

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

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Matter of JOSEPH AGNEW, ANTHONY GANG,
TYRONE GREENE and KAMER REID

On behalf of themselves and all others similarly situated,

Petitioners

AFFIDAVIT OF
SARAH PETRICK

Index No. 813431/2021E
(Taylor, J.)

-against-

NEW YORK CITY DEPARTMENT OF CORRECTION,

Respondent

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I, SARAH PETRICK, being duly sworn, depose and say that:

1. I am a paralegal casehandler with The Legal Aid Society Prisoners' Rights Project (PRP). I have been employed by PRP since October 2021. This affidavit is based on my own personal knowledge, gathered through my own experiences and conversations with persons in New York City Department of Correction (DOC) custody, their loved ones and advocates, and other members of PRP staff.
2. As a paralegal casehandler, I am responsible for intake and advocacy on behalf of persons incarcerated in the New York City jails. I also maintain a spreadsheet that logs the calls PRP receives from incarcerated persons and the advocacy PRP performed on their behalf. In order to keep an accurate log, I review all advocacy emails sent by PRP paralegals and attorneys.
3. PRP receives client referrals via email and through a hotline number. Most of the calls to the PRP hotline are from persons incarcerated in New York City jails. A smaller percentage of the calls are from persons incarcerated in New York State prisons or from loved ones or advocates calling on behalf of someone in New York City or State custody.

4. Calls to the hotline from persons in DOC custody who are reporting conditions of confinement issues, including those regarding medical care, mental health care, environmental issues and threats to personal safety, are transferred to one of the three PRP casehandlers.
5. PRP casehandlers take the report from the caller and decide whether there is necessary follow-up and whether we should perform advocacy on behalf of the person in custody.
6. Follow-up investigation often involves requesting a videoconference with the incarcerated person. If relevant, we request and review medical records.
7. Advocacy usually takes the form of an emailed letter to the Department of Correction, the Board of Correction, and/or Correctional Health Services. In these emails, we document the conditions the incarcerated person is experiencing and how those conditions violate relevant laws and regulations, including Department of Correction directives and the Minimum Standards promulgated by the New York City Board of Correction.
8. I am one of two or three casehandlers taking calls on the hotline each day. Given the volume of calls to the hotline, we are unable to speak with every caller to the PRP hotline. When I started as a PRP casehandler, I received an average of 12-15 calls from persons in NYC custody on an average day. A large percentage of those calls concerned, and continue to concern, medical and mental health care. Medical calls include both reports of inadequate treatment and of being unable to access medical care.
9. Most of the callers who say they have been unable to access medical care, including medication, cite the unavailability of staff to escort them to a clinic. They report that DOC staff tell them that the unavailability of an escort is the reason they cannot be taken to see a clinician. A smaller but still substantial number of persons report that they left a message with sick call but

were never called to the clinic. Many callers state that they were not taken to scheduled appointments with clinic doctors, outside hospitals, or even surgeries.

10. On or around December 20, 2021, the PRP hotline number was posted on the notice to the class in this case, *Agnew v. New York City Department of Correction*.

11. Since that date, the volume of calls reporting denied or delayed access to medical care has increased substantially. In the past six weeks, PRP casehandlers have taken an average of 40 calls a day from persons in custody. Approximately 75 percent of those calls were from persons reporting problems with obtaining and accessing medical care, mental health care, dental care and prescription medication. Most of these problems were linked to unavailability of escorts.

12. One caller, for example, reported being bitten in the face by another incarcerated person in early January. Despite his sick-call request, he was not taken to see medical for days; instead, a correction officer falsely logged that he “refused care.” He went without any medical care for over nine days.

13. I receive numerous reports of persons being denied access to urgent care, chronic care and specialty care, such as physical therapy, neurology, and post-surgical care. Persons who were told they required surgery prior to entering DOC custody have appointments repeatedly rescheduled because they are not taken to them. One person reported he was not being produced for surgery appointments to address an open intestinal wound, for which an outside doctor had said delayed treatment could lead to infection and could be fatal. In the meantime, he requires a colostomy bag, which he has trouble keeping clean as he is unable to access the clinic to obtain new colostomy bags. Just today I sent an urgent medical request on behalf of someone who is experiencing severe daily headaches and has had multiple appointments with a neurologist scheduled by CHS, but was not escorted by DOC to any of them. The same person has a

fractured nose and has had multiple appointments with a surgeon canceled and rescheduled after he was not escorted to them. He tells me that he is in “excruciating pain.”

14. I also receive reports from persons being denied access to life-sustaining medications, such as insulin and ursodiol, and to certain psychotropic medications. One person reported that he has diabetes and is supposed to receive a daily insulin injection; he had not received insulin in ten days.

15. Additionally, I have received reports from people who are not being produced to scheduled follow-up appointments that are necessary to diagnose underlying conditions or potentially broken bones, including bloodwork and imaging scans. One person reported that he had been waiting to be taken for an ultrasound to diagnose the cause of abdominal pain he had suffered for ten months. He said he had lost 15 pounds because of the discomfort when he ate.

16. I often hear repeatedly from the same person over the course of weeks or months. It is common for these callers to report that despite repeated and ongoing requests for care, including requests from PRP staff, they continue to be denied access to medical staff. Often, I note a person’s reported condition worsening as they wait to be taken to medical staff. For instance, I have received several calls from a person who had been asking for months to be seen for a foot fungus; he now has an open sore on his foot. He is still unable to access medical staff.

17. The exacerbation of neglected conditions has been particularly common with dental care needs. I have heard from several people initially reporting tooth pain, who later report that a tooth has become impacted, fallen out, or appears infected. One man reported that his gums had been bleeding for six months. Another had been waiting nine months for oral surgery.

18. Individuals who report cold or flu symptoms are not being taken to the clinic, even where they exhibit symptoms consistent with COVID-19 and are requesting to be tested for the virus. I

have spoken with several persons over the last few weeks who had reported COVID-19 symptoms during multiple sick call requests but were not taken to the clinic for testing or treatment. At least one of these persons had been recently exposed to someone with COVID-19.

19. Over the last two weeks, I have received calls from persons who reported to me that they were harming themselves because they were not being produced to their long-awaited appointments with CHS staff for urgent medical and mental health needs. I also received calls from multiple persons stating that their medical assistive devices for reportedly severe and debilitating injuries had been confiscated by DOC staff without explanation. One person reported injuring himself as a direct consequence of not having the device. I also received calls from persons who had been escorted to medical by DOC staff for long-awaited appointments, only to be told by DOC staff at the clinic that they either did not have an appointment or enough DOC staff available on the posts, thus preventing them from receiving medical care that day.

20. In the last six weeks, PRP has received complaints about access to medical care from all of the DOC facilities currently housing persons in custody.

21. The number of calls since December 20, 2021 has remained steady. As of the week of January 24-28, 2022, PRP casehandlers continued to receive approximately 40 total calls a day.

22. Through my review of the advocacy performed by the other PRP casehandlers, I know that they receive similar complaints in numbers similar to what I am hearing. I also know calls they receive are overwhelmingly related to a denial of access to medical or mental health care.

23. PRP paralegals send out approximately a dozen advocacy emails a day to DOC and CHS staff containing the most urgent reports of persons in DOC custody who have requested and been denied access to medical care.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January 31, 2022
Brooklyn, NY

Sarah Petrick

Sarah Petrick

Sworn to before me this 31st day of January, 2022

Neil Patel
Notary Public

