- COMPLAINT / AIDS - HIV -

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

DAVID DOE, ERNEST HOE, TERRY TOE, SAMMY LOW, and MARY MOE, on behalf of themselves and all others similarly situated,

Plaintiffs,

-vs-

CIVIL NO. H-88-562 (PCD)

LARRY R. MEACHUM, Commissioner, Connecticut Department of Correction; THOMAS WHITE, Deputy Commissioner, Connecticut Department of Correction; EDWARD BLANCHETTE, M.D., Medical Director, Connecticut Correctional Institution at Somers, and JAMES McMAHON, R.N., Assistant to Director of Health Care Services, Connecticut Depart- of Correction, in their individual and official capacities,

Defendants.

CLASS ACTION COMPLAINT

I. INTRODUCTION

This civil rights class action challenges certain policies and practices of the defendant officials of the Connecticut Department of Correction ("DOC") pertaining to the care and custody of inmates with, or who are perceived to have,

Acquired Immune Deficiency Syndrome ("AIDS"), AIDS-Related Complex ("ARC"), or other Human Immunodeficiency Virus ("HIV") infections (conditions hereinafter collectively referred to as "HIV infection"). Specifically, plaintiffs, who are committed to defendant Meachum's care and custody and who have, or are believed to have, HIV infection, challenge: (a) defendants' continued creation, use, and distribution, throughout DOC facilities, of a long list on which appear the names of all current or former inmates known or thought by DOC to have HIV infection; (b) defendants' open identification of inmates identified or suspected of having HIV infection through the placement of conspicuous red circles or dots on, inter alia, inmate court files, medical records and housing unit cards; (c) defendants' failure to establish policies and procedures to protect against unauthorized and unwarranted disclosures of the names of inmates with, or suspected of having, HIV infection both within and without DOC facilities; (d) defendants' failure to provide continuing, accurate, and culturally and linguistically appropriate HIV-education to staff and to inmates; and (e) defendant's failure to provide inmates with HIV infection with adequate pre- and post-test counselling and with adequate medical and mental health care. Plaintiffs assert that defendants' actions, and knowing inactions, in the face of Connecticut's greatest public health crisis in recent times have deprived plaintiffs, and all other inmates similarly situated, of their rights as guaranteed by the First, Fourth, Eighth, Ninth and Fourteenth Amendments to the

United States Constitution, and by § 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 et seq., as amended by the Civil Rights Restoration Act of 1987. Plaintiffs seek declaratory and injunctive relief to remedy defendants' unconstitutional and illegal policies and practices.

II. JURISDICTION

1. This action is authorized by U.S.C. § 1983 and jurisdiction over this action is conferred by 28 U.S.C. §§ 1331 and 1343(3) and (4).

2. A declaratory judgment is authorized pursuant to 28 U.S.C. § 2201 and 2202 and Rule 57 of the Federal Rules of Civil Procedure. Injunctive relief is authorized by Rule 65 of the Federal Rules of Civil Procedure. An award of costs and attorneys' fees is authorized by 42 U.S.C. § 1988.

III. PARTIES

A. Plaintiffs

3. Plaintiff DAVID DOE is, and at all times pertinent herein was, a citizen of the United States. He is a sentenced inmate committed to the care and custody of defendant Meachum, and on his current charges has been incarcerated at the Bridgeport Correctional Center ("BCC"), the Bridgeport Correctional Center at North Avenue ("North Avenue"), and the Connecticut

Correctional Institution at Somers ("CCIS"). He is currently incarcerated at the New Haven Correctional Center ("NHCC"). He has been diagnosed as having HIV infection.

4. Plaintiff ERNEST HOE is, and at all times pertinent herein was, a citizen of the United States. He is a sentenced inmate committed to the care and custody of defendant Meachum who, on his current charges, has been incarcerated at the BCC and now is incarcerated at CCIS. He has been diagnosed as having HIV infection.

5. Plaintiff TERRY TOE is, and at all times pertinent herein was, a citizen of the United States. He is a sentenced inmate committed to the care and custody of defendant Meachum, and, on his current charges, has been incarcerated at the Union Avenue Detention Center ("Union Avenue"), the NHCC, CCIS, BCC, the Hartford Correctional Center ("HCC"), the Carl Robinson Correctional Institution ("CRCI"), the Connecticut Correctional Institution at Cheshire ("CCI - Cheshire") and currently is incarcerated at the J.B. Gates Correctional Center ("Gates CC"). He has been diagnosed as having HIV infection.

6. Plaintiff SAMMY LOW is, and at all times pertinent herein was, a citizen of the United States. He is a sentenced inmate committed to the care and custody of defendant Meachum, and, on his current charges, has been incarcerated at the HCC, NHCC, CCIS, the Connecticut Correctional Institution at Enfield ("CCI - Enfield") and, now, is incarcerated at the CRCI. He has been labelled by defendants as having HIV infection.

7. Plaintiff MARY MOE is, and at all times pertinent herein was, a citizen of the United States. She is a sentenced inmate, currently incarcerated at the Connecticut Correctional Institution at Niantic ("CCIN"), who has been diagnosed as having HIV infection.

B. Defendants

8. Defendant LARRY R. MEACHUM is Commissioner of the Connecticut Department of Correction, having assumed said office in October, 1987. Pursuant to Conn. Gen. Stat. § 18-81, he is responsible for the overall supervision and direction of all DOC institutions and facilities in which plaintiffs are confined, for the promulgation and implementation of all Administrative Directives, policies and procedures of the DOC, and for protecting the safety and welfare of all inmates committed to his care and custody. He is sued in his individual and official capacities.

9. Defendant THOMAS WHITE is Deputy Commissioner of DOC in charge of institutional services. He is responsible for assisting defendant Meachum in formulating and implementing DOC policy and for supervising the operation of all DOC facilities. He is sued in his individual and official capacities.

10. Defendant EDWARD A. BLANCHETTE, M.D. is Medical Director at CCIS. As such, he is responsible for the medical diagnosis, care, treatment, counselling, referrals and maintenance of medical records of and for inmates at CCIS. In addition, pending the appointment of a new DOC Director of Health

Care Services to replace Edward M. Wurzel, M.D., Dr. Blanchette is, and has been, the primary DOC physician advising defendants Meachum and White on DOC policy decisions concerning HIV infection. He also acts as medical consultant for other DOC facilities regarding inmates in those facilities with HIV infection and served on DOC's "Departmental AIDS Committee." He is sued in his individual and official capacities.

11. Defendant JAMES McMAHON, R.N., is, and at all times pertinent herein was, the Assistant to the Director of Health Care Services at the Connecticut Department of Correction. Since the resignation of Edward Wurzel, M.D. as Director of Health Care Services and pending the appointment of a new Director, defendant McMahon has been responsible, in conjunction with defendant Blanchette, for overall health care policy and practices within the Connecticut Department of Correction. He is sued in his individual and official capacities.

IV. CLASS ACTION ALLEGATIONS

12. The named plaintiffs bring this action as a class action pursuant to Rule 23(b)(1) and (2) of the Federal Rules of Civil Procedure.

13. Plaintiffs file this complaint on behalf of themselves and all other similarly situated and seek injunctive and declaratory relief from the unconstitutional and unlawful actions and inactions of defendants, as herein set forth.

14. The named plaintiffs, DAVID DOE, ERNEST HOE, TERRY TOE, SAMMY LOW, and MARY MOE, are all inmates who are committed to defendant Meachum's care and custody, who have either been diagnosed as having HIV-infection or have been labelled by defendants as having HIV infection, and who have been subjected to defendants' unlawful and unconstitutional actions and inactions in that they have had their identities openly disclosed, have not been provided adequate AIDS education and counselling, and have been denied adequate medical and mental health care.

15. The class plaintiffs seek to represent is composed of all inmates who are, were, or will be subject to defendant Meachum's care and custody and who have, are perceived by defendants and their agents as having, or are at risk of contracting, HIV infection.

16. The class is so numerous that joinder of all members is impracticable.

17. There are questions of law and fact common to the members of the plaintiff class in that:

a. Defendants' challenged polices and practices have been imposed and operate systemwide, throughout all DOC facilities, they affect all class members, and they deny all class members their rights under the First, Fourth, Eighth, Ninth and Fourteenth Amendments to the United States Constitution and § 504 of the Rehabilitation Act of 1973;

b. All members of the plaintiff class seek injunctive and declaratory relief to prevent future violations of their constitutional and statutory rights.

18. The claims of the representative parties are typical of the claims of the class in that the constitutional and statutory deprivations caused by defendants and claimed by the named plaintiffs are the same as for all other members of the class. The named plaintiffs, like all other class members, are inmates who are committed to defendant Meachum's care and custody, who have, or are perceived to have, HIV infection, who have been subjected to defendants' challenged policies and practices, and who challenge these polices and practices as violative of their federal constitutional and statutory rights.

19. The representative parties will fairly and adequately protect the interests of the class. The named plaintiffs have no interests antagonistic to those of the class. Further, all plaintiffs are represented by attorneys experienced in federal constitutional litigation.

20. The prosecution of separate actions by individual members of the class would create a risk of inconsistent or varying adjudications with respect to individual members of the class which would establish incompatible standards of conduct for defendants.

21. Defendants have consistently acted and refused to act on grounds generally applicable to the class, thereby making

appropriate final injunctive and declaratory relief with respect to the class as a whole.

V. STATEMENT OF FACTS

A. HIV-Infection

22. "HIV infection" is a continuum of conditions associated with immune dysfunction which is caused by the Human Immunodeficiency Virus ("HIV"). HIV attacks certain white blood cells (T-lympocytes), undermining that part of the body's immune system which normally combats infections and malignancies. Full-blown AIDS, as defined for reporting purposes by the United States Centers for Disease Control ("CDC"), is HIV infection with one or more opportunistic infections or malignancies, or the presence of dementia or wasting syndrome.

23. The sole documented modes of transmission of HIV are sexual contact, use of contaminated needles or syringes, direct exposure to infected blood or blood products, transplanted tissue or organs from an infected donor, and from mother to child across the placenta or during delivery. Contact with other bodily fluids, including saliva, urine, and feces, has not been demonstrated to be a mode of transmission for HIV.

24. To date, there is no cure for HIV infection and no vaccine to prevent its transmission. Education and counselling to inform persons about HIV and to foster and sustain change in behaviors which pose a risk of transmission of HIV is the only

effective means of slowing transmission and thereby slowing the epidemic.

B. Incidence of HIV infection in inmates committed to defendant Meachum's care and custody.

25. Although homosexual and bisexual males remain the primary risk group for transmission of HIV nationally, HIV infection in Connecticut is found disproportionately among intravenous ("IV") drug users.

26. As of June 30, 1988, the Connecticut Department of Health Services ("DOHS") reported that 64% of all diagnosed AIDS cases among Connecticut women and 40% of all diagnosed AIDS cases among Connecticut men were in persons with a history of IV drug use, as compared to 52% of women with AIDS and 24% of men with AIDS nationally.

27. Approximately 60% of the inmates committed to defendant Meachum's care and custody are known by defendants to have a history of drug abuse. Some inmates committed to defendant Meachum's care and custody are known by defendants to engage in homosexual or bisexual conduct. Other inmates are known to defendants to be the sexual or needle-sharing partners of persons with, or at high risk for, HIV infection. All of these persons are at greatly increased risk of HIV infection.

28. The number of inmates with HIV infection in DOC facilities has been increasing rapidly. In 1983 there was only one diagnosed case of full-blown AIDS in the entire DOC system. By 1988, the total number of diagnosed DOC AIDS cases to date had

increased to more than 45, the total number of AIDS deaths in DOC facilities was at least 24, and there were at least 400 inmates already identified by defendants as HIV-infected.

29. Upon information and belief, defendants estimate, based on inmate surveys in other states and the incidence of IV drug use histories in the Connecticut inmate population, that at least 15% of the more than 30,000 inmates who are committed to defendant Meachum's care and custody each year currently are infected with HIV.

C. Defendants' identification and disclosure of the identities of HIV-infected inmates.

30. Consistent with the recommendations of federal and state public health authorities, defendants have not adopted a policy of mandatory testing of all inmates for HIV infection, but rather test certain inmates in high-risk groups who request voluntary testing, and other inmates when deemed necessary for medical diagnostic purposes. In addition, defendants require inmates who wish to work in certain institutional jobs, such as the kitchen, to have a negative HIV test before job placement is approved. See Exhibit A, attached hereto and incorporated herein by reference.

31. DOC officials recognized in 1983, or earlier, that HIV infection was going to pose serious problems within DOC facilities. However, DOC did not adopt formal written policy pertaining to HIV infection until 1985, after two years had elapsed.

32. Since July 1, 1985, and continuing to today, the Wardens and Superintendents of all DOC facilities have been required by written DOC policy to assure that their staffs place a "solid red circle" of "appropriate 'attention getting' size" on the "outside of papers accompanying [an] inmate" whenever an inmate who has, or is suspected of having, "a communicable disease such as hepatitis B or AIDS" is transported to and from the DOC facility, including to court and to medical appointments. The red circle is to be used "even in undiagnosed cases" in order to "provide maximum protection and peace of mind to those responsible for the transportation and custody of the inmate." A copy of the DOC directive establishing this policy is attached hereto as Exhibit B and incorporated herein by reference.

33. Since November 1, 1985, and continuing to today, the Wardens and Superintendents of all DOC facilities have been directed by written DOC policy to ensure that the names of all individuals identified as HIV-infected are placed on a "Carriers of Specific Disease" or "CSD" list. This list which is, in the first instance, "prepared and kept current by the respective facility medical unit", is made "available to all staff members who may come into contact with [HIV-infected inmates] during the course of their duties." Forms for reporting, to DOC's Central Office, the names of all inmates suspected of having or carrying HIV infection are also provided to the DOC facilities and, as of January 1986, the Wardens and Superintendents of all DOC facilities periodically receive a "master" CSD list from DOC's Central

office which the DOC Director of Health Care Services, or his agent, produces and distributes on a routine and frequent basis. See Exhibits C, D, and E, attached hereto and incorporated herein by reference.

34. Concurrent with DOC's creation and expanded distribution of a master CSD list, DOC adopted a set of Policies and Procedures Regarding AIDS/ARC Inmates in the Connecticut Department of Correction which specified, inter alia, that transportation personnel were to be notified when they were transporting an inmate with HIV infection and that each transporting vehicle was then to be equipped with a "special kit" consisting of plastic gloves, gowns, medical masks and non-feedback respiratory devices to be used in case of an accident involving the inmate in which bodily fluids are present or CPR is required. Shortly thereafter, DOC extended these protective measures, directing that this "full CSD" kit be placed in all medical units, all transportation vehicles, and at other intra-institutional locations, a practice which remains defendants' current practice. See Exhibits F and G, attached hereto and incorporated herein by reference.

i. The CSD List

35. The master CSD list, which the DOC defendants update frequently and continue to maintain on all past and current inmates thought by DOC to have HIV infection includes, for each inmate thereon, the DOC inmate identification number,

name, entry date, DOC facility, status (sentenced/unsentenced), release date and town of residence. A copy of this CSD list, with identifying information redacted, is attached hereto as Exhibit H and incorporated herein by reference.

36. Defendants' policy of distributing the master CSD list to all DOC institutions on a regular basis ensures that personnel at each DOC facility have knowledge of the HIV status of not just the inmates who are currently incarcerated at their facility, but also of all other inmates committed to the care and custody of defendant Meachum, as well as of persons who have been discharged from DOC facilities.

37. Though mandating the creation and continued distribution of the CSD list, the DOC defendants have adopted no policies and procedures to limit strictly the further disclosure and dissemination of the list, and the names thereon, as -- for example -- by requiring that the list be kept in locked cabinets, by permitting disclosure of the identities of persons on the list only to those specific members of the DOC medical staff with a legitimate "need to know" to provide proper medical care to the specific inmates named thereon for whom they are responsible, and by forbidding the release of the list and its contents to any other person, agency, and body.

38. The CSD list has repeatedly been placed or left by DOC personnel in places or areas to which inmates are allowed to have access, including, but not limited to:

a) being posted from time to time within various DOC institutions in sites visible to inmates;

b) being distributed, on occasion, through the institutional mail without any designation that the list is "confidential" and without adequate precautions to prevent inmates working in job assignments involving mail distribution from gaining access to the list;

c) being left on desks and on the top of file cabinets in locations where inmates have access.

39. Because the DOC defendants do not require that the CSD list be maintained in a site totally inaccessible to inmates and unauthorized staff and that the list and its contents not be further disclosed, photocopies and hand-written copies of the CSD list have been made by inmates and DOC staff and distributed within and without DOC facilities.

40. Inmates and staff learn of inmates' HIV infection due to the CSD list and other breaches of medical confidentiality, and have prepared and distributed "unofficial" lists of those with, or believed to have, HIV infection. In some instances, upon information and belief, inmates with a negative HIV test have been named on these "unofficial" lists.

41. More than 400 inmates and former inmates currently are named on the defendants' CSD list, including plaintiffs Doe, Hoe, Low and Moe.

42. In December 1987, plaintiff Moe was specifically identified by name and inmate number in a letter written by a male inmate at the NHCC to a female inmate at CCIN. This male inmate stated that he had copied her name from the CSD list to which he had access and had informed the persons thereon that they were carriers of the AIDS virus. A copy of this letter, with identifying names redacted, is attached hereto as Exhibit I and incorporated herein by reference. Plaintiff Moe has received similar letters from male inmates at other DOC facilities who have seen her name on the CSD list.

43. Plaintiff Moe's brother learned for the first time about Moe's HIV infection because of the distribution of the CSD list among inmates at another correctional facility where her brother was an inmate.

ii. The "red dot" policy

44. The DOC defendants' policy of requiring that all inmates named on the CSD list have prominently-displayed "red dots" placed on all papers accompanying said inmates when transported outside DOC facilities, see Exhibit C, has caused the identities of said inmates further to be disclosed to the public and has caused such inmates to suffer humiliating and discriminatory treatment by transporting officials, by sheriffs, by court personnel and by other persons who learn of their medical status through the defendants' intentional open disclosure of it.

45. In early July, 1988, sheriffs who saw the "red dot" on plaintiff Doe's DOC transporting file required him to wear a mask and gloves while appearing in court for a hearing. He was also segregated from other inmates because of this public disclosure of his medical status.

46. Plaintiff Hoe's medical condition became a matter for a public hearing after the judge hearing his case learned of his HIV status through the prominent display of a "red dot" on his DOC transporting file and the refusal of the sheriffs to bring him to court. Concerned about contagion, the judge convened this hearing, which was covered by all the major news media in Connecticut, even though Hoe's medical condition was wholly unrelated to the offense with which he had been charged, and his medical condition posed no risk of transmission to others in the courtroom.

47. Plaintiff Low first learned of his possible HIV infection when he saw the "red dot" on his DOC court transport file and was told by an inmate who also had seen his file that the red dot meant he "had AIDS". Though told earlier by HCCC medical personnel that his HIV test was "negative," upon his return from court, the medical personnel at HCCC confirmed that they "remembered" that his test was positive, and had authorized the red dot, though his and others' HIV test results had been "lost," after being left on top of a filing cabinet at HCCC.

48. Sheriffs, informed of plaintiff Moe's HIV infection by the "red dot" placed on her DOC court transport file,

conspicuously donned gloves whenever they unshackled and shackled her in the courthouse, thereby exposing her to humiliation, prejudice and the scorn of others in the courtroom. This treatment was not accorded to inmates who had not been openly identified by defendants as having HIV infection.

49. Upon information and belief, the prosecutor in another inmate's criminal case contacted the Warden at CCIN to confirm that the "red dot" on her DOC transporting file meant that she "had AIDS," and the Warden, without plaintiff's consent, confirmed. In addition, because of the presence of the "red dot" on her court papers and the prosecutor's knowledge of her HIV condition, this inmate's public defender advised her to inform her teenage son, who was present in the courtroom, about her medical condition because further disclosure in trial proceedings was likely. She was therefore forced to break her painful and tragic news to her son in a hurried manner, in a totally public place, and at a most inappropriate time.

50. Red circles and dots also have been placed from time to time by DOC personnel in other sites visible to inmates, including on inmate housing cards, cell doors, medical, medication and dental records, and inmates' personal property bags.

iii. Other breaches of confidentiality

51. Other breaches of the confidentiality of HIV-infected inmates have occurred, and routinely continue to occur, in other ways in DOC facilities, including but not limited to, by

DOC staff disclosures to inmates, visitors, and relatives, by medical examinations and sick calls conducted in the presence or earshot of other inmates, forcing HIV-infected inmates to reveal their condition to other inmates, by inadequately controlled and inappropriate inmate access to medical records, and by the posting of various lists which identify specific inmates as seeking or receiving medical care for HIV infection.

52. Inmates at DOC facilities, including HCCC, CCI-Cheshire, NHCC, CCIS and CCIN, have taken documents identifying suspected HIV-infected inmates, to which they have access through their institutional job assignments, and distributed them in the inmate population.

53. Plaintiffs Doe, Low, Moe and Hoe have all personally heard DOC staff disclose their identities as HIV-infected persons to other inmates, visitors or other staff.

54. Plaintiffs Doe, Low, and Moe have been forced to discuss with medical staff their HIV-infection and HIV-related problems in the presence or earshot of other inmates.

55. Plaintiffs Toe and Low have seen lists posted in sites visible to inmates which explicitly identify particular inmates as needing or requesting HIV-related medical care.

iv. Effects of breaches

56. Inmates openly identified as HIV-infected within DOC facilities by defendants' policies and practices are ostracized, stigmatized, and subjected to frequent and serious

harassment, threats to their personal safety, and, on occasion, physical injury.

57. Plaintiff Hoe, identified as HIV-infected through defendants' "red dots", CSD list, and other breaches of confidentiality, has been told of threats against his life, has been assaulted, has been burned out of his cell twice, and has had darts, disinfectants, urine, boric acid, feces and other materials thrown at him by other inmates while locked in his cell. DOC staff also, on occasion, have worn gloves and masks when around plaintiff Hoe, served him food on paper plates instead of dishes, and not allowed him to speak directly into a telephone receiver because of fears of contagion.

58. Plaintiff Doe recently was harassed repeatedly and called an "AIDS Breathing M-F" at a DOC facility, and ultimately was stabbed so severely as to require hospitalization. In the two weeks Doe subsequently was incarcerated at CCIS he was transferred in and out of at least five housing units, and finally to another DOC facility, because of attempted physical assaults, death warnings, and harassment by inmates who learned of his HIV infection by defendants' "red dots," guards' disclosures, and other breaches of his confidentiality.

59. Plaintiff Moe tries to avoid the harassment of other inmates by washing her own clothing by hand, purchasing a Tupperware dish so she could eat alone in her room, and avoiding social activities at CCIN.

60. Defendants' knowledge of an inmate's HIV infection on occasion leads to curtailed or conditioned access to various DOC institutional jobs, activities, and services. Inmates known to defendants to have HIV infection are not permitted to work in certain job assignments, including kitchen, bakery, medical, dental, and optical. Inmates have experienced delays in or denials of services such as haircuts and dental care because of fear about HIV transmission in DOC staff. Access to the family visitation program continues to be conditioned upon the inmate's agreeing to allow DOC to disclose his/her HIV infection to the visitors, even if no risk of transmission is likely. See Exhibit J, attached hereto and incorporated herein by reference. Plaintiff Moe, for example, was required to consent to DOC's informing her mother of her HIV infection before an overnight visit with her children would be approved.

61. Because of the egregious breaches of confidentiality officially and intentionally authorized, or knowingly permitted, by the DOC defendants regarding inmates believed by them to have HIV infection, inmates who are unaware of their HIV status are deterred from being tested, though their actions both within and without DOC facilities may have placed them at great risk for HIV infection and though early diagnosis of HIV infection, with appropriate counselling and education, is essential to protect their health, as well as public health interests.

62. Though plaintiff Low received conflicting information from HCCC medical staff regarding the results of his

HIV test, which HCCC claims to have "lost," he is unwilling to request a second test at CRCI knowing that a positive test result will become widely known within and without DOC facilities. His request to be tested outside of DOC at his own expense at an anonymous test site has been also rejected. Absent certain knowledge about his HIV status, he cannot make necessary plans regarding his young children.

63. Defendants are aware that their CSD lists, "red dots," non-private medical visits, staff disclosures, posted lists, inmate access to medical records, and other breaches of confidentiality have caused the identity of inmates with HIV infection entrusted to their care to become known to DOC staff, to other inmates, and to persons outside DOC, including to persons at other local and state agencies. Defendants are also aware that these disclosures not only subject HIV-identified inmates to harassment, threats and harm but also deter other inmates from agreeing to be tested for HIV. Nonetheless, defendants knowingly and intentionally have failed to change and adopt policy to limit strictly the disclosure of the identities of HIV-infected inmates.

64. Defendants' polices and practices, which command and allow public disclosure of an inmates' HIV status, have caused plaintiffs and those they represent to suffer severe emotional distress, depression, humiliation, stigmatization, harassment, intimidation, discrimination, and threats of, or actual, bodily harm.

D. HIV testing, counseling, and education

65. Early diagnosis of HIV infection is essential for proper medical treatment and counselling of the infected person, and for meaningful education to reduce further transmission of HIV to others.

66. Defendants have adopted no policy which requires the informed written consent of all inmates prior to HIV tests.

67. Defendants have adopted no policy requiring pre-test counselling for HIV tests, and inmates, including plaintiffs Low, Hoe, Toe, and Moe, have been and are provided little or no information, or on occasion are given misinformation, by DOC staff about the HIV test and its meaning prior to having blood drawn for the test.

68. Plaintiff Moe was informed by CCIN medical staff that the results of her HIV test would remain "absolutely confidential" and that no one would learn the results outside of the medical unit. She was not informed that a positive test result led to being listed on defendants' CSD list, labelled by "red dots," and other egregious breaches of her confidentiality.

69. Though post-test counselling for HIV-infected inmates is absolutely necessary to educate them about the cause of the disease, to foster and sustain risk reduction behavior, and to enable them to manage the anxiety and depression which accompanies diagnosis, defendants only very recently have retained three "AIDS" counsellors to service the thousands of

inmates in DOC's sixteen institutions. These counsellors hold federally-funded positions, under a grant which ends in December, 1988, from the United States Centers for Disease Control, through DOHS, to DOC.

70. This staff shortage, coupled with the time-consuming nature of the counselling required and inmate demand for ongoing counselling, requires the three AIDS counsellors to triage among the many inmates in need of their services. Certain HIV-infected inmates, such as those nearing release, are given first priority. Counselling for plaintiffs and other HIV-infected inmates frequently is delayed and abbreviated, or is wholly non-existent.

71. Due to defendants' failure to employ an adequate number of specially-trained AIDS counsellors, post-test "counselling", if done at all, is performed principally by community volunteers and by physicians, nurses, medics, and other, non-medical staff at each DOC facility. Because these individuals have competing demands on their time, post-test "counselling" is typically cursory, brief, inconsistent, sometimes factually inaccurate, and not of a continuing nature.

72. Though persons diagnosed as having HIV infection are at greatly increased risk for serious depression and suicide, defendants have adopted no written protocols and policy which require a prompt evaluation by trained mental health personnel of <u>all</u> inmates who are newly diagnosed as having HIV infection, followup mental status evaluations, and, as needed, treatment.

Without such professional evaluation and intervention, inmates with HIV infection suffer anxiety, depression and the risks attendant to attempts at suicide.

73. Plaintiff Doe slashed his wrist at NHCCC shortly after learning of his HIV infection, and was placed in the "hole" on suicide watch for nearly two days. Though correctional staff noted that Doe had reported that "AIDS is the problem and he cannot deal with it any longer," there is nothing in his medical record which indicates that a psychiatrist or other trained mental health personnel ever personally examined and counselled Doe during his stay at NHCCC.

74. Counselling for HIV infected inmates is so inadequate as to leave inmates confused about the difference between HIV seropositivity and full-blown AIDS and about the cause of the disease, and not fully informed about what they must do to protect themselves and others.

75. Defendants have not organized mutual support groups for HIV-infected inmates at all DOC facilities, though DOC provides such groups for inmates with problems with alcohol (Alcoholics Anonymous), drugs (Narcotics Anonymous) and parenting (Parents Anonymous).

76. Education about HIV infection, though currently agreed by medical and public health authorities to be the sole means to slow the epidemic and reduce irrational response toward persons with HIV infection, has been provided by defendants to inmates and staff on an irregular and infrequent basis. In

addition, defendants' educational efforts principally rely on brochures and videos, which provide inmates and staff with little or no opportunity to ask questions and are not wholly appropriate for and accessible to illiterate inmates and inmates with cultural and linguistic differences. A single "AIDS Educator" currently funded only until December 1988 by a CDC grant through DOHS to DOC, is responsible for the AIDS education of the approximately 30,000 inmates committed to defendant Meachum's care and custody annually.

77. Defendants' failure to provide mandatory, timely, culturally and linguistically appropriate, and continuing HIV education has allowed a lack of information and misinformation to continue to exist among inmates and staff. This lack of information has serious health consequences for inmates who remain at risk for unwittingly giving or getting HIV infection through high risk behaviors while incarcerated, such as IV drug use, tattooing, and sexual activity. This lack of information also has serious security consequences, as the safety of inmates identified as HIV-infected is compromised, and a threat to the overall security of the facility is posed by hysterical and irrational staff and inmate reaction, unenlightened by knowledge about actual risks and modes of transmission.

E. Medical care for inmates with ARC or who are seropositive.

78. Defendants currently house most inmates with HI infection short of diagnosed full-blown AIDS in the general

inmate population. Male inmates with confirmed AIDS typically are housed in the AIDS ward or hospital at CCIS. Female inmates with confirmed AIDS typically are housed in the CCIN medical unit.

79. Defendants have not adopted and implemented comprehensive, systemwide medical and mental health protocols which fully and appropriately meet the medical and mental health needs of inmates with HIV infection which is short of full-blown AIDS.

80. Defendants have failed to provide individualized treatment plans for plaintiffs and other inmates with HIV infection short of full blown AIDS to ensure that their medical and mental health needs will be met in an adequate and timely manner.

81. Upon information and belief, some DOC health care staff have delayed or provided deficient medical or dental care to HIV-infected inmates because of fear of HIV transmission.

F. Federal financial assistance

82. DOC has received in excess of one million dollars in federal funds in each of the last two years.

G. Defendants' Response and Effects of Defendants' Polices and Practices.

83. Since 1983, when DOC first became aware of HIV infection and alerted to the need to adopt and implement rational policies and practices pertaining to it, numerous state and

federal bodies, agencies and task forces have provided DOC officials with substantial guidance and direction regarding what is appropriate policy and practice.

84. The reports, protocols, and guidelines produced by these various groups repeatedly have stressed the need for strict confidentiality regarding the identities of persons with HIV infection, written informed consent and adequate pre- and post-test counselling for HIV tests, non-discrimination against persons with HIV infection, the need for extensive, on-going, and appropriate education and risk-reduction counselling as the best means of combatting the epidemic, and the use of "universal" blood precautions as the most appropriate means of protecting non-infected persons from accidental exposure to HIV.

85. In disregard of these various explicit declarations of policy and principle regarding HIV infection in the State of Connecticut, and in knowing disregard of established public health principles and expertise, defendants have failed knowingly to change their policies and practices, and to secure adequate staff and resources, in the face of this public health crisis.

86. To date there has been no change in defendants' policy, which is embodied in full in Exhibits A, B, D, E, G, and J attached to this Complaint, except insofar as defendants have begun to initiate some mandatory AIDS education for inmates. Defendants persist in following the policies and practices adopted by their predecessors in office and thereby knowingly and

intentionally allowing the violations of plaintiffs' rights to continue unabated.

87. Defendants' policies and practices are causing plaintiffs to suffer irreparable harm for which they have no adequate remedy at law.

VI. CLAIMS FOR RELIEF

A. FIRST CLAIM FOR RELIEF - First, Fourth, Ninth and Fourteenth Amendments - Right of Privacy

88. Paragraphs one through eighty-seven are incorporated herein by reference the same as though pleaded in full.

89. Defendants have a duty to respect, ensure and protect the privacy and confidentiality of information about inmates' medical conditions and to protect the safety and well-being of inmates committed to their care and custody who risk harm from disclosure of such information within and without DOC facilities. Nonetheless, to date defendants intentionally, deliberately, and knowingly have commanded, and knowingly acquiesced in, policies and practices which openly disclose the identities of inmates known, or believed, to have HIV infection, thereby violating the rights of plaintiffs, and those they seek to represent, to have their sensitive medical information kept in strict confidentiality and to have their personal privacy protected as is guaranteed to them by the First, Fourth, Ninth, and Fourteenth Amendments to the United States Constitution.

B. SECOND CLAIM FOR RELIEF - Eighth, and Fourteenth Amendments -- Right to Adequate Counselling, Medical Care and Mental Health Care

90. Paragraphs one through eighty-nine are incorporated herein by reference, the same as though pleaded in full.

91. Defendants have knowingly failed to adopt and implement policies and protocols systemwide to:

a. require informed written consent prior to the administration of an HIV test;

b. require, and provide through appropriately trained and sufficient staff, timely, comprehensive, accurate, and culturally and linguistically appropriate pre- and post-HIV test counselling;

c. require, and provide through appropriately trained and sufficient staff, a mandatory continuing HIV education program which is scientifically accurate, comprehensible and culturally and linguistically appropriate; and

d. provide adequate and timely counselling, medical, and mental health care to inmates with HIV infection which is short of full-blown AIDS.

Defendants' knowing and intentional failures constitute deliberate indifference to the serious medical and mental health needs of the plaintiffs, and those they seek to represent, in violation of their rights under the Eighth and Fourteenth Amendments to the United States Constitution.

C. THIRD CLAIM FOR RELIEF - Eighth and Fourteenth Amendments -- Right to Safe, Decent and Humane Environment.

93. Paragraphs one through ninety-two are incorporated herein by reference, the same as though pleaded in full.

94. Defendants have a duty to ensure the safety, security and wellbeing of all inmates committed to their care and custody. Nonetheless, they, through policy and practice which commands or allows open disclosures of the identities of persons with, or suspected of having, HIV infection, through wholly inadequate staff and inmate education about HIV infection and its modes of transmission, and through inadequate counselling of inmates with HIV infection, have exposed plaintiffs and members of their class to harassment, intimidation, threats, and physical harm and thereby violating the due process rights of plaintiffs, and those they seek to represent, to be maintained in a safe, secure and humane environment and their rights to be free of cruel and unusual punishment as are guaranteed to them by the Eighth and Fourteenth Amendments to the United States Constitution.

D. FOURTH CLAIM FOR RELIEF - § 504 of the Rehabilitation Act of 1973, as amended -- Right to be Free of Discrimination Based on Physical Handicap

95. Paragraphs one through ninety-four are incorporated herein by reference the same as though pleaded in full.

96. Defendants' policies and practices which command and allow the open disclosure of the identities of inmates known and perceived to have HIV infection, and the curtailment of, delays in, and conditioning of access to medical services, programs, and facilities which are attendent thereto, violate the rights of plaintiffs, and those they seek to represent, to be free of unlawful discrimination based on handicap by a program or activity receiving federal financial assistance, as is guaranteed to them by § 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794 et seq.

VII. PRAYER FOR RELIEF

WHEREFORE, the plaintiffs respectfully request this Court to:

1. Assume jurisdiction over this action;

2. Certify this action as a class action;

3. Grant a preliminary and permanent injunction, restraining the defendants, their agents, and their successors in office from:

a. Continuing their use and distribution of the "CSD" list, creating, maintaining, and distributing any other list or compilation of information on which inmates are personally identified, directly or indirectly, as having HIV infection, and refusing to destroy all existing "CSD" and other HIV-identifying lists;

b. Continuing their use of "red dots", "red circles" and other marks to identify inmates with or suspected of having HIV infection, and from creating or maintaining any other system of open identification of such inmates;

c. Failing to adopt policies and protocols with strict sanctions to prohibit unauthorized disclosures of an inmate's HIV status;

d. Failing to adopt strict institutional record-keeping requirements to limit stringently the disclosure of an inmate's HIV status and failing to apprise all DOC staff of their responsibility to safeguard the privacy of and not disclose the identities of HIV-infected inmates.

e. Failing to provide voluntary, confidential and anonymous testing to all DOC inmates;

f. Failing to provide timely, comprehensive and accurate, and culturally and linguistically appropriate pretest counselling to all inmates being tested for HIV infection;

g. Failing to require an inmate's written informed consent prior to testing to disclose the presence of HIV infection;

h. Failing to provide timely, comprehensive, accurate, and culturally and linguistically appropriate

post-test counselling and followup for all inmates who are identified as having HIV infection;

i. Failing to adopt, implement and adequately staff a mandatory, continuing education program for inmates and DOC staff concerning HIV infection, which is scientifically-accurate, comprehensible, and culturally and linguistically appropriate and which covers, inter alia, symptoms of infection, means of transmission and ways to reduce risk of transmission, the diagnosis and treatment of infection, and infection-control principles; and

j. Failing to provide adequate and timely counselling and medical and mental health treatment for inmates with HIV infection short of full-blown AIDS which in no way discriminates against them based on their HIV-infected status;

k. Failing to provide safe, secure, and humane conditions to inmates with, or percieved to have, HIV infection while in defendants' care and custody by reducing the misinformation among staff and inmates and by forbidding all open disclosure of an inmate's HIV status.

4. Enter a declaratory judgment declaring that defendants' policies and practices violate plaintiffs' rights under the First, Fourth, Eighth, Ninth and Fourteenth Amendments

to the United States Constitution, and § 504 of the Rehabilitation Act of 1973, as amended.

5. Award plaintiffs compensatory and punitive damages.

6. Award plaintiffs costs and attorneys' fees.

7. Grant such other relief as this Court deems just and proper.

Respectfully submitted,

Shelley Geballe
Martha Stone
Connecticut Civil Liberties
Union Foundation
32 Grand Street
Hartford, CT 06106
(203) 247-9823

CONNECTICUT DEPARTMENT OF CORRECTION

340 CAPITOL AVENUE
HARTFORD, CONNECTICUT 06106

WILLIAM A. O'NEILL
GOVERNOR

RAYMOND M. LOPES
COMMISSIONER

May 20, 1987

The Hon. Cynthia Matthews
The Hon. Paul Gionfriddo
Co-Chairpersons
Public Health Committee
State Capitol
Hartford, CT. 06106

Dear Co-Chairpersons Matthews & Gionfriddo:

The Department of Correction does not recommend screening all inmates for AIDS and segregating those who are positive for HIV (Human Immunodeficiency Virus). This policy is a result of consultation with state and national health authorities and other correctional systems throughout the country. At the current time, there is unanimous agreement that testing should not be done on a mass scale nor should segregation be practiced. This position has been adopted by the National Center for Disease Control, the State Department of Health, and most of the other correctional departments because there is neither treatment nor prevention available for the condition, thus the individual concerned would not benefit from the test and might possibly suffer because of society's reaction to those infected.

The position against segregation has been adopted because there is strong evidence that this virus cannot be transmitted through casual contacts.

The department continues to keep abreast of the latest information on this subject and stands ready to alter its policy should the accepted scientific opinion on this matter be modified.

Sincerely yours,

Edward M. Wurzel, M.D.
Director of Health Care Services

EMW/cdm

Exhibit A

INTERDEPARTMENTAL MESSAGE

STD 21 REV. 2 84
(Stock No. 8535-051-01)

STATE OF CONNECTICUT

Make Dollars and Sense through Improved Ideas.

Obtain "STATE EMPLOYEE SUGGESTION" forms from, and send your ideas to Employee's Suggestion Awards Program, 165 Capitol Avenue Hartford, Ct. 06106.

To	NAME TITLE: All Wardens/Superintendents	DATE: 7/1/85
	AGENCY ADDRESS: Department of Correction	
From	NAME TITLE: James L. Singer, Deputy Commissioner	TELEPHONE:
	AGENCY ADDRESS: Department of Correction	

Subject: Administrative Procedures regarding Infectious Diseases

Under some circumstances the agents causing such diseases as Hepatitis B and Aids might be passed from an infected inmate to an uninfected individual if the latter were to come into intimate contact with the blood, saliva, urine, feces, or other body fluids the infected individual. Usually these diseases are transmitted through sexual contact or the sharing of contaminated drug paraphernalia.

Under ordinary circumstances of casual contact these inmates pose no risk. It is only by coming into intimate contact with a body fluid such circumstances that it could penetrate the skin and mucous membrane barriers that infection might ensue. Thus if one contacted infected blood from such a carrier of disease on one's skin, but the skin were intact and if the blood were washed away without having opportunity to enter the body through skin abrasions or injuries the mucous membranes, no infection would occur.

It is perfectly safe to have ordinary contact with these carriers disease. However, in such activities as mouth to mouth respiration coming in contact with blood, say in a fight or an auto accident a danger might exist. For these reasons the papers accompanying such potentially infected inmates will be marked with a red circle to inform transportation and other personnel that the inmate has or suspected of having a serious disease that could be transmitted through such contacts as mentioned above.

In the great majority of cases the danger of infection is minimal. However, in order to provide maximum protection and peace of mind those responsible for the transportation and custody of the inmate the "red circle" will be used, even in undiagnosed cases.

Correctional staff or staff of other agencies who are transporting inmates should be advised when the inmate has or is suspected of having a communicable disease such as hepatitis B or AIDS. This will be implemented by placing a solid red circle on the outside of the papers accompanying the inmate. Whoever initiates the transportation situation, e.g. court visit, medical appointment, etc. must assure that the red circle is in the appropriate place so that the transporting officer will be made aware of the facts.

It is emphasized that there is no danger from ordinary "social contact" with these inmates.

Exhibit B

The administrative head of each facility is directed to implement procedure to assure that a red circle of appropriate "attention getting" size will be displayed on the papers supplied to those transporting inmates described above. Identification of those inm referred to above will be the responsibility of the facility medi authority.

STATE OF CONNECTICUT

Bids Fair

A Problem Solving Idea Can Win An Award

Please send your ideas to: Employees' Suggestion Awards Program, 165 Capitol Ave., Hartford, 06106.

Interdepartment Message

STO-201 REV. 10/83 STATE OF CONNECTICUT
(Stock No. 6019 0111 011)

SAVE TIME: *Handwritten messages are acceptable. Use carbon if you really need a copy. If typewritten, ignore faint*

To	NAME All Wardens/Superintendents	TITLE	DATE 10-16-85	
	AGENCY Department of Correction	ADDRESS		
From	NAME James L. Singer	TITLE Deputy Commissioner		TELEPHONE
	AGENCY Department of Correction	ADDRESS		
SUBJECT	Union Meeting - 10-17-85			

The following items have been recommended to the Commissioner as approved by the departmental committee on AIDS in preparation for the Union meeting of 10-17-85:

1) attached please find a new departmental policy entitled "Policy regarding Infectious Diseases" which goes into effect November 1, 1985. This policy provides for staff and inmate protection with respect to special diseases. It also delineates a procedure for sharing appropriate information with designated staff in all facilities;

2) an infectious disease unit of approximately 18 beds is scheduled for December at CCI-Somers. A unit for females will be established at Niantic at a later date;

3) the department does not endorse mass testing of inmates to determine the presence of HTLV-III virus;

4) a special kit consisting of:

   1) plastic gloves
   2) hospital-type gown
   3) medical masks
   4) non-feedback respiratory device

will be placed in all vehicles transporting inmates in the department, in the housing units, and in line supervisors' offices, as soon as possible.

5) although not medically required, the department will provide for inmate kitchen workers to receive a stool/blood test after classification but prior to job placement.

6) an educational and awareness sub-committee will be appointed as soon as possible by the Commissioner to continue to generate a variety of educational materials for staff and the inmate population.

JLS/slingerw

Exhibit C

Policy regarding Infectious Diseases

This directive establishes policy regarding inmate carriers of specific diseases, hereafter referred to as C.S.D.

The purpose of this policy is to provide staff as well as inmates the most feasible protection against contracting specific diseases. The procedures are as follows:

> The Commissioner, upon consultation from the Department's Medical Director, will specify in written policy which diseases are to be included in this category and referred to as C.S.D. At the present time they are Hepatitis B and ARC/AIDS.

Identification of these carriers will be initiated by Health Care personnel in the facilities, but the final designation will be made by the Department's Chief of Health Care Services.

When an individual is identified as C.S.D. his or her name will be placed on a list prepared and kept current by the respective facility medical unit. It will be submitted to the administrative head of the facility who will then assign supervisory personnel to assure that a red circle of "attention getting" size is placed on necessary paperwork which would accompany transporting officials.. i.e., correctional staff, sheriffs, etc. The list of these "red circle" C.S.D. inmates will be available to all staff members who may come in contact with them during the course of their duties.

INTERDEPARTMENTAL
MESSAGE
STO 203 REV. 2/84
Stock No. 6938 050 011

STATE OF CONNECTICUT
Make Dollars and Sense through Improved Ideas.
Obtain "STATE EMPLOYEE SUGGESTION" forms from, and send your ideas to: Employee's Suggestion Awards Program, 165 Capitol Avenue Hartford, Ct. 06106.

To	NAME, TITLE: List	DATE: 12/10/85
	AGENCY, ADDRESS: Department of Correction, All Sites	
From	NAME, TITLE: Edward M. Wurzel, M.D., Director, Health Care Services	TELEPHONE: 3853
	AGENCY, ADDRESS: Department of Correction, 340 Capitol Avenue, Hartford, CT 06106	

Subject:

Enclosed please find a copy of a form to be used as part of the Department's policy for identification of inmate carriers of specific disease (CSD).

Please submit completed forms to Dr. Wurzel's office for each inmate concerned. This form may be reproduced locally.

Edward M. Wurzel

Edward M. Wurzel, M.D., Dir., Health Care Svs.

EMW:sc
cc: File

Exhibit D

IDENTIFICATION OF INMATE CARRIERS OF SPECIFIC DISEASES

Submit this form to Central Office for all cases of inmates suspected of having or carrying specific diseases.*

1. Facility:_____ 2. Date:_____

3. Inmate Name:_____ #_____ D.O.B._____

4. Disease: Hepatitis B ☐ AIDS/ARC ☐
   Other:_____

BASIS FOR SUSPECTED DIAGNOSIS

A. History: (To include risk group factors)_____

_____

_____

B. Physical Findings:_____

_____

_____

C. Lab Findings: (Include copies of lab reports)_____

_____

_____

_____

Central office will act on this information to identify those inmates to be carried on the "Red Dot List".* If additional information is desired, it will be requested by Central Office - where a positive determination is made, the inmate's name will be added to the list and the new list will be distributed.

*See "Policy regarding Infectious Diseases" attached.

Interdepartment Message
STO-201 REV. 10/83 STATE OF CONNECTICUT
(Stock No. 6938-051-01)

SAVE TIME: *Handwritten messages are acceptable.*
Use carbon if you really need a copy. If typewritten, ignore faint line

To	NAME: Raymond M. Lopes	TITLE: Commissioner	DATE: 1/16/86
	AGENCY: Department of Correction	ADDRESS:	
From	NAME: James L. Singer	TITLE: Deputy Commissioner	TELEPHONE:
	AGENCY: Department of Correction	ADDRESS:	
SUBJECT	Departmental AIDS Committee		

The Departmental committee met on January 6, 1986. The following were in attendance:

Dr. Ed. Wurzel
Dr. E. Blanchette
Dr. E. Serafini.
James McMahon ✓
James L. Singer, Chairman

Minutes of this meeting are as follows:

I. Dr. Blanchette reported on the recent AIDS meeting he attended in Arizona. He emphasized the following points:

(a) As a result of the data presented, the exchange of ideas that were generated, and the continued consensus of others, the policies/practices of other states were overwhelming that AIDS cases be segregated, but that the routine segregation of ARC diagnosed inmates is quite simply contraindicated.

(b) Subsequent to a comparison with other states, Connecticut DOC remains in the vanguard, both medically and programmatically, in the diagnosis and management of AIDS/ARC cases.

II. Based on additional discussion of item I. (a) above, the committee is recommending that AIDS cases continue to be segregated in the Somers hospital and/or Niantic, respectively; and that diagnosed ARC cases are not routinely segregated, but housed in the general population of the department facilities.

III. Discussion focussed on an assessment of the present format for the compilation and distribution of names on the CSD list. It was decided that central office Health Care Director would publish the master CSD list and the wardens/superintendents would be added to the mailing list.

IV. Due to a problem of procuring ventilation masks, there was concern that the protective packets (AIDS kits) were not in place in all facilities. Dr. Singer requested that the solution be expedited and full packets be in place as soon as possible. A new CPR ventilation mask was introduced and approved by the committee.

Exhibit E

Policies and Procedures Regarding AIDS/ARC Inmates in the Connecticut Department of Correction

The policy of the Department of Correction is to provide complete health care services which are equal to those available in the free community. State and Federal law, court decisions, public expectations and concepts of humane concern all provide parameters for the quality and quantity of these services. Among health care services, treatment and management of the relatively new condition, Acquired Immune Deficiency Syndrome/AIDS related Complex (AIDS/ARC), presents unique problems. The treatment and management of AIDS/ARC warrants a separate statement of policy and procedure. This statement follows:

Knowledge of this AIDS/ARC is developing rapidly and the policies stated herein are being constantly reviewed to assure that the department provides the best possible responses in this difficult area. To provide him with reliable up to date information, the Commissioner appointed an advisory committee on AIDS (see appendix 1). The recommendations of this committee q.v. have been incorporated in the implementation of this policy. As of this date, the final diagnosis of AIDS/ARC is made by facilities only after consultation with the Director of Medical Services for the department.

Once diagnosed, inmates are housed in an area under the cognizance of the medical department. All departmental staff coming in contact with these inmates in the course of their duties are aware of their diagnoses.

Amplification of this policy, together with an overview of the procedures adopted, are discussed under the following headings: I. Diagnosis and treatment II. Transportation III. Housing.

Exhibit F

I. Diagnosis and Treatment

As in the case of the diagnosis of any other medical condition, the diagnosis of AIDS/-ARC is based upon history, physical findings and laboratory data. In the majority of cases this diagnosis will be made upon information gathered during intake screening and physical examination. There are questions on the intake screening form which will result in the immediate referral of the inmate to the medical department whenever an answer is positive. This intake screening form has been updated several times since the onset of AIDS to reflect new information.

The history and physical examination includes careful questioning about risk factors and about the signs and symptoms of ARC and AIDS. Included are such things as general health, malaise, easy fatigability, persistent fever, night sweats, weight loss, skin rashes, enlarged lymph nodes, persistent diarrhea, bleeding disorders and/or intravenous drug abuse. In the physical examination, particular attention is paid to the evaluation of lymph glands, skin and lungs. When indicated, special laboratory tests are performed. These tests include study of the T and B lymphocytes, the T4/T8 ration, serum A/G ratio, and HTLV III antibody test. When indicated, tests for anergy to PPD, mumps and candida are included. Lymph gland biopsy is frequently done. Because there is no evidence in support of HTLV III being infective by casual contact, no mass screening of inmates is contemplated at this time.

Attached as appendix II is the protocaol in use at our diagnostic clinic where the final diagnosis of AIDS/ARC is made. Included with this appendix is the intake screening form mentioned above.

Until such time as a specific treatment is developed for AIDS/ARC, treatment is directed toward appropriate care of intercurrent infection or other medical needs as indicated. AIDS/ARC inmates are seen by health care personnel at least once weekly even if they have no complaints.

II. Transportation

The department provides information to all transportation personnel when an inmate being transported has either AIDS or Hepatitis B. (see appendix III) Each vehicle is equipped with a special kit to be used if required. The kit consists of plastic gloves hospital type gown, medical masks and non-feed back respiratory devices. Requirements for the use of this kit will be in the case of an accident involving the inmate where their body fluids are spilled or CPR is required.

III. Housing

An infectious desease unit of approximately 18 beds is scheduled to be in use in December of 1985 at CCI-Somers. It is contemplated that all sentenced inmates with AIDS/ARC will be housed in this unit. A similar unit will be established at CCI-Niantic for female inmates at a later date. The medical kit referred to in the appendix on transportation is also available in all housing units and in all line supervisor's offices.

The housing of AIDS/ARC inmates in an area under the cognizances of the medical department is not considered medically necessary. None the less, the special conditions that exist in correctional facilities make their segregation desirable on at least an interim basis.

STATE OF CONNECTICUT

★ A Problem Solving Idea Can Win An Award ★

Please send your ideas to: *Employees' Suggestion Awards Program, 165 Capitol Ave., Hartford, 06106.*

Interdepartment Message

STO-201 REV. 10/83 STATE OF CONNECTICUT
(Stock No. 6938-051-01)

SAVE TIME: *Handwritten messages are acceptable.*
Use carbon if you really need a copy. If typewritten, ignore faint lines

To	NAME: Medical Unit Supervisors	TITLE:	DATE: 2/19/86
	AGENCY: Department of Correction	ADDRESS: All Sites	
From	NAME: Edward M. Wurzel, M.D. GMW.	TITLE: Director, Health Care Serv.	TELEPHONE: 566-3853
	AGENCY: Department of Correction	ADDRESS: 340 Capitol Avenue, Hartford, CT 06106	

SUBJECT: See Attached

The following excerpt is from the Warden's meeting of January 17, 1986. This is for your information.

IV. Discussion took place regarding the current status of the CSD kits. A new ventilator was demonstrated by Dr. Wurzel for use in the facilities. Additionally, the following decisions are noteworthy:

(a) Full CSD kits are to contain gown, plastic gloves, masks and non-feedback respiratory device.

(b) Paper gowns may be used.

(c) Full CSD kits are to be located in the following areas:

1) All medical units

2) All transportation unit vehicles

3) In a readily accessible, centralized location in each facility

4) All first-aid kits are to contain a non-feedback respiratory device and plastic gloves.

5) All vehicles used to transport inmates are to contain non-feedback respiratory device and plastic gloves.

All facilities are to advise Dr. Singer or Mr. Tuthill, respectively, when such arrangements are completed.

.....3/

Exhibit G

SAVE TIME: *If convenient, handwrite reply to sender on this same sheet.*

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		.	DISCHARGE	SENTENCED	.	STAMFORD
		09JAN87	NIANTIC	SENTENCED	20FEB88	NEW LONDON
		.	DISCHARGE	SENTENCED	.	STAMFORD
		01JUL87	DISCHARGE	SENTENCED	.	ENFIELD
		01AUG87	DISCHARGE	SENTENCED	.	HARTFORD
		10APR87	DISCHARGE	SENTENCED	.	NEW BRITAIN
		03SEP87	PD1-TOKARZ	SENTENCED	19JUN88	WETHERSFIELD
		01JUL87	DISCHARGE	SENTENCED	.	NEW HAVEN
		01JUL87	DISCHARGE	SENTENCED	.	TORRINGTON
		.	DISCHARGE	SENTENCED	.	MERIDEN
		01AUG87	DISCHARGE	UNSENTENCED	.	WATERBURY
		11MAY87	DISCHARGE	SENTENCED	.	STAMFORD
		.	DISCHARGE	SENTENCED	.	BRISTOL
		02SEP87	BROOKLYN	UNSENTENCED	.	MEADOWS
		02SEP87	HARTFORD	SENTENCED	12MAY87	MIDDLETOWN
		01AUG87	DISCHARGE	UNSENTENCED	.	NEW BRITAIN
		.	DISCHARGE	UNSENTENCED	.	
		21NOV86	DISCHARGE	SENTENCED	.	BRIDGEPORT
		01AUG87	DISCHARGE	UNSENTENCED	.	HARTFORD
		.	RENAISSANCE	SENTENCED	.	MIDDLETOWN
		.	DISCHARGE	UNSENTENCED	.	STAMFORD
		.	DISCHARGE	SENTENCED	.	STAMFORD
		01JUL87	LAWRENCE HOSP	UNSENTENCED	.	NEW HAVEN
		02SEP87	CHESHIRE CENTER	SENTENCED	25FEB88	HARTFORD
		10APR87	D/CHG TO BOND	UNSENTENCED	.	NEW HAVEN
		10APR87	SOMERS	SENTENCED	05DEC89	NEW HAVEN
		03SEP87	HARTFORD	SENTENCED	11JAN88	HARTFORD
		16APR87	CHESHIRE CENTER	SENTENCED	17JUN88	NEW HAVEN
		01AUG87	DISCHARGE	UNSENTENCED	.	HARTFORD
		09SEP87	ENFIELD CCI	SENTENCED	22AUG89	HARTFORD
		10APR87	DISCHARGE	SENTENCED	.	TORRINGTON
		01JUL87	RE-ENTRY	SENTENCED	.	BRIDGEPORT
		11MAY87	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	SOMERS	SENTENCED	23AUG88	STRATFORD
		.	PD2-REYNOLDS	SENTENCED	20MAY88	STAMFORD
		.	LITCHFIELD	UNSENTENCED	.	NEW MILFORD
		01JUL87	CHESHIRE CENTER	SENTENCED	10MAY88	NEW HAVEN
		.	NIANTIC	SENTENCED	18DEC87	NORWALK
		11FEB87	NIANTIC	SENTENCED	31JAN87	NORWICH
		11FEB87	DISCHARGE	SENTENCED	.	BRIDGEPORT
		11MAY87	DISCHARGE	SENTENCED	.	NEW HAVEN
		03SEP87	NEON HOUSE	SENTENCED	.	STAMFORD
		.	SOMERS	SENTENCED	12DEC94	HARTFORD
		11FEB87	CHESHIRE CENTER	SENTENCED	31JAN88	NORWALK
		13MAR87	LITCHFIELD	SENTENCED	01FEB88	BANTAM
		03SEP87	DISCHARGE	SENTENCED	.	BRIDGEPORT
		21NOV86	DISCHARGE	UNSENTENCED	.	BRIDGEPORT
		.	PD2-CASANOVA	SENTENCED	16NOV87	NEW HAVEN
		01AUG87	DISCHARGE	SENTENCED	.	HARTFORD
		23SEP86	DISCHARGE	SENTENCED	.	NEW HAVEN
		12DEC86	DISCHARGE	UNSENTENCED	.	HARTFORD

Exhibit H

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		11MAY87	SOMERS	SENTENCED	05FEB90	EAST HAR
		.	D/CHG TO BOND	UNSENTENCED	.	BRANFORD
		01JUL87	DISCHARGE	SENTENCED	.	NEW LONDON
		03SEP87	HARTFORD	UNSENTENCED	.	HARTFORD
		11MAY87	ENFIELD CCI	SENTENCED	28JUN89	HARTFORD
		12DEC86	SOMERS	SENTENCED	08DEC88	NEW HAVEN
		21NOV86	DISCHARGE	SENTENCED	.	
		10APR87	DISCHARGE	UNSENTENCED	.	BRIDGEPORT
		11MAY87	DISCHARGE	SENTENCED	.	NORWALK
		11FEB87	DISCHARGE	SENTENCED	.	WATERBURY
		11FEB87	CROSSROADS	SENTENCED	.	WILLIMANTIC
		10APR87	ROBINSON	SENTENCED	30JAN89	WATERBURY
		03SEP87	ENFIELD CCI	SENTENCED	10JUN89	WATERBURY
		01AUG87	ENFIELD CCI	SENTENCED	13DEC87	HARTFORD
		.	DISCHARGE	UNSENTENCED	.	GROTON CITY
		.	SOMERS	SENTENCED	16JUL97	HARTFORD
		03SEP87	DISCHARGE	SENTENCED	.	HARTFORD
		10APR87	CHESHIRE CENTER	SENTENCED	08DEC87	HARTFORD
		01JUL87	DISCHARGE	SENTENCED	.	HARTFORD
		13MAR87	DISCHARGE	UNSENTENCED	.	QUEENS
		11MAY87	RE-ENTRY	SENTENCED	.	NEW HAVEN
		09JAN87	HARTFORD	UNSENTENCED	.	NEW BRITAIN
		01JUL87	D/CHG TO BOND	UNSENTENCED	.	COVENTRY
		.	PD2-GARRISON	SENTENCED	23JAN88	NEW LONDON
		.	LITCHFIELD	SENTENCED	10JUL89	KENT
		01JUL87	DISCHARGE	SENTENCED	.	NORWICH
		01AUG87	NIANTIC	SENTENCED	07JUN89	HARTFORD
		01AUG87	ENFIELD CCI	SENTENCED	25JAN89	HARTFORD
		03SEP87	PD1-TOKARZ	SENTENCED	13OCT87	HARTFORD
		23SEP86	DISCHARGE	SENTENCED	.	BRIDGEPORT
		12DEC86	PD1-TOKARZ	SENTENCED	23APR88	HARTFORD
		11MAY87	NIANTIC	SENTENCED	18AUG88	ROCKVILLE
		.	NIANTIC	SENTENCED	16FEB88	HARTFORD
		11FEB87	DISCHARGE	SENTENCED	.	SPRINGFLD
		25AUG86	DISCHARGE	SENTENCED	.	BRIDGEPORT
		11FEB87	DISCHARGE	SENTENCED	.	NEW BRITAIN
		.	DISCHARGE	SENTENCED	.	BRIDGEPORT
		03SEP87	ROBINSON	SENTENCED	23APR88	HARTFORD
		01JUL87	DISCHARGE	SENTENCED	.	NEW HAVEN
		01JUL87	CHESHIRE CENTER	SENTENCED	20JUL88	NEW HAVEN
		01JUL87	ROBINSON	SENTENCED	10NOV88	HARTFORD
		03SEP87	DISCHARGE	UNSENTENCED	.	MERIDEN
		23SEP86	DISCHARGE	UNSENTENCED	.	NEW HAVEN
		.	D/CHG TO BOND	SENTENCED	.	HARTFORD
		01AUG87	SOMERS	SENTENCED	21AUG88	HARTFORD
		09JAN87	DISCHARGE	SENTENCED	.	NO. WINDHAM
		13MAR87	MONTVILLE	SENTENCED	04SEP87	MIDDLETOWN
		.	DISCHARGE	SENTENCED	.	NORWALK
		03SEP87	CHESHIRE CENTER	SENTENCED	29SEP89	HARTFORD
		10APR87	DISCHARGE	SENTENCED	.	NEW HAVEN
		01AUG87	GATES	SENTENCED	13APR88	NEW HAVEN

CONNECTICUT DEPARTMENT OF CORRECTION
RESEARCH AND INFORMATION SYSTEMS DIVISION

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		.	DISCHARGE	SENTENCED	.	WEST HAVEN
		01JUL87	PD3-HOGAN	SENTENCED	27SEP88	BRIDGEPORT
		23SEP86	DISCHARGE	UNSENTENCED	.	HARTFORD
		21NOV86	DISCHARGE	SENTENCED	.	WESTBROOK
		23SEP86	DISCHARGE	SENTENCED	.	ELIZABET
		03SEP87	ROBINSON	SENTENCED	18DEC88	BETHEL
		11MAY87	CHESHIRE CENTER	SENTENCED	22FEB88	NEW HAVEN
		13MAR87	DISCHARGE	SENTENCED	.	NEW LONDON
		11FEB87	NIANTIC	SENTENCED	17JAN89	DANBURY
		.	DISCHARGE	SENTENCED	.	BRIDGEPORT
		11FEB87	DISCHARGE	SENTENCED	.	HARTFORD
		01JUL87	CHESHIRE CENTER	SENTENCED	18NOV87	NEW HAVEN
		01AUG87	BROOKLYN	SENTENCED	01JUN89	EAST HARTFORD
		03SEP87	NIANTIC	SENTENCED	21AUG88	BRIDGEPORT
		01AUG87	MONTVILLE	UNSENTENCED	.	NORTH STONINGTON
		01JUL87	MONTVILLE	UNSENTENCED	.	NEW LONDON
		.	DISCHARGE	SENTENCED	.	NEW MILFORD
		.	PD2-LIZAK	SENTENCED	30JUN88	WATERBURY
		27APR87	GATES	SENTENCED	07JAN88	HAMDEN
		02SEP87	ROBINSON	SENTENCED	18SEP89	WATERBURY
		01JUL87	DISCHARGE	SENTENCED	.	ANSONIA
		10APR87	PD3-BRAREN	SENTENCED	17JUL87	NORWALK
		09JAN87	DISCHARGE	SENTENCED	.	MERIDEN
		01JUL87	MORGAN ST	UNSENTENCED	.	MANCHESTER
		13MAR87	DISCHARGE	SENTENCED	.	HARTFORD
		01JUL87	SOMERS	SENTENCED	09DEC88	NEW BRITAIN
		10APR87	DISCHARGE	SENTENCED	.	NEW HAVEN
		11MAY87	GATES	SENTENCED	28SEP87	NEW HAVEN
		10APR87	ENFIELD CCI	SENTENCED	07MAR91	NEW HAVEN
		10APR87	DISCHARGE	SENTENCED	.	NEW HAVEN
		09JAN87	DISCHARGE	SENTENCED	.	HARTFORD
		10APR87	NEW HAVEN	SENTENCED	21FEB88	NEW HAVEN
		01AUG87	PD2-GARIBALDI	SENTENCED	17NOV87	GROTON CITY
		09JAN87	DISCHARGE	SENTENCED	.	HARTFORD
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	GATES	SENTENCED	18DEC87	STAMFORD
		.	D/CHG TO BOND	UNSENTENCED	.	BRIDGEPORT
		.	SOMERS	SENTENCED	03JUL98	HARTFORD
		.	D/CHG TO BOND	UNSENTENCED	.	NORWALK
		.	DISCHARGE	SENTENCED	.	BRIDGEPORT
		.	NIANTIC	SENTENCED	24SEP88	NEW HAVEN
		23SEP86	DISCHARGE	SENTENCED	.	HARTFORD
		01AUG87	DISCHARGE	UNSENTENCED	.	BLOOMFIELD
		.	DISCHARGE	UNSENTENCED	.	NEW HAVEN
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		03SEP87	DISCHARGE	UNSENTENCED	.	HARTFORD
		21NOV86	DISCHARGE	UNSENTENCED	.	HARTFORD
		03SEP87	LITCHFIELD	SENTENCED	20FEB88	WOODBRIDGE
		03SEP87	LITCHFIELD	SENTENCED	20FEB88	WOODBRIDGE
		.	NIANTIC	SENTENCED	23MAR92	NEW HAVEN
		13MAR87	MONTVILLE	SENTENCED	12NOV87	NORWICH

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		01AUG87	DISCHARGE	UNSENTENCED	.	NEW HAVEN
		01JUL87	DISCHARGE	SENTENCED	.	WATERBURY
		.	MONTVILLE	UNSENTENCED	.	NEW LONDON
		03SEP87	ROBINSON	SENTENCED	14JUN88	NEW HAVEN
		09JAN87	DISCHARGE	SENTENCED	.	WATERBURY
		.	DISCHARGE	SENTENCED	.	NEW LONDON
		11FEB87	SOMERS	SENTENCED	04JUL91	
		13MAR87	DISCHARGE	UNSENTENCED	.	EAST HARTFORD
		25AUG86	PD3-PEREZ	SENTENCED	24MAY87	STAMFORD
		10APR87	DISCHARGE	SENTENCED	.	NORWICH
		09JAN87	DISCHARGE	SENTENCED	.	NEW BRITAIN
		01AUG87	NIANTIC	SENTENCED	09JAN88	HARTFORD
		.	DISCHARGE	SENTENCED	.	
		03SEP87	D/CHG TO BOND	UNSENTENCED	.	HARTFORD
		10APR87	DISCHARGE	SENTENCED	.	GREENWICH
		.	DISCHARGE	SENTENCED	.	LISBON
		23SEP86	DISCHARGE	SENTENCED	.	WATERBURY
		10APR87	PD2-GARIBALDI	SENTENCED	30DEC87	NEW LONDON
		09JAN87	RE-ENTRY	SENTENCED	.	HARTFORD
		21NOV86	CHESHIRE CENTER	SENTENCED	21OCT87	WATERBURY
		03SEP87	DISCHARGE	SENTENCED	.	MANCHESTER
		10APR87	NEW HAVEN	SENTENCED	22NOV88	NEW HAVEN
		01JUL87	NIANTIC	SENTENCED	08DEC87	BRIDGEPORT
		01JUL87	DISCHARGE	SENTENCED	.	NEW HAVEN
		01JUL87	BRIDGEPORT	SENTENCED	19APR88	BRIDGEPORT
		.	CHESHIRE CENTER	SENTENCED	15OCT87	NORWICH
		.	DISCHARGE	SENTENCED	.	NORTHTON
		21NOV86	NIANTIC	SENTENCED	28JAN88	BRIDGEPORT
		01JUL87	D/CHG TO BOND	UNSENTENCED	.	EAST HARTFORD
		01JUL87	NEW HAVEN	UNSENTENCED	.	WATERBURY
		10APR87	NIANTIC	SENTENCED	11MAR88	NEW HAVEN
		01JUL87	DISCHARGE	SENTENCED	.	HARTFORD
		11FEB87	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	ENFIELD CCI	SENTENCED	01NOV88	MIDDLETOWN
		03SEP87	DISCHARGE	SENTENCED	.	DANBURY
		01AUG87	DISCHARGE	SENTENCED	.	ATLANTA
		.	DISCHARGE	SENTENCED	.	MANCHESTER
		01AUG87	DISCHARGE	UNSENTENCED	.	STAMFORD
		23SEP86	DISCHARGE	SENTENCED	.	NORWALK
		03SEP87	DISCHARGE	SENTENCED	.	HARTFORD
		11MAY87	DISCHARGE	SENTENCED	.	WATERBURY
		03SEP87	SOMERS	SENTENCED	13JAN91	OXFORD
		.	DISCHARGE	SENTENCED	.	BRIDGEPORT
		01AUG87	ENFIELD CCI	SENTENCED	30JUL89	HARTFORD
		11FEB87	CHESHIRE CENTER	SENTENCED	10FEB89	STAMFORD
		01JUL87	DISCHARGE	UNSENTENCED	.	WATERBURY
		03SEP87	B HILLS, DRUG	SENTENCED	.	HARTFORD
		21NOV86	DISCHARGE	SENTENCED	.	MANCHESTER
		12DEC86	SOMERS	SENTENCED	27MAR88	NEW LONDON
		.	SOMERS	SENTENCED	15JUL90	NEW HAVEN
		17APR87	PD2-ROMANO	SENTENCED	03NOV87	NEW HAVEN

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		.	SOMERS	SENTENCED	23JUL92	HARTFORD
		13MAR87	DISCHARGE	UNSENTENCED	.	WATERBURY
		15MAR87	DISCHARGE	SENTENCED	.	WATERBURY
		.	DISCHARGE	SENTENCED	.	EAST HARTFORD
		.	DISCHARGE	SENTENCED	.	NEW LONDON
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		08SEP86	DISCHARGE	SENTENCED	.	BRIDGEPORT
		.	SOMERS	SENTENCED	22FEB88	
		11MAY87	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	NIANTIC	SENTENCED	26MAY88	WATERBURY
		11MAY87	DISCHARGE	SENTENCED	.	EAST HAVEN
		21NOV86	D/CHG TO BOND	UNSENTENCED	.	MANCHESTER
		09JAN87	NIANTIC	SENTENCED	11OCT87	HARTFORD
		09JAN87	PD1-REESE	SENTENCED	30APR89	HARTFORD
		.	DISCHARGE	SENTENCED	.	WEST HAVEN
		10APR87	PD1-TOKARZ	SENTENCED	13OCT87	HARTFORD
		11MAY87	SOMERS	SENTENCED	28SEP96	BRGPX
		13MAR87	DISCHARGE	UNSENTENCED	.	STAMFORD
		01JUL87	DISCHARGE	UNSENTENCED	.	NEW LONDON
		01JUL87	ENFIELD CCI	SENTENCED	16MAR91	STRATFORD
		12DEC86	DISCHARGE	SENTENCED	.	BRISTOL
		01AUG87	SOMERS	SENTENCED	10JUN92	HARTFORD
		12DEC86	DISCHARGE	SENTENCED	.	STAMFORD
		31FEB87	BRIDGEPORT	UNSENTENCED	.	HARTFORD
		10APR87	ENFIELD CCI	SENTENCED	26JUL89	HARTFORD
		03SEP87	HARTFORD	UNSENTENCED	.	HARTFORD
		.	DISCHARGE	SENTENCED	.	NEW BRITAIN
		09JAN87	NIANTIC	SENTENCED	10JAN88	BRIDGEPORT
		03SEP87	J.R. MANSON YI	SENTENCED	22AUG88	HARTFORD
		.	SOMERS	SENTENCED	08JUL17	STAMFORD
		.	SOMERS	SENTENCED	05AUG89	EAST HARTFORD
		23SEP86	DISCHARGE	SENTENCED	.	WATERBURY
		13MAR87	D/CHG TO BOND	UNSENTENCED	.	STAMFORD
		10APR87	DISCHARGE	UNSENTENCED	.	SCARSDAL
		.	DISCHARGE	SENTENCED	.	NORWALK
		.	BROOKLYN	SENTENCED	26OCT87	WESTERLY
		10APR87	ENFIELD CCI	SENTENCED	25NOV90	NEW HAVEN
		03SEP87	SOMERS	SENTENCED	07DEC98	NEW BRITAIN
		09JAN87	DISCHARGE	SENTENCED	.	BRIDGEPORT
		10APR87	DISCHARGE	UNSENTENCED	.	HARTFORD
		01JUL87	ENFIELD CCI	SENTENCED	25AUG90	WATERBURY
		10APR87	DISCHARGE	SENTENCED	.	HARTFORD
		13MAR87	PD3-CLIFFORD	SENTENCED	29NOV87	NORWALK
		.	DISCHARGE	SENTENCED	.	NEW BRITAIN
		11MAY87	SOMERS	SENTENCED	12APR90	HARTFORD
		01JUL87	J.R. MANSON YI	SENTENCED	24DEC88	BRIDGEPORT
		08SEP86	CHESHIRE CENTER	SENTENCED	27MAR88	
		01AUG87	D/CHG TO BOND	UNSENTENCED	.	NEW LONDON
		.	DISCHARGE	SENTENCED	.	WATERBURY
		01AUG87	DISCHARGE	SENTENCED	.	HARTFORD
		.	NIANTIC	SENTENCED	03MAR95	NAUGATUCK

INMATES WITH CSO DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		.	DISCHARGE	SENTENCED	.	HALLINGFORD
		17DEC86	DISCHARGE	UNSENTENCED	.	MERIDEN
		10APR87	CHESHIRE CENTER	SENTENCED	17JUL88	HILLIMANTIC
		.	NIANTIC	SENTENCED	19OCT87	NEW LONDON
		01AUG87	GATES	SENTENCED	18OCT87	HARTFORD
		.	DISCHARGE	SENTENCED	.	OAKDALE
		01JUL87	CHESHIRE CENTER	SENTENCED	08MAR88	HARTFORD
		09JAN87	DISCHARGE	SENTENCED	.	BRIDGEPORT
		01AUG87	DISCHARGE	UNSENTENCED	.	WINDSOR
		.	SOMERS	SENTENCED	17FEB90	NORWALK
		03SEP87	PD3-HOGAN	SENTENCED	06DEC87	BRIDGEPORT
		.	DISCHARGE	SENTENCED	.	NEW LONDON
		01JUL87	DISCHARGE	SENTENCED	.	HARTFORD
		11FEB87	D/CHG TO BOND	UNSENTENCED	.	WATERBURY
		.	DISCHARGE	SENTENCED	.	BRIDGEPORT
		21NOV86	DISCHARGE	UNSENTENCED	.	WATERBURY
		01AUG87	HARTFORD	UNSENTENCED	.	HARTFORD
		01AUG87	GATES	SENTENCED	18DEC87	NEW HAVEN
		21NOV86	DISCHARGE	SENTENCED	.	BRIDGEPORT
		11MAR87	SOMERS	SENTENCED	02JUL93	EAST HARTFORD
		15APR87	DISC TO OTH AGCY	UNSENTENCED	.	ROCKVILLE
		17DEC86	SOMERS	SENTENCED	05MAR99	NAUGATUCK
		.	DISCHARGE	SENTENCED	.	NEW LONDON
		11FEB87	DISCHARGE	SENTENCED	.	HARTFORD
		16APR87	SPA	SENTENCED	.	NEW HAVEN
		01JUL87	DISC TO PROB	SENTENCED	.	E. KILLINGLY
		03SEP87	DISCHARGE	SENTENCED	.	HARTFORD
		04SEP86	DISCHARGE	SENTENCED	.	NEW HAVEN
		12MAR87	PD3-PEREZ	SENTENCED	26DEC87	STANFORD
		11FEB87	CHESHIRE CENTER	SENTENCED	03SEP88	HARTFORD
		.	NIANTIC	SENTENCED	21NOV87	HARTFORD
		13MAR87	DISCHARGE	SENTENCED	.	SOUTHINGTON
		21NOV86	CHESHIRE CENTER	SENTENCED	22OCT88	NIANTIC
		11MAY87	NEW HAVEN	SENTENCED	14NOV88	NEW HAVEN
		.	SOMERS	SENTENCED	14NOV92	HILLIMANTIC
		10APR87	SOMERS	SENTENCED	02OCT87	WATERBURY
		01AUG87	DISCHARGE	SENTENCED	.	WATERBURY
		.	SOMERS	SENTENCED	09NOV90	WATERBURY
		03SEP87	SOMERS	SENTENCED	25SEP87	HARTFORD
		.	DISCHARGE	SENTENCED	.	NORWALK
		03SEP87	CHESHIRE CENTER	SENTENCED	16SEP88	BRIDGEPORT
		.	NEW HAVEN	SENTENCED	.	NEW HAVEN
		23SEP86	CHESHIRE CENTER	SENTENCED	31JAN89	BRIDGEPORT
		01JUL87	CHESHIRE CENTER	SENTENCED	22OCT87	BRIDGEPORT
		11FEB87	PD3-BRAREN	SENTENCED	14FEB88	BRIDGEPORT
		10APR87	D/CHG TO BOND	UNSENTENCED	.	MERIDEN
		01JUL87	NIANTIC	SENTENCED	29DEC87	MANHATTN
		03SEP87	ROBINSON	SENTENCED	18OCT88	NEW HAVEN
		.	NIANTIC	SENTENCED	.	BRIDGEPORT
		10APR87	DISCHARGE	SENTENCED	.	MIDDLETOWN
		11MAY87	SOMERS	SENTENCED	09JUL92	HAMDEN

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		09JAN87	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	DISCHARGE	SENTENCED	.	STAMFORD
		01JUL87	MAPLE ST HSE	SENTENCED	.	BRIDGEPORT
		.	DISCHARGE	SENTENCED	.	HILLIMANTIC
		10APR87	NIANTIC	SENTENCED	08DEC87	HILLIMANTIC
		03SEP87	CHESHIRE CENTER	SENTENCED	22NOV87	HARTFORD
		.	7AL	SENTENCED	.	
		12DEC86	NIANTIC	SENTENCED	16MAY92	NEW HAVEN
		10APR87	D/CHG TO BOND	UNSENTENCED	.	EAST HARTFORD
		21NOV86	DISCHARGE	SENTENCED	.	NEW HAVEN
		01AUG87	CHESHIRE CENTER	SENTENCED	12APR88	NORWALK
		21NOV86	DISCHARGE	SENTENCED	.	EAST HARTFORD
		11MAY87	NIANTIC	UNSENTENCED	.	HARTFORD
		01JUL87	NIANTIC	SENTENCED	11NOV87	WATERBURY
		.	SOMERS	SENTENCED	19FEB93	NEW BRITAIN
		03SEP87	ENFIELD CCI	SENTENCED	25JUL90	WATERBURY
		09JAN87	BRIDGEPORT	UNSENTENCED	.	NEW HAVEN
		25AUG87	SOMERS	UNSENTENCED	.	NEW HAVEN
		03SEP87	GATES	SENTENCED	07APR88	HARTFORD
		13MAR87	DISCHARGE	SENTENCED	.	HARTFORD
		13MAR87	DISCHARGE	SENTENCED	.	NEW HAVEN
		03SEP87	NIANTIC	SENTENCED	03NOV88	WATERBURY
		01AUG87	GATES	SENTENCED	10JAN88	HARTFORD
		09JAN87	NEON HOUSE	SENTENCED	.	NORWALK
		13MAR87	DISCHARGE	SENTENCED	.	STAMFORD
		01AUG87	HARTFORD	UNSENTENCED	.	HARTFORD
		01JUL87	DISCHARGE	SENTENCED	.	NEW BRITAIN
		.	SOMERS	SENTENCED	22MAY90	HARTFORD
		01AUG87	NEW HAVEN	SENTENCED	21OCT88	NOOSUP
		01AUG87	CHESHIRE CENTER	SENTENCED	22JAN88	NEW HAVEN
		.	CHESHIRE CENTER	SENTENCED	28FEB88	STAMFORD
		01AUG87	BROOKLYN	UNSENTENCED	.	ROCKVILLE
		01AUG87	RE-ENTRY	SENTENCED	.	NEW HAVEN
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		10APR87	PD3-PEREZ	SENTENCED	17FEB88	STAMFORD
		01AUG87	CHESHIRE CENTER	SENTENCED	21FEB88	HARTFORD
		01AUG87	HARTFORD	SENTENCED	25SEP88	HARTFORD
		.	HARTFORD	SENTENCED	24JUL88	MANSFIELD CTR
		11MAY87	NIANTIC	SENTENCED	24SEP87	STAMFORD
		.	DISCHARGE	UNSENTENCED	.	BRIDGEPORT
		13MAR87	DISCHARGE	UNSENTENCED	.	NEW HAVEN
		21NOV86	D/CHG TO BOND	UNSENTENCED	.	HILLIMANTIC
		13MAR87	PD2-REYNOLDS	SENTENCED	17OCT87	NEW HAVEN
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		09JAN87	NIANTIC	SENTENCED	07DEC88	STAMFORD
		.	CHESHIRE CENTER	SENTENCED	08OCT87	HARTFORD
		01AUG87	RE-ENTRY	SENTENCED	.	HARTFORD
		10APR87	CHESHIRE CENTER	SENTENCED	31MAR88	NEW HAVEN
		01JUL87	DISCHARGE	SENTENCED	.	NEW HAVEN
		01AUG87	SOMERS	SENTENCED	19SEP89	EAST HARTFORD
		.	SOMERS	SENTENCED	03NOV95	HARTFORD

INMATES WITH CSD DESIGNATIONS

NUMBER	NAME	E-DATE	FACILITY	STATUS	RELEASE DATE	TOWN OF RESIDENCE
		10APR87	NIANTIC	SENTENCED	29SEP87	STAMFORD
		01JUL87	PD1-REESE	SENTENCED	09APR88	HARTFORD
		01JUL87	CHESHIRE CENTER	SENTENCED	03OCT87	NEW HAVEN
		03SEP87	BROOKLYN	SENTENCED	12APR88	HARTFORD
		21NOV86	BRIDGEPORT	SENTENCED	19AUG88	NORWALK
		01AUG87	HARTFORD	UNSENTENCED	.	NEW BRITAIN
		03SEP87	DISCHARGE	UNSENTENCED	.	HARTFORD
		09JAN87	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	DISCHARGE	SENTENCED	.	HARTFORD
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		.	SOMERS	SENTENCED	27JUN88	BRIDGEPORT
		13MAR87	D/CHG TO BOND	UNSENTENCED	.	HARTFORD
		23SEP86	DISCHARGE	SENTENCED	.	BRIDGEPORT
		01AUG87	PD1-GARRISON	SENTENCED	21OCT87	HARTFORD
		09JAN87	NIANTIC	SENTENCED	18SEP87	NEW BRITAIN
		01JUL87	CHESHIRE CENTER	SENTENCED	12DEC87	BRIDGEPORT
		01AUG87	PD2-CASANOVA	SENTENCED	05FEB88	NEW HAVEN
		03SEP87	RE-ENTRY	SENTENCED	.	HARTFORD
		.	NEW HAVEN	UNSENTENCED	.	BRIDGEPORT
		11FEB87	GATES	SENTENCED	11DEC87	WEST HAVEN
		.	DISCHARGE	SENTENCED	.	NEW HAVEN
		09JAN87	DISCHARGE	SENTENCED	.	BRIDGEPORT
		01JUL87	GATES	SENTENCED	02MAY88	HARTFORD
		21NOV86	DISCHARGE	SENTENCED	.	MANCHESTER
		10APR87	SOMERS	SENTENCED	05APR92	BRIDGEPORT
		11FEB87	DISCHARGE	SENTENCED	.	BLOOMFIELD
		09JAN87	DISCHARGE	SENTENCED	.	GROTON CITY
		13MAR87	NIANTIC	SENTENCED	20JAN88	NEW LONDON
		11FEB87	D/CHG TO BOND	UNSENTENCED	.	NEW HAVEN
		13FEB87	PD1-GETER	SENTENCED	12NOV87	NEW BRITAIN
		21NOV86	ENFIELD CCI	SENTENCED	01AUG90	WATERBURY
		11MAY87	PD2-UNASSIGNED	SENTENCED	03OCT87	NEW LONDON
		03SEP87	HARTFORD	UNSENTENCED	.	HARTFORD
		01AUG87	CHESHIRE CENTER	SENTENCED	17MAY88	HARTFORD
		.	DISCHARGE	UNSENTENCED	.	HARTFORD
		.	J.R. MANSON YI	SENTENCED	06AUG88	NEW LONDON
		03SEP87	CHESHIRE CENTER	SENTENCED	10JAN88	NEW HAVEN
		09JAN87	PD1-ADAMEK	SENTENCED	20FEB88	MIDDLETOWN
		01AUG87	GUN	SENTENCED	.	NEW HAVEN
		11MAY87	PD1-GETER	SENTENCED	28DEC87	NEW BRITAIN
		13MAR87	BRIDGEPORT	SENTENCED	14OCT88	BRIDGEPORT
		01JUL87	PD2-REYNOLDS	SENTENCED	01OCT87	NEW HAVEN
		.	DISCHARGE	UNSENTENCED	.	DANBURY
		.	DISCHARGE	SENTENCED	.	HARTFORD
		11FEB87	CHESHIRE CENTER	SENTENCED	27SEP87	DANBURY
		03SEP87	PD2-REYNOLDS	SENTENCED	17DEC87	NEW HAVEN
		.	DISCHARGE	UNSENTENCED	.	HARTFORD
		01JUL87	RE-ENTRY	SENTENCED	.	NEW HAVEN
		01JUL87	PD2-HORN	SENTENCED	14SEP87	NEW HAVEN
		09JAN87	D/CHG TO BOND	UNSENTENCED	.	NEW HAVEN
		.	DISCHARGE	SENTENCED		

December 12, 1987

Dear

How Are you? ~~Im Shure~~ that by Now you have My letter. If Not then It CouldNot have been Mailed. IN ANy CASE I Am Not one that would Allow A Small error Dishay the possability of my Establishing A Chapter of my organization There. IN MIAMI. Im Shure that its Months Away Maybe years But I hope to Establish A Temple there And to be Able to Speak of have you or Some other person Speak of the truth of The Circumstan-ces that We Are Faced With.

However, INSAIN OR OFF baise this Purpose Al May Sound, It has its roots IN the Survival of The race.

I Said What I WAnted To Say To you WhetAther or Not you understood or Agreed With it. I dont Know. I do Know That Short. Yes... your letter was but It CAused Me to Cry. Yes It Did. I guss You Say why how Could it have.

Exhibit I

Because it is clear from it that you aspire
To Self improvement And To develop your potential.
But The fact Is Is That you Are A
Carrier of The AIDS Virus. (Deprived)
You May Not have This Information, I
Don't Know, But, You CAN Check it out.
Please Do.
Now THAT Is Why I wrote To you AND
I Also wrote to 14, other persons whose
NAMES Are ON A list THAT I have Access
To. ON It Is your NAME, your Number, your
home TOWN (WAterbury) your ~~E~~ SENTENCE
, & your RELEASE dATE
MAX
Also Are:

This Is A part of The list that I
Copied down AND Those person's having The
longest Time To Serve. has
A Release date. Without Good time,
Depending ON The Stage of The Virus, will not
live to release (or to) be (So) released.

III

Also There Are Two Girls That have been released or have Expired. ON This list. If you will Check This for me. her release Date Is listed Yet her letter WAS returned. She Is listed As being from bridgeport Connecticut. And from Hartford. Thank you In Advance.

So I Wrote you And These persons IN orders To Establish first of All Numbers. Then To file under Title 42 Section 1983. or IN The form of HABEAS Corpus As (or IN) A CLASS Action To petition the Courts for your ANT their release. This movement is IN full Swing IN The City. And I Make This plea to The Courts because The Disease Is Not Curable. (And) There Is A Drug That will halt The Spread of Advance of The Disease. And we must force The State To provide It. NOW

(Now) I Guess That youre Wondering Why Am I Concerned? do I have The AIDS Virus? No I Donot. Do I look Down ON you for having been INFected? No I Donot. I Am Mad Enough To Kill. Because The Government Yes The United States Government. And its President RONALD WILSON REAGAN Through The U.S. WAR department had This Deadly Virus placed IN large quantities of Pee. And Coke. And had it distributed Through The C.I.A. IN The BLACK Communities

11

As They Did In The 20's And 30/40's. Since And V.D. Which Today Went Untreated. That Is No Joke. Where did Aids Com From.?? Where.? How.? The Governments of Many Nations or Countries Conduct Experiments In What Is Known To them As Hot Labs. They Culture Viruses. For Biological War Fair. This Is Very Dangerous. And True.

Because It Kills The Person Infected with It And Because of Its life Span In The Human Body 15 years. In Some Cases. The Off Spring The Children Are Killed. Thus The perfect Act of Geniside. As it Inhibits reproduction.

I WANT you to Get A bible. A True King James Virgin. And Turn to The book of Revelations. The Actual Verse That you Should Read Is In The 13. Chapter. And The 18th Verse. But you Can or Should Read from About verse 16. In Any Case This Equals 3. Sixes. These Are To Spell The Name of A man. This Man Is Currently The President of The United States. His Name Is Donald-Wilson-Reagan. But It Is To Set The Wheels In Motion And have And Are. Well, This Is United here And Not There. It Is Just A part of The Act of Political Religion.

V

I will Conclude by Saying That I love you Very Much. And it is Because of That, This Same book Says That MAN Is born Of A woman. And has but A few days And They Are filled with Trouble. He Cometh forth As A flower But is Soon Cut Down.

But I do want To Stress one other thing As far As I believe. That There Is IN The book Of Genisis Chapter 1. Virse 26 - And 27. "And God Said let us make man IN Our Immage. well If you will read Them.

And Virse 27. So God Created man in her own Immage IN The Immage of God Created She him Male And female Created She Them. (I have Subst ituted her for him and he for She.

The Immage I believe Is within The (Her) body. And It Is A fact That (The) woman Creats. or has The $ power To reproduce her/him And I him, which Gives her The Superior position. And Is Truely God like. I do hope that I have not distanced you. from me. But If I have. It is (True)(A fact) that Nothing happens By Chance or Accident.

I Conclude by Saying That Im on A miss.. I Also have Good News for you regarding my Photograph for Christmas We will be Allowed to Take Photographs. I will Send you one of

Of me whether you responded or not as it was one of your original request.

My release date is soon, I if it be your wish will leave you my forwarding Address.
Take care of you, and if I can help you to do that let me know.

Very Cordially Yours

To Each Their Each Fm

INTERDEPARTMENTAL
MESSAGE

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To	NAME, TITLE James L. Singer, E.D.D., Deputy Commissioner	DATE 9/9/85
	AGENCY, ADDRESS Department of Correction, 340 Capitol Avenue, Hartford, CT 06106	
From	NAME, TITLE Edward M. Wurzel, M.D., Director, Health Care Services	TELEPHONE 3853
	AGENCY, ADDRESS Department of Correction, 340 Capitol Ave., Hartford, CT 06106	

Subject: Family Visiting Program

In response to your request I offer the following advice on the Family Visiting Program involving inmates who have been diagnosed as having AIDS or ARC.

I recommend that permission for family visits be granted in some cases only if the inmate authorizes the department to inform the spouse of the potential for transmission of the virus in the course of the visit. This information should be provided to the spouse by a physician and prior to the visit. The discussion should emphasize present belief that the virus is not transmitted by casual contact and that children can visit with no danger to them.

Absent such permission from the inmate, family visiting be suspended.

Edward M. Wurzel, M.D., Director, Health Care

EMW:sc
cc: File

Exhibit J

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing Plaintiffs' Memorandum of Law in Opposition to Defendants' Motion to Dismiss was mailed, first-class, postage prepaid, this 9th day of August, 1988, to defendants' counsel of record:

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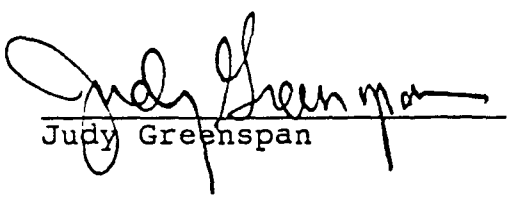

Judy Greenspan