M E E T I N G

of

THE JOINT LEGISLATIVE TASK FORCE TO STUDY THE ADULT DIAGNOSTIC AND TREATMENT CENTER

"Testimony regarding therapy and programs"

LOCATION: Adult Diagnostic and Treatment Center
Avenel, New Jersey

DATE: December 6, 1994
10:00 a.m.

MEMBERS OF TASK FORCE PRESENT:

SENATE:
Senator C. Louis Bassano, Chairman
Senator Peter Inverso
Senator Louis F. Kosco
Senator John A. Girgenti
Senator Edward T. O'Connor, Jr.

GENERAL ASSEMBLY:
Assemblyman Stephen A. Mikulak, Chairman
Assemblywoman Marion Crecco
Assemblyman James W. Holzapfel
Assemblyman Joseph R. Malone, III
Assemblywoman Barbara W. Wright

Gregory Muller
William H. Thomas
David G. Evans, Esq.
Professor Alexander D. Brooks

ALSO PRESENT:
Anne M. Stefane
Office of Legislative Services
Aide, The Joint Legislative Task Force to Study the Adult Diagnostic and Treatment Center

Hearing Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
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New Jersey State Legislature
THE JOINT LEGISLATIVE TASK FORCE
TO STUDY THE ADULT DIAGNOSTIC
AND TREATMENT CENTER
LEGISLATIVE OFFICE BUILDING, CN-068
TRENTON, NJ 08625-0068
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MEETING NOTICE

TO: MEMBERS OF THE JOINT LEGISLATIVE TASK FORCE TO STUDY THE ADULT DIAGNOSTIC AND TREATMENT CENTER

FROM: SENATOR C. LOUIS BASSANO, CHAIRMAN
ASSEMBLYMAN STEPHEN A. MIKULAK, CHAIRMAN

SUBJECT: **TASK FORCE MEETING - December 6, 1994**

Comments and questions may be addressed to Anne M. Stefane, Task Force Aide, or make scheduling inquiries to Kathleen Espieg, secretary, at (609) 984-0231.

The Joint Legislative Task Force to Study the Adult Diagnostic and Treatment Center (ADTC) will meet on **Tuesday, December 6, 1994 at 10:00 AM at the Adult Diagnostic and Treatment Center, Avenel, New Jersey.**

The task force will hold a brief organizational meeting beginning at 10:00 AM. After the organizational meeting, the task force will receive testimony from current and former inmates of the ADTC. The task force also will receive testimony from Oscar Sandoval, M.D., former chief psychiatrist of the ADTC; Louise Riscala, Ph.D. former director of psychology, Menlo Park Diagnostic Center; Barbara Chayt, program supervisor, Pinelands Residential Group Center, and treatment staff at the ADTC.

The meeting will be open only to members of the task force, legislative staff and members of the press. The Office of Legislative Services will record the meeting and transcripts will be available to the public at a later date. Members of the press who wish to attend the meeting should contact Anne Stefane by noon on December 5th and bring their press credentials to the meeting. At the request of the Department of Corrections and the task force, inmates and former inmates may not be photographed or identified.

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SENATOR C. LOUIS BASSANO (Senate Chairman): May I have your attention so we can get started?

Mr. Furlong, good morning.

J O H N S. F U R L O N G, ESQ.: Good morning.

SENATOR BASSANO: How are you?

MR. FURLONG: I have had better days.

SENATOR BASSANO: I hear you are in the middle of a trial.

MR. FURLONG: We stopped the trial for this Task Force. I want you to know that you have that power over the United States District Judge.

SENATOR BASSANO: What I would like you to do is to acquaint this Task Force with your background and how you are involved with Avenel. Then you can go into your testimony, if you so desire.

MR. FURLONG: Okay, I think that's fair. Are we all set?

SENATOR BASSANO: Yes.

MR. FURLONG: Good morning, Peter.

My name is Jack Furlong, for those of you who have not met me. I reintroduced myself to Senator Kosco, who I promise I will not call "Your Honor" this morning. I have been a certified criminal trial defense attorney for approximately 14 years. Before that I was a prosecutor and a Deputy Attorney General. I have both prosecuted and defended rape cases and, indeed, under the old Title 2A, I believe there is still an inmate here who I sent to Avenel in 1977 for a straight-ahead rape case. He got an indeterminate to 30 term, and he is still-- I guess he is about 17, 18 years into that term. There are people here today who I have defended, presumably unsuccessfully, who are serving sentences under Title 2C. I think it is fair to say that I prosecuted a substantial number of rape cases during my years as a prosecutor.

In the course of time that I was defending rape cases, or sexual assault cases, I became acquainted with Avenel when a personal friend of mine, who wound up being a client, wound up getting time here at my recommendation. I analogize it to when I was facing the draft in 1969, and my father told me I would be better off spending four years standing up as an enlistee than two years on my belly in Vietnam; the theory being that the quality of the time you spend is sometimes more important than how you spend the time.

Avenel is well-known within the criminal defense bar, and known, presumably, within the criminal community -- if there is such a concept -- as a better place to spend your time than in a State prison, even though you are going to do more time there, as a matter of straightforward fact. So in the course of representing this personal friend of mine, I became acquainted with why that is true. During the course of the next several years, in the mid- to late-1980s, I handled many post conviction petitions on the part of inmates here at Avenel seeking to go back to court and explain to judges that their lawyers, or they personally, had no clue when they agreed to come to Avenel that all they were doing was coming to an institution that was, in many ways, an administrative segregation which would virtually double their sentence, but not increase their therapeutic opportunities.

As a result of that information and the acquisition of that information, I was later asked, in 1989 or 1990, to handle the civil rights suit filed by the inmates of Avenel on specific plaintiffs here to seek redress of what they perceived as a denial of due process and equal protection which, in their mind, was a breach of the promise of 2C:47. The simple fact, right now, is that legally that lawsuit is not settled, although it is very close to settled. I can tell you what the overview of that lawsuit is. I think the case will wind up within the next 30 days, and I would be happy to supply a lot

more information, Senator, if you are interested in it. I recognize that there are those on this Task Force who have no interest in the information, and I respect their reason for not wanting it.

But let me see if I can give you the basic outlines of that lawsuit, without giving you the text of any settlement conversations or any agreements that may be on the table.

The first thing the suit sought was an increase in the number of therapists. The suit started with the premise that those guys who agreed to come here and did not fight pursuant to case law the necessity of coming here-- These were guys -- I notice Prosecutor Holzapfel on the Task Force -- who did not request Horne hearings willfully. They knew they were going to be coming to Avenel rather than being mainstreamed to a normal State prison institution. They thought they were going to get therapy. They thought they were going to get help, because there are three issues in any sex offender environment: One is their identification; one is their punishment; one is their treatment. They thought they would be getting both punishment and treatment by coming here, as opposed to going to the normal State prison environment and getting simply punishment.

They were looking for an increased number of therapists. They were looking for an increase in the size of the SCRB -- the Special Classification Review Board -- because its limited size and scope prevents them from undertaking any kind of realistic evaluation or review of the inmate's progress. The SCRB, although extremely qualified-- Dr. Pallone is a nationally recognized expert and, in my judgment, the absolute leader in the field. He has a limited number of people. When we were taking his deposition, we asked him: "Assuming an inmate population of 600, and a statutory mandate that you review those inmates twice per year, you would have to be looking at 100 inmates every single month, if you meet once a month. How do you do that in a six- or seven-hour day in

which you interview two to three guys for five to six hours? If you get three interviews in in a day, it is considered remarkable."

"Well, we know the inmates want to keep getting therapy, so we just started signing off on their periodic reviews." "Well, how do you know that?" "Well, the therapist says he needs more therapy; the institution says he needs more therapy; and he signs it himself saying that he needs more therapy." "Well, why does he sign that himself? Did you know that the reason he signs that is because he is told by his therapist that if he doesn't agree that he needs more therapy, he is in denial and, therefore, he needs help?" So what I used to refer to as the "Russian psychological construct" -- if you don't think you are crazy, you are probably crazy.

So they would all sign off, and they would just get these periodic reviews that were, essentially, a meaningless exercise. So you saw a very, very small percentage of the people actually being properly treated, properly evaluated by the SCRB, and passed along to the Parole Board as not dangerous, but maybe not suitable for parole. That is why you get 1 percent, 2 percent, or 3 percent parole eligibility coming out of Avenel, because maybe eight or nine guys a year are paroling.

They also sought parallel treatment to the 2A and 2C offenders. The 2A offenders, who are now down in number to something like two dozen guys, Jim -- it is a relatively small number-- They are serving day for day on an indeterminate to 30-year sentence, and they are sitting in the same room with a guy who is serving, let's say, a 20- or 30-year sentence who will max out 10 years before them. This has an incredibly destructive capacity in the therapeutic environment, when some of the guys are sitting there saying, "Well, why should I be doing anything?" The people who are countertherapeutic who do not want to participate have an extraordinarily destructive

impact on the other impacts, because of the nature of the institutional setting.

SENATOR BASSANO: Let me interrupt you with that statement.

MR. FURLONG: Sure.

SENATOR BASSANO: One of the things we have been talking about is to allow for the transfer of inmates between this institution and some of the prisons, and to allow it to happen more readily than it is happening right now.

MR. FURLONG: Sure.

SENATOR BASSANO: Taking what you just say, now, would you agree that those people who are here who are, (a) refusing treatment, or (b) are not responding to treatment -- that maybe they should be moved out of here so that the people who are here can get the help they desire?

MR. FURLONG: Yes and no. Yes to the therapy refusal. I am not so sure about not responding to treatment, because that puts a qualitative mantle on the therapist.

SENATOR BASSANO: I should rephrase that by saying, then, assuming that therapy is the type of therapy that will work.

MR. FURLONG: No. I am just saying that if you are putting the onus on the psychologist to say, "This guy is not responding," when he thinks he is responding, fine. That guy may not be a negative influence. But let me focus on the therapy refusal.

SENATOR BASSANO: Okay.

MR. MULLER: Well, wait a minute, sir, if I may.

MR. FURLONG: Sure.

MR. MULLER: When a therapist interviews a client, he or she is responsible to take progress notes, or clinical notes--

MR. FURLONG: Okay.

MR. MULLER: --and chart the progress that that patient or client is making.

MR. FURLONG: In the ideal situation, yes.

MR. MULLER: You chart, if you are doing it properly, the progress that patient is making. Even if you only see them twice, from the first time to this time, you have some opinion you are forming based on the responses to discussions you had with that client. So there is some quanitative and qualitative review process there. No one is ever going to hold a medical doctor or a psychologist accountable for a negative outcome.

For example, if a doctor says to you, "You have cancer and you may die, but I think I can save you," but you die anyway, can your family sue that doctor? No. Because the disease takes its course on you, that is not his fault, or her fault. The same thing goes with clinical therapy. If the patient is obviously not responding, is resistant to any kind of therapeutic approach, he is obviously not progressing. That refers back to Senator Bassano's issue, and they belong back in the prison system.

MR. FURLONG: I will grant you that some people are effectively therapy refusals, even as they are sitting in the group; that they are trying to put on a good show.

MR. MULLER: Right. Now if the therapist says, "This person has made some progress, but not as much as I would like to see," that does not mean that you throw him away.

MR. FURLONG: Well, that is what I am trying to-- Let's avoid that kind of clinical analysis, and let me just talk about straight therapy refusals, if I might.

Yes, Assemblyman?

ASSEMBLYMAN STEPHEN A. MIKULAK (Assembly Chairman): Have you, in your lawsuit, dealt with the quality of therapy that exists here?

MR. FURLONG: You're asking me to comment on those areas that are still under negotiation. But the long and the

short of it is -- I don't think I am compromising the settlement talks to say -- that the DOC is hamstrung on its inability to promise funding as part of a civil resolution. They cannot put bucks on the table. That is why I am standing here talking to this Task Force.

ASSEMBLYMAN MIKULAK: Yes, DOC is very poor. They have no money.

MR. FURLONG: They have no money.

ASSEMBLYMAN MIKULAK: They have a $600 million budget.

MR. FURLONG: They have a large custody staff here, but a very small therapy staff relative to the number of inmates -- 14 or 15 therapists, and approximately 750 inmates.

SENATOR BASSANO: All right. That is what we're here for, to correct that problem.

MR. FURLONG: But one of the things the lawsuit says is, "Look, either bulk up the therapy staff, or do away with it and the statutory framework altogether, and just mainstream us into the system. But, make a choice." Because there is no more ridiculous or asinine program of the government than a half asinine program. If you are going to do a half asinine job, don't do it at all.

SENATOR INVERSO: Jack -- through you, Mr. Chairman -- you hit it right on the head. You know, we have to decide if there is a program to be effectuated here. And if we decide there is, then we have to make the program work. We can't be in-between. I think you simply hit it right on the head. I think we realize that. The decision we have to reach is whether or not this program continues. But if we say it continues, we have to be prepared to put the dollars in there to improve the ratio of therapists to inmates, and to make the therapy more effective.

One of the problems that frustrates us, though, is that no one has kept records; no one has looked at--

MR. FURLONG: That's why, when you were saying progress notes--

MR. MULLER: That's what I said. That is mandated; it is required.

MR. FURLONG: We don't have that here.

MR. MULLER: Well, then, it's wrong.

MR. FURLONG: Yes. I know this only because of the discovery we undertook during the lawsuit to try to find out. This is an "Alice in Wonderland" progress report.

I can't get to the Parole Board unless I go through the SCRB. I can't get to the SCRB unless I pass my primary therapist and then my secondary therapist. "Well, what did I do wrong?" "I don't know, but you must have done something wrong, because they said 'No.'" "Well, can you tell me?" "Well, I recommended you, but I don't know what these people said."

I could give you a lot more chapter and verse, but not until after my--

MR. MULLER: That's totally unprofessional.

MR. FURLONG: I can't-- He will be on my witness list, though. (laughter)

SENATOR BASSANO: The SCRB, what type of inquiries?

PROFESSOR BROOKS: Mr. Furlong, may I ask a question? I'm sorry, did I interrupt you? (no response)

MR. FURLONG: It requires roughly, in our judgment, a doubling or tripling of the size and a semi-- We were prepared-- You are asking me to get into the lawsuit, but generally speaking, it needs enough people so that you can meet on a regular basis and see, in person, everybody in the institution. They don't have to be seen every six months. Nobody makes that kind of therapeutic progress. But as it stands now, the vast majority of the people here are never seen in person by the SCRB. They have no way of knowing if they are

dangerous. They have no way of knowing whether these people are going back out on the streets to be predatory, because they are never seen.

SENATOR BASSANO: You are talking either double or triple, and you think that would--

MR. FURLONG: I can simply suggest to you that that area has been discussed at length between myself and the Attorney General, and we think we are very close to resolution of that issue.

SENATOR BASSANO: Professor Brooks had a question.

MR. FURLONG: I'm sorry, Professor.

PROFESSOR BROOKS: There has been some discussion about, "Do it right, or don't do it at all." I agree with that, but the question is, what is meant by "doing it right"?

Now, in a memorandum that I sent to all members of the Task Force, I suggested that we really have three alternatives, and you may comment on whether you think these three alternatives are realistic or not.

One is to keep the situation as it is, which, of course, is unpalatable to everybody. Another is to do away with it entirely. But there is a middle course apart from having many more therapists and more programs; that is, to cut back stringently on the number of people here, and to eliminate those who are not accepting treatment, refuse it, or are clearly unresponsive, as a result of which we could have a much smaller population, but a population consisting of inmates who have initiated requests for treatment, cooperate with treatment. While the interest here is not exclusively on saving money, if, for example, there is resistance to spending millions more on additional therapists, if we keep the staff and maybe augment it somewhat, then perhaps the remaining cohort of inmates would receive far more therapy. Query, whether it would be enough? Query, whether it would work?

Would you like to comment on that, please?

MR. FURLONG: Not at all. No, seriously-- The reason I say "Not at all" facetiously, is that I am not professionally qualified to analyze your proposal. What I can say is, anything that reduces the inmate to therapist ratio and increases their opportunity for primary and personal therapy, I think-- Intuitively, I would believe that that would be helpful. The reason I don't want to comment is because you are talking about inmates who are looking for the help. You have to appreciate that guys don't come here by raising hands. I mean, it is not a voluntary type program. It is decided by the sentencing judge, in a criminal proceeding.

PROFESSOR BROOKS: Yes, but I am proposing that the sentencing judge present to the defendant who is now up for sentencing the possibility that he could either go to a mainline prison or he could come here, with the understanding that there is no benefit whatsoever to his opting to come here, except the benefit of treatment, and perhaps some incidental benefits, like what you referred to before, that it is better to do time here than at Rahway.

MR. FURLONG: I appreciate that. I think I can segue this right back to the therapy refusal question. Most guys, when they get in front of a sentencing judge, think that Avenel is a faster out. They think, "We get the therapy, we have the increased parole opportunity," because, at least hypothetically, you could come out of here in six months, although now that the sentencing codes are integrated, you cannot do that. So they are misled, many times by their own attorneys, many times by probation, many times by the sentencing judge. That is why as a result of State v. Howard you actually have a disclosure form that says, "No matter what anybody is telling you, you are going to do more time at Avenel."

Now, they come here thinking by not challenging their Horne opportunity to challenge their designation here-- They

think they are going to get the therapy and that there is a tangential benefit that they could get out earlier. What happens is, they get here and they find out they are going to do more time than they would do in a normal institution, and that there is no therapeutic opportunity to speak of. Once they find that out, that is when they go into therapy refusal, because they figure, "Well, if I go into therapy refusal, I will get sent back over to the mainstream institution. I will be reclassified as a straight 2C, instead of a 2C:47 offender, and on my 15-year sentence, instead of maxing out at 10, with the burden on me to make parole, I can get the parole eligibility at 5, like every other rapist, murderer, and robber who is sitting over in State prison."

So once they figure-- Everyone in prison is a logical thinker, except the outright socio -- no, the outright psychopath; the sociopaths even have a linear logic to their cogitation. "If I go there, if I refuse therapy and I go to State prison, I get out sooner. If I go to Rahway, I get commutation credits, and sit there like a vegetable" -- as one reporter adroitly pointed out at our last symposium. "But if I sit here like a vegetable, I don't get commutation credits." That guy is going to refuse therapy and go over there and get his commutation credits. He wants them.

One other postscript on that: The reason everybody is maxing out at two-thirds at Avenel, and not necessarily maxing out at two-thirds at Rahway, is because everybody here is well-behaved. This is the best behaved group of prisoners in the State system. That is how you get here. You are not a management problem. That is why custody staff -- female custody staff -- sued for the opportunity to work here. They settled the suit and said, "Okay, you can come here, too," because this is the best billet of the security staff in the State correctional system. That is why-- Ask to see their disciplinary files, and you will see that these guys are not

killing and maiming each other, the way some guys are, maybe 200 yards from here. DOC, they will come out with their box of weapons, "Yes, we have a lot of weapons here." They bring this box out for display, and it has shivs, guns, and zip guns. They don't have a box for here. Here when they seize a weapon, it is a rolled up magazine a guy is using to keep his cell warm, or a pallet knife from the art shop, which Senator Inverso has cast a gaze upon, in spite of his love of art.

MR. THOMAS: Perhaps that is because they are so comfortable here.

SENATOR INVERSO: Thanks for reminding me, Jack.

MR. FURLONG: It could be because they are comfortable here, but they are comfortable here because they are not threatened. You have to appreciate that pedophiles are the absolute bottom of the food chain in the correctional system. These guys will get killed, a la Jeffrey Dahmer, in the mainstream institutions. You will have to administratively segregate them, even if you don't treat them. Otherwise, they are going to get killed. And if they get killed, their families are going to sue you. If you think they are not going to win, I would say you are mistaken. No disrespect, Senator Kosco, but that is what happens.

SENATOR KOSCO: What does that have to do with me?

MR. FURLONG: Nothing. At one point you made a statement at a prior hearing that you had absolutely no interest in their rights. I am just telling you the reality, irrespective of the right.

With respect to the last issue that was sought in the lawsuit, the inmates were seeking after-care opportunities, either inpatient or outpatient. Everybody was talking about registration and notification, and all these guys are resisting that, because they do not want to become card-carrying members of a vilified class. But there would be a very easy way to register and maintain custody-type control over these guys, if

you simply fund it. This is a relatively inexpensive panacea. To put together after-care programs in 15 of the 21 counties, all you have to do is fund part-time therapists to run meetings once or twice a week.

SENATOR BASSANO: One of the things that we will seriously look at, in addition to halfway houses, is through parole. We want to look at the halfway houses as being one of the conditions before people get paroled, and then some type of after care, because if you are paroling people, you can require them to get that help for themselves and attend some of those meetings a couple of times a week.

MR. FURLONG: There are guys who come here every month to have outpatient group therapy who have maxed out, who are not on parole, and have no obligation to be here. Those are the people that Dr. Brooks is talking about who are actually motivated to continue to seek therapy long after the State has any control over them.

The last thing they said in the lawsuit was, "Look, if you can't provide us with these alternative opportunities, or increased therapeutic opportunities, just treat us like everybody else. We will take our chances doing two years on our bellies, instead of four years on our feet." That is the essence of the lawsuit, which, I hope, is close to settlement.

A comment about the witnesses you are about to hear during the balance of this hearing: I don't pretend to be able to assess the credibility of anybody I haven't heard. But the last time I appeared at a hearing, Senator Kosco was concerned about getting information from people in a relatively compressed time frame. I respect that, irrespective of any acrimonious words we might have had, because there was a deadline, an agenda, and it had to be adhered to. You have the luxury of more time now, I think. You passed your bills. We are going to sue on those bills. We are going to challenge

certain aspects of the registration and notification law, but not the entire package, and we will have time to do that.

But if you have time to take testimony, note the following: The DOC Central Office is as gifted a professional staff as you are likely to find in this country. People like Gary Hilton and Howard Beyer are as shrewd, as sharp, and as intelligent as they come. However, they don't know everything that is going on in the individual institutions, because the institutions are like ships at sea. The commander of the ship, or the superintendent of the individual institution, runs his own show. The administrative turf that has to be protected here will be protected before this Task Force. Indeed, it is probably a testament to that that the witnesses for this Task Force were all sequestered downstairs in a fashion-- We learned upon arrival that we were not allowed to hear what you were talking about, and we are not allowed to hear one another testify. That may be a function of the constraints of the room, but that could have been handled in a different way, I'm sure.

The custody staff I alluded to earlier: This is considered the best custodial assignment in the DOC correctional officer staff. They are going to tell you that even though they are spending $28 million of the $30 million budget on custody operations, they actually need more staff correction officers. Why? I don't know. Whether there is overtime abuse here or not, I don't know, and I do not pretend to have any insight into that.

The inmates are going to whine. When you hear from inmates, inmates whine. It is what they do best. But remember, whining is a form of discourse. The inmates here are whining because they are talking to you, because they have complaints, and they catalog those complaints because they think they can get your attention. There is not nearly as much whining going on in, let's say, Trenton State Prison, where the

sociopathic community makes itself known to its fellows in a more direct fashion. There are a lot more physical confrontations there than there are here. These guys, as I said before, tend not to be management problems.

In my judgment, the therapy staff will be the most credible class of witness you will hear from here, because they have the smallest ax to grind. The only thing they are concerned about, obviously, is maintaining their employment, but they are the ones who will come clean with you, I think, if you ask them. They will tell you what the story is. There are ex-inmates here who couldn't care less about what is going on here, to the extent that they may be vindictive. I don't find them, generally, to be that way. They will tell you their own negative experiences. They tend to be very highly educated and, in my judgment, deserve at least the respect of the fact that they are coming here. There is an natural tendency to discount their testimony because they are ex-offenders, but these are people, by and large, who have successfully completed the program. They are in that very small class of men who were actually paroled out of this institution, which is a near impossibility. This place is much too much like the Hotel California, otherwise. They will give you, I think, in the absence of any vindictive impulse, a straight read on what it was like to be here.

The SCRB people, in my experience, are absolutely professional, are absolutely committed to giving you a straight read on whether you should or should not improve or enlarge the therapeutic environment. But if you took a poll of the inmates here, I guarantee you they would vote on disbanding the entire program and simply mainstreaming them into the prison population, and amending the statute of 2C:47 so that they could be treated like every other inmate. Then they would have the same parole opportunities as every other inmate, and they would do less time.

Criminal defense attorneys, no matter what you may have heard, have no vested financial or intellectual interest in coddling inmates or reducing registration and notification. We are not necessarily civil libertarians. In our economic interest, if you criminalize all behavior, the size of our market share goes up astronomically. We would like to see the death penalty for marijuana possession, because then we would get more middle-class clients paying us lots of money. I want you to appreciate that what we are focused on, is where we deal with our guys, which is before they go in. You tell us that a guy is going to have a lifetime of parole, that he may spend a lifetime as a civil committee, and we are going to treat the case like a death penalty case. We are going to litigate every single aspect of the case like we are defending a capital murderer, at the point of contact, at the initial pregrand jury, postindictment, pretrial phase. We are going to have to do everything in our power to prevent these guys from going down this road. Once they go down this road, we are going to be advising them. They are going to be calling us up, saying, "If I talk in therapy, I could be civilly committed." "Well, then, don't talk in therapy." "Well then I won't get the commutation credits." "It is better not to get the commutation credits than to spend the rest of your life in the Vroom Building.

The ripple effect, the punch pillow effect of everything you have done will be manifested from the point of contact.

SENATOR BASSANO: Do you think whatever is said in therapy should be treated the way it is now between an outsider and a doctor; that it is privileged information?

MR. FURLONG: I don't know what the answer is. I mean, at one extreme you have complete privilege; at the other extreme you have a wide-open door. I would like to think that there is a middle ground in which public safety considerations

play a role in the therapeutic process. As a citizen, as a parent, I have no difficulty with that proposition. But what you have now is a gun to the head of the inmate by which you say, "If you talk, we are going to use that against you." You don't have to have a Fifth Amendment to the Constitution. You can just say to the guy, "If you talk, you're going to jail, or to the Vroom Building, for the rest of your natural life." "I don't think I am going to talk." "Well, you might spend another two years here." "I'll run that risk, but I am not going to talk."

MR. MULLER: Pardon me. When do we have a gun to the head of someone who is already in this facility? Say that again. I didn't understand that.

MR. FURLONG: Sure. There are guys right now who are being told in anticipation of the enabling legislation, enabling rules, that if they say something in therapy-- I assume everybody is familiar with the Chapman case. But if you say something in therapy that suggests to your therapist that you are a continuing danger-- "If I get out of here" -- like the old song -- "I am going to kill," and that person turns around and tells the police chief or the prosecutor, "If this guy gets out, he is going to kill," he is going to be civilly committed, a la Donald Chapman.

Now, what this does is expand that role. Now it is not necessarily the guy who says he is going to kill. Now it is the guy who says, "I have had fantasies about young boys. I am not saying I am going to kill. I am not saying I am going after young boys, but I do not have these fantasies resolved." I'm picking hypotheticals out of the air. Now the therapist is obligated to--

MR. MULLER: Keep him around longer?

MR. FURLONG: --report that information.

MR. THOMAS: Which he should.

MR. MULLER: How is that wrong?

MR. FURLONG: The point is, the inmate--

MR. MULLER: What about the importance of the guy--

SENATOR BASSANO: No, no. He is saying the inmate is not going to say this now.

MR. FURLONG: The man's interest is self-motivated. He wants to go back out. He is going to say, "I am not going to lie to you. I am just not going to talk to you." Now, if your position is that by--

MR. MULLER: Well, that is someone who is not cooperating with the therapy, and he is not going to get-- That is the one Senator Bassano can refer back to the main population.

MR. FURLONG: Then, what have you done? Now you have a guy with a 15-year sentence, who serves 7 1/2, paroles, goes out, and you have no control over the guy.

MR. MULLER: Well, you just said, before, that they are going to get killed if they go back to the main--

MR. FURLONG: They are going to take their chances.

SENATOR KOSCO: They don't get out.

MR. MULLER: But the issue here is the protection of society, not the protection of one person who is going to go out and hurt three others.

MR. FURLONG: What makes you think you are going to increase the protection of society by having a guy dummy up and not identify himself for you?

MR. MULLER: Well, that is the point. He is either going to have to go along-- Progress notes have to be kept. The therapist can then determine whether or not-- We know when we are talking to someone who is a client if he is giving us a line of malarkey. That is part of the job.

MR. FURLONG: You're a better man than I.

SENATOR KOSCO: Under the legislation of involuntary incarceration and cooperation, if the person does not take the training, does not take the rehab, the person does not pass

certain criteria, and the person does not get out, even when he maxes out -- under the new legislation. So all those things do not enter into this now, because the State can now incarcerate someone who is not -- even after he maxes out, which they couldn't before.

MR. FURLONG: You have been misinformed, Senator, if you think that a man who says absolutely nothing is going to be involuntarily committed forever by any judge in this or any other state based on his silence. It will not happen. It would create matters of enormous constitutional concern.

ASSEMBLYMAN MALONE: This is starting to sound like a Johnny Carson monologue. You pose questions, and you answer the questions yourself. You know, what is the real purpose of what you are testifying on? If you are here to give us some guidance, that's fine. But you pose questions, you propose what you feel are the answers, and I am lost as to where you're going, I guess.

MR. FURLONG: Oh, I finished my prepared remarks some time ago. I was responding to Mr. Muller's question, I thought.

SENATOR BASSANO: John?

SENATOR GIRGENTI: Let me understand this. I mean, you were saying, before, that most people would rather be in a State prison than in this facility, even though it is a more relaxed atmosphere from what we have seen.

MR. FURLONG: Well, they would rather have it both ways.

SENATOR GIRGENTI: Just because of the time constraints, because they figure they would get out earlier.

MR. THOMAS: Yes, of course.

MR. FURLONG: They would rather be here and get out in the same time as the State prison inmates. That would be their dream sheet. But I'm telling you that if you put it to them, in one form or another, either effectively or implicitly, they

are going to say, "I would rather do two years there than four years here, and get out."

SENATOR GIRGENTI: Well, then, the fact is, with what I understand from the information I have gathered, there is about one-third of the people here who are uncooperative; who are not interested in any kind of treatment. So they are really taking up the spaces of people who could have that help and treatment. Why not put them back into the normal prison population if they are uncooperative? The way you could do it is by reviewing the program periodically to see who is cooperative and who is not cooperative.

MR. FURLONG: Do you understand why they are not doing that right now? Is it okay to pose that question?

ASSEMBLYMAN MALONE: You can do anything you want, but this is still a Johnny Carson monologue. But go ahead.

MR. FURLONG: Well, he had a pretty good run.

ASSEMBLYMAN MALONE: Yes, I know, but I am not here for a show.

SENATOR KOSCO: Excuse me. I am not here for a show either, so let's get on with your testimony and stop trying to be a comedian.

MR. FURLONG: Do you understand why they are not transferring them right now?

SENATOR BASSANO: Sure, because if they transfer them out they are going to get out faster, without any treatment at all.

MR. FURLONG: If they transfer them out, then everybody else is going to see that happen. The ripple effect will be that everybody will go into therapy refusal in the hopes that they will go there.

SENATOR BASSANO: Talk to me about therapy. You are involved in a lawsuit. The prisoners came to you and said that they want treatment, but the treatment here stinks.

MR. FURLONG: There is just not enough of it.

SENATOR BASSANO: Talk to me about it. Tell me what you guys -- if you can -- feel is the proper amount of treatment, where it is defective, etc.

MR. FURLONG: The ratio, it seems to me empirically--

SENATOR BASSANO: By whose standards?

MR. FURLONG: I don't know, because I am not a therapist.

SENATOR BASSANO: But you filed a lawsuit, though. You filed a lawsuit and said it is not enough, but you have to have something to say that is enough.

MR. MULLER: Some guideline has to exist.

SENATOR BASSANO: Some guideline, so tell me what you think is enough -- four hours, six hours, ten hours.

MR. FURLONG: I would say that some individual therapy-- The way it works out right now--

SENATOR BASSANO: Some individual therapy?

MR. FURLONG: The way it works out right now is, you have a bunch of guys doing group therapy, and one guy gets the floor for a period of time. Let's say they have a 90-minute session. They might give one guy the floor for 45 minutes. You might have two guys getting the floor in a given weekly therapy session. If you have 15 guys, 16 guys in that group, one guy is getting himself on the floor every couple of months. That is what it is boiling down to.

SENATOR INVERSO: May I inject something? I think your question is very valid. That is something we are going to have to search for in terms of: If the program here is going to continue, it has to continue on an effective basis, and get into the quantity aspect, the number of therapists per inmates.

I just want to throw out one comparison point. I really form no conclusion by throwing this out. When we were here for our first meeting, we were told that there was one therapist for 47 inmates. At the Brisbane Center, where we

have youthful sex offenders -- excuse me, mental offenders, if you will, mental health people, we have one for ten.

MR. MULLER: That's about accurate.

SENATOR INVERSO: If that is an appropriate mix-- I know we are dealing with mentally incapacitated people, if you will, versus sexually incapacitated people, if you will. There may be some clinical differences that need to be addressed from a therapeutic standpoint. But I cannot understand how we could have 1 for 10 in one institution dealing with mental health problems, and 1 for 47, dealing with problems which are driven by behavioral, and perhaps mental incapacities.

MR. MULLER: Well, the drug and alcohol ratio was 300 to 1, if you remember correctly. They had two CACs for the entire prison population, and they are not sure how many of them are--

SENATOR INVERSO: Well, the point that Mr. Furlong is responding to, I think, is a valid one. I don't know whether we can come up with a benchmark now, but it is clear to me, from the last meeting--

SENATOR KOSCO: That we need some remedies.

SENATOR INVERSO: --that there is woeful inadequacy in terms of the ratio of therapists to inmates here. When you talk about the effectiveness of the program -- because that is key, as I said earlier -- I mean, that is the point--

ASSEMBLYMAN MIKULAK: When we talk about this in general, I believe New Jersey is the last State with a standing facility like this to treat sex offenders. I believe this was a trend-- In the course of the lawsuits you file, do you research what other states do?

MR. FURLONG: I can tell you that when this institution was begun in the mid-'70s, it was considered a model nationwide.

ASSEMBLYMAN MIKULAK: Right.

MR. FURLONG: It is still viewed-- There is a historical time lag. It has only deteriorated, I think, in the last five to ten years, because of the enormous increase in the population, with no corresponding increase in the number of therapists.

ASSEMBLYMAN MIKULAK: Right.

MR. FURLONG: Senator, the reason-- I think Senator Kosco's comments, which I overheard, were appropriate. I am not in a position to tell you what the appropriate therapist to inmate ratio is. I just know what is going on right now is not working. I have read Dr. Palone's--

SENATOR BASSANO: The reason why I posed that question to you--

MR. FURLONG: Sure.

SENATOR BASSANO: --they just added five new therapists recently. Is that enough? I mean, obviously, if you filed the lawsuit, you went to an expert and the expert told you, "This is how many people you should have per inmate. There should be a certain ratio," and you have some idea. That is why I asked that question.

MR. FURLONG: I don't want to get into the settlement--

SENATOR KOSCO: I think it would be based on the qualifications of the experts he hired, not numbers.

ASSEMBLYWOMAN WRIGHT: Senator Bassano?

SENATOR BASSANO: Barbara Wright wants to speak.

ASSEMBLYWOMAN WRIGHT: Senator Bassano, I think we should go back to the point Mr. Furlong made; that no matter how many therapists there are, how many people it takes to change a lightbulb, the point is-- The point you started with, separating therapy from incarceration, is maybe where we have to focus. What he is telling us is, when therapy occurs in the situation of incarceration, you may not get any results because the client, the patient, is always at a certain risk. They really can never say to us, "Yes, I am going to kill tomorrow,"

because it would be on the record. There is no way we can protect them. We have to view-- I believe that if we are going to treat, we cannot treat simultaneously with incarceration. I hear that that is what you're saying when you talk about how people are willing to express. No matter how many therapists, no matter how perfect the system, I do not think we can bridge that gap.

ASSEMBLYMAN MIKULAK: David?

MR. EVANS: Do you want to go first, then I'll go next?

PROFESSOR BROOKS: Yes.

MR. EVANS: I will defer to my former Professor here.

PROFESSOR BROOKS: Thank you.

I think the question raised by Senator Bassano is critical, because if we go back to the notion of what should be done, what are the alternatives we have -- staying as we are, eliminating, or making for a good program, however we do it; then it is critical that we should know what treatment programs appear to work, what kinds of treatment ratios they have, and what kind of treatment they provide, etc.

Now, for example, we are led to believe that the treatment program in Vermont has very good outcomes in terms of lowering recidivism in relation to recidivism of regular prisoners. It would seem to me that if we were to go the middle road between the two extremes and maintain some kind of therapeutic institution here, then it is critical that we find out what kinds of treatment programs appear to work, and we have to examine them. I don't think it is enough to say, "Make it better. All I can tell you is that it is no good now."

This Task Force has a bigger responsibility, a different responsibility than you, as a lawyer, have in representing your clients. We have the responsibility of trying to figure out if we were to choose the middle course, what is a reasonable middle course, rather than to go into

something that falls apart, as the situation is falling apart today.

So I think one thing the Task Force has to confront, Chairmen, is: Are there models out there that we think are sufficiently credible and plausible that we ought to study them?

SENATOR KOSCO: Mr. Chairman, I think what we have here is, we are asking the wrong questions to the wrong person. Okay? He is an attorney, but I don't think he, in any way, shape, or form, admittedly so, is an expert. I don't think that anyone could tell you how many hours of treatment anyone would need. I think it depends on, when you go through the system, when you go through the therapy, you develop how many hours someone needs. Someone may need 16, someone may need 600.

MR. MULLER: Exactly.

SENATOR KOSCO: But I don't think we should waste any more of his time with us trying to ask him questions on how to establish a system of therapy for inmates. I am sure that if he had the answers, he would have given them to us by now.

ASSEMBLYMAN MIKULAK: Legislative Services is in the process of doing a comparison with other states. There are 49 other states.

SENATOR KOSCO: Yes, look how good they're working.

ASSEMBLYMAN MIKULAK: This might be the only facility of its kind left in the country. This might be a dinosaur here.

SENATOR KOSCO: Not one of them is successful, so why study out-of-state--

MR. EVANS: Mr. Furlong, early on in my career, I worked for the State. I used to set up alcohol and drug programs for the Corrections system -- the criminal justice system. One thing I learned early on was that it is very difficult to do treatment in a prison setting.

As I have been listening to your description of how inmates think, they are more concerned with, you know, getting out--

ASSEMBLYWOMAN WRIGHT: Absolutely.

MR. EVANS: --custody issues, all kinds of stuff that is going on in prison. They really can't focus in on treatment. Did your lawsuit include a demand for things like treatment when they get out? Did they ask for more of that?

MR. FURLONG: Yes. We even asked for permission for guys to stay, if they didn't think they were ready to leave. We were told that DOC is not running a hotel.

MR. EVANS: Right. I think that is where we really need to focus the attention. It is not necessarily-- I also share the concern about putting more resources there, when we don't even know if it works or not. It may be just throwing more money away.

My real concern is not what these guys are going to do here. My concern is with what they are going to do when they get out. I think that is where they need the intensive monitoring -- and I think that is what we really need to land on -- for the rest of their lives. Give them intensive treatment, monitoring, follow-up. Do the best we can for them here, then really go after them after they get out, because you are not going to perform miracles in a prison setting. You just aren't.

MR. FURLONG: Just so you understand, Mr. Evans, some people here are extremely motivated towards therapy. They just can't get it. There are other people here who -- exactly as you pointed out -- are not terribly motivated, or can't focus on it because of the custody issues.

I agree with everything you said, and I agree with everything Assemblywoman Wright said. I mean, that is the point I am trying to make.

ASSEMBLYMAN MIKULAK: Assemblyman Holzapfel has one question, and then we are going to move on. We are going to get--

ASSEMBLYMAN HOLZAPFEL: Jack, I don't have the benefit of your lawsuit, but one of the reliefs was basically a--

MR. FURLONG: The alternative relief was, if you can't increase the funding for the therapists, then do away with the statutory construct of a special--

ASSEMBLYMAN HOLZAPFEL: Did you put any number on what the relief would cost when you said, "Increase the staff"? Did you say you wanted double, triple, quadruple the--

MR. FURLONG: No, we didn't. We asked for a specific increase in the number of therapists and, again, it was an arbitrary number, as Senator Kosco pointed out. We were looking to reduce the therapist to inmate ratio to 20 to 1.

ASSEMBLYMAN HOLZAPFEL: As I understand your testimony, not to capsulize completely, but you are saying that if the things you are talking about are not done, then basically the inmates are telling you, in your position, that this place should be closed, and they would prefer to be next door at Rahway.

MR. FURLONG: That is not precisely what they are telling me. They are telling me that they would prefer to stay here and be treated like any other 2C offender.

ASSEMBLYMAN HOLZAPFEL: But assuming that nothing else changes here-- I understand that they would like to see this changed, but I'm saying, assuming that this does not change, they prefer to be next door.

MR. FURLONG: They would prefer to be treated like any other 2C offender.

ASSEMBLYMAN HOLZAPFEL: Right--

MR. FURLONG: The metaphor "next door" is not exactly what they have in mind.

ASSEMBLYMAN HOLZAPFEL: --anticipating they are going to get "good time" credit, they are going to get work release, they are going to get things that they do not get here.

MR. FURLONG: They get "good time" credit now.

ASSEMBLYMAN HOLZAPFEL: But not work release.

MR. FURLONG: They have work credits, because everybody gets work credits. There are very few minimum custody credits here. But they are presumed ineligible for parole insofar as they are here. If they go under the normal institution, they are presumed eligible for parole after one-third of their sentence, less credits. That is the fundamental distinction.

ASSEMBLYMAN HOLZAPFEL: But what you see here, in your lawsuit, could be done next door. Is that what you're saying? In other words, if there was a wing over there and the critical people came in and worked with them, and if the same percentage of time, the same amount of therapy that is being done here could be done next door--

MR. FURLONG: And is done next door. I have handled about a half a dozen capital murder cases, five of which involved rape/strangulation.

ASSEMBLYMAN HOLZAPFEL: Right.

MR. FURLONG: None of those people qualified for Avenel, even though they had fantasies about raping and strangling women all the time. They are in the State prison system, and they are getting more therapy than they are getting here, because they are getting smaller groups and some individual therapy. They are also doing longer time. Nobody objects to increasing the penalties for sexual assault. If you want to make it 30 to life, do it. You know, tell us up front, "This guy is going to jail for the rest of his natural life for committing this crime."

ASSEMBLYMAN HOLZAPFEL: For example, the other day, in Ocean County, we had a guy who was sentenced. There were three rapes. He got a 30-year sentence. He got an 18-year stiff. He escaped from the county jail, and they are sending him here.

Now, why would you send someone here to do 18 years, get 18 years of therapy, at an additional cost to the taxpayers, when he should be next door in Rahway for at least 15 of the 18 years, maybe, and then bring him over?

SENATOR BASSANO: Maybe what we ought to have is dual sentencing.

ASSEMBLYMAN HOLZAPFEL: That's all I have. Thank you.

SENATOR BASSANO: I would like to wrap this witness up, if possible, because the list is real long. Maybe we can get on and have Dr. Sandoval come up next.

ASSEMBLYMAN MIKULAK: Thanks for coming, Mr. Furlong.

SENATOR BASSANO: I thank you, also.

If anyone wants to get a cup of coffee while we are waiting for the next witness, please feel free to do so.

(RECESS)

AFTER RECESS:

SENATOR BASSANO: Will everyone please sit down so we can continue?

Doctor, it is good seeing you. Our next witness will be Dr. Oscar Sandoval. Please give us some background information, Doctor, and tell us how you are associated with the institution. Then you may go into your testimony.

O S C A R S A N D O V A L, M.D.: I am a psychiatrist. My name is Dr. Oscar Sandoval. I was Director of the Psychiatry Department at ADTC for two years. I resigned as of 1992. Presently, I am the Director of the Kearny Correctional Facility in Hudson County, and I have a private practice at St. Mary's, St.Francis Hospital, and the Bayonne Hospital.

I came in touch with this facility, as I said before, two years ago, when I was a psychiatrist and Director of the

Department of Psychiatry. My main concern during the time that I was here--

You tell me, would you like me to just make comments on that, or do you want to give me questions? How would you like--

SENATOR BASSANO: There will be some questions, but please go ahead.

DR. SANDOVAL: Okay. My concern mainly during the time that I was a psychiatrist here at this institution was, I felt the inmates were not receiving adequate therapy. I feel it is essential for the treatment of these individuals, who have such a pathology-- We have made this place because we were under the impression that these individuals have intense, complex problems. To my surprise, when I did work here, I found that the majority of the people who were giving treatment were not licensed. To me, that was something very disturbing.

I made the comparison of a facility that is going to do open-heart surgery. It doesn't have the surgeons, so it is going to let the general practitioners do the surgery until it can get someone better. This is more or less the feeling I had when I was working here, not to say that it goes all the way across the table. No, there were some very good psychologists in that group, but they were very limited. It is my recollection, I think, that about three of the sixteen psychologists were licensed. So this made it difficult for me to be able to carry on a good therapeutic plan for all the individuals.

For instance, the psychiatric patients: The psychiatric patients I am talking about are the ones who were actually psychotic, who were hallucinating, who were really individuals who could not make it in society. These individuals in this institution do not receive any type of therapy, per se. Most of these patients, because they do not have the cognitive function to be able to participate in

therapy, they place themselves in what is called "therapy refusal." So if they are sentenced to five years, ten years, or whatever it might be, mainly they just spend their time in their cells, in their areas, not participating in therapy, waiting for the time to be served. They did not receive any type of therapy.

During the time that I was here, I tried to start a group to focus on these particular individuals who were psychiatric patients. Again, it is not a criticism of the administration, because I think the administration has done an excellent job with what has been given to them. I think it is a matter of finances. But during that time, the person helping me in this, doing the therapy with me -- we did psychiatric patients, which was a small group -- was one of the persons least trained to be able to deal with any type of patients. It was someone who had a degree in art therapy. This was the only person they could give me, and I could understand why. If we were to take another psychiatrist who was overseeing 30 or 40 individuals to do the psychiatric patients, with only a group of 20, that would then leave 40 people who would not be supervised by a better therapist. So that is one example of it.

Another group, the neurologically impaired, the individual who has cognitive deficits; the individual who, had he been in school, would be classified as "special classes," because they cannot process material. They are average, they are borderline. Their mentality is about a borderline IQ of about 70, 75. They can function within society, but they do not have the ability to be able to process material. These individuals cannot participate in group therapy, or any type of therapy. You need to be able to have more individual-- That is what they had in school, special classes, because they could not make it in regular schools. These individuals are thrown in with the rest of the groups, into the same type of therapy with individuals who are not trained in that field, and they

hope for the best. So when these people max out, they are most likely to reoccur to a crime, because they have not received adequate treatment, and because they do not have the cognitive functions to be able to participate in the therapy that is available.

In the sense of training for this, in order to do the evaluation for this type of neurologically impaired, you need a specified individual, who is a neuropsychologist. We have never had a neuropsychologist in the 10 years of existence of this institution. That is a person who is not a psychiatrist, is not a psychologist, but is a neurologist; an individual who does specific tests to see what impairment these people have. This test takes times. It takes anywhere from four to six hours of work on each person. It is an evaluation. That is not being done. The person is just evaluated by his same psychologist, and is thrown into the same mainstream of group therapy.

Another group of patients, the mentally retarded: The mentally retarded patient is a patient you cannot -- where you cannot work the same group therapy as you would with a regular individual, because they are mentally retarded. Whether they are in jail, whether they are in a hospital, they need a special type of treatment. We do not have any of that here. Those are the same individuals who recommit the offenses, because they are really not receiving. Therapy refusal is what it is called. They continue on during this time without receiving any type of treatment.

Another group of patients who do not receive treatment are the geriatric patients, patients who are old, who have been here -- whether they came in late in their life or whether they just turned old in here. Some of them have Alzheimer's. They forget some things. They are unable to participate in the same type of groups. This is a group of individuals who are totally

out of the mainstream of being able to receive therapy. That's one thing.

Now, getting back to the patients who are-- Most of the general population, or the patients that we have now-- Those individuals receive group therapy. The group therapy we have here is not an organized type of therapy where everybody is receiving the same type of therapy. Because of the multiple disciplines of each psychologist here, everyone makes up the type of therapy which they are going to follow. So if someone is an expert, let's say, in anger, he makes a group and he talks about anger. If a person participates in anger, that would be one type of therapy he is doing, but somebody else may not. Somebody else comes and says, "Well, we are going to do sex education," which is something important. Well, those people he will give those classes on sex education, but not every inmate is going to receive sex education.

Down the line, it goes on like this. There are multiple groups you can participate in, but there is really no organ.

SENATOR BASSANO: Who determines what group you go in?

DR. SANDOVAL: Pretty much, it is an elective. The only thing that the inmates are made to do is to participate in the group therapy which consists of talking, being able to express your feelings, talking about your crime. That is determined by the psychologist who sees the patient initially. But the rest of the elective groups the institution has are all chosen by the individual.

SENATOR BASSANO: Is that the proper way to do it, or should someone--

DR. SANDOVAL: To me, it is not. It is no different than any field in psychiatry, not necessarily sex offenders. But when I place a patient in the hospital, or in treatment, I have a plan of what it is that I am going to do with this patient, and I have a time limit for what I am going to do with

this patient. That is required by the State. We have to determine what is called a "therapeutic plan." There is no such thing here. The patient gets thrown in, and is told, "You are going to do this," but there is no one checking up to say, "All right. In three months we expect you to do A, B, and C. Then in three months we are going to check and see why you haven't done A, B, and C. Is there a problem with you? Is there a problem with us?" But we review it. There is no such thing. But that is what is called a "therapeutic plan."

ASSEMBLYMAN MALONE: You're saying there is no real intake evaluation that is done, with a program set up for individuals?

DR. SANDOVAL: There is an intake evaluation done, but once the evaluation is done, then there is no therapeutic plan. There is not a team that says, "All right, this person who has committed this crime has these problems: He is an alcoholic, he is a wife abuser, and he needs to be in A, B, and C groups. He has to go. We are going to address it to this psychologist." It is not really done in that way.

MR. MULLER: Doctor, so there is no treatment plan?

DR. SANDOVAL: There is no treatment plan.

ASSEMBLYMAN MALONE: I have been trying to find out: Do they keep any progress notes during the course of treatment?

DR. SANDOVAL: Definitely, that is one of the things that, as a psychiatrist, I had a very hard time dealing with the psychologists on. I would say, when they would come to consult me on a case, "Let me see the progress notes on this individual." There were no notes. How can you not have notes on a patient you have been treating for five years?

These are the kinds of things I would run into. There were no notes kept. Sometimes they would keep notes on a group, but there were no notes kept on individuals.

ASSEMBLYMAN MALONE: What percentage of individuals do you feel are in a special classification? I mean, with the

normal population, you talked about inmates with special problems. What percentage of the inmates at Avenel here would you classify as having special problems?

DR. SANDOVAL: I would say that those with special problems are about -- perhaps about 10 percent to 15 percent, and that is pretty much all the way across the--

SENATOR KOSCO: What would you call a special problem? I would assume that 100 percent of them here have a special problem.

ASSEMBLYMAN MALONE: Well, when he talked about their cognitive processes, and Alzheimer's--

SENATOR KOSCO: What is a special problem?

DR. SANDOVAL: I think what the Assemblyman is trying to get to-- We are talking about the fact that everybody is here for a special problem; because they are sex offenders. Within the sex offenders, there are more specific problems, like the ones I said -- the mentally retarded, the neurologically impaired. Is that what you're--

ASSEMBLYMAN MALONE: Yes, yes.

DR. SANDOVAL: And the psychiatric patient who is having hallucinations, who is really not in contact with reality, and who is on medications. I pretty much have the numbers. I was medicating about 70 of the 600 patients. So it was about 10 percent or so of the patients who are psychiatric. Then you have neurologically impaired. So the total is about 15 percent. That is pretty much the same number that is all the way across, you know, all State prisons. Fifteen percent of the population are psychiatric. Because we let all psychiatric patients go out now, they are back in the institutions through the jail system. That is what is happening here, except here they are not receiving any type of therapy, because we do not have the trained individuals.

ASSEMBLYMAN MALONE: Have you ever put forth a comprehensive program to improve the quality of care in the program here?

DR. SANDOVAL: It was difficult to do so. Again, it was because of the finances. It was not so much-- There were a lot of, you know, factors. I think one of the main factors was the finances.

In order to have a very good program, you need to have people who are trained, and the people who are trained want to get paid what the going rate is. So, unfortunately, with the salaries they were paying psychologists, you could only get people at the master level, who were just beginning. You are not going to get a Ph.D. with a license to come and work for $32,000 or $35,000. It is just not going to happen, because outside they are making a lot more.

I recall having a neuropsychologist who did want to work here, and he did work here for awhile. He resigned because of his frustration, the same reason why I resigned -- the frustration of not being able to work with a whole system. You are working with a handicap. So, yes, there is a program that you can establish, but you need to have the finances to pay all the individuals who are professionals who are qualified. You can't do that just half and half. Or, if you are going to do it with half and half, it can be done, but then the people in charge have to be the trained, qualified individuals.

In our system here, that does not exist. If you look at the credentials, you know, from the top down, you have Ph.D.s who are licensed under someone who isn't at the same level, like a master. Right now, I believe the head of the Psychology Department is a master level. He is the director of the people under him who have a Ph.D. license. This is what I'm saying. You can't supervise someone under that degree, or have a psychiatrist under someone at the master level. That is one of the problems that occur here.

ASSEMBLYMAN MIKULAK: During your tenure here, you disbanded a sex education class, because the class involved

naked inmates discussing what they liked or disliked about their bodies. Is that therapist still here who instituted that?

DR. SANDOVAL: No. That therapist resigned from here. But, yes, I felt that was a program that was not really leading to anything productive in the institution. In fact, yes, I do have copies of some of the questions that were asked during those therapies. I didn't really see what asking questions about, you know, the genitals, how they liked them, and how they liked to touch them-- I really did not see that as anything productive, nor watching movies or making movies about themselves. No, I did not agree with that.

ASSEMBLYMAN MIKULAK: Okay. Was aversion therapy widespread? The chief therapist who spoke at the last session said that he didn't employ it, but it was employed at this institution -- sexual aversion therapy.

DR. SANDOVAL: Like I said, I resigned approximately two years ago. So during the time that I was here, no, it was not being employed. None of the therapists we had, of the 16 people we had at the time, had any expertise in that field. There was no one qualified among the people in charge in the sense of supervision that knew how to do that type of therapy.

ASSEMBLYMAN MIKULAK: Without mentioning any names, during the time you were here, were any of the therapists having sexual relations with the inmates?

DR. SANDOVAL: I really can't answer that. I really can't answer it 100 percent.

MR. MULLER: Do you suspect that that happened?

DR. SANDOVAL: Yes.

MR. MULLER: That answers the question. Thank you.

PROFESSOR BROOKS: May I ask, was any thought given during the time you were here to using Depo-Provera as a mode of treatment? Did anyone ever bring that up, discuss whether it could be used, what the problems were, etc.?

DR. SANDOVAL: With regard to that, Professor Brooks, yes. When I was here, I tried to implement that therapy of Depo-Provera, which is a treatment very well-recognized in different centers. That is what I am talking about, being a psychiatrist, but having people above you who are not qualified at the same level. It creates a struggle of who is in command, who is going to do what.

I was told, at the time, when I tried to use that, the same as using an antidepressant -- not only Depo-Provera, but, for instance, Anafranil. Anafranil is a medication that is being recognized for use with obsessive/compulsive disorders. Psychiatrists use it all the time. But from the people who, on the other hand, were not psychiatrists-- They felt that this medication would make the patient become addicted and he would not be able to participate in psychotherapy, which is totally, you know, something just not scientific. So it was rejected.

PROFESSOR BROOKS: What was the specific reaction to not using Depo-Provera?

DR. SANDOVAL: Mainly it was because they felt that by using medications and what they called "drugs," the patient would not participate in his self-esteem and the problems he was having, because he would be dependent on the medication, which is something totally absurd. I use, in outpatient therapy-- I have a lot of sex offenders who are on Depo-Provera. With some, it has been court ordered in the State of New Jersey to use Depo-Provera--

PROFESSOR BROOKS: Court ordered?

DR. SANDOVAL: Court ordered. You know, the choice is, "Either you go to jail, or you go into an outpatient therapy." Depending on what it is, I will use Depo-Provera. It gets very good results.

MR. EVANS: Doctor, I have a question: Did you actually supervise staff here?

DR. SANDOVAL: Yes, I did.

MR. EVANS: How much of your frustration was a result of the Civil Service system? I used to manage an office of 40 State employees. There were people I couldn't hire when I wanted to; I couldn't get rid of people when I wanted to. I had a lot of difficulty sometimes getting people to do things, because it was not in their Civil Service classification. It was hard finding good people. I had to depend on the system to feed people to me.

Can you talk about that? Can you relate to any of those problems?

DR. SANDOVAL: Well, to a certain degree, yes. That is something that does interfere, because-- Now that you bring that up-- For instance, another group that I have not spoken about is the Hispanic minority. We had about, I would say, maybe 10 percent of Hispanics who did not speak English. You know, try to get a psychologist to be able to work with the Hispanic community, because, I mean, if we are going to do therapy, we have to have someone who speaks the language. It pretty much was, "Well, we can't do that because of Civil Service. You cannot request a specific individual to do that. If they happen to speak the language, then, fine, but we cannot make--

MR. EVANS: I talked earlier about doing more work when people get out of prison. Treatment could be made and monitored and supervised by private agencies, and you would not have any of those restrictions. They could hire who they wanted; they could hire specialists. What do you think about that? What has been your experience with outpatient treatment when people get out? How effective is it?

DR. SANDOVAL: I think that as long as the individuals are on probation -- that way they have to answer to the law-- I think the programs all work. Whether private or governmental, they are going to work, because here is an

individual who is given the therapy and reporting to the probation officer. The problem has been, it is really not realistic what we have done here, in terms of providing outpatient follow-up care with two sites -- now I understand we have three, three sites for the State of New Jersey. So you take someone who has been locked up for 10 years, they live in a county, let's say Atlantic County, Atlantic City, how are they going to come to Camden for therapy on a weekly basis, when they are unemployed, have no job--

MR. EVANS: Do they need therapy weekly? If you could design a system for when people get out of here, to monitor them, make sure they are not having problems, give them therapy, and really protect the public, what would you recommend?

DR. SANDOVAL: My recommendation would be that the patient would need to follow-up minimal on a weekly basis, better twice a week. You have to be realistic. The individual needs to be working, also. This is part of the self-esteem. Most individuals will have a recurring-- Recidivism is usually when they lose their job, when they feel unproductive, when they feel they are no good. That is when the crime reoccurs.

My recommendation would be that the patient should be followed once or twice a week. If they have a drug or alcohol problem, this is a must as part of the therapy.

MR. EVANS: Would you recommend drug testing?

DR. SANDOVAL: Drug testing? Definitely. If the psychiatrist feels that the patient needs to be on an obsessive/compulsive medication, like Anafranil, that is a must. That is something that can be tested by blood, to see the blood levels, to see whether they are taking their medication.

In my opinion, 70 percent of these patients do well -- the sex offenders. Then there is a percentage of patients who are not going to do well no matter what you do. That is

another group that we are going to have to then address. What do we do with these individuals? We can't let them out just because they have served their max time. We have to protect society. But overall, the majority of the individuals, given therapy, and taking into account that drugs--

MR. EVANS: You mentioned that there are a couple of centers around the State where they can go. Do you have any idea how much those centers cost? I mean, if we were going to replicate that system, say, in 15 counties, what would a county site cost? Do you have any idea?

DR. SANDOVAL: I really couldn't give you a figure right now exactly.

SENATOR BASSANO: One of the things that maybe we ought to explore is doing that type of thing, maybe through some of the hospitals. They could provide not only the help, but the facility itself.

MR. EVANS: Right.

SENATOR BASSANO: Instead of doing it with a public facility, do it with a private facility. I guess we will get into that as we discuss our final report.

DR. SANDOVAL: A comment on that, Senator: See, one of the things-- Again, treating sex offenders is a specific type of specialty. Really, you can't say that we will let the hospitals, let's say, do the treatment. We have to find individuals who are trained in this field who are able to do the after care.

SENATOR BASSANO: No, no. I agree that the people doing the treatment have to have certain expertise. What I am saying is, instead of looking for a county facility, or for a State facility, perhaps we can privatize it, do it through a private institution such as a hospital, that has qualified people on staff who could give that type of therapy. We would lay out the qualifications we want the individuals to have who would be giving that type of therapy.

I am also anti-Civil Service, as was mentioned before, because when we questioned people from the administration here, the last time we met, one of the things we asked was, "Is it true that people giving therapy have master's degrees in history?" The answer I received was, "They meet all of the qualifications." Well, the qualifications they meet are Civil Service. That's the problem we have. So where I would privatize in this area, when I could, I would give better services to the inmates, which is what our goal is. That's why I made the statement.

There are a couple of members on this side. I know Peter was waiting first, and then we will work our way down.

SENATOR INVERSO: Doctor, reading an excerpt from an article we have that appeared in The Trentonian -- and you touched on this earlier-- You said that you believe seven out of ten sex offenders can be cured.

DR. SANDOVAL: Correct.

SENATOR INVERSO: That flies somewhat in the face of what I have read indicating that sex offenders can "never be cured." I have been impressed with your comments and your testimony to this point in time. If, indeed, 70 percent can be cured, then, to me, that speaks well of the need for us to pursue ongoing therapy, in whatever form that should take.

Could you please comment on your belief that seven out of ten can be cured, and what cured means?

DR. SANDOVAL: By cured, I am talking about an individual who is not going to repeat an offense. That's what I mean. I mean that an individual might be able-- He will have the urges, for instance, a sexual drive. He will say, "Yes, I like children," but he has learned enough through therapy and he has enough defense mechanisms to be able to hold himself from doing it. So that individual has been cured, in the sense that he has the control mechanisms to stop himself. That is a cured individual.

SENATOR INVERSO: Okay. So in your professional opinion, then, therapy is effective in 70 percent of the cases, given the appropriate regime of therapy?

DR. SANDOVAL: Correct.

SENATOR INVERSO: Okay. How important is it that therapy be provided in a segregated setting such as Avenel, or isn't it? Would you please comment on that?

DR. SANDOVAL: Could you clarify the question, please?

SENATOR INVERSO: The question is: How important is it that therapy regime -- provided it is one that we can all agree is an effective regime -- be conducted and provided in a setting such as Avenel?

DR. SANDOVAL: Well, I think you can have it in an institution where you have all the pathology. It is helpful as long as you have an organized program, and as long as you have trained people.

SENATOR INVERSO: You're saying, "It is helpful."

DR. SANDOVAL: It is helpful.

SENATOR INVERSO: Could the therapy programs be applied in a setting other than at Avenel? Could you take these individuals and put them in the general prison population and subject them to the appropriate level of therapy, which obviously is not occurring here, and have that therapy effective? Or, does the general prison setting somehow inure to the detriment of the therapy that would be provided?

DR. SANDOVAL: As long as the patient is receiving the therapy, no, he is not going to make a change. But you have to be realistic about pulling all the individuals throughout, let's say, the different counties and the different jails, and providing treatment. It is going to be costly; there is going to be a lot more expense.

SENATOR INVERSO: Well, I am thinking about-- The question here is Avenel. Avenel is an institution, bricks and mortar, apart from the program. Should that continue? If, in

your opinion, which I will accept, therapy can be effective in providing a cure for a large percentage of those who are committed here, then it means that we have to continue that program and that therapy, but not necessarily in a setting such as Avenel. More importantly, it seems to me, while we have them in our control and the therapy is effective, it is the after-care therapy, which I think you also touched on, that is exceedingly important.

I am looking at a way of restructuring, perhaps, what we are doing, how we are doing it, to get the most bang for our buck. We are spending $20-some-plus million here. Everything I have heard so far today indicates that we have to do something differently. It is not working effectively here. My question is: Do we need to have a segregated setting? and, in your opinion, the answer is, "No, we do not need to have that, so long as the therapy and the programs are in place."

DR. SANDOVAL: Let me change the answer then. I do feel that, yes, an institution like Avenel is necessary to be able to get more benefit -- a more therapeutic benefit -- because you have all the people together where you can actually form the groups that are going to develop the programs that are going to help these individuals. That is number one.

Number two, in terms of cause and effect, I think one of the problems-- The budget is $21 million or so, right? We spend, what, less than 10 percent on therapy, and the rest is in security and other things. I think, really, we do not need to spend all that money in security for this particular pathology. Let me explain why.

In the Vroom Building in Trenton, the majority of the patients-- My patients in Hudson County, or in any of the jails, when I commit them because they are psychiatrically unstable, or whatever, they have charges of murder, rape, and all kinds of things. They go to the Vroom Building. They are

not under a lax facility. I mean, with all that security, they do well and we spend less money.

So what I am saying is, we do not need to spend as much money on the security system at Avenel. We need to spend more on the therapy. These individuals, if you look at the records, the majority of them have been maxed out. They max out about 100, and about 10 get paroled. You do not hear in the media these things occurring on a daily basis. There are very few cases of those individuals who really commit those horrible crimes that we hear about.

So by and large, the majority of the individuals are really not dangerous that they need all that security, all the money we are spending on security here at Avenel.

SENATOR INVERSO: Okay. Go back to my original proposition to you with regard to the segregated setting here. Do you think it is good and has an effective purpose to have the inmates under this kind of therapy and program clustered together?

MR. SANDOVAL: Yes.

SENATOR INVERSO: But it doesn't necessarily have to be with the kind of high security setting that we find here?

DR. SANDOVAL: Correct.

SENATOR INVERSO: The dollars spent there would be perhaps much better spent -- and I would agree with you -- on the theraputic side of it?

DR. SANDOVAL: Correct.

ASSEMBLYMAN MIKULAK: May I interrupt for just one second?

SENATOR INVERSO: Yes.

ASSEMBLYMAN MIKULAK: Would there be any difference if we closed Avenel and we opened an administratively segregated wing in the East Jersey State Prison, for sex offenders? What is the difference? I think that is what Senator Inverso was driving at.

DR. SANDOVAL: Okay. If you are saying move it someplace else-- Is that what you said?

ASSEMBLYMAN MIKULAK: Yes.

DR. SANDOVAL: Oh, no, I don't think Avenel is what makes the therapy. I am talking about keeping the population together. Where it is located in the State, I don't think makes any difference.

ASSEMBLYMAN MIKULAK: Right.

DR. SANDOVAL: I think the only thing that would make a difference -- therapeutically, I'm saying -- might be the fact that Avenel is kind of located in the center of the State. It makes it easier for the families to participate in the therapy plans of these individuals. That would be about the only thing I can think of.

SENATOR BASSANO: Doctor, you said that 70 percent of the people can be helped, and 30 percent you are not too sure about. Do you, in your opinion, think that we would be better off screening the people at Avenel a lot more thoroughly, and taking that 30 percent that are not responding, or can't respond, and moving them out of this population?

DR. SANDOVAL: Yes. I think those individuals whom we know from a screening are not going to do well, that psychiatrically their history speaks for itself, regardless of their antisocial behavior-- Among this population you do have antisocial behavior, of course. So those individuals, besides their sexual deviance, have a very strong antisocial history. They are not going to get well, so then, yes, we have to just remove them, because they are not participating anyway.

SENATOR BASSANO: That would help us to treat the people we can help then?

DR. SANDOVAL: Correct.

SENATOR BASSANO: There are some questions, moving on down the line here. Senator Girgenti?

SENATOR GIRGENTI: Doctor, I think this is almost repetitive, but you said, earlier, that you had therapy refusers when you were there. What was that percentage? Was it three out of ten?

DR. SANDOVAL: I really don't recall. I can't recall, so I can't give you an answer, Senator.

SENATOR GIRGENTI: But when you have these therapy refusers, what happens at that point? What was done with them?

DR. SANDOVAL: Nothing was done with them, except that the individuals would just not participate in therapy whatsoever, and the therapist would report on their six-month report, "Patient in therapy refusal." The patient would just sit in jail waiting for the time to be maxed out.

SENATOR GIRGENTI: All right. So that type of person is really taking up a slot here that could be used for someone who is probably on a waiting list, right, and you would feel that that person could easily be removed from here and sent into the regular prison population, because no cooperation is coming from him, and no good is coming as a result of it. All they are basically doing is wasting money and taking up a slot that could be productive for someone else.

DR. SANDOVAL: I agree with that 100 percent, but I would just like to add something. It is also important that, because this individual is a very high risk and he is not participating, he is not someone who can just be placed in a general population, I mean, in a regular prison, because he is going to get out a lot sooner.

SENATOR BASSANO: Well, that is under the law now, until we change it.

DR. SANDOVAL: Okay.

SENATOR BASSANO: That will be changed. That is a promise.

SENATOR GIRGENTI: Right. That has to be a priority.

The other thing is, did you ever conduct studies on recidivism when you were Director of the Psychiatry Department? That material has never been available to us, and I think that's a disgrace. We can't even test to see if our program is a successful program, what's happening, or who's in and who's out. Was that done during your tenure?

DR. SANDOVAL: No. I tried very hard to get records of that. I worked, but the bottom line is no. We were unable to obtain--

SENATOR GIRGENTI: Has that been a long-standing thing? Has it been like that for as far back as you can remember? There was never a recidivism rate kept?

DR. SANDOVAL: As far as I can remember, no, they did not have any records. When I tried to obtain them-- In fact, I tried to work, with one of the psychologists, on the recidivism rate through a computer, but really I did not get full cooperation in being able to obtain that data.

SENATOR GIRGENTI: So you could never really test the success rate of this institution, as opposed to anything else, because there was never anything to work off of?

DR. SANDOVAL: Correct.

SENATOR GIRGENTI: All right. Then the final thing: Did you ever try, you know-- You seem like you know what you are talking about, obviously, and you have been around. Did you ever try a follow-up program here? Did you try to initiate that? If so, what happened? Was there receptivity to it, or was it something that was discussed?

DR. SANDOVAL: Well, mainly, with the follow-up program-- Again, see, being a psychiatrist, you had to answer to the person in charge. One of the things in the follow-up, yes, you wanted to find out how this patient who had left is doing. Pretty much the answer was, "Well, they left. They served their max time, and you have no right to look into their lives anymore." Especially, I had very much an interest in

following up psychiatric patients who were really psychotic to see how these patients had been doing. It was my feeling that they probably recommitted a crime a lot sooner, because of their illness. I was unable to obtain information with regard to this.

SENATOR GIRGENTI: But you feel it is important, to have a complete type of program, to have follow-up?

DR. SANDOVAL: Oh, definitely, definitely.

SENATOR GIRGENTI: Thank you.

ASSEMBLYWOMAN WRIGHT: Senator?

SENATOR BASSANO: I have one question from Bill. Then we will come back to you.

MR. THOMAS: We were told by the administrators here that 70 percent of the prison population were pedophiles. Now, you mentioned that 70 percent, you felt, of sexual predators, or whatever you want to call them, can be cured. Do you feel that a pedophile can be cured?

DR. SANDOVAL: I think there are degrees. In this field, as in any diagnosis dealing with psychiatry, whether you are talking about schizophrenics, people suffering from major depression, manic-depressives, sex offenders, there is a percentage of people who do well. They do recover, and they do get cured. There is a percentage of patients who do not, all the way across the table in psychiatry. So I think it is pretty much the same way with sex offenders.

MR. THOMAS: How about adult pedophiles.

DR. SANDOVAL: Adults, yes.

MR. THOMAS: I have been told that when there is an adult pedophile, it is almost impossible to help, let alone cure. I was told that by a psychologist.

DR. SANDOVAL: Like I say, I think it varies; there are degrees. There are certain pedophiles who, yes, one can cure and one can help. There are some who need constant supervision, with medications such as Depo-Provera and

Anafranil. There are some that really do not. That is the percentage I am talking about -- the low percentage.

MR. THOMAS: Right, but we have none of that here. I mean, we are not using drugs. We have a 70 percent population of pedophiles. We have 30 percent of the prison population who will not accept treatment of any kind. We have another 30 percent of the prison population who are going through the motions. So we are left with 40 percent who are applying themselves to a treatment where we are not sure what is going to happen, because we never kept records.

So, I don't know, we seem to be knocking our heads against a wall. I want to ask one last question: During your time here and since you have left-- Now, evidently, a lot of people have been associated with this facility who have known that it was going down the tubes. It was not working. The administrators of this facility, have they ever stepped forward and said to the public, and said to the people who are running this, "Look, this damned thing is not working. We can't do it"? Have they ever come out and said that, or have they kind of shoved it away? Because it did not work in a number of cases.

Now, have they tried? You know, you can't just moan to yourself, and then when you are called to answer others, you can't say, "We don't have money."

SENATOR BASSANO: It did work at one time.

MR. THOMAS: Yes, that's right.

SENATOR BASSANO: Then it went from a rehabilitation center to a prison.

MR. THOMAS: Right.

SENATOR BASSANO: That is when it stopped working.

MR. THOMAS: Right, but that has been over a period of years.

SENATOR BASSANO: Yes.

MR. THOMAS: Have they ever stepped forward since then and said, you know, "It is going down the tubes. We're wasting our time"?

DR. SANDOVAL: No, the present administration has not done that. I agree with Senator Bassano that, yes, in the past when there was therapy, when it was a rehabilitation center, when there were people here who are now in private practice, who have left the institution, this place did work. Presently, I agree with you, since it has gone down, no one has stepped forward to say the same.

MR. THOMAS: Thank you.

SENATOR BASSANO: Barbara?

ASSEMBLYWOMAN WRIGHT: In previous testimony, Mr. Sager indicated that the program here follows the Vermont treatment model. I am not familiar with that. Do you know if that was the case during the period of your time here? What was your understanding of how you were similar to the Vermont treatment model? I think, particularly with regard to progress notes-- Did you write progress notes? Can you help us about, what is the Vermont treatment model? Did you see it in operation here in any way?

I will make a comment when you are finished.

DR. SANDOVAL: No. Here we have tried to assimulate the Vermont program, but we can't because of what I said before. We have different therapists with different backgrounds trying to lead their own -- that they have learned in the past--

ASSEMBLYWOMAN WRIGHT: What is the essence of the Vermont treatment model that we would not--

DR. SANDOVAL: Mainly, it has to do with following group therapy, doing individual therapy -- where the person is seen also individually. Not, "You call me whenever you need me." That kind of thing doesn't work. The patient cannot be seen that way. Therapy only works if you are seeing the

patient on a consistent basis. This is not happening here, because of the large numbers the therapist has to see.

ASSEMBLYWOMAN WRIGHT: So we are not doing the Vermont model here?

DR. SANDOVAL: We're not. We are trying to, but we have not been able to.

ASSEMBLYWOMAN WRIGHT: I mean, basically, if you do not have individual therapy, that is a violation of the Vermont model.

DR. SANDOVAL: Also, there, there is a supervisor who is overseeing those therapists who are seeing the inmates, and you talk about what problems you have and countertransference you might have with the inmates. We do not have that here. We do not have supervision of anybody.

ASSEMBLYWOMAN WRIGHT: I guess the other point is, did you do progress notes during your professional time here?

DR. SANDOVAL: Yes. In fact, my progress notes were all typed.

ASSEMBLYWOMAN WRIGHT: I think that is a cop-out. I think that anybody, no matter how much money is being spent on this program, could take the time. I think a fundamental immediate action could be that this administration could bring about progress notes in this system immediately, without it costing a nickel to the taxpayers.

MR. MULLER: And a treatment plan. It doesn't cost anything to write a treatment plan.

ASSEMBLYWOMAN WRIGHT: Well, the treatment plan is another issue. I think that is another-- See, I am not as hung up with the credentials of some of these people as they are presenting today. I mean, lots of bachelor's prepare people to do counseling and write progress notes.

MR. MULLER: Yes.

ASSEMBLYWOMAN WRIGHT: So I really commend you for your credentials and your willingness to offer appropriate care

and to participate here. But I think there are some immediate things that can be done in the system without changing the law. One is a plan. I mean, Joe Malone is sitting here out of an education setting, where he would be run out of town if the kids didn't have an educational plan in special ed.

So I think there are two things we have identified, Assemblyman Mikulak, that could be done without changing one nickel in the system.

ASSEMBLYMAN HOLZAPFEL: Doctor, I have a question.

SENATOR BASSANO: Excuse me. I have one here first. Lou has been waiting.

SENATOR KOSCO: I have three or four things I would like to ask you, Doctor. First of all, in part of the newspaper releases, especially in The Trentonian, the Department of Corrections calls you a "disgruntled employee who is filing suit against the State." Just so we can settle that, is there something to that?

DR. SANDOVAL: No. I do not have a suit against the State. I resigned from Avenel because of my frustration from not being able to work in my professional field. I left Avenel. Presently, I am in Hudson County. I am making twice as much as I was in Avenel. So it was none of that.

SENATOR KOSCO: The next part of my question is: During some of the testimony you made, in the same article, you point out that "most of these guys cannot hurt a fly." They are all in here because they have already hurt a fly; they have already hurt a person. They have already done damage and committed a crime. You're saying that they couldn't hurt a fly, so they couldn't go to a regular State prison. They are afraid. Instead of spending all this money on Corrections, putting them in security, we need therapists.

I don't understand someone who has already committed a crime, who has committed a rape, being classified as someone who "couldn't hurt a fly."

DR. SANDOVAL: Okay, let me clarify what I mean by that, Senator. Yes, they are all sex offenders. What I am talking about is hired security. These men are here because they have committed a crime. Now, not all sex offenders are necessarily in the category of-- I'm talking about antisocial behavior. Again, we already acknowledge that they have committed a crime and that it is antisocial behavior.

SENATOR KOSCO: Someone who has committed rape is not antisocial?

DR. SANDOVAL: No. I said we already acknowledge that they have committed a crime and they have done antisocial behavior by doing this. But what I am getting at in terms of the individuals not being violent, the majority of sex offenders are not the ones we hear about who are making the news. The majority of the sex offenders who are here are individuals who are, let's say, more passive than actually aggressive individuals. I would be more concerned about my safety, or a female's safety in a county prison than I would here. That is what I am saying.

SENATOR KOSCO: You were head of this department for two years?

DR. SANDOVAL: Correct.

SENATOR KOSCO: During the course of that two years, did you, at any time, put together a position paper and give it to your superiors saying, "This is what should be done in my department"?

DR. SANDOVAL: I must also clarify this. I was head of the Psychiatry Department, but that still did not give me full control. They didn't give me any control, really, over the psychologists. I had to go through--

SENATOR KOSCO: During the time you were the head of that department, did you ever put together a paper suggesting that they make the changes, any changes, that you claim should have been made?

DR. SANDOVAL: I made a few suggestions. An example: I wanted to--

SENATOR KOSCO: Did you ever put-- You are not answering my question.

DR. SANDOVAL: Oh, did I do it? Yes, I did, sir.

SENATOR KOSCO: Did you ever write a paper, fill out a form, make up a report? I insist that the heads of my departments in my business, on a monthly basis, submit to me a form. If I forget to tell them, they come to me and they say, "Hey, you forgot to ask me for this this month. These are my recommendations on what I can do to better do my job." The people in my legislative office do it. I just think it is a normal, everyday business function that is done. The department heads make recommendations if they think their department is so drastically understaffed or ineffective. I would suspect that you, being the head of that department for two years, would have at least written one report to your superiors saying, "This is what we need to make this department better. If we don't get it, I am going to quit."

DR. SANDOVAL: The answer is, "Yes, I did."

SENATOR KOSCO: You did submit those papers. Do you have copies of them?

DR. SANDOVAL: No, I do not have copies, sir.

SENATOR KOSCO: Would your superiors -- if we went to them and asked them to supply them -- have them? See, what I am concerned about is, when people come to us, or when we sit at meetings, we say, "Somebody has to do something about this particular problem." Well, we are the "somebody."

SENATOR BASSANO: Let me stop you there, Lou.

The bill that is in our Committee was written with the cooperation of Dr. Sandoval over two years ago. That is how I got involved in this issue. That bill is a restructuring, am I correct? It is a restructuring of the treatment that is being given here and the personnel that is serving in that capacity.

SENATOR KOSCO: That was after he had left the State.

SENATOR BASSANO: Were you still here, Doctor? I don't recall whether he was here or not, but I know I sat with him and that is how that bill came about.

SENATOR KOSCO: Were you still working for the State?

DR. SANDOVAL: It started during the time I was here, and then continued on, yes.

SENATOR KOSCO: Okay. I am concerned whenever people, after the fact, complain about why something didn't happen. We go through that a lot throughout the State. Not only in the State, but it happens in our businesses. After someone leaves, he or she comes back and says, "Well, nobody did this," or, "Nobody did that," or, "Somebody should have done--" What I am saying is, when you were there, wouldn't you have been more effective staying there and trying to solve the problem from within?

DR. SANDOVAL: Senator, let me clarify the chain of command. As a Director of Psychiatry, I answered directly to the Superintendent. But the psychologists -- the majority of the psychologists -- answered directly to the Chief of Psychology, who answered directly to the Superintendent. So I really had no way to enforce my views upon them. Does that explain why?

SENATOR KOSCO: Okay, so the pecking order is all screwed up, is what you're telling me.

DR. SANDOVAL: Exactly.

SENATOR BASSANO: Was there a question over here?

ASSEMBLYMAN HOLZAPFEL: Doctor, the reference to the article in The Trentonion, when you said you believed that seven out of ten could be cured, you went on to say that that was based on one-on-one therapy. Is that right?

DR. SANDOVAL: Correct, one-on-one in group therapy.

ASSEMBLYMAN HOLZAPFEL: In other words, the numbers seven out of ten, when you use that, you are assuming that it

is going to be that kind of therapy; whereas, in a facility such as this, it's one on -- how many?

DR. SANDOVAL: About 30 or 40.

ASSEMBLYMAN HOLZAPFEL: Okay. The other thing, is, are you familiar-- There was a release outcome put out by Corrections looking back at 1984. In other words, it was done in 1992, but it looked at 1984, as far as recidivism and what have you. Are you familiar with that?

DR. SANDOVAL: I don't recall it. No, sir.

ASSEMBLYMAN HOLZAPFEL: Okay. In your position in Hudson County, I mean, you are dealing with their correctional facility, right?

DR. SANDOVAL: Yes.

ASSEMBLYMAN HOLZAPFEL: Now, in this release outcome, it indicates that the recidivism rate for violent offenders -- talking about murder, sexual assault, robbery, assualt, and other sexual offenses-- The State of New Jersey, when it went back 10 years later, or 8 years later, and looked at the numbers, the average was a 20 percent recidivism rate for those types of offenses. They say that the sexual assault recidivism rate is 17 percent.

So when they tout numbers here, 17 percent, or 15 percent, or whatever the number might be on recidivism for violent offenders, that is really right in the ballpark, isn't it, with the typical violent offender or robber, someone who commits any of those types of violent crimes? The recidivism rate for those types of people is always in the teens, high teens, and around 20 percent.

What throws us off, if I understand it right, is when they give us the recidivism rates, they throw in property crimes where the recidivism rate runs, on average, 60 percent. Some guy who is out there breaking into houses is going to be rearrested time and time again. So those numbers are really-- When they tout 14 percent, 15 percent, and 17 percent, this is

not such a dramatic difference from any other violent offender next door in Rahway. Is that right?

DR. SANDOVAL: Yes, that is about-- The recidivism is about the same, yes. I would agree with that.

ASSEMBLYMAN HOLZAPFEL: Okay. Thank you.

SENATOR BASSANO: I want to try to wrap this up, if I can. The next speaker we are going to hear from is the person who is the Supervisor for the Pinelands facility, which is for juvenile offenders.

Before you leave, Doctor, I would like your input with regard to your opinion on juvenile offenders. Do you believe that juvenile offenders should be treated differently insofar as treatment is concerned? Should we look at using the same psychiatric team that we are using for inmates here?

DR. SANDOVAL: The answer to that is, "Yes, I believe they should be treated the same." I feel that actually as far as the money goes, the best money is spent on juveniles, because they have a better chance of really being able to recover. They do excellently. We have an outpatient program in Hudson County for adolescents. The program is done very well. I think it is about eight counties in the State that have outpatient.

SENATOR BASSANO: Would we be better off having a small wing here for the juvenile offender so they can all be treated in one facility, rather than segregating those offenders and keeping them in the Pinelands?

DR. SANDOVAL: As long as we are talking about--

SENATOR BASSANO: Segregation?

DR. SANDOVAL: Yes, segregation. I think so, though, definitely, because at Pinelands-- I was speaking to Ms. Chayt just now. They do not have a neurologist; they do not have a psychiatrist. They have consultants. They are also suffering from the same financial lack of funds to be able to hire the professionals to take care of them. They have about 18 beds.

SENATOR BASSANO: Are you going to be available for the rest of the day, or are you going to be leaving?

DR. SANDOVAL: I'll probably be leaving, yes.

SENATOR BASSANO: Okay. Before you leave, there was one question over here, and we will conclude with that question.

MR. EVANS: When I was getting the tour from the staff, I noticed that some of the staff seemed to overidentify with the inmates here. One staff member was actually taking their case. I can understand a criminal defense attorney -- as we heard earlier -- who is paid to advocate on behalf of the inmates. But the staff was doing it here.

Does the staff get any therapy on helping them to keep some kind of professional objectivity, and not getting too wrapped up, you know, with--

DR. SANDOVAL: Well, that is what I said earlier. In supervision, part of that supervision -- by the psychiatrist or the person in charge -- is that when you are supervising those therapists, you must be able to keep them neutral; for them not having what is known as countertransferences. That is not being done, because there is no one they can go to with a problem, whether it is a countertransference or not. No, there is none of that being done.

MR. EVANS: Just one further quick question: The people who are out of here, who are on outpatient, do you see any reason why they shouldn't be made to pay for their own treatment, or are they paying for it now?

DR. SANDOVAL: Definitely, I think that if they have the means, yes, they should. But we have to be realistic. I do a lot of work with outpatients. The ones who are able to provide for the therapy, you know, then I charge them. The ones who are not, I do not. But, see, I usually see them as a group. They are kind of paying for each other. But you have to be realistic, because some of them are unemployed. They have been locked up for several years, or whatever, so you have

to be realistic about saying, "You are going to have to pay." If there is no way they are going to be able to maintain themselves, how are they going to pay for it? So you need to be realistic with those types of things.

SENATOR KOSCO: If this place were to be privatized for the rehab section, and if you were going to head up that department and bring in here a private company to do that, how many people would you need? You were here for two years, so you should have a pretty good idea.

DR. SANDOVAL: I think we could do well having 24 psychologists, two psychiatrists, and one neuropsychologist.

SENATOR KOSCO: Twenty-eight people.

DR. SANDOVAL: Again, I am not playing down their antisocial behavior, but, really, we don't need as much security as we have here. Like I said, we have had-- During the time I was here, we had lunch with the officers, and so on. They would get into things like, "I am going to try to catch so-and-so kissing with so-and-so." I mean, there is really nothing for them to do. They would sit there laughing with the psychiatric patients saying, "Do you see this on the wall?" when there was nothing on the wall. I mean, they just wasted their time, because they were bored.

SENATOR BASSANO: Yes, but those of us who sit on this side of the table don't want to read a headline in the paper where a rapist has escaped from prison. So, I mean, then the finger is pointed back at us. We have to try to balance both.

I understand where you're coming from, and I agree that there is a need for upgrading the treatment facility here. Hopefully, we are going to do that. But I can tell you that we are not going to lax off on security.

ASSEMBLYMAN MIKULAK: There haven't been many escapes here, and we don't intend to allow any.

SENATOR KOSCO: Well, this is a prison. It is not a veterans' home.

ASSEMBLYWOMAN WRIGHT: Senator, for the record-- Can we just ask Dr. Sandoval to put his credentials on the record? Dr. Sandoval, what was your training before you came to Avenel?

DR. SANDOVAL: I did my psychiatry training at Robert Wood Johnson Medical School, the Camden Campus. I worked, as an elective, for one year at the prison in Camden. I did urology in working with sexual dysfunctions for four years, and working with transvestites. I did a year fellowship in Cornell, New York, working with sexual dysfunctions, under the direction of Dr. Kaplan. Then, that is when I came-- After I did all the training is when I came to Avenel.

ASSEMBLYWOMAN WRIGHT: Are you a graduate of a New Jersey medical school?

DR. SANDOVAL: No. I originally graduated from Columbia, South America.

ASSEMBLYWOMAN WRIGHT: But you did that psychiatry-- How many years is the residency?

DR. SANDOVAL: My psychiatry training was all done at the Robert Wood Johnson Medical School.

ASSEMBLYWOMAN WRIGHT: How long was that?

DR. SANDOVAL: Four years.

ASSEMBLYWOMAN WRIGHT: Thank you.

SENATOR BASSANO: Dr. Sandoval, thank you very much. You have been very helpful.

DR. SANDOVAL: Thank you very much. I appreciate your having me.

(RECESS)

AFTER RECESS:

SENATOR BASSANO: May I have the attention of everyone? Would everyone please come back into the room so we can get started with our next witness?

SENATOR BASSANO: Barbara, will you please sit down? Our next witness is going to be Barbara Chayt. She is the Program Supervisor for the Pinelands Center.

Barbara, do you want to give us a little bit of background on yourself and your involvement with the Pinelands Center, tell us what you do?

B A R B A R A C H A Y T: I currently work for the Division of Juvenile Services, which is under the Department of Human Services. I oversee the specialized programs in the Division, which includes the Pinelands, which is an 18-bed residential program for juvenile sex offenders.

Did you mean that you wanted my background?

SENATOR BASSANO: If you would like.

MS. CHAYT: This is a new experience for me, so excuse me. I have been with the Division of Juvenile Services for about seven years. Before that, I worked for the Division of Youth and Family Services for about 11 years. I have also had other various positions. Generally, I focused on the specialized populations and adolescent populations wherever I have worked as a social worker, and then more in an administrative capacity.

SENATOR BASSANO: Our concern, obviously, with the hearings that are taking place today, is with the juvenile sex offender who is housed down in the Pinelands. Let me put the first question out on the floor.

Can you give us an overview as to what type of services you provide to the youngsters, and the general length of time the youngsters are incarcerated? Please inform us if there is any follow-up once a youngster is released, and that sort of thing.

MS. CHAYT: We are minimally an 18-month program for juveniles. Every juvenile who comes to Pinelands comes as a condition of his probation, with a minimum of three years

probation, 18 months of which is at Pinelands, 18 of which involves court-ordered after care.

At Pinelands, the residents get a combination of group and individual treatment, with more of an emphasis on group.

MR. MULLER: What is the ratio?

MS. CHAYT: In the treatment groups?

MR. MULLER: Yes.

MS. CHAYT: We have two groups of nine each.

MR. MULLER: How many groups to an individual?

MS. CHAYT: How many groups to each resident?

MR. MULLER: In other words, four to one, five to one, eight to one?

ASSEMBLYWOMAN WRIGHT: No, there are only 18 inmates.

MS. CHAYT: We only have 18 residents.

SENATOR BASSANO: There are only 18 there.

MR. MULLER: No, no, no. What I mean to say is, how many group sessions do you have before you have an individual session?

MS. CHAYT: How many group sessions before--

MR. MULLER: An individual session takes place?

MS. CHAYT: Individual is more "as needed."

MR. MULLER: As needed? Okay.

MS. CHAYT: Yes. The groups occur three times a week. We do have some more specialized groups that occur at other times.

MR. MULLER: So some people don't get individual, then.

SENATOR BASSANO: Can you tell us about the people who are giving the therapy, the type of background they have?

MS. CHAYT: We have two people who have the primary responsibility for the group treatment. One has a master's in social work and an extensive background dealing with juvenile sexual offenders. He has a private practice with juvenile sexual offenders that he also runs. The other-- I am not sure what her credentials are exactly, but she has been involved in

this area for years with juvenile sexual offenders, and has had a lot of good training and supervision.

SENATOR BASSANO: Have you kept any records as to what happens with those prisoners, if you will, once they are released; if they become adult offenders, if they get back into the system at some later date? Do you have any information of that type to share with us?

MS. CHAYT: I didn't know I was coming here to be a witness today, so I didn't come as prepared as I would have liked. So I am going to estimate, rather than get as specific as I would like to, although I could provide additional information later, if you like.

We just began to look at the recidivism of juveniles who graduate from Pinelands, whether or not they reoffend.

SENATOR KOSCO: Excuse me. You just began to look at?

MS. CHAYT: Yes, yes, more formally. We looked at the last three years, anyone who left in the last three years. Of those who graduated, or completed the program, I believe none had reoffended.

SENATOR BASSANO: Your sex offenders at the Pinelands, do you keep them segregated from the rest of the population there?

MS. CHAYT: We only have 18 sex offenders at Pinelands.

SENATOR BASSANO: That is the only thing at the Pinelands, nothing else?

MS. CHAYT: Yes. When we looked at the after care and whether juveniles had reoffended, we tried to look at the aspects of the program that we thought were most beneficial. In addition to whatever we may do at Pinelands, it seems that the most important thing is that after-care component, that 18 months of court-ordered treatment, and what kind of after care we are able to arrange. I kind of put that in to say that we need a lot of resources for juvenile sexual offenders, because--

SENATOR BASSANO: What kind of after care would a person graduating from Pinelands-- What kind of after care would they normally receive?

MS. CHAYT: That depends on their situations. We have some juveniles who cannot return home, either due to family problems or because of accessibility to prior victims. They then would be placed through DYFS. You know, anywhere from a treatment foster home, host home type program to a more structured residential program, depending on their needs. It really varies with the juvenile.

SENATOR BASSANO: But there is no after-care psychiatric care for that individual?

MS. CHAYT: Psychiatric care? Not apart from the rest of the system. We have some-- There are two 4-bed group homes through DYFS for juvenile sexual offenders. Then we have access to some treatment foster homes that are not specifically for juvenile sexual offenders, but they do provide the specialized service. But it would be the whole array of services, and also the need for outpatient treatment to continue to support the gains the juveniles have made.

MR. MULLER: Do they come back and forth to your facility, or are there other places they go to in the area where they live?

MS. CHAYT: No, they go where they live, wherever they reside. In every case, if kids are going home, toward the end of their stay, we will take them to their home community where they will be involved in treatment with a sex offense-specific clinician--

MR. MULLER: In their area?

MS. CHAYT: --and their family, in their area, to provide for their graduation.

MR. MULLER: Who funds that?

MS. CHAYT: Generally, DYFS would fund that.

MR. MULLER: DYFS funds it.

PROFESSOR BROOKS: Could you estimate what proportion of all juvenile sex offenders this 18 number cohort is?

MS. CHAYT: I could give you estimates of numbers. I think I have them here. Do you mean the overall problem of juvenile sexual offenders and how many-- I mean, our 18 would not scratch the surface of the number of juvenile sexual offenders out there.

PROFESSOR BROOKS: Well, that is what I'm asking. Is it one-tenth, is it--

MS. CHAYT: There were an estimated 350 juveniles adjudicated delinquent on a sex offense between July 1993 and June 1994.

PROFESSOR BROOKS: Three-hundred and fifty?

MS. CHAYT: That is an estimation, because the statistics are not kept.

PROFESSOR BROOKS: And only 18 are treated?

MS. CHAYT: That's adjudicated delinquent; that is not the numbers which have been charged. The numbers entering the court system are estimated to be about 600 to 650 cases, varying degrees of offenses, not everyone needing residential treatment, but needing assessment and many needing services. People have said there are probably 1000 juveniles every year who need some type of intervention.

SENATOR BASSANO: What happens to the ones who do not make it in your institution?

MS. CHAYT: There is a variety of dispositions. For those who are adjudicated for a sexual offense, which are the ones I would tend to know about, there is a variety of dispositions. They may be appropriate for outpatient treatment, depending on certain factors, and they would get outpatient treatment at home. Some of them are committed to the correctional institutions: they're at Jamesburg, a few to juvenile medium security. Some are placed in DYFS residential

facilities where they may or may not receive sex offense-specific treatment, depending on the particular facility.

PROFESSOR BROOKS: What are the criteria for determining who should go to Pinelands and who not?

MS. CHAYT: That's a good question. Bed space. First of all, there has to be an adjudication for a sexual offense for us to even take a look at the juvenile. He has to accept at least some degree of responsibility for his offense. We have to look at our responsibility to the community we're in. We have to see something that will tell us he is amenable to treatment, or that we can work with him. The ages are 14 to about 17 at admission. Juveniles do need to be able to benefit from the group experience, which would, unfortunately, necessarily exclude juveniles who are developmentally disabled and need a different approach -- who have very severe psychiatric issues, and who need a different approach.

It needs to be determined. There is an assessment process we go through. It needs to be determined that they are in need of a residential program to deal with their sexual offending behaviors.

PROFESSOR BROOKS: How many juveniles do you evaluate each year from which you select 18?

MS. CHAYT: I don't have that number with me. I don't know.

SENATOR INVERSO: To follow up on that -- I was going to ask that question -- once they are adjudicated delinquent, does the Pinelands automatically get the referral, the case referral?

MS. CHAYT: No.

SENATOR INVERSO: How does the system work?

MS. CHAYT: Once they are adjudicated delinquent, there is a variety of people who are involved who may or may

not make a referral. First they will look to see if they meet the admission requirements in terms of age, and other factors.

SENATOR INVERSO: Who makes that decision?

MS. CHAYT: Juvenile Services has court liaisons in all of the more urban counties and most of the others. If there is no court liaison, there is a court liaison supervisor who covers each county. They get involved, along with a court liaison through DYFS -- the attorney, the prosecutor.

SENATOR INVERSO: But the system isn't automatic that there be an assessment made by some group, which would then make referrals--

MS. CHAYT: No. I would think that that should be--

SENATOR INVERSO: That is a need, yes; an obvious need.

MS. CHAYT: Yes, yes, a real need for assessment.

SENATOR BASSANO: Barbara?

ASSEMBLYWOMAN WRIGHT: Barbara, thank you for coming today. I think you have already been very helpful, first of all, because you are presenting to us a model of professional care that appears to be showing us that there can be results. I think that has been very encouraging to me, and I am sure to other people here as well.

You are telling us that there is a treatment-- First of all, you are admitting, based on very strict criteria-- Certainly, your program being so small, you can only take a small portion; therefore, you are picking the people who will benefit most from the program. Once you admit through these criteria, then you, of course, are very carefully devising a plan of care, it sounds like. Then you carry out that care.

I am a little surprised that there isn't more individual, but I also heard you saying that you screen out the variations of psychiatric needs, developmental needs, and some of the other aspects we have heard are not screened out here at the adult facility. That is why your population is a little more homogeneous and you can use a heavier group program.

MS. CHAYT: Right. Well, I think we choose to use a heavier group program, because that has been found to be the most effective intervention with juvenile sexual offenders. So that is a choice. I mean, there is something about the group process in terms of having juveniles being confronted by each other, to assume responsibility, to know they have experiences in common. It is found to be the most-- Treatment providers most often will make that their treatment of choice.

I think we need more resources at Pinelands, but we have a psychologist who comes in a day and a half. If someone has some -- they all do -- special anger issues, grief issues, or other issues, they will see that psychologist. There are staff that are available for individuals, too.

ASSEMBLYWOMAN WRIGHT: But your point is, you are screening into a homogeneous population, for the most part. You do not have psychiatric patients; you do not have developmentally disabled patients, so you have really gotten that population screened down.

I also commend you for the statistics you have given us, because I think they are very encouraging. I just wanted to thank you. That's all.

SENATOR O'CONNOR: Mr. Chairman?

SENATOR BASSANO: Senator O'Connor?

SENATOR O'CONNOR: Is there a beginning point and an ending point to the course of treatment? I mean, everyone does not start and end at the same time, I assume.

MS. CHAYT: I'm not sure I understand your question.

ASSEMBLYWOMAN WRIGHT: She said a minimum of 18 months.

MS. CHAYT: A minimum of 18 months, right.

SENATOR O'CONNOR: No, I understand that. But I mean, everyone does not start on day one, right? I mean, there is--

MS. CHAYT: They start the day they walk into the program.

SENATOR O'CONNOR: No, no, I understand that.

SENATOR KOSCO: It is staggered. The starts are staggered.

MS. CHAYT: Oh, you mean everybody doesn't start-- We don't have 18 start the same day. Right, right. We find that that is the way we want it, because your older residents, who have been there for 12 months or more, really help the newer residents to become acclimated. That is probably one of the most effective things that goes on in the program.

SENATOR KOSCO: What is a typical day like at Pinelands?

MS. CHAYT: A typical day? The residents wake up very early. They go to school at the program. We have two basic skills teachers and one vocational teacher. They also do some work details at local parks, off grounds and supervised, during the day, but not every day. We try to keep the day very well structured. The groups are done in early evening. Then, we have extended our school hours and other activity hours to weekends and evenings at times, too, to keep the days-- We really keep the days structured from morning to bedtime. They have some assignments from their groups to work on. I guess that is basically the schedule.

SENATOR KOSCO: How do you progress?

MS. CHAYT: The basic program is based on a level system that takes into account their sex offender treatment issues, as well as their behavioral issues, which are really tied together. Through their working group and how they deal with the rest of the program, they are on their way through the four levels.

SENATOR KOSCO: Is it possible not to get through the four levels in the 18 months? Does anyone ever not, you know, demonstrate to you that they are rehabilitated?

MS. CHAYT: There is an occasional resident who will leave prematurely, who will violate his probation because he is

not fitting in, he is not investing in treatment, he is acting with threatening behavior, or in a threatening manner, whatever. Then we have a few residents who leave with what we call "letters of participation," rather than graduation, and again, really focus on a careful after-care component. A lot of those kids are going on to another residential setting, and we kind of just shift their graduation over there.

It is not so much that we screen, as you said. We are also there, as much as possible, to keep the integrity of our program in what we do, but also meet the need. So we might get some juveniles who are a little slower than we would ideally like, but we will try to work that through with them, because we really feel they will benefit. We had one resident not long ago who lost-- His mother died a week before he came in. He just wasn't ready to deal with a lot of issues, until he dealt with his grief issues. He is taking a longer time. We are not throwing him out the door. So it is a variety of situations.

SENATOR BASSANO: Is there a need for more beds?

MS. CHAYT: Oh, absolutely. I mean, if you just look at those numbers--

SENATOR BASSANO: Give me an idea as to what we are looking at, as far as expanding the facility is concerned.

MS. CHAYT: What a group has looked at, and come up with a preliminary recommendation, is that we really need two more Pinelands programs, probably one in the northern region -- we are in the southern region -- and one in the central region focusing on that after-care component. It is real hard for us to bring kids up to Passaic County from Burlington. It takes a lot of staff time. So I would say two more Pinelands programs, as well as looking at the needs of those kids who maybe do not need the intensity of Pinelands, but need some type of alternative living situation to where they are, regional -- more group homes, host homes.

SENATOR BASSANO: You said two more Pinelands. Two more 18-bed facilities? Two more 20-bed facilities? What are we talking about?

MS. CHAYT: I would keep it at 18. We have found that the small setting is very positive and kind of an ideal treatment model, to keep the groups at 9 each, and not become institutionalized.

ASSEMBLYWOMAN WRIGHT: Barbara, are you prepared to discuss any of the finances, what this program costs -- what it costs per child?

MS. CHAYT: Well, it is public knowledge, but I am not good at numbers. I did not bring that with me, but I am trying to think. If you want to give me the name of someone to send information to, I would be happy to send all that.

ASSEMBLYWOMAN WRIGHT: You can't even ballpark what a 12-month period of the program costs?

MS. CHAYT: Twelve-months, per bed? I should know.

ASSEMBLYWOMAN WRIGHT: That's okay.

MS. CHAYT: I think currently it is around-- I think it would be safe to say it is about $47,000 per bed per year. We would like to see-- We were estimating, based on needs, that we would probably need about $55,000 per bed per year. I will check that number when I leave and call somebody if I'm off.

ASSEMBLYWOMAN WRIGHT: Yes, okay.

How long have you been in operation?

MS. CHAYT: About 10 years. It transitioned to a program for juvenile sexual offenders, I think, about eight years ago.

SENATOR BASSANO: Are there any other questions? (no response)

Thank you.

MR. THOMAS: Thank you very much.

SENATOR BASSANO: We're going to be breaking at 1:30, so we might be able to take a couple of the other speakers. Do you want to try to do that?

UNIDENTIFIED MEMBER OF TASK FORCE: Breaking at 1:30?

SENATOR BASSANO: For lunch.

Anne (addressed to Anne Stefane, Task Force Aide), whomever you are bringing up, tell them they have five to seven minutes apiece. Maybe we can get through one group here.

(RECESS)

AFTER RECESS:

SENATOR BASSANO: May I have your attention, please?

Good afternoon. It doesn't matter which one of you wants to start. We are not asking you to identify yourselves, so don't bother doing that, obviously. So if one of you wants to start, we are going to try to get through each of you in about 10 minutes or so -- or thereabouts, with some questions. So, go ahead. Whomever prefers, please start.

F O R M E R I N M A T E (1): Well, Senators, Assemblypeople, and others, thank you for giving us this opportunity to speak to you.

I wanted to kind of give you a little background on me personally, but I know you are all pressed for time. I will try to shorten this as much as I can. I was sentenced for sexual offenses against children in 1986. I served approximately six years here at the Adult Diagnostic and Treatment Center. I achieved parole from the Center and successfully completed parole.

One of the things that I certainly want you all to know is that treatment does work; that it has been available here. I am one of those people, and I think you will hear from some others who will attest to the fact that it does work. It

is probably one of the few ways, at least I believe, that the community is safe. However, there are problems with the program here. There are problems that we have all experienced, and I would kind of like to share a little bit of that with you. I want to focus on how it is broke, and then some suggestions on maybe how we can fix it.

The ADTC is said to be a diagnostic and treatment center. Assistant Commissioner Hilton acknowledges that the Center's primary responsibility is to provide treatment for convicted sex offenders. On its face, 2C:47-1, the sex offender portion of the Code, would seem to bear that out. However, the assessment, in practice, is not true. I don't mean to cast blame, because I think there is enough of that to go around, but the fact is, treatment at the ADTC is a low priority.

I suggest that all you need to do is take a look at the budget -- the ADTC budget -- to bear that out. There is an old axiom that when evaluating a program, ignore what its administrators say its purpose is, and look to its budget. People and organizations put their money into their priorities. Budgets are true indicators of purpose and priority. If you examine the budget, I think you will see that 80 percent to 90 percent of it goes toward maintenance and custodial operations, while a mere 10 percent to 15 percent is targeted for treatment.

I would like to say that that has been a constant. If you look back to about 1976, as I have, while the population in size has quadrupled over the years, the treatment and other portions of the budget have leapfrogged. The treatment portion has remained the same.

Now, there is a historical aside, and I think this is where the problem came in, and where you might want to think about the solution. The problem, I think, can be traced directly back to the inception of the Code in 1979. The review

of the Code Commission commentary bears out that the inclusion of the Sex Offender Act in the Code, formerly titled 2A:164-3, was a last-minute decision by the Legislature. As it was related to me by then Director of Professional Services, William Prendergast, the Code was initially not intended to include sex offenders. However, the Legislature at the time also intended to repeal the old Sex Offender Act, which would leave the question of sex offenders in limbo. So an inquiry from Dr. Prendergast, from what I was told, was literally in the 11th hour of deliberations. The old Act, with some few minor changes, was inserted into the Code.

However, I don't think much thought was given to the fundamental philosophical shift that would occur, and the problems that we have today. Under the Code's premises -- many of you I am sure know -- the theory of the Code was punishment and retribution. That is why offenses are graded certain ways and there are determinate sentences. A certain portion of the sentence, usually the first fifth or so, is considered to be the punitive component. On the other hand, under the old Sex Offender Act, the premise was strictly rehabilitation for the sex offender, recognizing that repetitive and compulsive behavior was an illness that required treatment. That is why, under the Act, offenders received long, indeterminate sentences. Usually, I think the minimum was 12 years, but most people got indeterminate to 30-year sentences.

At the same time -- about that time -- the Legislature, of course, abolished the old Department of Institutions and Agencies, under which this building fell, and created Corrections and Human Services. This, then, ended up under Corrections. The final blow, I think, came in 1984 -- State v. Chapman -- in which the Supreme Court said, essentially: "The Code recognizes that sex offenders, in addition to being treated for psychological problems, should be punished for their wrongful acts."

If you examine the direction ADTC took administratively thereafter, you will find an ever steeper curve away from an emphasis on rehabilitation toward punishment. I think another thing to look at-- I have some handouts. One of the handouts, the very last one, is a-- I am not sure I kept a copy for myself. One of the last pages is the graph. Actually, the next to the last page, I guess it is. I think this is pretty telling. This graph here on statistics.

In 1979, when the Code came in and offenses were then graded and everybody had a specific determinate term, you began to have sentences of three, seven, ten years. If you look at -- beginning in about 1984 and 1985-- Go over to the portion that maxed out, and you can begin to see the figures increase, while the parole figures remain constant. The amount of max outs begins to increase dramatically from about 1984 and 1985. I think what that says is, first, there were people who began to reach the maximum terms on their sentences, and then began to max out at about that time. In addition to that, I think it also shows that the emphasis began to shift away from rehabilitation to a more punitive environment.

If an offender has a sentence of less than 10 years, it is not likely that he can achieve a recovery during the life of his sentence. This translates into frustration for the offender. I think it is simply naive and simplistic thinking to believe that simply because someone has been sentenced to a treatment program that he is going to want to do it.

Most of us who have been paroled, I have to tell you, worked very hard to reach that point, against some great odds and obstacles in the treatment program in the building. Most guys do not come in motivated to do that. There has to be some kind of an incentive to encourage them to do that. Traditionally, that incentive has been some reasonable opportunity to achieve parole, some kind of release. Now, I am

not suggesting that we should be released willy-nilly into the community. Of course, that is what is happening now with max outs. But parole with supervision makes abundantly more sense from the standpoint of providing some incentive for a guy to do effective treatment in the program; also, from supervising in the community and helping to reintegrate, than does maxing guys out and just having everybody just disappear into the woodwork.

SENATOR BASSANO: Let me ask you a question: Would you be in favor of a mandatory sentence, and that the only way a person would be able to leave this institution would be through parole, assuming that there is adequate treatment here for those people?

FORMER INMATE (1): Mandatory in terms of?

SENATOR BASSANO: Well, if we went back to the old Penal Code.

FORMER INMATE (1): That is one of my suggestions: that you give some serious thought to going back to the old Code.

SENATOR BASSANO: And those people who do not want treatment, or refuse treatment, would not be allowed to be housed here. They would be put into the general prison population, so that the people who are here would be people who are serious about trying to help themselves.

FORMER INMATE (1): I agree with you 100 percent. You have no idea how therapy refusals, or people who only give lip service to the treatment program in order to maintain themselves with some kind of institutional perks in the building, pollute and poison the treatment atmosphere in the building. It is unbelievable. It is important, I believe, to provide-- Frankly, I am in favor of indeterminate to 30-year sentences.

SENATOR BASSANO: Talk to me about once you are released. First of all, are you receiving any help out there right now for yourself?

FORMER INMATE (1): I continue to participate in the after-care program here.

SENATOR BASSANO: You come here on your own?

FORMER INMATE (1): Yes.

SENATOR BASSANO: Nobody says to you that you have to.

FORMER INMATE (1): No.

SENATOR BASSANO: Okay. Do you believe that if a person is paroled that there should be help out there for them, so that they have that crutch, if you will, once or twice a week, where they can go for therapy--

FORMER INMATE (1): Absolutely.

SENATOR BASSANO: --where there is a hot line, maybe where we get into a halfway house?

FORMER INMATE (1): Absolutely. I'm glad you brought up the halfway house. You know, guys have a very difficult time reintegrating into the community, in the first place. What complicates the problem, in the current environment-- I guess it is no secret that it is very difficult now with the public incensed over sex offenses. I completely understand the public's angst about sex offenders, what I did, and what people like Jesse Timmendequas did. My concern with all that is that those of us who worked very hard to put our lives back together get lumped in the same category with the guys who didn't. The focus has been on the guys who didn't, who really are seriously dangerous in the community. Halfway houses would help a guy who has done significant therapeutic work to reintegrate into the community to find jobs, to find housing, and things like that, that might not otherwise occur, and does not exist now.

In addition, after care is now only provided in four locations in the State, and they are all in North Jersey, except for a Trenton one, which occurs in Trenton. There is nothing in the southern part of the State for guys who might want to, who do not have transportation, who are sort of landlocked on their release. It is very tough.

ASSEMBLYMAN MIKULAK: I am more interested in your stay at Avenel. What made you different from the majority of people who maxed out while you were here? What made you reach out and grasp what was available, and straighten yourself out?

FORMER INMATE (1): For me personally, when I was arrested, I actually was relieved, frankly. One of the things that disturbed me then, and which still disturbs me, is that there is no mechanism for somebody who recognizes that they have a problem, who cannot control themselves, to come forward and to essentially turn themselves in without getting ground through the criminal justice system and the process. Under the old law -- I think it was 2A:164-13 -- there is a provision for people to essentially turn themselves in for treatment.

Well, anyway, to answer your question, I was just very motivated. I mean, I did not want to live the way I had been living up until that point. The opportunity was available, and I was determined to take advantage of it no matter what. I did not look at the door. I was not one of those people who came in saying, you know, "When is my first eligibility date? When am I going to get paroled?" etc., etc. In fact, I came in assuming that I probably would not get paroled.

My primary purpose was to get my life back in order. But I have to tell you, my attitude is the exception, and not the rule. Most guys come in in big denial. I mean, I was in group with those guys. For those guys, it would take a year or more before they would even get to the point where they would admit they were sex offenders and that they had a problem. But once you get to that point, getting over that hurdle is one of the keys. Developing trust in the program, for me, was so important, because I never had that in my life. I had a wonderful therapist, who is no longer here, who left in frustration, I want you to know. She was so frustrated with what was going on that she burned out. But she probably saved my life in a lot of ways, in helping me to develop trust, to

overcome my own fears and to go back and actually relive and work through the real pain of my own molestation when I was raped. I mean, in my view, that was the key to my recovery. I could not recover until I had gone back and not just talked about what happened, but relived it. That is scary, and it is painful. Most guys don't want to do it unless they are in an atmosphere where they can do it.

I would like to say something about the atmosphere here. When I checked around with other guys who knew I was coming here, we all agreed on the same thing. The one key thing that gets in the way here is custody. The punitive custodial atmosphere of the building defeats treatment almost at every turn. Now, I don't mean to say that there should be no supervision or custody, but custody in the building always takes priority over, and almost always conflicts with the therapeutic goals of the therapist, and the goals that the guy particularly is working through.

I will give you some good examples of how this fails: I know a guy specifically who acted out in this building. After he acted out, he was sent out of the building. He was disciplined, sent out of the building into adult segregation for two years. While he was out of the building, he was not given any treatment at all. After he completed that period of punitive confinement, he was brought back into the building. He was only here maybe six months, and then he maxed out. He has since gone to New York, and he has now raped another woman.

The fact is, when guys are put into custodial confinement for infractions they commit in the building, for whatever reason, they are routinely denied treatment. I don't understand that. This is a treatment program. If a guy acts out, he ought to be dealing with why he acted out, not sent out of the building into some kind of punitive confinement.

The same thing occurs when people are put into custodial wrap situations, you know, what you might know as

"protective custody." They are still not permitted to attend their therapy groups. I don't understand that either. But these are custodial ways of getting in the way of treatment, among others.

Gee, I don't know what else to say here.

PROFESSOR BROOKS: May I ask you a question?

FORMER INMATE (1): Sure.

PROFESSOR BROOKS: You referred to some prisoners as resisting treatment for at least a year or so, and then finally acknowledging they are sex offenders and they have committed some crime, etc. One of the issues that the Task Force is struggling with is how to deal with offenders who resist treatment, who refuse treatment. There is a tendency among many of us to think that once an offender resists treatment for a certain period of time, then he should be taken out of this population, because he is taking the place of someone who perhaps could benefit from treatment, whereas he is resisting it. On the other hand, there is a sense in what you say that where a certain number of sex offenders -- I don't know how many you have in mind -- if you stick with them, you can break through.

You realize that there is this conflict here, a very critical one, you know, where perhaps you have to give up on an offender who resists, let's say, for six months, and say, "He is not amenable to treatment" -- to use the magical words. What is your reaction to all that?

FORMER INMATE (1): Well, first, I think there are guys, and there have been guys here, who are therapy refusals, who have refused treatment for a number of years and, like I said at the top, actually pollute the treatment environment. Those guys, I think, after a period of time, maybe a year or more, should be given their wish. I mean, they should be transferred out of the building. Now, I am not suggesting that their sentences maybe should remain the same. I happen to

resent those guys. I mean, when I worked very hard, and then I had to deal with those people who were undermining my own recovery and the program I am trying to work in, I resent that.

So, at some point, those guys need to be moved on. They have had their opportunity, they have made a choice not to participate. The guys I am talking about who have a difficult time breaking through, are guys who marginally participate. They come into the building. They begin by getting into groups. They deny that they have done anything wrong, or that they have a problem, or that they are sex offenders. But they continue to come. You know, there is something about them that continues to have them be a part of what's happening. Those guys you can get to, I think. The guys who just come in and dig in their heels, I am not sure you can get to those guys.

PROFESSOR BROOKS: May I ask this question: There is a new statute, and you are probably familiar with it, which would deny earlier release for those offenders who resist treatment. The question that comes to mind is whether some offenders, in order to get out earlier -- which would seem to be the predominant motivation of most, not to remain in and get treatment-- For those people, how much would they fake it and go through the motions, because they don't want to deny themselves those minutes, those browny points?

FORMER INMATE (1): Well, that is a good question. There are certainly guys who attempt to do that, and I am sure there are some who have slipped through. But I can tell you, when you are in a group setting -- this is why group therapy is so very important -- there is nothing like another offender in that group to be able to see that. I can tell you, guys do not collude with other guys to allow them to get out. If they see that a guy is not being honest, they are on top of him. That is one of the perks of the program that is missing right now, by the way. Because of policies that have been put into place, it has broken down that atmosphere in the building where peer

pressure was so very important to the treatment program. In fact, it has probably swung the other way. There used to be a time where peer pressure was so important that if you did anything wrong, if you acted out and got a disciplinary report, the guys in your group were on you about why that happened, what was going on, and that kind of stuff. It has gone so far the other way now, where there are not only inmates, but even custody people who are so down on the program, that the peer pressure is actually the other way. Don't participate. So the peer pressure is important.

The number of therapists: There are not enough therapists. Caseloads are way too big. The group sizes-- My God, when I came here, I was in a group that had 12 in it. We thought that was large then. By the time I left, it was up to 25.

SENATOR BASSANO: When you were here, the groups were mixed. I mean, you had all different offenders in the groups.

FORMER INMATE (1): That's right.

SENATOR BASSANO: Is it true that the rapists were the people who were the most aggressive in that group and, in turn, being aggressive, a lot of the other people kind of fell by the wayside? Is there any truth to that?

FORMER INMATE (1): I would say that rapists are more aggressive. I would agree with that. I think there are situations where guys are intimidated, especially pedophiles are intimidated by rapists in a group setting. But if there is a good balance in the group, that can't happen. Certainly, if the therapist is in charge of that group, the therapist is not allowing that to happen either. The groups that I was in-- Of course, I always made sure that I was in a group where the therapist knew what he or she was doing. That did not happen. If it did happen, that guy got called on the carpet for what was going on with him.

SENATOR BASSANO: I had heard that pedophiles were kind of the most low key in the group, and were kind of left by the wayside at times.

FORMER INMATE (1): Not always; not always. You know, there are some rapists pedophiles. I mean, you know, there are varying degrees of the sickness. I would not agree with that as a blanket statement.

SENATOR BASSANO: Do you think that mix is good, though, that type of mix?

FORMER INMATE (1): I think the mix is important, because the rapists will see things that other pedophiles won't in their behavior, and the pedophiles will see things in the rapists' bahavior that they won't. It gives a good balance in terms of the aggression. Pedophiles tend to be too insecure. Well, they are probably all insecure, but tend to be laid back. The rapists tend to be too aggressive. They kind of teach each other. I think I learned-- In fact, I have to tell you, the people I learned the most from who were not therapists were probably the rapists. I think the mix is good. It has to be a good balance.

PROFESSOR BROOKS: Learned the most from in what way?

FORMER INMATE (1): In terms of my own dynamic, how I came to be who I am, to get over my own insecurity, to gain confidence in myself, all of which was very important -- to come to terms with my own identity.

SENATOR BASSANO: May we hear from the gentleman on your left?

F O R M E R I N M A T E (2): I would like to thank you for having us. We have looked former to having a word in this for a number of years, since I first came to the institution.

I have a statement which I would like to read. I will try to be as brief as I can.

PROFESSOR BROOKS: Can you speak up a little bit, please?

SENATOR BASSANO: Yes, a little bit.

FORMER INMATE (2): Yes. For 40 years, I lived with deep emotional problems, unable to understand why I was different, why I could not relate, why I did not want to live. I know now that this was the consequence of my having been emotionally and then sexually molested as a young child.

I rehabilitated myself, with help, while I was an inmate at Avenel. I was driven by a desire to be free from lifelong self-hatred, fueled by the knowledge that I had passed this affliction on to my children, my victims, the only people I was ever sure loved me solely for who I was.

My treatment consisted of communication with other inmates who shared my pain, my fears, my criminal acts, and most of all, my distorted thinking. I joined every therapy group I thought could help, heedless to my chances for parole because I knew there were none. My real recovery began when I left the institution and began the process of reestablishing myself in the community, without the stifling dependency of the prison structure. I continue in therapy, other self-help, and identity groups because they make me feel good. I have no desire to repeat any of the behavior which led to my crime.

By far the worst impediment to treatment that I encountered at the ADTC was the collective attitude of the administration and the custody staff, who felt compelled to define Avenel as a prison, despite the protestations of the therapists, and an absence of reason or statistics to support such a punitive, countertherapeutic position.

The intimate trust and communication of therapy is extremely limited due to the population's strict segregation into small housing units and total regimentation of movement, assembly, communication, access, schedule, and personal possessions. Incentive, aspiration, and creativity are strongly discouraged. Every inmate is assumed to be a liar and

an escape and assault risk, when most are middle-class, middle-aged, and first offenders.

For people who need to build trust, the institution trusts them never. Individual officers are given complete authority to interpret and create rules as they see fit. Even those with hundreds of complaints against their demeanor or behavior are not transferred or even disciplined.

I returned to the institution this summer for the annual picnic, and was processed by an officer who was, and is, being prosecuted for the rape of an inmate. Yet, he was allowed to stay on at his post and in uniform, while the administration has carefully concealed his alleged act. Ironically, his inmate victim was transferred to State prison, where he remains with no treatment.

To avoid the control and intimidation with which they are constantly confronted, most inmates gravitate to their bunks to sleep or watch TV. The treatment staff pleads with the population to disregard the oppression, but it is ubiquitous. As a paralegal handling the defense of inmates charged with internal rule infractions, I saw the inmates at their worst in the institution's handling of it. Those charged who were unable to prove their innocence were subject to confinement in strict isolation for as long as six months, away from therapy, group members, and therapists. Often, they were shipped out to Rahway State Prison to do their time in the company of regular State inmates.

Most offenses were the result of the same emotional problems which brought an individual to the ADTC initially -- distrust, poor management of anger, a fear of being seen as weak. Instead of being used as a window into the personality, they were considered an extreme threat to institutional security.

During this time, I represented as many as three dozen inmates who were charged with fighting. I saw no injuries to

anyone. Avenel has no gangs, no organized racism, no weapons offenses, no serious assaults, no drugs, and has had no escape attempts in 20 years. Most inmates are childish; all are passive. The screws have been tightening steadily for 20 years, since Avenel was removed from the auspices of Institutions and Agencies and placed under the Department of Corrections. Since then, the program has been systematically dismantled because the DOC is simply not capable of running a treatment center.

I believe the administration's position is that the only way to release an inmate is at max out, treated or otherwise, because if he is kept until his last day, no one can be held responsible for his recidivism. It is painfully obvious to all who enter here that the staff's livelihood and work environment are more important than an inmate's recovery, his self-respect, the public's expectation, or the lives of the children with whom someday he will come into contact. In my view, the administration must be comprised of mental health professionals who can put therapy above all interests, including, but not limited to custody, the PBA, and the CWA. Custody officers and other personnel must also be screened and trained in the understanding and handling of sex offenders, as was the case in years past. Those few officers who remain from those days are easy to identify from their caring manner and genuine contribution. At any one time, on any one day many officers can be seen watching television, reading the paper, talking amongst themselves, or even sleeping because there is nothing better for them to do.

Personally, I have no doubt that all treatment, education, recreation, and support positions, and all programs, could be funded from the bloated custody budget with no detectable diminution in security and safety. But without incentive, there is no hope for a breakthrough in mental illness. To let go of all you have ever believed, is

terrifying and requires complete trust. I made it in spite of the administration, in spite of custody, but there are many others who do not have many of the same advantages who desperately need the time and attention of a genuine sanctuary, if they are to change.

If any good can come of the terrible tragedies which have finally brought Avenel into the clear focus of the public's attention, it will be to restore this once effective, practical program and minimize, through real prevention, the danger to our vulnerable society.

SENATOR BASSANO: Questions?

MR. EVANS: I have been curious about this. You mentioned that most inmates here are middle-class, middle-age. Why is that?

FORMER INMATE (2): I don't know why that is, but, personally, I just got away with my sick life that long. What I learned here was that I was damaged very early in life, and it was bound to happen. Of course, the reporting and the laws have changed significantly over the years, so that I was arrested at age 38. But there are many people who are middle-aged and beyond here. Most, of course, are first offenders.

MR. EVANS: You used the term "oppression" to apply to this place. You know, I feel oppressed. I feel oppressed that I can't allow my child to, you know, walk from one part of my town to another part of town, because of people who commit sex offenses. I have talked to other parents, also, at cocktail parties, and everybody says the same thing. There is a universal oppression throughout our communities because of this. People are afraid. Can you understand why people want to sit on guys like you?

FORMER INMATE (2): Absolutely. I share your anger at the abusers, because I never would be sitting here if I had not

been molested a number of times as a child. I feel terrible about what I have done. I do see that there is an end to this; there is a positive successful conclusion to treatment, under the right conditions, but I was extremely fortunate in that I was driven to solving this riddle within myself, not even cognizant of the damage that had been done to me, but the fact that I had done this to my own children.

PROFESSOR BROOKS: It seems to me that both of your presentations have been very moving. If I had met either one of you and talked with you for any length of time, I would say to myself, "These two guys are very, very good candidates for treatment, and they should be treated. They may be punished because it is necessary, but certainly treated in good faith themselves."

Try to give me an honest view of how many, or what portion of the sex offenders who come to Avenel are guys like yourself; namly, motivated, remorseful, eager for help, willing to cooperate, and for whom there is a good prognosis about recovery from this problem

FORMER INMATE (2): I wasn't on the day I arrived here. I was one of those people that my colleague mentioned. It took me about nine months to realize that the world was right and I was wrong. I had not seen it that way up until that morning.

PROFESSOR BROOKS: But were you cooperating during that time?

FORMER INMATE (2): I was cooperating.

FORMER INMATE (1): He was one of those people I was talking about earlier that you have to bang over the head. In fact, I remember--

FORMER INMATE (2): He did.

PROFESSOR BROOKS: You knew him?

FORMER INMATE (1): I knew him. He is one person who I really chastised very seriously.

PROFESSOR BROOKS: Did you have confidence in him that he would break through?

FORMER INMATE (1): I did. I did, because, despite the fact that he was in denial and he was not able to see his sickness yet, he was still plugging along. He still had a desire to find a solution, even though he was still blaming other people and not taking responsibility in other things.

PROFESSOR BROOKS: Right, but that still--

FORMER INMATE (1): We had to break through that.

PROFESSOR BROOKS: That still leaves the question I am asking. Of course, I am asking only for a broad ballpark proportion, or percentage. How many of the sex offenders are guys like you?

FORMER INMATE (1): I would say, given the right set of circumstances -- and what I mean by that is the right environment for the guys to operate in -- I would say at least 85 percent to 90 percent of the guys will do that.

PROFESSOR BROOKS: That high?

FORMER INMATE (1): There is a small percentage -- I believe maybe 2 percent -- that you are never going to reach. That becomes pretty obvious pretty quickly. They do not want to be reached. They have no desire to be reached, and they should not be here. Then there is probably a middle ground of people that are going to be tough nuts, but you can crack them.

PROFESSOR BROOKS: Thank you.

ASSEMBLYMAN MIKULAK: Are both of you gentlemen involved with Mr. Furlong, working on that lawsuit?

FORMER INMATE (1): I am.

ASSEMBLYMAN MIKULAK: You're not?

FORMER INMATE (2): No.

ASSEMBLYMAN MIKULAK: Okay. Thank you.

SENATOR KOSCO: I would like to ask: Do either of you continue-- You mentioned that you come back to Avenel for after care. How about you?

FORMER INMATE (2): I do, also.

SENATOR KOSCO: Here at Avenel?

SENATOR BASSANO: Voluntarily?

SENATOR KOSCO: Voluntarily?

FORMER INMATE (2): Voluntarily, but no longer. I am now living in a different area, so I go to a different group that is closer.

SENATOR KOSCO: But you do go for continuing therapy. I suppose, from what you say, that that is critical?

FORMER INMATE (2): When I moved, I didn't go for about a month, and I really missed it. It is a chance to get back to my feelings, you know, to talk to people. You learn much from other people by discussing their problems.

The question was asked about the rapist being aggressive in treatment. I would say that the most aggressive people are the ones who can no longer deny their own problems and won't lie to themselves anymore. I was a terror when I got to group, once things fell into place for me, because I knew others could come to the same realizations that I did.

SENATOR KOSCO: Were you also paroled out of Avenel?

FORMER INMATE (2): I was.

SENATOR KOSCO: You were both paroled, so you really are the exception to the rule, according to what trends we have seen here since at least the mid part of the '80s.

FORMER INMATE (2): I was paroled with 37 days left on my sentence.

SENATOR KOSCO: Okay. You keep in contact, I suppose, with other people who have been released from Avenel. You mentioned coming back for a picnic, and what have you. Those you are in contact with, are they in after-care programs, for the most part, or are they not in after-care programs?

FORMER INMATE (2): Well, it seems the group that we stick together with socially-- Many of them have been paroled,

and some are still on parole. They are, of course, required to take part. But we were all in group together quite a bit, too.

SENATOR KOSCO: I was wondering whether the mix included those who maxed out--

FORMER INMATE (2): Some, yes.

SENATOR KOSCO: --who are not compelled to get into an after-care program, which, according to what you have said, I think is so important, who are doing it because they want to do it?

FORMER INMATE (2): Yes, there are a number who do. Neither of us are required anymore. Our paroles have expired.

SENATOR KOSCO: Thank you.

MR. EVANS: You mentioned that you had been molested as a child. I have a question about this nature versus nurture argument. What is it, do you think, about having been molested that would contribute to your doing it yourself? Or, do you think that was just in your nature, to be passed on down to you from a parent?

I mean, is there something about-- What percentage of the inmates here were sexually abused and molested as children? I really do not understand what the connection is. You would think that if a parent did something horrible to you, you would say, "God, I don't want any part of it. I would never do that to my kids," and that kind of thing. I am just curious about how that sets up. What is that about?

FORMER INMATE (2): It wasn't personally-- My molestation was very significant in my later problems. I was a very sexually active child by kindergarten. I was molested at age four the first time. No human body matures physically at that age to compel sexual ideation or acting out. This was taught to me by the individual who molested me. That has been-- I could not tell my parents, because I knew, even at age four, that I would be in trouble for this. Sex was dirty. It was a power move that I was under the control of this

person. It was also a male, which was something I couldn't deal with. That began the problems with me, which were then complicated by more abuse and other realizations in my life.

Primarily, I could not deal with homosexuality. That is what kept me secretive, to the point when I got married. I mean, I did anything to deny that reality, even to myself. I lived a lie. I lived in a tailspin for 25 years, until I was arrested.

MR. EVANS: What percentage of inmates, do you think, have been molested? I mean, is it a very high percentage?

FORMER INMATE (2): Yes.

FORMER INMATE (1): It's very high.

FORMER INMATE (2): That is not to say that all persons who have been molested become abusers. I think there needs to be a distinction. The distinction, in my view, is the difference between those who were molested who survived the molestation and go on, and those who remain victims. I would say, at least from my perspective, that I remained the victim, because I did not have the support network in order to recover from the molestation. Then, it set up for what came later.

MR. EVANS: Now, what about alcohol and drug problems? What percentage do you think--

FORMER INMATE (2): It is nowhere near as high in this institution as, say, at Rahway.

MR. EVANS: No, no. I mean, what percentage of people were alcoholic or drug addicted when they committed their offense? I mean, how much of a factor--

MR. MULLER: Or under the influence.

MR. EVANS: Or under the influence, right.

ASSEMBLYWOMAN WRIGHT: Not necessarily, I don't think. Probably none.

MR. EVANS: It is not necessarily the same thing.

FORMER INMATE (1): I think it is a small percentage, actually.

MR. EVANS: Okay. Do you think there is anything-- I mean, the studies that show prison inmates, a lot of them are uneducated; they are alcoholic; they are drug addicted. It may be that those things do not contribute to crime, but they contribute to being caught for a crime. I mean, you know, if I was going to be a criminal, I would not be an alcoholic. I mean, it just--

I used to be a public defender. I remember an instance where a guy committed a B&E and was drunk. He passed out right in the house, and the cops got him. You can say that alcohol didn't contribute to this crime, but it really helped him to get caught.

Are there predators out there, or are there things that -- I don't mean this in a funny way -- contribute to people being successful at it, so they wouldn't get caught? I mean, when looking at the people here who did get caught, are there personality factors that led them to get caught? You say you were relieved when you got caught. Were you setting yourself up? In trying to detect predators in society, are there things we could look for in the ones who are not getting caught?

FORMER INMATE (1): Absolutely. I think for child molesters, some of the indicators are adults who pay too much attention to children, who are not their children particularly; who lavish them with attention, gifts, who want to take them places. That is not to say that all of those are doing that, but it certainly should be cause for concern, particularly by a parent, you know, who suddenly has this other adult figure in the family mix, so to speak, with their child. I think they ought to be asking some questions about that.

An adult, particularly me, I had no business being involved with somebody else's kid. I mean, that is a pretty loud indicator. Child molesters, and I was-- When I was at the height of my illness, I was good at manipulating families

into allowing me to be a part of their experience, and to be involved with their kids. I hurt and destroyed the trust of parents, as well as kids. I mean, it is not just-- When we talk about children being molested, they are not the only victims. Their families, you know, the people who are connected to them, people who had faith and belief in me, my family-- I mean, everybody gets victimized. There are signs that you can look for.

ASSEMBLYWOMAN WRIGHT: To the second gentleman who spoke: One of the things that you raised for me was the issue of suicide and the fact that, you know, you have all lived through the process of being caught and incarcerated. I suspect that there are probably-- If we were to study suicide, we would probably find that not everybody lives through this experience, you know, as you alluded to.

FORMER INMATE (2): I know from my involvement with gay organizations that there is a tremendous amount of suspected gay suicides among teenagers. My issue was complicated by my victimization. But boiled down to its elements, that was my biggest shame. That was my biggest problem, not being able to deal with my sexuality.

Since I have been released, I have met a number of people who are involved in some kind of self-help groups or 12-step groups, who have a lot of the same symptoms as I had. When I recognized them, I was very honest about my past with them, but I met a number of people who are absolutely crime free, but have the idea of issuing serious suicide threats, or taking advantage of children, or even attacking children. I try, as best I can, to get them to seek help, but they are absolutely convinced that they will be treated exactly like me, even though they have done nothing illegal. For the most part, they eventually cut me out of their lives, and they are out there.

PROFESSOR BROOKS: One last thing: You mentioned that there was no place for you to go for treatment, other than to turn yourself in. Some experts have recommended that there should be many more clinics, or places where people who have your problem, without having been arrested, but knowing they are doing things that will potentially lead to an arrest, can go.

Now, is it the case that in New Jersey there are no such places? I know that in some states there are. The people who run these clinics -- one is in Atlanta, Georgia -- have written extensively about treating sex offenders who come to them, who were never arrested, who have never been caught. They come and they get treated.

SENATOR BASSANO: Professor Brooks, one of the things I hope this Task Force will recommend is the establishment of a hot line -- a toll free hot line -- where we can provide help for people who want to help themselves. If we are going to talk about outpatient care, maybe making that outpatient care available to people who utilize that hot line.

MR. EVANS: But would they be therapists who would be required to report them to DYFS under State law?

SENATOR BASSANO: If we talk about privatizing, there wouldn't be that requirement. We could get into that and check the legality, though.

MR. EVANS: I'm pretty sure that is the case now.

SENATOR BASSANO: I think it is probably--

MR. MULLER: Private therapists do have to report that.

SENATOR BASSANO: --to our advantage to open up that type of system, though, rather than keep these people in the closet and allow them to continue to hurt others. So I think we are going to have to weigh one against the other. I think the last time we meet, this is just another one of the issues that we are going to have to talk about.

FORMER INMATE (1): I didn't go into it, but about six months before I was actually arrested, I finally came to my own decision that I had to do something, and I looked around. I could not find anything. One day I saw a program on television about Fred Berlin and the program down at Johns Hopkins. I called them, and I talked to Dr. Berlin personally. I attempted to arrange to go down there. He wanted a four-week inpatient stay, and at that time he wanted $15,000 up front. I couldn't figure out how I was going to disappear for four weeks and fund it, without it attracting a lot of attention.

I was in the process of doing that when the investigation into my own situation began, and that made that whole point moot. But in retrospect, I think, you know, it would have been good if I could have done that, but it would not have done anything for my victims either, because I wasn't identifying them, and those people needed help, too. So I might have been stopped, but then the people I hurt needed help, too. So there was a double-edged sword there that I think needs to be considered, when considering some kind of a private reporting.

Senators, there is just one more thing I would like to say -- actually two more things. I hope my connection with the suit doesn't discount anything with you, because our purpose in that whole suit, I want you to know, was to put some kind of incentive back into the treatment--

SENATOR BASSANO: I think what you are doing is the same goal that we have in mind; that is, to try to improve services here.

FORMER INMATE (1): That is what we were trying to do.

The final thing is: I would just like to say, I wonder if you all would consider a little more radically some change. My suggestion is that you consider creating an entire separate agency for the treatment of this problem; that it is not within the Department of Corrections; it is within the

Department of Human Services, stands on its own, and brings in the various components -- the juvenile problem, this institution, after care, parole -- the components of parole, to bring all the resources together. I think that with the amount of money that is being spent here, just in this building alone, if remanaged, could probably fund a significant part of that program, do it a lot more effectively, and cover a lot more bases than it is now.

SENATOR KOSCO: Would you, then, recommend the same thing: Instead of punishing someone who is a kleptomaniac, set up a procedure where we would have a separate agency to just deal with people who steal? If we have someone who likes to inflict bodily harm and just beat on people, that we just set up another separate facility for them?

I mean, we are dealing with two aspects here. We are dealing with a) punishing someone for breaking the law; and b), rehabilitation. Where would you divide that? When would you stop and say, "Well, we have to deal with these people," and they are a whole separate different kind of people? When you look at the Department of Corrections, they have a choice; that is, to incarcerate people, punish people, and the laws are supposed to be obeyed. If you break the law, first, you get punished. Then, after that, there should be rehab programs set up. I think that is something that-- I am having a very difficult time getting that across to everybody I talk to.

FORMER INMATE (1): I understand what you're saying. With all due respect, Senator, the Legislature recently passed a bill that amended the mental health laws.

SENATOR KOSCO: That was my bill.

FORMER INMATE (1): In that bill, it now makes what amounts to repetitive and compulsive behavior a mental illness. Ostensibly, your bill was designed, I think, to help protect the community by identifying people at the end of the sentence who are still a threat to the community.

SENATOR KOSCO: Again, after the punishment takes place.

FORMER INMATE (1): Okay. But if it is a mental illness at the end of the sentence, it is a mental illness at the beginning of the sentence, I think.

SENATOR KOSCO: But you still broke the law.

FORMER INMATE (1): Okay. No argument with that.

SENATOR KOSCO: So, first we punish, then we fix.

FORMER INMATE (1): But I think you might want to take a look at some 8th Amendment provisions that suggest that punishing the mentally ill-- You may have a problem with that. It may be that you might want to look at some alternative.

Now, I am not suggesting that-- I understand that communities desire to see some kind of punishment. I can tell you from my own experience, when you are in the midst of this illness, you can threaten to punish the repetitive and compulsive, or really it is obsessive/compulsive behavior, until the cows come home. It is not going to deter people. As he was saying earlier, there are a lot of us who were highly educated. I hold two degrees. I was a professional man, willing to throw it all away for the illness. I mean, it is not-- It is just very difficult to say that punishing people is necessarily going to deter them, unless you do something with the illness.

SENATOR KOSCO: But eventually, every single crime is going to be linked to an illness.

FORMER INMATE (1): I don't agree with that.

SENATOR KOSCO: Eventually, every time someone does something wrong -- they become a drug addict, it becomes their illness. They are rapists, it is an illness. They commit sexual abuse, it becomes an illness. You know, if you are an alcoholic, it is an illness. When do we stop saying that

someone is sick, and just say, "He broke the damned law, and we have to stop it from happening"?

FORMER INMATE (1): Senator, I understand what you're saying, and I hear the community's desire to have some kind of punitive component to whatever happens. My suggestion is that you consider some kind of a situation where maybe what you do is purely punish for the first portion of the sentence. If a fifth of the sentence is under the law now -- under the Code -- and it is the punitive portion of the sentence, then whatever sentence you give to a repetitive and compulsive sex offender, put him in a place where it is just punishment. Then, provide some kind of a mechanism whereby he then comes to a treatment program that is completely outside of the punitive environment.

My issue with the punitive stuff has more to do with how it gets in the way of treatment, than necessarily whether or not you punish. I mean, I can see some value in-- Listen, I sat in a county jail for a year. It was probably hell, hell on earth, because it was probably one of the worst county jails in the State at the time. I was in a little cell, completely locked down, with three guys in a cell that was made for one. I mean, to me, it was torture. When I think back on that, I think -- particularly now, on the other end of recovery -- "What am I, nuts? I am never going to think about-- If I even get close to doing that kind of behavior again, I am going to go do something about it." But when you are in the midst of the illness, you cannot get to that point. That is my point.

So, you know, there can be a value, but I think it has to be separate from the treatment component so that it does not get in the way of it. I am just suggesting that you look at that.

SENATOR BASSANO: Do you think we would be better off if we utilized this facility more as a treatment facility, rather than a place to incarcerate? And if we took some of the

sentencing that was given out and placed some of the people back into the regular prison population, we would be better off?

SENATOR KOSCO: Okay, you have gotten our attention.

FORMER INMATE (1): Yes. My only concern with that would be that in the general prison population, you might have a problem with safety.

SENATOR BASSANO: There would be some segregation, yes.

FORMER INMATE (1): But if there were some way to segregate offenders in the general prison population so that it is punitive--

SENATOR BASSANO: So if we took that type of action, then this facility could be utilized more for treatment.

FORMER INMATE (1): I think, in the long run, that it would work.

SENATOR BASSANO: It would also make this a goal for those people who are incarcerated in, let's say, a Rahway, to achieve to come here.

FORMER INMATE (1): Yes. I have also thought of it in my mind that if you had that-- Say everybody had that portion of the sentence that was the punitive part, say a fifth, for the sake of argument, when the guy reached that point, at some kind of a classification hearing, the guy then gets some kind of an option. If he does not want to do treatment, and he wants to continue with a clearly punitive sentence, then he should get a sentence that is, like, you know, a ton of time.

SENATOR BASSANO: Well, we did that--

FORMER INMATE (1): But with an incentive, he could go into a treatment program, and perhaps get some kind of early supervised release. If he applies himself in the treatment program, that would weed out people who certainly don't want to be there, a); and b) it would provide some kind of an incentive for guys to really do treatment. Then you would have the treatment program functioning outside of the custodial interferences. I think that would certainly--

SENATOR BASSANO: We do thank you for--

FORMER INMATE (2): May I please say one thing?

SENATOR BASSANO: Yes, please go ahead.

FORMER INMATE (2): Senator Kosco, I know that society would never see me as a victim. They would never accept the fact that there was this link between what happened to me and what I did. But I didn't see the State, or anyone, making any effort to treat my victims either. If a treatment program the way we see effective treatment does not hurt enough, isn't painful enough, isn't punishment enough, my response is that that is not the point. I know how this illness is perpetuated, and I know how it is stopped. That tells me what works. Beyond that, I don't think anything else is important.

SENATOR BASSANO: Again, we thank you for being here.

We are asking the press that is here, if you come across any names in any of the memos you have, please delete them. Do not use them. I keep reminding you of that.

We are going to try to have a fast lunch, very fast, and then be back again to take some additional testimony.

FORMER INMATE (2): Thank you.

(RECESS)

AFTER RECESS:

SENATOR BASSANO: Okay, we'll get started again, if everyone will sit down. Let's have some attention here. Could someone close the door so we can get started?

Gentlemen, we welcome you to our Task Force meeting. Whichever one of you chooses to start, feel free to tell us what you like.

F O R M E R I N M A T E (3): Okay. Do you want any background?

SENATOR BASSANO: I don't want your names. Beyond that, just tell me whatever you want.

FORMER INMATE (3): Okay. I've spent about 13 years here, a good part of that -- most of it -- straightening out my life. I've seen a significant change in this program from the time I first came in the door to the time I walked out. There are maybe four catagories that, I think, are probably major catagories. Corrections -- the involvement of Corrections in the program -- the staffing problem, and the release process. Let me just address those first.

I think one of the things I've seen over the years is, when I first came into this building there was a lot more treatment. There maybe weren't as many ancillary programs, like anger management. Some of the other ancillary groups -- sex addiction groups -- were not here at the time, but the ratio of inmates to therapists was a lot smaller.

The therapists seemed to have ready access to inmates who they wanted to see to balance out group therapy or individual therapy. Inmates had ready access to each other. That is one of the big changes I've seen in this program. When I first got here, if I needed to talk to somebody else about what I was working on in therapy or if I was having a problem, I could get to that person, whether he was on another wing-- We could readily get a room to talk in. That helped me a great deal, and I think it helped a lot of other people a great deal.

SENATOR BASSANO: What do you attribute the change to?

FORMER INMATE (3): I'll tell you. The big problem I see here is custody. It seems to me, you cannot mix a treatment program with the Department of Corrections.

SENATOR BASSANO: Well, has it become more of a prison instead of a treatment center?

FORMER INMATE (3): Oh, certainly. Certainly, much more a prison.

SENATOR BASSANO: Do you attribute that to, maybe, overcrowding?

FORMER INMATE (3): Well, I attribute it to custody's mind-set. My experience-- Let me just preface this by saying that I spent three years essentially, in the treatment program when it was next door in Rahway.

I was a 19-year-old when I went there. I've got to tell you, I was terrified to death of being in that prison and, honestly, was not willing to address my problems for a variety of reasons. I maxed out after a three-year sentence. I did recommit with a much more serious offense before I came back this last time I was here.

Custody has a tendency to overreact to most situations. If two people get into a fight, custody tends to look at that fight and say, "Okay, now how can we--" Obviously, you want to prevent fights. Nobody wants fights. But their tendency is to, instead of just punishing the two people who got into the fight, they put restrictions on the whole population.

So eventually it was, somebody got caught doing something wrong who was from another wing, then they said, "Now, nobody can go from one wing to another." Then it was, somebody didn't do something they liked in one of the rooms where we could gather and talk, "Now, nobody can use the rooms." Well, that certainly gives them a lot more control over the population, but it grossly stifles the treatment program.

SENATOR BASSANO: Tell me about the treatment program. You were in here 13 years. Obviously, you saw some changes from the time you came to the time you left. How did treatment change?

FORMER INMATE (3): Well, certainly the population increased a lot faster than the therapists. They added ancillary programs to try and teach things like anger

management. They tried to increase sex education. A lot of inmates who come in here don't have the slightest idea about how their own, or anybody else's body works. So how can they relate in a mature sexual relationship?

But I also saw the quality of therapists go down. I saw therapists who, for years and years -- I mean, I'm talking five or six years -- I don't recall ever putting anyone up for release, and hearing the people who had those therapists complain, "We don't do anything in therapy. Why can't we get rid of them?" Well, you can't get rid of them because of Civil Service rules. It sort of seems like -- not just here, but in a lot of aspects of government -- when somebody is hired through Civil Service, you can never get rid of them, no matter if they do the job well or not.

I think the primary thing is, the increase in the caseload for each therapist, and restrictions put on the institution, or the therapist, by custody.

SENATOR BASSANO: Whoa, whoa, give me an example of that. Go ahead.

FORMER INMATE (3): Well, recently-- For example, therapists have time during the week or during the day to run their groups, so you meet as a group. But most people I know need a combination of group therapy and individual therapy.

For example, you may have a guy who-- In fact, this happened to me. There were several things in my life that I was not willing to talk about, initially, in a group. But, because I could get individual therapy, I was going to talk about them with my therapist. When I made some progress in those areas, then I could bring them to the group and talk about them. You need both.

So what happens is, therapists find it very difficult to work with a schedule where you're counted in the morning; you get counted at lunch time; you get counted late afternoon, and you get counted, again, later in the day. Therapists, a

lot of them, try to schedule their individual therapy for those count times -- when they can't run a group, as a rule, but they can call a guy up. Now, they can't always schedule it, so they put in what's called here an "emergency pass."

Well, my understanding is that, recently, they basically told the therapists, "We don't want you putting in emergency passes." So, what does that do? It cuts down on the work for some officer who has to keep track of who puts the pass in and what inmate is going to be on that pass, sure. So some officer is doing less work, but guess what? Some therapist loses treatment time.

Somebody is paying that therapist's salary. The more custody cuts down on the time the therapist can do the treatment job, the less treatment you get for your money. So if you take custody restrictions that affect the therapist's ability to do the job, and therapists who aren't, maybe, qualified -- and I think a lot of them are not qualified to do the job here -- those are two major factors.

The third one, that I didn't mention before is, sentence. My original sentence-- When I went to Rahway, I had a three-year sentence for lewdness. My experience, not just then, but now, in this 13-year period, is that 3 years is not enough for almost anybody to do treatment, and to be able to walk out the door and stay out there without hurting anybody.

In 1989, when they changed the Criminal Code--

SENATOR BASSANO: In '79.

FORMER INMATE (3): I'm sorry, in '79. They hurt this program. Because what happened was, you brought a lot of people in with five- and seven-year sentences, took away good time and work credits, and that person served three and a half or four and a half years. It is not enough time to do effective treatment.

SENATOR BASSANO: Let me ask you this: We're looking at, maybe, going back to the old Penal Code in allowing judges to give people indeterminate sentences--

FORMER INMATE (3): Well, I'll tell you my personal opinion. Maybe I'm a little harsh--

SENATOR BASSANO: --and in doing that we're forcing people to be paroled, rather than just maxing out and walking away.

FORMER INMATE (3): Right. Let me tell you something that a lot of people I don't think believe. Most people, when they begin treatment, do not begin treatment for themselves. A guy comes in, he begins treatment for his wife, for his children and because he wants to go home. Eventually, when he begins to get healthy, has a better opinion of himself, and understands what was wrong in his life, he begins to do it for himself, because it begins to feel good to be a better person. That's how it works.

If I had my-- My input on the sentencing is: I think for every sex offender, an indeterminate 30-year sentence -- no good time, no work time. Most people are going to be treated in six to ten years. Some people take longer, like I did the second time. Some people are not going to be treatable. The guy who reaches that 30 years and hasn't been able to pass the panels to prove that he deserves a chance in society, should be committed.

SENATOR BASSANO: We now have the law to do that.

FORMER INMATE (3): Right, and that is how it should work. I also don't believe it should be a "one strike and you're out" kind of deal. I basically believe, partially because I saw it happen in my life-- You take somebody with one strike, you treat them. They go out, maybe they recommit. It is not a blanket kind of thing. I'm not saying give everybody unlimited chances, but I do say this-- My opinion is, if a guy is treated and he goes out and he fails, that's it. So you commit a crime, you get treatment. If you get treatment and you go out and recommit the crime, that's it. You've had your chances.

SENATOR BASSANO: Do you know people who have committed a crime again when they have gone out?

FORMER INMATE (3): I know people who went through treatment, passed the treatment panels, went and passed through the Parole Board, got out, committed a crime, and came back. It might have taken them five, six, seven years to figure out--

SENATOR BASSANO: Do you have any idea why they committed the crime again?

FORMER INMATE (3): Because you can't always figure everything out.

SENATOR BASSANO: Do you think if there was some type of community help out there for them, that there is a good chance that, maybe, they wouldn't have committed that crime again?

FORMER INMATE (3): I don't think that is a guarantee. I think that-- First of all, I don't think there is any community help out there.

SENATOR BASSANO: There is none, right now.

FORMER INMATE (3): I went out on parole. Fortunately, I have a family who is very supportive.

SENATOR BASSANO: Would it have made it easier for you if part of your parole would have been, maybe, going once or twice a week, mandatory, to a therapy session -- a group therapy session -- to discuss some of the problems out there that you're having?

FORMER INMATE (3): Well, I do. I have mandatory therapy as part of my parole.

SENATOR BASSANO: Where are you going? Is it here?

FORMER INMATE (3): I come back to this particular location.

SENATOR BASSANO: Okay.

FORMER INMATE (3): There are other places.

SENATOR BASSANO: That's the advantage of parole versus people--

FORMER INMATE (3): Sure. I have an ancillary program that I have to go to, too.

SENATOR BASSANO: Do you find that helpful for you?

FORMER INMATE (3): Sure I do.

SENATOR BASSANO: Because we're talking about expanding that, maybe to different regions in the State. So a guy in Cape May County, obviously, can't come up here twice a week, then he'll get the same type of help down in Cape May County.

FORMER INMATE (3): Right. Also, one thing I don't think you'll ever see happen, but that I think would be very helpful, would be a halfway house.

SENATOR BASSANO: We talked about that.

FORMER INMATE (3): So you don't take a guy who has spent-- I mean, I spent 13 years in this building, where you are basically told-- To some extent, you're told; when to get up, when to eat your meals, and when to do your laundry. I mean, your life is pretty much controlled.

You walk out the door, you have a parole officer, and all his concerns are: Well, obviously, don't get in trouble, but, do I report to him when I'm supposed to? Do I come down to treatment when I'm supposed to, and do I have some kind of a job or am I, at least, honestly looking for work? Other than that, as long as I meet the conditions of my parole, he has no time for, or a vested interest in doing anything else for me. Okay?

But you walk out where-- Now, I go from having limited responsibility and my life basically controlled, to a situation where I have to be responsible totally for myself and there are no limits. To go from one to the other, from 9:00 in the morning to 9:30 at night, is rough for a lot of people. They don't know what to do with that. They have a lot of free time on their hands where nobody is telling them what to do.

A halfway house, where you go out-- The guy is in a more relaxed atmosphere. You help him get a job, he can put some money away. He pays room and board. I mean, I'm not saying "free" halfway house; make the guy pay. I pay rent, I pay taxes. I mean, he's a citizen. He owes to society what everybody else owes to society. I don't think the guy should have any extra rights.

First of all, we have some of the basic rights, or most of the basic rights as any person in this room.

SENATOR BASSANO: There is a proposal here for a halfway house. (indicating) Hopefully, we'll talk to the authors at some point, maybe not today, but at some point during the hearing process. I tend to agree, you're correct that it kind of eases you back into society. It gives you that shelter. In the event things aren't going right, you have a place to go back to.

FORMER INMATE (3): I mean, you run a group there where the guy can talk to people, just like he would have here in the institution. I think the big thing is--

First of all, you can throw all the treatment you want at a man or woman, whoever it is you're trying to treat, but unless they are open to treatment, you can't force them to change. So most people I've seen are willing to start looking at their lives at some point or another. Obviously, there are stages that everybody goes through. There is a certain stage of denial.

If I speak about just myself-- I was fortunate, because when I committed my crimes the second time, I was confronted by my family. My family was called; they wanted me to come in for questioning. I actually went for questioning, denied that I did the crime, and they said-- Actually, when I walked in the door, they said, "You're not the guy we're looking for." But I went home from that and said to my family,

"I am the guy they're looking for," and turned myself in. So I walked in the door ready for treatment, because I said, "I cannot live this way any more."

I paid a lot bigger price than I thought I was going to pay, but, for me, I have to tell you, I got off easy. The sentence I got-- They could have sentenced me to a lot more time. I benefitted by this treatment, and things have gone well for me now that I'm out.

ASSEMBLYWOMAN WRIGHT: When did you leave here is my question?

FORMER INMATE (3): It's been a little over two years.

ASSEMBLYWOMAN WRIGHT: Because I wanted to get a sense of-- You were here before '79 or just around--

FORMER INMATE (3): What happened was, I turned myself in right in the transition, and I actually was sentenced under the old Code.

SENATOR BASSANO: Under 2A?

FORMER INMATE (3): Right, I was sentenced under 2A.

ASSEMBLYMAN MIKULAK: A 30-year, indeterminate?

SENATOR BASSANO: Yes.

FORMER INMATE (3): Well, I had longer than that. But, basically, for me-- Essentially for me it was: find out why I was doing these things and change, or spend the rest of my life in jail. It took me a long time.

I would say that it took me 10 years to finally figure out the last piece of what was going on in my life for me to have committed those crimes. It took me three more years to actually begin to make those changes and make that part of who I am today. But I think that the program is the most important thing.

If you can't get a halfway house, but you have a good treatment program, that is not as critical.

SENATOR BASSANO: Well, we're looking at, hopefully, being able to do a better treatment program here. Because, obviously, it has gone, as you said, downhill.

FORMER INMATE (3): I'll tell you, the analogy I would use is that, at this point, you have-- I think you have a somewhat ineffectual and unqualified administration. You have a Department of Corrections that doesn't know how to handle a treatment program. What I see today is that the tail is wagging the dog.

Somehow, if you could take this out from the Department of Corrections, I think you would save a lot of money and you would have a better treatment program.

ASSEMBLYMAN MIKULAK: What you say may be true, but you're here today, in spite of all those defects.

FORMER INMATE (3): Right.

SENATOR BASSANO: He's part of the 80 percent that succeeded, not part of the 20 percent that don't.

FORMER INMATE (3): But I'll tell you what, suppose I had only had a 10-year sentence instead of the sentence I did have, and I had maxed out at six and three-quarter years. I would predict--

ASSEMBLYMAN MIKULAK: Under the new sentencing?

FORMER INMATE (3): Under the new sentencing. I say to you that I probably would have recommitted. Because I can tell you that, when I look back, at six and three-quarter years I was not ready to be out on the street.

MR. MULLER: You said with your first offense you had three years?

FORMER INMATE (3): Right, that was the maximum I could get for that offense.

MR. MULLER: There was no treatment that took place during those three years?

FORMER INMATE (3): This treatment program used to be inside of Rahway, and I was in the treatment program. But I have to tell you that, first of all--

There were several factors: One, I was a young kid being sent to prison believing all the horror stories I had heard about young kids in prison. Second, I was afraid to even

look at what was wrong with me. It's like you put blinders on; you know you have a problem, but you don't want to look at it because it terrifies you. Third, another inmate who I became friends with-- There was a very significant betrayal in that friendship, and I would say to you that, maybe if I had had a 15-year sentence as opposed to three years, maybe I would have straightened things out and not gone out and recommitted. But with a three-year sentence, I came out of that institution more sick than when I went in.

MR. MULLER: But you said yourself the level of your crime was more substantial the second time than the first.

FORMER INMATE (3): Oh, most definitely. See, the thing was-- Part of what terrified me was that I was on my way to the worse crime when I went into prison, and I didn't talk to anybody about it. That, I think, is where the longer sentences would come into play. The guy who has a three-year sentence, or a short sentence, everybody--

Like I said, in my case, when I came here the second time, into this building, I had made the decision to start with. When I walked into the police station and said, "Here I am, this is what I did. I want treatment," I was ready for treatment.

MR. MULLER: Was there any treatment for your victim?

FORMER INMATE (3): I don't know. To tell you the truth, one of the things I did after I was here for a few years was; I wrote to the prosecutor's investigator who handled my case asking how my victims were doing. I never got a response, and one of the conditions of my current parole is that there will be absolutely no contact with my victims. But I'll tell you, my victims were strangers. I could bump into one of my victims tomorrow on the street and I would not know it. They might know it but I would not know it, because I don't have any image to remember them by. I don't think it would be good for anybody for me to have any contact with them.

MR. MULLER: I'm not suggesting that, I was just wondering.

FORMER INMATE (3): There was a time when I thought -- while I was in here -- it would be nice if my victim could come in and tell me how she felt. But I think at some point-- I don't really know if that would do anybody any good. I mean, it might do her good, it might do me good; I don't know. I'm not a treatment expert. I don't know the answer to that question.

But I think you'll find that for most people who come into an institution like this for treatment, there is a period of time when they are in what is called denial. They don't want to face what is wrong with them, because it's not just about-- It's not just about what I did to my victim. It's not about facing that pain. It's also about facing the pain I went through in my life that led me to be a victimizer.

Part of the process in the crime is that the things that happened to us when we were young get buried. They get pushed down because we can't deal with them. But we learn lessons from those things, and we learn ways to see the world that make us victimizers. In order to undo that, you have to go back and face all that pain, work through those issues, and see-- Look, this is what happened. This is how I felt. This is what happened, and now I can move forward from it because I finally faced it.

So if you have a guy come in with a short sentence, you get some people who get right to the edge of where they're beginning to face that pain, their sentence runs out, and they send them out on the street. Well, now maybe the guy has rage inside of him that he is now in touch with again from when he was a little kid. It's got to go some place. He's out on the street. He's got no support. He's got no supervision. Usually, it ends up with another victim, and now there is more pain for everybody.

So I think one of the things that would help people in treatment is, if you essentially say to them, "You have an indeterminate 30-year sentence." It sounds like the end of the world, but I have to tell you that-- I mean, it felt like the end of the world for me.

When I turned myself in people said to me, "Well, you'll probably do five years." I did 13 years. But the longer I got into my sentence I said, "Some day I'll go home," because I reached a point where I knew I was healthy. I said, "I'll go home. My opportunity will come and I'll be able to go home and live a productive life," and it did come.

But I think you run the risk where, if you leave people with short sentences-- If you look at the statistics -- you can look, starting about 1984 or 1985 -- you'll see the max outs went right up. That's because you had all these people running to the end of their five-year and seven-year sentences.

ASSEMBLYMAN MIKULAK: And we're starting to see them recidivate.

FORMER INMATE (3): I saw them start to recidivate when I was in here -- when I was still here. I saw people come back two and three times. You know what? I'll tell you something else: I don't know that I could prove this, this is just my gut impression over 13 years. I'm not saying that any kind of a sex offense is worse than any other kind of sex offense, but I'll tell you that I believe if you did research, you would find that people who commit crimes against children, generally, get short sentences. Men who commit rape against adult women, generally, get longer sentences. That has been my observation.

Now, I don't have access to sentencing records throughout the State to do the research to back it up, but I think that is what you would see. You'll see people who committed crimes against children who have come back two and three times with a five-year sentence, a seven-year sentence, a

ten-year sentence. Meanwhile, here is a guy who commits rape for the first time who has gotten a 10-year, a 15-year, or a 20-year sentence.

I don't know about other people, but I always felt that it sort of sent a message that it's okay -- in certainly, a backwards way -- to commit these kinds of crimes. Commit this kind of crime and you don't get punished as much as you would if you committed this kind of crime.

I'll tell you that I think the damage is devastating no matter who the victim is, but I think an adult is probably better capable of dealing with the damage in their life, and very rarely turns into a victimizer. But most men who come into this treatment program were victimized as children and became victimizers. Because the child doesn't know how to deal with what has happened to him.

Now, today, of course, there are a lot more facilities available for treatment of child victims, and that is certainly good. But I'm saying that the long-term damage looks like it's worse if the victim is a child, because people who are victimized as children grow up to be victimizers. People who are victimized as adults very rarely become victimizers. I mean, in a sense, there is something worse about one crime than the other. The potential is worse, maybe? Maybe I'm wrong. I'd be happy to find out that I'm wrong about the sentencing, but it has been my impression over 13 years.

SENATOR BASSANO: We have not looked into that. We probably will deal with the sentencing. I hope that the Task Force looks toward the mandatory sentencing that we talked about earlier.

FORMER INMATE (3): See, I don't think-- I don't agree with mandatory minimums, but I think that the sentence if you commit a sex offense -- indeterminate 30 years--

SENATOR BASSANO: An indeterminate, mandatory sentence, though, with eligibility only through parole.

FORMER INMATE (3): Right, you have a 30-year sentence--

SENATOR BASSANO: That is what I'm referring to.

FORMER INMATE (3): --you don't get any good time, you don't get any work time. You, society, the treatment program, everybody knows, "You figure it out and prove to us that you're healthy or you stay here for 30 years."

SENATOR BASSANO: That's assuming you have a good treatment program.

FORMER INMATE (3): "If you prove to us that you're healthy, you get your chance in society on parole. If you go out there on parole and you screw up, you're back here and you don't get another chance." That's that.

SENATOR BASSANO: Let's hear from the fellow on your right.

FORMER INMATE (4): Well, I don't agree with the indeterminate 30-year sentence -- just a flat sentence. If you look at the old 2A, it was a tiered system of seven and a half years, fifteen years, and thirty years depending on the type of crime.

If you look at-- To use homicide, for example, as an analogy: You can have vehicular homicide. Now, someone who commits premeditated murder, there is a difference between the type of sentence that would be imposed.

When you look at a sex offense, there are various degrees of sex offenses, too. Not that they are-- When you say, "A crime is a crime," it's yes, but there are degrees of crime. So, perhaps, a tiered structure might be the way to go, if you were to revise the sentencing.

I also would say that something in the vicinity of three to five years is necessary for someone to really get a decent benefit from this program. But the program can benefit someone if they work at it, and with respect to that--

SENATOR BASSANO: When were you here?

FORMER INMATE (4): From '90 through '93.

SENATOR BASSANO: Okay. Go ahead.

FORMER INMATE (4): Okay. With respect to that, people who commit sex offenses, I think the public -- I hope not the Task Force -- kind of paints them all with the same brush. They're all, "This group of people." When we're saying that the treatment program needs improvement and we're questioning the quality and the experience of the therapists, I think the therapists who are at the facility should not all be looked at identically. Because there are some very, very good therapists here, there really are. Some of them really put their hearts into it. They're genuine, they're qualified in many, many ways. There are many people who have left this facility and are doing very well because their therapist would go the extra mile for them.

There are other therapists who are civil servants. That is where I think there is a flaw. Even if the institution is taken under Health and Human Services, a whole new entity, or is taken from DOC and put into a different category, there has to be a criteria set for what caliber of therapists you would have here.

SENATOR BASSANO: You would have us set some criteria as to qualifications?

FORMER INMATE (4): You would have to set a standard. I mean, if you were going to hire someone to renovate your home, there is a difference between a painter, a carpenter, an architect, or an interior decorator. It depends on what you want to have done. If you want quality treatment, you have to have top-notch people.

I think the public has a misconception that the therapists here are all top-notch -- the best that the State can provide. Within the funding availability -- and you know, you have different phrases that you can label us all under -- I

guess it can be said that, "Yes, it is the best the State can provide." But is the State providing the best? Not really, they can do much better.

But I don't want the ones who are really doing their job to be shortchanged or looked at in a jaundiced fashion by the Task Force. There are some very, very good, dedicated people here. There are others who either need to improve their competency level and their professional level, or maybe they need to be looked at again by a higher authority.

I don't know how the Task Force is judging the effectiveness of the therapists who are here?

SENATOR BASSANO: We're not looking at the individual therapists. We're looking at the system itself and the workload that they have. What is considered to be ideal, and what their workload is made up of. That is what we've been focusing on at this point. It is difficult for us to bring each individual therapist in here and say, "This one is more qualified than the other."

MR. MULLER: Senator, you know, I passed a comment here to my colleague on the left. What I have felt has been effective is that the witnesses we've had today have been very forthcoming, well-spoken, and, obviously, success stories to the treatment. But we haven't seen -- and probably won't get to see close at hand -- those who have just not caught on.

When we took the tour of the facility, I did not get the impression that these gentlemen were the majority, but rather the exception -- from some of the display pictures I saw on the walls and things of that sort.

FORMER INMATE (3): May I comment on that?

SENATOR BASSANO: Sure.

FORMER INMATE (3): I think that you would find that a majority of the men in this building would be well-spoken. Most of the people in this building have a pretty high level of education, had good jobs -- mostly jobs of responsibility.

Sure, there are a percentage who did not, but you would find that the percentage for well-educated people with good jobs, much higher in this building than you will in any other institution in the State.

I think one of the people you will talk to later is somebody who is a "treatment refusal." I hope that I understand that correctly. Because I think that is important--

MR. MULLER: That's what I meant.

FORMER INMATE (3): --that you hear their side of the story, too.

MR. MULLER: That's what I was referring to.

ASSEMBLYWOMAN WRIGHT: Well, I think the other-- Megan Kanka was from my district, so I'm interested in, certainly, how to prevent that kind of occurrence. I mean, this is a person-- I have heard of therapy refusal, and I've also heard some other comments here that make me wonder if therapy refusal isn't another way that people deal with the system here. If they're in a therapy setting, that they think-- I don't know if they can rationalize that or not.

FORMER INMATE (3): No, some people just don't go. They sign a form that says, "I'm refusing treatment," and they don't even go to group.

ASSEMBLYWOMAN WRIGHT: So, that's different.

FORMER INMATE (3): You have other people like Jesse Timmendequas, who will go to a group and sit there. They sit there silently, whether it is someone else who has the floor or when the therapist says, "It's your turn to have the floor today." They kind of muddle their way through, if they talk at all.

Like I said before, you cannot force treatment and change down somebody's throat. The thing to do is to identify the people who are as sick, or have gotten sicker, in their stay here. Find a way to either evaluate them and say, "They're too sick to be on the street. So let's not let them

out on the street," or "We think they're going to be okay, but they need extra supervision." More so than somebody like me, who goes through the SCRB-- First of all, goes through treatment staff panels four and five times, goes through the SCRB three times, goes through the Parole Board twice--

I've been evaluated by these panels numerous times. They all reach a point where they all say, "We feel this guy is okay. He has everything he needs. He's changed, and we think he has all the tools he needs to be successful." Somebody like that-- I already have supervision. I'm on parole.

ASSEMBLYWOMAN WRIGHT: But Jesse didn't have any of those things.

FORMER INMATE (3): Jesse had nothing.

ASSEMBLYWOMAN WRIGHT: And you all knew when he left here that he was dangerous.

FORMER INMATE (3): He would have been one of the people I would have predicted was going to recommit. I would never have-- I don't think I would have said he would recommit in that way, but I certainly would have felt that he would have committed another sex offense.

FORMER INMATE (4): Could I point out-- To add to that, you said you were aware -- looking at his records -- that he was a therapy refusal, or didn't participate as actively as he could have, and so forth. The records are very vague. That is one of my bones of contention, that they do not keep good records because of the poor top-level supervision.

MR. MULLER: We're well-aware of that.

SENATOR BASSANO: We found that out. We found that out.

MR. MULLER: They don't have any.

FORMER INMATE (4): Some of the statistics--

ASSEMBLYWOMAN WRIGHT: My sense is, even with good records, Jesse would have gotten out of here and come to my district.

FORMER INMATE (3): Because he maxed. He reached the end of his sentence and there was no provision to do anything about it.

ASSEMBLYWOMAN WRIGHT: But your other provision, in terms of the indeterminate 30-years, will keep people like that here.

FORMER INMATE (3): And maybe give them enough time where they finally come around in therapy and begin to make progress.

SENATOR BASSANO: Then after 30, if they're still dangerous, they can be civilly committed.

FORMER INMATE (3): Right.

SENATOR BASSANO: So a person like that could, conceivably, never come out.

FORMER INMATE (3): Right. But I think also, if you look at the records, a guy gets evaluated -- gets an official evaluation -- every six months. Now, unless you've been passed as healthy by the SCRB, at any other stage when you get that six-month review, you know what the therapist has been required -- not by choice, but required -- to write at the bottom on your review? "Further inpatient treatment required."

The therapist may believe that you're as healthy as you can get; that you are healthy enough to make it on the street without hurting anyone else, and to live a good life. But if you haven't been passed by the SCRB or by the Parole Board, they were required to write that.

So now if you go back and you get a guy who maybe does 10 years or 11 years of a 15-year sentence, and maybe his therapist does feel that he was healthy, he maxes out, and something happens.

No, I'm sorry. To step into one of the new laws, briefly: if they pick up my record now, I'm on parole. I'm doing well on parole. But if they look back through my record and they say, "Well, look at this, for 13 years it kept saying,

'Further inpatient treatment recommended,'" that is not an accurate picture of my case. That is what you will find if you look at anybody's case in this building, or anybody who has ever been in the building; the records do not give you an accurate picture of that person's therapy and their stage of rehabilitation.

FORMER INMATE (4): That is an illustration of the DOC influence. You're a civil servant, you will do as we mandate.

SENATOR BASSANO: We've also been told that the SCRB is inadequate to really prepare on a six-month or yearly basis, true analysis for each inmate because it would just take so much time. They don't have the staff. Have you found that to be accurate?

FORMER INMATE (3): Well, let me tell you, in 13 years the only time a man saw -- and probably still sees -- the SCRB is when his therapist recommended him for release. He had to be seen by two in-house panels, and only when you passed those two panels did you actually get to see and be interviewed by the SCRB. If you were to look in my records, you would see 13 years of SCRB reports signed by somebody on the SCRB with some reason why I should still be in therapy. Yet they never saw me--

SENATOR BASSANO: They never saw you?

FORMER INMATE (3): --until right at the end, when I went through the actual release process to get paroled.

SENATOR BASSANO: So you're kind of reaffirming what we've been told.

FORMER INMATE (4): Yes. To develop that file, when you have therapy in the institution, it is different than if you're having therapy in a civilian setting. In a civilian setting, the therapist either during the session or after the session, will make detailed notes about what happened during the session: what kind of issues were discussed; how people reacted to them; what kinds of feelings came out of things; are

people growing and learning to cope with their problems or are they not. That doesn't happen here. The staff here does not do that.

Therefore, when you get to that six-month cycle, the staff writes a synopsis one pager or maybe two pager. That's your evaluation -- basically, your six-month review. It doesn't include all of those other week to week, day to day records. So when you're asking, "Does the SCRB have the ability to do this," do they have the file to do it from?

You mentioned you're from the Megan Kanka district. What about the records of analyzing someone who acts out and commits another crime? The file just isn't there. So how do you evaluate the person?

FORMER INMATE (3): I really don't think that is so much a fault. I think there are plenty of therapists who would be glad to do that, but when you're swamped under a 70- or 80-person caseload and there is nobody, really, who sits back as a supervisor and says, "Is it being done?" It's a combination of nobody is making sure that it should be done, and nobody has the time to do it anyway.

ASSEMBLYWOMAN WRIGHT: Well, my theory is you could do one less session. You would more greatly help people by following their progress and having plans of care, then you wouldn't be so swamped. It's which came first, the chicken or the egg?

FORMER INMATE (3): But, as a rule, they only run one group session a week anyway. A therapist may have four groups and each group only meets once a week, or five groups once a week, and maybe the therapist is also in charge of running one of the many ancillary programs. So what can you do? Do you turn around and say, "Well, now you're only going to meet once every other week." That is not going to work.

ASSEMBLYWOMAN WRIGHT: What do they do during the other 30 hours of their time?

FORMER INMATE (3): I don't know that I'm in a position to comment on that. Some of it, I know, is lost to rules imposed on the institution by custody; that I know for sure.

ASSEMBLYWOMAN WRIGHT: But there must be some better way to use 30, whatever, 35 hours a week than doing five groups a week. I mean, no one in--

FORMER INMATE (3): I was never in a position to--

ASSEMBLYWOMAN WRIGHT: Yes, thank you. I don't want to put you in that position.

FORMER INMATE (3): We need a time analyst to come in and see what hours are available. Like I said in the beginning, if you could either lessen the grip of custody or take custody out all together, I think you would find that would improve the program a great deal.

ASSEMBLYWOMAN WRIGHT: I have to say that we're in the business of treating people who have committed crimes, so I think we have a commitment to society from that perspective. Obviously, rehabilitating people is part of that.

FORMER INMATE (3): Well, I think that first of all, I know a lot of people look at this institution and call it a "country club." Well, sure, if you go into the old section of Trenton State Prison that's 150 years old, this sure looks like a country club. Certainly, there are a lot of things that inmates here have, maybe more so than inmates in other prisons in this State.

I have to tell you, if I had my choice where to spend my time, I would want to spend it in this building myself. Because, first of all, the threat of being assaulted, of fights, of stabbings, is practically zero in this building as opposed to any other institution in this State. But at the same time, there is less in this building in the way of preparing somebody to go out and get a job where they can

support themselves than there is in almost any other institution in this State. The ratio of Corrections Officers is probably higher in this institution than in most other prisons.

SENATOR BASSANO: There is one major difference, though, between this institution and any other institution; the people who are here have a mental addiction of some type. If we don't treat that and you go back out on the street, you're going to commit the crime all over again, versus someone who maybe stole a car, is incarcerated, and because they spent some time in jail will think twice about doing it. They don't have the same impulses and the same addiction. That is the problem.

That's the reason why if there is ever going to be a start toward rehabilitation in the penal system, it is going to start here. It started here and we stopped, but, hopefully, we'll get it started again. It will start here, though, in all probability. Not because we want to do this particular institution, but because society demands that it be done.

FORMER INMATE (3): Well, sure, because it's nice to say, "We're going to give you treatment." Certainly, that benefits the individual. But in a greater sense, the more people you treat, or the more successfully you treat the people who are sent here, the more you benefit society as a whole.

SENATOR BASSANO: Absolutely.

FORMER INMATE (3): That is what society has to see.

SENATOR BASSANO: That can probably be said for the whole penal system, but more so here, because of the specific problem you're dealing with.

FORMER INMATE (3): Sure. Right. But I think the thing that irked me during the years I was here is, more and more I saw the Department of Corrections eat up more and more of the budget, and there was less and less money for what was really important.

SENATOR BASSANO: Yes, going the other way.

ASSEMBLYWOMAN WRIGHT: Well, the figure is 29 to 2 right now. So the ratio is pretty clear.

FORMER INMATE (3): Yes. You're saying that you have an obligation, and rightfully so, to society. So when a man is sent to this building, he is sent here because he obviously cannot control his behavior and he shouldn't be outside, but security in this institution has been overkill for many years.

I think you can take this institution away from the Department of Corrections. Although, I'll tell you, I think they are going to fight you tooth and nail if you try to do that. But you could take it away from the Department of Corrections and you could bring mental health security officers in to run this institution. A lot fewer personnel would be needed at a lot less money. You would have more money for treatment, and the treatment would be better. I really believe that.

If you want the treatment program to be better, somebody has a responsibility to figure out and to prove that it can be done that way. But I have to tell you, the Department of Corrections is not going to want to let this institution go. They have fought tooth and nail to get more people here. I have to tell you, for a corrections officer, I think you would find -- if you talked to people privately -- this is the premier institution to work at. The work is easy, the pay is as high as anyplace else, they don't suffer a lot of stress, because there really is not risk here.

ASSEMBLYWOMAN WRIGHT: We've heard your comments before.

SENATOR BASSANO: It's kind of repetitious.

FORMER INMATE (3): I think it's important to emphasize.

SENATOR BASSANO: Yes, it's good to keep hearing it.

ASSEMBLYWOMAN WRIGHT: The theme is-- It's good. We want to reassure you of that.

SENATOR BASSANO: You're not the first people to tell us this.

ASSEMBLYWOMAN WRIGHT: I happen to also represent Jamesburg. I have been through the debate already of whether Jamesburg should be under DOC or DHS. I have to tell you, representing the people who live there, they do not want it transferred.

So, as we move through the juvenile services debate next month and the month after, I think there is going to be a lot of Statewide debate that will help us understand this kind of center similarly, because the juveniles seem to be the closest in terms of the understanding of rehabilitation. But to the people who live in my community, Jamesburg isn't housed by people who don't need a lot of security, because there are very serious offenders there. I think it is harmful to the community if there is not appropriate security.

FORMER INMATE (3): Oh, sure. I don't dispute that with you at all. I think even if you found a way to keep the Department of Corrections only to maintain the security perimeter and took them out of the inside of the building -- the running of the inside the building -- that would probably be a big improvement, but I don't think you're going to be able to split it like that.

ASSEMBLYWOMAN WRIGHT: Well, we'll work on it. We do run the show a little bit.

SENATOR BASSANO: We're going to try to wrap it up. We do thank you for your testimony. I know you waited all day, and I do thank you for that.

FORMER INMATE (3): Well, I appreciate the opportunity.

SENATOR BASSANO: I can assure you that what you said was not falling on deaf ears. We do thank you.

FORMER INMATE (3): Thank you.

ASSEMBLYWOMAN WRIGHT: Good luck.

FORMER INMATE (4): Thanks.

SENATOR BASSANO: The next people who are going to come up are actually prisoners that are incarcerated here. There are six of them. I've asked for three to be brought up at a time.

MR. MULLER: The one that is the treatment refusal is the one that we should spend the most time with.

SENATOR BASSANO: You can ask them which ones are refusing treatment and why.

MR. MULLER: I think Assemblywoman Wright would agree with me; we need to speak to the one that refused treatment.

ASSEMBLYWOMAN WRIGHT: Oh, yes.

(RECESS)

AFTER RECESS:

SENATOR BASSANO: Good afternoon.

C U R R E N T I N M A T E (A): Good afternoon.

SENATOR BASSANO: Is there any particular order that you gentlemen would like to start in. It's up to you. Say anything you want to say, talk to us about what you want to tell us, just don't tell us your names.

C U R R E N T I N M A T E (B): Yes, sir. I have documentation that I have written up here that I would like someone to take, if possible. There are four copies.

SENATOR BASSANO: Sure, you want to pass it around? (witness complies)

CURRENT INMATE (B): In essence, that is everything I wanted to let the Task Force know. My main concern was the fact that the therapists here are, in my opinion -- and I've been trying to get this out since I've been here -- in need of a lot of help, more so than some of the inmates are, because of the situations that have taken place here.

I've written about them. They are all in there. I don't think you would want me to go over every detail. But my main concern is the fact that the therapists here -- most of them, not all of them -- are very bad in their behavior, as far as homosexuality is concerned, and things that are going on and have taken place here that have even made the newspapers.

SENATOR BASSANO: Are any of you not receiving treatment at the present time?

CURRENT INMATE (B): I received treatment for the first two years I was here. The last year, of which I have 11 weeks to max out, I'm a "TR" now.

SENATOR BASSANO: Excuse me?

CURRENT INMATE (B): I'm a "TR," I'm a therapy refusal now. But I had been going to therapy steadily for two years, until the past year when I stopped going to therapy. The reason for that was that my therapist was removed, physically removed, from the building because of the situation she had here, which I'm not sure of all the details of-- But she was suspended for a year, as far as I understand. I thought she was terminated at first, but she came back.

My second therapist was removed, or left ADTC to go back to helping children in some other prison in New Jersey. I understand, in fact, it made the newspapers that he was also arrested for sexual assault, I believe, on some of the kids that he was trying to help.

I mean, it is just a continuous circus here. I have the details written down in those papers.

ASSEMBLYWOMAN WRIGHT: We have them.

SENATOR BASSANO: Yes, I read this.

ASSEMBLYWOMAN WRIGHT: We got them in advance.

CURRENT INMATE (B): All right. I don't want to take up all of your time, I know it's important. But everything I had to say is in there, and this is the main concern that I have.

SENATOR BASSANO: Obviously, you think there is a need for much better improvement in the area of therapy.

CURRENT INMATE (B): Yes, sir. I don't have any background in therapeutic counseling, but the people who are doing the counseling are our main problem here with the inmates. I just can't explain that well enough to you. I can't impress that upon you enough.

If you're not a homosexual here, it's a big drawback. It's a very, very poor situation.

SENATOR BASSANO: I see the gentleman on the end nodding.

CURRENT INMATE (A): Yes, that is very true. It seems as though, in a certain way in the group therapy sessions, that some of the therapists that I have encountered have stressed people identifying their sexuality, in which they are actually giving them permission to go ahead and act out. Then we have to sit in on this and listen to the details of this kind of thing. I find it to be very disgusting to have to sit there and listen, when I feel that the group issues that should be dealt with are our crimes, what we're here for, and all the things that pertain to what made us do what we did; that's how I feel about it.

SENATOR BASSANO: Yet you're still in therapy, now?

CURRENT INMATE (A): Yes, I am. I've been here for two and a half years now. I'm in primary group. I have completed the required modular groups for the parole process. I just finished the last one about two months ago.

SENATOR BASSANO: Why are you still in therapy if you disagree with the treatment?

CURRENT INMATE (A): Well, I feel as though there are things that you can use, and there are things that you have to throw out, things that aren't going to work for you. They're not going to benefit you in any way, shape, or form.

I have gotten more out of the modular groups than I have out of the primary therapy.

SENATOR BASSANO: Are you getting any individual therapy?

CURRENT INMATE (A): No. I have requested individual therapy at different times.

SENATOR BASSANO: How many hours a week do you get therapy?

CURRENT INMATE (A): Right now, I'm in therapy for-- Let's see, I have five hours a week.

SENATOR BASSANO: Five hours a week?

CURRENT INMATE (A): Yes. I am in a primary group, a secondary group, and parapro group.

SENATOR BASSANO: Is five hours a week the norm?

CURRENT INMATE (A): No.

SENATOR BASSANO: What's the norm?

CURRENT INMATE (A): It's according to the individual. It's based on how much therapy they want to receive.

SENATOR BASSANO: So you don't have someone looking over your particular case and laying out for you and saying, "This is what I think you should be doing and where you should be receiving therapy." You don't have that?

CURRENT INMATE (A): No, we don't. When I arrived here, there was supposed to be what they call a "treatment planning team system" set up; in which you are interviewed, your case is looked over, and they decide where you should go -- from what point -- as far as your modular groups, and what issues you needed to work on in primary group. I never received a treatment plan.

SENATOR BASSANO: You haven't spoken yet, so it's your turn.

C U R R E N T I N M A T E (C): I have to say, I had the same problem as him. When I first came, all I had was just a primary group. Just recently now, they offered me, only by

word and not written, to take these modular groups. They usually do this on their own. So all I take right now; I have one and a half hours of therapy a week.

SENATOR BASSANO: One and a half hours?

MR. THOMAS: One and half hours?

CURRENT INMATE (C): Yes, that's all I have.

CURRENT INMATE (A): That's all I had for two years.

MR. THOMAS: That's all you had for two years?

CURRENT INMATE (A): Yes, sir, I spoke about--

CURRENT INMATE (C): That's my primary group.

SENATOR BASSANO: This gentleman is going to be getting out in what, 11 weeks?

CURRENT INMATE (B): Yes, 11 weeks. Yes, sir.

SENATOR BASSANO: Are you fearful of getting out?

CURRENT INMATE (B): Pardon?

SENATOR BASSANO: Are you fearful of getting out, not having received treatment?

CURRENT INMATE (B): No, no, not at all. Absolutely not.

I would like to mention one thing, if it's all right.

SENATOR BASSANO: Sure, please go ahead.

CURRENT INMATE (B): The majority of the people who do take therapy here-- It's hard for you to understand this because you're not affiliated with it, actually, but people are paid to go to therapy in Avenel, which is the wrong way to handle this. They are paid--

SENATOR BASSANO: This is the first I've heard of that. Go ahead.

CURRENT INMATE (B): They are rewarded and paid; actually paid and rewarded. Like John, for instance, he's got a better paying job, a better job because he's a wing representative. If he didn't go to therapy, he wouldn't have that job. There are people with seven-day jobs, who go to therapy only to hold their jobs because they get more time off of their sentences.

This is wrong, only because they are rewarding people who go to therapy who would not normally go to therapy. A lot of them just disrupt the groups or fall asleep, which is not uncommon.

MR. MULLER: How do you feel about your therapy, of being only-- Do you think it was successful then?

CURRENT INMATE (B): No, sir. In my opinion, therapy is next to useless here.

MR. MULLER: What is going to make you not commit the same crime that is obsessive-compulsive behavior again, when you walk out this door?

CURRENT INMATE (B): I know I wouldn't do it. There is just no--

MR. MULLER: How do you know that?

CURRENT INMATE (B): I wouldn't have done it the day after it happened. I wouldn't have done it. I had sex with my stepdaughter just before her 17th birthday, which was my stupidity. I was wrong. I mean there is--

MR. MULLER: Were you drinking?

CURRENT INMATE (B): No, sir, I don't drink. I don't take drugs. I don't drink. I had no reason to do this. I had a wonderful wife. It was my fault. It was my stupidity. But I don't feel-- I mean, I can't go through all the details, it would take too much time, but I don't feel I was compulsive. I had psychiatrists who said I wasn't compulsive, although this place said I was, and a judge had to take their word for it. They usually do. They take the State's word for it.

PROFESSOR BROOKS: Was that the only act that you committed? Just that one time with your stepdaughter?

CURRENT INMATE (B): Yes, sir. The only time I have ever been in trouble in my life. I was 48 years old at the time. It was in 1989. But my stepdaughter was having sex with a lot of people, in the family even, which was totally--

PROFESSOR BROOKS: Was she being seductive toward you?

CURRENT INMATE (B): Yes, sir. I did not ask her for sex. I never asked her for sex. This is why the psychiatrist said I wasn't compulsive. Although, this is not what I am here to speak about, I'm here to speak about Avenel.

In Avenel, the therapy just simply doesn't work. I've talked to well over 100 people in Avenel.

PROFESSOR BROOKS: Well, your case sounds to me like one that really, probably, shouldn't have gone to Avenel at all.

CURRENT INMATE (B): No, sir. Two psychiatrists, actually three, said I was definitely not compulsive. But the person here, who evaluated me; in 11 minutes he evaluated me--

PROFESSOR BROOKS: And not repetitive, certainly. You did it once, so you were not repetitive.

CURRENT INMATE (B): No, sir. I had sex with her several times.

PROFESSOR BROOKS: Oh, several times.

CURRENT INMATE (B): Yes, sir, yes. But just with her, I've never done--

PROFESSOR BROOKS: But that is not what is meant in the statute by repetitive.

CURRENT INMATE (B): In my opinion, yes, sir, that's true. But not under the law, I suppose. I'm not sure.

PROFESSOR BROOKS: Did you go before the SCRB, the Review Board?

CURRENT INMATE (B): No, sir. No, sir.

PROFESSOR BROOKS: Never?

CURRENT INMATE (B): No, sir. I put myself up for staff. They told me to take the ancillary groups, which they never gave me, and then come back up to staff again for parole. But they never gave me the groups. It's just a vicious circle.

PROFESSOR BROOKS: How many men are in that situation, do you think? Do you have any idea, in this institution? Who really are not repetitive and compulsive.

CURRENT INMATE (B): There are quite a few, sir, in my opinion. The people who they parole here, that we've seen, should never be paroled. They are people who are very dangerous people. We've talked about this since I've been here. The people who should get paroled are the people who will never even be considered for parole.

PROFESSOR BROOKS: Now, you, for example, were not considered for parole?

CURRENT INMATE (B): Oh, no, sir, never.

PROFESSOR BROOKS: You're maxing out.

CURRENT INMATE (B): Yes, sir. Well, everyone maxes out, just about. There are very few people who get paroled--

ASSEMBLYWOMAN WRIGHT: No, 10 percent.

CURRENT INMATE (B): --but the ones who do are the people who we consider the most dangerous people.

There was one case in Morris County, where a fellow was taken back by Avenel, who was wanted in Pennsylvania. He was going into schools in Morris County and raping little girls with a knife or something like that -- some kind of a weapon. He was sent here. He did therapy here. This place brought him back to court to parole him, and the judge threw them out of court. This man should never be paroled, but yet this place was backing him for parole.

We've seen this over and over again, and we don't know why. We could never understand the reasoning behind it. Yet, the people who should be paroled are never even considered.

SENATOR BASSANO: If I said to you, in an ideal world, you could change the therapy here, tell me how you would change it.

CURRENT INMATE (B): As I said, I'm not a therapist. I don't know how--

SENATOR BASSANO: No, but you know what your needs are. Obviously, all of you have specific needs; all of you are

not happy with the treatment that you're getting. Tell me what you would tell this Task Force, what you would want us to do to make treatment better to help you.

CURRENT INMATE (B): All right, sir. First of all, and most important of all, you wouldn't reward or pay people to go to therapy. They have to go on their own. It has to be done because they want to go to therapy, because they know they need help, or someone convinces them they do.

Do not reward people and give them a private room, a private cell, higher paying jobs, more time off of their sentence. Don't do that, because that is the worst thing you can do. You're getting most of the people in therapy who would never normally go. It's just a big joke to them. They come out of therapy and they say, "How did I do? Do you think they believed me?" This is the type of thing that goes on all the time here. It's just a big game. It's a tremendous waste of taxpayers' money.

ASSEMBLYWOMAN WRIGHT: What else would you do? What else would you do besides not rewarding for therapy?

CURRENT INMATE (B): I would get therapists-- It doesn't matter if they are homosexual or not; no one has anything against homosexual people. The problem is, they are using their job in here for their own sexual gratification. I could say a lot of things, but I would embarrass myself.

ASSEMBLYWOMAN WRIGHT: Qualified therapists, is that what you're saying?

CURRENT INMATE (B): Well, I think some of them here are probably qualified, except their homosexuality and desires overwhelm, take over. They're more interested in having affairs with people than they are in doing their jobs.

SENATOR BASSANO: With inmates?

CURRENT INMATE (B): Oh, yes, absolutely. It's made the newspapers, and this is only a small percentage of what goes on here. You would never believe me if I told you

everything we knew of actually what goes on here, and very few people will come out and admit it.

ASSEMBLYWOMAN WRIGHT: I guess my definition of qualified is, professional people who practice their profession.

MR. MULLER: In a professional manner.

ASSEMBLYWOMAN WRIGHT: That's right.

CURRENT INMATE (B): In a professional manner, that's correct.

ASSEMBLYWOMAN WRIGHT: I mean, that's what I mean by qualified. I mean, I'm not going to discriminate beyond that.

CURRENT INMATE (B): Yes, ma'am.

MR. MULLER: It is hard for me to conceive of therapy being successful one and half hours a week.

SENATOR BASSANO: I don't think it's very successful.

MR. MULLER: You could tell those patients who are putting on a show if you had a more intense therapy program. Good therapists know when their clients are giving them a ration of crap; especially in group, you guys can figure out who is lying because you've been there.

CURRENT INMATE (B): Yes, sir.

MR. MULLER: The old line in an AA group is, "Don't bullshit me, I've already been there," you know that.

CURRENT INMATE (B): That's correct.

MR. MULLER: So I'm wondering, as you mentioned earlier, the treatment planning, the progress notes, that doesn't cost any extra money, neither does a well-organized modality of treatment.

SENATOR BASSANO: But that starts at the top.

MR. MULLER: Yes, it sure does.

SENATOR BASSANO: It starts with someone qualified at the top, working down, setting up a chain of command, and certain things that they demand from each person.

MR. MULLER: I don't know whether this fellow is manipulating me or not, because I haven't talked to him long enough. But his description of one and a half hours of

therapy, and saying, "Yes, I'm ready to go into society," Charles Manson would say that, too.

Not that you're Charles Manson, please forgive me.

But anybody can say that. How do you know unless your therapist has kept accurate records of dialogue, discussions, and went through the therapeutic process. You make a valid point, some people are going to get out who just don't belong out, because we just don't know them well enough.

ASSEMBLYWOMAN WRIGHT: Perhaps -- is it John?

CURRENT INMATE (A): Yes.

ASSEMBLYWOMAN WRIGHT: John, we understand that you have been rewarded for additional sessions and that is how you have gotten-- You're paid to attend additional therapy sessions, you've gotten privileges from that?

CURRENT INMATE (A): I wouldn't consider them privileges. It's the benefit of having, carrying, a higher phase. They work things here on a phase cycle. It is based according to your six-month review by your therapist, your housing officer, and your work supervisor.

The job I went in for was a Phase II job. I had been here approximately four months. I had had the floor in my primary group two times, and my therapist knew I was going for a position. I had asked her if I was being recommended for Phase II and she said, "Yes." So I knew in that, I was going to obtain my Phase II -- I was going to get the job I wanted -- and I figured in that I would just progress with my therapy, even though I didn't feel I was benefitting anything out of primary group. But I knew that the modular groups, I had heard were, more or less, teaching groups.

ASSEMBLYWOMAN WRIGHT: The point I'm making is, would you agree with this gentleman that you would not use that reward system? I mean, for you it's worked successfully, hasn't it?

CURRENT INMATE (A): Right.

ASSEMBLYWOMAN WRIGHT: So it's helped you?

CURRENT INMATE (A): Right.

ASSEMBLYWOMAN WRIGHT: So do you agree or disagree?

CURRENT INMATE (A): Yes, I agree with him.

ASSEMBLYWOMAN WRIGHT: You don't think it should be in place?

CURRENT INMATE (A): I don't feel as though the phase definition in how therapy works here -- it shouldn't be operating that way.

SENATOR BASSANO: You want to see people who want to go into therapy who genuinely want to help themselves.

CURRENT INMATE (A): Yes.

SENATOR BASSANO: Not that you have to offer the carrot and the stick.

CURRENT INMATE (A): Right.

MR. THOMAS: What was the job you wanted?

CURRENT INMATE (A): Wing clerk.

MR. THOMAS: Wing clerk? What is that? What does that entail?

CURRENT INMATE (A): It is, basically, making sure that the paperwork for the shift officers is out; taking care of new inmates who come into the wing; having paperwork for inmates who request minimum custody status; pretty much keeping a run of informing the inmates of changes going on and things going on in the wing; making sure their paperwork is there; keeping records for them; keeping track of their clothing issues; keeping track of housing moves; doing the housing moves, and stuff like that.

MR. THOMAS: Are you in a dormitory, or do you have your own cell?

CURRENT INMATE (A): Yes, I am in a dormitory.

ASSEMBLYWOMAN WRIGHT: The gentleman in the center, you have one and a half hours a week of therapy?

CURRENT INMATE (C): Excuse me?

ASSEMBLYWOMAN WRIGHT: You have one and a half hours a week of therapy, is that what you said?

CURRENT INMATE (C): Yes.

ASSEMBLYWOMAN WRIGHT: How long have you been here?

CURRENT INMATE (C): I've been here almost two and a half years.

ASSEMBLYWOMAN WRIGHT: What is your sentence?

CURRENT INMATE (C): I got a five-year, with a five-year stip.

SENATOR BASSANO: What does that mean?

CURRENT INMATE (C): Meaning that I have to do all five years.

SENATOR BASSANO: You have to what?

CURRENT INMATE (C): I have a five-year sentence, with a five-year mandatory.

MR. THOMAS: Five years mandatory?

ASSEMBLYWOMAN WRIGHT: Does that mean 10?

MR. MULLER: No, it means five, with no early out.

CURRENT INMATE (C): It's just five with five.

SENATOR BASSANO: Five years, and then you're eligible for parole?

CURRENT INMATE (C): No. I'm not eligible for anything.

SENATOR BASSANO: It's five years mandatory, and then what?

CURRENT INMATE (C): I'm out.

SENATOR BASSANO: And then you're out. What are the other five years then?

ASSEMBLYWOMAN WRIGHT: He has to serve five years, no parole in less than five.

CURRENT INMATE (C): In the past, I've taken SA, which is Sex Anonymous. I found that group -- this was a 12-step group -- was actually better than my primary group. That is done through a book. I've gone through that twice.

In my primary group, all we do is just go around the table. Once in one week, one person takes the floor, the next week, another person takes the floor. It just goes round and around and around. Since I've been here, I've only had the floor maybe four times; that was it. One and a half hours, four times, that has been all I've had the floor.

ASSEMBLYWOMAN WRIGHT: If you wanted more therapy, could you do what John did and get more therapy?

CURRENT INMATE (C): Yes. I would try to get the modular groups, but there was always a waiting list for that -- to get into the modular groups.

ASSEMBLYWOMAN WRIGHT: So you have requested more therapy?

SENATOR BASSANO: What I find interesting is, any type of therapy you want, that you think is right for you, you have to request it?

CURRENT INMATE (C): Yes.

SENATOR BASSANO: You don't have someone saying to you, "This is what my recommendations are that you need."

CURRENT INMATE (C): No.

SENATOR BASSANO: How do you know what is right for you?

CURRENT INMATE (C): We don't know.

SENATOR BASSANO: I mean, there isn't a doctor that is saying to you, "This is what we think you should be taking as far as helping yourself." I think that is ridiculous.

CURRENT INMATE (C): They never say anything about that.

MR. THOMAS: They never do anything? May I ask how you spend the rest of your week? You've got an hour and a half of therapy; what do you do other than that?

CURRENT INMATE (C): Write letters, watch TV, sleep, go out in the yard.

MR. THOMAS: You don't have a job, right?

CURRENT INMATE (C): I'm a line server.

MR. THOMAS: What is that?

CURRENT INMATE (C): I serve food on the line.

MR. THOMAS: On the line. So that takes what, three-times-a-day?

CURRENT INMATE (C): It's three-times-a-day, about a half hour each time, that's all it lasts.

MR. THOMAS: That really doesn't help you much, does it?

CURRENT INMATE (C): No.

MR. THOMAS: Thank you.

SENATOR BASSANO: We thank you for coming before us. I think you've been very helpful, and, hopefully, some of what you're telling us will be included in our report.

CURRENT INMATE (B): Thank you, sir, very much, for letting us talk.

CURRENT INMATE (A): Thank you.

CURRENT INMATE (C): Thank you.

MR. MULLER: Good luck, gentlemen.

MR. THOMAS: Thank you very much.

(RECESS)

AFTER RECESS:

SENATOR BASSANO: Good afternoon, gentlemen. We thank you for being so patient. I know we kept you waiting for us all day. Short of telling us your name-- I'll tell you the same thing I've told everyone else who appeared before us--

ASSEMBLYWOMAN WRIGHT: We could have their first names.

SENATOR BASSANO: Yes. If you want to use your first name, it's up to you, but you don't even have to do that. Tell us whatever you want to tell us about the institution: your own personal experiences, shortfalls, suggestions, whatever. Whoever wants to start, feel free.

C U R R E N T I N M A T E (D): Okay. My name is Bernie. If I appear nervous, that is because I am.

SENATOR BASSANO: Don't be.

CURRENT INMATE (D): I'm not used to this.

I have an eight-year sentence. I've got three years and eight or ten months in on it. That's 16 months to go to max out.

I feel what is going on here -- a lot of it doesn't make any sense. For one thing, since my time incarcerated here, the therapy on my part, as I see it, has been low quality. I had two years of therapy prior to coming here, starting out at Johns Hopkins Sexual Disorder Clinic in Baltimore, Maryland, and then with a private doctor.

Even the other groups in here, such as AA-- On the outside, it was something I fell in love with, as far as being involved with the different type of personnel and a different atmosphere. In here that is controlled very much.

The therapists are fighting against the guards constantly. You can do one thing one day, the next day you can't. It depends on who is on duty and what kind of mood they happen to be in. But anyway, the few people who do get paroled out of here-- As you all well know, it's very limited as far as parolees leaving Avenel.

I am an incestuous father case. I won't go into details, but I am one who had not had intercourse or penetration. I have an eight-year sentence. I've seen second-time rapists with multiple victims get paroled. It doesn't make sense. There are men in here for touching, over the clothing, with teenage girls on a date. They had poor counsel, so they have a 10- or 15-year sentence. They don't get paroled; it makes no sense.

We, the sex offenders-- Well, I'll speak for myself. As a sex offender, I read the papers, I see the news. The people out there fear us. Some of us are fathers. I would

give my life instantly for my victim, and many would who are in here. We are being treated with unqualified, for the most part, and in the low end of the therapy, as far as the therapists are concerned.

SENATOR BASSANO: You're getting therapy now?

CURRENT INMATE (D): I am in therapy, yes. I am not a TR.

SENATOR BASSANO: How many hours a week?

CURRENT INMATE (D): I have one major group that is an hour, and then 45 minutes a week; an hour and a half.

SENATOR BASSANO: An hour and a half a week?

CURRENT INMATE (D): Yes.

SENATOR BASSANO: You've had private therapy on two occasions?

CURRENT INMATE (D): I had private therapy for two years.

SENATOR BASSANO: For two years, not on two occasions? On one occasion, just from Johns Hopkins?

CURRENT INMATE (D): From Johns Hopkins-- Oh, for one offense, yes. Is that what you're asking, sir?

SENATOR BASSANO: No, no. I was under the impression that you had private therapy on two different occasions; one from Johns Hopkins and one with a private therapist.

CURRENT INMATE (D): Okay. Two different occasions, yes. Johns Hopkins for a 30-day, in-house clinic--

SENATOR BASSANO: Right.

CURRENT INMATE (D): --and then from there, I was recommended to a person in South Jersey who handles people with sexual disorders.

MR. MULLER: Was the Johns Hopkins thing a voluntary program that you entered on your own?

CURRENT INMATE (D): Yes. Johns Hopkins was a voluntary program. I went there on my own. Quite honestly, I

went there to try to stay out of prison. But once I got there, I found out a lot. I learned a lot about myself in a short 30 days.

PROFESSOR BROOKS: What happened after you finished with Johns Hopkins and with the private therapist? Did you then, later, have incestuous relations with--

CURRENT INMATE (D): No, no. This was prior-- My crime was discovered in January of '89. In February of '89, I went to Johns Hopkins. It was two years in the making of the court process to get here.

PROFESSOR BROOKS: Oh, I see. Had you already been arrested, however, when you went to Johns Hopkins?

CURRENT INMATE (D): I had already been charged.

PROFESSOR BROOKS: Charged, okay.

CURRENT INMATE (D): Yes. It wasn't because I knew I had a problem. Like I said, I went there to try to keep my butt out of prison. I want you to know that most of what I say today is not for myself. I have four grandchildren now; I've only seen two of them.

There are some very dangerous people in here, and they do need professional help by the best you can get. What is happening here-- There is so much that goes on here that-- I'll just go on a little bit; I don't want to take up all the time. Every sex offender in here is, more or less, painted with the same brush. That is the way it has been in my group.

In other words, if you are a third time rapist or a first time person for touching -- as far as a consensual, statutory type of a case -- where the victim might have been a 15-year-old female and the victimizer was a 25-year-old male. One had a mind-set where the 25 went down to a 15, the 15 came up to the 25, and they were out on a date. Now, these people are treated the same as a third time rapist. The first time offender has no chance of parole here. They will not-- I've only seen one case, since I've been here, get paroled.

I think that should be looked into. It doesn't make sense to me. I try to put common sense into it, try to make rhyme or reason, and sometimes it doesn't work. I don't know how much time I have.

The things that go on here-- We have a yard out there where we are allowed to walk around, play ball, horseshoes, whatever. This is a place where people are supposed to work on their sexual deviancies. Men are allowed to lay out there on the ground having sex with each other, hugging and kissing. Whereas, when my girlfriend would come up here, I would give her a hug because I hadn't seen her for three months, and I would be threatened with a lockup.

Therapists in here have had sex with inmates. Social workers have had sex with inmates. Some of them get caught, some of them get fired or laid off. This I have not seen, but the word gets around and the employees are no longer employed here. You've probably all heard this before. One thing I have to say on a--

Give me a minute here, I'm still nervous as hell.

You people who are writing the laws and everything, there were three tragic deaths in New Jersey of children -- little girls, murdered. The one man by the name of Jeffries, he was paroled by a mistake. No matter what kind of therapy you do, it cannot cover that.

SENATOR BASSANO: Did you know the individual?

CURRENT INMATE (D): The guy's name was Jeffries. It was all over the paper. He was paroled. The Parole Board did not get the proper information, did not get his whole jacket. He had served time for manslaughter, multiple rapes, and child molestation before. He slipped through the cracks. That was out in New York, I believe, but he committed the crime in Jersey.

As I said, I have four grandchildren. My four children are all grown. They're all over 21 now. The other case was the 20-year-old male who was caught, on two to three

occasions that we know of, in an elementary school bathroom. With all the publicity in the State of New Jersey about sexual offenders, nothing was questioned about why he was there. Whatever you do in Avenel, it cannot cover that.

Another thing, awareness to the families, to the children, to everybody around, has got to be one of the main objectives. Man, my mouth is dry.

The third one was Jesse Timmendequas who was here. He did not participate in therapy. Had he done so, I feel as though-- He didn't get enough time, and many, many inmates here feel the same. He got a lousy 10 years. A second time offender; kidnap, a brutal rape, and attempted murder of a seven-year-old child back then. In changing your laws and putting down your guidelines, this is something I think you could look at and try to prevent from happening.

Therapy, I am for it if it is done properly. When it is done with unqualified, nonprofessionals--

SENATOR BASSANO: Do you feel the people who are here are not qualified?

CURRENT INMATE (D): Many of them are not. We have theatrical art teachers--

SENATOR BASSANO: You have what?

CURRENT INMATE (D): Art teachers doing therapy. The new program they are imposing now to change over -- why at this time, I don't know, they have done this before since I was here. They did away with the regular therapy. They shut everything down for a month. They had to come up with a treatment planning team, and give everybody their issues. Well, as soon as the heat died down, that all ceased. It all went back to business as usual.

Coming up now, they're going to shut everything down for a month and come up with all new policies in here, and change the format of the therapy programs. I hope this is not

just a smoke screen or a dog and pony show to fool you people. Sex offenders are serious business. We have to be treated properly if there are to be results.

SENATOR BASSANO: Let's hear from one of the other two.

CURRENT INMATE (D): Thank you.

C U R R E N T I N M A T E (E): My name is John. I've been incarcerated about 10 and a half years. I had a private therapist in the County, in Mercer County. I'm from Hamilton Township. I'm an incestuous father. I have a 30-year sentence. I have 10 and a half years in, and I just reached parole eligibility. I was just recommended for parole.

I have six groups a week. I used to have nine groups a week. Therapy works for the individual who wants it to work. If you don't want to do therapy, you're not going to get therapy. There have always been questions about qualifications of different individuals and therapists who work here, and I agree; some of them, in my opinion, aren't qualified.

I am one of the more fortunate ones. I have gone through five therapists. I have been with my last one for six years, Mr. Turek. He is an excellent therapist. He makes you work hard. Therapy is a very, very painful process. It is not something that is supposed to be enjoyed. This man has literally taken the skin off of me, ripped it over my heels, and drawn it back over my head. But he has made me see myself for what I was.

Every sex offender that you see -- whether they are in here or anywhere else -- is a liar, a manipulator, a user; every goddamn one of them. No one likes to see themselves for what they are. Every one of us is a monster. Every one of us has a horrible dark side. To learn about your dark side, to accept it, embrace it, and know what is going on with you, is a very arduous task. It is not something you learn overnight. It is not something you learn in two years. It is not something you learn by going to group an hour and a half a week.

Groups are available: I have a primary therapist, I have a secondary therapist, I have a neutral therapist. You can take groups. You can take as many as you want. Some of the groups, some of the therapists, no. The therapists who are considered the most qualified, I have sought after. I have two males and a female; Mr. Turek, Dr. Blandford, and Dr. Benton. Plus, I go to-- I've done all my ancillary groups; VERP and all those, over the course of the years.

My act was against my daughter. I had my daughter perform oral sex on me. I'm a former police officer. I have three children, two daughters and a son; this was my youngest daughter. My two daughters wouldn't see me for years. After seven years, my daughters finally came back into my life.

In fact, my oldest daughter just recently got married, and had come here with her fiance, which amazed me. When they walked in I just broke down. I was in tears, I couldn't stand it. I felt this-- She tells me she forgives me for the abusiveness of the way I was; how controlling, how horrible a father I was. This is horseshit, because it is hard for me to forgive myself.

I would have never seen my daughters or had the relationship I have with my son today, if it hadn't been for therapy. Like I said, it's what you put into it.

As Bernie said -- and I'm not taking anything away from Bernie -- there have been incidences within the institution where people have been brought up on things of questionable morals and stuff like that. As he said, people do disappear and rumors are spread around. I'm sure some of it has some validity to it.

The treatment program, when I first arrived here in 1987, was an intense treatment program. If a man had an emergency or an issue he had to deal with, he could call for an emergency therapy session in the studio at 12:00 midnight. You would run a group from 12:00 midnight until 6:00 in the

morning, until this man worked through the issue. They did away with all of that. They don't run groups through account anymore. They limit the group time.

Custody has taken a death grip on the place. Custody is against therapy. They try to delay you from getting off the wings. They give you five minutes to move. Some of the wings are-- There are five wings out there; I'm in Six Wing, out in the trailers. You have to get through the three or four gates, and if you don't make it by that time, they send you back. They deter therapy and this is not right.

This whole institution has changed. There was a whole therapeutic environment, and over the years I've been here -- and so has Bob -- it has been-- We're not saying, "Well, don't you deserve punishment?" Of course. Being incarcerated is punishment; not being with your family, not being with people. This is painful. The restrictions and the things they do to you here are not pleasant things, and you learn to adapt.

But I'm not saying, "Oh gee, I should be in a pleasure camp." That is not the point. I'm talking about, this is a treatment center and it used to work as a treatment center. This thing with this guy-- Every week they have money for razor wire. My God, they put it up spool after spool after spool, just for the sake of putting it up.

SENATOR BASSANO: Was treatment better in '87?

CURRENT INMATE (E): Yes.

SENATOR BASSANO: And you've seen it turn more into a regular prison?

CURRENT INMATE (E): I've seen it turn. The wings used to be open. You could go to another wing -- because they were limited here for space -- and you could get into the little therapy rooms on a wing and have a therapy session with a guy who was having a problem. They don't even allow that anymore.

They had passive recreation -- a little room down on the main floor. They gave it to the officers for an officers' dining room now. We're not even allowed to meet in the yard and talk in a group about a group issue, because they say it's congregating. You can't go to the gymnasium unless you play a sport. You can't stand there and talk to somebody. They say it's an illegal congregation.

SENATOR BASSANO: Was it like that in '87?

CURRENT INMATE (E): Never, no.

SENATOR BASSANO: So then it is becoming more of a prison?

CURRENT INMATE (E): Like I said, the custody people here do not care about therapy. We've had a changeover since Chief Swal left and Chief Blaskewicz came in a few years ago. He wants to run this like Rahway where he came from, or Northern State.

MR. MULLER: Do you agree with this fellow here that there is a lot of overtly acting out sexual behavior -- inappropriate sexual behavior?

CURRENT INMATE (E): I believe--

MR. MULLER: Have you witnessed anything as described by your colleague here?

CURRENT INMATE (E): I haven't actually witnessed it, seen it with my own eyes, no. But I have known a couple of the people involved in it.

MR. MULLER: I'm not talking about with the employees, I'm talking about--

MR. THOMAS: Between prisoners.

CURRENT INMATE (E): To say that I actually witnessed it, no. Like I said, I don't know--

MR. MULLER: Did you actually witness it?

CURRENT INMATE (D): Yes, I have actually witnessed it in the yard.

CURRENT INMATE (E): Oh, you mean you're talking about the guys in the yard?

MR. THOMAS: The guys--

CURRENT INMATE (E): Oh, the homosexual activity. That goes on, yes. That goes on.

SENATOR BASSANO: Let's hear from you.

C U R R E N T I N M A T E (F): My name is Robert. I'm here for rape. I don't know that I can elaborate anymore.

Simply to expound, perhaps, on the last issue: I think what takes place is most people in here have had difficulty expressing themselves, both emotionally and physically, other than the violence aspect. When it comes to homosexuality or touching, it is somewhat encouraged. The activity of homosexuals together is not encouraged. The fact that they touch, or two guys touching, is not a sexual act -- the way they perceived it on the street.

When the committee some years ago, fought to have this established, it pretty much went and became an accepted policy. Kissing was another act that people saw as sexual, and they were encouraged to believe otherwise, this is the thing, but sexual activity does occur. Sexual activity occurs between officers, forceably. Sexual activity occurs between staff members. I don't think you're really going to rid the place of that. You can't get rid of it in any other place; it happens.

I think it does affect people because of the way it is dealt with. When one person is punished for a forceful sex act of some sort, and then another person is not-- If an officer, for example, is involved in a forceful sex act and inmates who are here are in here for forceful sex, it is not treated the same way. So we get double messages.

I think treatment or custody does not overtly encourage sexual behavior amongst inmates. I think if they catch you, they're going to give you a charge. But they don't do anything to go out of their way to either educate the people when it comes to AIDS, or what can happen when you have sex.

CURRENT INMATE (E): May I interject something? It used to be, too, years ago, we used to have the officers involved in the group therapy.

CURRENT INMATE (F): In the therapies.

CURRENT INMATE (E): They used to be involved in the groups. They would come sit in on the groups, and get a greater understanding of what the individuals were like. None of that occurs anymore.

CURRENT INMATE (F): It's two schools of thought, and they are pulling against one another. Unfortunately, where we're at, custody is going to take precedence. Custody is the dominant force. They have the power to inflict their will on inmates and on the therapists. If it is counterproductive to their reasoning, to their way of thinking, there is nothing you're going to do about it, until you people change it.

When I came here in 1980-- You're going to ask why I'm not looking forward to parole. Because of my own reasons I just do not wish parole, and I've been up for it for the past six years. I just do not wish parole. It's my own beliefs.

But when we had passive recreation, or the ability to interact with one another, or to call upon a therapist or a parapro during the middle of the night, when an issue arose, you dealt with it and you knew that they were handled. You knew that the guy was on the road to recovery.

What happens now, unfortunately, is if you suppress that, you're not going to get back in touch with that stuff. A lot of the guys here are not in touch with that stuff. It's easier to push it down, then you have the image.

If you have a group of people who believe in therapy -- and they are pretty much looked down upon -- as opposed to the people who just want to go along for the ride, "I'm going to max out. What the hell do I care," like these two guys were saying, if you don't get that treated now, you're going to have them.

I'm sure you people can get ahold of all of the statistics you want. Despite what these people might tell you -- that they no longer have the statistics -- from the time this place opened to 1986 or 1987, when the program started changing, you had a damn successful rate.

SENATOR BASSANO: It was one of the best in the country.

CURRENT INMATE (F): That's right. Why was it one of the best, and suddenly now, it's being criticized. You're going to hear, "We're inmates, so whose word are you going to take; the people out there, or are you going to take ours?" Naturally, you're going to take the word of the people who run the place. They're officials, we're inmates.

ASSEMBLYWOMAN WRIGHT: Not necessarily.

SENATOR BASSANO: That's not true.

MR. MULLER: Not entirely true.

CURRENT INMATE (F): This is pretty much the perception, it's also somewhat--

ASSEMBLYWOMAN WRIGHT: Of course, it was, until we had the current incidents; everybody's eyes are open.

CURRENT INMATE (E): I was given the opportunity by the administration to start up a group, to run a group here for divorced men. They allowed me to do that, and I've been running that group for about five years. We call it GOOD group; Getting Over Our Divorce.

We started out with four men. Now, I have 23 guys in that group and we're close. These men have attempted to make child support payments and do the things that they are obligated to do, which they can do making $28 to $30 a month. I've got guys sending $18 out of the $30 home, which is a sacrifice for them, but it's responsibility, too.

What Bob is saying, and I don't want you to look at this from the sense of, "Well, gee, you have to have guards in prison." This is true, and nobody is saying, "Get rid of the

guards, we can run this place." That isn't the point here. The point is, when the place operated properly -- I guess you have statistics and figures -- it did work. It worked fine, and with the old sentencing, the two-way sentencing. If a man had an indeterminate sentence, the only way he was getting out of here was to earn his way out.

SENATOR BASSANO: It's going to go back to that.

CURRENT INMATE (E): When guys ask me, "John, what's my incentive?" I'm going to get emotional now -- I say, "Your greatest incentive is to never have another victim," -- Christ, this is terrible. There are 16 of us who run groups; parapros. We have 250 guys who come to the groups, which are all supervised by Mr. Turek, and monitored by other therapists through video cameras and things like that.

The greater percentage of the men in the institution want help, but every day that passes, they are being discouraged. I mean, the men walk down the hall and they've got a sergeant standing there saying, "The best therapy for you motherf_____, is a nine millimeter bullet in your f___ing head." This is as we're walking back and forth from our groups.

They lock us out of the wings, they won't let us go-- They come and harass the therapists. They dragged my therapist out of the group, dragged him out of the group two weeks ago, because he arrived there five minutes late. They sent us all back to our wings. They told us all to go back. They sent us all back again. They told us to go back. We finally started an hour late. I go to group with my therapist from 5:30 in the evening until 9:00, three and a half hours, in that one particular group.

This man is a dedicated man. Custody is crippling this man. This man has the greatest caseload in the institution. He has 93 men on his caseload. I have 26 men in my primary group; you should have 12. He's got more men in the

staff process and in the parole process than any other therapist in the institution, but nobody that hasn't earned it. That's his criteria; you must, and you can't play games.

SENATOR BASSANO: What do you mean, "earned it?" Tell me what "earned it" means.

CURRENT INMATE (E): Understanding your crime. Understanding why you committed your crime and knowing your warning signs. Knowing that if you start to feel trouble, that you have a network of people, you have somebody you can contact before you ever act out again. He runs the after-care program in Paterson--

SENATOR BASSANO: See what you just told me? Do you want to see an after-care program like that, once you're outside?

CURRENT INMATE (E): Yes, sir.

CURRENT INMATE (F): I think it's needed.

SENATOR BASSANO: Do you think that will help you?

CURRENT INMATE (E): Yes.

CURRENT INMATE (F): Yes, I think it's needed.

CURRENT INMATE (E): Yes, I think that should be a must.

CURRENT INMATE (F): It's a go between.

SENATOR BASSANO: Well, we have the classic battle here between an institution that is supposed to be real rehabilitation and a penal institution. Obviously, that is what this Task Force is going to have to deal with.

We're very grateful for the input that you have given us. We've heard a lot of testimony today. We'll probably continue to take testimony at our next meeting, which may be three or four weeks from now. We hope to be able to issue a report to the Governor and to the Legislature to make some major changes in the way things are happening over here.

As I told the Task Force much earlier in the day, our primary responsibility is protecting the public. But

protecting the public means that people who walk out of this institution have to guarantee the public that they are safe people to be back on the street.

CURRENT INMATE (F): And that will protect the public.

SENATOR BASSANO: It will protect the public, so we are looking seriously at what is happening here in treatment.

CURRENT INMATE (F): The way it is now, you're going to have more victims. You're going to have the public angered at you people more than ever, because it is not going to work. You're going to have discoveries within another five years and learn how many more, as opposed to the way it was years ago.

SENATOR BASSANO: Well, we think some of what happened years ago may be good.

ASSEMBLYWOMAN WRIGHT: Some of it wasn't, though, because Timmendaquas was here. Timmendaquas left in '88.

SENATOR BASSANO: So we do appreciate your input here today. I'm sure you'll be reading about what our recommendations will be. We thank you for being brave enough to come before us.

CURRENT INMATE (F): Senator, another thing, John had mentioned that he appreciated custody's concerns. You won't hear any argument from those of us who really believe in therapy. Which we, and, again, I agree with John, that it is an individual process. The therapists are facilitators.

But you're going to have custody charge you with the overpopulation, the size of the population, "You need more control, more manageability over the inmates." If you look at this place, as opposed to every other place in the State, you're going to see that this place just stands apart from every other place. It is just not operating--

SENATOR BASSANO: We realize that it is much different than every other place. We realize that it is still a prison.

CURRENT INMATE (F): Yes.

MR. MULLER: We need greater therapeutic control, not custody control.

CURRENT INMATE (F): Well, you had the officers, and you still have many of them who work here now, who worked here back in the early '80s and late '70s, who were conditioned to think differently. They're still here, now they ran it back down.

SENATOR BASSANO: Somewhere along the line, we've kind of gone astray. I think what we envisioned in 1974, when this institution opened, and what we started to do from maybe '74 to '84, we've kind of gone astray from that point. Now, we have to try to get the thing back on track to make sure that people are receiving proper therapy, and those people who want to help themselves get the help.

CURRENT INMATE (F): There is Mr. Turek and Dr. Jackson -- two therapists here. Dr. Skadegaard and Dr. Silverman (phonetic spelling), who are on the street. They left here because they say they were disgruntled. They really hated leaving because they believed in what they were doing. There were several of them who--

SENATOR BASSANO: Dr. Sandoval was the one who was before us today.

CURRENT INMATE (F): Dr. Sandoval was another one.

SENATOR BASSANO: He was one of the first ones to speak out, three or four years ago, about the need. That is how I became involved, through Dr. Sandoval.

CURRENT INMATE (F): Believe them. Believe them, seriously.

CURRENT INMATE (E): Just one example of how custody has the control. One of the men who was supposed to speak here today, I replaced; Derrick. Derrick has been through the SCRB a few times, going under the exceptional progress thing. He has filed a suit against the institution. They sent him on a

medical trip. He refused the trip this morning. He refused it, but somehow he disappeared. So he couldn't appear before this-- He was the only black man. So where is he?

ASSEMBLYWOMAN WRIGHT: That's true, we haven't met--

CURRENT INMATE (E): What happened to him?

ASSEMBLYWOMAN WRIGHT: But we have talked with parolees who are part of the litigation. So we have heard from people who have finished here, too.

SENATOR BASSANO: We had four gentlemen--

ASSEMBLYWOMAN WRIGHT: We heard about their suit.

CURRENT INMATE (F): Well, we were concerned about the repercussions.

SENATOR BASSANO: We had four gentlemen who are out of the institution in the last year or two that testified earlier. I don't know if you saw them while you were waiting to come up here?

CURRENT INMATE (D): I have to interject here a little bit, too. For one thing, you were talking to Dr. Sandoval. He was here long enough to see some of the downfalls of this place.

Now, I wanted to mention one thing earlier and I failed to do so. There are therapists in here -- and I would testify under oath on this -- that suggested, "If you still have a problem with a child when you leave here, New York has a lot of kiddie prostitutes." Now, that is a sick thing for a therapist to say.

SENATOR BASSANO: Absolutely.

CURRENT INMATE (D): Now, when I brought him out on it -- the statement -- he said, "Well, I just wanted to get your reaction." Now, that's how he covered himself. But whether he wanted to see my reaction or not, it was a horrible thing to say to pedophiles. You don't even put that in their heads if they don't know about it.

ASSEMBLYWOMAN WRIGHT: Bernie, you talked about having private treatment, a 30-day stay?

CURRENT INMATE (D): Plus two years on a weekly basis outside.

ASSEMBLYWOMAN WRIGHT: When you were in your 30-day stay, I know you can't compare that to Avenel, but how much therapy do they give you when you're in the 30-day stay? Do they do primary, secondary, and--

CURRENT INMATE (D): Well, it was like three group sessions a day, and individual every night with a registered nurse qualified in the field, plus they structured your other time. They structured your other time to get you into doing something besides fantasizing about your deviant behaviors. They get you into social skills, interacting with other men, playing volleyball.

SENATOR BASSANO: Is there too much free time here?

CURRENT INMATE (D): Free time is rampant, that's all you have here. There are no jobs.

ASSEMBLYWOMAN WRIGHT: Bernie, then after you left the 30-day stay, what was your treatment plan then, in the two years you were in treatment?

CURRENT INMATE (D): I saw a private doctor by the name of--

ASSEMBLYWOMAN WRIGHT: You don't have to tell us. But what was the pattern? How much treatment did you follow up with?

CURRENT INMATE (D): An hour and a half a week of individual therapy.

ASSEMBLYWOMAN WRIGHT: Okay. Did you do any groups, or 12 steps?

CURRENT INMATE (D): I did AA. He suggested I go to AA and join their functions.

MR. MULLER: Do you have a drinking problem?

CURRENT INMATE (D): Yes, I'm an alcoholic.

ASSEMBLYWOMAN WRIGHT: How many AA meetings did you do during those two years?

CURRENT INMATE (D): I did 90/90, then I got into three a week, because I-- They have some real good groups out there.

ASSEMBLYWOMAN WRIGHT: So when you came here, where were you in terms of your illness, when you were admitted here?

CURRENT INMATE (D): As far as my illness, I acted out on my daughter. I have two daughters; I acted out on one of them.

ASSEMBLYWOMAN WRIGHT: No, no. That was two years before you came here.

CURRENT INMATE (D): I felt as though I had no problem, and my doctor on the outside felt as though with continued treatment, I would have been okay -- outpatient treatment.

ASSEMBLYWOMAN WRIGHT: But the thing was you came here and then you started into the treatment program here, which was more AA-- You have AA here, don't you?

CURRENT INMATE (D): Group therapy. Yes, I went to SAG group. I took their substance abuse counseling here and got my certificate and everything. It was a lot different here.

ASSEMBLYWOMAN WRIGHT: We understand that. We're not going to give you Johns Hopkins here.

CURRENT INMATE (D): Okay. I'm misunderstanding your question, I'm sorry.

ASSEMBLYWOMAN WRIGHT: No, no, you answered my question. We were just trying to get some sense of what the private sector does for someone who-- See, one of the things that has come to our attention is, if you had observed your behavior and knew you were sick, and went for treatment before you were in the court system--

CURRENT INMATE (D): Let me say something, back in 1986, I realized how bad my problem was. I called a psychiatrist, he said, "Whoever you are, don't give me your name because I'll have to have you locked up."

For three years, from '86, '87, and in '88 -- it was around Christmastime, because two weeks before my wife left at Christmas -- was when I acted out again. That acting out, it wasn't-- It was my daughter; I picked her up at work. She had a pack of cigarettes stuffed in her bra, and I grabbed the pack of cigarettes. That's actually what started that off.

But I fought for like two years, afraid to go to a psychiatrist because I would be going to jail. Now, there are a lot of men in here who had the same problem. They tried to get help, but they knew if they made a phone call they would come to prison. So they tried to handle it on their own, and we can't handle it on our own.

CURRENT INMATE (F): That's the way it still is.

ASSEMBLYWOMAN WRIGHT: We don't know the answer, believe us.

CURRENT INMATE (D): But let me suggest this; if you had some kind of anything that would allow these men to come forward and say, "I was sexually abusing my daughter, help me, let me stop." Because the way it is now, they know if they come to prison the house goes, the car goes, the health insurance goes, and the family goes -- brothers and sisters turn against each other. We try to hold this together and it doesn't work; we can't do it.

CURRENT INMATE (F): Part of treatment and part of, I think, the road to recovery is admitting, purging yourself of all the things you have done in the past. But now, the way the law are written and the way that therapists deal with things, you cannot admit to much of anything. You're afraid to admit to anything because of the repercussions or something might be prosecutable.

There are some of us who just say, "The hell with this, I'm purging. That's it." You don't care what happens, you just have to get it out. You just know you have to get it out.

CURRENT INMATE (E): You talk about free time-- There are a limited amount of good jobs here. For instance, Bob has a job in the commissary, which is one of the best jobs in the institution. I'm the Chairman of the Inmate Committee here. Bernie is a yard worker. Bernie's job takes 10 minutes.

CURRENT INMATE (D): Ten minutes a day.

CURRENT INMATE (E): My job is a seven-day job, from 7:00 in the morning until 9:00 at night, plus my groups. So my time is filled constantly. Bobby, he's on the go all the time, too. But the menial jobs, there are so many, and the vocational training, there is none. They have a DEPTCOR Center downstairs. That's not really-- It's keypunch stuff, it's not really learning anything.

PROFESSOR BROOKS: You guys talk about primary and secondary therapy, what's--

CURRENT INMATE (E): Well, you have a primary therapist who is in charge of your case. Now, for instance, my primary is a man. Now, I had a problem with anger at women, so he suggested that I have a female therapist and work through that. Henceforth, I got Dr. Blandford, who is a woman

PROFESSOR BROOKS: Is she your secondary therapist?

SENATOR BASSANO: He suggested that for you, right?

CURRENT INMATE (E): My therapist, yes. So I worked with Dr. Blandford. I've been with her for about three years now. Then I decided I would like another therapist to work on other little issues, and I pick up Dr. Benton, who is a black therapist. All the different views and different things-- But they're intense groups. I think some of these groups-- Like Bernie's therapist doesn't run a group, they talk about the Mets game, they talk about lubricating your car; they don't do therapy.

CURRENT INMATE (D): Well, I don't--

CURRENT INMATE (E): I don't mean you. The guys who want to do it, don't do it with that therapist. It burns me up. I have a guy who sleeps next to me -- in fact, two guys, I'm in a three-man cubicle. One guy and his therapist, they talk about the Jets and the Giants. The other guy, they talk about some other nonsensical shit and I say, "Why don't you guys get therapists who will do you some good?"

CURRENT INMATE (F): Before, it was hard to escape that.

CURRENT INMATE (E): The Spanish guy just got to change over. He came into Dr. Blandford's group with me. The other guy refuses.

SENATOR BASSANO: What do you mean, "before it was hard to escape that"?

CURRENT INMATE (F): Well, if John observed someone doing that, and not getting into something, he would actually bring it to group. You would bring that kind of activity or that behavior into group and confront that guy, and the rest of the group would also encourage him to talk like, "What is it? How come you don't care anymore? Do you think that you're just going to go out and recommit?" These are the things that got you motivated. Now, therapy has just taken a backseat, too far back; it's frightening.

SENATOR BASSANO: Well, we thank you for your--

CURRENT INMATE (F): The phase-- If you want a good job, or if you want a good housing unit or something, show up for group. That is phase control, or behavior control, that's not therapy. You have people just sitting in therapy so they get a good mark, but that's nothing. These new groups that are developing, they may deal with or specialize in certain areas, but you don't have the full group activity that is really going to take someone from really recommitting or committing a new crime.

You hear these things, Senator, about you wanting to take things away from us. I think that when, for example, people in here purchase their own computers and begin learning an AA trade or something, it gives them self-esteem -- to finally recognize that they have the capability to do something positive for themselves and believe in themselves, so when they do get out now they can continue on with doing something positive, rather than thinking that they're lower than anything and that they're not going to get anywhere.

Activity now -- free activity or free time -- yes, you have too much now, but those of us who want to go and study, no more classes, no more this, no more that. All of these things were beneficial, particularly when you used it in terms of self-esteem, when you made people realize that they had the capabilities to do something positive.

CURRENT INMATE (E): On that note, they say there is no funding for this, no funding for that, no funding for vocational training. There is limited educational training, where the teachers don't get any respect from the officers. The Committee, which I represent, just spent $7000 to buy computers for the classroom. We donated them to the institution, from the inmates' money.

MR. THOMAS: How often are they new? Is that approved--

CURRENT INMATE (E): We just got them in.

MR. THOMAS: How about the ones that are there now?

CURRENT INMATE (E): They were old Apple computers that were so limited. They were used, but the class, which is run by inmates, had like 20 students, and there were four old Apple computers that were 10 years old. We just bought seven new IBM computers.

MR. MULLER: We saw those.

CURRENT INMATE (F): But you have a waiting list, you do have a waiting list.

SENATOR BASSANO: We would normally be concluding this, but I understand that Derrick has now reappeared. So we are going to ask him to come in next.

We think you've been great. Thank you.

CURRENT INMATE (D): We want to thank you for this.

CURRENT INMATE (E): Thank you.

CURRENT INMATE (F): Thank you.

MR. THOMAS: Thank you, thank you very much.

UNIDENTIFIED WOMAN: (off microphone) It will take a few minutes for Derrick to come in. He's coming down the hall right now. He is in a walker.

SENATOR BASSANO: Okay.

ASSEMBLYWOMAN WRIGHT: Could you close the door?

SENATOR BASSANO: Yes, if we want to speak among ourselves.

ASSEMBLYWOMAN WRIGHT: Bill wants to say something.

SENATOR BASSANO: Go ahead, Bill.

MR. THOMAS: Maybe this would be a good time--

SENATOR BASSANO: Go ahead.

MR. THOMAS: After our first meeting here, I sat back and I thought a great deal about it, and I have a statement I would like to read. By the way, the meeting today hasn't changed my thoughts a bit.

I did not expect to find what I did during my first tour of Avenel. Here we find a high-security diagnostic prison, offering limited group therapy, with no signs of any strict discipline, and no records being kept as to the effectiveness of their treatment.

From that I felt the best approach for me to become of more value to the Task Force, was to contact and interview those with experience with this type of a thing, and to seek out their thoughts. I have met with the following: A doctor of psychology, a clinical psychologist, a doctor of divinity, a county prosecutor, and an assistant county prosecutor who specializes in sex crimes.

The findings from the discussions with the psychologists are as follows: In treatment of adult pedophiles, there is little, if any, possibility of cure. One psychologist flatly said, "There isn't any, and less than 10 percent can be helped," not cured, helped.

The pedophile has a defect in character, and a character cannot be changed. The prison population of Avenel is more than 70 percent pedophiles, according to the administration here, and 50 percent of the prison population exceeds 40 years of age. Now, that contradicts both things that I was told; age and pedophiles.

Second, for any therapy to be successful there must be a sincere desire for help and a desire for a change in behavior -- remorse must be shown and a deep desire to be a part of a program. At Avenel, we have 30 percent who do not want and do not take any part in any therapy. In addition, another 30-plus percent admit that they only go through the motions and have little interest, if any.

Third, any prisoner not interested in treatment should be returned to the regular prison population. Any prisoner in treatment should be evaluated every three months. Now, this is all from psychologists. If they are not showing a continued interest and progress, they should be returned to the regular prison. Here, we also need to reconstruct some of our governing laws.

For any program to be successful there must be desire, discipline, and there must be a workplace to help those taking part to obtain some sense of respect and dignity.

After a meeting with a doctor of divinity, a minister, the conclusion was as follows: It is time to protect our children, amend our laws, and make changes in our prisons to effectively eliminate the sexual predators from our communities. Take the rights back from the offenders and the guilty, and place the rights where they belong, with the innocent.

In a meeting at the prosecutor's office, the prosecutor advised that in his 17 years, he has not seen any cure in pedophiles whether treated or untreated. They remain a serious threat to the community. If released, they cannot go unmonitored and they cannot ever be trusted to have contact with, or be alone, with children.

In conclusion, with little if any hope for help for adult pedophiles with treatment, should we continue this diagnostic treatment at an annual cost of $20 million plus, and a cost of $30,000 plus for each inmate? How can we continue to release this type of offender without follow-up and without constant surveillance, simply because they maxed out?

Avenel does not appear to supply a solution. In addition, we must also amend our laws. I think at this time we should ask a question of the administrators of this institution: How comfortable would you feel with any of the treated prisoners released into your neighborhood, and being close to your young children?

Thanks a lot.

SENATOR BASSANO: I think your analyzing of where we are was very good. I think what you pointed out is what we have to try to address. Sometimes you get appointed to a commission where you're asked to walk on water and it's not frozen, and that's where we are. But I think that working together, we'll come up with something that is, hopefully, workable.

MR. THOMAS: Thank you very much. I'm very happy to be a part of this.

SENATOR BASSANO: We're happy to have you here.

PROFESSOR BROOKS: Mr. Chairman, where do we go from here?

MR. THOMAS: We have one more person.

PROFESSOR BROOKS: Oh, I'm not talking merely about today.

SENATOR BASSANO: I think we're going to recommend some changes and we'll meet collectively to come up with some suggestions.

PROFESSOR BROOKS: Now, have we finished the hearings?

SENATOR BASSANO: Oh, no. There will be more. I want to bring in some people from Johns Hopkins. I had five or six people who are on staff that wanted to testify today -- psychiatrists -- but we never got to them because we just ran out of time.

PROFESSOR BROOKS: Will we reach them next time?

SENATOR BASSANO: Absolutely. They will be at the top of our list, probably in early January.

PROFESSOR BROOKS: I have at least one recommendation of an expert who I mentioned to Anne last time, and I'll renew that. He is a nationally known expert. He is on the west coast in Canada, but he is so highly recognized that I think it might be worth considering him, a man by the name of Vernon Quinsey.

SENATOR BASSANO: I want us to talk to people like that so that we can get an idea as to--

PROFESSOR BROOKS: He has enormous experience with this.

SENATOR BASSANO: Please feel free to make his name available to Anne, and maybe we can contact him.

Derrick, where did you disappear to?

C U R R E N T I N M A T E (G): Would I disappear?

SENATOR BASSANO: Where did you disappear to today?

CURRENT INMATE (G): Oh, I went on a medical trip. I just got back about fifteen minutes ago.

SENATOR BASSANO: Okay. Someone did speak in your place. I'm glad you're back now, and we would like to hear from you. So feel free to tell the group whatever you would like.

CURRENT INMATE (G): First of all, I'm sorry for the delay. I was surprised when they told me, as I was about to go into the building, that everybody was waiting on me. I thought this whole thing had been over. Anyway, thank you.

My name is Derrick. I have been here at Avenel for approximately 10 and a half years. I have been incarcerated a total of 12 years. I really don't know exactly what I am supposed to be expressing to this panel. I was told previously that all of you would be hearing me. I can only speak about my experience here at Avenel.

SENATOR BASSANO: That's fine.

CURRENT INMATE (G): Since being here at Avenel-- I came here with very low self-esteem, very low self-esteem -- not trusting people, feeling bad about myself. Since being here, for the first time, I like myself.

My first name in Derrick. I've always, since I was a little child, in my mind -- since going through the things I have -- I interpreted Derrick to mean a machine used for lifting heavy material, which is dirt. I believed that in my mind, and no one could tell me any differently.

I was molested at the age of four by my baby-sitter. The things she told me stayed in my mind, "You'll never be able to please a woman. You'll never be any good." I remember those things. I would go home and try to tell my mother what happened, but she would tell me, "Shut up, you're just making these things up."

As time went on, I joined the Boy Scouts. I joined the Cub Scouts, trying to find some type of a way to show that I was a male; that didn't work. Afterwards, I joined the Explorers. Then from there, when everybody in my neighborhood was joining the armed forces -- the Army, Airforce, Coast Guard. Not me, I had to join the Marines, because there was a slogan then, "The proud, the few, the Marines." I figured,

well, I can go in there and I can find my identity in there. When I returned back to New Jersey, I returned as a man. That didn't work either.

When I was in the service, the only time I felt good about myself was when I had the uniform on, the dress blues. When I didn't have that, I was a regular nobody. As it got closer to my expiration of term, I realized the problem I had was about to return to New Jersey with me. Well, my four years were up; I returned to New Jersey.

All the females I became involved with, dating, I thought were only with me because of what I could do for them, because I didn't see any reason that anybody wanted me. Why would you want anything to do with me? Why? I felt a low self-esteem, so I figured that the only reason they were with me was for what they could get out of me. I believed that and you could not tell me any different.

I never liked the way I looked. I never liked the way I spoke. In fact, I had a very filthy mouth. I would, no pun intended, curse the paint off the wall. The reason I did that was because I got acceptance. I got people to come around me and say, "Wow, isn't he cool," but afterwards I felt bad again.

It was upon coming here, as I said earlier-- Just to get some of these burdens out and to share them, people really listened to me, like all of you are now. I never thought anything like this was possible. When I got here and the staff was actually listening to what I had to say, and they said, "We understand what you feel." I couldn't believe they were actually saying that.

Then the further I got into therapy -- a few months -- I started to really let things out. A few guys in therapy were saying, "I don't see how you had the courage to say something like that. How can you tell you were molested by a male? How can you say, to an extent, you enjoyed it? How can you do things like that?" But Dr. Samson, who used to be here --

she's dead now -- stood before our group and said, "I want you to know that if Derrick keeps on opening himself up" -- this was 10 years ago -- "like he is now, there is not a thing that this place wouldn't do for him." To me those were good words, it sounded good. But as time went on it became reality, it became reality. She was dead then. I found out the more I let out, the better I felt.

It's just like last night. We have a new guy in one of my groups, Juan. He told me last night, "Do you ever notice where I sit at in group?" I said, "Yes, you always sit down there by the therapist." He said, "Do you know why?" I said, "No." He said, "To be away from you." I wondered what he meant by that, "to be away from you," and he said, "Because I never know what is going to come out of your mouth. You don't say things to hurt people, but you're point blank. You get people to deal with things they're not ready to deal with. I know there are a lot of things inside of me I'm not ready to deal with, and I'm thinking that any minute you're going to say something to me like you did to Blank last week. I'm afraid of you."

MR. MULLER: Can I ask you a question?

CURRENT INMATE (G): Yes.

MR. MULLER: Earlier in your statement, you said you were molested by a female baby-sitter.

CURRENT INMATE (G): Yes, that was one experience of--

MR. MULLER: Then you just mentioned that you were molested by a male.

CURRENT INMATE (G): Yes, yes. That was one. I was molested by a female baby-sitter, then this man. I was cutting his grass and he began to molest me.

MR. MULLER: How old were you at that age.

CURRENT INMATE (G): About nine or ten. Four years old with the baby-sitter.

MR. MULLER: Did you work those issues out here?

CURRENT INMATE (G): Oh, yes, I did; without a doubt, yes. It was hard expressing those things. It was one thing to say a female molested me, but to say a male, that was hard. In fact, if the sentencing judge would have said to me, "Tell me you were" -- I'm just making this up -- "molested by a male, and I'll give you parole." There is no way I would have said that. I sincerely mean it, there is no way I would have said that, that was too painful. He could have given me 4000 years, I would not have said that. Because I'm already feeling bad about myself and then to have to make a statement like that? No.

When I came here, for the first time I could tell somebody. I could let all these issues out, and all these pains out. In fact there were times-- See, I can still remember there were times when it would rain outside, and then I would do little things like offer to go to the store for everyone -- see if they wanted anything from the store. The reason I would do that is because when it was raining, I could cry and you wouldn't even know it. You wouldn't even know it. I would cry and you wouldn't even know it. That is just how much pain I was in.

MR. THOMAS: What was it that brought you to prison? What was it that brought you here? What were you convicted of?

CURRENT INMATE (G): Three charges of rape. I just had so much pain inside of me, and often I covered it with a smile.

SENATOR BASSANO: Obviously, the therapy helped you.

CURRENT INMATE (G): It helped me a great deal.

SENATOR BASSANO: You've been here for 10 and a half years?

CURRENT INMATE (G): Yes.

SENATOR BASSANO: Have you noticed a difference in the therapy?

CURRENT INMATE (G): Yes. It's not as intense.

SENATOR BASSANO: As it was?

CURRENT INMATE (G): As it was, without a doubt.

SENATOR BASSANO: Do you think it was better 10 and half years ago than it is today?

CURRENT INMATE (G): Yes, I would say so, by far. We had more interaction with each other, and with the therapists.

ASSEMBLYWOMAN WRIGHT: What do you think has changed some of the treatment in terms of the interaction with each other and with the therapists?

CURRENT INMATE (G): For one, we had an area that we called passive recreation. That is where all inmates used to basically meet, from all areas of the jail, and sit down and just talk therapy, talk therapy, and really let things out. In fact, I used to go down there twice a week to meet somebody I didn't know; just to sit next to them and talk to them.

But now, that has been turned into the Officers' Dining Room. The ODR they call it. We no longer have contact like that.

ASSEMBLYWOMAN WRIGHT: So the contact may not be in the planned program as much as the need for officers' facilities. There probably isn't another place at the moment with the number of inmates to give you--

CURRENT INMATE (G): No, no there isn't, without a doubt, there isn't.

ASSEMBLYWOMAN WRIGHT: So it is a combination of space needs impacting program needs, it sounds like.

CURRENT INMATE (G): Yes, I would say that, and it has to some extent taken away some. But, in my opinion, also, it doesn't stop totally. Because if you really want to get involved you can, although it is limited by far; by far it is limited. But if you really want to continue to better yourself you can, although it's harder.

MR. THOMAS: How many hours of therapy do you have a week?

CURRENT INMATE (G): I have I would say about four, that's in an organized group aside from the people I get with on the side. Most of my time is spent not with the older guys, but with the newer guys.

In fact, I was telling a guy last night-- I think December 26th, we're going to close down here and open up again on January 26th, something like that -- I may be off by a few days. I was telling Juan that one of the parts I'm really going to hate -- because I'm going to have to leave his group-- I said, "One of the parts I'm going to really hate about it is interacting with you guys. I'm going to miss that, because I see so much pain that you're all in. I see it, and I won't be able to offer too much." It made me feel pretty good when he said, "Well, I'm going to miss you, too." You can just see the guys coming in and they are hurting, they are hurting. They try to cover it, as I did, with a smile. As if everything is okay when you're crying on the inside.

In fact, that reminds me-- On my job, every day I would come home and I always thought that my lady then was going to leave me. I always thought that. I remember driving on, I think it was Route 95, and I would even roll down my window and scream, and scream, because I felt so bad. I would just scream on the highway knowing no one could hear me. That's basically why I did it, I wouldn't do it downtown or a place like that. Because I felt when I knocked on the door, she was going to say, "Derrick, you know I love you. I had a nice time with you, but I want to move on." Every day I felt that, every day, every day.

ASSEMBLYWOMAN WRIGHT: Derrick, how would you change things here at Avenel if you were sitting where we are?

CURRENT INMATE (G): If I were sitting where you are, I would let the inmates have more contact, have more contact with each other to talk. Because it's hard for us to trust, it is hard for us to really trust people, and for you to -- just

to use you as an example -- limit our contact with each other-- Because sometimes we would say things to each other that we wouldn't say in the group, but yet that other person would bring it out. Then they would hate us at that moment for bringing it out, but then perhaps after 15 minutes they begin to relax and say--

ASSEMBLYWOMAN WRIGHT: Are you in any 12-step groups here, like AA or--

CURRENT INMATE (G): No, I basically went through them, not AA because I didn't really need that.

ASSEMBLYWOMAN WRIGHT: But you were in a 12-step group? Because I'm thinking there are sponsors in 12-step groups and apparently you don't have access.

CURRENT INMATE (G): No, not to a sponsor, I don't personally. But there are AA programs here.

ASSEMBLYWOMAN WRIGHT: How do the AA people get to the sponsors then? Are they outside the program in the community?

CURRENT INMATE (G): Well, basically, all I know specifically about that is, on Monday AA meets. The volunteers come in and those people who are a part of that just meet them in the classroom.

SENATOR BASSANO: Are you satisfied with the therapy that you're getting here? Do you think it should be more intensified? Would you like to see it go back to the way it was? What changes would you suggest, if any?

CURRENT INMATE (G): I would like to see it intensified, because there are some guys who-- They could be here for years and really do nothing.

SENATOR BASSANO: Do you think there are guys here in this prison who are never going to get any help, who don't belong here? Maybe they--

CURRENT INMATE (G): Yes, yes.

SENATOR BASSANO: --will be dangerous no matter when they're let out?

CURRENT INMATE (G): Yes, I strongly believe that, yes. In fact, when this talk was going around about the Megan Kanka's law, there were some guys who were on treatment refusal, but when they found out -- or they heard that -- some good time may be taken away and things like that, they went back on the treatment program, and I personally feel, not because they were interested in treatment, but they feared their good time being taken away from them. That is my personal belief.

SENATOR BASSANO: I was going to ask you a question, but you're the wrong person to ask. I was going to ask you whether you know if people -- excuse the expression -- are bullshitting you in a therapy session or are serious about getting help.

CURRENT INMATE (G): Do I know people like that?

SENATOR BASSANO: No, do you know people who are in a session just to be there--

MR. MULLER: Can you tell when they're giving you shit?

CURRENT INMATE (G): Yes, you can. You can tell.

SENATOR BASSANO: You can tell?

CURRENT INMATE (G): Yes, you can tell.

SENATOR BASSANO: You get a pretty good feel for it?

CURRENT INMATE (G): Yes, without a doubt, especially when their actions in group don't line up with what they walk on the tiers, on the wings. You can tell, without a doubt. Because there are some guys who sit around and they -- just some -- talk therapy, talk therapy, in group, but when you see them in the hallway, everything comes out of their mouth contrary to what they spoke in group, that is without a doubt.

SENATOR BASSANO: Do you think the therapist can pick that up?

CURRENT INMATE (G): Yes, I do, especially-- They can pick it up, but not as much as we can.

MR. MULLER: If you can bring it out in group, the therapist can note it.

CURRENT INMATE (G): Exactly.

MR. MULLER: If they kept notes.

ASSEMBLYWOMAN WRIGHT: What is your sentence and what is your future here?

CURRENT INMATE (G): My sentence is 60 years, with a 15-year mandatory. I have been-- On that mandatory, I have put in a little over 12 and a half years. I have been recommended for parole since '89.

Being here, when you're recommended for parole before your mandatory is up, there are special stages you have to go through. That is the SCRB; then they will forward your case tc the Commissioner, and he, in turn, will forward your case to a sentencing court. In my case, every time it got to him, he has said, "No." If I could just briefly give a 40-seconds background on it?

ASSEMBLYWOMAN WRIGHT: The Commissioner has said no?

CURRENT INMATE (G): The Commissioner. Since this has been enacted, only five people -- and I'm hesitant to say five, maybe four people have gone through this special clause. The Commissioner has said no the first time to them, then the second time he accepted their case. However, then when it got back to the sentencing court, the judge said, "No," in all cases.

However, in my case, he has said no four consecutive times. I wrote him and asked, "Would you please reconsider? If not, would you please give me a reason why? What can I do to get you to petition the sentencing court on my behalf?" He wrote me back telling me he would not reconsider -- this is Commissioner Fauver -- and, "The statute doesn't specifically concern exceptional progress. Rather I must be of the opinion that continued confinement is not necessary, and I don't see that in your case." Like I said, he did this four consecutive times.

After the fourth time, I petitioned the Appellate Division to hear my argument, because I really thought it was an abuse of office. Because these people here, especially SCRB, are his people. I hired none of these psychologists, or psychiatrists; I hired none of them. These are his people who are saying, "Take him before the sentencing court." Yet, he is saying, "I'm not of the opinion." What is his opinion based on then?

So the Appellate Division, after about a year, came down with the decision about two weeks ago. They remanded my case back to the Commissioner. See, if I wasn't coming from a medical, I could have brought a copy in to give to all of you.

MR. MULLER: That is not part of our purview anyway. We asked in terms of--

ASSEMBLYWOMAN WRIGHT: Just where you're headed.

MR. MULLER: Yes, where you're headed.

SENATOR BASSANO: Derrick, would you like to see, when you leave here on parole, some type of group therapy available to you? Twice a week, outside, after-care?

CURRENT INMATE (G): Yes.

SENATOR BASSANO: Where you can go twice a week and maybe even have a hotline available where you can call a number, in case you start to see yourself having a problem?

CURRENT INMATE (G): That would help. That would help very much, very much. In fact, I think even before my incarceration-- Before my incarceration, I had never heard of Avenel.

SENATOR BASSANO: What about a halfway house? Do you think that you would do better for a year in a halfway house, or six months in a halfway house, to get you back in the community?

CURRENT INMATE (G): I think so, if I didn't have any other place to go.

SENATOR BASSANO: You have a place to go?

CURRENT INMATE (G): Yes.

SENATOR BASSANO: Okay.

CURRENT INMATE (G): If I didn't have anyone out there to be there for me, I think a halfway house would be very appropriate as a transition.

SENATOR BASSANO: Do you think a lot of men here don't have someone out there waiting for them to help them?

CURRENT INMATE (G): Yes.

SENATOR BASSANO: Because of the breakup of families and some of the problems?

CURRENT INMATE (G): Yes, I do. Yes, sir. I don't want to sound harsh, but I think that a lot of the people who don't have someone to go to -- whether it be family or friends -- I think some of it is by design, too. Because I don't think you can just treat someone any way you want to, then expect them to be there; that's what I believe.

Since being here, I got married here, and I got divorced here. My ex-wife and I are so close, so close.

SENATOR BASSANO: You married and then divorced the same woman while you were here?

CURRENT INMATE (G): Yes. Well, she divorced me, because she wanted to move on. She said, "Derrick, I want to move on. I would like to have another child, and I can't do that -- I won't do it -- married to you." I understood what she was saying, I understood. I know she loved me. I knew that without a doubt, and we are so close now. We can really talk.

In fact, she told me several years ago, after I began to open up to her, "Derrick, when you used to tell me about your best friend being molested, and this happened to him and that happened to him, that was really you, wasn't it?" It was me, it was me. I used to always tell her these little different things happened, "It happened to my friend, this happened--" It really happened to me, it really happened to me.

I think that just being here, to me, is a blessing; is a blessing. Because, I think, if I had stayed out there I think I would be dead. I didn't have problems with drinking and drugs and all that, everything was right here. I was a walking time bomb. It's really hard telling-- In fact, if I was out there, I would never tell anyone I didn't like myself. That's a hard thing to say, "I don't like myself." But I didn't, I hated myself. Coming here, this actually saved my life; this actually saved my life.

From what was said to me, I think it was last week or the week before, we can no longer meet with our therapists during count times. That is just another clinch that takes away some of our therapy. Because a lot of times people would say things to their therapist, alone, in confidence, and he or she would bring it to the group. I hear a lot of that is now being taken away. That should not be; we really need that for sure. We need that, because you get with your therapist and you say certain things.

I think I've met with my therapist since I've been here -- on I.T. -- probably seven times, because I bring everything out in group.

ASSEMBLYWOMAN WRIGHT: You mean in individual therapy?

CURRENT INMATE (G): Individual therapy, I'm sorry. Yes, in individual therapy. Because I personally don't need that, but so many people do, like the guy I met with last night. See, I'm thinking of something else that happened--

When I told him -- because I could tell he was holding things back-- I said, "Juan, I'm going to tell you something that happened to me in my childhood. You tell me first what happened -- something real shocking, tell me something." He said, "Well, I don't want to talk about anything right now. You're trying to do the same thing you do in group. That's why I don't sit by you." I said, "Okay, I'll tell you something. I was molested when I was a little child; it was by a male. He

had anal sex with me. He had me do certain things to him, and I liked it." He looked at me like, "I can't believe you said that."

But after I kept giving him more examples and more examples, and how I felt about myself-- I told him about the rain example, then I said, "Now, you do the same." He paused for about a minute and then he said, "My father molested me." Then he looked at me to see how I reacted. "My father molested me. He had anal sex with me. He beat me, he threw me out a window," then he started to cry.

He turned away for a while, and then looked back at me again with a smile. That is when the officer came and said -- he was only doing his job -- "You have to have an I.D. card. We just can't let you stay in the library talking to him," and he got up and left. But small sessions like that, in private-- Now, that right there, I just hope that was the mesh to help him open up. I hope that was the mesh, and this happened just last night -- maybe 6:30 or 7:00 last night. That individual thing, that individual contact--

I said, "Did you tell anyone else this?" He said, "Yes, one other person, Bernard" -- I'm sorry, Bernard is the therapist -- "I told him in I.T. That is the only other person I told this to." Without that I.T., it will be a great setback, a great setback. I'm not just saying this to all of you. I really mean that. We need that.

For me, there are so many people out there who are hurting. Some of them are children, some of them are in their 30s, 40s, 50s, 60s, and I think if you just really try to relate to them, you can understand where they're coming from; just listen to them. If you don't try to be judgmental, you would be surprised at the things they will say. The things they will say, if you just listen to them. Don't try to give them answers, just listen. They will tell you everything, everything.

A lot of times when I sit and meet with guys, I just listen to them. Once in while, I'll shoot something out there to let them know I hear what they're saying. Then they'll say, "You know, thanks for answering my questions." I never answered anything, "I just listened to you."

I told one of the guys last week, "You may think that I'm putting you on the spot when I say certain things to you in group, but I'm not. What I do to you -- what I did to you -- I wish someone had done that to me." Then he said, "I don't believe that you're hurting me. I actually believe the way you did it, I believe you do care about me." That is one of the parts I'm really going to miss dealing with these guys. I'm really going to miss that.

MR. MULLER: We're going to examine the whole therapy issue as part of our--

SENATOR BASSANO: Do you have any other questions of Derrick? (negative response)

Derrick, we thank you for being here. You were very helpful.

CURRENT INMATE (G): Thank you very much.

MR. THOMAS: Thank you.

SENATOR BASSANO: Thank you for being so open with us.

CURRENT INMATE (G): Thank you for listening to me, and I'm sorry about the delay. I went on a medical trip.

SENATOR BASSANO: Well, we're glad you got here.

CURRENT INMATE (G): Thank you very much, and all of you have a nice Christmas and a happy New Year.

SENATOR BASSANO: You too.

(MEETING CONCLUDED)