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PERSONAL ACCOUNTS

20

DR. GILLIGAN: On behalf of the

21

Commission on Safety and Abuse in America's Prisons,

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I'm honored to welcome our first four witnesses who

23

will testify as to personal accounts of experiences in

24

American prisons and jails; Pearl Beale, Gary Harkins,

25

Bonnie Kerness and Daud Tulam.

1                   Ms. Beale is the mother of Givon  
2                   Pendleton, who was stabbed by another inmate and bled  
3                   to death while detained in the Washington, D.C. jail.  
4                   Miss Beale will describe the overcrowded conditions  
5                   that led to this tragedy and its impact on her and her  
6                   family.

7                   Mr. Harkins is a corrections officer  
8                   with over 20 years of service in the state of Oregon.  
9                   Mr. Harkins will describe how direct supervision and  
10                  regular contact between officers and prisoners made it  
11                  possible for him to work in the isolation wing of the  
12                  state's maximum security death row prison with only a  
13                  whistle for protection.

14                  Bonnie Kerness, the Associate Director  
15                  of the American Friends Service Committee's Prison  
16                  Watch will read letters from New Jersey prisoners who  
17                  are currently living in isolation and she will  
18                  describe what she's learned about the use of prolonged  
19                  isolation and its impact on prisoners from her many  
20                  years of advocacy on their behalf.

21                  I might mention it's relevant I think  
22                  to note that the committees on torture of both the  
23                  Council of Europe and the United Nations consider the  
24                  kind of prolonged isolation that we use in this  
25                  country as a form of torture.

1                   Finally, Mr. Tulam, who was recently  
2 released from incarceration will describe how he spent  
3 18 of his 25 years in New Jersey prison facilities in  
4 isolation and its effects on him and others.

5                   Through their personal accounts this  
6 panel will help to illustrate the issues of  
7 overcrowding in prisons and jails and the use of  
8 isolation in those facilities and how these issues  
9 affect prisoners, staff and their families alike.

10                  Before we begin, I sincerely want to  
11 thank each of you for your willingness to come before  
12 this commission to discuss your own personal  
13 experiences. Thank you.

14                  MRS. BEALE: Good morning,  
15 commissioners. My name is Pearl Beale. I live in  
16 Forestville, Maryland, just across the District of  
17 Columbia line. For nine years I have worked as a  
18 elementary teacher for the Prince George's County  
19 Public School System. Prior to that I worked as a  
20 mental health counselor for the Department of Health  
21 for the federal government.

22                  I would like to thank you for the  
23 opportunity of hearing my story today and for inviting  
24 me here.

25                  On December 11, 2002 my 24-year old

1 son, Givon Pendleton, was fatally stabbed nine times  
2 by another inmate at the DC jail. As he lay there  
3 dying in the jail, no correctional officers were aware  
4 of what was happening, no correctional officers saw  
5 what was happening.

6 My son was being held on a pretrial  
7 status for nonviolent charges. But his attacker,  
8 another inmate, was awaiting trial on two first-degree  
9 murder charges. Not long before attacking my son, he  
10 and his gang had brutally beaten another inmate, yet  
11 he was allowed to move freely among the jail.

12 That horrible day I will never forget.  
13 Yet, when I remember my son I have fond memories. I  
14 remember he would always consider me, he would always  
15 call to check to make sure I was okay if he wasn't  
16 coming home overnight. He was very family-oriented.  
17 He enjoyed playing sports, basketball, football, with  
18 his cousins. He had a humble and quiet spirit. He  
19 was attending DeVry Institute of Computer Engineer.  
20 He was making good grades. He dreamed of becoming a  
21 computer engineer and he had the brains to do it.

22 My son was not perfect. As a mother I  
23 taught him the difference between right and wrong, but  
24 he chose to make some negative choices and, for that,  
25 he was in the penal institute. He was basically a

1 good child.

2 On that December day, when my son's  
3 life was rudely ended, he was waiting for his chance  
4 to present his case in court, but he never got that  
5 chance. Instead of being given an opportunity to a  
6 trial, as we all are guaranteed by our constitution,  
7 he was handed a death sentence that was carried out  
8 prior to any trial or conviction. In fact, the day I  
9 buried him was the day he was scheduled for court.

10 Today, my tears still flow and my  
11 questions still go unanswered. Who could do something  
12 so -- how could something so devastating happen in a  
13 supposedly secure and monitored environment? Where  
14 were the correctional officers as my son lay bleeding  
15 to death? Where were they when he was struggling for  
16 his life? How did the knife get into the jail and why  
17 has the knife never been found? Why weren't there any  
18 cameras in the area where my son was killed?

19 Givon was in the custody of the  
20 Department of Corrections and they were supposed to  
21 protect him, but they did not.

22 Since Givon's death I have attended  
23 several DC County oversight hearings. The hearings  
24 have basically been on the overcrowding, understaffing  
25 and the inadequate conditions at the DC jail.

1                   I have learned that the DC jail was  
2                   subject to a court order that imposed a cap on the  
3                   population up until June of 2002, when the court  
4                   lifted the order and returned the control of the jail  
5                   to the district. The district then increased the  
6                   population by almost 50 percent, but didn't increase  
7                   the staff. They didn't increase the staff used to  
8                   supervise inmates in their cell blocks. My son died  
9                   six months later.

10                   The council introduced emergency  
11                   legislation in an effort to make DC Department of  
12                   Correction make changes, but those changes have yet to  
13                   be enforced by the city officials. Unfortunately, the  
14                   conditions that existed before my son's death still  
15                   remain unchanged. The jail consistently is operating  
16                   with hundreds of inmates above the maximum security  
17                   capacity.

18                   I'm sure these factors led to the  
19                   opportunity for Judith Miller, a reporter, that she  
20                   should not be housed in the DC jail but should instead  
21                   be given the opportunity to be housed at a more safer,  
22                   alternate location. While she had the visibility and  
23                   political clout to negotiate a stay in a better run  
24                   facility in Alexandria, Virginia, my son and countless  
25                   others were not as fortunate.

1                   The sad but true fact is that two days  
2                   after my son's death, another inmate was stabbed. The  
3                   day after that, still another inmate was fatally  
4                   stabbed.

5                   In December 2003 four inmates were shot  
6                   with a hand gun that was smuggled into the supposedly  
7                   weapon-free facility. No correction officer saw it  
8                   happen. Authorities didn't witness the shooting and  
9                   could not explain how the hand gun got into the jail.

10                  These are just a few examples of the  
11                  violence that results from the overcrowding,  
12                  understaffing and generally inadequate conditions that  
13                  exist in the jails like DC.

14                  When these incidents occurred, no  
15                  correctional officer saw or heard anything. In each  
16                  case relief officers weren't sent to replace officers  
17                  who had to eat lunch or take a break.

18                  To this day, pretrial inmates are still  
19                  being housed with violent offenders. The supervision  
20                  and protection of men and women awaiting trial in the  
21                  jail is frightful.

22                  I'm still waiting for answers or  
23                  accountability for my son's death. When one loses a  
24                  spouse, they're called widowers. When a child loses  
25                  his parents, they're called orphans. What do you call

1 a mother who loses a son or a child? I don't have a  
2 word to explain the pain.

3 I have been asked, what do you want out  
4 of this? I reply none of this would bring my son  
5 back. It won't dry my tears and it won't fill the  
6 emptiness that I have in my heart to hear his voice or  
7 to see his smile, but maybe, just maybe it may help  
8 another mother who won't feel the pain of losing a  
9 child.

10 I thank you all for caring enough to  
11 look into the conditions of the jails. I hope  
12 something concrete will come out of your work. I  
13 think it is important for us as a society to not  
14 forget those who are incarcerated. They might be out  
15 of site, but they're not out of our concern and not  
16 out of our minds, and that we must fight for basic  
17 rights and humane treatment for protection for those  
18 incarcerated from injury and death.

19 Once again, I thank you.

20 DR. GILLIGAN: Ms. Beale, let me begin  
21 by mentioning that there are no words that can serve  
22 as an adequate response to what you've just described.  
23 I want you to know that you do have our deepest  
24 condolences for what happened to your son and that we  
25 join you in your hope that this Commission can

1 accomplish concrete change. And it's because of  
2 people like you who are willing to share your most  
3 painful experiences that we have the chance to do just  
4 that.

5                   You mentioned the New York Times  
6 reporter Judith Miller and we know the fact that she  
7 was able to avoid going to the DC jail. If Judith  
8 Miller had, in fact, gone to the DC jail, do you think  
9 it would have raised awareness regarding the  
10 conditions there and, if so, why, what's the  
11 difference?

12                   MRS. BEALE: Of course it would have.  
13 I don't know Ms. Miller personally and I have mixed  
14 feelings about that, but I wouldn't want anyone to  
15 have to go to the DC jail. But I think if she had  
16 gone, that it would bring the awareness up, she would  
17 be able to report exactly what the conditions are  
18 there.

19                   DR. GILLIGAN: Could we go on to  
20 Mr. Harkins' testimony.

21                   MR. HARKINS: My name is Gary Harkins  
22 and I'm in my 25th year at the maximum security Oregon  
23 State Penitentiary located in Salem, Oregon and during  
24 my career I have worked every uniformed position at  
25 the penitentiary.

1                   So what's happening in our prisons?  
2           Over 33,000 correctional staff are assaulted each  
3           year, an average of 90 staff assaulted each day. In  
4           the past five years, 47 correctional staff did not go  
5           home to their loved ones.

6                   However, until privately operated  
7           prisons, which hold over 173,000 state and federal  
8           inmates as of 2004, June of 2004, are required by  
9           state or federal statutes to report their staff and  
10          inmate assault rates, we will not know the whole  
11          story.

12                   Based on one study, the rate of  
13          assaults on private prison staff are 49 percent  
14          higher, and inmate-on-inmate assaults in private  
15          prisons are 66 percent higher than public facilities.  
16          Unless HR 1806, the Private Prison Information Act is  
17          enacted by Congress, I believe we will never know the  
18          full story on safety and abuse in America's prisons.

19                   The Oregon State Penitentiary was built  
20          in 1866 on 26 acres. OSP houses four classifications  
21          of inmates, from minimum to maximum custody. While  
22          OSP was originally designated for 1,380 inmates, it  
23          now houses approximately 2,050, down from a high of  
24          over 2,200 a few years ago.

25                   When I started with the department we

1       only carried a whistle for protection. Today, all  
2       uniformed staff are issued one pair of handcuffs, a  
3       radio and a whistle. Until 10 years ago,  
4       non-uniformed staff were not allowed to carry radios,  
5       but it changed after a food service person was  
6       assaulted in an isolated area.

7                        Just recently, six uniformed staff on a  
8       shift were allowed by management to carry 1.5 ounces  
9       of Capstan and an extra pair of handcuffs.

10                      The penitentiary and most of the  
11       department's other institutions operates on a direct  
12       supervision model where staff readily mixes with the  
13       inmates. At the penitentiary, 330 uniformed staff  
14       supervise 2,000 inmates, making our overall staff to  
15       inmate ratio 1 to 27. Compare those ratios to the  
16       department's management to line staff ratio of 1 to 7  
17       during the weekdays. The line staff must be harder to  
18       manage than the inmates.

19                      As of today, the penitentiary is over  
20       60 uniformed staff short. The filling of these  
21       vacancies would greatly increase the safety of staff  
22       and inmates in these areas. One result of this staff  
23       shortage is the penitentiary's overtime budget is over  
24       \$1 million a year. Another result of this staff  
25       shortage is the inability to have our 15-minute rest

1 breaks. As a result of this inability, some staff  
2 sneak out for them when they can, but it has had  
3 serious, unfortunate consequences, including a  
4 stabbing.

5 As a result of our direct supervision  
6 philosophy and architectural design, we do not have  
7 gun walks or observation platforms to watch inmates or  
8 other staff in the units. The only exception is the  
9 yard towers to back up the yard staff. The cell  
10 arrangements are such that the C/O must walk the tier  
11 on a regular basis in order to make wellness and  
12 sanitation checks.

13 At OSP it's not uncommon to have seven  
14 staff mingling among 1,500 inmates on the recreation  
15 yard. There is one isolated dorm housing 88 inmates,  
16 with only one uniformed staff working the floor.  
17 About 20 years ago we did have a uniformed staff  
18 member stabbed in the dorm.

19 During meals, five staff supervise a  
20 dining room that holds approximately 350 inmates at a  
21 time, 50 inmate food workers.

22 We strongly encourage staff to talk to  
23 inmates and vice versa. This close interpersonal  
24 contact humanizes the individuals, lowers tensions and  
25 makes for a safer institution for both inmates and

1 staff. We often learn information inside our  
2 institution that helps solve ongoing criminal  
3 investigations in the community. As a result of this  
4 interpersonal contact, the vast majority of problems  
5 and situations are handled at the lowest possible  
6 level.

7                   When I started with the department in  
8 1980 our training consisted of two weeks of new  
9 employee orientation before we ever set foot in the  
10 institution. After these two weeks, we were sent in  
11 to work, often with the inmates showing us what to do.  
12 In 1990 the state law changed, making it mandatory for  
13 C/Os to attend the same academy that the city and  
14 county staff had been attending for years.

15                   Today the academy training lasts five  
16 weeks. This academy training is supplemented by one  
17 week of institution specific training. While this  
18 training is adequate, it could be better. A few years  
19 ago, at the urging of Corrections USA, the U.S.  
20 Department of Labor issued their recommendation of 520  
21 hours of academy training for a C/O prior to working  
22 in an institution.

23                   Unfortunately, in Oregon, there's not  
24 any consistent follow-up to the academy training in  
25 subsequent years. The State of Oregon does not

1       require staff to maintain any minimum physical fitness  
2       standards or remain proficient in firearms. In the  
3       Oregon DOC, the line staff are not given proper  
4       training to work effectively with the mentally ill  
5       inmates, violating the department's own policy  
6       requirements.

7                       The non-uniformed staff who supervise  
8       inmates only receive two weeks of general new employee  
9       orientation. Even though they sustain 10 percent of  
10      the injuries caused by inmates, they do not receive  
11      any training in self-defense, working with the  
12      mentally ill, verbal judo, health and fitness, and  
13      other important training. The non-uniformed staff are  
14      only allowed to carry a radio and a whistle.

15                      When I first started at the Oregon  
16      State Pen, inmates had a wide range of educational and  
17      vocational programs. Inmates had the ability to earn  
18      a GED and continue all the way up to obtaining a  
19      doctorate. Over the years we've involved to where we  
20      do not have any teachers on staff or even offer a GED  
21      program for the inmates at the pen.

22                      Currently, in the entire 13 facility  
23      Oregon Department of Corrections system, we offer only  
24      five work-based education programs at five of the 13  
25      institutions. At the penitentiary alone, along with

1 the educational programs, we used to offer nine  
2 vocational programs and three industrial programs and,  
3 also, inmates were given the opportunity to learn  
4 vocational skills in electrical, plumbing and general  
5 maintenance. Today at the pen, out of 24 programs,  
6 only three remain.

7 For the past decade in Oregon, we have  
8 seen the closing or downsizing of mental health  
9 institutions and facilities. Currently, there are  
10 discussions about closing down the Oregon State  
11 Hospital due to its dilapidated condition. For the  
12 general population, the penitentiary has four mental  
13 health counselors, one psychologist, one coordinator  
14 of behavioral services and one behavioral specialist.

15 In the psychiatric unit there are two  
16 mental health specialists, one mental health director  
17 and one psychiatrist. They are supplemented by six  
18 other part-time employees, however, all these staff  
19 work Monday through Friday, 8:00 to 4:00, there's no  
20 mental health treatment in the six minimum custody  
21 institutions often.

22 At least 40 percent of the inmates in  
23 general population are on some sort of a psychotropic  
24 medication. The psychiatric unit has 54 cells with  
25 five uniformed staff on day shift, along with the four

1 treatment staff. On nights and weekends it is staffed  
2 along with three uniformed staff. The unit's primary  
3 purpose is to stabilize the mentally ill inmate so  
4 they can be treated back to general population. We  
5 have converted one and a half of a tier in a cell  
6 block to house 40 mental health inmates attempting to  
7 transition from the psychiatric unit into the general  
8 population. At least one mental health counselor is  
9 supposed to visit this tier on a daily basis.

10 A few years ago the administrative rule  
11 on inmate discipline was changed to where mental  
12 health workers could declare an inmate mentally  
13 incompetent at the time of an assault on staff and,  
14 therefore, not responsible for his actions. Staff  
15 were beginning to question if there's something in our  
16 system that makes inmates become insane after they're  
17 committed to our care.

18 At OSP we have a 120 bed disciplinary  
19 segregation unit to handle those inmates who have  
20 committed a serious violation of the rules. The  
21 segregation unit held death row inmates until it was  
22 transferred to the intensive management unit three  
23 years ago.

24 Today it's not unusual to have up to  
25 one half of the segregation beds occupied by mentally

1 ill inmates. Due to overcrowding, in segregation we  
2 double bunk 30 cells, so we really have to make sure  
3 that the two cellmates are compatible with each other.  
4 Sometimes even after assurances from the inmates  
5 themselves, we end up with fights between cellmates.  
6 In the past we would place a potential suicide threat  
7 in with a cellmate to help alert us to an attempted  
8 suicide. This practice ended when an inmate  
9 successfully committed suicide and the cellmate did  
10 not intervene.

11 In segregation we have five isolation  
12 cells or black boxes that can be used for further  
13 segregating those who act out within segregation.  
14 These inmates are monitored by close circuit TV and  
15 regular rounds every 15 minutes.

16 When I started with the department a  
17 lot often the inmates would throw urine and feces on  
18 staff or flood the tiers with about a foot of water on  
19 the floor. There would be all sorts of debris from  
20 the inmates' cell, including the urine and feces in  
21 the water on the tier. Back then we would find the  
22 biggest staff members on duty, we'd take off our  
23 watches, remove our pens, glasses and ID tag, put on  
24 slick rubber boots, wrap a towel around our neck for  
25 protection and go in and wrestle the inmate and place

1 him in restraints. Imagine how crowded it got in a  
2 six by 10 foot cell with two inmates, six staff, a  
3 double bunk, table, sink and toilet and everyone  
4 covered in urine and feces. Injuries to staff and  
5 inmates were not uncommon in a cell extraction.

6                   Unfortunately, today only eight of the  
7 90 cells currently have Lexan sheeting on the front of  
8 the cells to prevent the throwing of bodily fluids.  
9 Nowadays we have all sorts of protective equipment and  
10 tools to use in cell extraction, reducing injuries to  
11 both staff and inmates to where they're only a slight  
12 fraction of what they were before.

13                   The intensive management unit was built  
14 in the early 1990s and was designed for maximum  
15 custody inmates. This unit now houses 27 death row  
16 inmates. These cells have the fronts covered in one  
17 quarter inch holes to deter the throwing of bodily  
18 fluids. One negative aspect about the building is  
19 that it is very noisy. Experienced staff often wear  
20 ear plugs in the unit.

21                   There is very little staff interaction  
22 with the inmates in this unit. This new pod-type of  
23 design makes for a more indirect approach and allows  
24 for fewer staff to work the area. The staff are only  
25 on the tier when they have to feed, issue supplies or

1 take an inmate to an appointment. This lack of  
2 interaction creates or maintains an us versus them  
3 mentality on both sides.

4 All in all, I believe the Oregon system  
5 where we use direct supervision is a good one. It  
6 allows us to run safe and secure institutions by using  
7 interpersonal interactions between staff and inmates.  
8 I believe this helps in the rehabilitation of the  
9 inmate and better prepares them to reenter society.  
10 Unfortunately, new prison designs are not being built  
11 on this model. With the drastic cutbacks in  
12 educational and vocational programs, rehabilitation  
13 opportunities are harder to obtain.

14 With the huge influx of the mentally  
15 ill into our institutions and staff are not being  
16 trained, the stated purpose of our institutions is  
17 being challenged. Are we a correctional institution  
18 or are we a mental health treatment facility? I'm not  
19 sure those two areas are truly compatible with each  
20 other.

21 I want to thank you for holding the  
22 hearings and for your time and allowing me to  
23 participate.

24 DR. GILLIGAN: Thank you very much.  
25 Could we now hear from Ms. Bonnie

1 Kerness.

2 MS. KERNESS: Thank you. One small  
3 correction, I'll be sharing testimonies from prisoners  
4 throughout the country.

5 Since 1975 I have been a human rights  
6 advocate on behalf of prisoners throughout the United  
7 States. I coordinate the Prison Watch Project for the  
8 American Friends Service Committee, which is a  
9 Quaker-based organization. AFSC's Prison Watch is an  
10 advocacy project which monitors prisoners and their  
11 conditions of confinement. We receive testimonies  
12 through the mail and collect telephone calls from  
13 people in federal and state prisons and county jails.  
14 We also hear from family members, lawyers, advocates  
15 and correctional staff, with whom we often consult or  
16 provide technical assistance.

17 An important backdrop of our work are  
18 the United Nations convention and other international  
19 and regional treaties that the United States has  
20 signed, including the Convention Against Torture.

21 In 1984 we received a letter from a  
22 prisoner who was being held in the management control  
23 unit at Trenton State Prison. He said he had been  
24 placed in isolation and had no idea why. He asked us  
25 to monitor him, which we did through 2000, when, after

1 16 years, he was released from that unit. For many of  
2 those 16 years I visited him and noticed a distinct  
3 increase in irritability and repetitiveness. He  
4 reported feeling emotionally deadened. He would  
5 report on the changing emotional state of other  
6 prisoners there, noting which ones began to break down  
7 emotionally and physically. There were at least two  
8 men who refused ever to come out of their cells,  
9 another began to masturbate when officers or other  
10 line staff came on to the tier.

11 Since that time, AFSC's particular  
12 focus has been to monitor the escalating use of  
13 extended isolation in US prisons in the form of  
14 control units, supermax prisons, security threat group  
15 management units and administrative segregation units.  
16 We receive about 1,800 calls and letters each year.

17 One result of our monitoring is our  
18 awareness that the majority of reports on the use of  
19 devices of restraint are coming to us from men, women  
20 and children living in isolation cells. These last  
21 years have been full of thousands of calls and  
22 complaints of an increasingly disturbing nature. The  
23 proportion of those complaints coming in from women  
24 living in isolation has risen dramatically.

25 In January I was invited to speak

1 before the UN Committee On Women and I would like to  
2 share with you some of the testimonies that I carried  
3 there. One voice was that of Judith V., a 45 year old  
4 mother of three, New Jersey, serving a life sentence.  
5 Judith wrote of her depression and desperation,  
6 reporting that she had stopped bathing and stopped  
7 combing her hair.

8 She said, I was locked in isolation,  
9 sitting there day after day, week after week, month  
10 after month, year after year, not once was I ever  
11 taken out of my isolated cell. I was in a separate  
12 building and was not allowed to have recreation,  
13 library, television or church. I was prevented from  
14 making telephone calls or having visits. I was  
15 allowed a short shower, after which I was locked back  
16 in my cage. The cell had a window that was 4 inches  
17 wide and 3 feet long. The window was wide enough to  
18 fit one eye. I needed fresh air so badly that I  
19 started to rub my nails against the rubber seal around  
20 the window. It was a thick and hard rubber which I  
21 rubbed for eight months to get a tiny opening. I felt  
22 worse than a caged animal. I spent three years there  
23 and have phobias where I still need to be enclosed in  
24 my cell.

25 Judith's story doesn't end there. She

1 was abused sexually by two members of correctional  
2 staff and when she came forward to report the abuse,  
3 she wrote that they put her back in isolation.

4 A woman from Texas writes, the guard  
5 sprayed me with pepper spray because I wouldn't take  
6 my clothes off in front of five male guards. They  
7 carried me to my isolation cell, laid me down on my  
8 steel bed and took my clothes off. They left me with  
9 the pepper spray on my face and nothing to wash my  
10 face with. I didn't give them any reason to do that,  
11 I just didn't want to take my clothes off.

12 Another woman from Arizona wrote,  
13 saying that the only thing you get in isolation here  
14 is a peanut butter sandwich in the morning, a cheese  
15 sandwich in the afternoon and for supper another  
16 peanut butter sandwich. She reported drinking toilet  
17 water when she got thirsty.

18 Keisha, a New Jersey prisoner in the  
19 county isolation unit, who was in her late 50s, tells  
20 us a number of women are suffering from mental  
21 illness, including herself. She talks about her  
22 depression, her suicidal feelings, saying, we are  
23 forced to sleep on the floor in the middle of winter  
24 with bad backs and aching bodies, cold air still  
25 blowing in from the vents no matter what the

1 temperature is outside. At 2:00 in the morning they  
2 wake you and tell you to clear the cell. They go  
3 through your personal belongings and put them in the  
4 trash.

5 We recently received a letter from a  
6 man being held at the same county jail as Keisha, who  
7 talked about being forced to wear what he called a  
8 chicken suit in isolation. He said that the suit was  
9 made of transparent material. The man was a minister  
10 imprisoned for lack of child support and was mortified  
11 at the exposure of his body.

12 A man writes telling us of the suicide  
13 of another man at Ohio State Penitentiary. He says  
14 that no one told this man why he was in segregation,  
15 he had no violence on his record, he was transferred  
16 with no conduct report, no notice, no conference and  
17 did not know why he was there. In a letter to his  
18 family he spoke of having no hope.

19 Another wrote from the federal facility  
20 in Florence, Colorado talking about his  
21 disorientation. He described sleep deprivation  
22 because of the lights never being turned off, the  
23 constant banging of electronic doors, the echo of his  
24 own voice in the steel and concrete cell and thoughts  
25 that he was already in his grave. There are counts

1 every hour with people knocking on the door and  
2 putting a flashlight in my eyes all night. I'm unable  
3 to read and find myself drifting, not able to absorb a  
4 thing.

5 In a visit I had with one prisoner he  
6 said if I locked you in a small bathroom for 22 hours  
7 a day, you're not going to get into much trouble, but  
8 when they let you out, you are going to get into  
9 trouble like you would never have seen before. He  
10 said, I have never met anyone who has been exposed to  
11 isolation whose attitude didn't harden. We were  
12 sitting in a small, sealed cinderblock booth in the  
13 visitor's room, speaking through a telephone. The man  
14 could see me through the glass but hardly anything  
15 else. He said the control and humiliation presses  
16 into my face all the time.

17 This 56 year old man noted that one of  
18 the most difficult things is the noncontact visits  
19 themselves. I haven't touched my three daughters  
20 since 1989.

21 Another described a new supermax unit.  
22 I got a concrete bunk, felt steel mattress, a steel  
23 toilet and a telephone booth sized shower in the cell.  
24 Water comes out in 90 second sprays, making me feel  
25 like a house plant. The outer door is solid steel,

1 with a peep show panel of plexiglass. Meals are in  
2 the cell, all movement is in restraints. Outside rec  
3 is an area at the base of the cell block, high  
4 concrete walls, look straight up and it's crisscrossed  
5 with eye beams, covered with steel mesh; look through  
6 this and you can see a patch of blue.

7                   The prisoners describe an environment  
8 so devoid of stimulation that it is toxic to mental  
9 functioning. I've spoken with people who begin to cut  
10 themselves, just so that they can feel something.

11                   I once asked a man why he threw feces,  
12 what could possibly compel him to do that? He said it  
13 was the only power that he had left.

14                   People tell me that they experience a  
15 progressive inability to tolerate ordinary  
16 stimulation. Many describe having panic attacks and  
17 problems with impulse control.

18                   Some of the most poignant letters I  
19 receive are on behalf of the mentally ill being held  
20 in isolation, like the man in California who spread  
21 feces over his body; staff response to this was to put  
22 him in a bath so hot it boiled 30 percent of the skin  
23 off him.

24                   Mentally ill prisoners are  
25 disproportionately combined in sensory deprivation

1 settings. The isolated mentally ill suffer cruelly  
2 with many decompensating. I have my Master's degree  
3 in social work and for 30 years have treated hundreds  
4 of ex-prisoners with the symptoms of posttraumatic  
5 stress. Once released, the prognosis for those who  
6 have lived in long term isolation is difficult.

7 I have had the good fortune over the  
8 years to form some remarkable relationships with front  
9 line officers, teachers, mental health workers,  
10 administrators and other members of departments of  
11 corrections. I've had the privilege of being able to  
12 voice my concerns.

13 In one very recent dialogue a New  
14 Jersey correctional officer talked to me at length  
15 about his experiences working in an isolation unit.  
16 He said that he felt personally safer when the  
17 movement of prisoners was controlled, saying there is  
18 very little you can give to isolation prisoners except  
19 to check on them regularly, to let them hear a voice  
20 and to know that I'm there and that I know they're  
21 there.

22 He talked about the stress of working  
23 in a control unit environment. He talked about  
24 friends going on stress leave, willfully taking  
25 smaller pensions. He said that the attitude of many

1 prisoners was that you can't do anything to me, you  
2 can't do anything else to me, and that people in  
3 isolation units with that attitude were often agitated  
4 and enraged.

5                   When I see a human being who is reduced  
6 to throwing feces and urine, it wears me down, he  
7 said. I believe that there is a place for isolation,  
8 but I am breathing the same canned air, sitting under  
9 the same fluorescent lights, listening to the same  
10 noises. I don't believe this is good for officers or  
11 good for the prisoners. It's too much for both. You  
12 can't leave someone in a cage month after month for  
13 the duration of their sentence.

14                   This particular 20 year officer served  
15 in Vietnam. He went on to talk about seeing symptoms  
16 of madness in people who were POWs there, saying --  
17 going on to say that there's no difference in what was  
18 done there and what we are doing in long term  
19 isolation here.

20                   Over the years the testimonies which  
21 come in my mail daily have rocked my soul, they haunt  
22 me. I have come to believe that Departments of  
23 Corrections are more than a set of institutions, they  
24 are also a state of mind.

25                   In May of 2000 the United Nations

1 Committee On Torture cited excessively harsh regime of  
2 supermax prisons as violations of that treaty, adding  
3 that such violations are widespread in the United  
4 States. The UN Human Rights Commission specified that  
5 prolonged solitary confinement is prohibited as a form  
6 of torture.

7 The testimonies I've heard for 30 years  
8 have implications for all of us. In a system where  
9 95 percent of the prisoners return to our communities,  
10 the impact of these practice is felt beyond prisons.  
11 To take away someone's Civil Rights is something we  
12 can and should debate regularly as a society. To take  
13 away someone's human rights isn't negotiable.

14 You, as commissioners, are breaking  
15 down the wall of silence that has been built around  
16 prisoners. The AFSC is grateful for your willingness  
17 to listen.

18 DR. GILLIGAN: Thank you very, very  
19 much.

20 We will now hear from Daud Tulam.

21 MR. TULAM: Good morning and thank you  
22 for inviting me to share my experiences.

23 I was born in October 1954 and raised  
24 in Salem, New Jersey, not far from Wilmington,  
25 Delaware, which is also where I currently live. In

1 1980 I was arrested and convicted of armed robbery and  
2 assault and because it was my second offense, I was  
3 sentenced to an extended term of 20 to 40 years.

4 I first entered prison in 1974 and was  
5 paroled in '78. My second offense began in 1980 and  
6 it ended in July of 2004. Of that time I spent 18  
7 years in the management control unit here in New  
8 Jersey State Prison, currently in Trenton. Initially  
9 I started in the general population, but after roughly  
10 five years I was placed in the control unit for the  
11 first time after a hearing determination. I was  
12 released a couple of years later for a period of three  
13 months, after which I was placed back in the control  
14 unit for the remainder of my sentence.

15 The MCU is an isolation facility  
16 whereby inmates are locked down in single cells  
17 roughly the size of nine by 13 feet for 23 hours out  
18 of every day, seven days a week. Inmates are let out  
19 of their cells for each meal to receive their trays  
20 and, also, for some exercise in a small fenced-in area  
21 every other day. Inmates are also permitted to have  
22 TVs and radios in their cells only at their expense,  
23 in other words, you have to buy them. But there was  
24 little or no library access.

25 My unit had 24 cells, which often

1       capacitated as many as 20 people at any given time.  
2       When you were in your cell, you could not see into  
3       anyone else's cell. Although spending this much time  
4       in lockdown isolation could be detrimental to one's  
5       psyche, I found that I was able to survive by -- my  
6       experiences by having the ability to adapt.  
7       Motivational factors played a large role in helping me  
8       to make it through prison. I was motivated to see my  
9       family again and I was also determined that I would  
10      not be broken by those who would want to see that.

11                 I also made a commitment to myself that  
12      every day in prison I would -- it would be a day to  
13      educate myself and better myself. I used my ability  
14      to read and write and to keep my mind occupied, rather  
15      than idle. I developed a very regimental routine that  
16      I would follow each day to pass the time and to keep  
17      myself busy. I would wake up the same time every day,  
18      I would read and write for a period of time as well.

19                 In addition, I was able to maintain  
20      strong family connections which helped me a great  
21      deal. Inmates who did not have that kind of support  
22      tended to have difficulty. It was very difficult for  
23      me, therefore, in the last year prior to my release  
24      when both my older brother and my father passed away.  
25      It would have been much more difficult to finish my

1 time if I had many more years to go without their  
2 support.

3                   During the time I spent in the control  
4 unit I noticed that some other inmates struggled with  
5 the lockdown conditions. I observed that some  
6 individuals who were quite normal when they arrived on  
7 the unit started to change over time; some started  
8 talking to themselves, some developed poor hygiene  
9 habits, I even observed and heard a number of  
10 attempted suicides.

11                   In order to place an inmate in the  
12 control unit he's supposed to be reviewed every 90  
13 days, however, I found the reviews were just a sham  
14 with no real investigation as to whether to continue  
15 to be -- to confine a prisoner in MCU. In fact, I  
16 didn't have a disciplinary write up for a number of  
17 years prior to my release and, yet, I spent that  
18 entire time in the control unit.

19                   Because of this, after a few years I  
20 even stopped participating in the administrative  
21 review process because I knew I was not going to be  
22 released from the MCU.

23                   Based on my observations and  
24 experience, the MCU was used to isolate and remove  
25 from the general population any inmates who were

1 politically conscious and had influence with other  
2 inmates. I believe it was used simply to wear  
3 prisoners down, to break up any sort of community that  
4 developed within the general population.

5 At the time I was first placed in the  
6 MCU I was a member of the Inmate Legal Association.  
7 The ILA was successful at bringing a number of  
8 lawsuits concerning officers brutality in the early  
9 and mid-1980s and I believe that that's why I and  
10 several other members were originally placed in MCU.  
11 After words, the ILA pretty much became an impotent  
12 organization.

13 More recently, within the last four to  
14 five years the New Jersey Department of Corrections  
15 created a second control unit for alleged gang  
16 members. Inmates in this unit have a more tightly  
17 controlled environment than the MCU, but they have  
18 more clearly-defined methods for release into the  
19 general population. I have just completed my first  
20 year of reintegration into the general society.  
21 Although I made it out and have been able to adjust  
22 pretty well, there have been some nasty effects from  
23 the time I spent in the control unit and in prison in  
24 general.

25 I have noticed that my social skills



1 convene here at 11:30. Thank you.

2 (Brief recess.)