

TESTIMONY

The Council of the City of New York

Committee on Fire and Criminal Justice Services and
Committee on Juvenile Justice

Oversight: Examining the Treatment of Adolescents in New York City Jails
and Reviewing the United States Department of Justice's
Report on Violence at Rikers Island

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New York, New York

The Legal Aid Society
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Good morning. I am Nancy Ginsburg, Director of the Legal Aid Society's Adolescent Intervention and Diversion Project in the Criminal Practice, a specialized unit dedicated to the representation of adolescents aged 13 to 18 who are prosecuted in the adult criminal courts, and I am joined by William Gibney, the Director of the Criminal Practice Special Litigation and Law Reform Unit. We submit this testimony on behalf of the Legal Aid Society, and thank Chairpersons Crowley and Cabrera and the Committees on Fire and Criminal Justice Services and Juvenile Justice for inviting our thoughts on the issue of conditions of incarceration for our teenage clients held on Rikers Island.

The Legal Aid Society is the nation's oldest and largest provider of legal services to low-income families and individuals. As you know, from offices in all five boroughs, the Society annually provides legal assistance to low-income families and individuals in more than 300,000 legal matters involving civil, criminal, and juvenile rights issues. During the last year, our Criminal Practice handled nearly 230,000 trial, appellate, and post-conviction cases for clients accused of criminal conduct. Many thousands of our clients with criminal cases in Criminal Court and Supreme Court are teenagers who are treated as if they are adults. The Criminal Practice has a specialized unit of lawyers and social workers dedicated to representing many of our youngest clients prosecuted in the criminal system. The Adolescent Intervention and Diversion Project provides enhanced representation for our most vulnerable clients who are often involved in many systems in addition to being court-involved: foster care, special education, mental health, substance abuse. Our Criminal Practice also provides services for clients challenging punitive segregation sentences while in City custody.

Our Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear before the New York City Family Court in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. Last year, our Juvenile Rights staff represented more than 34,000 children, including approximately 4,000 who were charged in Family Court with juvenile delinquency. In addition to representing these children each year in trial and appellate courts as well as school suspension hearings, we also pursue impact litigation and other law reform initiatives on behalf of our clients.

The Prisoners' Rights Project ("PRP") of The Legal Aid Society has addressed problems in the New York City jails for more than 40 years. Through advocacy with the Department of Correction ("DOC") and the Department of Health and Mental Hygiene ("DOHMH") as well as individual and class action lawsuits, PRP has sought to improve medical and mental health care and to reform the systems for oversight of the use of force and violence in the jails. Each week PRP receives and investigates numerous requests for assistance from individuals incarcerated in the City jails. Years of experience, including daily contact with inmates and their families, has given The Legal Aid Society a firsthand view of problems in the New York City jails.

Our perspective comes from our daily contacts with adolescents and their families, and also from our frequent interactions with the courts, social service

providers, and City agencies, including the New York Police Department, the Department of Education, the Department of Youth and Family Justice, the Department of Correction, the Department of Health and Mental Hygiene, the Department of Probation as well as the Administration for Children's Services.

Because of the breadth of The Legal Aid Society's representation, we are uniquely positioned to address the issue before you today. We currently represent the vast majority of teenagers prosecuted in the Family, Criminal and Supreme Courts in New York City. We have more than 50 years of experience assessing the cases of teenagers, identifying diversion programs, and advocating for alternatives to incarceration. We have developed effective advocacy relationships in the courts, with prosecutors, and with City and State agencies, which have resulted in connecting our teenage clients with the services that best meet their needs as well as those of the community.

Our extensive experience indicates that community safety is best protected when appropriate services are identified and accessed for court-involved teenagers so that they are treated safely and humanely while in the system and less likely to be entangled again in the criminal or juvenile justice systems. The Legal Aid Society strongly supports the call to improve conditions for incarcerated teenagers, including moving these adolescents off of Rikers Island and significantly improving conditions in the facilities which house our youth.

Introduction

New York State is one of two remaining states in America to prosecute all 16 and 17 year olds as adults for all crimes. Almost all of the 16 and 17 year olds, like those younger and older in New York City, who are prosecuted for the commission of crimes are African-American or Latino, poor, and living in underserved neighborhoods. When a Court orders that a 16 and 17 year old adolescent is to be incarcerated in a local jail, that teenager is placed on a bus to Rikers Island, ripped away from their community, services and family. They are housed in a facility ill equipped to provide proper services, health care and safety. The US Department of Justice recently issued a report concluding that "there is a pattern and practice of conduct at Rikers that violates the constitutional rights of adolescent inmates. In particular, we find that adolescent inmates at Rikers are not adequately protected from harm, including serious physical harm from the rampant use of unnecessary and excessive force by DOC staff."

The time has come to implement significant changes in the way we treat our youth. Sixteen and seventeen year olds do not transform into adults merely by calling them such. They are not adults under New York State law for any purpose except criminal prosecution. Nevertheless, the City incarcerates 16 and 17 year olds in buildings designed for adults, with programming designed for adults, where they are brutally beaten *by adult staff or under the watch of complicit adult staff*. The Legal Aid Society has been ringing this clarion for decades. Now the federal government has joined the chorus. We ask that the City Council demand that New York City remove

teenagers and young adults from Rikers Island to a site where they can be treated humanely and consistently with constitutional standards.

A Brief Historical Perspective Of The Prosecution Of Teenagers

New York State first grouped 16 and 17 year olds with adults for purposes of criminal prosecution in the late 1800s. During the first 25 years of the 20th century, great reform took place throughout the country. Embracing social work and child psychology findings, States recognized that children were different than adults, and juvenile courts were established to address the needs of children and teenagers. Despite the fact that almost every State set the age of adult criminal prosecution at 18, New York maintained that 16 and 17 year olds were adults for purposes of criminal prosecution. A 1931 report of the New York State Crime Commission criticized drawing the jurisdictional line of demarcation for criminal prosecution at 16, but no corrective action was taken. The age of criminal responsibility was again discussed in detail at the 1961 Constitutional Convention, which established the New York State Family Court. The Convention deferred a decision to raise the age from 16, but no further action was ever taken.¹ As a result, for over 100 years New York State has set its jurisdictional age as low as 16. There is no evidence whatsoever that this outdated policy has led to lower rates of crime or recidivism by adolescents. Given recent social science and neuroscience findings, the time is ripe for reconsideration of this issue.

In 2011, Chief Judge Lippman first called for New York State to raise the age of criminal jurisdiction, introducing legislative language to facilitate that process.² In April of this year, Governor Cuomo convened a Commission to examine raising the age of criminal jurisdiction, stating “It’s time to improve New York’s outdated juvenile justice laws and raise the age at which our children can be tried and charged as adults. New York is one of only two states that charges 16 and 17 year olds as adults. It’s not right and it’s not fair.”³ The Commission is expected to issue a report at the end of 2014.

While we hope that the Commission on Raise the Age will bring New York State in line with the rest of the country, we believe New York City must finally take swift action to protect this young and vulnerable population.

Most Adolescent Offenders Do Not Continue Their Behaviors Into Adulthood

In 2008, the United States Department of Justice’s Office of Juvenile Justice and Delinquency Prevention published a report that analyzed the most comprehensive data set currently available about serious adolescent offenders and their lives in late adolescence and early adulthood. The most significant finding of the study is that *“[m]ost youth who commit felonies greatly reduce their offending over time, regardless of the intervention. Approximately 91.5 percent of youth in the study [aged 14-18]*

¹ Merrill Sobie, *Pity the Child: The Age of Delinquency in New York*, 30 Pace L. Rev. 1061 (2010).

² See also, <https://www.nycourts.gov/ctapps/news/SOJ-2013.pdf>

³ <https://www.governor.ny.gov/press/04092014-commission-ypsj>

reported decreased or limited illegal activity during the first 3 years following their court involvement."⁴ Additionally, the study found that "longer stays in juvenile facilities did not reduce reoffending; institutional placement even raised offending levels in those with the lowest level of offending. The DOJ report concluded that the "practice of transferring juveniles for trial and sentencing in adult criminal court has produced the unintended effect of increasing recidivism, particularly in violent offenders, and thereby of promoting life-course criminality".⁵

Issues Facing the Young People Jailed as Adults

Young people incarcerated in our City jails have profound needs and are in desperate need of therapeutic interventions. Social scientists posit that young people who are criminal court involved are not on a trajectory to become lifelong criminals, but incarceration can push them in that direction. Adolescence is a critical developmental stage. Placement in a correctional setting can disrupt educational and social development. These disruptions, in turn, can undermine prospects for pursuing an academic path, finding a job and rejoining or creating their own families. Studies show that successful programs follow the lessons of developmental psychology by providing young offenders with supportive social contexts, authoritative adult figures and help to acquire the skills necessary to change problem behavior and to become psychologically mature.⁶

Prior Neglect and Abuse

We have found that close to one third of our clients in the delinquency and criminal system are, or have been, in foster care. Many of these youth have been in multiple foster care placements by the time they reach their mid-teens. Some feel disconnected from a system which has not met their needs. The transitional planning services often fall short of ensuring a stable entry into adulthood. Some have emotional disabilities stemming from neglect or abuse which are not identified or addressed. Many youngsters who were victims of sexual abuse suffer from mental illness or low self-esteem and can turn to substance abuse to dull the memories and the resulting pain. A percentage of these youngsters turn to prostitution to support themselves. This further exposes them to trauma and violence.

Mental Health Needs

Many incarcerated youth suffer from mental illness. The most prevalent diagnoses of court-involved youth are attention deficit disorder, post-traumatic stress disorder, depression and bipolar disorder. Teenagers with these diagnoses may respond disproportionately to actions that they perceive as aggressive. Their symptomatic behavior, which seems justifiable to them, is often solely interpreted as

⁴ Edward P. Mulvey, *Highlights From Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders*, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, March 2011..

⁵ *Id.*

⁶ Elizabeth S. Scott and Laurence Steinberg, *Adolescent Development and the Regulation of Youth Crime*, 18 *Future of Children*, Juvenile Justice 25-27, (Fall 2008) (available at www.futureofchildren.org.)

hostile or aggressive. Their conditions are further exacerbated by punishments meted out which place them in punitive segregation where they are locked alone in a cell for up to twenty-three hours a day. Without consistent treatment, structure and services, these teens cannot complete their education or hold meaningful jobs. Additional treatment resources in the community, including residential beds will reduce the number of incarcerated youth.

Trauma

According to a study conducted by the VERA Institute, “[approximately 85 percent of young people assessed in secure detention reported at intake at least one traumatic event, including sexual and physical abuse, and domestic or intimate partner violence. Furthermore, one in three young people screened positive for Post-Traumatic Stress Disorder (PTSD) and/or depression.”⁷ ACS reports that 48% of youth in detention were referred for mental health services.⁸ OCFS reports a similar number in the population admitted in 2004-2013, noting that 42% of admitted youth had mental health service needs.⁹

A history of trauma can also affect brain development and increase the harm to youth from isolated confinement. Exposure to trauma can create a near-constant state of fight-or-flight mode for anyone. For traumatized youth, this survival mode supersedes typical brain development. These traumatized youth are thus even less able to control their mood swings and impulses.¹⁰

In 2013, the New York City Board of Correction (BOC) commissioned a report by outside experts, two clinical professors of psychiatry, to assess whether the City is in compliance with the current Mental Health Minimum Standards. The report is extremely critical of the DOC’s policies and practices, particularly those with a psychiatric diagnosis and juveniles.¹¹ Drs. Gilligan and Lee chillingly detailed the violent culture in the NYC jails: “[a]ll too many of the officers that we observed appeared to us to make it

⁷ Innovations in NYC Health and Human Services Policy: Juvenile Detention Reform, Vera Institute of Justice, January 2014. available at <http://www.vera.org/sites/default/files/transition-brief-juvenile-detention-reform.pdf>.

⁸ 2013 Mayor’s Management Report, Administration for Children’s Services, p. 165.

⁹ NYS Office of Children and Family Services, Division of Juvenile Justice and Opportunities for Youth, 2013 Annual Report.

¹⁰ American Academy of Pediatrics, Policy Statement: Health Care for Youth in the Juvenile Justice System, 128 PEDIATRICS 1219, 1223-24 (2011), available at <http://pediatrics.aappublications.org/content/early/2011/11/22/peds.2011-1757.full.pdf> (reviewing the literature on the prevalence of mental health problems among incarcerated youth); OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION, NATURE AND RISK OF VICTIMIZATION: FINDINGS FROM THE SURVEY OF YOUTH IN RESIDENTIAL PLACEMENT 4 (June 2013), available at <http://www.ojjdp.gov/pubs/240703.pdf> (finding that 56 percent of youth in custody experience one or more types of victimization while in custody, including sexual assault, theft, robbery, and physical assault).

¹¹ Gilligan, James, Dr., Lee, Bandy, Dr., *Report to the New York City Board of Correction*, September 5, 2013. available at <http://www.nycjac.org/storage/Gilligan%20Lee%20Report%20%20Final.pdf>.

clear that they were quite willing to accept an invitation to a fight, or to regard it as a normal response within the cultural norms of the jail.”¹² During their investigation they witnessed an adolescent in the RHU becoming increasingly agitated in his cell – first banging his arms and legs on his cell door then his whole body, ripping up a sheet, wrapping his arms, legs and then neck as if preparing to hang himself. No NYC DOC staff responded until Drs. Gilligan and Lee intervened. Shockingly (since the RHU is supposed to be a therapeutic alternative to solitary confinement for individuals with mental illness), the officer staff’s first response was to pull out a can of chemical agent (mace). The doctors had to intervene and insist that this was not necessary and that mental health staff should be notified. The violent response of staff to the individuals in their care, followed by severe punishment with solitary confinement, was identified by Drs. Gilligan and Lee as “the mutually self-defeating vicious cycle that develops between inmates and correction officers, in which the more violently an inmate behaves, the more seriously he is punished, and the more seriously he is punished, the more violent he becomes.” It is a perpetual vicious cycle that fuels continued violent conduct. In the face of overwhelming lack of appropriate care and treatment, the doctors’ report calls for significant changes in policy, culture and training of staff.

Poor Family Support

Often lack of family support is caused by parents who are seriously mentally ill, suffering from addiction or are incarcerated. These young people really have no support system to turn to and once they become court-involved, can show no stability in the community and often face incarceration as a result. Over the past few years, we have seen an increasing number of parents filing charges against their children for various reasons and the adolescents are rendered homeless due to a court ordered order of protection keeping them from living with their parents.

LGBTQ Youth

Teenagers who identify as lesbian, gay, bisexual, transgender or questioning are often disproportionately harassed or attacked in jail. Many of these young people have been rejected by their families based on their sexual orientation and have been pushed out of their homes—some, at a very early age. Unfortunately, many of these youth experience their first contact with the court system on charges of prostitution, trespass and loitering. Lack of family support and insufficient residential options results in needless incarceration.

Education

Many youth arrive in adult jails with severe educational deficits: about 40-50% are classified as in need of special education services, and large numbers have reading and math proficiency four or five grades below grade level. Education in jail is of paramount importance not only to ensure their successful reintegration to the community upon release, but also to provide them with rehabilitative activities while in custody. Idleness breeds violence, and leaving adolescents to languish in housing areas rather than engage in productive school activities is a recipe for trouble.

¹² *Id.* at p. 16.

The Department of Education provides high school education on Rikers Island to youth who are under 21 and do not have a diploma or GED. In 2000, in a lawsuit brought by the Legal Aid Society, a federal court found that these programs were so deficient that they violated the Constitution and federal laws. A monitor, appointed over the City's vigorous opposition, issued highly critical reports detailing serious failures in the Rikers schools, and the federal court again in 2002 ordered the City to come into compliance. After an appeal to the Second Circuit, which did not disturb the findings that education is constitutionally deficient, the case is now back in the federal courts to determine what relief will be imposed on the City finally to bring the education on Rikers Island up to the legal minimum. The court has appointed a nationally-recognized expert in correctional education. Dr. Peter Leone, who is currently visiting the Rikers schools, and will make recommendations to the Court. Dr. Leone's expertise could provide the City with an excellent resource for improving the Rikers schools.

While the City has made numerous changes to the schools on Rikers Island in response to our lawsuit, some of the most glaring problems identified by the Court and monitor remain unchanged. Although youth in need of special education are vastly over-represented in jail, the Rikers schools largely ignore their individual needs – not to mention the federal laws governing special education -- and instead provide a “one size fits all” approach that is the antithesis of special education.

Placement in an isolated or segregated housing unit essentially cuts off all education. Many of these students have very low literacy rates, and the monitor found that 65% of those in punitive segregation were classified as needing special education. The City claims to provide “cell study” to these students, but that consists at best of a generic, mimeographed packet of written material, and an occasional phone call (that a student must initiate) to a teacher. This is not education, and it is shocking that the New York City Department of Education takes the litigation position that it is. Moreover, we have been informed that even these minimal services are offered intermittently at best, as there are not always telephones nor teachers to provide them.

Challenges Facing Girls in Adult Jails

Although this hearing focuses on the conditions in RNDC where boys are housed, it is important to remember that teenaged girls also are held on Rikers Island at the Rose M. Singer Center. While girls charged with crimes or delinquency face many of the same issues as boys, several areas of concern affect girls in particular. Most of the girls who enter the criminal justice system have experienced sexual, emotional and/or physical abuse in their past, suffer from mental health problems, and/or are substance abusers. One or any combination of these factors can contribute to the conduct resulting in criminal or delinquency proceedings. Indeed, research indicates that abuse (sexual, emotional and/or physical) may be the most significant underlying cause of such high-risk behaviors for girls.¹³ Victimization can lead to an increase in violent

¹³ *Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*, at 3, The National GAINS Center for People with Co-Occurring Disorders in the Justice System, December 1997.

behavior, substance abuse and other self-harming behaviors, poor self esteem, early sexual activity and prostitution.¹⁴

In fact, the National Mental Health Association estimates that more than 70% of incarcerated girls nationwide report sexual and physical abuse. Due to repeated exposure to trauma and violence, up to 50% of incarcerated girls fit the criteria for a diagnosis of post traumatic stress disorder (PTSD) as well.¹⁵ The extent of mental health problems among these girls is staggering. Almost 70% of girls in the juvenile justice system have histories of physical abuse, compared to a rate of about 20% for teenage females in the general population.¹⁶ A 1997 study of boys and girls in juvenile justice facilities found that 84% of girls needed mental health assistance, compared to 27% of boys.¹⁷ It is certain that many of these mental health issues stem from histories of abuse so many of the girls have endured. Yet the juvenile and criminal justice systems traditionally focus on the girls' actions instead of the trauma they have endured and how that trauma might be related to the behavior for which they are charged.

Environment of Violence and Decades of No Remedies

The Legal Aid Society has sat before this Council many times before detailing much of what has been set forth in the August 4, 2014 U.S. Department of Justice (DOJ) letter pursuant to its powers under the Civil Right of Institutionalized Persons Act (CRIPA) demanding that the NYC DOC address a culture of violence in its facilities housing adolescents 16-18 and the excessive use of isolated confinement. While our testimony today and the DOJ report focuses on the issue of violence against incarcerated teenagers, the problem is not so limited. The DOJ report stated that their "investigation suggests that the systemic deficiencies identified in this report may exist in equal measure at the other jails on Rikers".¹⁸ The evidence we have gathered in our pending class action addressing staff violence and excessive force throughout the Department, *Nunez v. City of New York*, S.D.N.Y., 11 Civ. 5485 (LTS). is entirely consistent with the DOJ's findings. We encourage the Council to continue ongoing oversight of the conditions for all individuals incarcerated on Rikers Island regardless of age.

¹⁴ *Id.*

¹⁵ *Mental Health and Adolescent Girls in the Justice System*, National Mental Health Association (1999).

¹⁶ Laurie Schaffner, *Female Juvenile Delinquency: Sexual Solutions, Gender Bias, and Juvenile Justice*, 9 *Hastings Womens L.J.*, 4 (1998)

¹⁷ *Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*, at 5, The National GAINS Center for People with Co-Occurring Disorders in the Justice System, December 1997. In New York City Fiscal Year 2006, the NYC Department of Juvenile Justice reports that 68% of children admitted to DJJ facilities required mental health services. Mayor's Management Report.

¹⁸ The Department is currently the subject of a class action lawsuit brought by current and former inmates at Rikers alleging system-wide, unconstitutional use of force by staff against inmates. See *Nunez v. City of New York*, 11 Civ. 5845.

The New York City jails have long been tremendously violent. Inmates, staff, and sometimes visitors are seriously injured—and some have died--as a result. This past summer we settled our lawsuit on behalf of the family of a man who was beaten to death by NYC DOC staff at the North Infirmity Command, for which the City paid \$2.75 million in compensation. (*Daniels v. New York*, S.D.N.Y., 13 Civ. 6286 (PKC)). We also recently settled a lawsuit on behalf of a teenager assaulted by several officers in the visit search area of RNDC, from which he suffered a skull fracture and multiple lacerations. (*Stanford v. City of New York*, S.D.N.Y., 13 Civ. 01736 (ALC)). In the last few years we have represented numerous other individual victims of staff brutality. These clients suffered a constellation of severe injuries such as a fractured orbital wall; facial bruising; severe bruising all over the body; a facial laceration requiring many sutures; a broken nose; and a skull laceration requiring many staples.

These assaults by Department staff cost the City tremendous amounts of money. Because such judgments are paid by the City, and not out of the DOC budget, the DOC is effectively outsourcing the costs of its failure—or unwillingness—to rein in its rogue staff.

In 2013 through mid-2014, the Prisoners' Rights Project interviewed and wrote to DOC seeking investigations on behalf of 25 adolescent inmates injured in incidents in RNDC in violent, and often unprovoked, encounters with uniformed staff. The frequency and severity of injuries, confirmed by medical records, was astounding, with the prevalence of injuries to inmates' faces and heads being most disturbing and notable. **Notably, 5 of the 25 or 20% of the staff inflicted injuries upon youth occurred in the school area.** For example, the injuries which we confirmed in use of force incidents with DOC uniformed staff, include:

- **M.M., RNDC**, fractured nose, laceration over lip. M.M. was denied permission to call his family and held his hand in the slot of his door saying he would keep it there until he was allowed to call his father. A probe team was called and pushed him on his bed where his hands were held behind his back and his was punched, kicked and kneed by the officers on his body and face.
- **S.C., RNDC**, head injury-contusions to face and loss of consciousness, ankle swelling and pain, elbow swelling, rib and jaw pain. S.C. fell and went to the medical clinic where COs wanted him to wait until morning for treatment. He was placed in a pen and punched by the CO and then taken to Bellevue for facial injuries.
- **S.C., RNDC**, Hit in forehead with handcuffs, 7mm laceration on forehead closed with dermabond, abrasion and numbness in wrist due to tight cuffing. S.C. threw water at a CO who responded by hitting him in the head with handcuffs. The probe team entered the cell, handcuffed SC with

metal cuffs, bending his wrists to an extreme angle and banged his head against the wall.¹⁹

- **E.O., RNDC**, wrist pain and swelling. While being escorted down the hall, the CO bent his wrist and ordered him to kneel where he continued to bend his wrist so much it popped. E.O. was not taken to see medical staff until the following day despite complaining of pain.
- **S.C., RNDC**, hit by a CO with a chair in the face. Jaw fracture. Oral surgery at Bellevue placing plate and 6 screws. Eye hemorrhage 5mm diameter. Mild deviated septum. SC was attacked by 4 or 5 COs after he was believed to have taken a pen from school. He returned the pen and the COs brought him into the classroom and punched him multiple times in the face, kicked and maced him. He was not taken to the clinic until 6 hours later and not taken to Bellevue for another 5 hours.
- **S.B., RNDC**, wrist fracture, swelling and tenderness.
- **E.O., RNDC**, wrist pain, swelling and tenderness.
- **E.A., RNDC**, nasal fracture, facial and chest abrasions, ear canal filled with blood, abrasion across mid-thoracic spine.
- **N.W., RNDC**, contusions to eye, legs and arms and swollen knee. N.W. had a verbal altercation with a CO a few days before a family visit. On the way to the family visit, the CO did not allow NW to walk through the magnetometer, bringing him to a side room where he put on his gloves and punched him in the face. Three other COs entered the room and began punching and kicking him before he was maced and briefly lost consciousness.
- **M.D., RNDC**, contusion to wrist, bruises and abrasions on arm. M.D. had been beaten by 2 inmates and requested that he be moved. He was taken to a holding pen, but then returned to his cell. He asked not to be left there and would not let the officers close the door, so they rear cuffed him and hit in the back with a stick and his arms were twisted and bent all the way back.
- **J.G., RNDC**, wrist contusions from handcuffing. He was handcuffed extremely tightly after a food fight among many youth at lunch and one of the of Officers instructed the crew to leave the cuffs on because his hand wasn't "blue enough".
- **M.M., RNDC**, scalp and lip contusions. M.M. was sitting with 2 boys at lunch in school. One boy threw food and one threw ice. The COs came over saying that they were only going to hit the other two youth because they threw the food. A short while later, they were all instructed to stand in front of their classroom, where MM was punched in his head by multiple officers who claimed that MM was the aggressor..

¹⁹ DOJ found that "probe team members too often quickly resort to the use of significant levels of force. (DOJ 8/4/2014 Report, p. p. 19.)

- **E.S., RNDC**, multiple contusions jaw, face and ribcage. During a strip search conducted in the school, E.S. asked an officer if he had to take off all his clothes. He was then slapped and punched in the head and asked if he was ready to cooperate.
- **D.P., RNDC**, head injury-bruises and swelling to back of head on both sides, contusion/hemorrhage to eye, bruises and swelling to eye and lips, lower back pain. After an incident where another student took a book out of a teacher's bag in school, a CO came into the room and threatened to take money out of the student's commissary if they did not say who took the book. D.P. began to argue with the CO who slapped and punched him in the head. Other COs entered the room, the other students were escorted out and after placing paper on the room window, one CO maced DP whereupon he was punched by other officers.
- **T.J., RNDC**, 1 cm abrasion on cheek. Neck abrasion, chest bruising. In a classroom, a CO asked the students to pick up a book from the floor. When they failed to do so, the officer closed the windows and he and other COs sprayed the room with chemical spray and held the door closed. In a second incident, the students were instructed to strip search and when TJ looked to the side, he was slapped and hit in the head and chest and kicked in the back. He was then instructed to "hold it down" and did not go to the clinic until 2 weeks later.²⁰
- **J.G., RNDC**, 1 cm laceration to lip—sutured. Bruises to face and head. Chipped tooth and cuffmarks on wrist. JG did not immediately get out of bed and after getting dressed, he was flex cuffed, taken to intake and punched in the face, head and body.
- **M.W., RNDC**, Tenderness and swelling to orbital bones, tenderness to jaw, contusions shoulder and arm. MW was searched prior to court during which his commissary bag of food was taken to be searched. When he did not receive the bag of food after the search, the CO told him to go back to the search room where the CO pushed him and instructed him to "come off camera". MW moved into another stall without a camera hoping to get his food back and instead was punched and kicked by multiple officers. The attack stopped when one of the COs said a captain was coming. MW was then told to "hold it down" before the Captain came in.
- **E.H., RNDC**, scalp laceration, laceration over eyebrow dermabonded. E.H. was groggy waking up for school because of sleep medication and after moving too slowly for the CO, his face was pushed against the wall

²⁰ The DOJ report notes that "[i]n interviews with dozens of adolescent inmates, our consultant found that violence ranging from casual and spontaneous to premeditated and severe is often accompanied by the officers warning inmates to "hold it down". According to our consultant, this phrase was familiar to almost every inmate he interviewed, as well as inmates he spoke with informally as he toured the jails. The warning may come from officers immediately following a beating, or sometimes day or weeks after an incident. Officers may even delay taking inmates to clinics for medical attention as they try to convince them to "hold it down." If the inmate indeed "holds it down" and declines to report a use of force, the staff also then do not report it. (DOJ 8/4/2014 Report, p. 23.)

and then he was punched in the forehead. A teacher brought EH to a CO saying he needed medical attention and CO said he needed a tissue. EH then told another CO, after which he was brought to an empty classroom where he was asked what he would say at the clinic. At first he said he would tell the truth. The CO closed the door and asked again. EH agreed to say he fell.

- **T.W., RNDC**, nasal bone fracture, hemorrhage in left eye, face abrasions and swelling. TW went to take his own radio on his way into his cell after taking his medication and the CO locked him out of his cell and punched him in his face. Other COs came and punched and kicked him. The COs then discussed how they would report the incident and warned TW that they would tell other inmates he was a snitch if he complained about the incident.
- **E.A., RNDC**, nasal fracture, deviated nasal septum, abrasion across mid-thoracic spine.
- **D.J., RNDC**, multiple swelling on skull and forehead, left knee bruises, arm swollen and tender.
- **J.C., RNDC**, multiple swelling and bruises on scalp, bruises on arm, hand swelling.
- **K.G., RNDC**, multiple facial contusions, rib tenderness and back tenderness with thoracic region swelling.
- **C.D., RNDC**, left side of face swollen and tender. During a room search, CD was instructed to drop to his bed and he complied. A CO then pinned his hands on his bed against the box springs. He asked that they stop but he was told to shut up. He was then sprayed with pepper spray, he was escorted out of the room to a hallway outside the housing area where there are no cameras. He was once again sprayed with pepper spray and punched by multiple COs on his body, arms, back, stomach and face. He was charged with threatening staff, disorderly conduct and not following directions and placed in punitive segregation.
- **A.S., RNDC**, hand laceration. AS was cut by a CO by what looked like a metal blade removed from a razor. He waited for 3-4 hours until he was taken to the clinic despite the fact that his hand was bleeding freely.

This is not even a comprehensive list—but reflects merely injuries suffered by those individuals who were brave or scared enough to reach out to our office for assistance, and for whom we have obtained medical records. Our findings are consistent with those in the DOJ investigation, which noted that “[h]eadshots are commonplace at Rikers. We have identified numerous incidents where correction officers struck adolescents repeatedly in the head or face, often causing significant injuries ... Our consultant reported that headshots are far more common at Rikers than at any other correctional institution he has observed. In many instances, correction officers readily admit hitting inmates but claim they acted in self-defense after being punched first by the inmate. As a threshold matter, even when an inmate strikes an officer, an immediate retaliatory strike to the head or face is inappropriate. Moreover,

there is often reason to question the credibility of the officer's account." (DOJ 8/4/2014 Report, p. 12.)

Because so many detainees and sentenced inmates are suffering needless injury at the hands of uniformed staff, and because the problem of uniformed staff brutality is widespread throughout the system, we believe a systemwide reform of policy and practice is necessary to bring an end to this reign of violence. To achieve that end, on May 24, 2012, the Prisoners' Rights Project, together with the law firms of Ropes & Gray and Emery Celli Brinckerhoff and Abady, filed a class action lawsuit, *Nunez v. City of New York*, S.D.N.Y., 11 Civ. 5485 (LTS), on behalf of all New York City inmates held in commands not subject to court orders. The lawsuit seeks to end the pattern and practice of unnecessary and excessive force in the City jails.

In a challenge to excessive force in the prison wards of New York City hospitals, a consent judgment provided for, *inter alia*, screening measures for correction officers to ensure that those with disciplinary records connected to use of force were assigned elsewhere. *Reynolds v. Sielaff*, 81 Civ. 101 (PNL), Order and Consent Judgment Approving Class Settlement at ¶¶ 43-48 (S.D.N.Y., Oct. 1, 1990). Complaints of use of force dropped significantly, providing an important lesson: active supervision of staff, and careful screening and assignments to marginalize those officers whose conduct is more suspect than others, will yield results. The DOC central office must exercise leadership in staff assignments and promotions, and send the message that an officers' *entire* use of force history will be scrutinized in all promotion decisions.

Later litigation challenged excessive force and inmate on inmate violence at the jail for sentenced misdemeanants on Rikers Island. The court found that DOC uniformed staff engaged in a pattern that sounds familiar today: "1) use of force out of frustration in response to offensive but non-dangerous inmate goading; 2) officers' use of excessive force as a means of obtaining obedience and keeping order; 3) force as a *first* resort in reaction to any inmate behavior that might possibly be interpreted as aggressive; and 4) serious examples of excessive force by emergency response teams." *Fisher v. Koehler*, 692 F. Supp. 1519, 1538 (S.D.N.Y. 1988), *aff'd*, 902 F.2d 2 (2d Cir. 1990). The court found that DOC's "failure to monitor, investigate and discipline misuse of force has allowed—indeed even made inevitable—an unacceptably high risk of misuse of force by staff on inmates." *Id.* at 1558 (emphasis supplied). After the court ordered significant changes in the investigation of use of force and discipline of staff members, the use of force in that jail declined precipitously.

In 1998, in *Sheppard v. Phoenix*, the City and Legal Aid negotiated a comprehensive settlement addressing the horrific brutality by uniformed staff at the CPSU, which houses teenagers and adults who have committed disciplinary offenses. The warden of the CPSU testified at his deposition that brutality was "ingrained in the culture" of the Department. *Sheppard*, Declaration of Plaintiffs' Counsel, June 26, 1998. To address this culture at its core, the City agreed to blanket the CPSU with recording videocameras, and to weed out the "bad apples," or officers whose use of force histories were troublesome. Two expert joint consultants in security, including a former head of the Federal Bureau of Prisons, provided technical assistance in transforming

the “culture of violence” in the CPSU, with remarkable success. For example, from 1997 (the last year before the settlement) to 2001, the number of serious and injurious use of force incidents in the CPSU dropped from 177 to 15—an over 90% decline.

Even though these remedies proved that DOC *could* reduce the injuries suffered by inmates if it chose to do so, those reforms were not rolled out systemwide. Instead, the excessive force against inmates continued unabated in the other City jails. Legal Aid then filed its first system-wide brutality case, *Ingles v. Toro*, to address excessive force in all of the remaining jails which had not been under Court order. *Ingles* settled in 2006. Central to the settlement were requirements for significantly more camera coverage in the jails, and the development and promulgation of new procedures to govern the Investigation Division, which had a history of merely whitewashing investigations of use of force incidents, rather than functioning as a genuinely investigative body. That settlement agreement terminated on November 1, 2009.

The DOJ noted that “In 2004, Steve Martin, the consultant retained in [Ingles]..issued a scathing report decrying the frequency with which DOC staff punched inmates in the face. Mr. Martin wrote that ‘there is utterly no question that the Department, by tolerating the routine use of blunt force headstrikes by staff, experiences a significantly greater number of injuries to inmates than the other metropolitan jail systems with which I am familiar’. It is troubling that, ten years later, this practice continues.” ((DOJ 8/4/2014 Report, p. 13.)

We observed some significant improvements in the Department’s management of use of force while the *Ingles* settlement was in effect and permitted us to monitor systematically. However, the Department did not maintain its efforts once the spotlight was off, and the number of complaints of serious, injurious, and unjustified use of force again began to increase. We saw that we had to renew our systemic litigation efforts.

When we filed the *Nunez* class action, we were thus not writing on a blank slate. The Department knew steps that could work to curb violence in the jails, and refused to implement or sustain them system-wide. The incidents that have occurred within the last year—both the circumstances in which they have occurred (i.e., staff retaliation for inmate complaints or verbal annoyance) and the highly injurious nature of force used—are simply inexcusable in a system that has had ample opportunities to reform.

Recommendations:

I. Remove Youth from Rikers Island and other Adult City Jails

The New York Sentencing Commission recommended that “No youth shall be detained in any prison, jail lockup, or other place used for adults convicted of crime or under arrest...” Alternatives to detention, alternatives to incarceration, pre-trial community supervision and presumptive release bail policies for our youth should be utilized in all but the rarest of circumstances. However, if pretrial detention or jail as a sentence is the only option, youth must be in a safe, well-maintained facility which provides ample space for: separate housing for youth with special needs, classrooms conducive to learning, private treatment areas for medical and mental health care, space for additional agency contact, programming space, large indoor and outdoor recreation areas for congregate activity and housing areas with individual rooms. We believe this cannot be achieved in any facility on Rikers Island and requires the City to relocate the detention of these adolescents to another location.

Until such time as New York State implements any recommendation of the Commission on Raise the Age, The Legal Aid Society joins the following DOJ recommendation that the:

“Department should develop a plan to house adolescents at a DOC jail not located on Rikers Island that will be staffed by experienced, competent officers and supervisors who will receive specialized training in managing youth with behavioral problems and mental health needs ... The Department should employ a “direct supervision” management style in the adolescent facility. Direct supervision refers to an inmate management strategy in which, among other things, staff continuously interact with and actively supervise inmates from posts within housing areas, as opposed to being stationed in isolated offices. Direct supervision has been shown to reduce rates of violence, lead to better inmate behavior, lower operating costs, and improve staff confidence and morale. Frontline housing officers and first line supervisors are afforded substantial decision-making authority so they feel empowered and responsible for the effective management and supervision of the unit. To effectively employ the direct supervision approach, the jail should be designed to reduce the physical barriers between inmates and staff, and ensure clear sightlines to all housing areas. *It would be difficult to implement direct supervision at RNDC due to its linear design and layout. Housing adolescent inmates at an alternative facility located off Rikers Island will put DOC in a better position to develop a new paradigm for effectively managing the adolescent inmate population.*”

(DOJ 8/4/2014 Report, p. 52.)

The Department of Correction should consider keeping 18 year olds in the same facility as 16 and 17 years olds, but in a separate housing area. Certainly, no young person doing well in the youth facility should be transferred on their 18th birthday.

II. Increase the placement of cameras

The DOJ investigation specifically noted that “[t]he most egregious inmate beatings frequently occur in locations without video surveillance...a number of areas with no video surveillance still remain. A disproportionate number of the most disturbing use of force incidents occur in these areas...**In particular, an astonishing number of incidents take place in the RNDC school areas, including classrooms and hallways.** It is unclear why the Department has not installed additional cameras in these areas. Other locations that did not have security cameras during the time period of our investigation include some search locations, the clinics, intake holding pens, and individual cells.” (DOJ 8/4/2014 Report, p. 20.)

For any facility housing these adolescents, it is imperative that cameras be placed and maintained in school areas, classrooms²¹, hallways, search locations, clinics, intake holding pens and individual cells. Cameras on should have recording capacity, and the recordings shall be kept for 90 days in order to facilitate investigations of allegations of incidents which may not have been reported initially. Any tape which does record a fight, staff use of force or staff misconduct, including officers off-post, should be preserved for three years.

III. Immediately End the Use of Punitive Segregation and Implement an Appropriate Disciplinary Process

We agree with the DOJ that “DOC relies far too heavily on punitive segregation as a disciplinary measure, placing adolescent inmates – many of whom are mentally ill – in what amounts to solitary confinement at an alarming rate and for excessive periods of time.” (DOJ 8/4/2014 Report, p. 3.) According to the DOJ, in one 21 month period 3,158 adolescents received a total of 8,130 infractions, resulting in a total of 143,823 punitive segregation days with the most common infractions for non-violent conduct. (DOJ 8/4/2014, p. 49.) We also agree that “based on the volume of infractions, the pattern of false use of force reporting, and inmate reports of staff pressuring them not to report incidents, ... the Department should take steps to ensure the integrity of the disciplinary process.” (DOJ 8/4/2014 Report, p. 49 fn. 45.). As stated by the DOJ, DOC

²¹ Images of students captured on security videotapes that are maintained by the school's law enforcement unit are not considered education records and therefore not considered confidential under the Federal privacy laws applicable to schools (FERPA). US Department of Education, Balancing Student Privacy and School Safety: A Guide to the Family Educational Rights and Privacy Act for Elementary and Secondary Schools. October 2007, available at <http://www2.ed.gov/policy/gen/guid/fpco/brochures/elsec.html>.

must “[d]evelop and implement an adequate continuum of alternative disciplinary sanctions for rule violations that do not involve lengthy isolation, as well as systems to reward and incentivize good behavior.” (DOJ 8/4/2014, p. 62)

In the wake of the DOJ report the DOC announced the decision to eliminate punitive segregation for 16 and 17 year-olds by the end of the year.²² **There is no reason to wait. There is simply no excuse for continuing to harm youth in custody through the use of punitive segregation.** The harmful use of isolation in punitive segregation should be ended now for all 16 and 17 year-olds and that reform should be extended beyond 16 and 17 year-olds to include other youth and other vulnerable populations in our jails. Moreover, while we welcome the proposed change, we are concerned with the lack of detail about how DOC will implement alternative disciplinary measures and create a fair and impartial disciplinary process.

In addition, consideration should be given to the NYC Jails Action Coalition Petition for Rule-Making for reforms of the disciplinary system and additional limitations on harmful long-term isolation including for individuals aged 18-25.²³ The NYC Board of Correction is currently in the midst of a rule-making initiative on punitive segregation which should be informed and supported by Council. In addition, we urge a close watch on any reforms that are instituted to ensure that they are operating as planned and are not undermined by old bureaucratic habits and staff resistance to change.

To further make the point, it should be noted that New York State does not use punitive segregation for juveniles who are charged with violent felonies and many of whom are the same age as youth on Rikers

IV. Services, Family Engagement and Agency Integration

Social services to incarcerated teenagers must be increased, both to protect them during their incarceration and facilitate their re-entry to society upon release. The DOJ report specifically recommended that adolescents should be offered “enhanced programming and activities, especially in the evenings and on weekends, to engage them and reduce idleness.” ((DOJ 8/4/2014 Report, p. 58.) The period of incarceration for a teenager presents an opportunity to teach social skills, enhance academic skills, to

²² Michael Schwartz, *Solitary confinement to End for Youngest at Rikers Island*, The New York Times, September 28 2014. http://www.nytimes.com/2014/09/29/nyregion/solitary-confinement-to-end-for-youngest-at-rikers-island.html?_r=0.

²³ The JAC Petition proposes significant limits on the use of solitary confinement (limited to incidents of serious violence), places a 15 day limit on each sentence with no more than 60 consecutive days permitted, provides for 4 hours out-of-cell in solitary confinement, excludes vulnerable populations (under 25 years old, and individuals with mental, physical or medical disabilities), provides for alternative safety restrictions for vulnerable populations which require 8 hours out-of-cell daily and a program of positive incentives, enhanced due process requirements at disciplinary and other hearings, and public reporting on the use of solitary confinement and alternative safety restrictions. The JAC Petition specifically requires that all youth are permitted to attend school regardless of restrictions and that due process protections at disciplinary hearings will include the assistance of counsel or other trained and competent advocate who is not employed by DOC. The JAC Petition for Rule-Making is available at: <http://www.nycjac.org/storage/JAC%20Petition%20to%20BOC.pdf>.

expose youth to new possibilities for their future. We should seize this opportunity rather than continuing to keep violence as the only option on the menu.

Sports, both indoors and outdoors, tutoring, vocational training, homework help, counseling, yoga, music, dance and theater are among the many types of programming that have been used with success throughout New York City and State and elsewhere with incarcerated teenagers.

Most incarcerated teenagers return home within a matter of weeks or months. It is critical that they have the opportunity to maintain their relationships with family members to aid their community re-entry. Families should feel welcome to visit their children while incarcerated and encouraged to do so.

Additionally, the Office of Mental Health should provide liaisons to facilitate assessment and treatment of youth with mental illness and the Administration for Children's Services should enhance its capacity to identify youth in foster care who are incarcerated and develop protocols for planning for release and ideally, diversion.

V. Education

The Department of Education and Department of Correction should implement reforms to the education system so that teenagers can consistently attend school in a safe environment, appropriate for learning regardless of classification or housing unit.

VI. Training and Staff Ratio

Train all DOC, DOHMH and DOE in Think Trauma, a program in use in the juvenile secure facilities in NYC and available from the National Child Traumatic Stress Network. Over the last year, mental health professionals from Bellevue Hospital have trained staff and youth in the juvenile secure detention facilities run by ACS/DYFJ in a curriculum entitled "Think Trauma". This training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Creating a trauma-informed setting is a process that requires not only knowledge acquisition and behavioral modification, but also cultural and organizational paradigm shifts, and ultimately policy and procedural change at every level of the facility.²⁴ This curriculum, paid for by SAMSHA funding, helped the staff to better relate to the youth, and helped to identify a greater number of youth in need of mental health services.

Our treatment of adolescents in our justice system should reflect our understanding of these differences and the ways they affect an adolescent's behavior and well-being. For example, because of the impulsivity of youth, the threat of punishment will not have the same deterrent effect on a young person as it would on an adult. Thus, the extent of punishment should be limited in recognition of an adolescent's limited ability to make decisions that accurately calculate consequences and reasonably respond to the threat of punishment.

²⁴ <http://www.nctsnet.org/products/think-trauma-training-staff-juvenile-justice-residential-settings>

It is critical that the correction officers who have daily contact with incarcerated young people understand adolescent development and behavior and have the tools to interact with teenagers in a constructive way. Jail is an inherently stressful environment. Exposure to overly punitive conditions while incarcerated can exacerbate teenagers' prior life experiences. We believe that if the staff is better trained and given the tools to understand the context of the teenagers' behavior, their behavior would improve and the remedies would be less punitive and more effective.

Improve the quality of identification and treatment available to youth with mental illness.

Train department staff to recognize and accommodate mental illness so as to reduce the number of violent encounters with mentally ill inmates. The Department of Correction and relevant other agencies should provide enhanced training focusing on adolescent development, mental health and educational issues for officers working with adolescents.

The Annie E. Casey Foundation launched a multi-year, multi-site project known as the Juvenile Detention Alternatives Initiative (JDAI). JDAI's purpose was to demonstrate that jurisdictions can establish more effective and efficient systems to accomplish the purposes of juvenile detention. The initiative had four objectives and the last was to improve conditions in secure detention facilities. Many of the findings and recommendations in that part of the study can be used in formulating policy for juvenile correctional facilities. The findings of this study are encapsulated in a report, "Improving Conditions of Confinement in Secure Juvenile Detention Centers" and is available at <http://www.aecf.org/upload/publicationfiles/improving%20conditions.pdf>. The JDAI materials also recommend staff to inmate ratios of 1:8 while the youth are awake.

This is the ratio that exists in the secure juvenile detention facilities in NYC.

VII. Meaningful Investigation, Supervision and Discipline

The Department already has extensive written policies governing use of force; an Investigation Division tasked with investigating and reporting on staff misconduct; overlapping systems for tracking which officers have been involved in use of force incidents; and a disciplinary system leading to formal charges against officers who break the rules. But these systems serve only to whitewash misconduct if they lack integrity, and if there is no ongoing vigilance by correctional leadership to ensure integrity.

In our experience, the Investigation Division of the Department has not been held accountable for its longstanding failures to conduct unbiased, even-handed investigations of use of force incidents. The default mode seems to be that the task of the investigation is to exonerate staff of wrongdoing, unless there is video evidence that precludes such a finding. This should not be, as ID has an excellent manual, created by the Department itself pursuant to the *Ingles* settlement, that, if followed, would guide investigations and evaluation of conflicting testimony and evidence. But in our

experience, these requirements are not being followed in many cases. Key eyewitnesses are not interviewed; critical forensic medical evidence is not, as required, discussed with the Office of the Medical Examiner, but rather is examined simply by jail clinicians not trained in the interpretation of such evidence; and inmate accounts are more or less automatically dismissed when they conflict with officers' accounts of disputed facts. It is imperative that the Investigation Division conduct its investigations meaningfully, thoroughly, and even-handedly if staff misconduct is truly to be discovered and addressed, and that end can only be accomplished through strong leadership and supervision from above in order to overcome an entrenched culture of bias and lack of thoroughness and professionalism.

There must also be an effective staff disciplinary system to enforce compliance with Departmental policies and ensure staff professionalism. The Department's disciplinary system necessarily depends on the investigative system to identify cases calling for disciplinary prosecution, and the above described deficiencies in the investigative system severely compromise internal staff discipline. Even in those cases that are identified for prosecution, the disciplinary system seems to move extraordinarily slowly in use of force incidents, and thus the deterrent value—or message sent—by discipline is so temporally removed from the misconduct itself that it is often meaningless. We encourage the Department to identify the obstacles to speedy yet just resolution of the charges it brings against officers it believes have violated the rules.

Even effective investigative and disciplinary systems cannot by themselves create a culture of professionalism in the jails. Active and effective daily supervision of staff is also essential. Departmental managers—especially wardens and supervisors in specific jails—can and should learn their staff's use of force histories, *not* to impose discipline, but rather to assess whether a staff member is properly assigned; whether he or she has repeatedly been involved in the same questionable scenarios; and whether his or her involvements with inmates should be more actively supervised. In our experience, the identity of the "head beaters" or "bad apples" in a jail is usually an open secret. Providing staff with impunity for their misconduct not only perpetuates the occurrence of serious injury, but also encourages other staff, such as new recruits, to join the company of rogue actors. The leadership from top to bottom must make clear that use of force histories will not be swept under the rug, but rather staff will be held accountable.

VIII. Oversight and Reporting

Exercise municipal and correctional leadership, and hold staff members who misuse force accountable for their misconduct through meaningful discipline.

Revise the Department of Correction's management and promotion policies so that staff members' use of force is addressed in assignment and promotion of staff.

Overhaul the Department's Investigation Division to ensure that it complies with the Investigation Manual and conducts bona fide, competent investigations.

Review the Department of Correction's systems for maintaining and utilizing information about violence against inmates, and for holding accountable staff who foster inmate violence.

Conclusion

We thank the Committee for this public forum. The City Council plays and must continue to play an important role in understanding, monitoring and tracking the conditions of confinement for individuals incarcerated in the City jail system. We encourage the Council to use its powers of oversight to regularly visit Rikers Island and hold the Department of Correction to the reforms that are necessary to safeguard incarcerated teenagers.

Dated: October 8, 2014