

"REDACTED LETTER TO THE WARDEN"

(Death In A Faith Based Prison)

March 12, 2017

Dear Warden:

I am housed in __-Dorm and was acquainted with Mr.A_____. Below are some of my thoughts and observations concerning his death. I am in no way a ring leader. There is no "ring" to lead or organization to influence or lead. I am just attempting to make sense of what just happened absent any acknowledgment or input from M__ staff. I have not yet shared this letter with any staff or prisoner.

I have sent copies of this letter to Director Mohr with a cover letter also copied to you. I have known Mr. Mohr for over 30 years and I hope he takes the time to become involved. An additional copy was sent to David Singleton, Director of the Ohio Justice & Policy Center, with instructions to attempt to bring this letter to the attention of Director Mohr or anyone else in a position to take needed action. I have not bothered to contact the C.I.I.C (Correctional Institution Inspection Committee), as it has been dismantled.

I am fully aware that a prisoner who voices an opinion critical of M__ policies, practices, administration or brings inconvenient issues to light, is at risk, to be moved to one of the out-of-control gang infested housing units as an "off the books" form of retribution. I personally experienced this tactic a little over a year ago.

A town hall style meeting attended by M___ Executive Staff would be helpful in order to dispel some of the rumors and building anxiety. To discuss the loss of Mr. A_____ and address some of the concerns covered in this letter. Such as why a mental health crisis was managed as a disciplinary issue with Mr. A_____ immediately placed in LPH (Limited Privilege Housing, i.e. The Hole) after exhibiting erratic and uncharacteristic behavior? His obvious mental health issues were dealt with by writing conduct reports and subsequent loss of any chance of pro-social interactions with his friends. Conduct reports do not solve all problems, they should be the last resort, not the first line of offense. He was inconvenient and placed out of sight. Let someone else deal with him.

Even at this late date no apparent effort is being made to determine what caused Mr. A_____ 's abrupt shift in behavior. His medication was changed a short time before his mental health crisis. His behavior became increasingly erratic and he quickly decompensated. No staff or investigator has yet taken the time to talk with anyone in __-Dorm who knew him in an effort to determine what went wrong. His obvious mental health issues were dealt with by writing conduct reports, placement in LPH, use of chemical agents and violence.

The prisoners who knew Mr. A_____ are distressed by public comments voiced by some staff, made before they were aware of the fatal outcome, bragging that his head was "assisted" into the wall or that he "just squirted out" and hit the cell wall with his head, while they were trying to "save" him.

An attempt should be made to reassure prisoners, that should they find themselves in a mental health crisis or having suicidal thoughts, that they will not be harmed should their crisis come

to the attention of M__ staff. This is a major concern now with the ominous change in "tone" prevailing at M___. For the past year or so it seems we are in a race to the bottom. Now I think we may have arrived.

This abrupt change in atmosphere takes many of us to a dark place. On several occasions when one of the officers who were rumored to be involved, assist with count, in __-Dorm there are taunts of "who killed Louie" I have heard this in the corridor and dinning hall. This taunting can quickly get out of hand when emotions run high.

A couple days ago an officer at the "point" (a guard post) was brandishing and threatening to spray, with a chemical agent, anyone who stepped on the yellow line on the way to supper until Lt._____ intervened. The officer then switched to a hand held strobe light. A few months ago this hyper-aggressive action would be unheard of at M__.

I have noticed that many prisoners like myself, who were around in the 1970's and 1980's who vividly remember brutal assaults and murders of prisoners by guards are greatly distressed by recent events. This situation brings back memories and anxiety that is best left in the past. At the Lucasville Prison they even had a name for it: "Thump Therapy".

I was on Death Row and spent about 10 years at SOCF Lucasville. I witnessed too many "suicides" and saw the aftermath of many more. I attempted, twice, a year ago to make contact with the Mental Health Department at M__ because I fear I exhibit some of the symptoms of PTSD. I talked once with a Ms. _____ in person, then sent her a follow-up kite as instructed, but heard nothing further. I was ignored. I finally gave up and would not now

consider, after this incident, asking for help.

There is no safe place for prisoners in crisis at M___, just a version of a segregation cell complete with concrete walls and a stainless steel toilet, with a window for observation. An area that can prove fatal to a prisoner in crisis bent on injuring himself. It seems to me that the most prudent course of action in a situation like Mr. A_____ 's would be removal to a facility equipped and staffed to make sure no harm comes to him or others including staff.

In this instance there appears to be a break in the chain of supervision which allowed and maybe forced staff to intervene in a manner that ensured physical control of Mr. A_____, but led them in a direction that resulted in harm to him. There was no supervisory circuit breaker in place to stop or slow down this train or trigger the procedure to transfer him to a Mental Health Facility with the expertise to help him regain his dignity. Often the tendency is to prematurely conclude the prisoner is faking or malingering and to take steps to make him so miserable he will refrain from such actions in the future. What if you are wrong?

Corrections staff do not have to use batons or PR-24's anymore to inflict harm or pain, they can use or misuse chemical agents. These are not the tear gas or pepper spray of years past, but modern chemical agents with names like "Clear Out" or "Fox".

At M_____ General Hospital it is rumored that Mr. A_____ was treated for trauma to his face and head, contusions and a broken nose. Also the effects of a chemical agent that was sprayed on him. During treatment he complained that his rectum was burning, it was determined that chemical agents were used on this part of his body. If this is factual, it is very disturbing.

Why doesn't M__ have a safe room? A place to temporarily house a prisoner who is in crisis and acting out. Even if they are on Constant Watch, the present situation only allows the observer the option of observing the destructive behavior after calling for assistance. Assistance then arrives, tasked to halt the destructive behavior, without protective clothing, gear, or time to formulate a plan.

Now a split second decision, is forced on staff, that often leads to the use and abuse of chemical agents and physical force. All of which could be avoided if the facility did not readily present a convenient opportunity to injure oneself. A properly equipped crisis cell would allow responders the time needed to formulate a plan, obtain the necessary protective gear and perfect a video record of the incident. None of which appears to have been done in the instant situation.

There is no indication that there will even be a simple memorial service in Mr. A_____ 's memory. The part missing from this dialog is input from the M__ Administration. This situation is stressful and will continue to be until it is addressed. There can be a positive and rewarding conversation which would go far in putting this terrible incident behind us.

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