Discharge to parole people over 60 years of age.
31. Discharge to parole people convicted of offenses classified as "non-serious" and "non-violent" 12 months before their currently established release dates.
32. Directly discharge people over 70 years of age.
33. Discharge people identified as terminally ill, permanently incapacitated, or having less than 1 year to live.
34. Discharge selected people from parole after 3 months of successful parole supervision.

50 Ways

REENTRY:

35. Provide every person with the opportunity to participate in education and/or job training while in prison.
36. Provide every person with the opportunity to participate in drug treatment.
37. Ban the box on employment applications that asks if the applicant has been convicted of a felony or has a criminal record.
38. Release from custody and provide non-CDCR operated transitional housing for people in prison six months prior to their release date.
39. Provide people coming home from prison with six months of housing.
40. Provide people coming home from prison with immediate access to identification documents.
41. Provide people coming home from prison with job training, drug & alcohol treatment, and public assistance.
42. Provide people coming home from prison with community college fee waivers.
43. Provide people coming home from prison with public transit vouchers.
44. Adopt the Bill of Rights for Children of Incarcerated Parents so that parents and their children are better prepared to reunite.
45. Rescind the lifetime ban on receiving assistance from the federal Temporary Assistance to Needy Families (TANF) block grant programs for people convicted of possession, use, or distribution of controlled substances.

CAPACITY:

46. Establish and enforce a limit on the capacity of the state prison system and an official state policy of no new prison construction.
47. Enact a moratorium on new prison construction.
48. Commit to reducing the number of people in prison sufficiently to close two state prisons (one men's prison and one women's prison) within the next five years.
49. Close one men's prison within the next five years.
50. Close one women's prison within the next five years.

These proposals are drawn from the Legislative Analyst's Office, the Little Hoover Commission, the Governor's Corrections Independent Review Panel, the Blue Ribbon Commission on Inmate Population Management, measures taken by states across the country, and other experts. For more detailed analysis see also, "Lower Costs, Greater Safety" produced by the Coalition for Effective Public Safety (2004).



Californians United for a Responsible Budget (CURB) is a broad based coalition of over 40 organizations. Our mission is to CURB prison spending by reducing the number of people in prison and the number of prisons in the state.

VII. Massachusetts Prison Guard and other Data

Excerpt from CJPC

The MA Department of Correction (DOC) by the Number

prepared by: Angela Antoniewicz

August 2004

- Number of minimum-security facilities in operation before June 2002: 10
- Number of minimum-security facilities in operation today: 5
- Number of minimum-security and pre-release beds lost due to facilities closing since June 2002: 632
- Massachusetts' rank in staff-to-inmate ratio in the nation: 2nd (1:2)
- Federal prison staff-to-inmate ratio: 1:4.3
- Increase in staffing expenditures since 1995, adjusting for inflation: 29% (\$200 to \$312 million)
- Average time served in Massachusetts (MA) state prison: 5 years
- Average cost of incarcerating offenders in MA: \$43,000 per person per year
- Cost of housing a maximum-security inmate in MA annually: \$48,000
- Cost to supervise one person on parole per year: \$4,000
- Percent of inmates housed in maximum-security facilities in 1994: 9%
- Percent of inmates housed in minimum-security facilities in 1994: 23%
- Percentage increase of inmates housed in maximum-security facilities in 2004: 211%
- Percentage decrease of inmates housed in minimum-security facilities in 2004: 209%
- Percent of inmates released directly from maximum-security facilities in 1990: 5%
- Percent of inmates released directly from minimum-security facilities in 1990: 57%
- Percentage increase of inmates released directly from maximum-security facilities in 2002: 240%
- Percentage decrease of inmates released directly from minimum-security facilities in 2002: 220%
- Percent of inmates released from maximum-security convicted of a new offense within 3 years: 58%
- Percent of inmates released from pre-release facilities convicted of a new offense within 3 years: 37%
- Percent of inmates released directly from maximum-security prisons in 2002: 12%
- Percent of inmates released directly from North Carolina maximum-security prisons in 2002: 3%
- Percent of inmates released directly from Texan maximum-security prisons in 2002: 5.8%
- Percent of inmates released directly from Oregon maximum-security prisons in 2002: 4.4%
- Percent of all MA inmates restricted by statute from participating in pre-release programs: 84%
- Percent of inmates who are not eligible for pre-release programs because of a drug offense: 16%
- Budget of the DOC for state prisons in 2004: \$428 million
- Increase in the DOC's operating expenditures since 1994, adjusted for inflation: 23%
- Massachusetts' rank in annual operating costs per inmate: 3rd (behind Maine & Rhode Island)
- Percent of the MA DOC's total budget devoted to labor costs: 73%
- Nationwide percent devoted to the same DOC labor costs: 65%
- Massachusetts' rank in correctional officers' (COs') salaries in 2003: 2nd (behind New Jersey)

- Increase in COs' salaries since 1992: 70% to 77%
- Average percent increase in all MA wage earners' salaries since 1992: 42.3%
- Salaries of MA COs (Levels I, II, III) in 1992, excluding benefits and overtime: \$35,386 -- \$40,531
- Salaries of MA COs in 2003, excluding benefits and overtime: \$59,919 – \$71,946
- Average number of paid days off per year per COs: 52
- Average number of paid days off for 15 or more years of service nationally: 25.9
- Average number of paid sick leave days for COs: 17.5 days (5 unsubstantiated)
- Average sick leave for Federal Bureau of Prison COs: 5.25 days
- Average sick leave for California – the state with the largest prison system: 12.75 days
- Percent of inmates without a high school diploma or GED at the start of their sentence in 2002: 47%
- Percent who had not made it past the 8th grade in 2002: 14%
- Number of full-time teachers laid off due to cut-backs in prison education in 2001: 36
- Number of inmates needing a GED in 2002: 4,000
- Number of inmates enrolled in a GED program in 2002: 321
- Percent of inmates participating in any educational program in 2002: 17% (1,600)
- Decrease in female inmates participating in family services since 2000: 60%
- Percent decrease in recidivism rates of inmates participating in education programs: 25% - 50%
- Percent of DOC budget for inmate programs: 3% (\$14.2 million)
- Decrease in inmate education & training budget since 2001: 43% (\$5.33 to \$3.72 million)
- Massachusetts inmate population testing positive for HIV: 2.75% - 3.5%
- Massachusetts residents infected with HIV/AIDS: .23%
- Massachusetts' rank in rate of reported HIV infection among inmates: 7th highest
- MA inmates testing positive for Hepatitis C: 30%
- MA residents infected with Hepatitis C: 1.55

Criminal Justice Policy Coalition
 563 Massachusetts Avenue, Boston, MA 02118
 Tel: 617-236-1188 Fax: 617-236-4399
 Electronic Address: info@cjpc.org

HOUSE No. 1723

The Commonwealth of Massachusetts

PETITION OF:

Carl M. Sciotino, Jr.
Dennis P. Perrot
William N. Rosenberger

Peter V. Kosci

In the Year Two Thousand and Seven.

An Act Relative To Incarceration and Its Impact on Public Safety

SECTION 1. For five years, commencing immediately upon passage of this act, there shall be no appropriation or expenditure of monies for the planning, site search, promotion, design, acquisition, lease, or construction of new county jails, houses of corrections, or prisons, or for the expansion of existing county jails, houses of corrections, or prisons. .

SECTION 2.

(a) There shall be established a special commission relative to the system of incarceration in the Commonwealth. The study of this special commission includes, but is not limited to:

- 1) Review of current practices and policies, including disparate treatment of persons of low income and racial minorities as it relates to rates of arrest, setting of bail, sentencing, parole, access to treatment and reentry services, recidivism, and allegations of human rights violations, inhumane treatment, and suicides
- 2) Review of current practices and policies, including treatment of persons of low income and racial minorities, as they relate to rates of arrest, setting of bail, sentencing, parole, access to treatment and reentry services, recidivism, and allegations of human rights violations, inhumane treatment, and suicides
- 3) Review of treatment of persons of low income and racial minorities
- 4) Investigate causes and impact of overcrowding
- 5) Evaluation of the cost-effectiveness of both corrections-based and community-based substance abuse treatment and mental health services on levels of incarceration and recidivism
- 6) Review the impact of funding and budget cuts in affordable housing and anti-poverty programs on crime and incarceration rates
- 7) Review criminal drug sentencing policies and rates of incarceration, and possible sentencing and/or treatment alternatives
- 8) Prevalence of incarcerated individuals with mental illness and substance abuse conditions, and evaluation of possible alternatives to sentencing
- 9) Identify alternatives to current sentencing practices, particularly for non violent offenders
- 10) Conduct an economic analysis of the cost of incarceration
- (11) Conduct an economic analysis of the 'public safety' effectiveness of incarceration
- (12) Review of the expedience of case processing in the criminal justice system, its impact on the length of pre-trial detention
- (13) Review of re-entry programs, and effectiveness in reducing recidivism

(b) The commission shall be composed of twenty-two members, as follows:

One representative selected by each of the following:

- City School, Prison Empowerment Project
- Criminal Justice Policy Coalition

- Department of Corrections, appointment shall be a former superintendent with a record of seeking a reduced inmate population and alternatives to incarceration
- Department of Mental Health, appointment shall be a mental health professional with experience in Post Incarceration Syndrome and community mental health
- Department of Public Health
- Freedom Center
- Harvard School of Law
- Healthcare for Human Beings
- Human Rights Watch
- INCITE! Women of Color Against Violence
- Jericho Boston, with a second appointment to be an incarcerated/formerly incarcerated person or family member of incarcerated persons
- Law Enforcement Against Prohibition
- Massachusetts Correctional Legal Services
- National Center on Institutions and Alternatives
- National Association on Mental Illness
- Out Now
- Statewide Harm Reduction Coalition, with a second appointment to be an incarcerated/formerly incarcerated person or family member of incarcerated persons
- Through Barbed Wire
- University of Massachusetts, expert in the field of economics
- University of Massachusetts, expert in the field of psychiatry

Nominating organizations shall be encouraged to select commission members of diverse racial, gender, ethnic, religious, age, ability, sexual orientation and socio-economic backgrounds from throughout the commonwealth.

The commission shall elect from among its members a chair. The chair of the commission may designate members of the commission as chairs of subcommittees with approval from the commission.

(c) Members shall not be compensated for their service but may be reimbursed for necessary expenses incurred in the performance of their duties. The Executive Office of Health and Human Services shall provide staff and other resources to the commission to enable it to carry out its work and may request a supplemental appropriation to reimburse the department for the costs associated with the work of the commission.

(d) The special commission shall have two years upon passage of this act to conduct necessary study and investigation. The commission shall hold a minimum of five public hearings in various locations throughout the state.

(e) The special commission shall submit draft findings and recommendations for a sixty-day public comment period and public hearing, after which a final report shall be issued to the Governor, the Speaker of the House of Representatives, the Senate President, the Joint Committee on Public Safety and Homeland Security, the Joint Committee on Mental Health and Substance Abuse, and the Chief Justice of the Supreme Judicial Court. The special commission shall have the authority to recommend and file legislation with the Clerk of the House of Representatives and the Clerk of the Senate.

(f) The special commission shall dissolve upon completion of its duties and obligations, as indicated by submission of its final findings and recommendations.