

Prison Healthcare Stories from those on the Inside

The following stories are submitted to you by Vermont Just Justice. When we heard that the Joint Legislative Justice Oversight Committee would be meeting with DOC leadership to discuss the recent deaths that are becoming an increasingly common feature of Vermont's prison system, we knew that we had to do something to share what we and our loved ones have experienced. Since David Mitchell's death in April ignited public conversations around this topic, DOC has blamed the victims for being older and sicker, suggested that a different for-profit health care provider would bring positive change, and tried to wash their hands of any responsibility they might have.

For those who have experienced Vermont's prison system firsthand, we know this couldn't be further from the truth.

In mid-June, we started asking ourselves and our community members a simple, crucial question: what has been your experience with physical and mental health care while in the custody of VT DOC? Here are our answers.

Unsurprisingly, mental health was a very common topic - and a drastically unmet need.

- ***Biggest problem is MENTAL health. No such thing in prison, where it is needed the most!***
- ***...Once incarcerated the providers refused to continue my ADHD medication even though my primary care doctor contacted them and recommended that I continue. My family tried to advocate through Prisoners Rights for this, and we got nowhere. My only hope is that somehow I make it through the rest of my programming to my release date, knowing I will need to overcome my own brain.***
- ***...I told my therapist one time that I was feeling really depressed. He told me 'you're in jail, you're supposed to be depressed.' There were two times when I told someone I was self-harming and thinking about killing myself. Both times they just sent me to the hole. There wasn't any treatment or support, just the trauma of a week in solitary.***
- ***I was made to suffer lack of sleep for over 80 hours related to my mental health. I was told I "only" had a "sleep disorder and [they] didn't treat sleep disorders."***

These stories also throw a crucial wrinkle in DOC's narrative: the incarcerated population isn't just showing up to prison older and sicker; the denial of decent care is making people sick and causing them to develop new ailments while they are incarcerated.

- ***...Then about 5 weeks ago he gets told that he has stage 4 kidney failure. He saw a doctor at the jail who told him that the nursing staff at the facility was giving him 2 medicines that can't be taken together, that's why his kidneys are shutting down. I don't feel that they can properly care for him or meet his needs. I don't feel that he is***

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safe there. I feel that with his medical not being met he could end up like the rest of the people that died at that facility.

- *...I walked in here and I'm now in a wheelchair for most of my day. I can't go home for house arrest because my in-laws cannot rise from their ashes to sign a permission slip, so I'm forced to take a plea agreement for something I didn't do just to go home. But as if that ain't enough I have to pray I do so before all my hair and teeth are gone and my hips are beyond repair...*
- *...As a result of the poor quality care, I have experienced the following, multiple times: extreme hypoglycemia and hyperglycemia, pain in the eyes and limbs, weakness, gum decay, nausea, headaches, shakes, sweats, rapid heartbeat, mood-swings, exhaustion, delusions, dehydration, dizziness, light-headedness, confusion, hallucinations, falls, panic attacks, diabetic ketoacidosis, difficulty breathing similar to suffocating, loss of consciousness, blackouts, seizures... just to name a few. All could have been avoided had they provided proper care. Each day, under these conditions, I am at high risk for irreparable complications such as kidney and heart failure, limb amputations, blindness, stroke, coma, and death...*

In addition to the tragic deaths inside of Vermont's prisons, some heartbreaking stories show us that many others die soon after being released as a direct consequence of the care they needed, but didn't get, while locked up.

- *...The CRCF nurse never did an exam of her. Towards the end of her sentence she finally was taken to a doctor to be diagnosed with rectal cancer. Upon release she received radiation and chemo, but it was too late and she has been given 6 months to live. I can't help but think that an earlier exam would have provided earlier treatment with a more positive outcome.*
- *...the medical care was a joke....they really didn't care...I watched 2 people die while I was in Newport from neglect. I also was in with a fellow who was granted compassionate release but literally died 3 months after release because he was undiagnosed with an aggressive cancer and only after taken them to court did he get the test that showed that*
- *...He was only 27 years old. In his own words, he was locked up with no attempts to see him as a person who had made a mistake, he was just a "bad egg."*

These accounts also make clear that VT DOC's structure and culture actively work against people's efforts to get care. The prison system is characterized by rampant abuse, a hopeless grievance process, an ongoing lack of transparency or oversight, and DOC's relentless denial of any culpability.

- *This is a slightly protracted way of illustrating that even for those who DO get seen by Medical in VT Prisons... it doesn't mean they will do anything for you, except mark*

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down in your file that you have been seen. That is not the same as a real Dr.'s visit, where there is first a diagnosis, and then a prognosis, and then you have an opportunity to weigh your treatment options, and make an informed decision on a course of action. I can't even describe how this reprehensible inaction takes its toll on one psychologically and emotionally. DOC will hand off responsibility to the Medical Provider, and they in turn will hand it off to DOC, perpetuating the lack of accountability and bolstering their impunity.

- *Urgent medical requests should not be a choice for a correctional officer to ignore.*
- *Decisions on care rendered by specialists in their field should not be ignored by prison staff, or substantially reduced to the point of ineffectiveness. Yet the routine abuse of common-sense healthcare occurs throughout the Vermont prison system...I wish I could tell you that my SSCF infirmary care was seamless, professional and timely, but that simply isn't so. Equipment routinely broke down or was ineffective due to inadequate staff training.*
- *While he did receive medical care, there were many, many times when his sick requests were ignored. I had to intervene on numerous occasions to get him medical assistance. A number of months ago, he was told he would see a pulmonologist, and still has not.*
- *I've witnessed men being dragged off to the hole for trying to advocate for themselves in an attempt to get their insulin or other life-saving medical treatments. Others have been denied their prescribed medications as a form of punishment...*
- *...I followed the difficult, complex grievance procedure, hoping for help, only to discover the entire process is a waste of time. It all ends up going to members of the same team. They take care of one another and look out for each other. They offer us lip service but won't back up their words with any actions; or they make fraudulent excuses. Nobody holds them accountable...*
- *I was at Springfield and saw how guards abused the MAT program. The stuff was everywhere. People would keep the subutex under their tongue or under their shirt or something. Then they'd trade them. What really blew me away was that the guards were so in on it. Sometimes guards would bring other drugs in and trade it for the subutex or other stuff. The abuse was at any time. All the time.*
- *When people speak up in Vermont DOC they are disrespected and even dragged to the hole. I recall recently overhearing an officer calling an incarcerated person "a stupid f***** inbred" at the top of his voice. Is that the de-escalation tactics prison commissioner Mr Deml was speaking of in his last interview?...Is this showing our incarcerated people that verbal, emotional, and physical abuse is the way to control our environment?*

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These quotations are just brief excerpts. Every response is included below, in full, in the order in which we received them. People have taken great risk to themselves and their loved ones to share these stories - all but one are anonymous because people who are still in custody or under supervision fear retaliation from DOC. The exception is David Allen (the final story in this document), whose experience is so well-known throughout the system and who has already been targeted with such egregious retaliation for his advocacy that he believes being named will actually keep him safer from backlash in this moment. We sincerely hope that you will give our experiences the respect, attention, and consideration they deserve. As one person who is currently incarcerated ended their letter:

...Only time will tell what will happen for me, but if my words have no impact on anyone in power in the state I hope they can at least be affirming to other incarcerated individuals and to their families, as well. Because whether others choose to believe or care, we know.

And now, so do you.


There have been several instances where my loved one needed medical help urgently, and without my support would not have gotten it. He was housed in close custody in Saint Albans. This type of housing does not offer open access to speak with a correctional officer during the day, unless there is recreation time. There are no call buttons or ways to get help in an emergency, except for banging on the door. Fortunately, my loved one called me on his tablet and described his symptoms which sounded like an infection becoming septic quickly. He had asked the correctional officer for help and was told to submit a sick slip. He explained that he was running a fever and had symptoms that needed immediate attention. The correctional officer did not respond. I was able to call and get someone from the medical office at the facility to answer. I explained his symptoms, and that it sounded like sepsis, and that he would need antibiotics immediately. Another hour or two passed and his symptoms worsened. No one had come to check on him. I then called the superintendent, who at the time was a friend of my father's. He was quite sympathetic and ultimately got my loved one the immediate medical attention needed. Reflecting on this incident it seems fortuitous that I had a personal relationship with the superintendent but also ridiculous that one would have to make so many calls for an urgent medical request. What if one did not have money on their tablet? Or one did not have anyone to call from their tablet? And what if they did not have a connection with the superintendent? Urgent medical requests should not be a choice for a correctional officer to ignore.

I was in for 10 years... released last year and I still have 2 broken teeth that was never fixed while I was in they were broken for 4 years prior to my release.....the medical care was a joke....you have the flu here's an aspirin....they really didn't care...I watched 2 people die while I was in Newport from neglect. I also was in with a fellow who was granted compassionate release but literally died 3 months after release because he was undiagnosed with an aggressive cancer and only after taken them to court did he get the test that showed that

My friend was at CRCF for 2.5 years and for most of that time she complained of pain in her rectum. She was told the pain and bleeding was just hemorrhoids but knew it was more than that. The CRCF nurse never did an exam of her. Towards the end of her sentence she finally was taken to a doctor to be diagnosed with rectal cancer. Upon release she received radiation and chemo, but it was too late and she has been given 6 months to live. I can't help but think that an earlier exam would have provided earlier treatment with a more positive outcome.

My son was sent weed in the mail by someone who just wanted to get him in trouble. They put him in the hole without any due process, not allowed to take any of his belongings, a toothbrush, and no shower for five days. He had done nothing wrong. He spent the whole time in mental anguish worrying about his programming being delayed, his belongings being taken. He could not visit his kids, the main thing that keeps him mentally stable. I consider this to be cruel and unusual punishment. There's no reason why he couldn't have stayed in his cell until his hearing. There is absolutely nothing "corrective" about this. He frequently speaks about correction officers antagonizing inmates. This is mentally abusive. These are people not animals. He is living under extremely stressful conditions, knowing that if someone sends him something that is considered contraband he can go through this all over again. The assumption is he is guilty until proven innocent and it is causing physical and mental anguish.

My son was extremely ill one night. He asked for the nurse and the guard disrespected him . He again asked for the nurse. She came up, gave him some stomach acid meds and said he would need to put in a request for a doctor. Still extremely sick, they brought down to the nurse, more antacids given. Again he was told a sick slip needed to be put in. No result with the meds. He fell in his cell. His roommate had to tell the guards, don't let him die also. They called an ambulance, got to the hospital and was given IV hydration, and started feeling better. He told me he felt like he had food poisoning and with all the constant vomiting and diarrhea all night long whatever it was finally got out of his system. He called me and told me this. He is in SSCF. and he is not an old, aging person.

My son is in Newport. When I go visit him, my heart breaks . He has lost weight, got health issues, bunch on palm of hand, and more. His mental state is so depressing. He doesn't laugh, smile.

In 2016 my son was incarcerated for about a year at the St. Jay Work Camp. He had committed several non violent offenses, no felonies. One of his charges was possession of LSD. Our son was taken off his psychiatric medication during his time in jail. Despite a known history of bipolar disorder, he never saw a Psychiatrist. He never received any mental health care. He was not even given the chance to attend

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an AA meeting for his substance use disorder. My husband and I tried to get him to commit to a treatment facility when he was released. Unfortunately, he was in a manic state on release and couldn't get treatment. As he had "completed his time" there was no probation or aftercare connection. He did well initially, starting work as a chef at Long Horn Steakhouse. He was so proud of the certificates he had completed at the Work Camp. Sadly, he went to a party and used a substance that was 100% fentanyl. He died after four days in the ICU; he donated four organs. He was only 27 years old. In his own words, he was locked up with no attempts to see him as a person who had made a mistake, he was just a "bad egg."

This is a slightly protracted way of illustrating that even for those who DO get seen by Medical in VT Prisons... it doesn't mean they will do anything for you, except mark down in your file that you have been seen. That is not the same as a real Dr.'s visit, where there is first a diagnosis, and then a prognosis, and then you have an opportunity to weigh your treatment options, and make an informed decision on a course of action.

I can't even describe how this reprehensible inaction takes its toll on one psychologically and emotionally.

DOC will hand off responsibility to the Medical Provider, and they in turn will hand it off to DOC, perpetuating the lack of accountability and bolstering their impunity.

I was incarcerated in Vermont. My pre-trial detention lasted for 6.5 years. In my mid-fifties at the time of incarceration, statistically, I should encounter at least one health-related issue for which I might necessarily have to see a doctor.

I had more than one, as it turns out, but concerning nonetheless.

Were any of these treated in ANY way whatsoever, while incarcerated?

Thanks for asking. The answer is - *of course not.*

First, I'll tell you about the Cancers.

I had two: On my head, I had one basal-cell carcinoma which was removed using a device called "The Dessicator", which is essentially a welder—that's right—and required 23 visits for radiation. I had that thing growing, and bleeding every day for over two and a half years. Not once was even a swab or biopsy or even a band-aid applied, despite several visits and dozens of requests for attention to this extremely worrisome growth. My fear was compounded by a history of cancer on both sides of my Family, including skin cancers. A much larger squamous-cell carcinoma needed to be surgically removed, and I have a four-inch Frankenstein scar on my chest as a reminder.

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Despite the one on my chest beginning as substantially smaller than a dime, and growing to larger than a silver dollar, and also bleeding every day... nothing. Both could have been arrested early on, enough so that neither would have posed a threat.

I began to have problems in the bathroom, as well. At the time, I didn't make the connection with the gradual difficulty I was having controlling my legs. They were connected. For the burning, and what I describe as "icepick jabbing" in my feet, constant cramping and muscle spasms, I was prescribed ibuprofen. Yeah.

The treatment I received, including but not limited to: Fall Prevention Therapy (I was falling constantly) Occupational therapy and various visual targeting exercises I received at Grace Cottage, when I returned to the community. I was sent immediately to the Dermatologist, Audiologist, Optometrist, Neurologist, Endocrinologist, Gastroenterologist and Ear, Nose and Throat GP, an Osteopath, MRI, CT Scan and an EMG test—which is where they stab you with electrodes and crank up the juice.

I was eventually diagnosed with Idiopathic Peripheral Neuropathy... and I know I'm leaving out a few others. My friend Meg, merely through the kindness of her heart, logged over 4,000 miles driving me to all of these appointments.

The cancers should have been biopsied, removed and treated immediately, before they became an issue. First visit.

It is unlikely that any type of total prevention could have occurred, but I could have tackled the issue earlier, and for sure mitigated some of the effects. Certainly there are therapies which could, and should have been employed which would have retarded the progression of the neuropathy, and my condition would not be anywhere near as advanced.

Is there a more vulnerable population than the utterly powerless?

For shame.

Non-incarcerated people may wait a month or even two to see a GP or specialist for an acute or ongoing problem. The standard of care for people incarcerated in Vermont prisons is supposed to match that in all respects. Decisions on care rendered by specialists in their field should not be ignored by prison staff, or substantially reduced to the point of ineffectiveness. Yet the routine abuse of common-sense healthcare occurs throughout the Vermont prison system.

An incarcerated 63-year-old Vermont man was sent to Beattyville, Kentucky to serve time. He was diagnosed in 2014 with throat cancer. Six months passed before he was returned to Vermont for treatment. During the half-year wait, a tumor half the size of a ping-pong ball grew out of his neck. Dartmouth Hitchcock's treatment was 35 radiations and 7 chemos over a seven-week period. It was brutal, debilitating, and paradoxically, life threatening. Contracting pneumonia in January 2015, near the

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end of the treatment, nearly killed him. I know, because I am that man. Thanks to the staff of Dartmouth Hitchcock and Springfield hospitals, I am lucky to be alive. I wish I could tell you that my SSCF infirmary care was seamless, professional and timely, but that simply isn't so.

Equipment routinely broke down or was ineffective due to inadequate staff training. Being forced to take meals daily with other infirmary patients needlessly exposing me to infections. I never wore a mask, or ever saw a staff person wearing one. This during a time when my immune system was at its weakest. Eight years have passed with no indication of a recurrence. The possibility still exists. I only hope detection and treatment are timely and effective.

The orders by hospital doctors to treat residents with on-time blood draws, insulin shots, dispensing essential heart medications, performing scans on already-known brain tumors, necessary physical therapy, and intelligent prescribing of pain medication are often modified or ignored to the point of uselessness. People who "ask too many questions" of nurses or doctors at SSCF may be ignored or threatened with Disciplinary Reports or being sent to another prison with even less effective medical facilities.

A resident with a burst appendix was accused of exaggerating the pain or outright lying over a ten-day period. Spending 3 1/2 weeks in the hospital was the result. The resident still experiences pain, vomiting, nausea, and various gastrointestinal issues. Another resident with severe diabetes has been accused of "refusing meds" when questioning staff about infrequency of treatments.

The death of David Mitchell, a 42-year-old deceased former resident at SSCF who reported to staff on multiple occasions "I can't breathe" was threatened with reprisals if he did not "shut up." Over a dozen deaths have occurred on SSCF's watch in the last 18 months. How many of them were avoidable? The commissioner tells us this is the consequence of an aging, sickly population. Where is compassionate release? Where is the concentrated effort to prolong residents' lives? We don't all come in the door with a life-threatening illness. Is it expected that we will return to society rendered "healthy" by an adequate diet, and "corrected" by humane and intelligent treatment? Does the recidivism rate reflect that? Ask the staff. Do they believe the system has the right attitude and methods to help create good citizens? Are Vermont prisons doomed to release people with zero chances for a new life? Is the business community working hand-in-hand with DOC to assure released individuals are allowed reasonable opportunities to prove their working worth? The huge number of lawsuits against DOC are the result of a system broken at every level. Is anyone brave enough to declare that people in prison are humans, not monsters? That we want to resume useful lives with our families? That our health depends on people sworn to defend it?

Biggest problem is MENTAL health. No such thing in prison, where it is needed the most!

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I went in when I was 19 and I am starting my third year. I was on ADHD medication since a young age and found it to be something I needed to keep myself focused. Once incarcerated the providers refused to continue my ADHD medication even though my primary care doctor contacted them and recommended that I continue. Now in my fourth month of programming I find it very difficult to complete the tasks of reading and writing that are required to pass. My ADHD medication was the thing that helped me do my schoolwork and stay focused sitting for long periods in a classroom. It seems like a set up for failure; take the dyslexic teenager off his medication, assign him lengthy reading, and writing assignments that his learning disabilities have a hard time with and penalize him if he cannot sit still or complete the homework, ultimately have him do more jail time because he has a documented Disability. My family tried to advocate through Prisoners Rights for this, and we got nowhere. My only hope is that somehow I make it through the rest of my programming to my release date, knowing I will need to overcome my own brain.

My boyfriend was incarcerated on August 3rd 2022. He has gone through a big trauma being there. He was supposed to see a kidney specialist the 5th of August and was told by Northern State Correctional Facility in Newport that they were going to cancel the appointment and reschedule, which never happened. He was transferred to Southern State Correctional in March of 2023. He has had a couple eye surgeries prior to going to jail. He had eye surgery to help preserve his eyesight. He went back to the infirmary at the facility. While there they were unable to care for his needs. As a result he got burnt with hot water on left hand because no one would help him when he asked the staff. They neglected to give him his eye drops for 6 days. I called UVM in Burlington, Vermont. Then they went and filled his medicine. Even after that he at times was unable to get his eye drops because certain nursing staff kept telling him that it was either not time or he was not on the list for medicine at that time. At times he had to skip the drops. At that point I called UVM and told them his eye was really red and he said it was very sore. I got a call a few days later and he had fallen in his cell. He had cut his leg on something because there was water that leaked and he is blind so he didn't see it. He has had other inmates threaten to harm him. I was scared for his safety. A guy called him outside wanting to fight. It was dark out and he could not see. He called me around the 16th of June complaining that his left eye hurt and his face was swollen along with parts of his head. He had really bad headaches. His headaches got so bad that he couldn't sleep. They would make him cry. He put med slips in and all they said was he had a sinus infection. He kept telling them that it wasn't and that it felt like his eye was going to explode. It took them two weeks to bring him to the emergency room, where they told him he should have been there a week ago. Last Thursday the 29th of June they took him to UVM to see his eye doctor who told him that his left eye could have been prolonged if Southern state correctional would have brought him to the hospital sooner. Now they are making a date to remove his eye due to the neglect he has gotten at this facility. The eye pressure in his left eye is 75. He was given a prescription for eye drops on Thursday, but they still have not filled them and told him they are not filling them till after the holiday. Then about 5 weeks ago he gets told that he has stage 4 kidney failure. He saw a doctor at the jail who told him that the nursing staff at the facility was giving him 2 medicines that can't be taken together, that's why his kidneys are shutting down. I don't feel that they can properly care for him or meet his needs. I don't feel that he is safe there. I feel that with his medical not being met he could end up like the rest of the people that died at that facility.

My son has suffered with respiratory issues, intermittent shortness of breath, and other symptoms related to endocarditis which was treated when he arrived at SSCF in January of 2022. Each time these symptoms became severe, he requested help from "medical" via sick slips. While he did receive medical care, there were many, many times when his sick requests were ignored. I had to intervene on numerous occasions to get him medical assistance. A number of months ago, he was told he would see a pulmonologist, and still has not. It seemed diagnostic tests were done only after much advocating on my part, and long delays. I intervened when he seemed to have exhausted his only resources for response, and then I had to go to the Director of Health Services. Since he has been moved to first NWSCF, and now NSCF, he has reported that responsiveness has been better, although still no follow up with a pulmonologist. He experienced the same kind of delays and avoidance when requesting treatment for Hep C. He and I advocated for treatment for years, being told he did not qualify, until he finally received treatment a few months ago. I don't know if the lack of responsiveness applies only to SSCF or not, but the experience there was extremely hard for him - frustrating and at times frightening when he felt powerless to get help.

I was at springfield and saw how guards abused the MAT program. The stuff was everywhere. People would keep the subutex under their tongue or under their shirt or something. Then they'd trade them. What really blew me away was that the guards were so in on it. Sometimes guards would bring other drugs in and trade it for the subutex or other stuff. The abuse was at any time. All the time. But I couldn't take my adhd meds because stimulants are against the rules. So I couldn't focus but the guards were high all the time. The medical people are stretched too thin and they aren't educated enough. People complain about serious things but the staff just dismiss it or if you do see them they tell you it's nothing or something it's not.

There was a lot of misuse of meds. People would barter them all the time. And people who worked there would smuggle in drugs to trade. But just getting the right meds was hard. The med line was so slow and I got the wrong pills probably once a week. I know most other people did too. That really messes with you.

One time I had a seizure so they took me to the hospital and the nurses and doctors there just talked to the officers. They never talked to me. I didn't know what was going on and didn't have any idea what they were saying to them. They took me back and then later brought new meds to my door. This kind of thing happened other times too where I didn't get to decide or even just know about what they were doing. We would have meetings every six months where they'd go over this clipboard and ask us if anything had changed or if the medical info was all still correct. At one meeting I looked over at their clipboard and saw they had labeled me schizo-affective. But they never told me this. I only knew because I read the form over their shoulder.

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I told my therapist one time that I was feeling really depressed. He told me 'you're in jail, you're supposed to be depressed.' There were two times when I told someone I was self-harming and thinking about killing myself. Both times they just sent me to the hole. There wasn't any treatment or support, just the trauma of a week in solitary.

I am a former corrections officer from Texas. I am a certified recovery coach, group facilitator, and I currently work as a behavioral health tech on an adult interactive psychiatric unit. Most importantly though I have a loved one who is incarcerated. He is my lover, my best friend, and the only intimate partner I have ever had that showed me what love and teamwork in a relationship really looks like.

Since his incarceration I have been shocked and appalled at what he has gone through in the Vermont DOC's care. I expected more from Vermont... you know it being the progressive state it's supposed to be. Firstly, I noticed he wasn't getting treated for MRSA promptly or appropriately. Then him having to wait months for med changes after searching them out when in mental health crisis and weeks to even talk to a therapist. For someone in mental health crisis this affects behavior. When people speak up in Vermont DOC they are disrespected and even dragged to the hole. I recall recently overhearing an officer calling an incarcerated person "a stupid f***** inbreed" at the top of his voice. Is that the de-escalation tactics prison commissioner Mr Deml was speaking of in his last interview? I also recall a time my loved one went to the hole after he did something non-aggressive that a supervisor didn't like. The supervisor picked him up like a sack of potatoes and slammed him on the concrete, damaging his elbow that a year later still pains him. This is physical abuse and creates more trauma for someone who already has complex PTSD. Is this showing our incarcerated people that verbal, emotional, and physical abuse is the way to control our environment? Do Vermont state officials know that this is DOC's way? Did anyone ever think about the fact that DOC is still holding people who have been granted parole 18 months or more ago because of lack of APPROVED housing? Which means they could have a safe supportive environment to go home to but probation and parole can deny access based on their own judgment and lack of insight. This leaves people incarcerated for well beyond their release date. The housing crisis many are in should be considered when some have a supportive home to go home to, whether they are family or not. Not allowing someone to be with their only proactive support is inhumane and traumatic.

I want Vermont's upper management to allow families and significant others to have the RIGHT to decide if they want their loved one home with them upon re-entry. I was told by probation and parole that my loved one couldn't live with me upon re-entry. They rather he be alone struggling to coordinate all the stressful challenges that one faces upon re-entry. How demoralizing and heartbreaking.

We the people also need Vermont upper management to know for a fact that some of their supervisors and officers in Corrections are abusing the power entrusted to them by the people. With great power comes greater responsibility.

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Fun fact! Does Vermont upper management know that incarcerated people are being served daily a juice that has a label that says "danger: not for daily consumption?" Could that contribute to people becoming more unhealthy while incarcerated? Does Vermont's upper management know that incarcerated people don't have access to vitamins to help them be healthier? My loved one has become more unhealthy while incarcerated. The doc will extort vulnerable families to feed their loved ones and communicate with their loved ones, but then isolate them from their loved ones upon re-entry.

Tell me again how prison isn't for profit!

From about 1992 through March of 2020 I filed numerous grievances and ultimately lawsuits for myself and other inmates needing medical or mental health treatment. I was made to suffer lack of sleep for over 80 hours related to my mental health. I was told I "only" had a "sleep disorder and [they] didn't treat sleep disorders ". After my release I had to have surgery to remove my gallbladder, shoulder surgery and two hernia repair operations. I have also been diagnosed to have Parkinson's. During my 28 1/2 years of incarceration I was subjected to retaliatory transfer, including to out of state prisons (5 different states).

I wanted to start this letter by expressing my gratitude for the fact that you and others are working toward raising awareness around the current state of Mental Health and Medical Services across the Vermont Department of Corrections.

I have been incarcerated since late 2021 and this is my first time being incarcerated. While I stand by my innocence and intend to fight the charges against me in court (as opposed to succumbing to the pressures of accepting a plea), I am choosing to submit this letter anonymously; I do not want the allegations and charges against me to distract people from the severity of the ways I, and other incarcerated individuals, are/have been impacted by the mental health and medical treatment services available through the Department of Corrections.

As I am writing this I am currently working through a significantly traumatic situation. Just over one month ago I gathered up enough courage to make a complaint under the Prison Rape Elimination Act (PREA) against my roommate. We had been roommates for seven months, with the first nonconsensual act having happened to me in the first two months. As a result of my long history of trauma, including many episodes of childhood sexual abuse, I was hurt, betrayed, and violated by this individual but chose not to disclose everything that happened. I struggled with feeling like it was my fault in some way and that if I chose to forgive him and believe that he was genuinely sorry for what he had done, then it could be a form of catharsis for me.

This decision to continue being his roommate was made in part because of the encouragement and guidance from our mutual therapist at Southern State Correctional Facility. As I said, I did not disclose everything that had happened up to that point, but I did inform her that my roommate admitted to me

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that he had been lying about his mental health issues (claiming to have symptoms in line with dissociative identity disorder and physical “tics”). She told me that she and other staff were already aware of this, but that they believed I might be the perfect roommate for him, especially now that I know the truth and might be able to provide some accountability. The therapist emphasized how much of a born “healer” I am and that my gift is my ability to help others move forward in their respective journeys.

Over the next several months I was engaged in a cycle of trauma and abuse patterns. Every time I tried to reestablish boundaries with this individual, or try to go forward with opening up about what was happening, I would allow myself to be reconvicted that he was remorseful and that my belief in his ability to change was (in his words) “the only thing” helping him do so.

When I finally did come forward about everything that had happened between us, I did so after my roommate confessed additional crimes against children and made it clear that he had no intentions of being held accountable for those actions/crimes. I could no longer refrain from having honest conversations with my 12 step sponsor, my private therapist (who has continued to meet with me throughout my incarceration), as well as the therapist in the facility that we shared.

My roommate’s actions towards me, in addition to the many things he had disclosed to me about his past, had contributed to a mental deterioration which eventually led to self-harming behavior. I was afraid of what people would say or do after finding out - admitting vulnerability, especially one’s ability to be manipulated or violated sexually is not an ideal situation to be in in prison; it can even be dangerous. But I couldn’t take any more of the gaslighting, the reigniting of my trauma history, the isolation, the seemingly endless cycle of betrayal and exploitation.

I sought help from leadership at SSCF by initiating the process of reporting my roommate. During our last night in the room together, he begged me not to tell, insisted that he was worried about me getting into trouble and that all that mattered to him was that I made it home to my children.

More gaslighting and manipulation.

He later went on to tell me several stories about conversations he allegedly had about me with staff, including our mutual therapist - hurtful things, private things about my trauma that she allegedly disclosed to him. And while it might be easy to just see this as nothing more than another string of lies in an attempt to isolate me further from anyone in the facility who might be able to provide support, the fact this particular therapist had discussed other people’s situations with me (including my roommate’s), was enough to make his claims at least possible. This possibility was later strengthened by the fact that I never got the chance to directly ask this therapist if what my roommate said was true, because despite several requests to meet with her she neglected to do so before I was transferred to Northern State Correctional Facility. My relationship with this therapist was important to me and worth maintaining, if even some of the things my roommate claimed she said were untrue, but for now, that appears to be unresolvable.

I informed several staff members that I was in need of additional support after making the initial report. I was raw, dealing with manic episodes, afraid, hurting, and dealing with paranoia in response to the

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combination of my roommate claiming that staff members were talking about me and the realization that the past seven months of my life had been a lie. I asked to be moved back into one of the mental health units, but I was told there was no room. I said that I was open to being moved into protective custody because the thought of being locked in a room with another stranger, exposed and vulnerable, was overwhelming. I recognize that prison is a place where safety, comfort, and individualized care are rare experiences to be sure, but I will admit that I was naive enough to believe that I would have been met with compassion or, at the very least, support.

Instead, my request for additional resources or supportive measures to process through my grief and pain ended with my being transferred from Southern State Correctional Facility, (Vermont DOC's designated site for incarcerated individuals with established histories of mental illness) and relocated as far from home as I could be without leaving the state. The Northern State Correctional Facility is in Newport, just outside of the Canadian border. Not only does the logistical change now deprive me of the in-person visits that certainly have direct impacts on my mental health (most notably those with my 12-step sponsor and private therapist who holds specialized credentialing unavailable elsewhere in the state), but this facility also lacks any group programs, events, or activities. There are no 12-step or other recovery meetings being offered (aside from groups for individuals receiving medication-assisted treatment which is not applicable to me). I am no longer able to attend classes or other educational opportunities unless I am sentenced. Moving here has also resulted in my removal from the Prison Research and Innovation Network (PRIN) project being facilitated at SSCF in collaboration with two researchers from UVM. All of these activities helped bring structure to my day - days that otherwise might be spent spiraling through trauma, abusing drugs, or sleeping as much as possible.

When I became incarcerated I lost nearly everything and everyone and part of that loss was how full my life was. I worked full-time running two businesses to support my family, helped raise my children, remain engaged in my own addiction recovery (through meetings, step work, and helping others), worked out at the gym several days a week, did volunteer work, and a number of other endeavors to live the best life I could. I had a network of people to turn to for support through group processing work, affinity spaces, and weekly participation in therapy with two different providers.

To say the loss of all the people and things that kept me going was detrimental would be a gross understatement, but I did everything I could to advocate for myself while incarcerated to ensure the most productive, health-centered outcomes, and, considering everything I have been faced with in the past year and a half, I think it is fair to say that the utilization of all of the services, events, and programs available to me at the facility played a significant role in my ability to keep going.

But now the wave of loss has washed over me again, because I have lost all of those things by being moved to NSCF. According to the DOC, as well as Jennifer Sprafke (who oversees PREA complaints), the move was purely coincidental. Never mind the fact that my case is based in Windsor County, my attorney is based in Windsor county, and that I am from Windsor county. Never mind the fact that I have not been in trouble during the entire time I have been incarcerated - I say this because there seems to be an ongoing pattern of men from SSCF being transferred to NSCF after getting several DRs or causing headaches for the facility. There are more than a few individuals who have told me that this was true for them, including some who were involved in revealing information surrounding the recent

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news stories about SSCF. Never mind the fact that the staff here at NSCF does not seem to be clear on what services are and are not available to me. When I asked to be transferred back due to my rapidly declining mental state, I was told that there are therapists available, as well as groups, and 12-step meetings. I have now confirmed that there are no groups available to me, the ability to see the therapist is limited (one just quit, and another is part time), and 12 step meetings are something they are working on but not currently offering.

So here I sit, in a cramped cell, in a new place, without any peers to confide in or resources to utilize on a day-to-day basis. My depression continues to worsen, but I have made it clear to the mental health staff here that I will not be reaching out for help if I feel unsafe (whether I'm at risk of self-harming or in danger of being victimized again), or if I am having suicidal thoughts, because there is no mental health or protective unit for me to be placed in as long as I remain here. Their only option would be to strip me of my clothing, property, and access to communicating with the outside world by placing me in a bare bones holding cell. What they label as mental health treatment just feels like another layer of punishment. Additionally, the last time I sought help with dealing with nonconsensual sexual contact I was cast away. So where is the incentive to report anything to anyone while under the thumb of the DOC?

I think it's important for people to understand that there is no distinction in the way those of us who are merely detainees (pretrial cases) are treated from those who have already been found and/or plead guilty to the charges against them. Forget the childish notion of being innocent until proven guilty because I, along with every other detainee, am still subjected to the degrading practices and procedures of life as it is when you are property of the Vermont Department of Corrections.

At any given moment your personal property can be torn through, destroyed, or thrown away. you can be stripped naked, inspected, and told to bend over, spread your butt cheeks apart and cough; a command I was subjected to four times in the span of a week shortly after disclosing sexual abuse. But make no mistake, there's nothing about this that should be triggering to my sexual trauma, it's just policy and therefore it will have no bearing on my mental health and overall experience of reporting.

What's to be said about the amount of times we are called inmate, offender, or some other dehumanizing identifier in any given day?

What's to be said of the countless ways that the entire operational structure of the DOC is designed to deter, delay, and discredit anything that any incarcerated individual has to say about the ways they have been treated by staff members?

Perhaps it's more digestible for most people to assume that we are all lying about the awful ways we are treated behind these walls, and for others I imagine that the truth doesn't matter because they believe that we belong here regardless of whatever civil and or human rights are being violated at a state sanctioned level.

Prior to this my only experience being inside of a prison was when I used to provide addiction counseling and groups to incarcerated individuals nearing their release dates. I still remember how

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uncomfortable I was the first few times I went in, because despite my background in human services and social justice efforts I, like most people, still had beliefs about “inmates” that had been programmed into me over the span of my life.

But what I found was a group of men who were surprisingly willing to be vulnerable, not just with me, but in front of one another. They shared about their fears, their histories of abuse and neglect. They discussed the ways that life behind bars only amplified their mental illnesses and physical health conditions; some even said that they had developed several new diagnoses while incarcerated. There were also plenty of anecdotes regarding the many forms of mistreatment individuals had been subjected to at the hands of correctional officers and other facility staff.

I will admit that some of these stories seemed outlandish and that even though my only idea of a prison was based on media and pop culture, I ignorantly believed that there must be such a stringent level of oversight in the DOC that the majority of their claims must have been exaggerated. That was five years ago and now I can wholeheartedly say that there is no story told to me by those individuals that I have not directly experienced, or know another person who has, during my incarceration.

And still I know that to many, I'm just another voice calling out from behind these bars. Out of sight and out of mind. So my question to the open-hearted is this: when will Vermont say enough is enough?

I could tell you about the half-dozen people who were walking around with the highly contagious infection MRSA and being treated with bandage wraps and Tylenol.

I could share about how medical staff informed me that I was negative for COVID before moving another person into my room who was positive. I quickly contracted the virus and had a near mental breakdown because I was certain that I would die. After becoming symptomatic the medical staff claimed that they had never told me I was negative and that I had COVID all along, not as a result of them putting the other person in my room. Several months later I was informed by another staff member that it was well known that this happened to me and several others, but it would be a malpractice issue if they ever acknowledged that fact. Even more recently I was told by someone at Prisoners Rights that there were reports coming in from all across the state from people who had been forced into rooming with people who were positive for COVID. To this day I am still unsure of which aspect of that situation was worse, being intentionally and knowingly exposed to COVID (especially as a person who is a member of more than one of the populations who were deemed to be at greater risk of significant effects from the virus), or being gas lit by medical staff and left to deal with the immense fear, anxiety, and depression that followed.

I could tell you about the racism I was subjected to by a mental health provider during an anger management class. I was the only non-white person in the group and I felt violated, embarrassed, and victimized by someone who I was supposed to entrust with personal history and traumas. When I tried to address this with him he claimed that the racial overtones were nothing more than a “roleplay.” Not only do I not believe this (nor did the therapist I initially relayed the experience to), but, regardless, it would have been a trauma-inducing roleplay that I had not consented to participating in and was not

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debriefed from afterward. When I eventually discussed the incident with his supervisor I was told that any outcome there might be would be private - where is the accountability?

There was also the time, just a month or two ago, when I had tested positive for COVID (my second time - both during incarceration) and instead of being treated like a sick person and placed in the Infirmary (like my roommate, despite the fact that he tested negative) I was moved from my room and put in a holding cell in "booking." Not only was I instantly in distress when I got to the room, because I knew that someone had just died in it only weeks before (I was there that night), but when I walked in I saw the floor was covered in garbage. Upon further inspection, I found what appeared to be blood and feces on the wall and door frame - exactly the environment where a sick person should be housed, right?

Almost every nurse that came to the door to deliver my medications during the seven days I was forced to be in there commented on how filthy and disgusting the room was. One even asked why I was being so messy, but all of them quickly ended the conversations when I pointed out to each of them that this was the condition the room was in when I was forced into it. I suppose it's easier to look the other way than to advocate for someone or to even ask another staff member why someone (sick or not) is being subjected to unhealthy and inhumane living conditions.

When I filed a grievance form asking why I couldn't be quarantined in my regular room (since my roommate had already been taken out), or at the very least why I couldn't be moved into one of the clean and empty cells in "booking," the responding supervisor addressed the issue of the garbage, blood, and feces by instructing me to ask the officer for cleaning supplies. Although I did not feel that it was my responsibility to clean someone else's filth, I did what he suggested and was told no, that I could not have access to cleaning supplies because I was "in booking." The fact that I had been residing at the facility for over a year was irrelevant. I was being subjected to the same limitations that I would have been if I was just brought in from the street simply because of the part of the building I was currently in. Abandon all logic and critical thinking skills ye who enter here...

I've witnessed men being dragged off to the hole for trying to advocate for themselves in an attempt to get their insulin or other life-saving medical treatments. Others have been denied their prescribed medications as a form of punishment.

As someone who worked in the addiction treatment field, I know firsthand that it is widely recognized as best practice to have people who receive medication-assisted treatment for opiate addiction (with medication such as Suboxone or methadone) participate in 1:1 and/or group counseling. It would appear that the DOC agrees with this because MAT groups are allegedly required for all incarcerated individuals receiving these medications. Unfortunately, these groups are not being offered at SSCF (and likely other sites as well), nor have they been during the year and a half I have been incarcerated.

The result of this negligence includes a wider range of issues that could and would be lessened if there were any resources being provided to patients who, in many cases, become dependent on these medications. One of the many projects I was passionate about pursuing through my involvement with the PRIN project would have seen us engaging the Turning Point Recovery Center to provide recovery

coach training to incarcerated individuals. Not only would this training provide an opportunity for these individuals to better understand addiction and how to sustain a path to recovery for themselves, but they would also learn evidence-based methods of supporting their peers. Additionally, the official Recovery Coach Academy can serve as a springboard for those who develop a passion for helping others and would like to pursue a formal career in the addiction treatment and recovery field. With the amount of possible impact this initiative could have had throughout the SSCF population, I ignorantly assumed that leadership staff would have been more enthusiastic about the proposal, but most of the excitement and interest came directly from my peers. Many expressed their frustration over not having any support or education around their addiction, let alone the medications they were now relying on to “help” them.

While others are content with just receiving the medication which, for many, also provides a means of income through diversion and bartering with other people. There is no shortage of people receiving this medication, including some who shared with me that they have no history of addiction or abuse of opiates and the doctor was still willing to prescribe these intense medications that can provide a high all their own. Just a few months ago I was summoned to medical and asked if I wanted to start receiving medication-assisted treatment.

Considering that I have been sober for more than a decade, I was confused by the offer and quickly declined.

Maybe it comes down to whatever methods are cheapest, fastest, and easiest to utilize or apply to the largest group of people. Whether we are looking at mental health treatment, addiction and recovery services, or access to nutritional foods, the prison industrial complex is a microcosm for the nation at large and the Vermont Department of Corrections is no exception.

While I am writing these words I am staring at my tray for my 4:00 p.m. dinner meal. Tonight's offering is a grilled cheese sandwich, a dinner roll, and a side of pasta that has been tossed in mayonnaise. For lunch we had pizza... The majority of meals are primarily made up of combinations of breads and carbs. In 2016, I had gastric bypass and prior to being incarcerated most of my meals were made of fresh fruits and vegetables, grilled meats, and protein shakes. No one should live on a diet of mostly bread/carb based offerings, but if you are familiar with gastric bypass you might know that doing so can be especially detrimental. I have made several attempts to meet with a physician to discuss any possibilities there might be for accessing healthier food, but my requests have gone unanswered. Every day I am dealing with stomach pains, intestinal issues, and other physiological effects of being deprived access to fresh foods. I will say that I received a lot more fresh fruit offerings while I was at SSCF and shortly before being moved to NSCF I had managed to switch to vegetarian trays (after three months of being denied the ability to do so), because the offerings were healthier and provided more protein per tray. But now my meals consist of breads and carbs here at NSCF, sometimes for all three meals of the day.

What we put in our bodies directly impacts our physical health, brain functioning, and cognitive abilities, so the meals we are served by DOC are part of the larger narrative about our overall health and well-being while in their care.

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I have been told that the commissioner and other officials have alluded to the concept that people are coming into the facilities already in poor health. And while I wouldn't argue against the statistics around that, I do know that I cannot be the only person who was brought here in good health and who has subsequently declined physically, mentally, and emotionally.

Between the food, exposure to illness and disease, the lack of holistic care opportunities, the assembly line approach of medical and mental health staff, the lack of space or time to exercise, the multitude of ways in which we are degraded on any given day, the inability to advocate for yourself and your needs without experiencing some form of retaliation, the unclean living conditions, the constant assault on the senses.....

Being incarcerated and having anxiety disorders (characterized by overstimulation), or for those of us who have been placed on the autism spectrum, can be a living nightmare. From the constant screams, slamming doors, lack of control over lighting, smells, and tactile sensations. It does not matter if you consent to this stranger demanding that you strip out of all your clothing because they said so, no further explanation provided.

By the end of each day, I lie in bed doing the best I can to stop the trembling in my body. The constant headaches are matched with the phantom sounds that I've come to know after being in this long. Was that sudden slam real, or just an echo from a fight that broke out earlier in the day? The jolt it causes in me is the same either way. Sometimes the screams are not from a place of aggression or hostility, even friendly games of cards usually lead to howls of laughter and good-natured yelling, but the constant, relentless inundation of sounds are taxing and exhaustive just the same. This was yet another reason I tried moving into the stabilized mental health unit, Bravo, before being shipped from SSCF to NSCF. That unit is much calmer than most on a day by day basis. But instead I was uprooted to a new facility and put into a unit that's half the physical size of the unit I had been at SSCF, and with 64 men confined to the space as opposed to the 50 at SSCF. Needless to say the sound level here is hard to put into words, but I will say that I have been so overwhelmed by it that it has brought me to actual tears on more than one occasion.

So where do I go from here?

There are so many other stories I could share with you about the daily injustices we are faced with under the power of the Vermont Department of Corrections, but I think I will end this letter here for now. Depending on how and where these anecdotes are shared I anticipate there will be plenty of DOC reps who will deny my claims, and those who will silently nod in agreement (you'd be surprised how many staff members have quietly acknowledged how terribly we are treated). I imagine there will be plenty of self-righteous individuals who couldn't care any less how the DOC treats its property and those who believe that innocent men do not get put behind bars.

But this letter isn't about guilt over innocence in regards to the incarcerated. It's meant to provide just a snapshot at how mental health and medical needs are addressed (or not) by the Vermont Department of Corrections and its contractors.

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With the latest changing of the guard just around the corner I get the sense that the general public is under the impression that the new medical provider contract would result in new staff, better care, and better treatment. I actually assumed the same thing until staff and incarcerated people informed me that the staff remains the same, it's just the company that changes.

When you have correctional officers who are having more compassionate, person-first, and supportive conversations with us than many of the nurses, mental health providers, or doctors, then maybe it's time to evaluate more than the entity signing the checks.

Hopefully by the time you read this I will have been released, but if not I will settle for being moved back to Springfield where I can once again be attending school, 12-step meetings, spiritual gatherings, PRIN meetings with UVM, in person visits with my 12-step sponsor and trauma therapist, volunteer opportunities, and reconnecting with people I have formed relationships with during what has been the most difficult, painful time of my life. Maybe the move back will be the result of Prisoners Rights, the DOC grievance process, or (although unlikely) maybe they will see the error of their ways and recognize that this senseless, unnecessary move has (and will continue to) negatively impact my ability to keep myself safe and as mentally well as possible.

Only time will tell what will happen for me, but if my words have no impact on anyone in power in the state I hope they can at least be affirming to other incarcerated individuals and to their families, as well. Because whether others choose to believe or care, we know.

And now, so do you.

The day I was arrested I was four hours away from a surgery, the first of two on my hips, to repair injuries suffered from a serious motorcycle accident suffered years ago. My wife begged and made every arrangement for my medications to be transferred to SSCF and to force them to take me to my doctor for the first of two operations; beginning on my right hip at Brattleboro Memorial hospital.

The evening before my operation I was moved to the jail infirmary. Once I was changed into the "paper dress" and laying on the hospital bed with an IV and other monitoring equipment, Dr. Gallagher briefly explained my condition to the two DOC guards who'd handcuffed me to the bed and that I was physically hindered whilst walking and incapable of running. This explanation was in vain as the guards made clear they were "GOING" into the operation suite with me and going to wait until I was unconscious before the unnecessary handcuffs came off. So the guard was dressed out from head to combat boot in surgical PPE and had me uncuffed after I was made unconscious and reinstalled before I was woken up. I imagine that this was a necessity resulting from the myriad of occurrences when a "presumed innocent" inmate had his hip dislocated, reinstalled, and sprang from unconsciousness before Jason Stathum-ing his way out of custody with his ass exposed for all the world to see.

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These epic, philanthropic, and inspiring problem solvers would trump the bar they'd set so high for themselves only a few weeks later, when I was transported back to the town of Brattleboro and walked on crutches into a dentist's office waiting room where the staff there was equally bewildered at our presence as I was. But then the kind and ever-professional receptionist pointed out on their paperwork that the orthopedic surgeon was a more appropriate office for reviewing a hip surgery than the orthodontist office they took me to.

It wasn't an altogether waste of time and my pain because they wanted to "take the long way back" (that'd be via a route 5 instead of I-91) so they could have Taco Bell for lunch and they'd assuage me with a "double decker taco." That particular paradox definitely took as much as it gave, however. Because the taco would cost me a little more than 99 cents of the state's money when we drove RIGHT past Piggery Road that led right up the hill to my house. So there was a little negligent psychological warfare that while unintentional still hurts and feels substantial enough to justify ample punitive monetary compensation so as to discourage the practice by DOC SSCF personnel in future exercises of the same kind. That kind of civil action would very likely have remedied and spared me the further humiliation the absence of deterrence could have prevented when the same hospital had to point out the guard's dyslexia resulted in them driving me 45 minutes to an appointment which wasn't scheduled until the following month.

Because of the facility and its absurd adherence to feckless, draconian, archaic, and sadistic covid lockdowns, I only completed one 15 minute physical rehab session on my right hip before we were locked down for months at a time save one short break a day. I was able and trying to get back into rehab, only once I had I was told that "before we knew what a labrum was and we didn't have MRIs, we'd just twist and yank on it till it felt better."

I said that's equivalent to you bringing me your car with a flat and I'd tell you to "take it around the block a few times to see if it gets better." Because I injured my new hip because of the un-handi-capable facility he "wasn't going to touch (my) new one." He wanted to "twist and yank" on my other one.

I walked in here and I'm now in a wheelchair for most of my day. I can't go home for house arrest because my in-laws cannot rise from their ashes to sign a permission slip, so I'm forced to take a plea agreement for something I didn't do just to go home. But as if that ain't enough I have to pray I do so before all my hair and teeth are gone and my hips are beyond repair. Oh and don't forget that I have no guarantee that I'll have a home to go to because DOC may not like my house or feel in some way obliged to play defense in a paradox where they tried to prevent anything I may attempt in a protected pursuit of happiness.

"We don't care about the constitution. This is Vermont. We answer to no one," the Deputy Commissioner from the VT DOC central office told an advocate over the phone. He added, when referring to Vermont's incarcerated individuals, "they have no rights."

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I was arrested and brought to Southern State Correctional Facility in July of 2020. I have been sitting here as a detainee ever since. In November of 2000 I was diagnosed as a juvenile with insulin-dependent, type 1 diabetes. By the time of my arrest, I had a personal intensive treatment plan that included doses of specific kinds of insulin at unlimited times, and a patch-like device worn to continuously measure my blood sugar levels. I was waiting on a tubeless insulin pump. Until then, this was the best way for me to manage and control my condition. My medications, devices, and intensive treatment plan were ordered by a team of diabetic specialists who had been working with me for years.

At the police station, the state troopers ripped the glucose monitoring device from my arm. The paramedic told them I needed to go to the hospital, but the cops ignored that directive and kept me in a cell until the next day.

The facility has never let me use my device; has given me the incorrect insulin; and has never attempted to follow my treatment plan. All the things my team of specialists ordered were neglected by the deliberately indifferent facility and medical staffs.

A few issues with being stuck here are attributed but not limited to: uneducated and untrained staff; not enough glucose tests; wrong doses of insulin; untimely administering of insulin; no insulin; trays coming too late or not at all; over-treating symptoms; inadequate care causing a roller coaster of highs and lows; syringes filled with air; non-medical staff members speaking on medical issues; medical staff sharing private medical information with inmates and non-medical staff members; staff members not recognizing symptoms of issues; staff members being clueless what to do when an issue is brought to their attention; denial or rejection of every grievance or request, and more.

As a result of the poor quality care, I have experienced the following, multiple times: extreme hypoglycemia and hyperglycemia, pain in the eyes and limbs, weakness, gum decay, nausea, headaches, shakes, sweats, rapid heartbeat, mood-swings, exhaustion, delusions, dehydration, dizziness, light-headedness, confusion, hallucinations, falls, panic attacks, diabetic ketoacidosis, difficulty breathing similar to suffocating, loss of consciousness, blackouts, seizures... just to name a few. All could have been avoided had they provided proper care. Each day, under these conditions, I am at high risk for irreparable complications such as kidney and heart failure, limb amputations, blindness, stroke, coma, and death.

I followed the difficult, complex grievance procedure, hoping for help, only to discover the entire process is a waste of time. It all ends up going to members of the same team. They take care of one another and look out for each other. They offer us lip service but won't back up their words with any actions; or they make fraudulent excuses. Nobody holds them accountable.

Just before my arrest, my specialist told me that if I contracted COVID, since I'm high risk, I would need to live in a hospital until I recovered in order to survive. The prison case worker assured me that if I caught COVID while in the facility, I would not be brought anywhere.

The facility did have a COVID outbreak. They put us on lockdown for 23 hours and 45 minutes a day. Individuals were relocated so all who tested positive were bunked together and all who were still

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healthy were bunked together. In direct HIPPA violation, DOC staff ran around with a list of names and forced people to move. Ironically, it was the DOC staff who brought in the COVID.

In my unit there was another man with the last name Allen. He had tested positive. The officers told me I had COVID and needed to move. I begged and pleaded for them to double check and make sure they had the right guy. I was certain it was the other Allen who was sick. They refused to look at the list and verify that the first name, birth date, or jacket number matched the Allen they meant. Instead, they just forced me to move into a cell lacking airflow with someone who was positive for COVID and constantly coughing in the tight quarters to which we were confined.

I filed a lawsuit in Federal Court requesting an insulin pump and hoping to see some change, accountability, and repercussions for those responsible. In retaliation I was moved from unit to unit and cell to cell, regularly without reason, and removed from my jobs. I applied for positions perfect for me and less qualified people were chosen. I tried to be moved to the honor dorm and was told I would never be allowed to because of my medical issues. If it weren't for their insufficient care, I'd have no issues.

One facility nurse specifically targeted me. She spread rumors and lies about me, spoke to me in a cruel and condescending nature (if she acknowledged me at all), and often denied me insulin - putting my health and life in jeopardy.

On one occasion, this particular nurse had to bring the medicine into the unit. My sugar was tested and we saw that I had a rare, good blood sugar level inside the ideal range. She tried to give me glucose gel which would have skyrocketed me. Thinking she wanted me to hold it for later, I brought it to my cell.

The CO came after me barking, "You need to take that in front of her (the nurse)."

I did not like that a correctional officer was giving medical orders. Also, I knew that if I used the gel at that time, it would cause hyperglycemia. I returned the glucose gel to the nurse and patiently awaited my insulin.

"Go back to your cell," she grunted.

Someone from medical giving orders related to facility operations is unacceptable, but I was worried about my health. The nurse and I debated back and forth for a few minutes. She said she didn't want to risk losing her medical license. I asked if she was all right with losing it by letting my sugar go high. I told her I requested insulin for the meal I was about to consume; it had to be illegal to deny a brittle, type 1 diabetic their insulin; and that I knew what I was talking about since I've lived with it for 22 years.

The CO butted in with questions directed at the nurse, and she answered by sharing private medical information including my recent blood sugar test results. I tried to appeal to the CO, throwing light upon the fact that I could die without my insulin. He said he didn't know what to do - that this was "above (his) pay grade."

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The sixth edition of the “Vermont Department of Corrections SSCF...Handbook” stated on its cover that those who operate the facility are “committed to providing a correctional environment that is safe, secure, and healthy.” I petitioned for the CO to use his radio or phone to call somebody with more authority who could come into the unit and speak with us.

“Why don't you just go back to your cell?” he asked.

I answered, “I will as soon as she gives me my medicine.”

The CO picked up his radio. Instead of calling for help, he claimed I was committing a major offense: “refusal to lock in.”

As I returned to my cell and closed the automatically locking door, I told him I was doing nothing of the sort and that the nurse was trying to kill me. My hope was that whomever responded to his call would listen to me and have the nurse provide my mandatory injection of insulin.

Eventually a shift supervisor (a CO who would be unemployable anywhere else, but at SSCF is given a position of authority and cute little yellow markings on his uniform) came to my cell door. I was excited that somebody with higher status was going to speak with me.

“Turn around, put your hands behind your back, and get on your knees,” he hissed at me through the door.

I informed him that I had done nothing wrong - that the nurse was the one in violation for not providing me with the medication I need and for knowingly trying to place me in potential danger. He responded by repeating his charge. I continued maintaining my defense and added that I was a pre-trial detainee who, by law, could not be unnecessarily restrained.

He increased his voice's volume and gave his demands again, this time adding, "... or else I am going to pepper spray you.”

It was my understanding that people like me - with serious medical issues - were to never have chemical weapons used on them. I also thought no inmates - especially unconvicted ones - could face such aggression unless they were a legitimate threat. I definitely was not a threat since I was just standing there in a peaceful pose wearing only slides, shorts, and a t-shirt. Explaining all of this to him did nothing. Letting him know that he was allowing medically induced torture to happen on his watch and continuing to remind him of all the rights being violated also didn't seem to matter.

There was a crazy look in his eyes and he wore an expression on his face that showed he loved the freedom he had to be violent. I'm still not certain if he was too stupid to understand what I was saying or if he had learned from years at his job that he could do anything he wanted without consequence. I knew I better do his bidding. Right and wrong matters not when dealing with the DOC.

VERMONTJUSTJUSTICE

After reluctantly choosing to oblige to his unfounded orders, the supervisor viciously applied handcuffs to me so tightly that red marks remained on my wrist. These prison employees were intentionally harming me. A caseworker, who had given me problems in the past, giggled gleefully as she video recorded the entire event. I needed the truth to be on record, so I looked into the camera and described everything that had happened, remembering to recall all the ways I had been wronged. The super and the large man assisting in “dragging” me to the hole twisted me up, placing me in a painful stress position. The camera-holding caseworker burst into laughter. That particular position has dislocated many shoulders. The leader excused their violence by accusing me of resisting.

I shouted back that I was not resisting. In truth I was willingly walking in the same direction at the same pace as the ones pulling me. My verbal objections did not cease until we reached the cell. I illustrated that I could not be placed in segregation before getting a hearing. The boss told me my hearing wouldn't happen until several days later.

They forced me to the floor at the back of an unclean cell in the hole. In a clear case of sexual harassment, I was ordered to remove my clothes and do dehumanizing, humiliating things. What the master made me do while nude went way beyond the standard procedures for a strip search. I was left feeling violated and victimized. The voyeuristic supervising CO told me to not cover myself or get dressed until after they left the cell.

It wasn't until nearly 12 hours later that I received my only roll of toilet paper. The cell had a tiny mattress on a cement slab on the floor; a sink which barely produced its dirty water; and a toilet that didn't flush. The DOC staff gave me two blankets, a couple tattered books, one pair of underwear, one pair of socks, and nothing else. They claimed they had no other items of mine. They also mentioned that I was stuck in the hole for “disciplinary reasons.”

In the early evening on the day I was brought to the hole my blood sugar measured nearly three times higher than the maximum desired level. This proved that I was correct when arguing about my need for insulin earlier. Imagine drowning and seeing people standing in the boat with lifesavers doing nothing... or in my case, jumping in to hold you under.

A long time later I was finally returned to my unit. While leaving the hole a CO handed me a bagful of my clothes and hygiene items. These things were withheld from me the entire time.

The same CO who accused me of refusing to lock in was the one who went through my personal property. Hundreds of dollars worth of my items were gone when it was returned to me well after getting back to my unit. Included in the large list of lost items was my folder that held everything for my civil case against them. All of the legal paperwork had been disorganized and strewn about. Days later some of my personal literature was returned to me by an inmate who found it in other parts of the prison. A lot of my personal property has still not been recovered to this day.

One DOC staff member (in the minority for viewing and treating us as human beings) acknowledged that all of the actions against me were improper - if not evil. This person also informed me that everything harmful and unjust they were doing to me was directly related to my lawsuit.

VERMONTJUSTJUSTICE

I kept filling out and submitting grievances and internal paperwork in favor of human rights and much needed change. Shortly after I named multiple friends in the unit as witnesses on my behalf, they moved me to another block where I had no allies. The staff then placed me in a cell with a man rumored to have attacked previous roommates. He was someone detained on alleged attempted murder charges and facing a life sentence. Luckily, we immediately connected and became good friends. Their plans continue to backfire.

Normally, when people get to know me they recognize that I am a great guy undeserving of hurt and maltreatment. The sad reality is that I am much safer under the care of crazed and violent convicts than I have ever been while relying on the DOC and prison medical staff with their admitted vendetta against me.

The messages the ones with power have for me and the rest of us are undeniable: There are harsh consequences for anyone who stands up for themselves or prisoners' rights; anybody who does anything to bring change or to correct the immorality and injustice prevalent in the system. As the Deputy Commissioner stated, and as we all better understand, while in VT DOC custody, we "have no rights."

The civil case I've built against them is still pending in federal court. It is no longer just about me getting an insulin pump. This has turned into a multi-million dollar lawsuit and the demand for accountability and everlasting, positive change. Ideally, my case will help all the people who suffer under the VT DOC and their corrupt, criminal ways. Hopefully the court will decide in favor of the underdogs and grant relief to all of us who are forced to endure agony and torment; right now and in the future.

This case has gone as far as the United Nations in Geneva; who has been called on to investigate. I am representing myself in this; attempting to battle and bring down some of the state's top authorities with their high-powered attorneys. I have no lawyer or counsel. I am working alone with limited resources, using a pad of paper and a pen from a tiny jail cell. The agents on the opposing side have tried to bully me into backing down. So far they've used unwarranted delays; motions full of type-written legal jargon and false facts; and even a sworn statement by a DOC staff person which I was able to prove perjurious.

My vision is for real justice to be served and a difference to be made here that substantially affects our entire country. I will never give up the fight. I won't stop until all of the powerful pay... until we see the rights restored and lives improved of those who have been tragically cast away and forgotten. My only prayer is that I can win this war before our adversaries kill me.