PERSONAL ACCOUNTS

DR. GILLIGAN: On behalf of the Commission on Safety and Abuse in America's Prisons, I'm honored to welcome our first four witnesses who will testify as to personal accounts of experiences in American prisons and jails; Pearl Beale, Gary Harkins, Bonnie Kerness and Daud Tulam.
Ms. Beale is the mother of Givon Pendleton, who was stabbed by another inmate and bled to death while detained in the Washington, D.C. jail. Miss Beale will describe the overcrowded conditions that led to this tragedy and its impact on her and her family.

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

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

I might mention it's relevant I think to note that the committees on torture of both the Council of Europe and the United Nations consider the kind of prolonged isolation that we use in this country as a form of torture.
Finally, Mr. Tulam, who was recently released from incarceration will describe how he spent 18 of his 25 years in New Jersey prison facilities in isolation and its effects on him and others.

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

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

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

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

On December 11, 2002 my 24-year old
son, Givon Pendleton, was fatally stabbed nine times by another inmate at the DC jail. As he lay there dying in the jail, no correctional officers were aware of what was happening, no correctional officers saw what was happening.

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

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

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

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

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

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

Since Givon's death I have attended several DC County oversight hearings. The hearings have basically been on the overcrowding, understaffing and the inadequate conditions at the DC jail.
I have learned that the DC jail was subject to a court order that imposed a cap on the population up until June of 2002, when the court lifted the order and returned the control of the jail to the district. The district then increased the population by almost 50 percent, but didn't increase the staff. They didn't increase the staff used to supervise inmates in their cell blocks. My son died six months later.

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

I'm sure these factors led to the opportunity for Judith Miller, a reporter, that she should not be housed in the DC jail but should instead be given the opportunity to be housed at a more safer, alternate location. While she had the visibility and political clout to negotiate a stay in a better run facility in Alexandria, Virginia, my son and countless others were not as fortunate.
The sad but true fact is that two days after my son's death, another inmate was stabbed. The day after that, still another inmate was fatally stabbed.

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

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

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

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

I'm still waiting for answers or accountability for my son's death. When one loses a spouse, they're called widowers. When a child loses his parents, they're called orphans. What do you call
a mother who loses a son or a child? I don't have a
word to explain the pain.

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

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

Once again, I thank you.

DR. GILLIGAN: Ms. Beale, let me begin
by mentioning that there are no words that can serve
as an adequate response to what you've just described.
I want you to know that you do have our deepest
condolences for what happened to your son and that we
join you in your hope that this Commission can
accomplish concrete change. And it's because of people like you who are willing to share your most painful experiences that we have the chance to do just that.

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

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

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

MR. HARKINS: My name is Gary Harkins and I'm in my 25th year at the maximum security Oregon State Penitentiary located in Salem, Oregon and during my career I have worked every uniformed position at the penitentiary.
So what's happening in our prisons?

Over 33,000 correctional staff are assaulted each year, an average of 90 staff assaulted each day. In the past five years, 47 correctional staff did not go home to their loved ones.

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

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

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

When I started with the department we
only carried a whistle for protection. Today, all
uniformed staff are issued one pair of handcuffs, a
radio and a whistle. Until 10 years ago,
on-non-uniformed staff were not allowed to carry radios,
but it changed after a food service person was
assaulted in an isolated area.

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

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

As of today, the penitentiary is over
60 uniformed staff short. The filling of these
vacancies would greatly increase the safety of staff
and inmates in these areas. One result of this staff
shortage is the penitentiary's overtime budget is over
$1 million a year. Another result of this staff
shortage is the inability to have our 15-minute rest
breaks. As a result of this inability, some staff sneak out for them when they can, but it has had serious, unfortunate consequences, including a stabbing.

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

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

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

We strongly encourage staff to talk to inmates and vice versa. This close interpersonal contact humanizes the individuals, lowers tensions and makes for a safer institution for both inmates and
staff. We often learn information inside our institution that helps solve ongoing criminal investigations in the community. As a result of this interpersonal contact, the vast majority of problems and situations are handled at the lowest possible level.

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

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

Unfortunately, in Oregon, there's not any consistent follow-up to the academy training in subsequent years. The State of Oregon does not
require staff to maintain any minimum physical fitness standards or remain proficient in firearms. In the Oregon DOC, the line staff are not given proper training to work effectively with the mentally ill inmates, violating the department's own policy requirements.

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

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

Currently, in the entire 13 facility Oregon Department of Corrections system, we offer only five work-based education programs at five of the 13 institutions. At the penitentiary alone, along with
the educational programs, we used to offer nine vocational programs and three industrial programs and, also, inmates were given the opportunity to learn vocational skills in electrical, plumbing and general maintenance. Today at the pen, out of 24 programs, only three remain.

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

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

At least 40 percent of the inmates in general population are on some sort of a psychotropic medication. The psychiatric unit has 54 cells with five uniformed staff on day shift, along with the four
treatment staff. On nights and weekends it is staffed
along with three uniformed staff. The unit's primary
purpose is to stabilize the mentally ill inmate so
they can be treated back to general population. We
have converted one and a half of a tier in a cell
block to house 40 mental health inmates attempting to
transition from the psychiatric unit into the general
population. At least one mental health counselor is
supposed to visit this tier on a daily basis.

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

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

Today it's not unusual to have up to
one half of the segregation beds occupied by mentally
ill inmates. Due to overcrowding, in segregation we double bunk 30 cells, so we really have to make sure that the two cellmates are compatible with each other. Sometimes even after assurances from the inmates themselves, we end up with fights between cellmates. In the past we would place a potential suicide threat in with a cellmate to help alert us to an attempted suicide. This practice ended when an inmate successfully committed suicide and the cellmate did not intervene.

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

When I started with the department a lot often the inmates would throw urine and feces on staff or flood the tiers with about a foot of water on the floor. There would be all sorts of debris from the inmates' cell, including the urine and feces in the water on the tier. Back then we would find the biggest staff members on duty, we'd take off our watches, remove our pens, glasses and ID tag, put on slick rubber boots, wrap a towel around our neck for protection and go in and wrestle the inmate and place
him in restraints. Imagine how crowded it got in a six by 10 foot cell with two inmates, six staff, a double bunk, table, sink and toilet and everyone covered in urine and feces. Injuries to staff and inmates were not uncommon in a cell extraction.

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

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

There is very little staff interaction with the inmates in this unit. This new pod-type of design makes for a more indirect approach and allows for fewer staff to work the area. The staff are only on the tier when they have to feed, issue supplies or
take an inmate to an appointment. This lack of interaction creates or maintains an us versus them mentality on both sides.

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

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

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

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

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

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

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

In 1984 we received a letter from a prisoner who was being held in the management control unit at Trenton State Prison. He said he had been placed in isolation and had no idea why. He asked us to monitor him, which we did through 2000, when, after
16 years, he was released from that unit. For many of those 16 years I visited him and noticed a distinct increase in irritability and repetitiveness. He reported feeling emotionally deadened. He would report on the changing emotional state of other prisoners there, noting which ones began to break down emotionally and physically. There were at least two men who refused ever to come out of their cells, another began to masturbate when officers or other line staff came on to the tier.

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

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

In January I was invited to speak
before the UN Committee on Women and I would like to share with you some of the testimonies that I carried there. One voice was that of Judith V., a 45 year old mother of three, New Jersey, serving a life sentence. Judith wrote of her depression and desperation, reporting that she had stopped bathing and stopped combing her hair.

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

Judith's story doesn't end there. She
was abused sexually by two members of correctional
staff and when she came forward to report the abuse,
she wrote that they put her back in isolation.

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

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

Keisha, a New Jersey prisoner in the
county isolation unit, who was in her late 50s, tells
us a number of women are suffering from mental
illness, including herself. She talks about her
depression, her suicidal feelings, saying, we are
forced to sleep on the floor in the middle of winter
with bad backs and aching bodies, cold air still
blowing in from the vents no matter what the
temperature is outside. At 2:00 in the morning they
wake you and tell you to clear the cell. They go
through your personal belongings and put them in the
trash.

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

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

Another wrote from the federal facility
in Florence, Colorado talking about his
disorientation. He described sleep deprivation
because of the lights never being turned off, the
constant banging of electronic doors, the echo of his
own voice in the steel and concrete cell and thoughts
that he was already in his grave. There are counts
every hour with people knocking on the door and putting a flashlight in my eyes all night. I'm unable to read and find myself drifting, not able to absorb a thing.

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

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

Another described a new supermax unit. I got a concrete bunk, felt steel mattress, a steel toilet and a telephone booth sized shower in the cell. Water comes out in 90 second sprays, making me feel like a house plant. The outer door is solid steel,
with a peep show panel of plexiglass. Meals are in
the cell, all movement is in restraints. Outside rec
is an area at the base of the cell block, high
cement walls, look straight up and it's crisscrossed
with eye beams, covered with steel mesh; look through
this and you can see a patch of blue.

The prisoners describe an environment
so devoid of stimulation that it is toxic to mental
functioning. I've spoken with people who begin to cut
themselves, just so that they can feel something.
I once asked a man why he threw feces,
what could possibly compel him to do that? He said it
was the only power that he had left.

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

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

Mentally ill prisoners are
disproportionately combined in sensory deprivation
settings. The isolated mentally ill suffer cruelly with many decompensating. I have my Master's degree in social work and for 30 years have treated hundreds of ex-prisoners with the symptoms of posttraumatic stress. Once released, the prognosis for those who have lived in long term isolation is difficult.

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

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

He talked about the stress of working in a control unit environment. He talked about friends going on stress leave, willfully taking smaller pensions. He said that the attitude of many
prisoners was that you can't do anything to me, you can't do anything else to me, and that people in isolation units with that attitude were often agitated and enraged.

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

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

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

In May of 2000 the United Nations
The testimonies I've heard for 30 years have implications for all of us. In a system where 95 percent of the prisoners return to our communities, the impact of these practice is felt beyond prisons. To take away someone's Civil Rights is something we can and should debate regularly as a society. To take away someone's human rights isn't negotiable.

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

DR. GILLIGAN: Thank you very, very much.

We will now hear from Daud Tulam.

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

I was born in October 1954 and raised in Salem, New Jersey, not far from Wilmington, Delaware, which is also where I currently live. In
1980 I was arrested and convicted of armed robbery and assault and because it was my second offense, I was sentenced to an extended term of 20 to 40 years.

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

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

My unit had 24 cells, which often
capacitated as many as 20 people at any given time. When you were in your cell, you could not see into anyone else's cell. Although spending this much time in lockdown isolation could be detrimental to one's psyche, I found that I was able to survive by -- my experiences by having the ability to adapt.

Motivational factors played a large role in helping me to make it through prison. I was motivated to see my family again and I was also determined that I would not be broken by those who would want to see that.

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

In addition, I was able to maintain strong family connections which helped me a great deal. Inmates who did not have that kind of support tended to have difficulty. It was very difficult for me, therefore, in the last year prior to my release when both my older brother and my father passed away. It would have been much more difficult to finish my
time if I had many more years to go without their support.

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

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

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

Based on my observations and experience, the MCU was used to isolate and remove from the general population any inmates who were
politically conscious and had influence with other inmates. I believe it was used simply to wear prisoners down, to break up any sort of community that developed within the general population.

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

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

I have noticed that my social skills
deteriorated and although I was on the quiet side to begin with, I am now much more reserved around others. I also have become desensitized to violence, having seen so much while incarcerated. To this day I maintain very disciplined -- I maintain a very disciplined structure to my life that I observe is uncommon among society in general out here.

Overall I spent more than half of my life in prison and of that time I spent most of it in isolation control unit. Because of all that time, I cannot be sure of all the ways that experience has affected me, but I'm sure that whatever those effects are, they'll remain with me for the rest of my life.

Thank you.

DR. GILLIGAN: Thank you very much.

I want to thank each and every one of you for coming forward today. I -- unfortunately -- because we're running short on time, we're going to have to forego our usual practice of opening things up for questions now. We will have to take a break.

However, during the break I understand that you would be willing to have private discussions with whoever in the audience or among commissioners would like to ask you questions.

So let's take a break now and then we
convene here at 11:30. Thank you.

(Brief recess.)