



WASHINGTON LAWYERS' COMMITTEE
FOR CIVIL RIGHTS AND URBAN AFFAIRS

Voices from
Within

the Federal Bureau of Prisons:

a System Designed to
Silence and Dehumanize

Stories of endurance and
a call to action

Published
September 2022



EXECUTIVE SUMMARY



Prison walls are erected not only to keep people in, but to prevent the world from seeing the abuses of our carceral system. The inhumanity of what happens behind bars, as is demonstrated by the accounts of incarcerated persons in this report, is deliberately hidden from view in faraway prisons surrounded by high walls and double fences of razor wire. Few people

other than those who are confined or work in prisons have a full view of how they operate. Glimpses provided by litigation or a scandal are rare and transitory; sustained transparency is nonexistent. This opacity allows dehumanizing conditions to be sustained and grow worse.

The Federal Bureau of Prisons (FBOP) is comprised of 122 institutions, [incarcerating more than 157,000 people](#), that are among the least transparent and accountable in the nation. The violent, dehumanizing and dangerous conditions in FBOP prisons harm families and communities in every state; impacting the mothers, fathers, children and siblings who lose loved ones to this sprawling network. And, given its “ownership” by the national government, the FBOP— like other federal institutions — should be a model for the states.



157,000+

people incarcerated by the FBOP

But the abject failure of the FBOP is neither new nor subject to dispute. For example, the congressionally commissioned Task Force on Federal Corrections concluded in 2016: “We observed that the result of policy choices is a federal prison system that is in a state of crisis. Indeed, even with our years of experience as elected officials with an interest in corrections policy, we were routinely startled by testimony illuminating the breadth of the problems and their consequences for those serving time and working within the Bureau of Prisons. From severe overcrowding to an insufficient array of effective programs and incentives to encourage behavioral change, the system is failing those it incarcerates and the taxpayers who fund it.”

Yet, despite this extremely problematic history, the FBOP operates with no real accountability. The Department of Justice (DOJ) Inspector General [routinely lists](#) “maintaining a safe, secure and humane prison system” as one of its top management challenges. FBOP and prison leadership seem to be either [unwilling or incapable](#) of ensuring that even minimum standards are met. As Sen. Dick Durban, chair of the Senate Judiciary Committee, [noted](#), FBOP Director Michael Carvajal (since resigned) has “overseen a series of mounting crises, including failing to protect BOP staff and inmates from the COVID-19 pandemic, failing to address chronic understaffing, failing to implement the landmark First Step Act, and more.”

However, the overarching conclusion of this report is that reform cannot be achieved solely by replacing Director Carvajal with new blood. The problems with the FBOP are cultural, entrenched and systemic, and independently enforced accountability must be the cornerstone of any serious attempt to change. That cannot be achieved without replacing the current grievance procedure that incarcerated individuals must follow – which too often triggers retaliation as severe as physical abuse – with a process that is safe, reliable and fair.

In “Other People’s Money and How the Bankers Use It,” Justice Louis Brandies wrote, “[S]unlight is said to be the best of disinfectants.” Prisons operate in the darkness and shadows. Independent and robust oversight is essential to shining a much-needed bright light on the noxious conditions behind the walls of FBOP prisons.

Ultimately, however, we must move past the basic changes we need just to assure more humane and just treatment and confront the purpose of our jails and prisons. Do they only exist to achieve vengeance and retribution? Or, particularly since most individuals will be returning to their communities at some point, is the very act of incarceration their punishment, and rehabilitation the real purpose of their time inside? The real reform must be a reimagining of the institutions and the system to which they belong – including the skills of the people who staff them, the design of the buildings and how the the FBOP budget is spent. But that is the subject of another report.

“

There is an attitude of “we make our own rules” from prison to prison, under the guise of giving a warden or captain the flexibility he or she needs. The result is that these prisons are basically run like organized crime families; nepotism and “good old boy” governance is rampant.

James Parker,
granted compassionate release
after 28 years

ABOUT THE AUTHORS



Website: morethanourcrimes.org

More Than Our Crimes is a nonprofit initiative under the fiscal sponsorship of the Justice Policy Institute. We advocate for and give voice to the individuals detained in federal prisons, with a special sub-focus on those from the District of Columbia. More Than Our Crimes was co-founded by Robert Barton, now in his 27th year of federal incarceration, at the Coleman I penitentiary in Florida, and writer/human rights activist Pam Bailey.



WASHINGTON LAWYERS' COMMITTEE
FOR CIVIL RIGHTS AND URBAN AFFAIRS

Website: washlaw.org

The Washington Lawyers Committee for Civil Rights and Urban Affairs is a nonprofit with a mission of fighting discrimination, repairing the damage of historic racial inequity and breaking down barriers to opportunity.



ABOUT THE REPORT

There are two primary sections of this report:

Voices from Within is the “soul” of the report – a collection of real accounts from individuals enduring life in the system, whose voices are routinely silenced or ignored but are the real experts on the realities and impact of our national carceral system. These stories are divided into themes: medical care, mental health, programming, food/daily life, lockdowns, abuse, grievances and retaliation for filing them. (To assist you in fully understanding the stories, a glossary of prison terms is included at the end. Please also note that we know the power of words to label and dehumanize, and therefore our preferred description for the authors of these accounts is “incarcerated individuals.” However, we have left their wording as their own.)

A Call to Action follows. There is so much that needs to be fixed in our carceral system that what is required is a total reimagining. However, we offer two recommendations that would make it possible to hold the federal Bureau of Prisons accountable for its impact on the lives it controls. Justice must at least start there.

VOICES FROM WITHIN

What you are about to read aren't legal filings or statistics. Most incarcerated people cannot access the courts due to a 1996 law called the [Prison Litigation Reform Act](#) that made it difficult for anyone incarcerated to sue the FBOP. And comprehensive statistics are hard to come by, because the agency and its sprawling network of 122 institutions are opaque and unaccountable to anyone outside the elaborate bureaucratic defenses.

Instead, you will read stories. Human accounts of anger, frustration, despair and pain, detailing scarce and substandard health care; insufficient and even rotten food; power expressed through physical abuse; lack of opportunities for rehabilitation, often due to random and lengthy lockdowns; and myriad forms of retaliation for objecting to this inhumane treatment.

These accounts are just a sampling. We have collected too many to publish in one report. In addition, our network of people incarcerated in the federal system is not complete. And many of those we are in contact with are either reluctant to speak up due to the very real possibility of “blowback,” or have become resigned to their powerlessness. It might be easy to dismiss any one of these stories as an aberration, exaggeration or coming from someone who is somehow “deserving” of abuse or neglect. We

ask you to pause before you do that. Each person represented is a human: A son or daughter, father or mother, sister or brother whose incarceration was typically preceded by a childhood of dysfunction, struggle or neglect. An American citizen who is supposedly granted the same vaunted rights to humane treatment we espouse as a nation. A person whose voice is rarely heard, much less listened to.

But regardless of your reaction to any one story, the accounts collectively paint a picture of maltreatment that is too pervasive, both in number and geographic diversity, to dismiss. The reality that emerges is a system oriented around punishment and warehousing instead of active rehabilitation, aggravated by a culture of “us vs. them” that has been allowed to run amok by a lack of both internal and external accountability. As you'll see, each prison is run like its own mini fiefdom, with wide variations in visiting policies, access to programming and adherence to the FBOP's own rules.

More than anything, we hope these stories provoke deep thinking about what is going on behind all those fortress walls, to these invisible fellow Americans, and then compel you to demand both accountability for the FBOP and change in how we incarcerate in this country.

Robert Barton and Pam Bailey, *More Than Our Crimes*

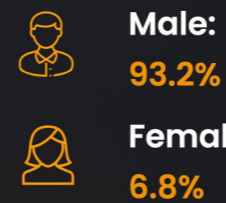
TABLE OF Contents

Medical care	11
Mental health	21
Programming	26
Food/daily life	32
Lockdowns	38
Abuse	45
Grievances/retaliation	55
Call to Action	64
Recommendations	70
Glossary	73

Note that for individuals afraid of retaliation, we have identified them by initials only.

FEDERAL PRISON POPULATION

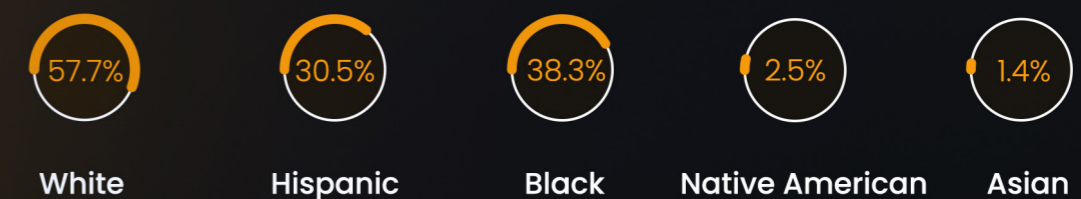
Gender:



Age:



Race/Ethnicity:





Medical Care



Medical Care

In its [2022 report](#), the Aspen Health Strategy Group says, “The lack of adequate care for incarcerated people represents one of the starkest examples of health disparities in the United States. The lack of transparency and access to basic care, alarming rates of suicide, and the abuse and neglect endured by people who are disproportionately Black, brown and poor, and who often suffer from behavioral health problems, is perhaps the most significant unaddressed failure in U.S. health care.”

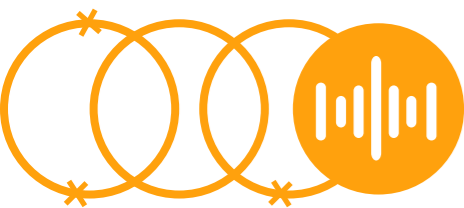
The U.S. Supreme Court established the legal right of incarcerated people to health care in 1967. However, the Social Security Act precludes the use of Medicare or Medicaid dollars to pay for their care. Thus, each prison system implements health care with little oversight. Decisions are left to prison administrators with no expertise in this arena.

In the stories that follow, you’ll read repeated accounts of long delays in receiving necessary exams and treatments. If they seem unrealistic, consider the March 2022 audit by the Department of Justice’s Office of the Inspector General (OIG) of [three FBOP contracts](#). Among its findings, worded very diplomatically but with a clear point nonetheless:

“

... We found that the BOP faced challenges in transporting inmates to off-site appointments, which resulted in a frequent need to reschedule appointments that could delay an inmate’s health care. In addition, the BOP did not have systems in place to track and monitor the causes for rescheduling appointments, including whether the reason for a cancellation was a BOP issue or one that was out of its control, such as the physician canceling the appointment.

What does this lack of organization look like on the ground? [Forbes reports](#) that one prison has been without a pharmacist for most of 2022. According to its submission to the OIG, “We now have several psychiatric patients decompensating daily. We also have many diabetics, hypertensives, cardiomyopathy and HIV inmates that have run out of medications and have no way of refilling them.”



Voices from Within

Jeffrey B. Cohen

On January 19, 2018, an X-ray of my back was performed at FCI Hazelton (West Virginia). The results showed I suffered from “multilevel degenerative and spondylotic changes most prominently at the L3-4, L4-5 and L5-S1 levels.” Medical staff were informed of my substantial pain. In the summer of 2019, I was thrown in the SHU [Special Housing Unit, or “hole”] in retaliation for filing a civil action against the FBOP. I was deprived of a mattress for two months and forced to sleep on a steel slab, which exacerbated my back pain. I was confined to the SHU for 60 days, without the required periodic reviews. My muscles atrophied, my blood pressure dramatically increased, and I developed severe anxiety, including nightmares and panic attacks.

Meanwhile, I was unable to access the law library so I could further process my civil action and much of my personal property was destroyed.

Following the stay in the Hazelton SHU, I was transferred to FCI Gilmer (also in West Virginia). On Sept. 21 and Oct. 4, 2019, I requested a sick call visit, complaining of pain, numbness and tingling in my back and legs. Finally, on Oct. 9, I was seen for all of three minutes, and was simply dismissed after the nurse felt my spine and had me walk a single step. I complained the next day to health services, which said they couldn’t find any record of my visit. I was told to return to sick call. On Nov. 17, while my

unit was on lockdown, prohibiting any kind of exercise, I submitted another sick-call request, complaining of severe pain in my left leg and hip. Ibuprofen did not help, although its extended use caused stomach pains. I received no reply. I asked again on Dec. 25. Again no response.

Finally, on October 19, 2020, I was seen by a nurse. A CT scan was performed in December. The diagnosis was spinal stenosis and neuroforaminal narrowing on both sides. Dr. McCoy, who reviewed the scan, recommended a consult with a neurosurgeon within 30 days (Jan. 12, 2021—which came and went).

On Jan. 22, 2021, the prison doctor, Dr. Anderson, made rounds for the first time in seven months (due to the COVID lockdown). I informed him of my worsening pain, but he concluded, “There’s not much I can do; I’ll get you some Tylenol.” Although he did schedule a follow-up visit for my back pain for Jan. 25, it never occurred.

On Feb. 24, I submitted a medical negligence claim to the BOP’s regional office. On March 31, I submitted another sick call request, complaining of pain and numbness. On April 15, **20 months** after he first reviewed my CT scan, Dr. McCoy finally requested an MRI, with a target date of May 26.

In July, I was seen by Dr. Anderson to evaluate me for stomach pains caused by the ibuprofen. That pain had resolved long ago, so I instead talked about my back and leg pain. He prescribed an NSAID and an acid reducer but said the double mattress I requested was too expensive. Meanwhile, the prison pharmacy would not fill the request for the acid reducer, because the FBOP “doesn’t want to pay for it.”

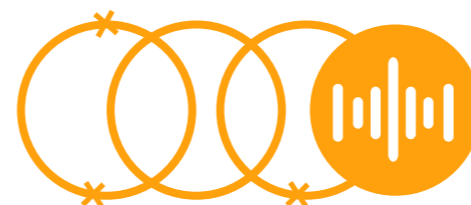
On July 28, 2021, I at long last received an MRI. It confirmed my injury and the need for a neurosurgery consult.

I continued to ask for the neurosurgery consult on Aug. 23, Oct. 18, Nov. 9 and Dec. 21.

[For further information: Jesse M. Skinner v. R. Lee, 5:19-cv-01116-DCB-ADS (C. Dist. Cali. Los Angeles Div.) Ninth Circuit Appeal No. 22-55146]

Meanwhile, I had other medical problems that were going unattended. In October, I expressed concern about my elevated cholesterol levels, for which I have a family history. In the year since I had been given my last cholesterol medication, my levels had risen substantially. The nurse initially agreed I should resume medication, but the following day, reported that, “I checked and you do not meet the criteria for the cholesterol medication due to your age and everything else.” I wrote to the clinical director and never received a response.

Likewise, I have been trying to see a dentist and be evaluated for sleep apnea since August 2019.



Voices from Within

Saleel Qaasim

The FBOP has a horrendous issue with administering medical treatment in a timely fashion. Medical will often under-diagnose or flat out refuse to diagnose a person. Even once a diagnosis is given, the BOP often won’t administer the treatment or medication prescribed by the doctor.

This is the way it’s supposed to work: Let’s say I am experiencing ear pain. I fill out a sick-call request with my information and circle a number from

1 to 10 on the pain scale. My ear hurts pretty bad so I circle a 7. The medical staff takes my slip and a few hours later I’m called to medical. However, in the FBOP nothing is what it seems. In reality, if I need to go to sick call I must first locate a sheet of paper to write on, since request slips are not handed out or readily available. After writing my information on a piece of paper, I need to find a way to get it into the

medical staff's hands, because some days no movement is allowed in and out of the housing units. We have electronic sick call capabilities, but the medical staff often won't respond to those because they leave a trail of proof, so they "prefer" handwritten requests. Once medical receives a sick call request, the waiting starts, and currently the average wait is anywhere from two months to two years. They basically look at your complaint slip and determine whether or not it is high priority, without seeing you even for a moment. [Dr. Homer Venters, an epidemiologist, was appointed by the court in late 2020 to inspect FCC Lompoc following a class-action lawsuit brought by five people incarcerated there, charging that the facility's COVID response constituted cruel and unusual punishment. He **documented** the long waits for sick-call responses and treatment: "Chronic care treatment is administered far longer than the required three- to six-month window," he wrote. "Such delays can significantly increase the risk of serious illness."]

I've been here (USP Coleman, Florida) since 2018, and I was seen for the first time by medical staff last week. They are supposed to give you an annual check-up but that doesn't happen. I started filing complaints about the lack of attention in early 2020 and I have only been seen once. The others went unanswered, so I've started the grievance process, which will end up in the court because they have failed to even attempt any treatment. The medical team here has been written up and sued numerous times for failing to treat [people needing care].

This is how it works: After a sick call request goes unanswered, you must

file a grievance, starting with a BP-8 form. After around 30 days of that going unanswered, you have to go to the next level, which is a form BP-9 to the warden. At this point, you've been waiting for sick call for roughly 45 days and this is for a basic complaint. If you have a more serious problem, such as cancer, your grievance goes to the next level (BP-10), which is the regional director. That response is usually the same as with the previous form BP-9. Then you have to file a BP-11, which goes to D.C. Finally, you can go to the court to seek help. All this takes months.

I have had COVID-19. But knowing I've had it and proving it are two different things entirely because the FBOP refuses to put it in my medical file.

“

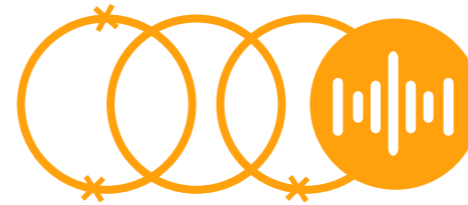
The FBOP has this weird aversion to diagnosing people, even when they know you have something. I would assume because once they acknowledge you have something they will be forced to treat you.

When you haven't been diagnosed, you don't have to be treated for something you "think" you have with no proof. So, to avoid any timeliness issues, the BOP simply does not diagnose people until after they die. It's called plausible deniability.

Diagnoses also play an important role in a prisoner's chances for release. If I file for compassionate release, the courts will pull my medical file to see if I'm as sick as I say. And therein lies the

problem because the FBOP's medical staff controls what goes into my file and what stays out. There's a guy here who went on an outside medical trip and a specialist diagnosed him with polycythemia vera (cancer of the blood). But the FBOP doctors (who are not oncologists), instead put in his

record that he had polycythemia (which is secondary and not as deadly as cancer.) That's a difference in wording that is a matter of life and death; the court denied his request for compassionate release because the judge thought he wasn't seriously ill enough.



Voices from Within

C.F.

I arrived at FCI Hazelton (West Virginia) in May 2021. I suffer from fluid build-up in my left leg due to poor circulation caused by a gunshot wound I received in 2005. The bullet hit the main artery and I've needed several surgeries throughout the years since. I've always had pain and swelling.

At FCI Hazelton, my problems started when fluid began draining from the sore in my leg. I reported this to Health Services, and they cleaned and placed a bandaid on the sore. They told me to shower with the bandaid on and then clean the sore once I was out of the shower. After a few days, it started smelling bad and turned green, blue and yellow. I reported this to Health Services and they examined and cultured it. The results revealed two serious types of infections.

I developed two big holes in my leg, and I ended up taking nine different antibiotics. Finally, after four months (September 2021), I was sent to the hospital in Morgantown, WV. The doctor there told Health Services that I needed

surgery. However, I wasn't brought back to the hospital for the operation. The sore continued to get worse. I was taken back to the doctor in November. He examined me and ran tests, and again said I needed to come back. But they didn't take me. The sore continued to get worse, smelling awful and draining profusely. On Jan. 7 (2022), I was rushed to Ruby Memorial Hospital. I was admitted to the hospital and diagnosed with COVID as well. I was put on IVs for the infections and the staff wanted to keep me for six weeks. However, the FCI then lost its contract with the hospital. On Jan. 22, I was returned to the FCI, this time in quarantine and in an unclean cell for four days. A doctor came to see me, but he didn't do anything because he had no gloves.

After four days, I was returned to a regular housing unit, given gauze and tape and forced to clean my wound myself. I wasn't even given saline. The facility then went into lockdown and my leg started to get bad again

because I could only take two 5-minute showers per week. I informed the C.O.s and R.N.s daily that my leg was getting worse and I needed medical help. A week later, on Feb. 1, a nurse took me out and removed the dressing. She told the C.O. he had to take me to Health Services immediately, that my leg wound was very, very bad. Finally, I was taken by ambulance to the nearest emergency room. I was told nothing was wrong and was sent back to prison. But a week later, the test results came back and showed I had MRSA

(an antibiotic-resistant infection). The doctor doesn't want to do anything until I am checked for cancer, so I'm back on antibiotics while I wait to see a dermatologist. But although I was instructed to go on a special diet, this has not been honored. Meanwhile, I have to shower in the same stalls with everyone else, and by evening, the showers are dirty — and I mean dirty.

[His compassionate relief case is currently pending.]

the inmates at risk of suicide when they came in. They were naked except for a pullover that came down to the thigh area. It was depressing for us to see them that way. And it seriously violated their privacy.

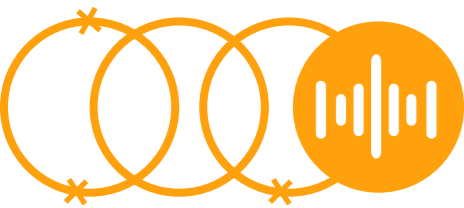
All four of us were infected with the virus and coughing and shaking. Connected to our little room by a window was a shower and bathroom. There wasn't any privacy. No one came to check our vitals, nor did we receive any medical attention. We weren't given any medicine to alleviate our pain and coughing, and we weren't permitted to buy OTC medication from the commissary. The cell was cold and the lights were on throughout the night.

When you're sick with COVID, hydration is essential. But the water in the cell was disgusting and unhealthy. (In the regular units, we have access to filtered water. And normally, when we're on lockdown, orderlies are allowed to bring us water

and ice.) The water that came directly from the sink was literally hot and had to be cooled down first. Plus, it was filled with impurities. It was OK for brushing our teeth, but to drink? No. In addition to the warm temperature, you could actually taste something in it. Whenever the toilet water was dark brown (which was often), so was the water from the faucet. You could see bubbles in it too.

On numerous occasions, whenever someone came to check on the suicide-watch inmate, we asked for water and medicine. We were denied every time, until Dec. 22, when an administrative staff member came though the area and approved our request for water.

I lost approximately 25 pounds, was dehydrated and didn't get my high blood pressure medicine.



Voices from Within

Shannon Derrell Williams

On Dec. 17, 2021, I went to Medical, complaining about chest pain and difficulty breathing. I have a history of blood clots and thought it was another pulmonary embolism. I was seen by Nurse Hall, who took my vitals, then tested me for COVID. He then called me into the nurse's area and told me to put on my mask. Only then did he and the other nurses pull their own masks up. He informed me that I was infected with the coronavirus and that I must be quarantined. I followed him to the suicide watch area and was placed in a cell with a toilet connected to a sink and a concrete slab on the floor. He gave me a mattress that was approximately 3/4" thick and a kit consisting of toilet paper, toothpaste and deodorant. However, the cell was not sanitary and he didn't bring me any cleaning supplies.

Later on that day, he brought in another

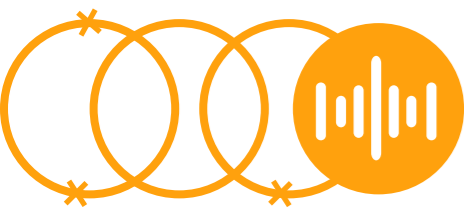
inmate who had also tested positive for the virus (Terrell Jerome). The cell was designed for one person only, so he gave Terrell a tub to keep his mattress in. That left one side of the cell without any walking space. Due to my medical condition (history of clots), I must walk at least 30 minutes a day to stay healthy.

Then Terrell's cellmate from the compound also tested positive for the virus. Nurse Hall pulled me out and placed those two together, moving me into a different suicide cell with another inmate.

The next day, Nurse Hall put all four of us in one cell behind the suicide watch area, which has windows in the front and back. We were able to see



After that incident, the prison shut down the suicide-companion program. In the months following, two prisoners committed suicide and another attempted it. This place is a revolving door of death and depression.



Voices from Within

L.M.

When I contracted COVID-19, I had about nine symptoms, but was only placed in isolation, not tested. I couldn't breathe easily but wasn't given any oxygen. If not for the help of a nurse practitioner named Mrs. Sorrell, who taught me breathing techniques, I wouldn't be here. The staff only checked on us at count time. The nurses made two rounds: once in the morning and once at night to take vitals. I passed out two times and was simply told to "drink water." Meanwhile, I'd estimate that 80-85% of staff refused to mask up.

The winter was terrible up on this mountain (FCI Hazelton in West Virginia) and at times the temperature outside was near freezing. Yet the approximately 100 diabetics were forced to stand outside in line to get our insulin and have our blood sugar levels checked, which takes one and a half hours every morning and afternoon. [Medical staff says the officers won't allow them to administer the insulin inside.] There were days when I couldn't even prick my finger because my hands were frozen. When that happened, the medical staff marked it down that I refused! When they finally let us in the vestibule to inject ourselves (only one person is allowed in at a time), the blood monitor was so cold the battery stopped working. So I sucked on my finger to try to heat it up.

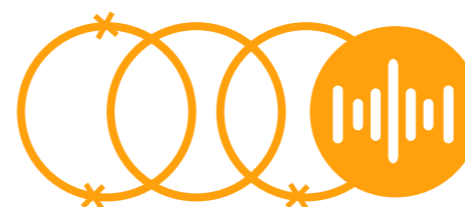
“

One of the men was coughing up blood, and the unit officer just said, "If he dies, he dies."

The guy next to me was about to assault the officer, but I stopped him. It would've put the prison on lockdown for God knows how long and the actions of staff toward inmates would've escalated beyond belief.

Then, when we're standing in the pill line, there's usually at least one medical staff member or compound officer who's smoking a cigarette. These people are supposed to be here to help us get well and they are smoking tobacco, exposing us to secondhand smoke! Yes, smoking is banned in federal prison, but that doesn't stop these officers from doing what they want. As I was told (verbatim): "FCI Hazelton isn't part of the FBOP. This isn't even USP Hazelton. This is FCI Hazelton." (In other words, we do what we want here.)

The level of respect staff has for us is nonexistent. We're treated like road kill or something you may have stepped on.



Voices from Within

Leonard Schenk

The only time you see a dentist in prison is right at the very beginning, when you are first processed. After that, you're lucky if you get your teeth cleaned twice during, say, a 10-year sentence. Otherwise, the only care you'll get is when a tooth hurts and even then, you'll have to keep complaining until they finally pull it. They hardly ever want to do fillings.

“

When you ask for dental care, they put you on a national waiting list. I was on that list for 12 years.

The only time I got to see anyone was when a tooth was hurting like crazy. I was in prison for 15 years; I went in with 28 teeth and came home with about 14. Even now, I'm sitting in a halfway house with a tooth that needs to come out of my mouth because it's so bad that I'm having trouble eating.

A lot of the lawsuits filed against the BOP are for lack of dental care, charging deliberate indifference. They couldn't care less if you have good dental care, even though that's their job and the government funds them for that. There's some prisons that don't even have dentists.

Mental Health

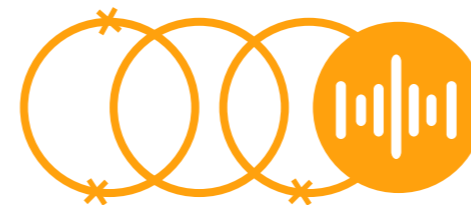


Mental Health

According to a 2019 report from SAMSHA (Substance Abuse and Mental Health), more than 70 percent of people in American jails and prisons have at least one diagnosed mental illness or substance-use disorder, or both. Up to a third of those incarcerated have serious mental illnesses. Yet a [Prison Policy Initiative](#) analysis of Bureau of Justice Statistics data from 2012 found that only about a third of those reporting serious psychological distress were receiving treatment.

A [separate survey](#) of federal prisoners conducted by Families Against Mandatory Minimums (FAMM) in 2017 found that more than two-thirds said they had not received mental or behavioral health treatment. Of those who did manage to get therapy, more than half said it was either not beneficial or of limited help, partly because they feared that being truthful about their difficulties would be used against them later by prison staff.

It should not be a surprise, then, that prisoners experiencing serious psychological distress were found to be three times more likely to be written up for physical or verbal assault of correctional officers, staff or other incarcerated people, compared to those without any mental health problems.



Voices from Within

Arthur Bowlson

I have a documented history of mental illness that the FBOP refuses to address. I have a court order mandating treatment, yet I have never received adequate attention the entire 20 years I've been in. I had one psychiatric evaluation in 2004 and not another one until 2011. Then nothing until 2020. They all concluded the same thing: that I have clinical conditions that warrant antipsychotic meds and a treatment plan.

Before I was sentenced, I was diagnosed with PTSD and schizoaffective disorder; in 2020, a psychiatrist from Tulane University, retained by the court as part of my compassionate release hearing, diagnosed me with antisocial, borderline and narcissistic personality disorder.

It's been two years since then; I have not been given any medication and I have not been enrolled in the dialectic behavioral therapy program that is available at Coleman and was recommended by the court-selected psychiatrist—much less assigned a treatment plan. That's perhaps not a surprise, given that prison staff refuses to change my "care level 1" status (the lowest possible) to a higher ranking.

The only improvement since the court order is my shorter stays in the SHU. In his ruling, the judge wrote, "Mr. Bowson has repeatedly been placed in solitary confinement and his treatment notes show that he reports more mental health problems during these times.

Such measures are not only ineffective in correcting behavior in individuals with severe mental illness, they have been found to worsen already debilitating conditions, as evidenced by the United Nations' classification of solitary confinement as torture. Rehabilitation is a two-way street; it requires the full cooperation and positive investment of both the patient and provider."

"Mental illness does not mean you are 'less than.' But you get to a point when your spirit is broken.

you later. I'm still waiting for someone to see me. When I have anxiety attacks I can't breathe and it feels like everything is closing in on me.]

The FBOP usually has only three psychologists for a population of 1,300+ prisoners. That's around 433 prisoners per psychologist, which means if each psychologist saw prisoners from 8 a.m. until 3 p.m., skipping lunch every day five days a week for a month, it would take them over three months just to spend an hour with each person. But that situation obviously couldn't be further from reality. The Supreme Court case *Estelle v. Gamble* established that the 8th Amendment to the U.S. constitution mandates health care (including mental health treatment) for people it is punishing via incarceration. But the FBOP is in flagrant violation.

Usually, when a person has a mental health crisis, an officer, who has no clue what to do, presses his or her body alarm, setting off a chain reaction. The siren starts to wail on the compound and all available staff run to "defuse" the situation. When they arrive, they tackle the prisoner to the ground and pile on top, while punching, kicking and choking him. They often yell "stop resisting" as they cuff and continue to beat him, as if that statement justifies their assault. Once he's unconscious and on a stretcher, they take him to the Special Housing Unit (SHU) and dump him in a cell. Sometimes prisoners die after a staff assault like that. I saw just that happen to a prisoner at USP Terre Haute (Indiana) in early 2018.

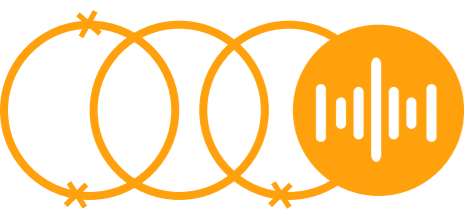
"The guy was having a crisis and other prisoners were trying to help him, but then the CO decided the guy was high on drugs and turned into 'Robocop.' The guy died in the SHU.

Medical staff often refuse to treat people like him because they've now been labeled as "violent," so they suffer and receive disciplinary sanctions, which take away any good-time credit they've earned and possibly deprive them of family contact via phone, emails and visitation.

All of this just because the FBOP refuses to provide treatment.

Suicide watch: When a person is on suicide watch, they are usually locked in an isolated cell within the medical section of the prison, where they have no privacy. There's a huge window in their cell door and a window next to it so they can never be out of sight. Then another prisoner (called a suicide companion) must sit outside of that cell with a pad of paper and write down everything the other prisoner is doing. If the prisoner inside the cell tries to hurt himself, then the "companion" must pick up the phone provided and notify staff. But if that happens at 3 a.m., staff is very slow to show up.

If I go on suicide watch, I have no access to mail or phone calls or emails. I don't understand how separating a person



Voices from Within **Saleel Qaasim**

"I suffer from bipolar disorder and anxiety. That's not a crime. Yet more often than not, mental illness is treated as such in prison and punished accordingly.

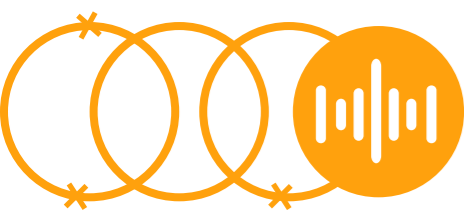
A person with mental illness is treated as if he has done something wrong. I was in the Army for nine years and I

served honorably, but I can't even get access to basic treatment beyond pills, even though it's known that veterans have a higher rate of suicide than the average person. [Since arriving at USP Coleman 1 (Florida), I have received zero treatment outside of pills. I requested sessions with a therapist one time during the COVID lockdown, because that has helped me in the past, and they said someone will see

from their family helps them during a mental health crisis.

There needs to be a study done on those with mental health issues who are incarcerated to determine what will actually help instead of just passing out

pills. Psychological and medical staff within prisons are more concerned about collecting a paycheck and enforcing punishment than actually helping those incarcerated.



Voices from Within

Ernest Johnson

At USP Coleman (Florida), I told a lady in psychology that I was hearing voices. She asked if I wanted a packet and some crossword puzzles. I responded, "How will that help me to stop hearing

voices?" She said, "That's all I can do to help you." I told her I was going to write her up for not doing her job. The next day, I received an incident report. She said I cussed her out!

Rehabilitation Programming





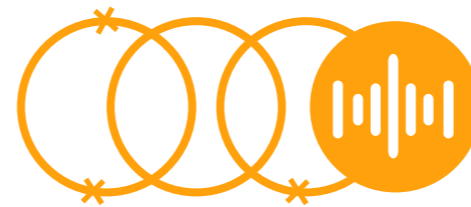
Rehabilitation Programming

Programming and other productive activities have proven to reduce recidivism after release and [decrease conflict and depression](#) inside. Yet, although the First Step Act of 2018 incentivizes participation in programming, quality, quantity and access lag far behind the need and demand. (This has been particularly true during COVID, which has greatly reduced availability and swelled waiting lists.) For example:

On-the-job training: Despite its proven success in [reducing recidivism and improving employment outcomes post-release](#), only [8% percent of eligible people in federal prisons](#) actually are eligible to be employed by [UNICOR](#), a government-owned corporation that offers the highest-paying (a maximum of \$1.15 an hour!) and most real-world-comparable jobs. The length of the waitlist? Around 25,000 people.

Drug abuse treatment: Research shows that, while often lacking, the BOP's Residential Drug Abuse Program (RDAP) [reduces recidivism and substance abuse](#). However, [just over 40% of federal](#) facilities don't offer the program and there is a waitlist in the multiple thousands. To address a substance abuse issue, an individual may have to sacrifice his or her placement in a facility close to home and move to a facility that offers RDAP. In addition, it is offered only to those within 24 months of release, although control of substance abuse is essential to everyone's rehabilitation.

Education: While studies have shown that postsecondary education programs also improve state of mind and reduce recidivism, college is expensive, the U.S. prison population is [disproportionately from low-income communities of color](#) and correspondence courses vary widely in quality. (Congress banned prisoners from receiving Pell grants in 1994. Although that ban has now been lifted, Pell grant availability won't begin to expand until July 2023.)



Voices from Within

John Kuehne

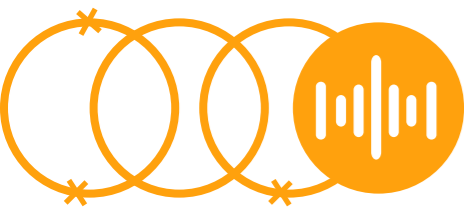
I have been working within USP Big Sandy (Kentucky) to start a program called MEN.T.O.R. to help the men further develop their sense of identity and agency. I moved to what is called the "transition unit" to launch the program, but within a day we were placed on COVID lockdown. However, even when we were not considered an "active" site in terms of the virus, we remained locked down—with literally no programming taking place. I put forth a detailed proposal for conducting one-on-one GED tutoring, following social-distancing guidelines. It was refused.

Prior to the implementation of the First Step Act (which incentivized prisoners to participate in recidivism-reduction programs), incarcerated residents could facilitate workshops when they had particular expertise. However, now we're told, that isn't allowed. But the staff who "teach" the little programming that is offered don't have any background in the subject and are not trained in any way. They simply show DVDs or read out

of a workbook. I'd call the approach, "pick it up and wing it." For example, USP Big Sandy hired an officer to teach an ESL class for Spanish-speaking prisoners who doesn't speak Spanish himself! When worksheets and other assignments are completed by the participants, they are simply filed without review.

Sometimes the subjects themselves are inappropriate. Let me provide one specific example: I am the First Step Act clerk for the parenting class. Phase 2 of the program actually consisted of a DVD discussing how to "parent for the second time" when you're a grandmother. (Yes, you read that right.) Remember, this is an all-male prison.

My question: Is anyone monitoring more than \$200 million of taxpayer money spent by the FBOP on implementing the First Step Act to date?



Voices from Within

Edward Williams

One of the main problems is that there just are not many programs to participate in. And those programs that are available are offered on a 24-months-to-release basis. The fact is that there will always be scores of people 24 months away from release, and behind them a large group who are 36 to 48 months out. Someone like myself with a 44-year sentence is continually pushed to the back of the program-participation line, no matter how long I've been waiting.

Yet, when reviews are conducted, it's put in my record that I've refused programming! That looks bad in my file, but my case manager says it's an automatic thing. If I refuse to sign the review because it's inaccurate, that's considered a refusal too! And it can be used against me at the institution's

convenience, maybe when it comes to my request to transfer or something else. There's all sorts of ploys used to make us look bad or noncompliant.



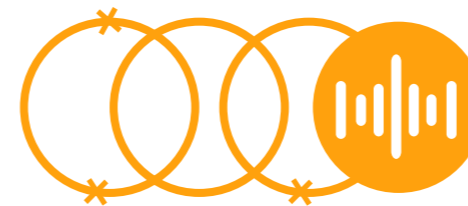
The federal Bureau of Prisons is in the business of warehousing prisoners, not affording us opportunities to better ourselves.

My take is that the Bureau of Prisons has to put on this facade to make it look like there's enough opportunity for prisoners to program to account for the huge budget the system receives annually.

prisons exempt from receiving credit in real time; you have to wait until you're transferred to a lower-security facility.

Look at me, for instance. I don't qualify for time credits because I committed what's considered a violent offense: multiple bank robberies. No one was harmed, but this is how they view the charge. However, I do qualify for the [other incentives](#) [extra phone and visitation time]. I can earn incentives

based on clear conduct and being a program participant. But simply because I am in a USP (high-security penitentiary in Coleman, FL), none of the incentives are activated. The unwritten rule in the FBOP is that when you are in a USP, you don't get anything in terms of treatment/rehabilitation. The only way to resolve this is to file grievances for four to six months and then go to court.

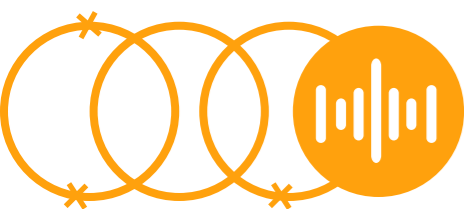


Voices from Within

Joseph Johnson

I have been in FCI Hazelton (West Virginia) for the last seven years; it has the poorest quality of programming I've seen in my 20 years in the BOP. For example, I took a building trade class in 2016. I studied for close to 12 months, only to learn that our instructor wasn't certified to teach the class and thus, all the work we did over the course of a year or so didn't count toward any kind of certification. I was told we had to re-take everything we had done, once our instructor was certified! When

I went to the head of education to ask if I was going to at least be credited for the programming hours, I was told there was nothing she could do about that. [I was sentenced on Oct. 28, 1996, which means I should be given good-time credit for programming over 100 hours; that's between five to 30 days per program.] She only credited me for the new hours (once the instructor was certified).

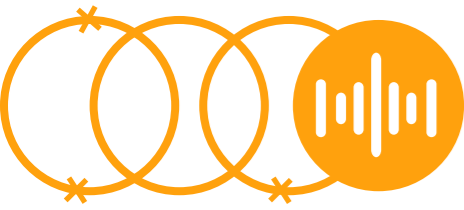


Voices from Within

Arthur Bowlson

Under the First Step Act (FSA), we're supposed to get credit for programming if we at least request enrollment, since they often don't have enough classes available for everyone. That goes into your central file, which is how they

assess an individual's progress against the goals/recommendations from the court and the FBOP. But what they are doing here is undermining the FSA by making those in high-security



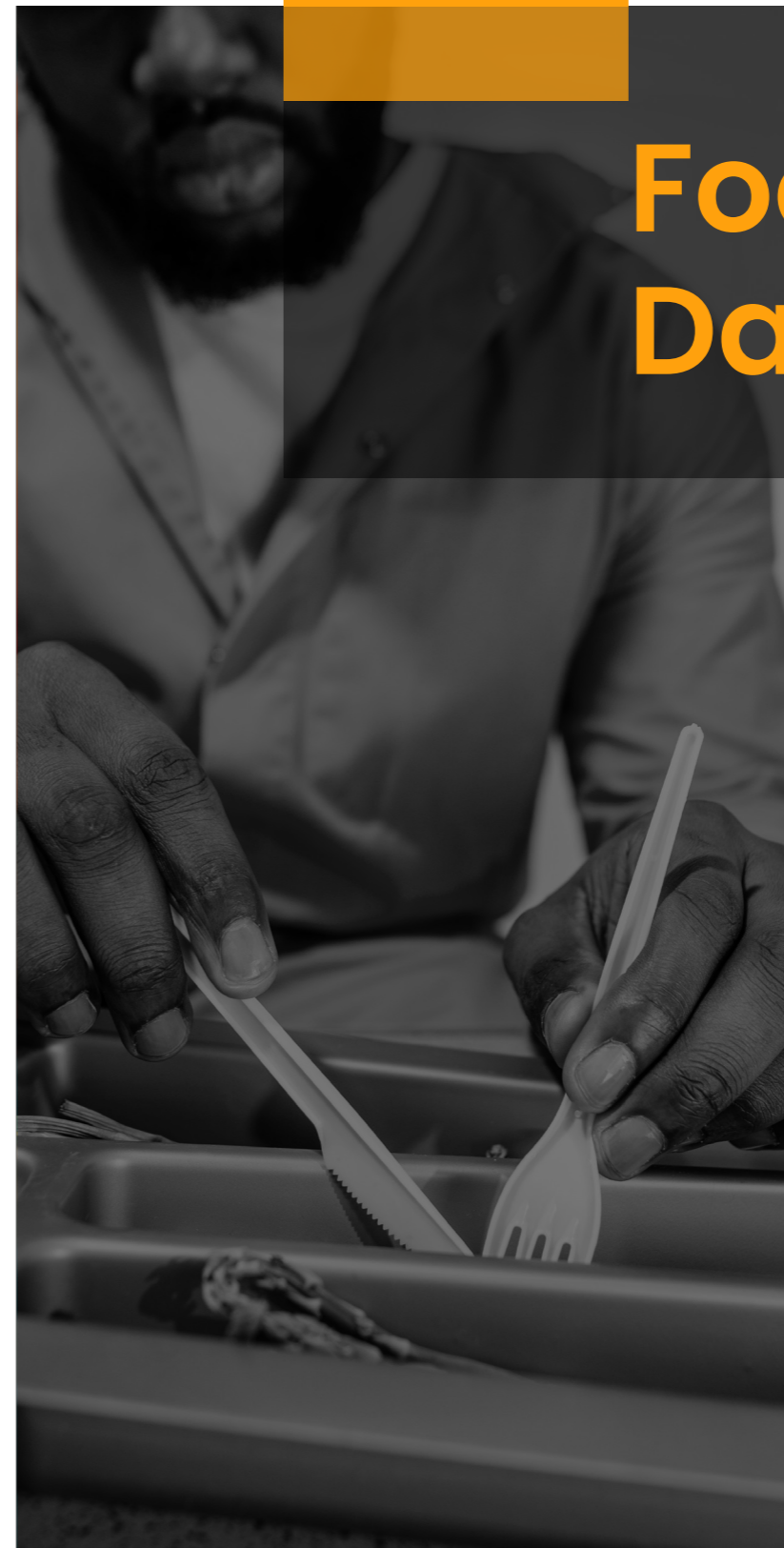
Voices from Within

Marlon Deshone Quarles

I filed a motion with the courts concerning the FBOP's abuse of discretion. They keep inmates here (USP Coleman 1, FL) who have medium-security points, by placing a management variable [a warden's personal assessment, counteracting a person's security-points score] on us for six months at a time, for no good reason. No one is being transferred from here to a medium-security facility, and haven't been for the last two years from what I hear. We have worked hard to attain the

status of a medium and our progress has fallen on deaf ears. And this USP doesn't have the programming we need to have a meaningful opportunity to reduce our risk-level assessment and thus get good-time credits.

The USPs stay locked down so much that a person can't program and take advantage of the First Step Act mandated by Congress.



Food/ Daily Life





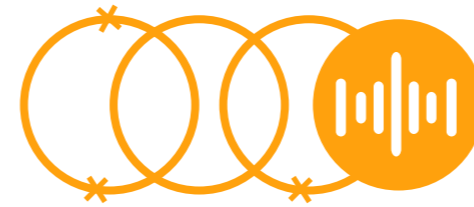
Food/Daily Life

In 2020, the U.S. Department of the Inspector General [re-issued](#) a report on FBOP food procurement that was prepared prior to the arrival of COVID, stating that the pandemic has only [worsened the flaws](#). The OIG found that, “the BOP does not have a protocol in place to ensure its food supply is safe and meets contractual requirements. We further have found that the FBOP does minimal and inconsistent quality assurance inspections of food items and instead relies almost exclusively on vendors’ claims regarding the composition, quality, freshness, and weight of their products...The FBOP [also] does not always document or communicate food vendor quality issues. In several investigations, we found that a number of BOP institutions were aware that a particular vendor was providing substandard food, but the information was not documented. As one example of the consequences of failing to document and communicate quality issues, the OIG has learned of instances where BOP food vendors attempted to ship food products to BOP institutions after the products had been rejected by other BOP institutions.”

The insufficient quantity and poor quality of prison food force prisoners to purchase supplementary items from the commissary, priced high enough that those without a job or supportive family members [cannot afford them](#).

The result of this lax approach to assuring the nutritional health of its charges is apparent in reports from organizations such as [Impact Justice](#) and the stories documented here.

There are many other aspects of daily living in federal prisons that degrade mental and physical health, including the buildings themselves. For example, pervasive black mold is not uncommon. According to the Environmental Protection Agency, mold is one of the most common contaminants responsible for Sick Building Syndrome (also called Building Related Illness). A report by the Institute of Medicine found there is “sufficient evidence to link indoor exposure to mold with upper respiratory tract symptoms, cough and wheezing in otherwise healthy people; with asthma symptoms in people with asthma; and with hypersensitivity pneumonitis in susceptible individuals.” Homeowners have [won significant negligence lawsuits](#) when mold was found. But incarcerated people are often subjected to these conditions without any opportunity to seek relief from a court.



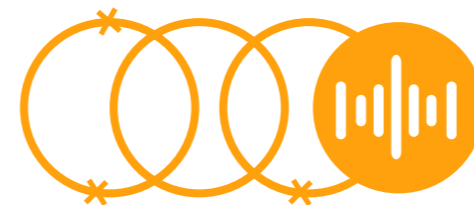
Voices from Within

Akin Sean El Preci Bey

Staff (at FCI Gilmer, West Virginia) consistently increases prices on canteen items up to \$1 at a time. This is at the same time that they cut wages. They are also always running out of items, because they don’t buy enough for 1,200–1,500 inmates. We haven’t had toothpaste and soap for about a month now. They only order 50–100 pairs of one type of shoe in limited sizes.



I haven’t been able to buy a pair of sneakers in over two years. Meanwhile, they buy the cheapest products they can and then mark them up.



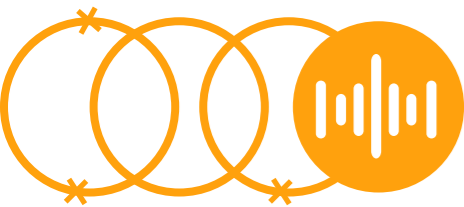
Voices from Within

James Parker

As at all of the facilities, the food is not served hot enough and is often undercooked. Some guys with dietary issues are sick and can’t eat much of what we’re forced to consume. When I contracted COVID, that was my problem. In fact, ever since I was sick with COVID, I can’t eat much of the food served; I mostly trade my trays for a cup of soup and crackers, just to get something hot in my stomach. The microwaves were taken from us three or four years ago. We’re forced to buy cup-of-soups full of sodium from the commissary, just to

get something hot in our stomachs. We only get hot water from H2O units installed in each unit, but we’re not allowed to use them when we’re on lockdown. Hot water really helps the body feel healthier and warm. The cells are so cold this time of year; to be served cold foods as well adds insult to injury.

Meanwhile, staff throw out tons of food weekly rather than give us a larger or second portion.



Voices from Within

Edward Williams

“

To be absolutely clear. If a prisoner does not have financial help from family, he will starve!

The food served is usually cold and/or undercooked. I stopped eating chicken in 2014 after an undercooked portion made me sick. I felt nauseous and I immediately knew it was from the chicken. I didn't even attempt to go to medical because it was after 4 p.m. and it is virtually impossible to see them after business hours unless your problem is clearly noticeable and potentially life-threatening.

Due to the likelihood of eating raw chicken, I adopted a no-meat diet. And here, that's totally inadequate in terms of nutrition. If we're given any meat substitute at all, it's peanut butter. For example, yesterday, the no-meat meal was rice, carrots and bread. Someone else, though, got peanut butter on his tray. When consumed regularly like that, peanut butter causes constipation. And since we're locked in our units daily for hours at a time, we're not able to walk food off, which results in straining during bowel movements. I am one of the fortunate people who gets financial support from my family, so I am able to go to the commissary regularly. I would not call the food sold by the commissary decent, but it's a better option than the

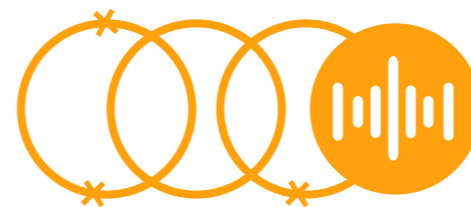
meals served!

At Coleman 1 (Florida), this is the way our meals usually work: Four days a week (usually Tuesday, Wednesday, Thursday and Friday) people in the general population go to the kitchen to eat lunch, which is marginally decent. Most people either don't eat the other meals or consume them only out of necessity. Why? You get things like oatmeal, grits and food of that nature, served cold. And there is nothing more disgusting than cold oatmeal. We never get a hot meal after 4 p.m., yet the Coleman medium(-security) prison next door gets hot meals in the evening EVERY DAY. So, most of the other meals are thrown away unless a person doesn't have any other options. If you looked at my commissary receipts from the past 17 years, you'd see I've had to spend a fair amount of money on food. On average, I spend about \$200 a month on commissary. Add that to the \$70 it takes to call family for the allotted 300 minutes per month, plus email and music fees (roughly \$5 for every three songs) and it adds up.

There's this widespread misconception out there that taxpayers are paying for my incarceration. But here's the truth: I pay for my food, communication, clothing, shoes, the MP3 player and the music. I also pay a \$2 copay for

medical care even if all the staff does is tell me to buy medication at the commissary. (That's actually a lot for us, even if we have a job, which pays slave-labor wages.) So, any time a staff member tries to tell me that their "hard-earned tax dollars" are paying

for my incarceration, I rebut that with everything I just mentioned. And if a prisoner doesn't get support from family, he's likely HUNGRY RIGHT NOW!!!



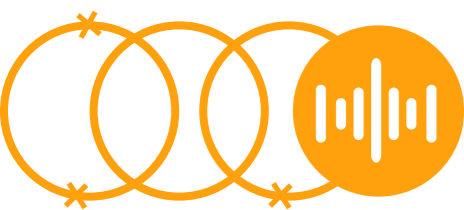
Voices from Within

Wesley Todd

Black mold filled the HVAC system at this place (Yazoo City-Low Security, Mississippi). All the vents were filled with it. Everybody hacked and sneezed constantly.

Plus, sewage water flowed unrestricted into our living area from the showers. Staff dismissed it as "only" shower water, but you have to understand how many men use the shower and the things that happen there; it's sewage.

The flow was so steady and constant that staff built a foam barrier under the water fountain to contain it. They'd vacuum it out a few times a day, as well as try to soak it up with blankets. Staff called them flood blankets and the laundry team issued them to the dorms daily. But we basically had standing water on the floor all day long, and we'd track the sewage into our cells and all over.



Voices from Within

I.N.A.

On June 16 (2022), at around 10:30 p.m, the toilet in our cell [in the women's section of FCI Hazelton, West Virginia] overflowed with feces and urine from the cells upstairs because the sewage drain backed up (at least that's what we were told). I pushed the emergency button, and Officer Straley came to our door. She started cursing, letting us know that this had inconvenienced her. This proceeded to happen every time someone upstairs flushed their toilet. I pushed the emergency button again and Officer Straley barked that it was "fucking pissing her off."

After repeated rounds of this, Officer Straley finally called the emergency plumber (another prisoner), who snaked the drains in the affected rooms. Officer Straley then slid a squeegee through the food slot in the doors of every cell but mine, so they could clean up their floors. She didn't give me a squeegee because the water was overflowing directly from my toilet. So, I started laying newspapers on the floor to soak up the urine and

collect the feces. I asked for a trash bag and cleanser and was told I had to wait until the morning.

At 6 a.m., as soon as the doors were unlocked, I got up to get some cleanser. But then the toilet started overflowing again and continued about five more times. A plumbing crew finally came to fix the situation. At around 8 a.m., I asked the officer on duty for gloves and cleanser. I was told there were no gloves and that he "would eventually get up to get us cleanser."

By this time, the feces in the toilet and on the floor had been sitting overnight. I emailed the unit team and administrator and they never responded.

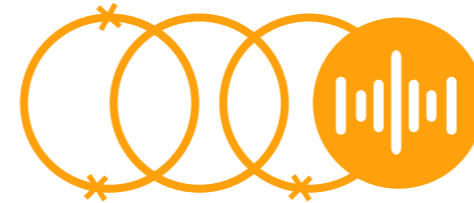
I was able to clean up the the highly unsanitary, disease-breeding situation at around 10:30 a.m.

Lockdowns





Lockdowns



Voices from Within

J.M.

Most of the media, policy and academic attention related to prisons has focused on solitary confinement – as in, one person in a cell by him- or herself, and the psychological and physical isolation that comes with that. But with the exception of the [supermax \(ADX\) prison in Colorado](#), punishment today is what The Marshall Project calls “[double-celled](#)” solitary confinement. And it’s just as torturous – in fact, it can be even more destabilizing, depending on who one is housed with.



“Volatile people are often [locked down in pairs](#) for nearly 24 hours a day in a cell roughly the size of a parking space, forced to eat, sleep and defecate just feet from each other,”

The Marshall Project explains. Although prisoners in “general population” normally have more choice over their cellmates, you can think of “lockdowns” as the equivalent of double-celled solitary confinement, but on a unit- or prison-wide scale. They are imposed for reasons that vary from collective punishment (two prisoners get in a fight) to staffing shortages. Regardless, what it means is being locked in a cell the size of a parking space with another person, with the toilet in the same room (no privacy). You may be allowed out for a bit of recreation for one or two hours, showers are permitted just three times a week, and forget any calls or emails to family or visits. Programming and even medical rounds come to a halt as well. Lockdowns can last anywhere from a couple of days to three or more months.

As Edson Gelin, one of the incarcerated individuals who shares a story, says, “Many people haven’t been able to get their GED or earn vocational certificates by the time they’re released because of so many lockdowns, and thus return to their communities worse off than when they left. One has to wonder: If the hundreds of millions of taxpayers dollars allocated to reduce crime and support recidivism reduction are not being properly used because of the constant lockdowns, where is the money going?”

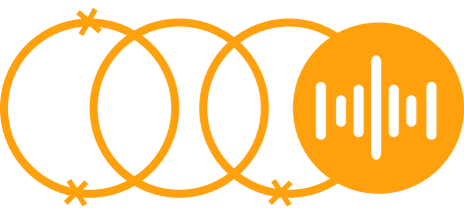
He adds that over time, over the course of many repeated lockdowns, families become alienated caused by this “out-of-sight-out-of-mind” state.

The District of Columbia’s Correctional Information Council [found in repeated prison visits](#) that, “by far the most common concern...was the frequency of lockdowns and their impact on visitation, programming and religious practice.” At USP Pollock (Louisiana), for example, 16 lockdowns were reported in a 12-month period. Jessica Sandoval of the nonprofit Unlock the Box [has gone on record](#) as saying, “We believe that this is the manifestation of a trend to continue to institutionalize the practice of solitary confinement.”

USP Lee (Virginia) has a practice of locking down whole units whenever the special housing unit (SHU, aka “the box”) is full. That means if one inmate is charged with an infraction and the box is full, his entire unit is locked down until space opens up. That could take anywhere from one to 30 days. This practice has been prevalent for the last four years at this prison.

We’re told that the unit is converted to “administrative detention” (A.D.) during these occasions. But we aren’t even given the rights inmates get in the box! For example, we aren’t allowed any rec time at all, whereas in the box, people with A.D. status get a minimum five hours per week. We get no time in the law library, no sick call, no commissary, no legal mail pick-up and no laundry exchange. We’re allowed a shower only every three days instead of the mandatory three per week. This happens every time the SHU is full. This last month alone, my unit (all 120 of

us) spent two weeks this way. There isn’t anything in the program statements [regulations] that allow population units to be turned into box cells when we haven’t violated any FBOP rules. That is a clear violation of the Code of Federal Regulations (28 CFR Part 500.00), which says the warden can only lock down an entire unit or the prison for a security emergency. (What’s supposed to happen, and used to happen, is that when an inmate is sent to the SHU/hole, but it’s full, he’s placed in a holding pen in the lieutenant’s office. Meanwhile, the inmate in the SHU who is closest to his end date [or maybe the one with the lowest-level infraction, like having an onion or bread in his cell, or using the phone privileges of another inmate] is released to make room for the new occupant.) You don’t see corrections officers getting disciplined for the actions of other C.O.s!

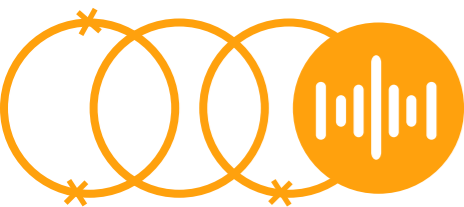


Voices from Within

Akin Sean El Preci Bey

When the SHU (at FCI Gilmer, West Virginia) is full and there's an incident with an inmate, whether it's a weapon, fight, check-in, etc., the staff locks down the whole unit until they do a SHU kickout and a cell becomes available. That means the other 100+ other inmates

miss out on using the law library so we can work on our cases, we are refused visits with family, we can't go to the commissary to get necessary items, etc. Everyone is punished due to the acts of one.



Voices from Within

Justin Johnson

Too many times we are locked down for isolated incidents that don't affect the safety of the institution. For example, during the week of Thanksgiving, a C.O. entered a cell where guys who practice the Santeria religion were praying, and said stop all this heebaa jeba bullshit. The guys were using the cell to pray because the chapel was closed. The C.O. broke up the religious ceremony and everyone left.

Within the next 30 minutes, the C.O. re-entered the room and searched the guy whose cell it was. He had an altar for Santeria set up. There was some palm oil inside an empty pill bottle along with other religious items. The C.O. reached for the oil in the bottle, and the guy was startled and reacted quickly by reaching for it as well to prevent the guard from touching anything on the altar. By the way, having an altar is allowed. It is not

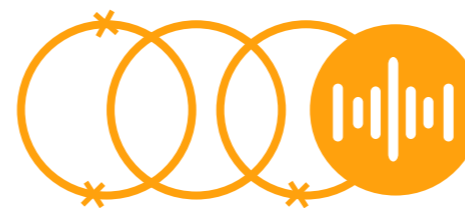
against the rules.

The C.O. and the guy's hands touched, and the guard called a code. The inmate was sent to the SHU for assault. The entire institution was then placed on lockdown for a week. The entire institution! This happened on the Monday before Thanksgiving. We got off lockdown the following Monday.

My family traveled here to visit me for the holiday and were told we were locked down. I had asked if I could at least contact my family to prevent them from coming such a long distance for nothing and they wouldn't let me.

Collective punishment doesn't work because it creates bigger problems. Guys get agitated, tension rises. And

then you've got a real situation that could have been avoided.



Voices from Within

Edson Gelin

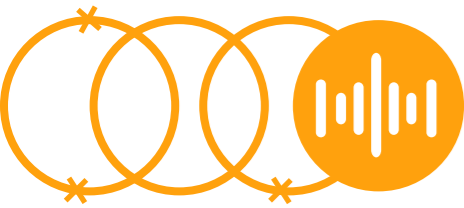
Why do lockdowns matter? They make me feel demoralized, despondent and depressed.

There is a sense of hopelessness, because it happens so much. I have to constantly remind myself that it's temporary. Recently, my mother died, but I didn't find out until a week later, because we were on lockdown. My family contacted the chaplain, but he never informed me. My family had to call here multiple times, until my brother finally reached the unit counselor, who allowed me to call home, which is when I found out.

Lockdowns also affect your ability to progress through the system. I've been in the Psychology Services' Challenge Program, a residential EBRR (evidence-based, recidivism reduction) initiative, since April of 2019, and only recently have I been able to advance to Phase 2 because of all the lockdowns. I have to complete Phase 3 to graduate and then be considered for transfer to a lower-security institution with more programming. Normally, the Challenge Program takes about nine months

to complete, but I've been here for 35 months – almost three years! – because of the constant lockdowns.

Plus, some of my family members are reluctant to drive the four hours from Miami to visit me, because they fear being turned away due to a lockdown. One time, a friend's family traveled all the way from Ohio to surprise him for his birthday, only to be told less than an hour before their arrival that visitation was canceled due to a physical altercation between one inmate and several officers. Although the inmate in question was quickly subdued, the entire population was placed on lockdown for several weeks; all operations were canceled including visitation; all TVs were shut off; we could only shower three times per week; and we were served cereal and cold sandwiches for breakfast, lunch and dinner because the kitchen workers were locked down as well. And that's not even mentioning the lack of access to the law library, despite my pending case with looming deadlines; canceled medical appointments; and living in filth since the cells couldn't be cleaned/sanitized while on lockdown.



Voices from Within

James Parker

Whatever the reason they are imposed – for COVID, due to infractions, or when staffing is short – lockdowns are punitive. We only get five-minute showers, and even during the COVID pandemic, the showers are never cleaned. We’re herded in and out like chattel. The water is usually cold, since the warm water is used up by the first 20-25 guys (there are over 100 men in the unit). The food is never hot, although the BOP program statement mandates at least one hot meal per day. That’s because the trays sit for 20-30 minutes before the staff serves them.

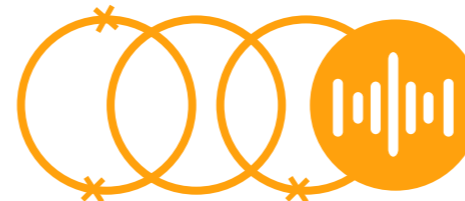
February 2022 was a perfect storm. On Feb. 14, two guys on my job site (at FCI Cumberland, Maryland) got into a fight. We all knew what was coming... lockdown! That was all made worse when one of the guys in the fight had to go to the hospital and tested positive for COVID. After two weeks of lockdown (first for the fight and then due to the fear of COVID), a national lockdown was announced. I heard on my MP3 radio what it was all about – a fight between two gangs in Texas. It’s true that these gangs and their allies are at a lot of the penitentiaries, but we have very few of those factions here. Yet we were locked down too.



This is what a lockdown looks like: We’re forced to sit 24 hours a day in a 6’ x 9’, two-man cell with an open toilet (in the same room where we eat and sleep!).

We’re only allowed to come out Mondays, Wednesdays and Fridays for a five-minute shower. The showers aren’t properly sanitized (117 prisoners have to share 12 showers), and they start out the day just lukewarm. By the time the 60th guy gets in, they are ice cold. Meanwhile, we aren’t even allowed to get hot water for coffee or soup, buy extra food from the commissary, or revalidate our MP3 radio (place it on a charging station using our personal ID code, which has to be done every 14 days). And of course, no email or phones. We’re totally cut off.

On Feb. 26, the chaplain came and I learned the news that my mother had had a massive stroke and was on life support, in a coma. Later, I learned she had died and while I was told by the chaplain that I could receive a DVD of her funeral service if I submitted a form requesting its entry; he never made the time to get it to me although I spoke with him several times.



Voices from Within

Robert Barton

We recently came off a three-week lockdown [at USP Coleman, Florida] because several people were seriously injured (one almost lost his eye and another had to be medivaced to the outside hospital and is still on life support) when a huge melee broke out over who got to use the unit’s few phones.

That may sound crazy, but understand this: There are only six phones and four computer stations for 120 people, and we only have two hours a day to call or send emails to our children, girlfriends and parents. Normally, we manage the situation ourselves, maintaining a list of 20 people per phone, in order. Each day, we start with whomever was next on the list when the time ran out the day before. But this time, one of the phones was broken, so the guy who was next up tried to get in on another line. The next thing we knew, there was a riot. (Nothing is one-on-one here; when one guy gets in a fight, his group joins him.)

Now, this was preventable. The prison staff was aware of the phone problem (this is the umpteenth time a fight like this has erupted since COVID restrictions were imposed). And prevention works a lot better than interference during the heat of a fight. What do you think would have been the prudent thing for the administration to do? Maybe... fix the broken phone? Add another phone? Extend the allotted call time? Let fewer people out at a time? Allow us to participate in other activities, like go to the library, enroll in a program, get some fresh air outside? (Even the T.V.s have mysteriously been off for the last month.) NOPE!! They did none of the above.

Instead, they let all 120 guys descend on the phones and computers at the same time, knowing we’d be frustrated and anxious to talk to our loved ones after being denied the ability to do so throughout the entire Christmas holidays due to another lockdown.



Abuse



Abuse

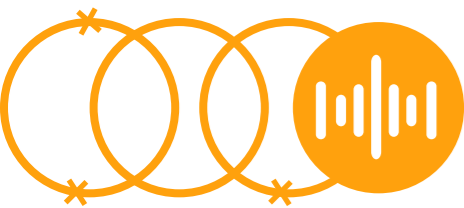
[Sexual abuse](#) of women detainees in some federal prisons has been much in the news recently, thanks in large part to excellent, relentless [coverage by the Associated Press](#). But abuse writ large is an ongoing, long-standing problem—[in prisons in general](#), as well as federal institutions. In a study that involved almost 7,000 individuals in 12 state prisons, 21% of physical assaults were committed by prison staff, compared to 19% by others who were incarcerated. Recently, the problem with federal corrections officers' abuse of prisoners was detailed in reporting by [NPR and The Marshall Project](#). Their in-depth investigation focused on the federal prison in Thomson, Illinois, where the men are punished by being shackled, spread-eagle, on a bed or concrete block, denied food and water, and often forced to lay in their own waste for hours and even days.

Attorney General Merrick Garland recently issued an [updated use-of-force policy](#) reiterating that,

“

Officers may use force only when no reasonably effective, safe and feasible alternative appears to exist and may use only the level of force that a reasonable officer on the scene would use under the same or similar circumstances.”
[It goes on to say that] “officers...must recognize and act upon the affirmative duty to intervene to prevent or stop, as appropriate, any officer from engaging in excessive force or any other use of force.”

However, changing an entrenched culture across so many institutions will take more than an updated policy.



Voices from Within

K.M.

“

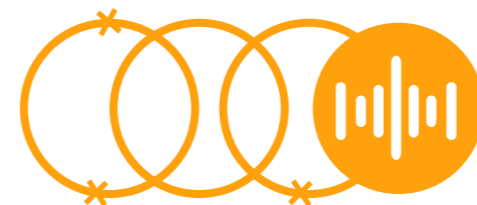
In the FBOP, you're treated as guilty before a verdict is read. You can be placed in the SHU for any reason.

There's administrative detention and disciplinary detention. The former is for the accused and the latter is for those who have been convicted of an infraction. Yet you're punished in the same manner either way.

Here's a few of the egregious practices that are used to punish the convicted and the innocent alike:

- You can't bring any property with you, legal work included.
- You're not allowed any newspapers, magazines, pictures or books sent in from the outside. And in many places, you're not allowed a radio either.

- Bright lights are kept on from 6 a.m. to 10 p.m. for no reason other than torture. The officers can see clearly into the cells with the lights off.
- Only an officer is allowed to flush your toilet, from outside of the cell, and he will do that only when he feels like making rounds. So, inmates have to defecate on top of each other's waste until an officer gets around to flushing the toilet.
- You're allowed only one set of clothes that you can exchange for clean ones every two or three days.
- You're given cleaning supplies just once a week.
- When you get transferred, they make you mail property home that you bought there or in other BOP facilities. It's all the BOP, so why aren't you able to transfer with everything they sell us?



Voices from Within

Jamar Green

As recounted by his father, Larry Evans, after receiving a letter and talking to several other men incarcerated with Jamar at FCI Manchester (Kentucky):

On March 25, 2022, Officer W. Hubbard and Lt. Turner approached Jamar when he was at breakfast, accusing him of planning to incite a riot in his pod. He responded that he didn't know what they were talking about. Hubbard responded by threatening to trash Jamar's cell. As is his habit, Jamar replied that if he did that, he'd write the officer up.

While Jamar was still at breakfast, Hubbard went to Jamar's cell and told his cellmate to go to the shower. His cellmate alerted Jamar, and when he got back to his cell, he found that Hubbard had pulled everything out of his locker, including all his clothes and program materials, and threw out all of his paperwork.

About 10 minutes later, five officers came to Jamar's door and told him to cuff up. When he objected, one of them, B. Smith, told him to shut the fuck up. Then they told him to pull his socks down before they shackled his ankles. The officers did that so the shackles would cut deeper. They squeezed them as tight as they would go.

The officers forced him to double over, with his handcuffed hands behind his back, and took him across the pod to

Lt. Carderas' office—about 250 feet. The entire way, they taunted him, calling him names. What happened should have been caught on the surveillance cameras, but in the lieutenant's office, where two other officers waited, there weren't any.

When the cops told Jamar to stand up, they asked him again why he was trying to start a riot in his pod. Once again, Jamar said he hadn't been trying to start any trouble. Lt. Carderas told the officers to slam Jamar face-first on the floor.

Meanwhile, he was still handcuffed and shackled. Jamar was repeatedly punched and kicked, including in his ribs where an old bullet was lodged. Then they cut off his clothes, and when he was naked, Jamar felt a cold object, maybe a baton, inserted between his butt cheeks.

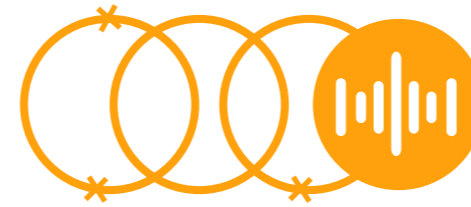
Jamar shouted, "What are you doing?!" He was told to shut up by Lt. Turner and that's when Carderas told them to stand him up. They again accused him of trying to incite a riot. He repeated that he had not done anything. They put chains around Jamar's torso, pulled it as tight as they could and took him to the SHU.

“

Every time Jamar tried to file a complaint, they tore it up. They didn't let anything get through.

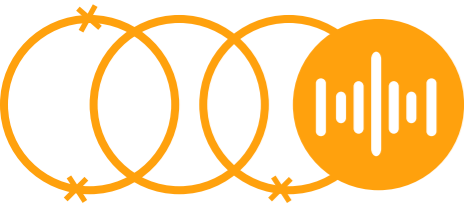
We first learned what happened when my wife's son, who is in the same prison, alerted us. Finally, we got a letter from Jamar.

He now has been transferred to USP Big Sandy (Kentucky), when he should be at a low-security facility with his points.



Voices from Within

Arthur Edward Williamson Jr.



Voices from Within

M.H.

“

One of the most common types of abuse occurs when all residents in an entire unit are sent outside to the rec yard (whether it's rainy, snowing or sunny) for two to three hours while groups of C.O.s and other prison staff members rummage through the cells, taking things they believe/claim are contraband.

They take pillows, chairs, sheets/blankets, spray bottles/cleaning supplies, small brooms, library-loan books, etc.

In one case, on Oct. 7, 2019, my unit was sent to the rec yard in the rain for three hours (from 7:30-10:30 a.m.) while a shakedown was conducted. When I was able to return, my cell was trashed, with

items thrown all over. The only thing missing from my cell was my institution-issued laundry bag that had been secured inside my locker with all my legal materials in it. The entire bag was taken, and I didn't receive a confiscation form from staff stating why they took my legal documents. Those materials were all I had to try to prove my innocence and expose the corruption in my case.

That same day, I emailed the warden, who replied that he would investigate my claim. But nothing ever happened. Also that day, I spoke with the captain and told him how important my legal work was to me. He told me that whenever C.O.s take anything from the units it goes directly to the trash compactor. I had to obtain my legal materials all over again.

On July 5, 2021, a C.O. (at FCI Hazelton, West Virginia) and an inmate named Nino Myers placed a homemade knife in the cell of another inmate, a guy named Joseph Cade. Nino did that in return for a pack of Newport cigarettes. I know it's true because Nino came by my cell later to ask me to sell the cigarettes for him. And earlier, another inmate we call Blizz, from Indiana, came to me and asked, "Eddie, listen, a C.O. wants to pay me a pack of Newports to place a knife in Joseph's cell because he's a sex offender and transgender. What should I do?"

I told Blizz, "Don't do it." No matter what I thought about Joseph, the C.O. was a bad cop and all of us were at risk of being set up.

Blizz smoked a lot of K-2 (one of the cheapest drugs you can get here, and it produces a fast high) and owed a lot of cash for it. He was being threatened for not paying up, so the offer was tempting. He listened to me and didn't cooperate with the C.O., but he had to do something. So, he walked to the lieutenant's office and checked into protective custody. (I've been in federal prison for over 40 years off and on, and this time 21 years. And I know this: Blizz would have gotten the money to pay his debts if he'd gone along, but at what

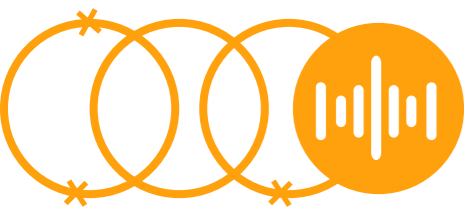
cost to him in the future by setting up another prisoner? That record would go with him wherever he went and probably cause him to get killed.)

I knew when Nino asked me to sell the Newports what he had done. (He's a K-2 smoker too and thus needed the money.) I told him to leave my cell. He responded, "Eddie, it was only a pedophile, so who cares?" But I refuse to set anyone up for any reason, especially for a low-life C.O. like that one.

I told Nino, "Leave my cell — and don't come back."

Joseph and his cellmate (who also is in for a sex offense), were sent to the SHU and written up for a weapons charge, which is a 100-series offense (the most serious).

Both Joseph and his cellie appealed to the general counsel (the department that the director of the FBOP assigns to investigate). But it was to no avail. It is still being covered up — and it's like the Brethren of the Blue closed in on Joseph, refusing to remove the knife charge, leaving him in this God awful facility and messing his record up so he can't transfer, etc.



Voices from Within

M.B.

I was abused and assaulted by a senior officer at FCI Cumberland (Maryland) on Sept. 12, 2021. I lost good-time credit and my right to visitation and contact with family. I lost 27 days of good-time credit. They also took my phone and visitation privileges away for 120 days.

I am in the middle of an appeal that I filed in December and I also have the OIG involved because of the repeated history of this same officer. But I haven't heard anything from the regional office yet. (I was told a response can take up to 90 days.) I actually didn't reach out to OIG; I guess my appeal to Regional caught their eye, because about two weeks ago I was called to the lieutenant's office to make another statement. They also informed me it wasn't a surprise how Dawson treats inmates.

What happened: I was on my way to recreation when I saw Officer Dawson without a mask on his face while we were in the middle of the pandemic and we already had two units locked down for COVID. Inmates received incident reports for not wearing a mask so I asked him, "Where is your mask?" He told me, "Bring your ass here; what did you say to me?" I asked him again while approaching him, "Where is your mask? We get in trouble for not wearing one." He grabbed me by the neck and aggressively walked me to the

lieutenant's office. We were in the middle of the compound; all of my peers were eyewitnesses. As soon as we got to the lieutenant's office door, he tried to slam my face into the door and started to knee me in my stomach.

“

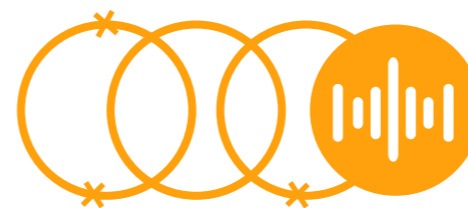
Then he slammed me on the ground, put his knee on my neck and told me to stop resisting. When I had no control! This guy is huge, about 6'3 and 300+ lbs.

In the middle of putting handcuffs on me, he said, "Look at your stupid ass. You want to show off in front of your friends, now you're going to the SHU!" I asked for camera footage, but the entire staff reports that they have none. Dawson took me into a blind spot where the cameras don't reach! Then he lied in the incident report to cover up his wrongdoings. (Dawson says he saw me walking and it looked like I grabbed something from another inmate. When he told me to come, I refused and told him "go to hell." He supposedly thought I was attempting to hide contraband. But if this was true, he would have stopped both me and the other inmate and searched both of us. He did neither. Then he said he forcefully walked me to the lieutenant's office, which is true,

but added that I refused to walk and attempted to break away from him, which caused me to shove him in his chest. So, I was charged with "attempt to assault without serious injury.")

At my disciplinary hearing, I was told it was the officer's word against mine.

This did not just happen to only me. There are numerous inmates here who have a story like mine and we shouldn't be treated as animals. Meanwhile, Officer Dawson continues to beat people up, unchecked.



Voices from Within

Derek Roberts

“

Remember when the media publicized the inhumane conditions in the Abu Ghraib and Guantanamo Bay prisons? The prisoners were subjected to all sorts of physical and psychological abuse. This same mindset has been integrated into the culture, policies and structure of the federal prison industry.

Employment of ex-military personnel in the federal/state prison system is customary. Physical and psychological abuse goes unaccounted for, especially in the SHU.

I was placed in the SHU at USP Big Sandy (Kentucky) on Aug. 29, 2019. During the more than 60 days I spent there while awaiting the outcome of my incident report, I witnessed officers casually participate in all kinds of random acts of misconduct, even in the presence of executive staff. For example, I heard

guys who were placed in four-point-restraints on an isolated range (wing), screaming at the top of their lungs for over eight hours. That's because SHU officers intentionally tighten the restraints so much that the iron cuffs cut off the blood circulation in the arms and legs. This causes excruciating suffering. The officers want the screams so that everybody in the SHU will be psychologically affected and more easily controlled.

On countless occasions, I witnessed the SHU lieutenant open the cell-door slot and shoot guys 10 to 15 times with a pepperball gun either because guys were having mental health issues or had some other problem that needed to be addressed by a staff member in the general population. He never allowed the surveillance camera to record the incident.

Since I arrived at FCI Hazelton (West Virginia), I have not been in the SHU.

Nevertheless, I have heard credible stories about the same savage conditions. For example, I hear about people being placed in four-point restraints for more than 24 hours, periodically being beaten by staff and left to defecate and urinate on themselves.

SHU staff use paper clothes (the same ones they place suicide-watch people in), sheets and mattresses as punishment. Couple that with the cold temperature, and it's torturous — lying on a steel bed with nothing for a covering except a paper sheet. Yet 28 CFR, section 541.31, of the BOP program statement [rules] says, in part: "Alternate clothing/linen is authorized when an inmate alters, destroys or uses an item of clothing/linen in a manner that poses a threat to the safety, security or good order of the SHU or to herself/himself, other inmates, or staff. The warden's written approval is required prior to placing an inmate on alternate-clothing/linen status. The warden or acting warden may not delegate the authority to place an inmate in alternate clothing/linen (such as paper). The memorandum must include, at a minimum, the signature of the warden, health services administrator and a psychologist. A written explanation of the reason(s) for alternate-clothing/linen status must be included in the warden's authorization. This status will be reviewed every three days. Inmates will not be authorized to remain in alternate-clothing/linen status for more than six days. After six days, the inmate is removed from the alternate-clothing/linen status, or, if necessary, a new authorization must be generated. Inmates must be offered a change of

clothing daily and the clothing must be adequate for the temperature in the SHU. Alternate clothing/linen will not be used as punishment."

Note that under the former warden, SHU lieutenants and even regular housing unit officers were delegated all kinds of authority, and the acting warden has not corrected the practice. In fact, the SHU lieutenants have further delegated this authority to the subordinate officer. And paper clothing/linen is used to retaliate when incarcerated citizens complain, or simply because the officer has an issue with the person or his cellie.

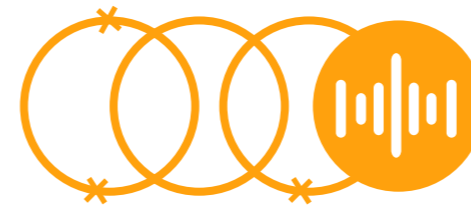
Other chronic problems with the SHU:

- 1) Guys can only go to rec if their cell partner goes as well, and they are forced to wear shower shoes.
- 2) They only get two liquid soap balls (like a Tide pod) on Monday, Wednesday and Friday and 24 squares of toilet paper a day; they are prohibited from using their own funds to buy any more.
- 3) They're allowed only one book and the electronic law library is never working.
- 4) The mattress is only 1 1/2 inches thick.
- 6) The temperature is always freezing.

Note that violence is "baked into" prison operations in a lot of prisons. In 2019, about four weeks after I arrived at USP Big Sandy, the 35-40 new people were told it was mandatory that we attend the "assignment and orientation program" (A&O). At these sessions, we're supposed to learn about the available programs, services and policies/procedures at the facility. Instead, the warden and the captain explicitly informed us about what types of violence were allowed. They said they

didn't have any problem if prisoners "cleaned up their cars." (Incarcerated citizens are asked by prison officials during the intake process which group [car] they will "run with." Cars are made up of people from a particular state or city, or they could be organized by religion or gang, like the Crips.) They

went on to say that, "we prefer that you not use a knife, although we know you will use the knife when cleaning up your cars." Basically, the warden and captain were saying they'd look the other way if we use violence against each other.



Voices from Within

Freya Pearson

I arrived at the Alderson prison camp (women's institution, West Virginia) on May 30, 2017, and within the first couple months, I was sexually abused by a staff member. I had been assigned to work in the kitchen, when Officer Gabbert ordered me into his office with two other men, closed the door, and asked me to show them how I lifted my legs when I went to the toilet. I was horrified and left as fast as possible. I immediately filed a "sensitive administrative remedy" with the regional office, only to have it rejected as not being sensitive. Sexual abuse isn't sensitive?

So, I went to see the warden. There was always a line to see him whenever you had an issue on the compound, and as the women waited in line, he'd often

greet them by saying, "Hi, which one are you, my junkie or my thief?"

I filed a BP-9 with the warden, and he denied any relief. I wasn't going to be stopped. I then requested therapy, but the warden denied that. Nothing happened to the officer, and they even tried to force me to continue to work in his area. I declined and stood my ground. They threatened to punish me, and I said, "Do what you have to, but I am not going back over there with him, to be locked in a room with three men, being asked those kinds of questions; I'll take the punishment first."

But I was now "on the list" of inmates who complained.

Grievances/ Retaliation



Grievances/ Retaliation

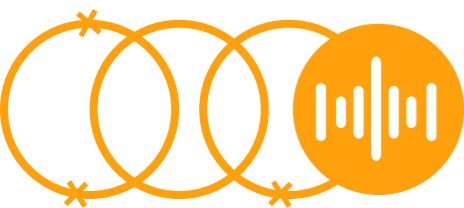
In 1996, Congress passed the Prison Litigation Reform Act to stem what it perceived as a tide of lawsuits from incarcerated individuals. The legislation made the internal grievance process critical by requiring detainees to exhaust the system's own process before filing a lawsuit.

"That created a huge incentive to make the grievance process as complicated and as impossible to complete properly as they could," [says Alan Mills](#), a lawyer and executive director of the Uptown People's Law Center, who has spent decades representing prisoners in Illinois.

Instead of protecting prisoners' rights, Mills says, grievance systems instead work to protect prisons and their employees from lawsuits. Most grievance systems are still paper-based, and forms are routinely "lost" or delayed until complaints are time-barred. In other cases, prison staff outright retaliate against incarcerated individuals for filing grievances. That often results in a Kafkaesque situation in which a person must file a grievance to challenge the retaliation he suffered for filing a grievance in the first place.

“

Retaliation is deeply ingrained in the correctional subculture; it may well be in the normative response when an inmate files a grievance, a statutory precondition for filing a civil rights action," [writes James Robertson](#) of Minnesota State University. *"Inmates pondering the pros and cons of grieving should expect the worst."*



Voices from Within

Jesse Skinner

Since 2010, approximately 33 complaints have been filed in the U.S. District Court of California Los Angeles Division, which has jurisdiction over the Victorville Federal Correctional Complex, alleging excessive force by staff. That's an average of three reported cases each year. (Almost all of them are then dismissed as "frivolous.") Keep in mind, however, that these cases are only the ones that made it to court.

“

It is common knowledge that many inmates do not know how to read and write, much less how to file a civil complaint or tort claim.

One day at the Victorville penitentiary in California, Officer R. Lee smashed my hand in the cell door food trap (slot). My hand was seeping blood, so I requested treatment. Lee threatened to retaliate if I went to the medical team, but I did anyway. Lee and his coworker wrote me up in an incident report, claiming I cussed them out, disobeyed a direct order and jacked the trap (tampered with the locking device).

After I was treated, I returned to my unit (a holdover cell awaiting transfer to another institution), with an order not to talk to Lee. It didn't take long, however, for Lee to approach me from behind while I was on the law library computer and try to provoke me into a confrontation. I

refused to acknowledge him. Seven hours later, another lieutenant came to the unit, took me in the sally port and roughed me up—jerking me around, kicking my legs apart, calling me names and trying to get me to react. I didn't. So, they threw me in the SHU (hole) with another incident report.

My counselor came the next morning and I told him to look at the surveillance footage; it would prove they retaliated against me. He refused. I requested a grievance form. He refused. So, I wrote on notebook paper that the other guys sent me with a fishing line* and put it in a sealed envelope addressed to the warden.

A few days later, the warden walked through the SHU. I asked if he had received my grievance and he said no. The next day, I was shipped off to FCI Herlong (a medium-security institution, also in California), which had been my destination. Again, I was thrown in the SHU, pending a disciplinary hearing on the incident at Victorville.

Three days later, SHU Lt. Collier walked into my cell and threatened me, saying all of my legal documents must be left open so staff could read them, I shouldn't ask for grievance forms and he knew what happened at Victorville. "We do things different around here," he said.

Staff mocked me, ransacked my cell if I went to recreation for an hour, and refused to process my legal mail unless it was left open for them to read first. I filed a grievance with the Western Region office and shortly after, Collier burst into my cell again. He pushed me against the wall and jabbed his finger into my face, telling me if I ever send another letter to the regional office about him or any of his staff, I'd regret it. I asked why I was still in the SHU when I'd had no hearing. Collier said they could hold me indefinitely, especially if I caused them problems.

That night, I wrote a letter to the court of the fifth circuit and told Officer Little I had correspondence that needed to go out. He turned on the light in my cell and threatened me, ordering me to open the letter so he could read it. My cellie covered the window so Little couldn't see in and cussed him out. Officer Little returned every half hour and beat on the door. At 3 a.m., another lieutenant came and defused the situation.

The next morning, Officer Freeman came to my cell and told me Collier wanted to see me in his office. I responded that if Collier wanted to see me, he should come get me. Freeman became enraged and called me a snitch, adding that if he saw anything written about him he'd beat my brains out. Collier came and took me to the office, where he handed me five incident reports for everything my cellie did the night before. I was then put in a suicide-watch cell. I went on a hunger strike for five days. Finally, at the end of the month, an officer pulled me out for the disciplinary hearing. I was found not guilty for tampering with a locking device but guilty of insolence and disobeying a direct order. It was 76 days by the time I

was released from the SHU.

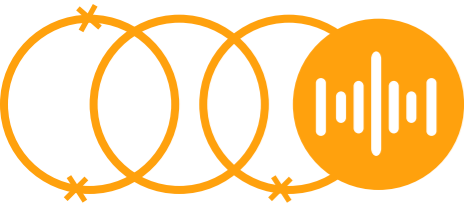
As soon as I could get to an email computer, I emailed the internal security office (Special Investigation Services, or SIS) and requested they preserve all video evidence. On my way to chow, the hearing officer pulled me over and threatened me, telling me to withdraw my requests. I told him I couldn't. The SIS technician warned they would "find" drugs or a weapon on me and send me back to the penitentiary. The next day, I was called to the lieutenant's office for a urine test. It was negative, of course. I was headed to the law library when two compound cops pulled me over, brought me to the lieutenant's office and accused me of possessing drugs. They strip-searched me and found nothing. The SIS technician accused me of swallowing the drugs and wanted to do a body scan. I complied. Nothing. They then wanted to humiliate me with another urine test. I reminded the technician of his threat two days earlier and said he could do what he wanted; I would not comply with any more of his demands.

I was issued another incident report for refusing the second urine test and thrown back into the SHU. The officers tried to get me to confess to possessing drugs, but I refused. I was issued another incident report, this time for having an incense holder. (I'm Native American and I use it for burning sage.) Two and a half months later, they got rid of me by shipping me out again, this time to FCI Edgefield (South Carolina). By this point, I was traumatized. Every time a cop called my name, I thought I was going to the SHU. Nevertheless, I filed a tort for the injury to my hand

and a civil conspiracy lawsuit against 17 FBOP employees involved in the original incident at Victorville. The magistrate told me my injury was nothing. That the beating in the sally port was nothing. That the denial of grievance forms was nothing. She threw my 48-count complaint in the trash can. The district court agreed. It is now pending in appeals court.

[For further information: *Jesse M. Skinner v. R. Lee*, -5:19cv-01116-DCB-ADS (C. Dist. Cali. Los Angeles Div.) Ninth Circuit Appeal No. 55146-22]

*Items are passed from one cell to another by tying a long piece of string, cord or sheet to something small and heavy (like a tube of toothpaste) and kicking it under the door. The person in the cell you're "fishing" reaches under his own door and pulls the weight in. He then ties whatever it is you want to your string so you can pull it back in.



Voices from Within

Leonard Schenk

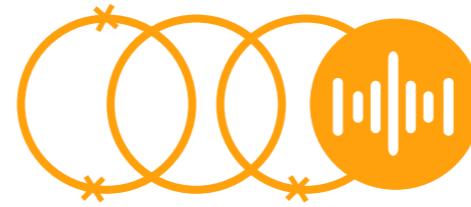
I arrived at FCI Cumberland (Maryland) on Oct. 25, 2021, where I was kept in the SHU (hole) until December 1 (39 days) due to lack of bed availability. FCI Cumberland is overcrowded and the RDAP program (residential drug treatment) is at least 12 to 24 months behind schedule.

All of my property from Yazoo City Low (Mississippi) was never shipped to me. I had to repurchase many items, and I've filed a tort claim for over \$34,000. And yeah, it really does add up to that much when you factor in sentimental photos I can never replace. Meanwhile, I was denied all of the First Step Act incentives, even though I qualified for all five types. While at Cumberland, I heard about Pam Bailey, co-founder of More Than Our Crimes, who was investigating chronic mistreatment within the FBOP. I connected with her on the prison email system and told her about the behavior of Officer Dawson, who had a habit of

beating up inmates he didn't like.

Then, at about 7:30 in the morning one day on March 10 (2022), the SIS [internal security] officer, Officer Lindner, called me to the lieutenant's office. And they took me into this unfinished-looking room, with cinder block walls. It's a threatening, intimidating type of place. The SIS officer told me that if I didn't quit communicating with Pam about the officers there, he was going to write me up three times so he could throw me in the SHU. And then he'd allow that same Officer Dawson to beat me. His excuse was that Pam is with the media, and we're not allowed to talk to the media. But that is a complete and utter lie. Pam's with a nonprofit.

I was so close to release (into a halfway house) that I couldn't risk it. I had to stop, so I took her off my email list. But I'm out now and I won't be silenced.



Voices from Within

Joseph Randolph Mays

I have filed a lawsuit (Mays v. Smith) which is now on appeal and The MacArthur Justice Center and Rights Behind Bars submitted an amicus brief on my behalf in January 2021.

It all started in 2016 when I filed a grievance for racial discrimination. I worked as lead mechanic for the UNICOR optics factory at FCI Butner (North Carolina), and was deprived of the information and tools I needed to do my job. Yet three other workers, all white, were given access.

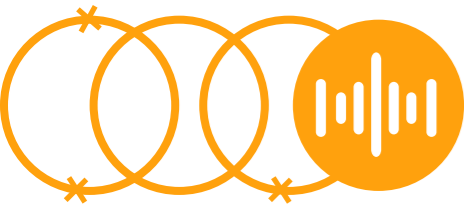
After I filed the grievance, I was sent to the SHU and then transferred to another prison for allegedly threatening staff and planning a work stoppage at UNICOR. As a result, I lost my \$200-a-month job and the ability to communicate with my father by telephone for the last two months of his life. He died on October 23, 2016, which was two days after I arrived at the Federal Transfer Center in Oklahoma City, en route to FCI Gilmer (West Virginia)..

The retaliatory transfer caused me to lose out on programming opportunities (such as the Advanced Alternatives to Violence program). In its response to my compassionate release petition, the court blamed me for not taking programs that the FBOP kept me from attending. I wrote to my sentencing judge about the retaliation and he replied that he has no control over the FBOP. It has been nearly six years since then and I was told recently by the chaplain at USP Lompoc (California),

where I am now, that I have to wait until the basic class is offered to everyone there before I can have a shot at taking the advanced course.

At Gilmer, I began experiencing severe abdominal and kidney pain, followed by a heart attack. I filed grievances, then filed two lawsuits charging lack of medical attention. In response, falsified charges were filed against me, saying I had hid a knife in my mattress. It was a set-up. For four years, I had worked hard on a degree program offered by Glenville State College, and was 75% of the way toward an associate degree in business administration and 57% toward a bachelor's in business management. I had no disciplinary infractions on my record. Why would I risk all that? However, the false charges kept me from completing the degrees I had worked so hard to acquire. I was again sent to the SHU and shipped off — this time to USP Lompoc, a high-security prison across the country in California (even though I had medium points).

When I arrived at Lompoc, an investigating officer asked about the incident at Gilmer, and I know it has worked against me. The staff here has made it difficult for me to file grievances by repeatedly refusing to give me the necessary forms. They also delay delivery of my legal mail, to the point that I missed the deadline to respond to a motion regarding my petition for compassionate release, and it was denied.



Voices from Within

Justin Johnson

The grievance system needs to be put on computer instead of paper, in order to create a record.

“

Not only do grievance forms routinely “get lost,” they are ignored and even laughed at, even though the proof to support the claims is often evident.

The thing is, staff often look out for each other. Your BP-8 (the initial complaint) will conveniently get lost; you can put it in the institutional mail or hand it to the administration, but it is easy for them

just to say they lost it. A lot of things are purposely not looked into because they can't be tracked when it's paper.

And then if your grievance gets to the regional office, they often find a way to default you for not following the proper procedures. For example, “You didn't sign this, there's no copy of that, get staff to confirm this...” And then, ultimately, “You didn't file everything on time.”

Their goal seems to be to attack your claims on procedural issues instead of addressing your actual concerns.

I was devastated, because I had done nothing wrong. I became very depressed and went on a hunger strike lasting 24 days. After the 20th day, I was rushed to a local hospital because of severe dehydration. I stayed in the hospital for one week.

When I was released from the hospital and sent back to the institution (and the hole), I filed administrative remedies [grievances] against the executive staff at the prison as well as the DSCC. But the prison staff purposely delayed responding to my filings, so when I finally got the chance to go to the next level, the answer was, “You didn't file in a timely manner; therefore, this remedy is denied.” So, I went on another hunger strike, for 34 days this time. I dropped from 207 pounds before my hunger strikes to 146.

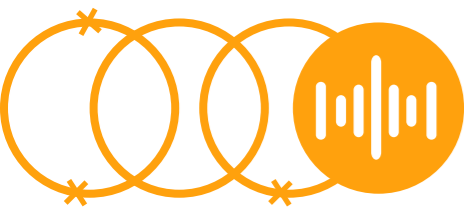
When I came off that hunger strike, I was immediately transferred to FCI Hazelton in West Virginia, where I had been prior to my transfer to a low-security institution. I arrived on Oct. 26, 2021. On Dec. 1, I was rushed to a local hospital,

where I was diagnosed with heart failure and fluid-filled lungs, due to the two hunger strikes. I stayed in the hospital for 10 days.

I am now in a wheelchair and use a cane, because I can't walk a great distance without losing my breath and experiencing dizziness. I get weak when washing my face, brushing my teeth and showering.

The doctor here put me in for a transfer to a medical institution, but the regional doctor denied it, stating that my body was merely “out of condition.” He recommended physical therapy (via Skype!). However, that was in February and I still have not started physical therapy and my condition has gotten no better. Every day is a challenge for me. My feet, ankles, legs, thighs, hands and face are bloated with fluid. When I stand up, my feet and ankles hurt. I have been diagnosed a vitamin B-1 deficiency.

I have taken the grievance procedure as far as I can, and am now trying to find a lawyer to help me go to court.

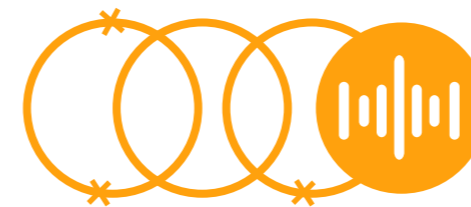


Voices from Within

Antonio Oesby

In 2020, I was approved by the DSCC (Designation and Sentence Computation Center) to transfer from a medium- to a low-security institution based on my good behavior and participation in programming over two decades. I moved to FCI Danbury (a low-security facility in Connecticut) Once there, I never received an incident report. Then on April 21, 2021, I went to my

first parole hearing and was denied. DSCC turned around and increased my security level to medium—simply because I was no longer immediately eligible for freedom. Staff said that meant I couldn't be at Danbury, although there were three other guys there with life sentences. So, they sent me to the SHU.



Voices from Within

W.K.S.

“

The retaliation that comes when you file grievances has been constant and ongoing since I entered the feds in 2002.

It has never happened to me personally because I haven't filed many grievances. I try my best to stay out of the staff's way and avoid all conflicts because I know it can and will follow you your entire time in

the feds. But I've seen them retaliate a thousand times in a thousand different ways.

When guys file grievances, I've seen C.O.s lock them down, drag them into the Special Housing Unit (SHU) for as long as a year and then transfer them out to another prison. They do something we call diesel therapy, in which they constantly transfer guys who file, sending them from SHU to SHU. A person might stay in one SHU for three days and then get sent to another prison's SHU for four to five days, and this process repeats itself for a year straight.

I've seen them beat inmates, pepper spray them, strap them into a chair for 24 hours and put them into four-point restraints on a concrete slab.

One of the worst was USP Lewisburg's Special Management Unit (SMU) program (in Pennsylvania). I've been there twice. In 2007, while at USP Big Sandy (Kentucky), I got into a verbal altercation with a husband-and-wife team of officers. About two months later, they searched my cell and said they found some heroin behind a light switch and a knife inside my light – which I had no access to. I didn't have a clue that this contraband was in my cell. They wrote me up and sent it to the U.S. attorney's office for prosecution. Two years later, I was indicted and the special investigations agent (SIA) tried to get me to cooperate with the authorities. He claimed a screw bit had been found in my cell, and assumed it came in through a corrupt officer. But as I told my lawyer, I didn't have a clue what they were talking about. I refused, and fought the case. I got a lawyer to investigate

the husband-and-wife officers, since I heard they were dirty cops and under investigation. My lawyer retrieved their internal affairs file and confirmed it. He notified the government that we would be introducing their file to show they framed me. Two weeks before I was scheduled to go to trial, the government filed a motion to dismiss my case and the judge threw the case out. (The wife was later fired and her husband was demoted.)

The SIS investigators at USP Big Sandy were mad at me for exposing the pair and told me my stay in the feds would be a living hell, and that they would get me out of there. I was then transferred to USP McCreary in Kentucky. As soon as I got there, I was interviewed by the SIS investigators, which is routine when you first get to any jail in the feds. The investigators made it their business to let me know they were aware of how I had exposed the officers and would be watching me closely. At the time, I didn't care. After being there almost a year, the investigators started raiding my cell on a regular basis. I used to be a big gambler, so I had a large number of stamps, which is the money in here. (Anything over two or three books is considered "unauthorized.") They'd raid my cell and find 500 to 1,000 books of stamps and write me up. Two of these incident reports were dropped/dismitted due to violations in the disciplinary process and I was found guilty of one of them.

One of the SIS investigators, Mr. Corval, ended up getting promoted to SIA. Later, three officers were assaulted, allegedly by a D.C. inmate. They locked the jail

down and put me in the SHU. Corval came to my door while doing rounds and said he was tired of hearing my name in his prison and that he'd make sure I was out of there. A week later, I was transferred to FCI Butner (North Carolina) along with 19 others and placed in what's called Trans Seg (basically a SHU). After being there for a little over a month, I was referred to the SMU (USP Lewisburg). Staff claimed I had attended a meeting with some other inmates at USP McCreary (Kentucky), where I expressed my dissatisfaction with the controls on movement and gave the green light for an assault on staff. I was sent to USP Lewisburg, where I remained in the SMU program on lockdown for 18 months. (One of my homies, also accused of assaulting the three staff members at McCreary, was referred to the U.S. attorney's office for prosecution. He was indicted, convicted and sentenced to 90-something years. He was sent to the ADX [supermax prison] in Florence, Colorado, where he is still to this day.) If they really thought that I gave the order to assault the staff like they said in my SMU referral, I would've been his co-defendant and received the sentence he did. Doing what they did to me was their way of making my life a living hell. For the next 10 years, I was saddled with that max custody designation, and couldn't be transferred to a medium-custody facility as a result.

After I left the SMU in 2013, I was sent to USP Lee (Virginia). Two years went by with no incident, but then there was a clash between the D.C. inmates and another race. I had nothing to do with it, but because I had the max custody

designation, I was again sent with the other inmates to Trans Seg, this time in FCI Petersburg (also Virginia). I stayed in the SHU there for six months, only to be referred again to the SMU in Lewisburg. This had become the story of my life.

In 2020, while at USP Coleman 1 (Florida), my cellmate was caught with a cellphone outside of our cell. They took us both to Receiving and Discharge and ran us through an X-ray body scanner. They took my cellie to the SHU, but even though the scan showed I had nothing on my person, I was brought to the lieutenant's office for a strip search. They grilled me about my cellmate and the phone and I kept saying I had no clue about it.

The SIS officer said really disrespectfully that he was pretty sure I knew something and I responded in the same manner. He took offense and, out of the blue, produced a USB cable, the type used to charge cellphones. Since I wanted to be "smart," he said, I'd be going to the hole too and placed under investigation along with my cellie. I said "cool," not thinking he'd really write me up, knowing that the X-ray showed I hadn't been carrying the cable.

The following day, when I was in the hole, I received the incident report. I asked that a staff representative review the scan and show it to the disciplinary housing officer. He did that, but they still found me guilty.

I was kept in the hole for eight months.



CALL TO ACTION

The core source of dysfunction:

Federal Bureau of Prisons facilities are beyond the reach of most ordinary mechanisms of accountability.

It would be impossible to point to a single prison system in the nation that has a system of oversight that provides full transparency, although several states have long-standing oversight bodies and others are initiating efforts that show promising results.* Despite the weaknesses in state oversight, the Federal Bureau of Prisons is uniquely insulated from scrutiny. The tools that are available to expose and address abuses in state prisons, as weak as they may be, are unavailable to incarcerated persons in federal prisons, their families and their communities. The resulting challenges include:

CALL TO ACTION

Barriers to relief through litigation are much higher for persons in federal prisons.

Prisoners' rights litigation is a critical form of accountability. It is important that individual prisoners be able to seek relief and compensation for harm and that groups of incarcerated people be able to secure injunctions to address systemic violations of their constitutional rights. Lawsuits are therefore a necessary and powerful tool for accountability and change. As discussed in more detail below, however, the ability to file a lawsuit while in prison is significantly burdened by the Prison Litigation Reform Act. Incarcerated people are required to complete multi-stage internal grievance procedures before they can file a lawsuit, and are often stymied by prison officials who throw out or simply ignore their complaints.

The practical barriers to filing lawsuits are exacerbated by the limits of federal law. State correctional officials are subject to the jurisdiction of the U.S. courts, for anyone seeking to address the "deprivation of any rights, privileges or immunities secured by the constitution and laws" pursuant to 42 U.S.C. sec. 1983. Attorneys are encouraged to bring those cases because, under federal law, successful plaintiffs are entitled to recover their legal fees from the government.

By contrast, persons who have had their rights violated by federal law enforcement officers must pursue claims under the doctrine articulated in *Bivens v. Six Unknown Fed. Narcotics Agents* [403 U. S. 388 (1971)]. *Bivens* establishes that there is a limited implied right of action to sue individual federal officials directly under the constitution for certain misconduct or abuses. Attorneys' fees are not available in *Bivens* cases. In recent years, the Supreme Court has profoundly narrowed the doctrine and the circumstances in which it can be used, and several justices have called into question whether *Bivens* should be overruled altogether [*Egbert v. Boule*, 213 L.Ed.2d 54 (U.S. 2022)]. The only other remedy for harms suffered by persons in federal prison is the Federal Torts Claims Act, which carries with it a significant administrative burden and does not permit injunctive relief or a class-action strategy.

CALL TO ACTION

No civil rights division enforcement is available.

The Civil Rights Division of the U.S. Department of Justice has the authority under the Civil Rights of Institutionalized Persons Act (CRIPA) to address “egregious or flagrant conditions that deprive [incarcerated] persons of any rights, privileges or immunities secured or protected by the constitution or laws of the United States causing such persons to suffer grievous harm, and that such deprivation is pursuant to a pattern or practice of resistance to the full enjoyment of such rights, privileges or immunities.” The Civil Rights Division has brought [scores of cases](#) against state prisons, prison systems and local jails to address a broad range of unconstitutional conditions.

However, CRIPA jurisdiction is limited to state and local prisons and jails. There is no analogue that authorizes the Civil Rights Division or any other body to address patterns and practices of constitutional violations in federal prisons.

State constitutions and human rights laws do not apply to federal prisons.

State laws and constitutional provisions that might be more protective of incarcerated persons’ rights than the federal constitution or laws cannot be applied to federal prisons. The Supremacy Clause of the U.S. Constitution requires that in any conflict between state and federal law, federal law controls. This rule has been applied to restrict the ability of states to enact legislation that addresses conditions of confinement in federally operated facilities [GEO Grp., Inc. v. Newsom, 15 F.4th 919 (U.S. 9th Cir. 2021)].

CALL TO ACTION

Criminal prosecutions are ineffective in addressing systemic issues and are rare.

Criminal prosecutions are inadequate to provide a meaningful remedy to widespread problems. While nearly 50 FBOP personnel are [charged with crimes](#) every year, these cases do little to address systemic failures like the denial of medical and mental health care, long-term isolation, a culture of violence and other abuses. Moreover, only a small fraction of misconduct is prosecuted. While individual accountability is important, it is not sufficient to create meaningful oversight.

The system of administrative complaints is broken and ineffective.

The [FBOP grievance system](#) is dysfunctional and grossly inadequate to address harms to incarcerated persons in federal prisons [“Procedural justice and prison: Examining complaints among federal inmates (2000–2007),” by David M. Bierie. Psychology, Public Policy and Law, Vol. 19(1), Feb. 2013]. The rules impose strict timelines for filing and responding, are often ignored by prison officials and rarely result in any relief.

Meaningful political oversight is absent.

State prison systems are the subject of regular legislative oversight and as part of the budget process. Annual hearings before legislative committees provide family members, returning citizens and concerned community members the opportunity to influence elected legislators and secure critical information on conditions necessary to pass reform legislation.

While Congress holds oversight hearings for the FBOP, it does not engage impacted persons and communities, and access to the appropriate senators and representatives is much more difficult for the average concerned party. The immediacy of access that can be achieved with a member of a state house is very

CALL TO ACTION

different than the ability to access federal elected officials. As a result, the public record developed through the oversight process is more limited.

Incarcerated persons are far from home.

Compounding these barriers to accountability, most persons incarcerated in federal prisons are housed far from home, often halfway across the nation. The distance makes it impossible for them to rely on the natural supports of family, community and lawyers that might be available if they were housed in a state system.

**Examples of state oversight agencies include the [New Jersey Office of Correctional Ombudsman](#), [Correctional Association of New York](#), [Pennsylvania Prison Society](#) and the [John Howard Association](#) (Illinois). Refer also to M. Deitch, [Independent Correctional Oversight Mechanisms Across the United States: A 50-State Inventory](#), *Pace Law Review*, (September 2010) at 1755.*



RECOMMENDATIONS

1- Congress should create an independent body with oversight authority.

To address the indecent and inhumane conditions in FBOP prisons, robust and independent oversight is essential. Congress should create a body within the executive branch, but external to the FBOP, with the following characteristics*:

Independence:

The oversight body should have complete independence and be [free from political influence](#). Staff must be secure from removal in the absence of misconduct or have appointments that last a fixed term of years.

Unfettered access:

The oversight body must be able to access all areas of all prisons, all incarcerated persons and staff, and all records of the FBOP without delay or interference. Visits should be unannounced.

Adequate funding:

The FBOP is a large and complex agency with 122 prisons. Dysfunction impacts every aspect of its operations, including security, safety, programming, food, health and mental health care, and staff hiring and training. The oversight body must have sufficient staff and the ability to engage experts to undertake the complex investigations required. The work of the Civil Rights Division under CRIPA can be a guide.

Accessible to incarcerated persons and loved ones:

Incarcerated persons, their families and their communities must have ready access so that they can share information with the oversight body, anonymously if necessary. Incarcerated persons must be offered a variety of routes to report misconduct, free from retaliation. [For an example, see the [Prison Rape Elimination Act Standard 115.51](#).]

Confidentiality of sources:

The ability of the oversight body to protect the confidentiality of sources is critical to securing necessary cooperation and preventing retaliation.

Frequent public reporting:

It is imperative that the public know what is happening inside federal prisons. Transparency is critical to change. [See, M. Deitch, Distinguishing the Various Functions of Effective Prison Oversight, 30 Pace L. Rev.1439, 1443 (2010).]

Engagement of the expertise of incarcerated persons and returning citizens.

Those impacted by the prison system have significant expertise though lived experience. They should play a critical role in the oversight body.

We also believe that this oversight body should comply with the [American Bar Association Standards on the Treatment of Prisoners](#) and be consistent with interantional norms (the [U.N. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment of Punishment](#) and its [optional protocol](#)).

2- Mandate that the grievance process be safe and fair.

As noted above, the FBOP's grievance system is highly dysfunctional:

First, incarcerated persons are frustrated at every step in attempting to obtain relief for their grievances. Forms are often not available (or they are refused access by staff), submitted forms are lost, and institution staff deny the existence of filed grievances or fail to properly track them. And every delay can result in being told a complaint is "time-barred" due to missed deadlines.

Second, incarcerated persons are frequently retaliated against for filing a grievance, in forms both subtle and grotesque. That's why many individuals simply no longer file (and why some requested that only their initials be used to identify them in this report).

Third, the process of going through all steps of the internal grievance procedure takes so long that the pain and suffering at the heart of some of these complaints has already caused significant hardship.

Fourth, grievances rarely result in any relief being granted to the incarcerated person. Denial is the overwhelmingly common outcome.

We recommend:

- Replacing the paper-based elements of the grievance system with a safe online channel that cannot be seen/decided upon by the same people who are the subjects of the complaint.
- Repealing the Prison Litigation Reform Act, which prevents incarcerated people from going to the court until the internal grievance process is exhausted. Or, at a minimum, amend the act to:
 - Eliminate the requirement that an incarcerated person must first exhaust all avenues for internal resolution when there is an urgent need to protect life, health or safety.
 - Eliminate the requirement that an incarcerated person first exhaust the process when the required relief falls outside the remedies the institution can award, such as monetary damages.
 - Waive the requirement to exhaust the internal grievance process when a good-faith attempt has been made.
 - Waive the exhaustion requirement for any grievance that is not properly processed within 60 days.
- Establishing an ombudsman’s office in each facility to accept, investigate and resolve grievances. The ombudsman must be independent and not under the authority of the prison wardens. [See, for example, the [Washington State Ombudsman Program](#).]
- Enforcing mandatory discipline for prison officials who fail to process or properly resolve grievances within their authority. Only if wardens are held accountable will they ensure that the internal complaint process functions.

**The call for independent oversight of the FBOP is not new. See Brennan Center for Justice, [Independent Oversight is Essential for a Safe and Healthy Prison System](#); Council on Criminal Justice, [Task Force on Federal Priorities Recommendation to Establish Oversight of the Bureau of Prisons](#); FAMM, [Prison Reform and Oversight Principles](#).*

GLOSSARY

Administrative detention:	When confined to the SHU (special housing unit), individuals are there under administrative or punitive detention. The former is when they are allegedly under investigation for misconduct and/or criminal behavior (but not yet charged or found guilty), prison officials say they must be separated from others for security reasons, or they are awaiting transfer elsewhere.
Bid:	Sentence, doing time. As in “I was just doing my bid.”
Car:	An affinity group in prison to which incarcerated individuals belong, usually defined by race, religion, geography, etc.
Check-in:	When a prisoner voluntarily enters the SHU to remove himself or herself from a dangerous environment.
Commissary:	Prison store.
C.O.:	Correctional officer.
Count/standing count:	A time when prisoners are expected to be at their assigned bunk or cell and counted by the unit officer. If it’s a stand-up count, they are expected to remain quiet and standing until the prison guards walk by their cell.
Federal Correctional Complex (FCC):	The name for an entire federal prison complex, which often includes both high- and medium-security prisons.

GLOSSARY

GLOSSARY

Federal Correctional Institution (FCI):

Medium-security prison.

Grievance/ administrative remedy/BP-8, 9, 10, 11 forms:

These are the basic steps in the internal prison grievance process. When an incarcerated individual wants to file a complaint, he or she must file within 20 days of the incident. The BP-8, also called an “informal complaint,” comes first and is filed with the staff involved. If the complaint cannot be or is not resolved informally, the next step is to file a BP-9 with the warden (which must be within 30 days of receiving the BP-8 response). If the response isn’t satisfactory, a BP-10 can be submitted to the regional director within 20 days. Once the BP-10 response comes back, the final step is a BP-11, submitted within 30 days with the central FBOP office in Washington, D.C. Then the individual can finally go to the courts.

Camp:

Lowest level of security for a prison.

General population:

Everyone in a prison who is not confined to a restricted section, such as the “hole.”

Management variable:

Imposed by the warden when he or she decides a prisoner’s score, which determines the security-level of his prison, does not accurately reflect where he should be. In other words, it’s a convenient way for a warden to keep an individual in a more restrictive environment.

Rec time:

The time when prisoners are allowed out of their cells. That does not always mean they can go outside.

Shakedown:

When prison staff rip apart people’s cells, supposedly looking for contraband.

SIS:

The Special Investigations Service conducts inquiries into criminal accusations within federal prisons.

Special Housing Unit (SHU):

Also called the “hole,” this is a unit to which prisoners are sent for punishment or while an investigation is conducted. Solitary confinement used to be standard, but now cellmates are routine. Most freedoms and privileges are taken away, for weeks or months at a time.

Special Management Unit (SMU):

A prison operated specifically for individuals considered “high risk,” although the criteria used to send people there are fairly vague.

USP:

U.S. penitentiary, a high-security federal prison.



CONCLUSION

The conditions in FBOP prisons are inhumane, deprive incarcerated persons of basic human rights, do not rehabilitate and are harmful to public safety. The FBOP cannot be relied upon to investigate, report on and address these conditions on its own. An independent oversight body must be created and given the authority to audit FBOP facilities, publicize its findings and push for reform.