

Testimony of
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I. Introduction

My name is Rachel Sznajderman and I am a Corrections Specialist at New York County Defender Services, a public defender office in Manhattan that represents thousands of indigent New Yorkers accused of crimes every year. As a Corrections Specialist, it is my job to communicate with and advocate for those of our clients that are incarcerated in New York City jails.

II. BOC Death Report and EMTC Emergencies

We want to thank the Board for their most recent report on the deaths in custody between May and August of this year. While this report highlights Department and CHS's failures that led to past deaths, it is also a representation of the present circumstances on Rikers Island, and accurately captures what many of our clients continue to experience right now.

At NYCDS, our clients routinely report horrific situations comparable to those that killed Dashawn Carter, Mary Yehudah, Emanuel Sullivan, Antonio Bradley, Anibal Carrasquillo, Albert Drye, Elijah Muhammad, Michael Lopez, and Ricardo Cruciani.

Nowhere in the jails are these emergencies more apparent than in EMTC, the current Rikers Island intake facility. Traditionally, individuals entering jail custody are first sent to intake pens. Within 24 hours, however, DOC staff must transfer these arriving detainees to intake housing units located within EMTC, where they are supposed to reside for 14 days to complete COVID quarantine. Instead, many of our clients spend weeks if not months in these facilities, as CHS fails to provide consistent COVID testing or medical isolation. Moreover, CHS frequently opts to house all potentially COVID-positive detainees together in one house, restarting their quarantine every time someone new tests positive. The result is inordinately long stays in EMTC intake, an incredibly chaotic environment with no programming and severely restricted medical access.

In the last three weeks alone, the Corrections Specialist team has been alerted to twelve medical or mental health emergencies within EMTC that bear a chilling resemblance to what was outlined in the Board's recent death report. Below are some of these reports:

On November 1st, the corrections specialist team received an urgent email from an attorney reporting that "[m]y client just called me. He said he was attacked, stabbed, and threatened several times over the past few days."

Later that same day, we received a similar report from a separate incarcerated client: "My client just contacted me from EMTC. I met with him Monday and he was recovering from a slashing that took place last Thursday and as a result was placed in protective custody. Yesterday he was violently assaulted and his orbital likely broken, his vision obstructed, etc. He saw a doctor who recommended an urgent care referral, but that was not followed. He very clearly needs to go to the hospital to be assessed."

On November 2nd, we heard from an attorney who had just met their client at a court appearance: "I saw my client in court today and was extremely disturbed by his condition. I'm genuinely concerned he's at risk of death at Rikers. He had yet *another* new injury from *another* assault and was in a neck brace along with an actively bleeding wound of 1-1.5 inches on the top of his head. He started throwing up between the first and second call on his case and it is quite apparent that he has a concussion. His eye is still very injured, he's struggling to walk and breathe and clearly just degenerating with each time he is attacked."

The following day, a NYCDS staff member sought help dealing with a suicidal client: "I met with my client today and he expressed several times that he was going to kill himself. Could he please be placed on suicide watch as soon as possible?"

The following week, on November 7th, our staff reported yet another horrifically violent episode at EMTC: "My client was attacked in EMTC yesterday. He reported that he was jumped by 20 people. Today he was limping, had a visible bruise on his forehead, and had a possible broken wrist and hand."

Later that week, on November 10th, we were asked to intervene for another client who had not received medical attention despite a serious and potentially life-threatening injury: "My client was stabbed in the back and requires immediate medical attention."

On November 14th, an attorney reported that their suicidal and epileptic client was sleeping on the floor at EMTC and was in urgent need of both mental and medical care. "Client reports the following issues I would like to follow up on ASAP: he's at EMTC and sleeping on a floor. He

reports he is suicidal - can he be put on suicide watch? He also needs meds for epileptic seizures and psych meds, but has not gotten either.”

On November 16th, we received word that a client was “having really bad withdrawals and is not doing well.”

From our vantage point, EMTC stands out as a violent and chaotic wasteland, where minimum standards are nonexistent and inhumane treatment is the norm. Each time one of our clients goes into custody, we hold our breath for weeks, hoping they survive the Rikers intake process, which often includes being subjected to outright violence and sheer medical negligence, until they are placed in their more long term housing facility. Time and again we find ourselves unable to intervene due to CHS’s never-ending and often nonsensical quarantine process, forcing our clients to remain in housing with the same people who have harmed them.

III. Conclusion

We are grateful to the Board for their continued investigation into and reporting on the many tragic, completely avoidable deaths that have occurred in our city jails this year. It is clear that both CHS and DOC have a lot of work to do in order to prevent further deaths. We ask that the Board continuously update the public on the progress both DOC and CHS have made on the recommendations outlined in the death report, and continue to scrupulously monitor the utter despair and erosion of humanity transpiring in our city jails.

If there are any questions about this testimony, please contact me at rsznajderman@nycds.org.