



# LATINO ACTION NETWORK

## POLICY STATEMENT FOR THE REFORM OF NEW JERSEY'S MEDICAL & MENTAL HEALTH ADMINISTRATION IN STATE PRISONS

The years 2020-2021 were a complete change in the world as we know it. We learned many things, and one of the most troubling was that the state of healthcare in the State corrections system is disturbing at best and horrific at worst. People are left with terminal illnesses to simply get hospice care and left to die. Basic testing that could prevent death is not done, and yet the state is paying millions to University Corrections Health Care (UCHC) to provide medical services.

Who is actually in charge of medical care in the facilities? Based on historic results, it is the DOC. Doctors are known to have made requests to have individuals transferred out to medical care, only to be denied by a sergeant. The problem deepens when the Central Office knows nothing about these requests, because they are stopped at the facility level, where not even the administrators of the facility are aware. The medical professionals of UCHC often choose not to report this - which is in direct violation of medical ethical standards.

### RECOMMENDATIONS:

- A thorough review of the process & policies of medical & mental health care for the NJ Department of Corrections (NJDOC). This review of language must thoroughly define the distinct roles between NJDOC & UCHC. It is necessary to make clear that medical professionals require certain autonomies and authority over corrections police officers in the best interest of their patients.
- Based on the above, complete retraining of the NJDOC & UCHC personnel, to ensure knowledge and compliance with all relevant healthcare related policies and procedures.
- Based on the above, all UCHC staff must understand that if they are blocked in the administration of care, they must immediately report it to the leadership of UCHC and steps shall be taken to contact the facility and immediately resolve the situation.
- Have the Patient Advocate take a more active role in pursuing problems and issues of health care. This would include (at a minimum) quarterly visits by the Patient Advocate to each facility's infirmary, with public reports and recommendations issued on findings by location.
- Create a new position for Mental Health Patient Advocate to oversee & address the care being provided, with an emphasis on people being held in any form of restrictive housing.
- Working together NJ DOC and UCHC must develop appropriate and clear guidance for the gender identification of prisoners. Create and implement policies for appropriate mental health, medical and housing procedures for special needs based on gender identity and overall facility health & safety.
- Survey the prisoners and personnel annually and upon release regarding the adequacy, access and effectiveness of health care available to them while in custody, and recommendations they would offer.

Medical/Mental Health (UCHC) **MUST** be required to treat any incarcerated person with appropriate medical care (including tests, outside visits, transportation to upgraded medical facilities and whatever else they determine to be needed for the individual). If UCHC on site personnel are stopped or delayed in any way, they must immediately report to both the previously defined DOC and UCHC administrators, so the problem is resolved with the facility immediately.

*The Latino Action Network was founded in 2009 to fight for political empowerment and defend civil rights*

