

# Legal Research and Deliverables

Part One: What part of the institution's policy or practices are contributing to inequitable healthcare for inmates?

Identify the regulation policies and authoritative bodies for NY, NJ, RI, NH, MA.

Identify the current state regulation for medical care of CT DOC

Are all inmates guaranteed primary care including annual exams, eye care, dental, orthodontal, mental health care, OBG?

What are the qualifications for an inmate to be placed in segregation or solitary confinement?

What are the limitations of that stay? What is the evaluation process?

What are hours of operation or availability to a healthcare provider within the prison? (exp. If someone is ill at 2am who responds?)

Identify and Numberate Open Cases of Medical Malpractice in CT DOC

Data Specific to the Spread of Covid-19 in CT Prisons in 2020

Part Two: Compile journalism articles related to Tianna Laboy's case

Part Three: Support/Opposition for similar legislation

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## **New York**

<https://doocs.ny.gov/division-health-services>

- Physicians on call 24 hrs a day/7 days a week
- Contracts with specialty physicians and care hospitals
- Primary medical care, dental care
- Mental health managed by office of mental health

<https://www.nyhealthandhospitals.org/correctionalhealthservices/>

- NYC Health and Hospitals + Correctional Health Services
- Support reentry and emphasis on compassion
- Alternatives to incarceration

- 2016, Correctional Health Services took over
- Nation's leading correctional healthcare system

<https://doccs.ny.gov/medical-services>

- “Sick call procedure”
- Facilities differ on available services
- DOCCS provides Regional Medical Units in selected facilities across state
- Periodic dental checkups
- Partners with New York Office of Mental Health
  - Referred and assessed by OMH staff
  - Assigned to facilities where level of service is available
  - Can request mental health treatment at any time
    - Includes group therapy, crisis intervention, counseling, special programs

## **New Jersey**

<https://www.nj.gov/governor/news/news/562020/20201019c.shtml>

- a law that was just recently signed by the governor Murphy that will require public health emergency credits to be awarded to certain inmates and parolees during a public health emergency.
- This law contains certain exclusions and prohibits inmates or parolees to contact their victims upon their release.
- Under the bill, public health emergency credits would be awarded to any adult inmate or juvenile who is within 365 days of their scheduled release.
- Credits would accrue at the rate of 122 days (four months) for each month, or portion of each month, served during the declared emergency with a maximum of 244 days (eight months) of remission to be awarded for any declared emergency period.
- Credits would not to be awarded to anyone who is serving a sentence for murder or aggravated sexual assault or who has been deemed a repetitive, compulsive sex offender.
- Primary sponsors of S2519 include Senators Nellie Pou and Sandra B. Cunningham, and Assemblymembers Raj Mukherji, Shavonda E. Sumter, and Verlina Reynolds-Jackson.

## **Bill Tracking**

<https://www.billtrack50.com/BillDetail/1233135>

<https://ubhc.rutgers.edu/clinical/uhc/overview.xml>

- Established in 2005 through inter-State agency agreements, University Correctional Health Care (UCHC) and its staff of mental health professionals provide mental health and sex offender specific treatment services to the inmates, residents and parolees under the supervision of the New Jersey Department of Corrections (NJDOC), the Juvenile Justice Commission (JJC) and the New Jersey State Parole Board (SPB).

- UCHC, operating within Rutgers, The State University of New Jersey, is dedicated to excellence in the provision of medical, mental health, dental and sex offender treatment services to those involved in New Jersey criminal and juvenile justice systems.

<https://ucmweb.rutgers.edu/magazine/1419archive/features/health-care-behind-bars.html>

- A study published in the *American Journal of Public Health* confirms that American inmates have not only a higher rate of serious and chronic illness than the general population, but also more difficulty obtaining health care both in and out of prison.
- numbers show that 70 and 80 percent have mental illness
- In New Jersey through a combination of clinical services and innovative health education, UCHC has become a model of care, improving outcomes and decreasing hospitalizations and mortality, says medical director Arthur Brewer.
- UCHC's vast network reaches inmates throughout New Jersey
- The relationship between NJDOC and UCHC has been constructive and long-standing.

### **Rhode Island**

[https://ballotpedia.org/Healthcare\\_policy\\_in\\_Rhode\\_Island](https://ballotpedia.org/Healthcare_policy_in_Rhode_Island)

- A summary of the creation and implementation of laws, rules, and regulations for managing the state's healthcare system.

<http://www.doc.ri.gov/rehabilitative/healthcare/>

- The RIDOC has an on-site comprehensive medical program in each facility provided by internists and generalists under the clinical supervision of the Medical Programs Director.
- The Health Care Services Unit incorporates medical and mental health, dental and health education.
- This unit provides medical and clinical services to the incarcerated offender population, both sentenced and awaiting trial in all facilities of the Rhode Island Department of Corrections (RIDOC).
- Specialty medical services include:
  - HIV care through physicians from [Miriam Hospital](#) and cardiology and orthopedic care provided on-site by specialists in the field.
- The RIDOC's Health Care Services also partners with [Brown University Medical School](#) in providing clinical experience for medical students and residents in the area of correctional medicine and communicable diseases.

[https://health.ri.gov/programs/detail.php?pgm\\_id=133](https://health.ri.gov/programs/detail.php?pgm_id=133)

- Their mission: To monitor and ensure that all healthcare facilities provide the highest quality of care and services in a clean and safe environment.

<https://www.hrw.org/reports/2003/usa1003/usa1003.pdf>

- Human rights and healthcare in prison

<https://www.lifespan.org/centers-services/infectious-diseases/global-and-local-health-programs/center-prisoner-health-and>

- another similar topic related to infectious diseases

## **New Hampshire**

<https://law.justia.com/codes/new-hampshire/2018/title-ix/chapter-623-c/section-623-c-2/>

- Medical Services for Prisoners Section- Statue 632
  - The state department should pay its healthcare facilities no more than 110% of the Medicare allowable rate for inpatient
  - Allowances from hospital shall be considered as community benefits

[https://ballotpedia.org/Healthcare\\_policy\\_in\\_New\\_Hampshire](https://ballotpedia.org/Healthcare_policy_in_New_Hampshire)

- overall healthcare policies in New Hampshire
- In general, employers have been the dominant source of health insurance for individuals since the late 1940s and 1950s.
- Between 2011 and 2013, New Hampshire had a median annual household income of \$69,888, highest among its neighboring states and higher than the national average.
- Nearly half of its population earned a salary of at least 400 percent of the federal poverty level.

<https://www.nh.gov/nhdod/divisions/forensic/index.html>

- “The purpose of the Division of Medical & Forensic Services is to provide appropriate and professional behavioral, dental and medical treatment and prevention services to incarcerated offenders of the NHDOD while fostering positive communication about health care to all.”
- “The Division of Medical & Forensic Services provides for the health and behavioral health needs of inmates and civilly committed patients housed in facilities operated by the State Department of Corrections.”
- Under the eight amendment, The Division is obligated to provide prisoners with adequate medical care inclusive of behavioral health services.
- his principle applies regardless of whether the medical care is provided by governmental employees or by private medical staff under contract with the Department.
- Moreover, Their services are comparable to the community standards of care which means that they provide multiple levels of care.
- The Department works with community partners to provide services that exceed the provision of services available in their facilities as the needs arise including services such as hospital based services, specialty assessments, and dialysis.

- The Division is an Administration unit that oversees the policies and procedures that govern the services they provide.
- Behavioral Health Services
  - The Behavioral Health unit consists of psychiatrists, psychologists, psychiatric nurse practitioners, psychiatric social workers, alcohol and drug counselors, and mental health counselors. The staff provides a variety of services ranging from individual and group therapy to medication evaluation and management to treatment mental health diagnoses inclusive of substance use disorders.
- Actions
  - 1) Every inmate admitted to the NHDOC is seen for a mental health intake screening. From this, inmates are referred to any of the full range of treatment services offered. These services include substance use assessment and treatment, individual and group psychotherapy and/or psychological assessment.
  - 2) Services are also available for the severely and persistently mentally ill. These inmates are provided services including but not limited to in depth evaluation, structured treatment, medication management and discharge planning for these inmates. An intensive outpatient treatment program focusing on inmates with severe behavioral problems will soon be implemented. This program will consist of structured group treatment, medication management and structured activities groups.
  - 3) The behavioral health staff provides specialty services to the inmates in restrictive housing due to their classification. In these units, clinical staff completes rounds five days a week to enable inmates to access services. Additionally, inmates on psychiatric medications are seen individually every 14 days while housed in these units. Group interventions are offered as outlined in their treatment plans and screenings are completed before being assigned a bed in these units. Services are enhanced to assist in reducing their time in these units. These services include individual consultation and treatment, medication evaluation and management and group therapy focusing on impulse control.
- Crisis Intervention Services
  - Crisis intervention services are provided to the inmate population 24 hours a day through a diverse set of staff, including behavioral health staff, nursing staff, and on-call psychiatric providers as well as trained correctional officers. Behavioral health staff is on-call Monday through Friday during the day to deal with crises which typically surround issues of suicidality or self-harm.
- Dental Services
  - Dental Services are provided to all inmates. Dental Services staff consists of a Chief of Dentistry, consulting oral surgeon, dentists, hygienists and assistants. Dental Services serves as a training site for approved college affiliates such as

Tufts University and the New Hampshire Technical Institute's Hygienist and Dental Assistant Program.

<https://nhtreatment.org/>

- New Hampshire Alcohol and Drug Treatment Locator

<https://www.citizenscount.org/issues/prison-reform>

- Based on this article, the prison population has more than doubled since 1990.
- The results of this was that the NH prison system is facing a lot of challenges such as rising costs and overcrowding.
- In terms of the overcrowding situation, this is due to the large number of returning inmates.
- Through 2010, the state has tried to reduce overcrowding and what is known as recidivism through the bill called SB 500.
- This bill would transfer more offenders to community programs before their release dates
- Then in 2011, the republican controlled legislature repealed the early programs over worries that violent offenders were released without adequate supervision.
- SB 52 or should we say the repeal bill excludes "persons convicted of violent crimes and sexually violent persons from mandatory early release on probation or parole."
- Afterwards, the articles went on addressing aging, gender inequality, and the big issue of prison privatization.

## Massachusetts

<https://www.mass.gov/service-details/inmate-healthcare>

- Work with wellpath to guarantee healthcare access
- Privately operated
- Not every facility offers every healthcare, will be moved to obtain
- Lemuel Shattuck Hospital, hospital specifically designated for inmates to receive care
- Needs extra day-to-day care, assisted daily living unit
- Emergency staff available 24 hrs a day, request through the staff
- Mental health units
- MassHealth- provides health insurance to releasing inmates

<https://www.mass.gov/service-details/inmate-healthcare>

- The state of Massachusetts works primarily with Wellpath, formerly Correct Care Solutions, to provide healthcare services for inmates.
- As a result, All inmate healthcare and sex offender treatment programming are provided by Wellpath, the contracted healthcare provider for the department.

## Identify the current state regulation for medical care of CT DOC

For more info and legislative history related to this topic, you can work with a legislator, such as one of your champions (ex. Representative Robyn Porter), to make a request to the Office of Legislative Research

### **Are all inmates guaranteed primary care including annual exams, eye care, dental, orthodontal, mental health care, OBG?**

<https://www.cga.ct.gov/searchresults.asp?cx=005177121039084408563%3Ahs1zq3ague8&ie=UTF-8&cof=FORID%3A10&q=inmate+healthcare&submission=%EF%80%82>

- Healthcare within correctional system broken up into 7 units
  - Clinical practices- community health, utilization management, physician services
  - Dental services
  - Forensic services (also monitors mental health needs)
  - Mental health services
  - Nursing services
  - Pharmacy services
  - Quality assurance (infectious disease monitoring, HIV, infections etc.)

<https://www.clearinghouse.net/chDocs/public/PC-CT-0010-0001.pdf>

- West vs Manson
- Consent judgement offered on October 13th, 1988
- Resolves disputes between plaintiffs (present and future inmates at Nitantic) and defendants (officials of DOC)
  - Only applicable to Nitantic
- Full list of grievances specifically from Valerie West
  - Information regarding inadequacy- detoxification, pregnant inmates, medication, lack of proper facilities
- First, sixth, eighth, ninth, fourteenth amendments used to allow West to win this case
- Specific focus on the inequities between men and women's prisons
  - Men- full time mental health staff availability
  - Women- had men looking into their showers

<https://portal.ct.gov/-/media/DOC/Pdf/WestMansonSettlementAgreementpdf.pdf>

- Full legal settlement

<https://www.cga.ct.gov/PS94/rpt/olr/htm/94-R-0983.htm>

- Consent decree- needs to be codified into law (potential move for advocacy)

- Dental care included
- Must have a physical examination before being placed in housing
- Annual physical examination
  - Vaccines must be available by CDC's recommendations
- Appropriate examining facilities
- On-site x-rays available
- At least 20 beds with full time nurse staff availability
- Medications administered by medical personnel
- No prescription meds without a physician
- “an inmate cannot be barred from receiving medication solely by reason of the inmate being unavailable to request or obtain the medication by a certain time”
- HIV Regulations
  - Testing must be available to high risk patients
  - Testing positive- proper counseling available
  - AIDS education program for all inmates and staff
  - If infection worsens, taken to outside hospital for treatment
- Pregnancy Regulations
  - Testing for pregnancy upon arrival for those capable of child-bearing
  - Assigning pregnant inmates to bottom bunks
  - nurse/physician approval needed before placing pregnant/postpartum woman into restraints
  - Dietary needs of pregnant inmates addressed
  - Availability of prenatal vitamins
  - Regular prenatal classes (regardless of inmate's security status)
  - Providing a pregnancy test ASAP as soon as an inmate may believe they are pregnant
  - Same rights to terminate a pregnancy as non-incarcerated women have
  - Efforts to place third trimester women in rooms closest to staff office unless requested otherwise
- Drug and Alcohol Treatment
  - Drug and alcohol history of each inmate
  - Must refer signs of dependence/withdrawal to medical unit
  - All inmates w dependency have to go through physical check up
  - All inmates w dependancy must meet with qualified substance abuse professional
  - Medical withdrawal symptoms must be evaluated at least once a day
  - Detoxification of an inmate must be done in the medical unit
    - If beds filled, must increase number of beds to meet demand
  - Inmate must provide consent to go through any detoxification
    - Injecting w methadone

- CCIN's addiction service counselors must encourage inmates to receive treatment beyond discharge and make appropriate referrals
- Any inmate who receives substance abuse counseling or who went through a detoxification must have a counseling session regarding treatment options after discharge
- A physician with experience in substance abuse must direct the detoxing and treatment services
- A physician must be on call at all times, even if not physically present
- One licensed nurse with experience in substance abuse must be on duty at all times in the medical unit
- Must have four addiction services counselors
- Mental Health Services
  - Must be interdisciplinary
  - Assessment of personal need
  - Delivered in concert w security needs of institution and individuals
  - Use of medication may be necessary
    - Only in emergency
    - Need full mental and medical history
    - A physical exam
    - Mental status evaluation
    - Diagnosis
    - Treatment plan approved by counselor
    - Record of type of medication and dosage
    - Record of all other medications

<https://ctmirror.org/2018/12/20/denied-look-inmate-health-care/>

- An overview of changes from UCONN to DOC
- No tracking systems

<https://www.cga.ct.gov/searchresults.asp?cx=005177121039084408563%3Ahs1zq3ague8&ie=UTF-8&cof=FORID%3A10&q=inmate+healthcare&submission=%EF%80%82>

- From 2001, UCONN regulations, unsure if still accurate but could be useful
- Mental health treatment is provided based off the DOC's assessment of need
- 650 full-time mental health employees
- Psychiatric assessments, personal and group therapy, medication administration, crisis intervention, specialized treatment for sex offenders, dual diagnoses, and history of self harm
- No waiting list except for substance abuse treatment

- Mental health screening before entering general prison population (faster in prisons than jail bc of unstable jail population due to going back and forth from jail to court)
- Mental health needs “score”, can go up or down depending on need
- Serious disorders: osborn, york, manson, garner facilities
- Parole Board and Department of Mental Health and Addiction Services- make referrals and arrange for community-based services upon leaving prison, recidivism rates much lower for ppl with these services

**What are the qualifications for an inmate to be placed in segregation or solitary confinement? What are the limitations of that stay? What is the evaluation process?**

<https://www.cga.ct.gov/2017/JFR/h/2017HB-07302-R00JUD-JFR.htm>

- House Bill in 2017 attempting to end solitary confinement
- Has full list of supporters

<https://www.acluct.org/en/legislation/2017-hb-7302-solitary-confinement-reform>

- Prohibits vulnerable populations, children, juveniles
- Limits it overall
- Passed in 2017

[https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=SB1059&which\\_year=2021](https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=SB1059&which_year=2021)

- Current bill in session attempting to limit use of solitary confinement

<https://ctexaminer.com/2021/03/22/lawmakers-listen-to-testimony-on-connecticuts-use-of-solitary-confinement/>

- Senate bill 1059
- Eliminate solitary for inmates w mental health
- Limit use on others
- “I’m very fortunate to be here, but I’m not fortunate to forget the memories of being strip-searched and put in a cold cell in my underwear” - former prisoner Daryl McGraw
- Tracie Bernardi attempted to hang herself in solitary, saved by other inmate
- ACLU, Connecticut Bail Fund, Stop Solitary CT
- Joanna Fisco, former nurse in DOC, said lack of mental health treatment creates lack of humanity
- Angel Quiros, DOC commissioner, condemns bill because too difficult
  - Calls for 8 hours of outdoor time, too difficult bc we don’t have enough space
  - Believes eliminating solitary puts other inmates in danger

<https://www.stopsolitaryct.org/background-data>

- Qualification- incident tht places other inmates in danger
  - An inmate escapes from custody
  - Inmate assaults agent/employee
  - Inmate uses a dangerous weapon
- Does not place offenders in this status indefinitely
- United Nations banned for no longer than 15 days

**What are hours of operation or availability to a healthcare provider within the prison?  
(exp. If someone is ill at 2am who responds?)**

<https://www.cga.ct.gov/PS94/rpt/olr/htm/94-R-0983.htm>

- “Nurse driven” system
- 12-16 hours per day
- Some correctional facilities accommodate overnight stays
- Infirmaries have 24 nurse coverage
- No formal contract with a hospital
- Contacts physician specialists on need basis

**Identify and Numberate Open Cases of Medical Malpractice in CT DOC**

<https://ctmirror.org/2020/11/04/citing-willful-delays-federal-judge-orders-state-to-release-information-on-prison-medical-care/>

- federal judge orders state to release information on prison medical care, by citing wilful delays
- The state must turn over information from 2016 on the medical cases of roughly 25 people incarcerated in Department of Correction facilities whose treatment represented the worst instances of potential medical malpractice in the prison system, a federal judge ruled Tuesday.

<https://marcianolegal.com/2018/08/is-connecticuts-prison-system-headed-toward-a-medical-malpractice-crisis/>

- The state agency, which just paid out \$1.3 million in a settlement to a former prisoner whose subcutaneous lymphoma was misdiagnosed for nearly 3 years, is at risk of major medical malpractice litigation.

<https://equotemd.com/blog/connecticut-prison-malpractice-scandal/>

- Details cases of medical malpractice while UCONN was in charge

## Data Specific to the Spread of Covid-19 in CT Prisons in 2020

<https://www.acluct.org/en/news/if-ct-prisons-and-jails-were-town-theyd-have-highest-covid-19-infection-rate-state>

- Article from ACLU CT that shows how the situation would be dramatic.
- In fact, this would be the highest number of covid cases.

<https://covid.yale.edu/innovation/mapping/case-maps/ct-correctional-facilities/>

- This map displays locations of Connecticut incarceration facilities together with the counts of confirmed COVID-19 cases and deaths among inmates and staff,
- In fact, in CT, the primary strategy for controlling the initial spread of the virus in prisons was to transfer infected inmates to the isolation unit in Northern CI, returning them to their original facility once they have recovered.

<https://medicine.yale.edu/news-article/release-connecticuts-prisoners-health-experts-activists-urge-decarceration-to-slow-pandemic/>

- Another perspective to end incarceration of prisoners to prevent the spread of COVID-19

<https://theappeal.org/connecticut-covid-19-prison-quarantine-northern-correctional-institution/>

- This article shows that inmates that are tested positive ARE SENT TO A NOTORIOUS MAXIMUM SECURITY PRISON which based on the opinion of the Yale students it is ineffective and inhumane to do such a thing.

## Part Two: Compile journalism articles related to Tianna Laboy's case

<https://ctmirror.org/2020/12/01/state-settles-lawsuit-with-woman-who-delivered-her-baby-in-a-prison-toilet/> - "State settles lawsuit with woman who delivered her baby in a prison toilet"

<https://www.courant.com/news/connecticut/hc-news-connecticut-justice-for-tianna-rally-202009-03-lql7oc6f3rbjtkaxvfptp5dwqq-story.html> - "Activists call for release of inmate Tianna Laboy who gave birth in her cell without medical care"

<https://www.wonkette.com/grandmother-seeks-justice-for-child-born-in-prison-toilet-bowl/> "Grandmother seeks justice for child born in prison toilet bowl"

<http://www.newbrithainherald.com/NBH-New+Britain+News/377691/justice-for-tianna-family-clergy-human-rights-activists-plead-for-action-for-incarcerated-new-britain-woman-they-say-was-mistreated-while-in-labor-with-cellmate-delivering-baby/> - "Justice for Tiana: Family, clergy, human rights activists plead for action for incarcerated New Britain woman they say was mistreated while in labor, with cellmate delivering baby."

<https://www.law.com/ctlawtribune/2020/12/17/heinous-and-horrific-settlement-clinched-for-woman-who-gave-birth-in-prison-cell/?slreturn=20210404123241> “Heinous and Horrific: Settlement Clinched for Woman Who Gave Birth in Prison Cell”

## Part Three: Support/Opposition for similar legislation

<https://www.cga.ct.gov/searchresults.asp?cx=005177121039084408563%3Ahs1zq3ague8&ie=UTF-8&cof=FORID%3A10&q=inmate+healthcare&submission=%EF%80%82>

- Current bill to increase funding towards prison medical care

Summary of SB 13 An Act Concerning Fair Treatment of Incarcerated Women

<https://www.acluct.org/en/legislation/sb-13-act-concerning-fair-treatment-incarcerated-women#:~:text=The%20ACLU%20of%20Connecticut%20is,13.&text=prevent%20the%20state%20from%20shackling,women%20with%20sufficient%20menstrual%20supplies>

- Currently enacted in CT since 2018 (passed unanimously)
- Protections of incarcerated women (no handcuffing in labor, proper menstrual products, privacy from employees of the opposite sex, etc.)
- Helpful because knowledge of what protections are already in place and supporters of bill can support future YWCA bill

Testimonials-

[https://www.acluct.org/sites/default/files/field\\_documents/acluct\\_sandy\\_lomonico\\_testimony\\_sb\\_13\\_an\\_act\\_concerning\\_fair\\_treatment\\_of\\_incarcerated\\_women.pdf](https://www.acluct.org/sites/default/files/field_documents/acluct_sandy_lomonico_testimony_sb_13_an_act_concerning_fair_treatment_of_incarcerated_women.pdf)

[https://www.acluct.org/sites/default/files/field\\_documents/acluct\\_2018\\_testimony\\_supporting\\_sb\\_13\\_aac\\_fair\\_treatment\\_of\\_incarcerated\\_women\\_final.pdf](https://www.acluct.org/sites/default/files/field_documents/acluct_2018_testimony_supporting_sb_13_aac_fair_treatment_of_incarcerated_women_final.pdf)

Full Video:

[https://www.facebook.com/watch/live/?v=1808866392486040&ref=watch\\_permalink](https://www.facebook.com/watch/live/?v=1808866392486040&ref=watch_permalink)

- Testimonials offer example of convincing a government body of your cause, language is key
- Second testimonial offers ways in which provisions can be expanded, can help in forming legislation to expand on your thoughts regarding new protections
- Organizations who support the Bill
  - ACLU CT- primary sponsors of the bill
  - Connecticut Women’s Education and Legal Fund
  - Uniting for a Safe Inclusive Community
  - Students for a Dream
  - Prison Diaries
  - Commission on Rights and Opportunities
  - Connecticut Bail Fund
  - NARAL
  - Ct. Working Families Organization
  - Commission on Equity and Opportunity

Full List of Supporters of SB 13-

[https://www.cga.ct.gov/asp/menu/CommDocTmyBillAllComm.asp?bill=SB-00013&doc\\_year=2018](https://www.cga.ct.gov/asp/menu/CommDocTmyBillAllComm.asp?bill=SB-00013&doc_year=2018)