



**Written Testimony of:  
The Release Aging People in Prison Campaign and Parole Preparation Project**

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**Presented before:  
Members of the New York State Senate  
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**INTRODUCTION**

The Release Aging People in Prison (RAPP) Campaign works to end mass incarceration and promote racial justice through the release of older and aging people from prison. RAPP is the only campaign in New York State and across the country with the central focus of releasing aging people from prison, rather than expending additional resources to retrofit prisons as nursing homes. The Parole Preparation Project (PPP) provides advocacy and direct support to currently and formerly incarcerated people serving life sentences in New York State prisons, and seeks to transform the parole release process in New York State.

Since the outbreak of COVID-19, RAPP and PPP have received more than 500 letters from people currently incarcerated in New York State prisons who are living through the horrors of a deadly pandemic. They wrote begging for help in securing their release, asked for basic necessities like soap and underwear, and detailed their daily fears of contracting a lethal virus in a place with few resources and substandard medical care. Many remain desperate for help today.

Since March, we've also received hundreds of phone calls from community members with loved ones in prisons. They spent hours on the phone seeking answers and information, desperate for help they never received from Governor Andrew M. Cuomo's office, the Department of Corrections and Community Supervision (DOCCS), and many other New York State agencies.

Before the pandemic, RAPP and PPP advocated for the release of people from prison through discretionary parole release, medical parole and clemency. We also pushed for the passage of pending legislation that would reform these systems of release. However, since the onset of covid-19 seven months ago, our work has focused almost entirely on meeting the urgent needs of incarcerated people and their loved ones—needs that the Cuomo administration and Democratically-controlled legislature have completely failed to acknowledge or address.

In March 2020, we began tracking the conditions of every single prison in New York State using first-hand accounts from incarcerated people, their families and attorneys. We immediately began advocating for everyone in New York State prisons to have adequate personal protective equipment, including access to hand sanitizer and protective masks that the Cuomo administration didn't permit incarcerated people to use until weeks and months after the virus began to spread.

We also worked with advocates across the country, elected officials at all levels of government, philanthropists, district attorneys, and even celebrities to call on Governor Cuomo to grant emergency clemencies to people currently incarcerated in New York State prisons, especially those who are particularly vulnerable to the virus. We sent the Governor's office and DOCCS hundreds of individual requests for clemency and medical parole releases on behalf of some of the state's oldest and sickest people. We received and forwarded to the governor 21 separate appeals from groups of public health experts, US Congressional representatives, community, medical, and legal organizations, criminal justice professionals, law enforcement, and faith community leaders urging him to release vulnerable incarcerated people. We worked with dozens of community members across the state who have loved ones in prison to ensure that people are able to stay in contact with their family members in ways that align with public health and safety. We continue to work on all of these efforts and many more today because DOCCS, the Cuomo administration, and the Legislature continue to fail countless New Yorkers impacted by COVID-19 behind bars.

## **COVID-19 IN NEW YORK STATE PRISONS**

This testimony draws on and synthesizes the expertise, experiences, and advocacy of many of the currently incarcerated people we have been in direct contact with since March 2020. Detailed in this testimony are the many areas in which the Cuomo administration and DOCCS have failed New Yorkers impacted by COVID-19 behind bars. Their response to the deadly virus specifically

for people in New York State prisons has been at best negligent and dishonest, and at worst torturous and deadly.

**Feelings of Hopelessness and Desperation:** Over the last seven months, people in prison have experienced extreme and profound levels of fear, hopelessness, and despair. Even many incarcerated people who have spent decades in prison and lived through epidemics associated with HIV/AIDs, Hepatitis C, SARS, and other serious viruses voiced unprecedented concern. We frequently received correspondence from people about how their time in prison felt like it was quickly turning into a death sentence as a result of the COVID-19.

- **T.V.<sup>1</sup>, Auburn Correctional Facility, 9 years in prison:** “I am in fear for my life in the midst of this coronavirus pandemic ... My fear is that the pangs of this pandemic will creep into the night air, from a single touch, here at Auburn, and attack me while I am sleeping and take my life. All this while being behind these steel bars, and laying on this metal cot, without ever laying my eyes upon my wife and children to say goodbye ... The administration here at said facility does not provide adequate medical care or proper medical emergency to accommodate for us in times of need, and will instead wait until the bodies start to pile up, and then tell us to 'sign up for sick-call' ... As of right [now] other brothers and sisters and I who suffer from asthma are sitting ducks waiting for the inevitable to happen ... We who do not have release dates in a year, or are not 60 years of age are sentenced to death without that sentence being handed down from a magistrate.”
- **A.H., Eastern Correctional Facility, 16 years in prison:** “The influence of COVID-19 was changing the normal functions of life behind the walls into confusion, and complex problems that needed solutions. While rules were being established, and enforced, staff members (Superintendent as well) were not paying attention to the traumatic effects that COVID-19 mixed with these abnormal prison rules were having on the prison population. For example, everybody was truly concerned about their safety. Prisoners were losing loved ones; visits and Family Reunification Program were canceled, and officers began to really abuse prisoners. Within one week, guys began to lash out with violence against the harassment / abuse, and the facility was locked down. Staff came around serving food with no mask on their faces, and that triggered another negative response...excuse my bad language, but shit is fucked up in here...Not having contact with our family members (fathers kissing daughters, hugging

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<sup>1</sup> To protect the identities of incarcerated people, we use initials throughout this document instead of full names

mothers, teaching sons, etc.) is a new form of torture, and takes away my humanness as a person.”

**COVID-19 Sickness and Death:** To date, DOCCS reports that COVID-19 has infected 733 incarcerated people and killed 17. Reports from the Daily News and currently incarcerated people indicate that Black and Latinx People and older people have been disproportionately impacted by the virus. In the first few months of the pandemic, the Daily News reported that most incarcerated people who died from COVID-19 behind bars were Black people.

- **C.B., Green Haven Correctional Facility, 24 years in prison,** “I am 63 years old and I have HIV, Cirrhosis of the Liver, and heart problems. April 2020 I lost my mother to COVID-19, and I’ve never been rocked by anything that could be compared to losing my mother. She is the one I wanted to go home to. Shortly after losing my mom, I fell ill to the same best, and this rocked me as well. I struggled for a month until I was able to shake the virus. I was in so much pain that I cracked and broke every tooth on the upper left hand side of my mouth. Only by the grace of God I recovered. So I am very appreciative for all you do and attempt to do to liberate the aging population. I can only pray that God will advance your petitions. In closing I was also close to Mr. [Benjamin] Smalls and we were working at the commissary, where six civilians and 2 incarcerated men were infected. The two men were Mr. Smalls and I. Prior to us getting infected Mr. Smalls used to always tell me, ‘CB you and I cannot afford to get sick, because it is going to be a struggle if we do.’ Low and behold we both got sick around the same time. Mr. Smalls used to always tell me that he was going to get me out of jail. I miss him dearly.”
- **G.A., Fishkill Correctional Facility, 18 years in prison:** “One person was removed from the housing unit for suspicion of having the virus. No one else was interviewed about symptoms. The unit was put under quarantine a week later, and another person began to show symptoms: fever and shortness of breath. None of this person’s roommates were interviewed about symptoms. A day later a third person was experiencing a fever and headaches, but was ignored for five days, even as he continued to experience fever, shivers, and a heavy cough. Days later, the unit was inexplicably taken out of quarantine, despite numerous people exhibiting cold-like symptoms, and person #3 was sent to the hospital, where he died. A fourth person had no appetite and discoloration in his skin, but was not offered any care or treatment until he experienced a seizure. He also died. More people continued to experience symptoms, and were neglected until their symptoms became extreme, at which point they were removed, sometimes by guards who had tested positive for the virus and returned without quarantining themselves

for the proper amount of time. None of their roommates were ever interviewed about symptoms, despite also displaying symptoms, and the unit received word that someone has died in another housing unit.”

- **W.W., Fishkill Correctional Facility, 24 years in prison:** “Only if you have a fever will you get any attention; symptoms like coughing, sneezing, etc are ignored. Those people that are not ignored, and sick, are sent to the box, double bunked for quarantine. The few that was sent to the hospital too late don't make it, especially senior citizens. One of my friends died because of lack of concern. He had the symptoms, but no fever at the time, so they sent him back to the dorm; when he became very ill, some officers escorted him to medical. Three to four days later, he passed on.”

**Unconscionable Lack of Prison Releases:** Since the outbreak of COVID-19, advocates across the country, elected officials at all levels of government, philanthropists, district attorneys, and even celebrities called on Governor Cuomo to grant wide-sweeping clemencies to people in New York State prisons, especially those who are older and/or have compromised immune systems. Since March 2020, Governor Cuomo has granted three total clemencies and the Department of Corrections and Community Supervision (DOCCS) created a narrow and exclusionary release mechanism for older people within 90 days of their release who were convicted only of non-violent crimes. They also released a handful of select pregnant women convicted of non-violent crimes. DOCCS does not make publicly available the total number of people released through this COVID-specific mechanism, and has never publicly explained why the release criteria was so narrow and runs against all criminal justice research that proves older people, specifically convicted of violent crimes like murder, homicide, and robbery, pose the least risk to public safety across all categories of age and crime.

Additionally, the State Parole Board’s release rates have been lower during some months of the pandemic than they have been in years. In August 2020, the Parole Board released people serving parole-eligible life sentences at a rate of only 25%, compared to 50% at the start of the pandemic. The Board has consistently released white people at higher rates than Black people during the pandemic, including by a margin of 16% in August 2020: the Board released 32% of Black people and 48% of white people who appeared before them.<sup>2</sup>

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<sup>2</sup> Data provided by the Vera Institute of Justice, August, 2020

- **H.M., Adirondack Correctional Facility, 17 years in prison:** “There’s some guys in here that, really, I don’t understand why the State hasn’t released these guys. What possible threat could this poor, frail, dried up human being pose to society? Let him go, man.”
- **J.L., Sullivan Correctional Facility, 16 years in prison:** “The New York RAPP Campaign, which stands for Release Aging People in Prison, has been working with state legislators on a bill that would allow prisoners ages 55 and older who have served at least 15 years to appear automatically before a parole board. Even with a deadly virus in the air and a Democratic state government, there has been no action on this bill.”

**Creating a Prison Nursing Home at Adirondack Correctional Facility:** In May 2020, the Cuomo administration cleared out Adirondack Correctional Facility, which previously housed a handful of incarcerated people below the age of 18, to make room for a prison nursing home exclusively for older and sick incarcerated people. Since June 2020, DOCCS transferred more than 100 incarcerated people aged 60 and older with serious chronic health conditions to the prison near the Canadian Border. The large majority of people transferred are Black and Latinx from downstate New York. People transferred to the facility report that they were not tested before or immediately upon their arrival at the facility. After weeks of advocacy, the Cuomo administration finally tested everyone at the facility, and at least three people tested positive. People at Adirondack consider the facility to be a ticking time bomb.

- **C.L., Adirondack Correctional Facility, 43 years in prison:** “...If we’re not gonna get the proper medical attention, I’m gonna die of something else. It’s like they sent us to just fade away and die.”
- **D.B., Adirondack Correctional Facility, 28 years in prison:** “It seems that this administration here is playing chess with us. Every time 20 new arrivals come in. They move us around from building to building. We’re not young. And to keep doing this is uncalled for. When all they have to do is put the new arrivals in another building. They know how many prisoners will be here. So why keep moving us around like we’re animals. It’s hard on us to move our belongings and mattresses around every week. It’s cruel and unusual punishment when all of us have no tickets or misbehavior reports of any kind. Something needs to be done about all this constant movement.”
- **F.R., Adirondack Correctional Facility, 18 years in prison:** “Inherently this is not a good situation. Tensions initially were high and there are still suspicions among us as to the real

motives behind our being sent here. As I said, in the beginning we felt like the pioneers, now we suspect we are the guinea pigs and we are hoping that we do not become the forgotten sacrificial lambs.”

**Overcrowding and Unsafe Housing:** Incarcerated people are reporting that prison dormitories are over capacity, and people are forced to sleep in bunk beds only three feet away from each other. People with COVID-19 symptoms are being housed in blocks and dorms with others who do not yet have any symptoms:

- **A.P., Clinton Correctional Facility, 16 years in prison:** “They are putting more of us together now than they were before COVID19. They’re bunching us up in the hallways and all this is on camera. It’s not that they can’t social distance us. They don’t want to.”
- **R.J., Eastern Correctional Facility, 30 years in prison:** “Here in Eastern Corr. Fac. when inmates become sick ... when it comes to isolating these inmates the facility is negligent ... I'm in the east wing. They moved an inmate that was in isolation status right next door to me ... For the most part the facility is reckless in those areas ... I'm African American and the inmate they put next door to me was (in isolation) also African American, the most likely group to be killed from this disease.”

**Unsanitary Conditions & Lack of PPE:** When Governor Cuomo announced to the nation in March 2020 that New York State would produce its own state-issued hand sanitizer, he did not mention that incarcerated people would be making it for pennies on the hour, and that they would not be permitted to use it themselves. After weeks of advocacy and public scrutiny, DOCCS finally allowed incarcerated people to use the hand sanitizer. However, people in many facilities report that they have no access to it and that staff use most of their supply.

For the first month of the pandemic, incarcerated people were not permitted to wear masks. On April 9, 2020, DOCCS issued a memo that allowed incarcerated people to wear masks made out of state-issued handkerchiefs—too small to cover the average person’s face—and allowed incarcerated people in quarantined housing units to wear surgical masks.

On May 6, 2020, *Mother Jones*, published a story on incarcerated New Yorkers being forced to make protective cloth masks for pennies per hour. Within 48 hours of the publication of the *Mother Jones* story, DOCCS announced that incarcerated people would finally be given at least two cloth masks each. Since then, incarcerated people across DOCCS have grieved that they have not received any new, clean protective masks. While prison staff have received ample

amounts of PPE, incarcerated people widely report that correctional officers rarely wear masks, except when they're in the infirmary or in the presence of a captain or lieutenant:

- **R.S., Ulster Correctional Facility, 22 years in prison,** “On a daily basis, since the shut down of society, I have been asking myself if I will survive. In this facility there are both inmates and staff affected by this virus. The inmate care is at best less than what any good veterinarian would prescribe for a family pet. There is a dorm for those who have tested positive, however they are permitted to attend other facility functions with those who have not been adversely affected. We are now permitted to wear surgical type masks ... However convincing staff to wear them is another fight.”
- **T.C., Coxsackie Correctional Facility, 1 year in prison:** “If I contracted COVID-19 I most likely would die in here. We are not protected in here and there is no social distancing ... The workers in the mess hall quit wearing masks and about 90% of COs don't wear masks either exposing the vulnerable population and population with existing health conditions that are severe.”
- **R.R., Fishkill Correctional Facility, 31 years in prison:** “At Fishkill, there is an imminent danger faced by me and other inmates, some of whom have already died. Fishkill's lackluster efforts to keep the illness from spreading by allowing prison staff that tested positive for COVID-19 to return to work without mandated 'face masks' proves its inexplicable failures amounts to deliberate indifference.”

**Quarantine Conditions and Solitary Confinement:** Many facilities are quarantining entire cell blocks and living areas if anyone exhibited COVID-19 or flu-like symptoms. Other facilities transfer people with COVID-related symptoms to solitary confinement, where they are placed for multiple weeks at a time and left with limited to no medical treatment, none of their property, and limited access to phone and electronic contact with their loved ones. In some instances, DOCCS transfers people using cramped vans from smaller facilities with less hospital capacity to larger facilities, where they are immediately placed in solitary confinement. Quarantined areas often include people without flu-like symptoms, jeopardizing the health of people who are not sick. Quarantined areas are often completely unavoidable for incarcerated people who either live next to or have to walk directly by the quarantined areas.

- **M.C., Wallkill Correctional Facility, 14 years in prison:** “I contracted the disease, and not only was I illegally placed in solitary confinement, upon returning to the population, I was



never retested.”

- **O.W., Fishkill Correctional Facility, 23 years in prison:** “They quarantined me for 2 weeks with none of my personal property. Not even my shower shoes. At first instead of giving us showers, they were giving us buckets of hot water to wash up in.”
- **S.B., Green Haven Correctional Facility, 17 years in prison:** “This is solitary confinement and it is filthy. It is infested with big roaches and it NEVER gets sanitized. We need outside help.”

**Improper Medical Care:** In the wake of COVID-19, many facilities have stopped providing non-COVID-related medical care altogether. Because of staffing shortages, “sick call” has been cancelled in many facilities and people have stopped receiving their regular medications. Many who still have access to medication are scared to leave their cells to retrieve it. This continues now.

- **D.B., on behalf of his currently incarcerated brother, KB, Coxsackie Correctional Facility, 14 years in prison:** “My brother has been incarcerated for 17 years...His illnesses [include] asthma arthritis in both knees and tendinitis in both elbows degenerative disc disease. He is also suffering with schizophrenia and bipolar and depression. They are not giving him all his medicine...”
- **E.M., Adirondack Correctional Facility, 25 years in prison,** “This facility is now...populated with senior citizens 60 years old and older, most of which have serious underlying medical problems. You do not even have a doctor.”
- **R.S., Otisville Correctional Facility, 4 years in prison:** “Many of us have had symptoms and have gone to the medical facility here, only to be told that because we don't have a fever, we are fine. We are then sent back to our dorms (which house 49 men, 1 officer) without being tested. I have yet to regain my sense of smell. Yes, I believe that I have had the Coronavirus ... Officers were sick and still allowed to come into the facility. We were made to work around them and most of us that got sick worked in areas predominantly inhabited by DOC[CS] staff. They took those sick individuals and isolated them in a dorm where they were given no treatment ... After 7-8 days these men were returned to their living areas, without masks and we were all put at risk. They have recently quarantined an entire dorm and we have no information as to why or if any one has tested positive. They have also begun to force officers who have tested positive back to work if they do not have a fever ... At this point my sentence

has been enhanced to a potential death sentence. If I am to fall victim to this disease I at least want to be with the people I love ... I believe that I've had the Coronavirus but have no way to tell and the prediction of another wave scares me. They have shown there is no plan of action for incarcerated people.”

**Commissary:** Throughout the pandemic, incarcerated people have reported understocked commissaries that often run out of basic cleaning supplies like soap. They also report being charged higher prices for basic necessities:

- **F.R., Adirondack Correctional Facility, 18 years in prison:** “When older individuals were transferred to Adirondack Correctional Facility, they found the commissary was undersupplied and lacked basic necessities upon their arrival.”
- **R.T., Bare Hill Correctional Facility, 19 years in prison:** “Many incarcerated individuals have reported staple food items are out of stock or in short supply at commissaries throughout the time of COVID-19. This is especially dangerous considering that older or immunocompromised individuals would have no other option than to eat in the mess halls where social distancing is more difficult and eating meals presents a high risk to their health.”
- **S.S., Attica Correctional Facility, 19 years in prison:** “They are out of a lot of food items [in the commissary] which forces us to have to go to the mess hall to eat. This in itself is very dangerous for us older inmates.”

**Prison Visiting and Contact with Family and Friends:** In May 2020, DOCCS published a COVID-19 re-opening plan that included a plan to re-open social visits to family members and friends of incarcerated people. The plan was originally very restrictive, limiting visits to two hours, mandating people register for visits in advance, and didn’t allow for any physical contact between loved ones.

After months of advocacy, DOCCS modified the visiting plan by easing some of the restrictions. However, incarcerated people and their family members have reported significant problems with the plan, including limits to the number of children who can visit, and serious restrictions to the amount of touching people can engage in during the visit. One person in prison was punished with solitary confinement after giving his loved one a short kiss at the beginning of their visit. DOCCS banned his loved one from visiting ever again.

- **P.C., Green Haven Correctional Facility: 13 years in prison:** “DOCCS is using the

coronavirus pandemic as a guise to implement stringent visiting room procedures which they were already trying to enact. Their ultimate goal is to take away contact visits altogether in order to replace it with video visits contracted to J-Pay. However, these new initiatives put an undue burden on families trying to support their incarcerated loved ones.”

- **J.K., Sing Sing Correctional Facility, 8 years in prison:** “To prevent a son from hugging his mother, a husband from holding his wife's hands, and a father from holding his baby, is just cruel and inhumane.”

**Lack of Information and Transparency:** Incarcerated people report that everyone has been on edge since the outbreak of the virus because they’re given limited information on how protect themselves from the virus, when positive cases occur in the facility, when PPE will be distributed and redistributed, and what exact protocols DOCCS and the Governor’s office are implementing systemwide. This lack of information and transparency causes many incarcerated people and their families undue stress, fear, and anxiety. Family members were also unable to get regular updates about the health and safety of their loved ones in prison, even if the person was sick or known to be positive for the virus.

- **J.R., Green Haven Correctional Facility:** “People are disappearing out of cells and not coming back, but DOCCS staff isn’t telling anyone why and in general seem to be keeping information close to the chest. There are still gatherings of incarcerated people in the hallways, waiting for food, waiting for medicine, and in the yard. They are still eating 2 feet away from each other in the chow hall. People who wear T-shirts over their faces as makeshift masks get yelled at and are threatened with discipline. [People are told they] still need to do a program before [they] can be released, but no programming is happening.”
- **Person at Otisville Correctional Facility:** “It's difficult to get accurate numbers because the administration does not let us know what's actually going on, all information comes from civilians and COs who don't mind sharing what they know. It appears to be about 7-10 staff and inmates so far infected. I don't know the status of the dorm that has been quarantined.”

## **THE URGENT NEED FOR LEGISLATIVE INTERVENTION**

Because the Cuomo administration and DOCCS continue to fail to act in any meaningful way in response to the crisis of COVID-19 behind bars, we call on the NY State Senate and Assembly to take meaningful action, including:

**Prison Release:** Governor Cuomo has only granted [three clemencies](#) amidst the COVID-19 pandemic, fewer than both Democratic and Republican Governors across the country, including California, Kentucky, and Illinois. Since Governor Cuomo refuses to use his executive clemency power in any meaningful way to stop the spread and harm of COVID-19 between bars, the legislature must intervene by passing the following bills to decarcerate New York State prisons:

- **Elder Parole (S.2144/A.4319A):** Allows the Parole Board to provide an individualized assessment for potential release to incarcerated people aged 55 and older who have already served 15 or more years in prison--the incarcerated population most vulnerable to COVID-19.
- **Fair and Timely Parole (S.497A/A.4346A):** Ensures that the Parole Board's release determination for all people applying for parole release is based on who incarcerated people are today, their rehabilitation, and current risk of violating the law, as opposed to centering release decisions exclusively based on the nature of peoples crimes.

**Jail Decarceration:** Thanks to bail reform, when the pandemic struck in early 2020, there were [6,000 fewer people in jail](#) each day than in 2019. This meant that over the course of the pandemic, tens of thousands of New Yorkers have not been subject to the heightened risk of COVID-19 behind bars. However, despite the successes of bail reform, Governor Cuomo and the New York State legislature passed rollbacks to the new law in the state budget on April 3rd, which went into effect on July 1st. Already, we have seen an increase of nearly 500 New Yorkers in jail each day, which translates to even greater increase in jail admissions and therefore exposures. And while the Governor committed to releasing New Yorkers in jail on technical parole violations, in August 2020, an average of 759 [New Yorkers](#) were incarcerated in local jails on violations alone. We call on New York's legislature and Governor Cuomo to:

- **Protect pretrial freedom and commit to extending, rather than rolling back, bail reform.**
- **Pass legislation to end the practice of incarcerating people for technical parole violations.**

**Conditions:** The Department of Corrections and Community Supervision (DOCCS) has placed hundreds of people with COVID-19 and COVID related symptoms in solitary confinement as a means of quarantining them from the rest of the population. Solitary confinement itself is a public health crisis in normal times, with surging rates of suicide and self-harm as well as lasting adverse impacts to physical and mental health. Amid this pandemic, it worsens the harm and spread of COVID-19 by weakening people's immune systems, requiring greater physical contact

with staff who must escort them anywhere they go under prison rules, and discouraging people from reporting symptoms. DOCCS must immediately stop placing people in solitary confinement as a means of quarantine. The legislature must curtail the use of this torturous practice by passing the following legislation:

- **HALT Solitary Confinement Act (S.1623/A.2500):** Ends the practice of long term solitary confinement, limits the use of solitary to 15 consecutive days or 20 days in any 60 day period, bars particularly vulnerable populations, including older people who are most vulnerable to COVID-19 from any form of solitary confinement for any amount of time, and creates meaningful alternatives to all forms of isolation and punitive segregation. This legislation is particularly important for the public health and safety of incarcerated people and staff amidst COVID-19 because some incarcerated people are not reporting COVID symptoms out of fear that they'll be placed in isolation without access to their belongings or contact with their loved ones.

**Health:** At the start of the pandemic, DOCCS did not allow incarcerated people to use the hand sanitizer and wear the protective face masks they have produced for pennies on the dollar over the last six months. Months later, DOCCS finally allowed incarcerated people to use these essential products but has never provided people with sufficient supply of either. DOCCS must take every precaution to ensure incarcerated people are protected from COVID-19, including by:

- **Supplying Sufficient Amounts of PPE:** All incarcerated people must be given ample supply of hand sanitizer, soap, face masks, and other essential personal hygiene and public health products. People must be given at least one new surgical face mask per week.
- **Administering Mass Testing:** As of September 11th, DOCCS has only administered 8,598 COVID-19 tests to people incarcerated in New York State prisons out of an incarcerated population of nearly 40,000, far less than many other Republican and Democratic states. DOCCS must ensure that every single incarcerated person has meaningful access to COVID tests, including first tests, and subsequent tests following a positive test.

**Family Ties:** Many incarcerated people have not seen or touched their loved ones in six months. DOCCS must fully restore family visits to the greatest extent that public health allows, including by allowing basic physical touch to continue throughout prison visits, including hand holding and allowing incarcerated people to hug their children. They must also reopen children centers during visits, lift the limit on the number of children who can visit at one time, and fully restore the Family Reunion Program (FRP). These essential programs can be implemented in ways that

maintain family ties and do not put anyone at any additional public health risk, including by performing more COVID tests, signing liability waivers, and implementing post FRP quarantines when appropriate.

**Gender Specific Needs:** Babies born in prison, who then can remain with their mothers for up to 19 months old were kept in quarantine without a clear COVID-19 plan articulated for the protection of infants and new mothers. Postpartum disorder for new mothers is proven to be exacerbated by isolation. Some incarcerated pregnant people were released only after an open letter sent to Governor Cuomo by the Justice for Women Task Force resulted in the release of a small handful of pregnant people within 6 months of their release date. This left many other pregnant people and their unborn at risk of contracting COVID-19. **We call for the release of all pregnant people as well as the release of all mothers with their newly born.** We recognize the dire threat COVID-19 exerts on the lives of unborn infants, those up to 19 months old and mothers who, without release, are susceptible to death behind bars.

Mothers are often the primary caregivers to their children before incarceration and with only one to two hours of time given out of their locked cell or bunk due to COVID-19, mothers whose children rely on their phone calls for support and parenting face the unfair choice between calling their children or taking a shower, doing laundry and making food within the narrow window of one or two hours. DOCCS must make accommodations and expanded time out of cell for all parents, whose communication with their children is critical. Children of incarcerated parents should not be punished by their parent's isolation during a pandemic.

While all people behind bars have experienced higher rates of mental health crisis during any form of isolation, women behind bars are often disproportionately impacted, some becoming chronically depressed with mental health services not offered in any intentional, bolstered way to offset Covid-19 symptoms of distress. **DOCCS must provide incarcerated women and men with regular, consistent access to mental health support services during times of global crises.**

**Education:** College programs have remained closed in most, if not all facilities. This loss of key educational programming, even if staggered or adapted to observe COVID requirements, must resume and provide people access to educational programs. Prison and jail educational programming are proven to reduce violence, increase well-being and promote successful rehabilitation. While community schools and colleges have reopened with COVID-19 protocols

in place, identical allowances can and should be provided to resume critical educational programs for those behind bars.

## **CONCLUSION**

It is shocking that only 17 people died in New York State correctional facilities over the course of this pandemic given Governor Cuomo, DOCCS and the NYS Legislature have been utterly incompetent in their handling of this pandemic. They created the conditions for mass suffering, psychological torture and deep distrust.

Legislative changes to decarcerate New York State prisons and jails and protect the incarcerated population from COVID-19 are an urgent matter of life and death. **Without such changes, New York guarantees that more people will contract and die from this deadly virus, whether now or when the virus returns in the fall.** If nothing changes, we'll continue to keep people in prison for no reason other than punishment and vengeance, and spend millions more dollars in the wake of a fiscal crisis not seen since the great depression.

These recommendations are fair, effective, evidence-based and safe ways for New York to address COVID-19 behind bars. We invite members of the legislature to join our statewide community of formerly incarcerated leaders, families, and concerned New Yorkers. Taking meaningful and expanded action to release people will prevent more death and despair behind bars, and make New York a true leader in the struggle to end mass incarceration, systemic racism, and COVID-19.

### **Attached:**

- 1. Letter from D.L., Fishkill Correctional Facility, 27 years in prison**
- 2. Letter from C.B., Green Haven Correctional Facility, 24 years in prison**
- 3. Letter from M.B., Green Haven Correctional Facility, 9 years in prison**

**For further questions and inquiries, please contact Dave George, Associate Director of RAPP, at 631-885-3565 or [ddgeorge23@gmail.com](mailto:ddgeorge23@gmail.com)**

April 15, 2020

[REDACTED]

By the time you receive this letter, maybe. I will have been able to tell you via telephone that I was moved to SHU (Special Housing Unit) [REDACTED] at about 5:30pm this afternoon, April 15, 2020.

I will be as thorough in my explanation regarding what happened and what is happening in here as I can be.

As you already know, on the night of March 30, 2020, at about 11:10pm, one of the three men who shared a room with me, [REDACTED] fainted as the C.O. was conducting a standing count. [REDACTED] had 2 or 3 previous heart attacks during his incarceration, is 64 years of age, recently had surgery on the same hand twice, has a knee brace, and uses a cane to walk. I believed he was experiencing another heart attack; others thought a seizure. I failed to catch him as he fell, but I raised his head and held it in the crock of my arm and told him to keep his eyes open.

When medical responded, I was asked to lift him up and place him in the wheelchair that was brought to the housing unit. I lifted him, with the assistance of the other person had come to his aid, and, once in the wheelchair, the nurse secured him with straps so he would not fall out. The C.O. asked me if I would help the nurse and the other man in the 3-man room with me, if he would gather his clothes, medication, ID and a jacket and carry them to the RMU (Regional Medical Unit) as I wheeled him [REDACTED] there.

I carried the wheelchair down 4 flights of stairs with the nurse, who utilized a tread system on the wheelchair which allowed it to be rolled with difficulty. It was raining so we put a coat on [REDACTED] who was barely conscious and I gave him my hat to wear. I wheeled him to the RMU emergency room, and last saw him in the wheelchair.

On April 1, 2020, the housing unit A-Center, where I had been housed for about 22 months, was placed on quarantine. Superintendent Fields and the Deputy Superintendent of Health, Dr. Akeyombo, announced that someone who had been previously on the housing unit, who had gone to the hospital, had tested positive for COVID-19. [REDACTED] had both gone to the hospital that week, and neither man returned. We were told the housing unit would be quarantined for 14 days. No one would be permitted to go anywhere. Meals would be delivered. Face masks were issued to everyone.

I was taken aside by a lieutenant who was present and told that because I had immediate, close contact with someone who tested positive for COVID-19, both myself and the man who carried [REDACTED] property to the RMU, [REDACTED] would be moved to special isolation. I was told that it would last for 3-5 days, just to be certain we are not sick.



At about 2:40 pm on April 1, 2020, I moved to the main building, housing unit 17-19, on 17 gallery, cell #8. Two other men were also moved, [REDACTED] who was in the same room with me in A-Center, and another man, who had been in the 2-man room with [REDACTED]. We were the first 3 people placed on the isolation housing unit (or, in any event, the housing unit, comprised of 25 single cells, was empty when we arrived). All 3 of us were permitted to use the shower, phone, and whomever had a tablet could send and receive emails.

The housing unit quickly filled up and [REDACTED] and I did the dangerous work of serving food, picking up garbage, distributing hot water in buckets, carrying beds and assembling them in cells, within immediate proximity to people who were determined to have exhibited signs of COVID-19 infection. Housing Unit 17-19 was moved because they had a temperature or complained of shortness of breath.

Six days after being moved, after countless exposure to COVID-19, often without gloves or the opportunity to sanitize my hands (since the soap provided is anti-bacterial not anti-viral), I was tested on Tuesday April 7, 2020 for COVID-19. I was swabbed in both nostrils. At least 3 other people were nose-swabbed on that same day, including the other 2 men who had moved with me from A-Center to 17-19 on April 1, 2020.

On Thursday, April 9, 2020, [REDACTED] was told that he would have to lock in. The insinuation was clear but no medical staff spoke to him. He was not examined. It should be stated that each morning and evening everyone on 17-19 housing unit had the temperatures taken by a nurse, usually with the electronic thermometer that states aloud the temperature. Other than this, there was - and is - no medical care.

On Friday, April 10, 2020, [REDACTED] had his cell locked. However, he seldom left his cell. He complained that he was in extreme pain, but the nurses always said they could not issue Tylenol, and as long as his temperature was in the normal range, he would be fine.

I will fast forward now. It must be late.

Out of the 24 people on 17-19, 12 tested positive as of April 15, 2020. Cell #13 had no working toilet so, it should be noted, the housing unit was full.

Today April 15, 2020, makes 14 days that I have been in special isolation, and A-Center, from where I was moved, may no longer be on quarantine restriction.

At about 3:00pm today, a lieutenant and a sergeant made an announcement: all 24 of the men on Housing Unit 17-19 would be moving to S-Block 100, SHU.

People were agitated and angry. No explanation was really given regarding why we were being put in SHU (the box). I am not surprised, and I listen well. The lieutenant, in his attempt to defend himself, made a Freudian slip. He said half of the prison is quarantined. So it is obvious that 17-19 will be filled by tomorrow, if not sooner.

I am in the SHU.

Medical staff has not told me anything about the result of my COVID-19 test. No one even has any awareness of how long each person has been in isolation on 17-19. The Deputy Superintendent of Health, in the 14 days I was housed there, only visited the housing unit once, and this was done in great secret, but I saw him in jeans and T-shirt. This was on April 11, 2020, when he placed red marks next to 12 names, and whispered with a lieutenant and the C.O. on duty that day.

These people lost my property bag that has my towel, washcloth, soap, toothbrush, toothpaste, sheets, blanket, lotion, deodorant, and shower slippers, among other things inside. The lieutenant told us when we moved we were not being sent to the SHU for punishment. You can laugh! We were given about one half hour in the chicken coop cage this evening. I have washed down my mattress, even though it is bare. Everything else is good. I will probably be writing late into the night anyway.

[REDACTED]

Before I end this letter, I will add that there is an older man, [REDACTED], who is scheduled to go home tomorrow (he has a 96#). He is in the SHU with the rest of us from 17-19. No one is telling him anything. He has been in a lot of pain, but looks better now. It is unlikely he goes home tomorrow. He is in the box because he had a fever, and now he will miss his date, and his health and life, continue to be in grave danger.

Well, take care of yourself. Continue to practice social distancing, no matter how frustrating the idea or mantra may seem. Do lots of skyping too. Tell your loved ones often how much you miss them, and what you miss. However, do not miss any opportunity to do more to achieve what you really want. Thank you so much for the urgency you expressed what we need to do, and reminding me that you are here to facilitate that which I cannot do myself. I am blessed. You, take care

Sincerely yours,  
[REDACTED]

6/21/20

Dear Friend,

Thank you for your endless support for the incarcerated population. The struggle is one worthwhile fighting for. I am grateful that you are fighting for my freedom.

My name is [REDACTED] and I reside at Green Haven C.F. I am serving a fifty to live sentence for two robberies. Presently I have been incarcerated for twenty four years. I am 63 years old and I have HIV, Cirrhosis of the Liver, and heart problems. On April 7, 2020 I lost my mother to COVID-19, and I've never been rocked by anything that could be compared to losing my mother. She is the one I wanted to go home to. Shortly after losing my mom, I fell ill to the same best, and this rocked me as well. I struggled for a month until I was able to shake the virus. My friend, I was in so much pain that I cracked and broke every tooth on the upper left hand side of my mouth. Only by the grace of God I recovered. So I am very appreciative for all you do and attempt to do to liberate the aging population. I can only pray that God will advance your petitions.

In closing I was also close to Mr. Smalls and we were working at the commissary, where six civilians and 2 incarcerated men were infected. The two men were Mr. Smalls and I. Prior to us getting infected Mr. Smalls use to always tell me [REDACTED] you and I cannot afford to get sick, because it is going to be a struggle if we do." Low and behold we both got sick around the same time. Mr. Smalls used to always tell me that he was going to get me out of jail. I miss him dearly.

Thanks for all that you do, and if I can be helpful to you, ask me and I will. God Bless you all!

Warm Regards

[REDACTED]

[REDACTED]  
GREEN HAVEN CORRECTIONAL FACILITY  
594 ROUTE 216 - PO BOX 4000  
STORMVILLE, NY 12582-4000  
July 18, 2020

TO: Releasing Aging People in Prison - Parole Preparation Project  
c/o Law Office of Michelle L. Lewin  
168 Canal Street, 6th floor  
New York, N.Y. 10013

To whom these presents shall come, Greetings again,

I held off on sending the letter I wrote last week because of new developments. As of July 13th, they have been testing SOME inmates here. Here's the low-down;

- 1) They are ONLY testing inmates over 55 years old - the most 'vulnerable' group, but certainly not the most dangerous. It's the younger people who will be the most dangerous carriers - many times they won't even know they have it.
- 2) When they have a 'positive' result, the unfortunate inmate is sent to the infirmary with no property whatsoever, their property is left in their cells, untouched, and exposed to theft, etc. As far as I know, they aren't even allowed to bring changes of clothing.
- 3) The unfortunate saps who happen to live in the cells next to them, are sent to the makeshift 'box' I mentioned in the last letter. They've even expanded it, too many (untested) people going to quarantine.

But here's the rub; they're NOT TESTING the neighbors, just 'assuming' they have it and immediately sending them to an environment which all-but guarantees that they WILL get it. Everyone who lives next to an elderly inmate is terrified. Of course all this is assuming that you don't already have some level of natural immunity from prior exposure (which itself is no guarantee either apparently).

Here's my analysis;

- a) If they 'really' wanted to stop this thing dead, they should have locked down the whole facility for a few days, and tested EVERYONE. No one get's out of their cell until negative results come in. Anyone testing positive, and ONLY those testing positive go to quarantine. Repeat the whole process in another two weeks, and of course, 'proper' medical care should be provided for victims. This is similar to what they did for the T.B. test. All this would 'probably' stop the virus cold (the exception of course being staff - I'd suggest a similar procedure for them too).
- b) If they 'really' wanted to get an idea how bad the actual exposure is, they should test for anti-bodies. Nope, not happenin. They are testing for live virus (swab-test) ONLY, no blood samples (for anti-body tests) are being taken. Clearly they do NOT want any clear exposure estimates, it would make them look as culpable as they are. As I said, they shut down visits and guests IMMEDIATELY (and with a grinchy grin on their faces), so the only way it could have come in is through the C.O.s or civilian staff. And NO precautions were taken there until MANDATED by Albany.
- c) Without aggressive and facility wide testing, the measures they are taking seem, to me, to be designed not to stop this thing, but to perpetuate it, if possible.
- d) On a personal note, I question the accuracy of the tests that they are using; the news has consistently said that they have a high margin of error. I would not be surprised to find that the 'positive' returns are in fact, false positives, or even outright fabrications (an outright continuing plague within the prisons would be a 'great' reason to continue to deny all visits, perhaps indefinitely).

So, that's the current state of affairs. From what I've read, on the streets (even of a large city), you have about a 25% chance of catching it (if you take minimal precautions). In here, I would not be surprised to find (if they would ever do an anti-body test) a 90-98% exposure ratio. Of course, we'll never know because many of those exposures would only have given short-term immunity. There is just NOTHING that we (inmates) can do to sufficiently reduce our chances of infection.

'Social distance' is a pipe-dream. Our cells are exactly 6 feet wide, with a 1/4" bulkhead between. Our air is 'canned' even in the best times. Even with all the windows open, the last few weeks have seen internal temperatures well into the 90s (on the flats - God only knows what it's like upstairs). Commissary has been 'out-of-stock' on cell-fans for over 6 months (I'm told this is normal here), and as far as I know, the package room will not let you order one from an outside vendor.

And oh, yeah, the 'medical facilities' in this facility are notorious for being the WORST in the state. People routinely DIE from being given the wrong medicine, or from untreated MAJOR medical issues (like exploding blood vessels in the brain).

I myself have been placed on hypertension meds (FENOFIBRATE), which is OK as far as it goes, it did help (at 54MG) until my provider, for NO REASON, and without even seeing me, or measuring my B.P. (literally, Dr. Kim NEVER measured my B.P. on the ONE time he saw me, months earlier), TRIPLED the dose to 160MG!!! Within a week I was nearly having fainting episodes, so I started cutting them in half.

OKAY, enough ranting.... I think you get the point. I'm just so sick and tired, fed up, disgusted and bored with the treatment we get in here. We're HUMAN BEINGS, not cattle set for the slaughter.

I'm sending this letter against my (perhaps better) judgement. I can only hope that you find the information contained herein useful.

Respectfully Submitted,



[REDACTED]  
GREEN HAVEN CORRECTIONAL FACILITY  
594 ROUTE 216 - PO BOX 4000  
STORMVILLE, NY 12582-4000  
July 12, 2020

TO: Releasing Aging People in Prison - Parole Preparation Project  
c/o Law Office of Michelle L. Lewin  
168 Canal Street, 6th floor  
New York, N.Y. 10013

To whom these presents shall come, Greetings,

I am, first and foremost, writing this letter for and on behalf of a 'grumpy old man' of whom I have grown rather fond (yes, I'm being humorous - somewhat). His name is [REDACTED], and he is currently 74 years old young, with a chronic cough; the result of a lifetime of smoking. Needless to say, I've been very concerned for him since the Caronavirus showed up. He's still kicking and making everyone around him happily miserable, so 'so-far-so-good' as the saying goes, but 'we ain't out of the woods yet' and anything could happen.

I was recently shown a newsletter from your organization, and immediately I thought to write to you about him. Perhaps 'something' could be done for him. I am requesting that you contact him and see if there might be some avenue of 'possible' relief for him. His address is the same as mine above.

Now, I also noted in that newsletter that you are seeking 'first hand reports' on conditions behind the walls. I'll try to dedicate the next few paragraphs to that purpose with as little ranting as possible.

Firstly, when the virus started to present itself as a serious concern, as I'm sure you're quite well aware, DOCCS had no interest whatsoever in ensuring the safety of the inmates. They were very quick (and happy as a bed-bug in a rug, I might add) to immediately stop all visits, followed shortly thereafter with outside guests. They were strongly considering stopping all packages too, thankfully they backed off on that one. As of yet, we are still in the same condition. DOCCS has issued a memo about 'allegedly' allowing 'visits' starting in August, but the conditions are so restrictive that they may as well not bother. I foresee many problems on the horizon, especially if they persist in making these changes 'the new normal' as the memo seems to imply it will be. They've been salivating to eliminate visits and packages for a very long time, as I'm sure you know. This crisis may have been the excuse they needed to do it.

I understand that DOCCS was given funds to provide us with masks long ago. We did not receive ANY masks until May 7th. They were single use, surgical type masks, very cheap (possibly even CORCRAFT). Some days prior, DOCCS issued 'handkerchief's and told us that we could use them ONLY as masks. Frankly this was almost as bad as nothing. On the 11th, the very next week, we received a single mask each, apparently made by Hanes, I'm given to understand that these were donated by the company, and cost DOCCS nothing. On the 16th, they handed out another mask, supposedly 'washable/reusable' that is so thick and hot that to use it is suffocating. I've been told that this series of handouts was a response to a scathing article in Mother Jones Magazine. No surprise. Even so, the C.O.s were NOT wearing masks of any kind until the Governor mandated them state-wide. No surprise there either.

Since then, we have received no other masks until the 26th of June, when we received 2 surgical style masks. Supposedly reusable, but they don't look it at all. Of all these masks, the only one that is worth (re)using is the Hanes mask. Prior to May 7, Inmates were ticketed, or at least chastised, for attempting to use masks which they made themselves. As I work in industry, I was one such inmate. Speaking of which...

On the week ending March 22, this facility went into a 'quasi' lockdown. All school programs, religious services, and 'non-essential' industry programs were shut down and Law library was restricted to persons with active, pending deadlines ONLY. I work in a textiles shop, so we spent the next 12 weeks making sheets and pillowcases for the hospitals and homeless shelters, etc. I am glad to say that as of now, we have 26 plus skids of sheets backed up. Guess we didn't need as many as they thought at first. The other shop that was still open was making coffins. LOTS of coffins. Gladly, that order was eventually cut short too. Those of us who worked through this crisis received pay for 35 hours a week at 100% bonus (in my case, \$29.40 before surcharges, \$17.64 after). Those whose shops were closed, got 35 Hrs straight pay. It was more generous than I expected.

As to virus preparations; The administration set aside a company in A-block as quarantine. For all intents and purposes, it was a makeshift 'box'. No rec, no property, feedup on the gate, etc. If you got sick (with anything) you got sent either to the infirmary or this 'quarantine' company. Basically, the conditions were the same as if you were punitively keeplocked in solitary. So, to put it in perspective, say you get sick with a common cold or allergies. Under the circumstances you panic and go to sick-call. Immediately, you're quarantined and sent to a block full of other people who are (or were) sick, (some doubtlessly with the Caronavirus). Yore immune system is already stressed fighting the cold (or whatever) and now you're in a tin-can with folks who are shedding the virus. You do the math, it's not rocket science. Most people, even those who were really sick, were smart enough to avoid sick call, and stick it out in their cells instead.

Except for the violently sick, I know of no one who has been tested in any way. I am almost certain that I have had it, and most people I have spoken to believe the same. All that said, in the last several weeks, it seems that no one is getting sick with 'flu-like symptoms'. My hypothesis is that the virus has run its course in this facility, and we have achieved 'herd-immunity'. The only surprise about any of this is that our casualties were so low. We lost Mr. Benjamin Smalls about a month ago.

We have access to bleach, and hand-sanitizer (and almost nothing else at this point). I don't remember exactly when this was started.

"Social distancing?" said one sardine to another: What a joke. It is impossible inside a tin-can.

Now, all that said, I am not what I would consider 'aging' (I hope), nevertheless, I would like to keep abreast of legislative efforts at prison/justice/parole/etc. reform, regardless of personal benefit. To that end, I would appreciate it if you could add me to your newsletter mailing list, and Nick too please. Thank you.

respectfully submitted,

