Testimony, Labor and Public Employees Committee, March 3, 2015

My name is Brian Anderson. I am a Legislative Representative for Council 4 AFSCME, a union of 32,000 public and private employees.

Council 4 supports HB 6879, An Act Concerning Hazardous Duty and Certain Department of Corrections Staff.

There is only one sizable group of workers in the Department of Corrections who do not receive a hazardous duty pension. There is only one sizable group of workers in DOC who are predominately women. It is the same group - departmental clerical workers.

DOC clericals are often in the direct presence of inmates. Clerical workers often have to speak directly to inmates about their personal records (education, health, release dates). Sometimes clericals have to work as notaries for inmate. Sometimes inmates get quite upset about the information that DOC clericals provide.

If there is a riot, escape or emergency incident at a prison or jail, DOC clericals do not get to grab their coats and flee. They are trained to stay at their work stations and perform assigned emergency communication and reporting duties.

DOC clericals exist in the same stressful workplace that other corrections employees do. A recent federal study found that 30% of all correction officers suffer from PTSD. A Florida union recently released a comprehensive study that showed that correction officers die at 62-year-of-age from mostly stress related illnesses (compared to 74.5-years-of-age for the general population.) While clerical duties are not the same as officer duties, they exist in the same high stress workplace. Expecting clericals to be in this workplace for 35-40 years of a career, as if it is a normal workplace, is just plain wrong. DOC clericals, working in correction facilities, should be included in hazard duty status.

We have been lucky in Connecticut. We have not had a hostage incident in a long time, but in other states this has happened. In these incidents, inmates did not make a distinction between officer hostages and clerical hostages. They were all in the same boat, facing a serious threat.

This bill has been heard by the Labor Committee before. Senator Prague helped champion the passage of the bill through the committee in 2008. Senator Prague asked the DOC clericals to not push the bill the next year in light of the stock crash and commensurate damage to the pension fund. Being team players, the clericals acceded to Senator Prague's suggestion. Now the stock market has rebounded and the legislature has

put additional funding into the pension, as well as passing a 20 year plan to reach full funding.

Now is a good time to address the unequal treatment that these workers have experienced. Please give fair and equal treatment to the predominately women clericals working in Connecticut's correctional facilities.

Council 4 would be happy to provide the committee with any additional information. Thank you for your consideration.

Attached Articles:

Inmate Convicted of Raping Prison Worker Appealing Case to Superior Court

December 05, 2014 10:59 AM
by Michael Martin Garrett

The inmate who was convicted of a raping a female clerical worker at the State Correctional Institute at Rockview is appealing his case to the Pennsylvania Superior Court, according to new documents filed in Centre County Court.

Omar Best, 36, was convicted of numerous felonies - including rape, aggravated assault and sexual assault - after choking a female prison worker unconscious and raping her in her office in July 2013. In September Best was sentenced to three life sentences with no possibility of parole.

The victim was a no-contact employee who worked away from inmates, though her office was located near a housing unit. Before the July attack, the victim reportedly told coworkers and superiors that Best had approached her several times and asked her personal questions, making her feel uncomfortable. Best was serving a prison sentence for previous convictions of robbery, aggravated assault and rape at the time. He had also reportedly assaulted a female worker at a different correctional facility.

The victim suffered numerous injuries during the attack, and later filed a lawsuit against the Pennsylvania Department of Corrections, the State Correctional Institution at Rockview, Rockview Superintendent Marirosa Lamas, Rockview Supervisor Sharon Clark and Rockview Correctional Officer Kenneth Shilling.

She was awarded a $3.3 million settlement in November.

The lawsuit alleged that the victim's supervisors were aware of Best's prior rape conviction and history of assaulting prison workers, but did not take adequate steps to ensure the victim's safety. A subsequent investigation reportedly found numerous failings in security procedures and prison staff duties, including a lack of staff training, regular inmate cell inspections and documentation of security issues.

Lamas has been removed from the superintendent position, and new security policies have been put in place at the prison to prevent similar situations in the future.

Inmate takes worker hostage at Arizona prison

abc15.com staff, wire reports
2:00 PM, Mar 22, 2012
3:18 PM, Mar 22, 2012

BUCKEYE, AZ - A woman who works in a store inside an Arizona prison was briefly taken hostage Thursday by an inmate who worked there but the warden convinced the prisoner to let the worker go.

The Arizona Department of Corrections says the worker at the Lewis prison complex near Buckeye wasn't physically harmed.

Officials say 42-year-old inmate Jesus Jimenez took the worker hostage around 11 a.m.

Warden Tara Diaz talked the inmate into releasing the employee a few minutes later.

The Lewis prison near Buckeye was the site of what is believed to be the longest prison standoff in U.S. history.

In January 2004, two inmates took two correctional officers hostage, resulting in a 15-day standoff before they surrendered.

It occurred after officers in the prison's kitchen were overpowered by two inmates, and an officer allowed one of the inmates -- disguised in a uniform taken from an overpowered officer -- into the prison tower.

Jimenez is serving a life sentence for first-degree murder and a consecutive 22-year sentence for kidnapping.

He has been incarcerated since January 29, 1988.

Associated Press

Inmate Attacks on Civilian Staff Climb at Rikers

By MICHAEL SCHWIRTZMAY 21, 2014, The New York Times

Attacks on health care workers and other civilian staff members at Rikers Island have spiked over the last year, as officials have scaled back their use of punitive measures and expanded treatment for the swelling ranks of mentally ill inmates at the New York City jail complex.

The surge in assaults underscores the complexities of a new push to improve mental health care at Rikers, where officials last year began reducing the use of solitary confinement among mentally ill inmates, because the practice has been shown to aggravate their conditions. Jail officials are also providing more therapy and counseling to inmates.

As a result, health care workers are increasingly on the front lines at Rikers, where mentally ill inmates now account for nearly 40 percent of the population. Since July 1, 2013, the start of the fiscal year, assaults on civilian staff — mostly health care workers — have increased by 144 percent compared with the same period the year before, according to data from the Correction Department. Of the 39 assaults on civilians during that period, all but three involved inmates with a mental health diagnosis.

Just last month, an inmate in a mental health unit at Rikers punched an intern in the face, breaking several bones. A week later, another mentally ill inmate with a history of sexual violence sexually assaulted a different intern.

"I've been on the island for 16 years, but I've never been so afraid before," said a clerical worker at a Rikers Island clinic, who spoke on the condition of anonymity because workers were told not to speak to the news media.

The attacks threaten to disrupt an ambitious effort by the administration of Mayor Bill de Blasio to stem violence at Rikers by expanding services for inmates, particularly juveniles and those with mental illnesses. In March, the mayor appointed Joseph Ponte, the former head of the state prison system in Maine and a favorite of prison-reform advocates, as correction commissioner. Mr. Ponte spent three years overhauling Maine's correction system, reducing solitary confinement and improving mental health care.

But Mr. Ponte conceded in a recent interview at his new Rikers Island office that the jump in attacks on health care workers was attributable, at least in part, to the recent changes, which began under his predecessor, Dora B. Schriro.

"As we treat inmates differently, we're not locking them down as much," he said. "We have the clinicians going into the unit, so they're actually interacting with the inmates at a different level than they used to, which we think is more effective treatment, but also exposes them to more risk."

In a sign of how seriously jail officials are taking the attacks, Mr. Ponte acknowledged that the volatile security situation might slow the pace of other changes at Rikers, the

country's second-largest jail complex. Since taking office in April, in fact, Mr. Ponte has not eliminated any solitary confinement units, and said he would not do so until the violence had ebbed.

Jail officials are confronting a difficult reality at Rikers, where the daily inmate population averages nearly 12,000. In the violence-plagued warrens of the jail, mentally ill inmates are particularly vulnerable. With illnesses like schizophrenia, bipolar disorder and antisocial personality disorder, they remain incarcerated longer than average and are injured more frequently than those without mental illness.

But they are also the most unruly. About two-thirds of all infractions at Rikers are committed by inmates with mental illness, according to the Correction Department.

The number of assaults on health care workers is small when compared with violence against members of the uniformed staff, who far outnumber them. Nevertheless, in 2013, health care staff members suffered facial bruises, bone fractures and back, neck and eye injuries in altercations with inmates, according to an internal document from the Occupational Safety and Health Administration provided to The New York Times.

Such attacks had been relatively rare until recently. In 2011, there were only eight assaults on health care staff members at Rikers Island, according to Doctors Council S.E.I.U., the union that represents doctors at city jails.

Alarmed by the assaults, several dozen members from three unions representing the health care staff gathered outside the Rikers gates this month to protest working conditions. Some have threatened a walkout.

The attacks have also eroded confidence in the new approach to treating mentally ill people, even among those who have spent careers caring for them. It is uncertain just how big a factor the recent changes have been, but several staff members, for instance, questioned the wisdom of rolling back solitary confinement for mentally ill inmates, worrying that without it, inmates no longer feared retribution for acting out.

Once an inmate with a propensity for violence "sees that they are allowed to be violent, they will be," a social worker who has worked at Rikers for nearly a decade and a half said.

"If you are going to assault someone, you should be punished for it," the social worker continued. "And they are not getting punished for it."

Nearly all health care personnel interviewed for this article spoke only on the condition of anonymity. Many said they feared retribution by their employer, Corizon, a company based in Tennessee that has a contract with the city to provide health care services at the jail complex. After the two interns were assaulted in April, the company circulated an email warning staff members not to speak to reporters.

The attacks on the health care staff mirror the increasing overall violence at Rikers that has prompted comparisons by current and former correction officials to the turmoil inside the jail complex in the late 1980s and early 1990s during the height of the crack era. Conditions at Rikers have rarely been a priority for city officials, but recent revelations about the deaths of two mentally ill inmates have prompted heightened scrutiny.

In February, Jerome Murdough, 56, a mentally ill homeless man who had been arrested on a trespassing charge, died in an overheated cell after being left alone for hours. And on Tuesday, federal authorities indicted a correction officer, Terrence Pendergrass, with violating the civil rights of a mentally ill inmate who ingested a toxic detergent and died after begging for medical attention for hours.

The underlying causes of the attacks are complicated. Part of the problem is the large number of inmates who now require services. Social workers, who provide counseling to mentally ill people and monitor their behavior for signs of volatility, say they see as many as 70 patients a week. Though required to meet with each inmate for 45 minutes a week, social workers said they rarely had more than several minutes for each. Inmates often lash out to get attention and refuse to take medication, they said.

Making matters worse are backlogs at clinics. Of the 65,000 planned inmate medical visits last year, 47 percent had to be rescheduled, according to the Doctors Council. This and long wait times at clinics tend to upset inmates and increase the chances of an assault, doctors said.

Many health care workers argued, as have leading mental health experts, that jails like Rikers Island are simply not equipped to handle inmates with serious mental illnesses. Isolation and abuse by inmates and guards can often make behavior more erratic.

Inmates frequently refuse to take medications that can stabilize their moods. And unlike in hospitals, clinicians can only involuntarily medicate inmates in extreme circumstances. Health care workers complained that at Rikers the staff often sent inmates to the hospital only after they became violent.

One social worker said she had an inmate on her unit who had once assaulted a nurse at a psychiatric hospital. He has a 10-year history of mental illness and recently stopped taking his medication. He has been urinating on the floor and throwing water. The worker said that she could see him slowly losing control, but that there was little she could do.

"We're waiting for him to get violent or assaultive to civilians, to correction officers, to other patients," she said. "There's nowhere to put these guys."

Inside the jails, civilian staff members said they were tormented by a sense of helplessness. Union leaders and health care workers said that basic steps like providing civilian staff members with panic buttons could improve safety. Longer-term solutions will quite likely be more complicated, though, requiring increased spending and perhaps a re-evaluation of the on-the-job risks civilians are expected to accept.

Correction officers are supposed to provide workers protection, but the workers described a fraught relationship with their uniformed colleagues. Many said the correction officers actually contributed to violence by antagonizing inmates.

Even so, many health care workers said more correction officers were needed. Often, they said, they had to walk unescorted through hallways filled with inmates. Clinics are also frequently left unguarded, they said. Last year, the Occupational Safety and Health Administration opened an investigation into workplace safety after a dentist at Rikers was assaulted and no correction officers came to his rescue.

For its part, the Correction Department has acknowledged shortages in guards and stepped up hiring. But some health care workers are taking matters into their own hands. Several mental health personnel said they were now refusing to work in dorm-style housing units, where they are alone with 40 to 50 inmates, often overseen by just one officer.

"I am not going into any housing unit right now," one social worker said. "They can fire me."

Of all the recent assaults, the attacks on the two interns were perhaps the most jarring. The first occurred on April 16 in a mental health unit in the George R. Vierno Center. The intern, who was not officially identified, was making rounds when an inmate, Joseph McRae, 24, suddenly punched her in the face, breaking her nose, eye socket and jaw, officials said. Her jaw had to be wired shut.

The Bronx district attorney indicted Mr. McRae last week on assault charges for attacking the intern. In 2013, he was charged with attacking two women in a similar fashion at Pennsylvania Station.

In the second assault, on April 22, an inmate knocked down an intern, stuck his head up her skirt and licked her, officials said. The inmate, Duane Belcher, had a history of similar assaults dating from 2000, according to the Police Department. He has not yet faced additional charges.

After those attacks, Mr. Ponte, the correction commissioner, ordered a review of safety protocols. For the first time, he said, officers on duty will have access to an inmate's criminal history, which he said would enable both correction officers and the civilian staff to better evaluate potential threats.

"Every incident we learn a little bit from and try to take that knowledge and put that forward so that we don't have a second incident," Mr. Ponte said. "I think we have had substantial improvement in that regard and will continue to work really hard to eliminate any assaults if that's humanly possible."