

# DELAWARE COUNTY COALITION FOR PRISON REFORM

## Proposed Enhancements to George W. Hill Correctional Facility during the Return to Public Management

### Introduction

The Delaware County Jail Oversight Board has announced its intention to return the George W. Hill Correctional Facility to public management after decades of privatized operation. In so doing, the Delaware County Coalition for Prison reform believes there are many areas of operation which can be improved. While we understand that the jail is largely comparable to most of the larger county jails in most respects, years of fielding complaints, tracking incidents and organizing around county-level incarceration has helped us see ways in which the Hill facility can be improved.

We begin with an acknowledgment that the Hill facility has been accredited by multiple organizations and agencies, and also that these accreditations and certifications come with certain limitations. Many are simply a matter of “checking the boxes” (PREA<sup>1</sup>), many are the result of visits/inspections/tours which are scheduled well in advance (ACA<sup>2</sup>, DOC<sup>3</sup>), and many are based entirely on reviews of records or self-reporting only (Phoenix). There also can be a very wide gap between policy and practice.

According to statistics provided to the PA Department of Corrections in 2018<sup>4</sup>, the jail consists of 1677 cell beds and zero dorm-style beds. The average daily population was 1770, (although that number is significantly lower during the current pandemic.) On average, 1255 people were in pre-sentence status. The rest were either serving county sentences or awaiting transfer to state prison. The demographics were 1476 male, 250 female, 654 white, 987 black, 63 Hispanic, and 22 others. Five were under the age of eighteen (juveniles), 59 were between ages 18 and 19, and 252 were between ages 20 and 24, meaning about seventeen percent (17%) would be considered young adults. 1310 were between the ages of 25 and 54, and 100 were age 55 or older. The average daily number housed in work-release was ten. There were 9564 admissions and 9632 discharges, which represents more than a fivefold turnover throughout the year. The staff has 321 for security (officers), 67 for treatment and 47 others.

From these, we must recognize that the vast majority of the adults and teenagers held there will eventually go home from there, with an average stay of 42 days<sup>5</sup>, but this simple statistic must not be used to argue against improvements. Truly, we must admit that the residents are essentially idle 24/7 with little more than TV and “recreation” to occupy some or most of their time. We must recognize that the men and women rarely leave their pod.

The overarching goal is both simple and popular: to help each person leave the facility better than they entered. This begins with improving the quality of life inside the fences. It’s more than just filling idle time; it must include making people feel useful, perhaps earning some money or privileges, experiencing a new and constructive environment, and even exposing them to new skill sets. In essence we’re trying to start each person on the path to successful re-entry.

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<sup>1</sup> <https://www.prearesourcecenter.org/sites/default/files/library/PREA-Audit-Process-Map-Prisons-and-Jails-2020-08-03.pdf>

<sup>2</sup> [http://www.aca.org/aca\\_prod\\_imis/Docs/Standards%20and%20Accreditation/Agency%20Manual%20of%20Accreditation%20Policy%20and%20Procedure%20April%202015.pdf](http://www.aca.org/aca_prod_imis/Docs/Standards%20and%20Accreditation/Agency%20Manual%20of%20Accreditation%20Policy%20and%20Procedure%20April%202015.pdf)

<sup>3</sup> <https://www.cor.pa.gov/Facilities/CountyPrisons/Pages/Inspection-Process.aspx>

<sup>4</sup> <https://www.cor.pa.gov/Facilities/CountyPrisons/Pages/Inspection-Schedule,-Statistics-And-General-Info.aspx>

<sup>5</sup> Phoenix Management Report to the former Delaware County Board of Prison Inspectors, March 29, 2019, at 5.

In making these recommendations, we do not presume to detail how these things would be done, nor do we pretend to fully understand the financial and other resources which would be needed. We do believe, however, that these are reasonable ideas, backed by either research, practices in use elsewhere or just common sense. And while they may appear simple to many, those with a working knowledge of life inside a jail can readily attest to the value of each idea proposed below.

A crucial element which underpins every effort will be the improvement in staffing. Under GEO management, the facility was chronically understaffed. Not only did this lead to pernicious lockdowns, but staff fatigue and increased tension within the population, both of which contribute to the potential for violence. No real improvement for the prisoners can occur unless conditions improve for staff, including better pay and full staffing at all times.<sup>6</sup>

The first group of requests can be considered Quality of Life efforts. These are changes to the facility, policies and practices which promote better physical and mental health. The goal is simple: help each citizen leave the facility in better health than when they arrived. The ideas presented below are not novel and do not require major changes or even expenditures, and yet they address genuine deficiencies when measured against what we all believe is a reasonable quality of life.

### Health & Wellbeing

The most common reason for a family to contact the Pennsylvania Prison Society is inadequate health care. The problem is not unique to Delaware County or even to Pennsylvania, but this is one area where the gap between policy and practice is exceptionally wide.

- 1 The facility should eliminate the \$5 co-pay, especially when it's just a nurse for sick call. Co-pays do not really impact the cost of providing care; they just discourage prisoners from accessing care.
- 2 Better and quicker access to healthcare should be the result. It is imperative that staff take complaints seriously. Call button activations must never be ignored. Prisoners should not be dismissed and sent back to their units without a documented exam and supportable conclusions. As we learned from COVID, even a headache can be a symptom.
- 3 Along that same line, the facility must institute a policy for officers to request medical care quickly rather than ignore complaints. In medical emergencies, the primary objective must be to preserve life.<sup>7</sup> To do this, the facility should train officers as first responders, require CPR certification and provide PPE (mouth shield). The facility should also require no less than one ALS-certified person on site 24/7 and provide proper equipment, including an AED. The infirmary should meet AHA standards for cardiac arrest treatment, including staffing and equipment, as well as have rapid-access and egress path for EMS.

<sup>6</sup> See, generally, 'Simple economics': Nebraska lawmaker says higher pay can solve problems at penitentiary, Omaha World-Herald, October 25, 2019, at [https://omaha.com/state-and-regional/simple-economics-nebraska-lawmaker-says-higher-pay-can-solve-problems/article\\_e582c074-b65b-590a-83ad-f95b23e63bec.html](https://omaha.com/state-and-regional/simple-economics-nebraska-lawmaker-says-higher-pay-can-solve-problems/article_e582c074-b65b-590a-83ad-f95b23e63bec.html)

<sup>7</sup> An excellent sample policy is available from the California Department of Corrections and Rehabilitation, at <https://cchcs.ca.gov/wp-content/uploads/sites/60/HC/HCDOM-ch03-art7.1.pdf>

4

We recognize that the healthcare model is to treat the symptoms versus curing the disease, and therefore this must be established as a component of health care counseling provided to each inmate. Symptom mitigation must be as close to total as medically possible. The Inmate's anticipated release date must be considered and a physician must sign-off on this alternative.

5

Pregnant women must be identified during intake. Sadly, it has not been long since a female prisoner lost two babies in the facility. In 2017, 86 women were pregnant and 12 babies were born.<sup>8</sup> Housing unit practices must be in place, including bottom bunk / bottom tier status and meeting increased nutritional needs. Housing unit officers must know who they are for safety reasons, and the facility must provide weekly check-ups.

### Mental Healthcare

A snapshot on January 31, 2019 showed that there were 737 individuals on psychotropic meds in the facility. With an average daily population topping 1,750, this is over 40%. On the same date, GEO reported their mental health case load was ZERO. This disparity begs explanation. The mental healthcare caseload is unmanageable. In all of 2018, only 18 inmates were processed through a MH court and only 27 were hospitalized for MH reasons.<sup>9</sup> The number of suicides in recent years illustrates this horrifying aspect of GEO's management.

6

There must be a more thorough intake screening to identify what amounts to nearly 40% of the population. The on-site presence of psychiatrists to prescribe medications must increase to near full-time, and there should be full-time psychiatric nurses.

7

There should be an in-house psychologist for treatment and monitoring that is ancillary to the duties of the psychiatrist. Staff identified as counselors should have training in psychology and preferably be degreed in the field. Selected officers should be trained as mental health first responders with appropriate salary adjustment.

8

Finally, we must ensure that discipline is not used as a substitute for mental health care. Individuals who have mental health issues must be placed on a designated roster and then not to be placed in the RHU for any reason, save an immediate threat to the safety of others which cannot be otherwise mitigated. In other words, these men, women and adolescents should never be in a solitary confinement situation. There also must be close monitoring of inmates in solitary confinement for signs of decompensation.<sup>10</sup>

<sup>8</sup> Phoenix report, at 5.

<sup>9</sup> 2018 County Statistics and General Information, as reported by the PA DOC at <https://www.cor.pa.gov/Facilities/CountyPrisons/Pages/Inspection-Schedule,-Statistics-And-General-Info.aspx> Mental Health Statistics.

<sup>10</sup> See, generally, Corcoran, M.M., *Effects of solitary confinement on the wellbeing of prison inmates*, (2020) NYU Applied Psychology Opus, at [https://wp.nyu.edu/steinhardt-appsych\\_opus/effects-of-solitary-confinement-on-the-well-being-of-prison-inmates/](https://wp.nyu.edu/steinhardt-appsych_opus/effects-of-solitary-confinement-on-the-well-being-of-prison-inmates/)

## Hygiene & Sanitation

Proper personal hygiene is critical for good health. In the converse, the lack of proper personal hygiene is a known contributor to disease spread. If one lesson has been learned from the COVID-19 pandemic, it's the need for the best possible hygiene and sanitation practices. Reports from prisoners and families continue to describe unsanitary places throughout the facility.

9

Showers must be cleaner. Every person is entitled to a clean shower, free from mold and standing water, and appropriate shower shoes to prevent the spread of infections. Inmate shower areas must be thoroughly cleaned every day at a minimum.

10

Toilet access can never be denied. Inmates on their pods can never be locked out of their cells unless an alternative toilet is available. Inmates in intake and other holding areas must have access to a toilet at all times, not subject to an officer's availability or discretion.

11

Prisoners can't bring their hygiene products with them to the jail, so it is critical that the jail provides a complete intake package that covers more items and in better quantities than in the past. "Travel-sized" soap, shampoo, deodorant, and toothpaste will last only a few days, but access to commissary could take two weeks. For some residents, buying from commissary might never happen. Residents must also be given a toothbrush and comb. There are now forms of dental floss specifically developed for use in prisons. A drinking cup should be included. It is also critical that prisoners can get replacements when needed. Women must have the feminine hygiene products they need, in adequate quantities and on a schedule commensurate with their individual needs.

12

Another sanitation problem is the serving of meals on the housing units. The facility was built with a dining hall and it should be resurrected for all except medical and disciplinary housing units. Removing the food from the housing units drastically reduces the risk of infestations and disease spread.

Use of the dining room and adds to movement off the housing units. (This practice existed in the old jail.) Operating a dining hall, including the use of trays, utensils and drinking cups will create employment for prisoners. Finally, this shift will keep all food-related sanitation issues confined to one area and reduce the amount of perishable food held in the cells.

13

Critical infrastructure has degraded, causing frequent and severe crises. There must be a thorough inspection and evaluation of every critical system, a plan for periodic maintenance, implementation of back-up procedures, and the removal or refurbishing of every system or component which is beyond mean time between failures (MTBF). The MTBF model can help anticipate problems and prevent them from happening.

## Meals

One of the most common complaints fielded by DelCo CPR relates to the quantity and quality of the meals. The meals served inside the facility are the only potential source of healthy food, and poor meals adversely affect health.

14

The use of bologna sandwiches much be drastically curtailed. Bag meals should be for those going to or coming from court or those who are arriving during a mealtime; they are not otherwise a substitute for regular dining. A simple measure of the meals is whether or not the staff will sit down to the same one served to a prisoner.

15

The menu should be consistent across a 14-day rotation, approved by both a physician and dietician, and posted on the housing units and front lobby. This will improve compliance and transparency. It will also enable individuals to decide if they will go to a meal or skip it.

16

The menu should consist of no less than two hot meals per day. The daily intake must meet minimum federal standards. Based on the minimum standard of 2,200 calories per day, every person should receive 56g of protein, 130g of carbohydrates and 33.6g of fiber. Added sugars should be below 10% and sodium should be less than 2300mg. There should be alternate menus for those with special needs, such as medical conditions, pregnancy, vegetarians, and religious accommodations.<sup>11</sup>

## Daily Opportunities for Exercise

One key component to good physical and mental health is adequate physical recreation. Regular activity and exercise assist in weight control, and reduce the risk for diabetes, cancer and heart disease. They also lead to better sleep and appetite, as well as reduce mental stress.

17

The practice of frequently locking-down the facility must end. GEO relied heavily on this tactic to compensate for their inability to adequately staff the facility. Not only do lockdowns interfere with important services, they are detrimental to both physical and mental well-being. Every lockdown must be documented and reviewed by the Oversight Board as an extraordinary event.

18

Fresh air and sunshine are paramount, even in colder weather, for good health. The facility must strive to incorporate outdoor time for every person in every housing unit, for at least one hour, every day. This will require the facility to spend some money, for example, to provide outerwear (sweatshirts, hats, etc.) between October and April. The obvious exceptions would be for weather, such as when the temperature is below 30 degrees F, there is a steady rain (not drizzle), lightning has been spotted, or there is heavy snow fall. The other exception would be the hopefully rare lockdown, but every effort should be made to provide outdoor time as quickly thereafter.

<sup>11</sup>The adult daily minimums can be found at <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines/guidelines/appendix-7/>

19

The alternative to outdoor recreation is access to a fitness area or gym when outdoor recreation is impossible. The goal is light exercise, such as walking or jogging, and access to exercise equipment could be a separate activity.

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Triple-celling must cease. GEO profited by selling beds to other counties and triple-celling Delaware County residents to make room. Cells designed with two beds must never house more than two people. No one should sleep on the floor and portable bedding devices must be removed from use.

There is significant, arable land adjacent to the facility which is owned by Delaware County. The land is being farmed by a private citizen with the produce donated to charity. While the end result is noble and the process is easy, the county is missing an opportunity.

21

The County should turn the land over to the jail. Residents would have the opportunity to spend time outdoors in meaningful labor and earn a fair wage raising produce. There is also growing evidence that agriculture can help develop the capacity to nurture, and that nurturing behavior can generalize into a better treatment of those around us.

22

Eliminate the \$100 intake fee. Stripping an individual of every cent they have upon arrival smacks of putting punishment ahead of conviction. Twenty-seven other counties have no entry fee, including Philadelphia. Another twenty-five counties have fees less than \$100, including Chester and Montgomery Counties. The return to public management should bring the end to profiteering, and prisoners will almost certainly need this money to purchase items from commissary, such as personal hygiene products.

### **Inmate Grievances**

The Inmate Grievance Policy, while sound in theory, is a dismal failure in practice. Access to forms and return thereof are controlled by officers who are often the subject of the grievance, or at times through inmates who have been designated by staff. Thus, access to the forms is controlled, many grievances seem to just disappear, and residents report retaliation from officers who have intercepted the grievances. Inmates do not know who the Grievance Coordinator is. Data on grievances is either not maintained or not made available for review by the Oversight Board.

23

Forms must become readily available. At no time should a prisoner have to rely on an officer or another prisoner to obtain one. Return of the forms must be through locked deposit boxes which individual inmates can access directly on every housing unit and in common areas. Entry to these boxes must be limited to the Facility Grievance Coordinator. The identity of this coordinator must be published. Residents must feel confident that grievances are addressed. Data on grievances must be compiled and available for review by the Oversight Board upon request.

The second group of requests can be considered program oriented. These are activities which help the individual improve him- or herself in terms of both their life inside the facility and upon release. We understand that some of these already exist in some form, but we believe that there is significant room for improvement in terms of both quality and level of access. These activities should be available to every adult and adolescent housed in the facility, with changes imposed solely as part of the disciplinary process. (Note that those held in disciplinary segregation should have access to most of these in an altered form.)

### **Drug and Alcohol Treatment**

The current programs seem to have low completion rates which, while not necessarily the fault of the facility's efforts or staff, compels us to insist that other approaches must be considered. The facility reports that 21% of new arrivals go through detox upon admission,<sup>12</sup> and so the treatment paradigm must continue to be medically assisted.

24

Under no circumstances should a new arrival be forced to endure "cold turkey" or other forms of withdrawal in an intake cell. Those who arrive must be thoroughly screened and then properly assisted by medical personnel.

25

Staff must be trained to view addiction as collateral to incarceration yet often driving the offense, meaning that people aren't brought to jail because of their addiction, but often committed crimes as part of their addiction. Viewing these human beings as suffering from an illness will foster a more humane and compassionate reception.

26

Medically assisted treatment (MAT) and administration of Vivitrol must be part of a holistic program that includes better health, fitness, behavioral modification and even spirituality. Addiction is not a simple, single problem. It permeates every facet of life and must be addressed as such. The treatment staff must coordinate and collaborate with other departments to develop and provide a holistic program. Since not every person is at the same point in their recovery, the facility should increase AA and NA meetings to five nights per week for both males and females.

### **LGBTQ Residents**

The number of people who identify as LGBT is growing, and they require special protections.<sup>13</sup> Nationally, as many as two-thirds of these individuals report being abused or assaulted while in prison. The abuse comes not just from other inmates, but also from staff. While neither DelCo CPR nor the Prison Society have documented any complaints from this special population, it's important to be proactive.

27

Solitary confinement is not the answer, nor is a blanket policy of segregation. Special policies and practices must be in place. It is critical that all staff at our facility are adequately trained on the issues and needs of this special population.<sup>14</sup> These must include a thorough assessment of every admission for level of vulnerability as well as the individual's desire to be free from undue restrictions. The Inmate Handbook is outdated.

<sup>12</sup> Phoenix Report, at 11.

<sup>13</sup> Gallup Poll, 02/21/2021: <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>

<sup>14</sup> See, generally, [https://transequality.org/sites/default/files/docs/resources/JailPrisons\\_Resource\\_FINAL.pdf](https://transequality.org/sites/default/files/docs/resources/JailPrisons_Resource_FINAL.pdf)



## Re-entry Skills

In 2018, GWH reported no inmates in any form of pre-release or day-reporting programs.<sup>15</sup> PREP – I and Prep – II have less than 40% completion rates.<sup>16</sup> Only the parenting class has more than 50% completion rate. The GED completion rate is 5%, while Anger Management has a completion rate of 48%.<sup>17</sup> Given that the overwhelming number of people who enter the facility will also walk out of it and back to their communities, the goal must be to do our best to help them land on their feet.

28

This begins with the hiring of a full-time re-entry specialist to develop and deliver key programs in coordination with other departments. The re-entry specialist will work together with the activities, education and chaplaincy departments, as well as with the facility psychology and counseling services. The objective is to focus on essentials like housing, family reunification, health insurance, job-seeking skills, obtaining ID, opening a bank account, and other areas of weakness which may promote a positive re-entry attitude.

29

Re-entry should also promote further education by hosting educational experiences through partnering with DCCC and other low-cost providers. The re-entry specialist should bring in local volunteer partners and non-profits, many of whom have been asking to enter the facility for years. The focus should be on skills to improve life once individuals leave the facility, including relevant job training. With the often-brief opportunity that residents present, seminar-style education programs using brief classes (five sessions or less) could reach the largest numbers. The facility should also consider biannual job fairs.

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The facility should increase work release. This should begin with the creation of a job placement office with ties to the community agencies that can help designated adults find a job, rather than just allow those who have an acceptable job to keep it somehow. In other words, the facility should go beyond *letting* a prisoner go to his or her job and actually *help them find* a job. The individuals who enter this program should not pay for the privilege. Eliminate the \$20/day fee charged to the current work-release inmates.

31

The facility should employ social workers as part of the treatment team. A core principle of social work is that every person has inherent dignity and worth. Social workers can assist in evaluating each resident's level of functioning at intake, assist with family services, teach life-skills training classes, advocate for individual prisoners, enhance re-entry plans and help monitor conditions of both the individuals and the facility.

<sup>15</sup> 2018 County Statistics and General Information, as reported by the PA DOC at <https://www.cor.pa.gov/Facilities/CountyPrisons/Pages/Inspection-Schedule,-Statistics-And-General-Info.aspx>, Alternatives to incarceration.

<sup>16</sup> Phoenix Report, at 6.

<sup>17</sup> Phoenix Report, at 6.



## Improving Connections with Families

Maintaining positive connections with family has been strongly linked to successful re-entry. Evidence also suggests that people who can maintain ties while incarcerated are less likely to engage in violence inside the prison. There also is evidence that visiting can break the cycle of intergenerational incarceration.<sup>18</sup> In recent years, GWH has been going in the wrong direction.

The centerpiece of this category is a more positive visiting experience. Visitors often report a litany of difficulties they experience, the worst of which is being denied access. It is worth reminding the administration that the visitors are not prisoners and must always be treated as citizens of our communities. Ironically, the visiting experience can improve through steps which actually reduce the workload of so many staff.

32

Streamlining the visitor reception process is a simple matter of removing some of the obstacles which serve no reasonable purpose. Facility security will not be compromised by eliminating the long line at the guard shack, for example. Most county jails have designated parking areas for visitors that are close to the entrance. Cameras and security patrols are adequate. Having visitors line up as much as an hour in advance just to present their ID and vehicle information is not just overkill; it's a deterrent.

33

The five-step process inside the building can be consolidated to two steps. The visitor can sign-in, take a number and sit down in the lobby. This can help further reduce the racing among visitors to get into the next line. No visitor should be pat searched. The practice is intrusive and demeaning while being redundant. The use of the metal detector and ion scanner are adequate. The checkpoint in the lower landing area is also redundant. An officer is needed at the entrance of the visiting room to unlock the door. The visitors can and should keep their photo IDs at all times.

34

Restoring the use of lockers will allow visitors to endure the walk from the parking lot to the entrance in severe weather. The twenty-five-cent lockers are a simple convenience that already exist. They also provide a place to secure the driver's car key.

35

Along with an easier admission process, the return of weekend visiting should be a high priority. This practice was ended because GEO could not maintain sufficient staffing on weekends, which is reason enough to restore it. Also, since fewer officers are needed in the streamlined admission process, the staffing need is slightly decreased. In the end, the prisoners and their families should not suffer because the facility can't maintain a proper staff level.

<sup>18</sup> Boudin, C., Stutz, T., & Littman, A.: *Prison Visitation Policies: A Fifty-State Survey*, Yale Law & Policy Review, 2013, 149, 151 at <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1654&context=ylpr>; Mitchell, M., Spooner, K., Di, J., & Zhang, Y.: *The effect of prison visitation on re-entry success: A meta-analysis*, Journal of Criminal Justice 47 (2016) 74-83.

Not every person held in our facility will have visitors. For many reasons, some families may not be able to visit and others may choose not to. This should not result in the individual being totally cut off from the outside world. Phone calls and mail can be the sole means of staying in touch with those who will house them and support them upon release.

36

Low- or no-cost phone calls should also be instituted. Global Tel-Link (GTL) is a multi-billion-dollar, Alabama-based provider that has been gobbling up competitors for more than ten years with an eye towards monopolizing all inmate-directed technology. County money — be it tax dollars or taxpayer dollars — should not be exported so generously. While contracting with GTL may be the best practice for the time being, call rates are determined by county’s contract, so the county can drive the final cost down, including free calls (at county expense). Philadelphia prisons provide one free call per day to each inmate.<sup>19</sup>

37

An area in which Delaware County could pioneer would be inmate email kiosks. These are now part of each state prison in Pennsylvania, serviced through GTL. We could be the first county jail in Pennsylvania to provide this privilege. The facility can install one kiosk per pod, including medical and other non-punitive units, and provide outgoing emails at no charge to inmates. This privilege can be suspended for cause.

38

The final form of family connection is the simplest: Provide writing materials and postage-paid envelopes to every reception and then periodically. This can come in the form of ten sheets of lined paper, an approved writing implement, and ten envelopes.

### Library Services

Libraries serve many purposes, both legal and recreational. Leisure reading is perhaps the best form of mental exercise, and individuals are more likely to read literature which they have selected according to their interests.

39

There exists within the facility a space designed as a walk-in recreational library, and it should be restored. Each person in custody should have access to this library at least once per week for not less than 30 minutes. Browsing thousands of books is far more interesting than picking from a few dozen on a cart, so book carts should only be used for those who cannot go to the library, such as those housed in the medical unit or the restricted housing unit. “Going to the library” thus becomes an activity for each person to anticipate. It also allows for a much larger collection of materials, for which donations from the community have been generously offered. The library can be staffed by prisoners under supervision of a staff librarian.

<sup>19</sup>See, Philadelphia prison System Inmate Handbook, 2012, at [https://www.philadelphiabar.org/WebObjects/PBAReadOnly.woa/Contents/WebServerResources/CMSResources/PPS\\_Inmate\\_Handbook.pdf](https://www.philadelphiabar.org/WebObjects/PBAReadOnly.woa/Contents/WebServerResources/CMSResources/PPS_Inmate_Handbook.pdf)

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There is need for an improved law library. While most people in the jail are represented by counsel and not doing their own legal work, some prisoners may be *pro se*, such as state prisoners awaiting PCRA hearings. There are also other legal issues which counsel might not handle, including Power of Attorney, Living Will / Release of Medical Information, disposition of a vehicle, traffic and other summary violations and landlord / tenant issues. The law library should also provide copying service for legal papers. This, too, should be staffed by selected inmates under supervision of the facility librarian.

### Religious Services

While the facility does provide some religious services, there should be more resources dedicated to this program. Like education, the value of spiritual growth cannot be overstated. For many, access to religious activities and gatherings become a lifeline in what is otherwise the worst event in a lifetime. Communal worship should be considered a basic right, and religious beliefs should be accommodated through the least-restrictive means.

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There should be an on-site chaplain, preferably full-time, as well as contracted and/or volunteer ordained chaplains who come in on a regular schedule. The staff chaplain should be a key member of the Warden's advisory staff.

42

The facility was built with a dedicated chapel space, and this space should be used as much as possible and only for religious purposes. There should also be dedicated office space for the staff chaplain and visiting chaplains, including for the use of private spiritual counseling sessions. It is important for the men, women and adolescents housed in our facility to feel a sense of privacy when speaking with a chaplain.

43

The facility should partner with community ministries to provide other programs, such as Bible studies, prayer groups and religious instructional meetings. There should also be provisions for additional programs and activities around important holidays and feasts, in coordination with other departments. Holidays can be the most depressing times for the incarcerated, and the facility should provide religious programming to help the residents through these times.

44

The facility must show better religious accommodations by identifying all religious groups through an approved process. It is not appropriate to sort inmates into a handful of groups (typically Protestant, Catholic, Muslim and Jewish); the facility must recognize and attempt to accommodate all contemporary faith groups. The Department of Corrections publishes a list of faith groups which have earned their official recognition.<sup>20</sup>

<sup>20</sup> See, DC-ADM 819, *Religious Activities*, at <https://www.cor.pa.gov/About%20Us/Documents/DOC%20Policies/819%20Religious%20Activities.pdf>

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Finally, the facility must accommodate the individual religious practices , such as the wearing of a kufi at all times, owning a Bible, Koran, Rosary, and other religious materials. The restriction of such items and practices must only occur where there is a clear and demonstrable security concern which cannot be remedied by any other means.

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## Conclusion

Over the span of twenty years, private management of our jail has led to deterioration and profiteering, all to the detriment of the citizens housed there and at the expense of county taxpayers. We have been exporting our tax dollars to a Florida-based, multi-national corporation that has left a wake of scandal, prosecutions and civil suits in its wake.

Privately-run prisons represent an ethical and moral abyss. They have endured through the myth of saving money, but the cost-savings are mere chimera because they ignore the impact of human suffering that eventually costs our communities much more. Returning our jail to public management might not bring down that line item, but it will eventually bring a net return to the county coffers.

During this transition, we have the opportunity to re-invent the jail as a model for counties everywhere. It's time to throw out the GEO playbook and write our own. We should aim to create a new culture beginning on Day One, and have the courage to go boldly forward.

The Delaware County Coalition for Prison Reform is proud of its campaign to return the jail to public management, but we realize the job is not complete. We propose these improvements and enhancements in the hope that our county officials will see the potential — and reach for it.

Adopting the goal that each man, woman and teenager who enters the George W. Hill Correctional Facility should leave better than they entered benefits not just the individual but also the county. The facility becomes a safer place, the county faces decreased liability and those unfortunate to be taken to jail are that much less likely to return. The initial investment to strive for this goal comes back in a decreased population and a safer environment for residents and staff.

The days of being tough on crime are gone, as is the fallacy that it somehow made communities safer. With the departure of GEO, we stand at a threshold to create an environment that is truly humane and rehabilitative.