


Rikers: Where Mental Illness Meets Brutality in Jail

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After being arrested on a misdemeanor charge following a family dispute last year, Jose Bautista was unable to post \$250 bail and ended up in a jail cell on Rikers Island.

A few days later, he tore his underwear, looped it around his neck and tried to hang himself from the cell's highest bar. Four correction officers rushed in and cut him down. But instead of notifying medical personnel, they handcuffed Mr. Bautista, forced him to lie face down on the cell floor and began punching him with such force, according to New York City investigators, that he suffered a perforated bowel and needed emergency surgery.

Just a few weeks earlier, Andre Lane was locked in solitary confinement in a Rikers cellblock reserved for inmates with mental illnesses when he became angry at the guards for not giving him his dinner and splashed them with either water or urine. Correction officers handcuffed him to a gurney and transported him to a clinic examination room beyond the range of video cameras where, witnesses say, several guards beat him as members of the medical staff begged for them to stop. The next morning, the walls and cabinets of the examination room were still stained with Mr. Lane's blood.

The assaults on Mr. Bautista and Mr. Lane were not isolated episodes. Brutal attacks by correction officers on inmates — particularly those with mental health issues — are common occurrences inside Rikers, the country's second-largest jail, a four-month investigation by The New York Times found.

Reports of such abuses have seldom reached the outside world, even as alarm has grown this year over conditions at the sprawling jail complex. A dearth of whistle-blowers, coupled with the reluctance of the city's Department of Correction to acknowledge the problem and the fact that guards are rarely punished, has kept the full extent of the violence hidden from public view.

But The Times uncovered details on scores of assaults through interviews with current and former inmates, correction officers and mental health clinicians at the jail, and by reviewing hundreds of pages of legal, investigative and jail records. Among the documents obtained by The Times was a secret internal study completed this year by the city's Department of Health and Mental Hygiene, which handles medical care at Rikers, on violence by officers. The report helps lay bare the culture of brutality on the island and makes clear that it is inmates with mental illnesses who absorb the overwhelming brunt of the violence.

The study, which the health department refused to release under the state’s Freedom of Information Law, found that over an 11-month period last year, 129 inmates suffered “serious injuries” — ones beyond the capacity of doctors at the jail’s clinics to treat — in altercations with correction department staff members.

The report cataloged in exacting detail the severity of injuries suffered by inmates: fractures, wounds requiring stitches, head injuries and the like. But it also explored who the victims were. Most significantly, 77 percent of the seriously injured inmates had received a mental illness diagnosis.

Covering Jan. 1, 2013, to Nov. 30, 2013, the report included no names and had little by way of details about specific cases. But The Times was able to obtain specific information on all 129 cases and used it to take an in-depth look at 24 of the most serious incidents, including Mr. Bautista’s and Mr. Lane’s. The Times also examined numerous other attacks on inmates by jail employees uncovered independently of the report.

Image



Rikers Island is the second-largest jail in the United States. Of the 11,000 inmates there, about 4,000 have mental illnesses. Credit...Hiroko Masuike/The New York Times

What emerges is a damning portrait of guards on Rikers Island, who are poorly equipped to deal with mental illness and instead repeatedly respond with overwhelming force to even minor provocations.

The report notes that health department staff members interviewed 80 of the 129 inmates after their altercations with correction officers. In 80 percent of the cases, inmates reported being beaten after they were handcuffed.

The study also contained hints of efforts to cover up the assaults. More than half of the inmates reported facing “interference or intimidation” from correction officers while seeking treatment after an altercation.

In five of the 129 cases, the beatings followed suicide attempts.

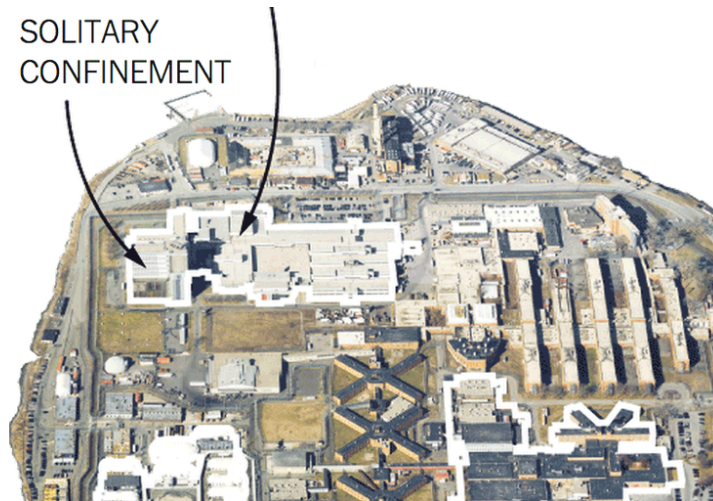
Many of the cases were similar to Mr. Bautista’s and Mr. Lane’s, in which several guards ganged up on a single inmate. At times, a slight aimed at a correction officer set off a chain of events that ended savagely.

While it was often hard to know what precipitated the altercation or who was at fault, the severity of the inmates’ injuries makes it clear that Rikers guards regularly failed to meet basic professional standards.

Even so, none of the officers involved in the 129 cases have been prosecuted at this point, according to information from the Bronx district attorney’s office. None have been brought up on formal administrative charges in connection to the cases so far either, though that process can sometimes be lengthy, and the Correction Department does not comment on pending investigations.

The assaults took place as guards have been struggling to contain surging violence at Rikers. The number of fights between inmates has increased year by year since at least 2009, according to Correction Department data. Assaults on correction officers and civilian staff members have also risen.

The growing numbers of mentally unstable inmates, with issues like depression, schizophrenia and bipolar disorder, are a major factor in the violence. Rikers now has about as many people with mental illnesses — roughly 4,000 of the 11,000 inmates — as all 24 psychiatric hospitals in New York State combined. They make up nearly 40 percent of the jail population, up from about 20 percent eight years ago.



A Year of Brutal Violence

There has been a surge in assaults by correction officers against inmates at Rikers Island. An internal study found 129 serious injuries caused by guards over 11 months of 2013. Inmates with mental illness make up nearly 40 percent of the roughly 11,000 inmates and suffered more than three-quarters of the injuries in the study.

The jail is not equipped for them. Inmates are housed on cellblocks supervised by uniformed men and women who are often poorly trained to deal with mental illness, and rely on pepper spray, take-down holds and fists to subdue them.

At Rikers, inmates with mental health problems are especially vulnerable, often the weakest in a kind of war of all against all, preyed upon by correction officers and other inmates. The prolonged isolation, extremes of hot and cold temperatures, interminable stretches of monotony punctuated by flashes of explosive violence can throw even the most mentally sound off balance and quickly overcome those whose mental grip is already tenuous.

Surrounded and overwhelmed, some withdraw into themselves. Others lash out. Almost daily, correction officers and civilian staff members are splashed with urine and other bodily fluids. And sometimes they are attacked. This year, two interns working in mental health units were assaulted. One suffered a broken nose, eye socket and jaw.

Inmates with mental illnesses commit two-thirds of the infractions in the jail, and they commit an overwhelming majority of assaults on jail staff members.

Yet, by law, they cannot be medicated involuntarily at the jail, and hospitals often refuse to accept them unless they harm themselves or others.

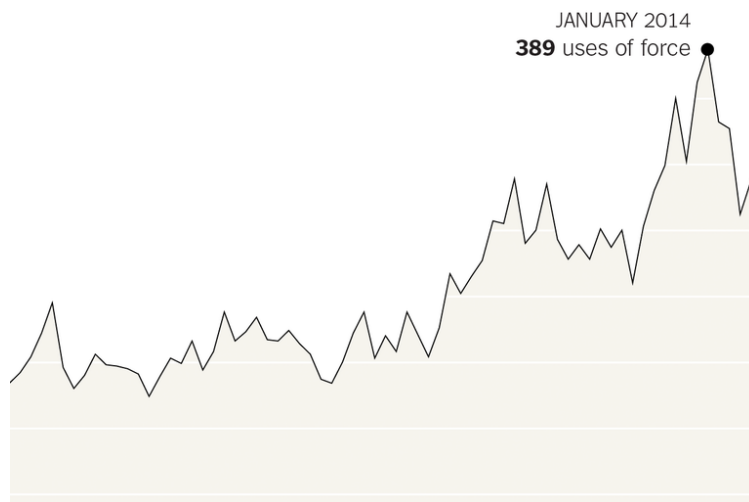
Shakima Smith-White drew a sharp contrast between how her son Michael Megginson, who has bipolar disorder, was treated during the three years he was committed to state psychiatric hospitals and the year he has spent at Rikers after being jailed on a robbery

charge. “The hospital gave him a shot in his backside to knock him out, and then put him in a padded room for a few hours until he was calm,” she said.

At the jail, on Oct. 8, after a violent encounter with guards, he was found by clinicians curled up on the concrete floor of a holding cell, his wrist fractured, an eye swollen shut and bruises all over his body.

The violence continues to worsen, even as Mayor Bill de Blasio and his new reform-minded correction commissioner have vowed to bring Rikers Island under control. Correction officers used force on inmates 1,927 times in the first six months of 2014, an increase of more than one-third compared with the same period last year, according to Correction Department data. Use of force by officers is up nearly 90 percent over the last five years, even as the jail population has declined.

“There’s lots of brutality,” said Daniel Selling, who, until two months ago, was the director of the jail’s mental health services. “Horrible brutality.”



Rising Violence

Rikers Island correction officers used force on inmates twice as many times in the past 12 months as they did five years before, even as the jail population declined.

Four Guards, One Inmate

Conditions inside Rikers have rarely been a priority for city officials, but several recent episodes involving mentally disturbed inmates have heightened scrutiny of the jail complex and spurred calls for change. In February, a mentally ill homeless veteran died after the temperature in his cell reached more than 100 degrees. A month later, federal authorities indicted a correction officer on charges of violating the civil rights of an inmate with schizophrenia who swallowed toxic detergent and died, despite begging for medical attention for hours.

Those cases, however, reflected indifference and neglect. What the health department study documented was different: It showed that violence committed by guards against inmates is pervasive and routine.

Among the 129 inmates the study was based on, 45 had to be transported off the island to the emergency rooms of local hospitals for treatment. The rest were referred to an emergency service on the island.

Correction Department regulations say that a blow to the face or head should be the last resort when restraining an inmate. But that is exactly where inmates were injured in 73 percent of the violent encounters with officers. Just over a third of the assaults resulted in broken bones; more than 40 percent led to cuts that required stitches.

In August, Carlos Gonzalez, who suffered from depression and schizophrenia, was holding hands with his fiancée in a visiting area when a guard told him to let go. The guard threw him against a wall and told him to apologize for continuing to hold on, according to a Legal Aid Society complaint. In Mr. Gonzalez's version of the events, he said he was sorry, but the guard told him to say it louder. When Mr. Gonzalez, who was arrested for violating an order of protection, refused, he said two guards punched him in the face. Mr. Gonzalez's eardrum was ruptured, and he was so bloodied the guards made him change into a clean jumpsuit before he was taken to a clinic and later to Elmhurst Hospital Center.

In Brian Mack's case, guards were allegedly settling a score. Mr. Mack, 57, who has been convicted of grand larceny, told investigators and health officials that he was assaulted in May 2013 by a captain and another officer after the captain challenged him over complaints he made about guards stealing inmates' food. The captain struck him in the eye with his radio and the officer punched him in his jaw, Mr. Mack told investigators from the correction board.

Medical workers later reported that he had sustained "serious head trauma," including a broken jaw and eye socket. Correction Department officials claimed Mr. Mack's injuries came from a fight with other inmates, but board investigators could find no record of such a fight in the department's log books.

Image



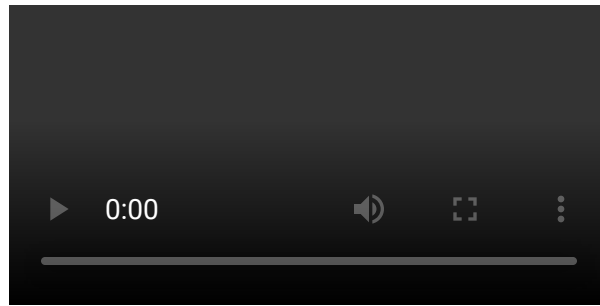
Tamel Dixon, left, and Brian Mack.

In many of the cases examined by The Times, the guards' responses seemed to grossly outweigh the perceived offense. The altercation involving Mr. Bautista early last year is especially puzzling.

After the four guards cut him down from his makeshift noose, he lay prone on the floor of the cell for nearly a minute but then suddenly stood up. Later Mr. Bautista, then 37 and a married father of five who made a living as a house painter and dishwasher, told investigators he did not know why he stood, except that he was confused.

At 5-foot-5, he is significantly smaller than the guards. Whether the four standing over him were startled, scared or angry is hard to know since the surveillance camera that caught much of what happened was unable to pick up sound. But this was the moment when they began wrestling with him and dragging him around the cell.

Video
00:00
2:17



Footage of Inmate Beating at Rikers
2:17

When Jose Bautista tried to hang himself while he was incarcerated, officers at Rikers responded with force.

Later, investigators from four city agencies — the Board of Correction, the Department of Correction, the health department and the office of the medical examiner — watched the video, and all reached the same conclusion. “It can be clearly seen that officers are punching this inmate,” wrote Kenneth Armstead of the Correction Board, which monitors conditions at Rikers and investigates serious incidents.

The pain was unbearable, said Mr. Bautista, who was later told he had depression.

“I felt all the strength going out of my legs and couldn’t stand up anymore,” he said in an interview. “My stomach felt really hot.”

Jail rules called for him to be transported to the clinic by gurney, but the officers half-walked, half-dragged him there.

Feces from the perforated bowel were leaching into his abdomen. “My stomach was swelling,” Mr. Bautista said.

In a few hours, he said, he was put into a van and thought he was going to the hospital, but instead was driven around and returned to the clinic.

There is a charade at Rikers, widely known by jail employees and jokingly referred to by some as “bus therapy” — where guards will load an inmate they do not want around into a van and drive him in circles.

This may have been what happened to Mr. Bautista. The jail log had him leaving the clinic at 5:45 p.m. on Jan. 11 and being admitted to Elmhurst Hospital Center at 2:47 a.m. on Jan. 12, according to investigators.

It is a 15-minute drive.

Mr. Bautista said it was past midnight when a second van ride took him to the hospital.

When he reached the emergency room, he asked to call his wife but was told by doctors there was no time: He was in danger of dying.

In the written account that the four officers filed within an hour of the incident, none reported being injured.

They described what happened as routine, that they had used standard body holds, “guided” him to the floor, applied flex-cuffs, “assisted Bautista to his feet,” and escorted him to the clinic.

That likely would have ended it, except that two weeks later, the board investigator was paging through a stack of injury reports when he noticed No. 828, Mr. Bautista’s case. Written across the bottom were the words “small bowel perforation” and “sent out via E.M.S. for a life-threatening emergency.”

Investigators from the Correction Department interviewed nine witnesses, repeatedly reviewed the video and concluded that Officer Kevin Barnaby had punched Mr. Bautista several times in the side.

Officer Barnaby denied this. He told investigators that it was Mr. Bautista who had started the fight by “rolling around squirming and attempting to bite” them. He said what looked like punches was him “trying to get Bautista’s hands out to be cuffed.”

In February, investigators recommended filing administrative charges against Mr. Barnaby, writing that besides using excessive force, he had filed a false report and given false testimony.

They were overruled. Two deputy commissioners in the Correction Department, Florence Finkle and Thomas Bergdall, determined that notwithstanding the serious injury, the force used was not excessive and did not violate the department’s policies, a spokesman said. They concluded, according to a department report, that Officer Barnaby “might have actually believed he was trying to grab Bautista’s arms out from under him.” The city’s Department of Investigation and the United States attorney’s office both reviewed the case and decided not to bring criminal charges.

In the end, the only person punished for the altercation was Mr. Bautista, who received an infraction for “physically resisting staff.”

He spent about a week in the hospital and then was released from Rikers. His misdemeanor charge was dropped soon after, and he has filed a lawsuit against the Correction Department. From the surgery, he has a foot-long scar down his stomach, which, he says, still causes him pain if the weather is bad or if he turns too quickly.

Image



Jose Bautista has a foot-long scar from emergency surgery after guards punched him with such force, according to investigators, that he suffered a perforated bowel. Credit...Richard Perry/The New York Times

A Promise of Change

Rikers is far from alone as a correctional institution struggling with an influx of inmates with mental illnesses. According to some studies, correctional facilities now hold 95 percent of all institutionalized people with mental illnesses.

Some jails have learned to cope. In San Francisco, for instance, officers are taught to use “verbal judo”— tactics to talk an inmate down in order to de-escalate a crisis — and to ignore an inmate’s taunts if that is what it takes to keep peace.

In New York, by contrast, guards’ responses sometimes look more like street justice.

At a recent City Council hearing about problems at Rikers, Joseph Ponte, who took over as the city’s correction commissioner in April, acknowledged the department he inherited was “deeply troubled.”

He came to New York with a reputation as a reformer after spending three years as the correction commissioner in Maine, where he reduced the use of solitary confinement and overhauled mental health care in the state prison system.

Image



The correction commissioner, Joseph Ponte, left. Credit... Jake Naughton/The New York Times

Taming the violence at Rikers will not be so easy.

In an interview about The Times's findings, Mr. Ponte acknowledged that Rikers was in need of change to "really bring it into the 21st century."

He said policies governing when correction officers can use force were outdated and would be rewritten by the fall. Rookie officers, who have almost no on-the-job training after the academy, often did not know when to use force and how to de-escalate confrontations rather than use violence, he said. The new budget included funding for 12 new training captains to help mentor rookie officers going forward. The department also plans to increase the number of security cameras, which have been shown to reduce violence. They currently cover 42 percent of the jail space where officers interact, according to the Department of Correction.

Mr. Ponte said it was a minority of correction officers who engaged in brutal behavior.

"We really don't have a culture of violence," he said. "We have problems and we're working to address those."

Mr. Ponte has devoted particular attention to mental health in his first few months in New York, promising to work closely with the health department in changing Rikers.

He appears to have strong backing from the mayor, who appropriated \$32 million in the new budget for mental health programs and more correction officers. At a Board of Correction meeting last Tuesday, Mr. Ponte said he planned to use some of that funding for staffing 370 new units to house the jail's most violent inmates, including 120 who have mental illnesses.

In June, Mr. de Blasio also created a task force to study ways to improve care for people with mental illnesses cycling in and out of the criminal justice system.

Jail staff members complain they do not have the tools to properly care for inmates with mental health problems. Health privacy laws prevent uniformed officers from getting information they could use to better do their jobs, including knowing whether an inmate is taking his medication.

Mental health clinicians are unable to involuntarily medicate inmates who go off medication and often do not have access to the full range of drugs available outside the jail. Many clinicians complain that they are working in a setting that is controlled by correction officials who do not understand mental illness.

In January, the Department of Correction announced it was ending the use of solitary confinement for the inmates classified as "seriously mentally ill," because it can exacerbate their conditions, and instead would provide them with more therapy. But the definition of "seriously mentally ill" includes only a small percentage of inmates who have received particular diagnoses, like schizophrenia or bipolar disorder, and meet certain criteria relating to their condition. A vast majority of inmates with mental health issues, even significant ones, can still be sent to solitary and make up more than half of the inmates in those cellblocks.

Under Mr. Ponte, the Correction Department recently moved to ensure its officers received more mental health training at the Correction Academy, adding an additional eight hours to the 38.5 hours trainees previously received.

Even so, it is clear from interviews that many guards harbor a deep skepticism for the purported mental health conditions of inmates.

"About half are faking it," said one officer, who has worked on a mental observation unit most of his 10 years at Rikers and asked that his name not be used because he was not authorized to speak to the news media.

There is little chance for significant change at Rikers without the correction officers' union on board, and Norman Seabrook, its president, has made it very clear that he is not. He has accused the health department of undermining security at the jail with its efforts to curtail the use of solitary confinement and divert more inmates to therapy.

Image



Norman Seabrook, head of the Correction Officers' Benevolent Association. Credit... Hiroko Masuike/The New York Times

For 19 years, Mr. Seabrook has headed the Correction Officers' Benevolent Association, becoming one of the most powerful labor leaders in the state and exerting a control over the 9,000 rank-and-file members in a way that is rare today.

In an interview, he said he tried to instruct his members to use force judiciously.

"Do I have a correction officer here or there that goes over and beyond? I'm not going to say that I don't," he said. "That's just like having a police officer that fires 41 shots."

But he said that for every violent guard, there are those who are victims of attacks by inmates. Correction officers go to the hospital with injuries every day, he said.

"What about the officer that has a broken eye socket?" Mr. Seabrook said. "What about the officer that has a concussion? What about the officer that has their finger bitten off from these same individuals that people want to talk about as so so innocent?"

Tensions over how to handle inmates with mental illnesses surfaced recently while Mr. Ponte, Mr. Seabrook and Dr. Mary Travis Bassett, the health commissioner, were touring the Central Punitive Segregation Unit at Rikers. Inmates there are locked in solitary for 23 hours a day. As health officials were explaining the screening process that is supposed to be used before an inmate with a mental illness is placed in segregation, Mr. Seabrook erupted, according to two people who were there.

He asked Dr. Bassett how she would feel if his officers suddenly disappeared from the cellblock, leaving her alone with 100 vicious inmates — and then he answered his own question.

You'd be soiling your pants, he told her. (His words were more graphic.)

"This jail belongs to us," Mr. Seabrook yelled. "It does not belong to the department of mental health."

Anger on Both Sides of Bars

Whether correction officials should be able to send troublesome inmates with mental illnesses to solitary confinement and how long they should be confined there is one of the thorniest issues facing correction officials, not just in New York but across the country.

Studies have made clear that prolonged isolation can have a devastating effect on those with psychiatric issues, but even mental health workers at Rikers have fretted over the recent scaling back of the use of solitary at the jail, worrying dangerous inmates will be able to operate with impunity.

What is clear from the health department study is that assaults on inmates in the solitary confinement units are especially common, accounting for nearly a third of the serious injuries. Inmates there are so desperate to be let out of the cell that some will pound on their doors, scream, even cut themselves in hopes of getting a meeting with a social worker and an hour out of their cells.

A lot of the guards are not happy about being there, either. Several interviewed said they worked at Rikers because it pays a good union wage with pension benefits. When asked about the job itself, repeatedly the answer was, "I hate it."

That can make for a lot of angry people in very tight quarters.

In March 2013, Luis Rosario got into a verbal back-and-forth with two officers and a captain in a solitary confinement unit for inmates with mental illnesses. After dragging him from his cell, one officer held him by his handcuffs and the other beat him, while their captain looked on, according to a complaint he filed with Correction Department investigators. The bones in Mr. Rosario's face were so badly broken he needed his jaw wired shut.

Correction officers are supposed to show restraint, but in a place that has been growing more violent by the year, a code of behavior based on an eye for an eye appears to have taken hold.

This was the case on the night of Dec. 17, 2012, when an inmate flooded Cellblock 13B, a solitary confinement unit in the George R. Verno Center at Rikers. Dinner was delayed, and inmates were told there might not be any dinner; vicious threats were exchanged between

inmates and guards.

Correction officers removed two inmates, Tamel Dixon, 20, and Mr. Lane, 24, from their cells. Mr. Dixon, who had been arrested on charges of stealing cellphones, was dragged out first.

Officer Lameen Barnes prepared the official incident report that night on what happened to Mr. Dixon, writing that he had tried to throw an “unknown liquid substance” at the officers, and in response, they had searched his cell for contraband. When they entered, the report said, Mr. Dixon refused to come out, insulted them and would not follow their orders. He was restrained and handcuffed to a gurney.

“Once on his feet, inmate Dixon was eventually escorted to the main clinic for medical examination without any further incident of force used,” Mr. Barnes wrote.

That is nothing like what actually happened, according to accounts from three people who were there. Two requested anonymity because they said they feared retaliation from officers as well as their employer, Corizon, which has a contract with the city to provide health care at the jail. For the third witness, The Times was provided a copy of the clinician’s email to superiors about the incident, on the condition that the sender’s name be withheld.

According to their accounts, a group of correction officers wheeled Mr. Dixon into an examination area without a security camera. “Don’t leave me,” he kept yelling to the medics and social workers. “They’re going to kill me.”

About a half-dozen guards were crowded around the gurney, and one kept punching Mr. Dixon in the head.

Next, the correction officers brought in Mr. Lane, who had also splashed guards with a liquid. Mr. Lane was known as a disruptive inmate. He had been in and out of Rikers, and much of his most recent stint had been spent in solitary confinement. Born to a mother who was a crack addict, he spent most of his time growing up in foster homes and had a lengthy history of mental health problems, with diagnoses for schizophrenia, bipolar disorder, depression and attention deficit disorder.

“They punched me in the face and they kept punching me and punching me and punching me,” Mr. Lane recalled in an interview at Elmira Correctional Facility, where he recently completed a two-year sentence for a credit card theft conviction.

Two captains, Budnarine Behari and Rod Marcel, oversaw the guards in the beatings, the clinic workers who were there said.

“This one much worse and longer,” the email from the clinician said. “Staff members were visibly upset and some said they were sick to their stomachs.”

When staff members pleaded with them to stop, Captain Behari asked how they would feel if they had been splashed with urine, witnesses said.

Captain Behari was involved in another beating eight months earlier in which an inmate's jaw and nose were broken. Administrative charges were brought against him but the verdict is still pending, more than two years later. A spokesman for the Bronx district attorney's office said it was investigating the captains in the clinic case. But three witnesses told The Times they have not talked to anyone from the prosecutor's office in a year.

Patrick Ferraiuolo, president of the captains' union at Rikers, said both captains were placed on modified duty seven months after the clinic incident, collecting full pay, but assigned to jobs that did not involve contact with inmates. Neither of the captains had been interviewed by prosecutors, he said, because they had acted appropriately.

In the clinic that night, Mr. Lane said, Captain Marcel kept yelling, "Stop resisting."

"How can I be resisting when I'm cuffed to the gurney?" Mr. Lane said.

"One officer took a knuckle brace and put it on his hands, just started hitting me, boom, boom," he said. "My head started leaking blood, and that's when I started getting dizzy and dizzy and dizzy," he said, adding that he eventually passed out.

When he came to, he said, "I'm bloodied up, my teeth is all bloody, my mouth is all bloody. I got blood all down my throat."

The next morning, when the day shift arrived, there was still blood splattered around examination room No. 6.