Missouri CURE

Prisoner Narratives

No Way Out

I have known Demetrius C. and his family since he was two-years old. The youngest of fourteen, he came of age in North St. Louis in the devastating eighties, when economic disinvestment and the 'Drug War' ravaged his St. Louis Place neighborhood. Like so many young black men of his and following generations he suffered from trauma, without even knowing what it was. Demetrius was good at repairing cars, but his dream was to become an engineer. His life ended in a car crash at age forty-three, one year after he'd been paroled straight from three years of solitary confinement, fearing to be returned to prison for 'technical' violations. Years ago he'd served time for 'Resisting Arrest and Assault of an Officer' after a police chase that almost cost his life. He'd walked down five years of parole without incident, unable to find steady employment, and struggled with maintaining relationships due to his PTSD symptoms that eventually resulted in another sentence, this time for domestic assault.

Demetrius' story is about a young man, height 5'5", weighing not more than 130 pounds, who walked into prison in good health and shuffled out a chronic care patient three years later. There had been no prior diagnosis, nor indication of mental illness throughout his life.

In October 2011 Demetrius arrived at ERDCC, Bonne Terre, was transferred to NECC (Bowling Green), then to Algoa Correctional Center outside Jefferson City. In the yard he "got into it with some Gee-Bees" (gang bangers). Despite his small frame, he was not a man to request protective custody. Demetrius told me he "had to do something because there were more." That's how he ended up in administrative segregation.

In light of what was to follow, the question must be raised whether it is MODOC protocol to evaluate prisoners who are deemed 'trouble makers' preemptively for what is euphemistically named 'Use of Force'. Demetrius was apparently deemed a troublemaker for defending himself against gangbangers. The first request for pepper spray clearance by correctional staff occurred on 12/11/11. This was ten days prior to the actual staff assault, as if pre-meditated. It is significant to note that there is no mention of any prior mental problems to

be found in Demetrius' medical records.

On 12/21/11 a second request for medical clearance for pepper spraying was issued shortly before it was used, despite Demetrius' history of asthma – a condition known to Corizon medical staff, who on the same day documented that Demetrius was indeed pepper sprayed and stun shielded in his solitary confinement cell.

Despite Demetrius' recorded inconspicuous behavior – the mental assessment sheet indicates *"quiet, not hostile/violent or manic"* following the excessive use of force – shortly afterward, on the same day, correctional staff issued a request for medical clearance for stun shield use. It was obviously approved and later executed.

Again, Demetrius received no medical aftercare – not even his vitals were taken. The mental assessment, afterwards however, marks him as "*hostile/violent, not quiet or manic*".

What was the purpose then of using electric shocks on a prisoner in his tiny adseg cell with no escape, who had been pepper sprayed just hours earlier and subsequently assessed as "quiet"? Demetrius' records make clear that it took the stun shielding attack to get him to the point of becoming "*hostile/violent*".

This practice of particularly targeting and provoking African American men to "draw them out" (as Rasheem L. put it in his letters to Missouri CURE) in order to label them as violent and inflict pain and suffering by taking outdates or even add1 more time, is in full accord with what has been reported by countless other prisoners to Missouri CURE for many years.

In Demetrius' case it was the first documented incident that was later (in May 2013) used to establish a bogus diagnosis of "*tentatively schizo-affective, with a history of psychoses*" – despite the fact that, on the following day he was assessed as "*quiet, not hostile, not manic*".

Being back to normal the next day, after such an onslaught of unwarranted and extreme 'Use of Force' indicates that Demetrius' alleged hostility on 12/21/11 was indisputably a reaction to the abuse by prison staff. At this point of time

Demetrius was not on medications, and he was clearly not psychotic.

Nonetheless, this alleged 'proof' would subsequently lead to almost two years of forced administration of Haldol shots, a powerful psychotropic drug that causes not only severe side effects, but is also scientifically proven to cause lasting mental impairment so that more and more experts recommend its ban. But it is cheap.

On 12/24/11, days after the double assault by correctional officers, Demetrius self-declared a medical emergency for chest pain. He received no medical care. One day after Christmas, on 12/26/11, Demetrius was again physically abused by prison staff when self-declaring another chest pain emergency. The following day his medical records confirm that he was "*pulled by a belly chain*". The mental assessment: "*not hostile*". He had learned his lesson.

On 12/28/11 it is noted in Demetrius' medical records to "*consider old septal infarct*" [such an infarct is caused by an inadequate blood supply during a heart attack], but it takes ten days until Demetrius finally sees the Corizon doctor. In the meantime, on 12/29/11, Demetrius had to self-declare again. According to the nurse's documentation, he had been suffering from *"right flank (kidney) pain since one week.*" Mental assessment: "*quiet, not hostile*". The Corizon physician's assessment (on 1/7/12) indicates: "*no troponin needed,*" referring to a blood test to detect heart injury.

During the weeks to follow, between 1/7/12 and 1/25/12, Demetrius had to declare several more medical emergencies for chest pain, noted in his records as "*mid stern, not radiating*" – likely anxiety attacks. The mental assessments indicate: "*quiet, not hostile/angry*".

On 1/31/12 Demetrius was transferred to Western Missouri Correctional Center. His Segregation Initial Evaluation: "*quiet, not hostile/angry, no mental health complaints*".

While in general population for a short period of time, Demetrius repeatedly asked correctional staff to be separated from a physically overpowering cell mate, but his request for help was ignored. It ended in a fight. Demetrius' medical records indicate that he was "*cuffed to C wing bench*". There is no

mention for how long he had to endure this ordeal, but other prisoners have reported being shackled to the hard steel bench for many hours without water, food and the opportunity to use the toilet—before being taken to an adseg cell. Demetrius remained in solitary confinement at WMCC for the next eleven months.

No one can claim that MODOC is not consistent in its assessment procedures while prisoners suffer in silence. On 4/30/12 Demetrius undergoes a '30 Days Segregation Mental Status Exam', on 7/21/12 a '90 Day Segregation Behavioral Therapy Assessment' – papers with check marks that fill binders.

After transfer to Moberly Correctional Center on 11/15/12, Demetrius was placed on suicide watch. He had received notification that his parole date (February 2013) had been taken – ultimately caused by correctional staff's failure to comply with their own operating procedures and protect him from potentially looming rape.

The suicide watch sets Demetrius on the path of alleged mental illness. The Mental Health assessment on 11/17/12 first mentions "*existing medical/mental health conditions*" (check marked "*yes*"). The sheet marks "*yes*", he's "*hostile/angry*". It further indicates "*denies self-harm and to others*", but notes: "*alteration of thought processes*". The nurse notes: *"comes angrily to the door: 'I'm not suicidal – how many times do I have to tell you that?'"*

Truly an alteration of thought processes, not to understand he has to be suicidal if he's in a suicide cell, until the doctor says otherwise. "How many times do I have to tell you that?" says it all. In Demetrius' records there are pages over pages of documentation that he tried to communicate to medical staff he was not suicidal any longer – to no avail.

His diagnostic process takes its course. On 11/21/12 there is first mention of "*alteration in mental process*". Nurse's note: "*uncooperative at this time*". Then, on 11/27/12, after twelve days of sleep deprivation through 24/7 light exposure and extreme sensory deprivation on suicide watch with no end in sight, the nurse's note indicates: *"hunger strike".*

The Initial Evaluation by the Corizon psychiatrist on 11/28/12 does not prompt

a diagnosis and/or medication order. Not yet. On 11/29/12, after fourteen days of suicide watch, the nurse notes: "*yelling gibberish*". Demetrius later assured me he never heard any voices, and explained: "I just wanted to get them off my back. I cussed them out in Spanish."

On 12/3/12, after eighteen days of his ordeal on suicide watch, the nurse's note indicates: "*patient glaring out the door*" and documents an unspecified "*use of force*", the purpose of which becomes clear reading the subsequent mental assessment: *"currently on medications".*

The Mental Status checklist describes Demetrius as "*withdrawn/quiet"* and also marks *"manic behavior" (yes).* In my decade-long career as Qualified Mental Health Professional (QMHP) I have never encountered a manic person who was "quiet or withdrawn", or a withdrawn, quiet person being "manic".

On 12/4/12, after almost three weeks on suicide watch and Demetrius' sixteenth month of suffering through solitary confinement, he qualifies as a chronic care patient. Chronic care patients are lucrative for Corizon Health, LLC. Quote from his medical records: *"close observation – psychiatric chronic care follow up".*

On 12/7/12, mental health staff closely observes the prison-style 'follow up' and documents that Demetrius gets "*pepper gassed*". There is no mention in the records, however, of treatment for his burning eyes. Mental assessment: *quiet*", <u>not</u> hostile or angry. Quote: "*Inmate is already in 2H on behavior modification*".

Demetrius' inconspicuous behavior even after excessive use of physical force by correctional staff under conditions completely out of his control is a strong indicator for his mental resilience. Yet he remains on suicide watch until his transfer to Potosi Correctional Center on 12/13/12, where miraculously he is not only no longer suicidal but also, upon Initial Evaluation, displays "*<u>no</u> existing mental health complaints*". But he's still in solitary confinement. Protocol of close observation takes its course and is meticulously documented as time goes by:
"3/29/13: Segregation Initial Evaluation
4/6/13: Segregation Initial Evaluation

4/9/13: Mental Health 90 Day Behavior Therapy Assessment
4/22/13: Segregation Initial Evaluation
4/27/13: Segregation Initial Evaluation"

On 4/27/13, during the fourth 'Segregation Initial Evaluation' in one month, Demetrius' records indicate that a *"restraint check*" is used, "*per request of CO"* – three times in one night (at 9:30 and 11:30pm, and again on 4/28/13 at 1:30 am). The nurse notes: *"cuffed to bench – no signs of injury or distress or on wrists".* This nightmarish night is followed by suicide interventions on 4/29/13 and 4/30/13. On 4/30/13 Demetrius self-declares another medical emergency. According to his records, Demetrius asked to be medicated. He is quoted saying, *"A lady came to my door, tried to get me to take a shot, I want it now".* – That's what suicide interventions in adseg look like.

After seventeen months of sensory deprivation in solitary confinement, deliberately extended suicide watch at Algoa Correctional Center and arbitrary exposure to severe abuse by prison staff, sanctioned by recurring 'Segregation Mental Status Exams', Demetrius has reached the breaking point.

On 5/2/13 Demetrius undergoes the Initial Evaluation by a Corizon psychiatrist, followed by a documented "*use of force"*, although per record he is assessed as "*quiet, <u>not</u> hostile*". A wellness check is scheduled for 5/10/13, due to documented "*significant weight loss*". Demetrius "*refuses to see the doctor,*" is quoted to have asked, referring to the physician: "*Is he KKK?"*

Now, for an African-American man, incarcerated in the Ozarks with a history of exposure to physical abuse by mostly white police and prison staff this is a totally viable question, not an indication of paranoia. Demetrius, who, according to his medical records "*speaks clear and appropriate*, *wants transfer to Tipton or Bowling Green*". – It does not happen.

Instead, Demetrius is scheduled for his first 'Involuntary Psychotropic Medication Hearing'. On 5/14/13 he is diagnosed as "*possibly schizo-affective with history of psychoses*".
Possibly? – And a "history" of psychoses?

Subsequently, since 5/15/13, Demetrius is being subjected to enforced

injections of an antipsychotic: Prolixin (25mg), weekly, combined with Benadryl (50mg) to counteract a possible allergic reaction. According to nurses' notes the regimen is initially "*tolerated well*". Three days later, on 5/18/13 at 1:01am, Demetrius self-declares a medical emergency. His complaint: *"I can't breathe!"* A correctional officer calls 'Code 16': "Blood in mouth". When seen, according to the records, Demetrius states: "*I can breathe but my mouth feels funny, I can't talk right"*, pleading: "*Please give me anything, I'll pay for it!"* Records state: "*he is drooling*", and: "*mouth locks up".*

On a side note, after eighteen months of daylight deprivation Demetrius is also diagnosed with "*loose teeth and receding gums*". The plan: "*refer to dentist, ASAP*". He is given Tylenol.

From there on the 'close monitoring' of chronic care staff documents Demetrius' gradual but steady decline in solitary confinement. On 5/22/13, at the next Prolixin injection, he is described as "*polite and cooperative*", apparently unaware that his fate is sealed: *"asks how long he has to take it*". By 6/12/13 Demetrius has progressed to being assessed as "*nonverbal but cooperative*". On 8/13/13, according to records, he "*refuses to see the doctor in HU*" (housing unit), but is "*quiet"* and "*smiles some now*." Thanks to enforced antipsychotics.

On 5/29/13 Demetrius receives his next Prolixin injection (25mg)/Benadryl (50mg) that is allegedly "*tolerated well*". Three days later, however, on 6/1/13, Demetrius self-declares yet another medical emergency: "*I can't breathe!"* This reoccurs two days later, on 6/3/13. The note indicates "*throat hurts", "hard to breathe*". Per Medical Service Request (MSR) filed on 6/4/13, Demetrius sees the nurse one day later, on 6/5/13. Records indicate: "*back, stomach, neck pain – needs muscle relaxer*". The nurse notes: "*Stature slightly stooped, walks slowly*". Demetrius is given gas relief tablets.

One day later, on 6/5/13 at 1.29am, Demetrius self-declares again: "*I can't breathe at all*". It takes twelve hours until he is finally seen by the nurse, at 1:15pm. Her comment: "*whispers all answers, then clear, normal voice/patient bent knees to fall to floor*". – In plain language: she thinks he is simulating. Custody staff pushes Demetrius back to the segregation housing unit in a wheel

chair. On the same day Demetrius' enforced medication regimen is switched to a Haldol injection (25mg) and Benadryl (50mg), at first weekly, later at increased intervals with accordingly higher dosage (50mg bi-weekly, then 100mg monthly). Two days later, on 6/7/13, Demetrius has another self-declared medical emergency. He is quoted indicating: "*I can't breathe! I'm spitting up blood!"* The nurse's comment: "*patient ambulates w/o difficulty, became aggressive with custody – encounter terminated for safety*." Records reveal that at 9:00pm Demetrius suffers through another assault by correctional staff, documented as *"use of force/physical"*. The segregation exam indicates: "*not hostile/angry, quiet, not manic*".

On 6/8/13 Demetrius again self-declares, feeling *"shaky"*. The CO is quoted indicating: "*three unsteady steps in cell, sent to TCU*". Assessment: *"alert/oriented, clear speech, fair eye contact, gait steady. Sent back to HU"*. Two days later, Demetrius self-declares again, unable to breathe. His blood pressure is at 110/72, his pulse up to 116. The nurse notes: "*Heart rate tachy, but regular*". 'Tachy' is short for 'tachycardia', implying an irregular heart rhythm. Her plan of action: *"notify physician*".

On 6/19/13, two weeks after it was noted that Demetrius needed a muscle relaxer to counteract the stiffness that has taken hold of his whole body, caused by the antipsychotic, he receives Cogentin (2mg), but refuses to take it. His medical records indicate: "*counseling provided*".

Demetrius however assured me he was never educated about the nature of the medication, nor was he informed about the risks of not taking it while on antipsychotics. He assumed it to be an additional psychotropic that would cause even more distress.

On 6/22/13 another 'Code 16' is called: *"Accident"*. Demetrius is quoted having *"chest pain all night"*. His blood pressure is normal at 118/78, but his pulse rate is again high at 104. He is taken to TCU for follow up. Per record: "*Abdominal pain all night. I'm having a heart attack!"* By the time he finally gets there his vitals have normalized. The nurse's advice: "*Drink more water.*"

On 6/24/13 Demetrius has a Chronic Care encounter with the psychiatrist, with the subsequent enforced Haldol/Benadryl injection on 7/2/13: The nurse states:

"*came out for injection, quiet, polite, cooperative*". For the first time 'progress' is noted: "*Alteration in coping mechanism*". Chronic Care encounters with a Qualified Mental Health Professional follow on 7/3/13, 7/11/13, 7/23/13 and 8/6/13. Records indicate that "*Mr. C is still in solitary confinement*" and "*remained in bed*".

On 8/7/13 Demetrius has a "doctor encounter" for "*multiple complaints: headache, back and chest pain*", likely symptoms of the Haldol regimen. The doctor summarized: *"40 year old African American male, on involuntary meds per mental health, asthma pump (Albuterol) which he apparently has not had in many years, chest pain never goes away/ca. 20 push-ups/day in cell, no other exercise, smokes cigarettes for > 25 years, unchanged, now"* [in ad/seg and can't smoke!] *"Small, unkempt, bearded, soft spoken. HA: occipital area/chest pain: LCM/back pain: to the RT of approx. T-11 in mid post scapular line. No defects/disease detected. MDI* [metered dose inhaler] *not medically indicated. No additional evaluation or therapy."*

I first visited my cousin-in-law Demetrius at Potosi Correctional Center in summer 2014, behind glass, as he was still in solitary confinement with no end in sight. Months earlier, he had sent his elderly mother an envelope that did not contain a letter, only a seemingly weird list of cars of all makes and models that none of us could make sense of – the desperate attempt to hold on to his sanity by recalling all the vehicles he had ever repaired in his life. And it was a cryptic cry for help. Demetrius had again been admitted to suicide watch after his favorite older cousin (my husband) had prematurely died in prison, and one of his sons had been locked up, languishing for months and months in St. Louis county jail, awaiting trial.

On visits, Demetrius was clean shaven, appeared zombie-like overmedicated, without energy. His mood was subdued and desperate. Demetrius felt "foggy", had difficulties concentrating, focusing and remembering. His hands were shaking like those of an old man, and he displayed involuntary mouth movements, a side effect of the long-term Haldol administration without Cogentin. And he had difficulties eating an apple due to several loose teeth.

There is much more that could be extracted from the six hundred pages of Demetrius' electronic and hard copy medical records. This brief summary of

events reveals how, in the course of roughly two years under conditions of solitary confinement, Demetrius' health declined rapidly. After his release on parole in January 2015 Demetrius told me that the Community Mental Health Clinic where he was ordered to go had certified that "he did not need their services", but his parole officer insisted he stay on psychotropic medication. After Demetrius' release, I wrote to the Department of Corrections. Here is an excerpt:

> "(…) *This summary confirms the harmful psychologically damaging effects of long-term solitary confinement even on a person with no prior history of mental illness. It also confirms that solitary confinement practices in Missouri DOC facilities do not only fail to 'align closely' with American Bar Association guidelines (as stated by Scott O'Kelley, LPC, Assistant Division Director/MH Services in his response on 11/26/14, pertaining to another prisoner). Mr. C's ordeal during approximately three years of almost incessant solitary confinement and on enforced psychotropic medication regimen for the latter half of the time confirms that* ***Missouri DOC facilities violate NCCHC*** **(National Coalition on Correctional Health Care)** ***Position Statements #2, #3 and #4 on 'Prevention of Violence in Correctional Settings.***
>
> ***#2:*** *Following Mental Health professionals' reasoning at ACC and PCC just for argumentation's sake that Mr. C's alleged diagnosis of "possibly schizo-affective with a history of psychoses" endangered him and/or others at some point of time, Mr. C's treatment should* ***not*** *have consisted of only placing the inmate on medication, but instead should have "taken a balanced biopsychosocial approach to the treatment of violence".*
>
> ***Instead, Mr. C was systematically and deliberately pushed to a breaking point.***
>
> ***#3:*** *Recommends developing "protocols and guidelines for violence prevention, intervention, and follow-up to be used by qualified health professionals treating inmates, to include information on policies and practices designed to prevent violence, nonphysical methods for preventing and/or controlling disruptive behaviors, appropriate use of medical restraints, and effective techniques for personal safety".*

Instead, Mr. C was left to rot on suicide watch for four weeks until his transfer to PCC, where he miraculously ceased being suicidal. He was left to (literally) physically and mentally decay in solitary confinement for three years, involuntarily medicated since 5/14/13.

#4: *Recommends "training correctional officers on prevention of expressive violence and nonphysical methods to prevent and/or control disruptive behaviors stemming from expressive violence".* ***Instead, on many occasions Mr. C. was "cuffed to a bench" for longer periods of time, "pulled by a belly chain", even pepper sprayed and stun gunned without medical after care.*** *These practices are heinous, unacceptable violations of Mr. C's constitutional rights.*

Missouri CURE requests that Mr. C's alleged mental health 'diagnosis' that he was arbitrarily subjected to, be expunged, since his "altered" mental state was a normal reaction of desperation and helplessness under conditions of continued deliberately indifference, extremely cruel treatment and exposure to torture during his period of incarceration.

Missouri CURE requests that Missouri Department of Corrections comply with Missouri Statute 217.230, which stresses the goal "to return offenders to the community as medically stable as possible, so they may become productive citizens of the state".

Awaiting your response, I remain
Sincerely,
Angelika Mueller-Rowry
Missouri CURE Health Committee Coordinator

Missouri CURE never received a response.

Demetrius C. died on January 26, 2016. He is sorely missed as a beloved son, brother, father, uncle, cousin, nephew and friend. May he rest in peace.