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PERSONAL ACCOUNTS

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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

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American prisons and jails; Pearl Beale, Gary Harkins,

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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.)