

8/29/19 9:30 SS, OIG DC., AUSP R.D., EMPLOYEE 19

**EMPLOYEE 19**

8/17/16a MCC BCP  
 14+ years Chief Psychologist (11 years)  
 MDC Brooklyn Staff Psych 03-06  
 06-08 Forensic

B.S. Criminology  
 MA Counseling (M.H.)  
 MA Clinical Counseling  
 PhD

Railway & Jersey State Prison - Staff Psychologist 2 years  
 Post Doctoral Fellowship 1 year  
 Internship - Miami - in/out M.H. treatment

PhD Miami - externship - Lenox Walker - battered women's program

oversight

- Forensic (3), staff psychologist (1), drug abuse coord., OT spec.

Ensures patients are seen, appropriate documentation  
 consults on cases as needed

Forensic reports - get them out on time

- reads all when they are new, then Marc review
- reads all reports she signs off on
- seeing Marc patients then normal

7- 3:30 M-F

Intake

PSIA - all inmates fill it out - M.H. history as well  
 as current symptoms they feel

→ answering marked they are seen w/in 14 days  
 they typically do 7 days, try to do it that day

care code 1 - least significant - ~~not~~ no requirements

2: M.H. histories, controlled mental health problems  
 - seen monthly

3: ~~more~~ more severe - must be seen every week

if not stable in GP - they go to hospital  
 - goal is to get stable - if they deteriorate

go to a hospital

4: Marc Swarc than a 3, seen everyday  
"psych obs"

code 1 can be on suicide watch (sw)

→ many times its manipulation (ie: not getting along w/ guard, new cell mate, get out of jail to hospital)  
(psychologist meets w/ person - meds, coping skills  
if they do this 2-3x get bumped to code 2 to be met w/ in a month

watch - imminently suicidal

lights off 24/7, constant watch, smock, special blanket mattress

observation - not c every BOP sign~~s~~ - there when she  
step program to see how they do <sup>got there</sup>

constant observation, 1:1, all lights

↳ get ~~back~~ their clothing back, might get books

- SW can be detrimental if on SW longer than needed
- Any psychologist can take off S.W., they do consult sometimes
- consult w/ warden, Monday morning, Friday closet meeting  
~~capt. warden~~ →, Tuesday send meeting

2 associate w, captain, sup. attorney, EMPLOYEE 19, warden, duty officer  
Executive assistant

dept head meeting Wednesday

only memorandum detect BOP prison

#1 Dr. S. intake // EMPLOYEE 19 note page 4 - consult Dr. Nagel  
E didn't mark anything on PSIQ - had he not been E  
he would have gone to GP (Gen Pop), but due to crimes might  
best to do intake - Dr. S. said he was fine - care code 1  
after court - put on obs precautionary Wk of what would  
happen

<sup>suicidal</sup>  
#2 Risk assessment - E mad angry he was on obs  
no hx of suicidality or sub. abuse, no major med. concerns  
polite but annoyed, no overt risk factors  
<sup>RISK</sup>  
Sex offender, high prof crime, only 1 living brother  
- didn't appear / report depression, didn't report anything

(AW) associate warden

#3 suicide risk assessment from [redacted] EMPLOYEE 19  
#2 quoted "hang alive is fun" [redacted] EMPLOYEE 19 took it seriously

#4 July 10 - kept on obs an extra day even though he appeared fine due to housing concerns  
Executive staff notified of these

associate warden, Warden selected Tartaglean (sp?) [redacted] EMPLOYEE 19 wasn't on ↑ discussion, but believes it's b/c he was a cop w/ a lot to loose

- realizes he would be there a few weeks even w/ bail
- knows he will have a cellmate
- E acted like staff worked for them - i.e. planning ahead
- doesn't like shu, wants single cell

July 11 - taken off obs., at attorney meeting ~12 hr/day

- spoke to him @ attorney conf; E was making [redacted] EMPLOYEE 19 saying he would never be suicidal
- Palm Beach attorney
- wanted brown uniform for att. meetings, wants rec, wants phone calls

- female officer told [redacted] EMPLOYEE 19 E had 2 calls

[redacted] EMPLOYEE 19 possibly officer Davis passed on his concerns to shu LT. (Price)

July 16 - after bail hearing, attorney conference m once a month, [redacted] EMPLOYEE 19 does a shu review

E called for [redacted] EMPLOYEE 19 - treating her like assistant  
analyzed her b/c his needs weren't being met  
no psych concerns, requested kosher diet

July 18 - attempted shu review - didn't see him b/c he was in attorney conference

[redacted] EMPLOYEE 19 got called E was found w/ loose neck w/ very light marks, when she turned around marks were dancer

he was rocking on floor

[redacted] EMPLOYEE 19 left duty psych know - ordered suicide risk assessment  
① gaming - for both E and Tartaglean  
② rehearsal  
③ assault by cellmate  
Hypotheses

CM  
(cellmate)

placed on SW  
 E tells Dr. Emory he doesn't remember what happened  
 E told ~~staff~~ cellmate mca to kill him.  
 denied suicidality, had future plans, acted like a big  
 kid. wanted to learn, wanted to fight case  
 Dr. Emory kept him on S.W.  
 → recording

next day (Aug 24) - Dr. Demisa - E fearful to return to his cell  
 w/ cellmate. CM called him pedophile, CM  
 was playing w/ bedsheet, he fell asleep and  
 woke up snoring  
 - denied being suicidal, reported being unhappy w/ legal situation, slept well last night, eating, sleeping  
 drinking, asking for hygiene products, legal visits  
 - Dr. D took off S.W., stopped down to psych-OBS  
 - allows to have clothes and materials w/ observation  
 not any clearer on 3 hypothesis  
 E is creating doubt to play both sides.  
 E charming

E attorneys never contacted psychology voicing an opinion on his mindset or suicidality

July 25 - Psych observation contact - done by [REDACTED] EMPLOYEE 19  
 • E smiling - "welcome back" - good spirits  
 E claimed he was baffled after being confronted by [REDACTED] EMPLOYEE 19  
 on what's going on. Says maybe [REDACTED] EMPLOYEE 19 can give  
 him cues  
 continued w/ requests/complaints  
 I have a life and want to go back to living my life  
 • Doesn't want to go back to jhw  
 • kept on psych obs - not answering questions

July 26 - [REDACTED] EMPLOYEE 19 want to see him again. E wanted trust  
 again - continues w/ complaints, makes jokes  
 still doesn't answer [REDACTED] EMPLOYEE 19 questions about incident  
 called [REDACTED] EMPLOYEE 19 on being Jewish - made joke -  
 no acute symptoms  
 it's against Jewish religion to commit suicide

- E said he doesn't like pain and didn't want to hurt himself
- E had been interacting w/ companions

#5 July 27 - Dr. Emery saw him - kept on psych obs.  
 #4 didn't answer questions still anxious about returning to SHU b/c he doesn't know how he got the marks  
 Lt. Doctor still didn't have answers as to whether there was an assault. #11

July 28 - Dr. Emery - same thing  
 #5 starts working more therapeutically, provided handouts to go back to housing  
 no signs in logbooks showing suicidality, participating in legal meetings  
 still no contact from E attorneys

7/29 - EMPLOYEE 19 sees E  
 getting comfortable - wants to stay in psych obs

National Suicide Prevention <sup>Coordinator</sup> - Dr. Nagel  
 see - got involved w/ cellmate issue 7/25 email #6

• writing in note pad trying to get things done.  
 • E wanted own CPAP (which has cord)  
 7/29 - getting ready to place him in SHU  
 EMPLOYEE 19 consulted re. staying or staying overnight in <sup>Psych</sup> SHU w/out CPAP, or SHU w/ CPAP - chose psych obs.

#7 Dr. Emery transitioned E to SHU next day - email  
 7/30 - E went to SHU

EMPLOYEE 19 - very important SHU inmates have cellmates  
 #8/9 ↓ isolation  
 ↓ privacy  
 distraction

provides ~~rescue~~ rescue opportunity  
 training on above tenant questions to SHU employees  
 All employees 1x year suicide prevention

Lt. Rice  
STU

CONFIDENTIAL

6 of 7

7+ days on 24/7 observation  
Lt Anderson - EMPLOYEE 19 did not have conversation w/ Lt. A

Pr. S & closeout meeting - E really wanted single cell  
captains

EMPLOYEE 19 - all Lts should know cellmate policy due to training,  
and them constantly (psych) reminding them  
There was still a cellmate label on E door.  
Rounds are important to see an inmate is alone

Rounds - EMPLOYEE 19 awareness

- she wouldn't be told by officers b/c shes ex. staff
- inmates won't tell her b/c officers will retaliate
- Lt. Rice is regimented and regularly does what she asks
- \* never heard rounds aren't completed a night

Will - Aug 8 EMPLOYEE 19 didn't know  
that would have been a red flag - he would have  
been placed on psych obs.  
Attorneys didn't tell psych about the will

Female attorney - complaints about water, vending, housing  
w/ a murder

Aug 8 - STU meeting <sup>see</sup> - sign in sheets, unit ~~team~~ <sup>team</sup> members,  
Ex staff, attorneys MCC,  
nothing significant discussed about E.

EMPLOYEE 19 went to STU rounds to see E - had cellmate  
E on lower bunk - no visible problems, good spirits  
Got pack # for phone calls, asked for books  
reported getting along w/ cellmate

1<sup>st</sup> attempt to get out on bail

Didn't suggest camera room, warden didn't suggest it  
b/c EMPLOYEE 19 wanted for E to have cellmate

EMPLOYEE 19 has never gone to attorney conference for any  
other patients / inmate

SDNY 00013277

EFTA\_00001258

EFTA00135589

lack of cellmate, understaffing

3 suicide risk assessments ~~at~~ is unusual  
1 by judges order