

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2017/11/03/witness-to-human-torture-on-both-sides-of-the-prison-walls-social-workers-confront-solitary-confinement/>

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close

Search

close

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by [Valerie Kiebala](#) | November 3, 2017

Esther Lim, a social worker employed by the ACLU to monitor LA County jails, was meeting with an incarcerated man in an attorney meeting room in 2011 when she heard what sounded like a fight. She looked through a window to see two deputies repeatedly beating an incarcerated man, James Parker, and shocking him with a Taser gun.

Parker was not moving or resisting in any way for what seemed to me about two minutes, Lim later testified. During the beating, the deputies repeatedly shouted, Stop resisting! and Stop fighting! while the prisoner lay limp on the floor.

Lim hit the window with her palm in an attempt to get the attention of the deputies. Soon after, she heard over the public announcement speaker, Stay in your seat. The deputy signaled her to move away from the window.

Lim later testified in the 2011 case *Rutherford v. Baca* that Mr. Parker looked like he was a mannequin that was being used as a punching bag as he was not showing any sort of movement. I thought he was knocked out or perhaps even dead.

The following day, Lim received her daily Inmate Reception Center Division Log, which provided a false account of the incident. Titled Significant Use of Force, the report asserted Parker had attacked the two deputies, who then pulled him to the ground. The account claimed Parker continued punching one deputy until the other dry-stunned him in the back, after which Parker was handcuffed without further incident.

Lim exposed the incident and the falsification to the FBI and the United States Attorney Generals Office, ultimately resulting in the forced retirement of LA Sheriff Baca. Baca is now serving a three-year sentence in federal prison for attempting to obstruct an FBI investigation into abuses in his jails.

Christopher Brown, the incarcerated man Lim was speaking with in the attorneys room, also attested to what he saw that day. But without a third testimony, Browns word would have stood against the word of two deputies. It was Lims account as a social worker and ACLU monitor that helped bring the abuse of power to justice.

Correctional social workers like Lim, as well as other mental health staff, have a rare inside view of the criminal justice system, as well as the ability to expose or enable abuse. Social workers play a key role in mental health delivery systems, and they should be doing that in the criminal justice system, too, Dr. Terry Kupers, a longtime prison psychiatrist and expert witness in numerous trials, said in an email.

Describing an issue often referred to as a dual loyalty conflict, Kupers said: The problem is they are too often won over to the custody culture of punishment, so they too often become callous toward prisoners and overly punitive. So they gradually adopt the officers punitive culture, and in the process become ineffective or ethically challenged clinicians.

He added that there are many social workers who refuse to become part of the culture of punishment, and offer prisoners with emotional problems a sympathetic listener and, sometimes, helpful psychotherapy or an effective case manager. Even the best, however, contend with an environment where they are often expected to conduct mental health checks or even individual therapy by speaking with people in solitary through the feeding slots in their cell doors, and to lead group therapy sessions with prisoners locked in adjoining cages.

Questioning the culture of punishment as a social worker is not easy. Mary Gamble worked for two years as a behavioral health social worker at a detention center that housed many pretrial detainees who had not yet been tried or convicted of a crime.

Earlier this year, Gamble resigned due to the use of prolonged and indefinite solitary confinement, which she described in an [article](#) titled Social Workers Cannot Practice Ethically in a Correctional System Where Solitary Confinement Exists. She wrote that her breaking point came after witnessing a 19-year-old isolated in solitary confinement for 100 days without personal property, personal visits, or outdoor recreation. His clothes and mattress were taken away for weeks on end for disruptive behavior, such as refusing to give up his

food tray or drawing on the wall with his feces. He was transferred to a forensic hospital only after he was deemed mentally incompetent to stand trial.

I was not only a witness, but also an accessory to human torture, wrote Gamble. I had no recourse, no one to report the abuse to, and no protection. I was making waves there and was starting to fall out of favor. My presence and input were no longer wanted at meetings. My integrity was questioned. Some staff members even flat out called me a liar, that what I was reporting was simply not happening. Others stated that I was jeopardizing officer safety. Gamble brought her grievances up the chain of authority, to no avail.

In some cases, mental health staff are afraid they will be put in physical danger if they speak up. In 2012, a man named Darren Rainey was scalded to death at Dade Correctional Institution in Florida, when guards locked him in a shower and set the water temperature at 180 degrees. By the time he died, more than 90 percent of Rainey's body was covered in burns, and his skin fell off at the touch.

Harriet Krzykowski, then a psychiatric technician at Dade, [told the New Yorker](#) that Rainey, who suffered from schizophrenia, had defecated in his cell and refused to clean it up. When she asked a guard what was going on, he responded, Don't worry, we'll put him in the shower.

Unlike Esther Lim, who was employed as a monitor by the ACLU, Krzykowski worked directly for the state in the Transitional Care Unit (TCU) of Dade Correctional Facility and feared losing her job. A psychotherapist had recently been fired at the facility after filing a complaint about a guard stomping on a prisoner.

Krzykowski explained to the *New Yorker* that her security depended on the protection of the guards. Guards had already started neglecting security procedure after she emailed her supervisor with concerns about the recreation yard being repeatedly closed. On multiple instances after the email, guards had disappeared from the room or yard she was in, leaving her unprotected. One of these times, a man came up behind her and slid his hands along her backside. She recalled, I could have been assaulted, raped anything.

No staff members at Dade Correctional filed a complaint about Rainey's murder or conveyed what they had witnessed until much later. Instead, an incarcerated man named Harold Hempstead went to the press, after his dozens of letters to the Department of Corrections, police, medical examiner, state attorney, and governor prompted no action. Hempstead reported that he could hear Rainey scream, Please take me out! I can't take it anymore! from his cell below the shower. He heard Rainey kick the door, and then the thud of the body, before he saw Rainey rolled past in a gurney.

Hempstead said he that he understood the position the TCU mental health counselors faced and that their hands are tied. However, he also expressed that too many of them had internalized the view that inmates in the unit deserved rough treatment. If more counselors had been willing to stand up for the prisoners, he said, the majority of that stuff wouldn't have happened. Hempstead has since been transferred out of state.

No one was convicted of Darren Rainey's murder.

There is a Code of Ethics outlining the standards for social workers who witness an abuse of a patient's rights. It was written by a task force of the National Association of Social Workers (NASW) that was chaired by Dr. Frederic Reamer, a professor and former correctional social worker.

The code of ethics governs the entire profession, said Reamer. It's used by many states in their laws for licensing social workers. It's often cited in the law. Often used in litigation involving social workers.

The code explicitly requires social workers to address unethical conduct and discrimination including discrimination against those with mental disabilities or mental illness but leaves it up to the social worker to assess the situation based on personal experience and circumstances.

Reamer said a social worker should start by trying to address an abuse internally, and may consider whistle-blowing as a last resort when internal efforts have not been satisfactory.

The Code of Ethics does not specifically address the use of solitary confinement, and the NASW has not released an official stance on the issue. Reamer said the duties are clear when it comes to abuses that occur within solitary confinement or segregation whether it's physical abuse, where staff assaults an inmate, emotional abuse, neglect, failure to address an inmate's needs. In my opinion, they have a fundamental duty to address those issues, based on prevailing and widely embraced ethical standards in social work.

Our general stance is that solitary confinement, or use of restrictive housing, is in place in most correctional facilities, but they should be constantly working on reforming it and developing safe alternatives, said Mel Wilson, Director of the NASW Department of Social Justice and Human Rights. We have not taken a position on solitary confinement being tantamount or equivalent to torture. That is not a position we've taken, but we do recognize that solitary confinement can be extremely harmful if there aren't reforms.

In a [NASW brief](#), Solitary Confinement: A Clinical Social Work Perspective. Wilson wrote that There is no contradiction in working in a correctional facility (where restrictive housing policies exist) and also being a vocal advocate for fair and humane policies for managing inmates in such housing.

Mary Buser, a social worker who spent five years as assistant chief of mental health at Rikers Island jail in New York City, disagrees. In a 2014 [op-ed](#) in the *Washington Post*, Buser wrote about her experiences in Rikers, where she was in charge of conducting mental health assessments for those in the 500-cell punitive segregation unit.

While the terms solitary and lockdown are often bandied about in the media, most people have no idea what they really mean, Buser wrote. I often wished the public could have accompanied me to these cells to see blood-smeared walls, makeshift nooses and agonized, shell-shocked faces. Some inmates were unable to speak, cowering in a corner, often naked and smeared in feces. I imagine that citizens, steeped in the belief that the incarcerated are treated humanely, would be horrified. I was. Buser would later describe her experiences in

detail in a [video](#) and in a book, [Lockdown on Rikers](#).

Buser publicly commented on Mel Wilsons NASW brief on solitary confinement, [objecting to](#) his conclusion that correctional social workers should provide effective and quality mental health treatment to those segregated inmates with mental illness. She argued that this is an impossible task. There are no words and there are no pills that will counteract the effects of prolonged isolation, she wrote. In the end, I felt I was little more than a monitor of human suffering a far cry from the idealistic social worker I'd once been. There are thousands more who are now in my shoes and need the support of NASW.

Moya Atkinson, who served as Executive Director of the NASW-MD chapter for about ten years, also pressures the NASW to strengthen its position against solitary. She co-founded and co-convenes the group [Social Workers Against Solitary Confinement](#) (SWASC), which published Mary Gambles article about resigning in protest from the detention facility.

Atkinson urges the NASW to draft a position statement similar to that of the National Commission on Correctional Health Care (NCCHC). The 17-point NCCHC [position statement](#) defines prolonged solitary confinement of more than 15 days as cruel, inhumane, and degrading, and condemns the placement of juveniles, pregnant women, and the mentally ill in segregation for any length of time. The NCCHC further states that correctional health professionals should not condone or participate in cruel, inhumane, or degrading treatment of adults or juveniles in custody, and that healthcare professionals should advocate for people to be removed from solitary and for prison policies to be reformed.

In an [article](#) just published in the *British Medical Journal*, a group of U.S. physicians advance a similar argument, noting that prison healthcare professionals work in a unique clinical environment designed to punish rather than to heal, and that they have an ethical responsibility to speak out about correctional practices that endanger health and human rights, including prolonged solitary confinement.

In addition to revising its official position, Atkinson also wants the NASW to support and protect social workers who do stand up against the use of solitary confinement and abuses of their patients. Atkinson explained in an email that this protection could come in many forms. The NASW could support legislation for tight oversight of the use of solitary confinement, support whistleblowing acts in each state, support legislation such as the [HALT Solitary Confinement Act](#) in New York that calls for alternatives to the use of solitary confinement, and work with professional organizations that determine standards for social workers.

Overall, Atkinson and Buser want the NASW to encourage its members to become more involved in the movement against solitary confinement and more supportive of its members who are contending with ethical dilemmas or facing repercussions for challenging the use of solitary.

Dr. Frederic Reamer, who was involved in writing the NASW Code of Ethics, said that it is difficult to recruit social workers to correctional positions. The reality, as I know it, is that many social workers are not comfortable working in prisons they find them intimidating, he said. They would prefer not to work in such harsh environments. I'm forever trying to convince social work students and colleagues to consider it, because I think it's absolutely essential. You don't want staff to be limited to those who are simply responsible for security and custody.

Dr. Terry Kupers said that many of the people treated by correctional social workers shouldn't be incarcerated at all. We have trans-institutionalized people suffering from serious mental illness, he wrote in an article. First we de-institutionalized them and closed or downsized state mental hospitals, then we repeatedly cut the budget for public mental health, and now we have re-institutionalized them in jails and prisons.

He said an ideal, comprehensive mental health care system would rely less on prisons, while making sure that most, if not all, of the mental health treatment eventually occurs in therapeutic milieus in the community and not in correctional institutions.

When he was asked to write about any state or federal correctional system that does mental health care right for the article Model Correctional Mental Health Programs, Kupers wrote, it gave me pause. Quite a pause. I cannot identify a single state that does it right, across the board. The funding has simply not been allotted for them to accomplish the treatment and rehabilitation programs they may believe are needed.

The problem of inadequate funding for mental health both inside and outside of prisons is only likely to grow under President Donald Trump. His proposed budget would cut hundreds of millions of dollars in federal funding for mental health care and substance abuse treatment, while simultaneously allocating [hundreds of millions of dollars](#) for new federal prosecutors whom Attorney General Jeff Sessions recently instructed to pursue the most severe penalties.

In the meantime, without a comprehensive mental health care system like the one Dr. Kupers envisions, correctional social workers will play a key role in treating and reporting abuses against incarcerated people with mental illness.

Valerie Kiebal was a contributing writer and editorial and project manager for Solitary Watch, and is now the media director of Straight Ahead, which is building a decarceration movement throughout Pennsylvania. Her work has also appeared in The Root, Truthout, the Chicago Reporter, and Shadowproof.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

Solitary Watch encourages comments and welcomes a range of ideas, opinions, debates, and respectful disagreement. We do not allow name-calling, bullying, cursing, or personal attacks of any kind. Any embedded links should be to information relevant to the conversation. Comments that violate these guidelines will be removed, and repeat offenders will be blocked. Thank you for your cooperation.

I worked at San Quentin State Prison 2010-2011 and Pelican Bay State Prison 2014-2016 as a staff psychiatrist for the California Department of Corrections..this is my take on this article I am so proud of Esther Lim for had she not been witness and been brave to speak truth to power this injustice, and frankly crime, would have been buried under the rug like sooooooooo many others. The audacity of those representing the law to falsify. How many lies are sold as fact/truth?

I agree with Dr Kupers that mental health staff is at grave risk of losing direction and becoming part of the problem rather than solution because enmeshment occurs rather quickly, especially when you know the safety concerns if you speak against them. I understand psych tech Krzykowsis dilemmas and fears. There are unfortunately countless stories across the country of custody setting inmates up so would be easy to do the same for mental health staff who is snitching on them. Who is the criminal? my patients often asked me. I am equally proud of Mr Harold Hempstead for going to the press despite I am certain much pressure to remain silent. He was moved out of state though, probably far away from family. Was this an act of retaliation with the sold narrative of protection? One has to wonder

The article failed to mention the psychologists and psychiatrist in all of this. We too are responsible. I agree with Mary Gamble that the grievance process is a sham just as my patients mentioned to me. No one wants to take responsibility. Instead they scapegoat the concerned individual as the problem, or at least administration and supervisors try as they did with me and sounds like Mary. Sadly, you cant take your grievances out of the system really without first going thru the fake motions of the bogus grievance process within. They are counting on you to get tired and give up, and blame yourself. Even the California physician union was not very supportive, you dont want to start a war with CDC and say it is not a good fit so perhaps I should leave. Really? That is the solution.Hire people willing to do the dirty work?

The code of ethics on paper means nothing if the leaders do not practice and embody it. Where is NASW as an organization as this happens? or the American Psychiatric and Psychology Associations? It is easy for Mr Reamer to recommend report ethic violations and if have to whistle-blow. But is he willing to go through the intimidation, harassment, write ups, ostracization along with his members? Prison, jail, and detention abuses toward inmates and staff are rampant. The code of silence, culture of punishment, and lack of leadership are tremendous barriers for true change. This is a systemic problem not to be solved by one social worker or one employee or one inmate. Mr Wilsons statement is disturbing to me that solitary confinement is not torture and not a contradiction in working in restrictive housing. I agree with Mary Buser that the expectations of MH to address MH issues while in solitary are futile. We delude ourselves we are doing something, and merely send a message that we are monitoring and treating when we are witnessing human suffering and legitimizing such inhumane practices. We want to believe so bad in our work, but there are limits. To recognize this is where we will find

salvation and solutions.

In solidarity with our Humanity, Mariposa McCall, MD

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Because of abuse Jamie (<http://mynameisjamie.net>) has endured over 12 years, predominantly in adseg for years at a time currently 3 years) has endured, from beatings to denial of needed epileptic seizure medications and other necessary medical care, I have donated my energy to educating people of the realities of being locked up. People can say what the prisons do is wrong and they should be stopped, but the reality is they are not going to stopped, no matter who dies or is maimed. They are going to hurt people and get away with it. They will lie about it every chance they can. So what can you do? For starters go to: <http://www.wrongfuldeathInstitute.com>. It also has a wealth of information for inmates who are being hurt or medically neglected. Learn your rights and your loved ones rights, and help them stay alive. Jamie has a little over 4 years to go. Im trying to make sure he gets out in one piece with his marbles intact.

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