GOVERNMENT OF THE DISTRICT OF COLUMBIA
CORRECTIONS INFORMATION COUNCIL

Harold S. Russell, Chair
Chester Hart
Ginny Spevak

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Inspection of the District of Columbia Central Detention Facility

The District of Columbia Corrections Information Council ("CIC") inspected the D.C. Department of Corrections Central Detention Facility ("CDF" or "Jail") at 1901 D Street, S.E., in Washington, D.C. on July 22, 23, and August 1, 2002. The CIC's report follows:

Background
The CDF, built in 1976, functions as the main jail for The District of Columbia. Accordingly, inmates awaiting trial, convicted inmates awaiting sentencing, sentenced felons awaiting transfer to federal facilities or in D.C. awaiting local hearings, and misdemeanants serving sentences are all in this facility. In addition, felons who have violated parole are held awaiting further disposition by the Parole Commission or the courts. The Jail uses the Central Treatment Facility ("CTF") as an overflow facility. Intake and release of all inmates transferred to CTF is done through the Jail. If all cells were double bunked the Jail would hold 2400. A court-ordered cap was recently lifted. The building shows many signs of its age and much needed renovations are in process.

Inspection
The CIC encountered much red tape in arranging for a visit to the Jail. However, once arrangements were made, we were accommodated, shown all areas requested and allowed time to speak with anyone we wished, staff or inmates, during the inspection. It was necessary to work around previous commitments of some CDF personnel and they showed some flexibility when CIC needed it. Our escort during most of our visit has a long history at the DC Department of Corrections, and was very helpful.

The inmate count for July 22, was 1966 males and 114 females. Sixteen youth (all male, capacity 20) were among the day’s count. On the psychiatric unit, S3, there were 45 males and 13 females. Most women remain at the Jail for a very short period of time. All pregnant women are transferred to CTF “because they used to have a gynecologist.” There is a huge amount of movement. Staff reported that on an average day about 150 inmates go to court; on a bad day, 300. The CIC met with health professionals, Counselors, Case Managers, personnel in Records, officers on the units and inmates.

The Health Services Unit - We spoke mainly with the Deputy Medical Director and the Infectious Disease Coordinator. There are seven physicians on the day shift and 24-hour physician coverage. Nurses do daily sick calls on each block. The most common medical conditions are hypertension and diabetes, frequently together. About 6-7% of the
inmates are HIV positive. The HIV medications reported to us appear to match guidelines. About 80-90 people came in new onto the chronic care list the week we visited. All medical records are on computer. Medicines are provided through community-based sources. The Jail has its own pharmacy.

It is difficult to strike a balance between guarding against inmate misuse of the sick call system and tending to all needs. We saw one unit where several inmates reported infections (we saw two of them) and reported that no one would look at the overall situation and that they only received band-aids. The personnel we spoke with said they were unaware of the situation and said inmates should tell them. The inmates told us they had. Those with active TB are sent immediately to CTF or a community hospital for treatment. Attempts are made for TB education.

A drug treatment program, Safety Net, is available under a Federal grant with connections with APRA and Harbor Lights. Most inmates are court ordered to participate; voluntary requests are accepted but not until inmates have 90 days left before release, and there is a long waiting list. The program is self-contained in the Jail and has just moved so only two tiers (about 70 people) can participate. They hope to have four areas available and thus be able to accommodate about 120 when the area is finished. Other programs include: street law, culinary, painting, plumbing, and environmental services. There are no education courses.

Procedures when leaving:
1. To BOP - They reported that BOP doesn’t want medical records, just a 533 clearance sheet and what major problems and medicines the person is on. This does not match what we recall from speaking with the medical unit at Petersburg, and should be checked. There was a conflict between what we were told by different staff members about what was sent to BOP in the way of medical records. We were told that they were sending whole medical jackets with the federal form on top and the institution file; however, they indicated some marshals may just take the medications if they have just 1-2 individuals.
2. To Home - Inmates are sent with two weeks supply of medicine.
3. Half-way house or inpatient drug treatment program - Inmates are sent with a four week supply of medicine. The Jail does medications for half-way houses via a nurse practitioner.

The CIC noticed a high noise level in all units. Juveniles are held with no privileges and no access to self-improvement programs or church. The Juvenile unit was filthy.

Special Management Units - S1 is a totally restricted unit. A staff member commented that many find it tougher then CB3 was at Lorton’s Maximum facility. We were told that NE1 is less restricted and four inmates at a time are allowed to go to recreation.

Case Managers have recently been moved onto the units. In addition there are now six correctional counselors consisting of lieutenants out of uniform who assist with sanitation, environmental and record problems, and legal calls. Both staff and inmates report this has solved many problems.
Women reported no problems with obtaining hygiene supplies or overall treatment except for a single officer on one shift who was "really mean". Our escort confirmed that this was a really bad situation and unfortunately not a quick one to solve. In contrast, the women applauded one officer who was clearly doing a good job and showed respect for them. Women were particularly hurt by the lack of work opportunities because they are able to work only on their own unit.

Conclusions and Recommendations

Improvements noted - There has been recent painting, and there are new, clear signs as you step off the elevators. The all-new laundry room is inmate run and has helped make a major improvement in the clothing situation. Some concern was expressed that because of the schedule, clothes for some of the inmates are washed just before outside recreation, making for smelly clothes for much of the week. Inmates and staff reported that adequate clothing, soap, and room-cleaning supplies are now usually available and that the shower situation has improved markedly; however, some showers still are too hot. Inmates are generally getting the clothes which they need, although one staff person told us inmates get two sets of underwear and another said it was three sets upon admission; occasionally there is a short wait for replacement after three months. Recreation facilities have been improved.

Records - There have been persistent problems with record keeping at the Jail. The new system, which is intended to be less fragmented, seems to be a reasonable approach. However, it is too new to evaluate. The discrepancies in beliefs about what medical information is wanted and needed by BOP and what is actually sent needs to be resolved and coordinated.

Kitchen - Substantial funds need to be dedicated to renovating or modernizing the kitchen. One member of CIC visited the kitchen shortly after a meal a few days after it had passed an official inspection. The overall facility could be described as decrepit: the floor was in such bad condition that it is nearly impossible to clean adequately, there was some kind of a plumbing back up, which the workers were dealing with in what appeared to be a routine fashion, and the ceiling was in poor shape. The layout appeared not to be encouraging of efficient work.

Food - We heard many complaints about the quality of the food and a few about the quantity. From our observations and discussions with staff the complaints appear to be justified. Inmates who have been both at CTF and the Jail frequently pointed out the discrepancy in quality during our visits to both facilities. While the provider is the same (Aramak) as at CTF, the dollar allotment is less at the Jail, only $1.30 per person per day. It appears that vegetables and fruit are in short supply. The amount of money per person for the food contract should be increased.

Inmate accounts and mail - There were repeated complaints both by inmates and visitors about delays in receiving mail and receipt of credit for money orders. There were significant discrepancies between what we were told by staff about procedures to transfer inmate accounts between CTF and CDF both within and between the institutions.
Delays are usual. Several inmates complained that they haven’t received pay earned at Lorton and staff confirmed that this is a problem: all staff who could have verified earnings had been a part of the reduction in force. These issues need to be addressed so those prisoners have access to their funds in a more timely manner.

Court holding area - More than one inmate expressed concern that the holding area at the court is very cold, they don’t have coats and meals (unlike years ago) are often not held for them upon return to the Jail. This should be easy to check and might or might not be easily solved.

Visiting - The visiting center is being changed. Lockers for visitors have been moved to their logical location, outside the security check point. There were many complaints about disorganization, arbitrary enforcement of dress codes and very long waits for only 30 minute visits and that sometimes you can be processed, go to the floor and still not be able to visit. A CIC member observed no line movement for over 20 minutes. This was quite some time after the count had cleared. Clear, reasonably consistent, written visiting guidelines need to be in place and available. Guards need to be informed of what they are and trained to enforce them with some consistency. Lack of weekend visiting hours is a hardship on many working families. Weekend visiting hours should be added.

Volunteers - There appears to be room for much greater use of volunteers. Inmates’ frequent complaints of nothing to do appear to be justified. Given the high percentage of those incarcerated who have minimal education, certainly literacy, ESL and GED study help should be available to all who request it.

Religious services - Given the large amount of movement within the Jail it is difficult to work out a fair system to allow inmates to attend services. However, there were many complaints, especially among Muslims, that the lists are frequently not up to date by block or that the list was not sent up to the block and that new inmates can’t get on the list when others leave. However, day rooms are made available for prayers.

Release procedures - We were told that while prisoners are no longer released after midnight, they are held until after the last court bus arrives at around 9pm. Inmates are therefore released in their blue jumpsuits, without money, between 9pm and 12 midnight. Usually photo armbands are removed; however, inmates can keep this identification on. Some still lack identification (an immediate violation for those on parole). CIC suggests all releases be made in the morning, and that inmate funds be given to them upon release, not the day after. We think that this could be done if inmates were held until the next morning. $50.00 gratuity checks (should be cash) should be more available. Only 5-6 a week are currently issued. Bus tokens should be given to all releasees upon request. The jail should have an inventory of donated clothing, which could be given to prisoners upon release. All D.C. inmates who are released should have proper ID upon release, unless they have none upon entry and are there such a sort time that it is impossible to obtain.

Case Managers - The Jail is short (below ACA standards) 3 case managers. The so-called release plans are meaningless. They just verify the future residence and proposed
employment of the inmate in a pro forma way. No real help is given. If the cycle of recidivism is to be impacted it is essential to get the Case Managers to do something useful. Case Managers should make every effort to find employment, and housing and supply full documentation for inmates upon release. They should be evaluated on the basis of their ability to obtain these for each person released. Private agencies could be utilized for this purpose.

Library - The library lacked the latest supplement of the DC Code. Other references were also not up to date. When it doesn’t have information people are referred to the Public Defender’s Law Library. There is no general reading library. We don’t see why the Jail can’t receive donated books and have a real library. It appeared that the trustees who worked in the library were very helpful to other inmates. Inmates appear to have reasonable access to copies of legal material and computers for word processing.

The Disciplinary System – The disciplinary system generally appears to work adequately.

Drug Treatment - There is a long waiting list for drug treatment. It should be available to all who request it.

Noise Levels - As the jail facilities are updated, steps should be taken to suppress the noise level in all units.

Telephone charges – CIC has received many complaints about excessive telephone charges. This issue should be investigated and corrected if warranted.