

**Texas After Violence Project
Interview with Mr. Scott Medlock**

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[TAPE 1]

SOLIS: I would like you to talk about yourself a little bit, how you got into the work. It turned out you went to Northwestern University, is that right? And then onto UT Law, so if you could just talk a little bit about how you ended up here.

SCOTT MEDLOCK: Sure. Well I'd always known I had an interest in helping people and social justice issues. I kind of figured that out in college. That's why I went to law school here at UT, and when I was at UT I took a class with Jim Harrington, the director of the [Texas] Civil Rights Project [TCRP], and after I graduated I didn't have a job, I was volunteering with Texas Defender Service, working on death penalty issues and a job came open here at TCRP. They had a grant that they were going to lose if they didn't start paying somebody to do the work right away, so they hired me and I've been here about five years.

SOLIS: When you first started here at TCRP what kind of work were you doing? How did you become the director of the Prisoner Rights Program?

SCOTT MEDLOCK: Basically, when I started, the grant that they got was to do prisoners rights work. So, my position was to do prison stuff. And I had never done anything related to prisoners before, except for this death penalty stuff I'd been working on. So I really wasn't familiar with—I didn't know the difference between prisons and jails, and that's what I tell our interns every time that—that's when I do our introduction to them. I'm like, "Who knows what a prison is versus what a jail is, because when I started here, I didn't, so I don't expect y'all to." So we had a lot of success basically, doing these cases and I think that's in part because the cases are compelling because what happens to my clients is pretty awful. So because of that success, we were able to build on what we had, and got another grant that allowed us to hire a paralegal and another attorney, and then once I was supervising people, I got the title of being the director—since they couldn't bump my salary so they had to give me something.

SOLIS: And your business card.

SCOTT MEDLOCK: Huh?

SOLIS: And your business card.

SCOTT MEDLOCK: Well actually, I have to say that, we don't have the money to print your business cards every time somebody gets a new title, so I'm actually still working on the same box that they gave me the day I walked into the office, so.

SOLIS: I'm curious to know about you've mentioned you've had a lot of successes with dealing with prisoner rights. Would you care to talk about not only some of those successes that you're talking about, but also what you've learned. You said you came in the first day and you didn't know, and now, to the work you're doing now, what did you learn and what are some of those successes?

SCOTT MEDLOCK: Well, part of the reason why we've been able to be successful and one of the biggest things I've learned there is just a huge unmet need. Lauren, the other lawyer that we were able to hire, and I, we're the only attorneys working for nonprofits in the state, who work full-time on prison issues. When you consider Texas has, like, over 200,000 people incarcerated in some way or another, that's a lot of people who have a lot of problems that need some assistance. So I think that's helped us to--we necessarily have to be selective about the cases that we take, because we don't have the resources to do cases that are borderline or might not be successful and we don't have the resources to pour a lot of time and money down, cases that something looks bad, but we're not quite sure that the law fits up with correcting whatever the injustice is. So, I think that's why we've been able to be successful, too, because we can be very picky about the cases that do take, and that allows us to really focus in on the cases where it's the most atrocious facts, and you know, and those tend to result in, you know, better outcomes with clients.

SOLIS: Can you give us some examples of some of the specific cases.

SCOTT MEDLOCK: Sure.

SOLIS: That are closed now.

SCOTT MEDLOCK: One case, well the very first case that I worked on at TCRP was a guy named Mike Burrell, and he was asthmatic and died of an asthma attack in the McConnell Unit, that's a TCJ. facility in Beeville. And I represented his grandmother and his brother in a wrongful death action. And the case was really eye opening for a lot of reasons. The thing that always sticks with me is that Mike Burrell and I actually have the same birthday, like down to the year and everything. So like, I'm going through his records and just thinking, like, you know, "There but for the grace of God go I." Because, you know, we're exactly the same age and I just had a much more fortunate upbringing than this poor kid. The other thing I really learned is his family were such sweethearts. They were such wonderful people to work with. It just wasn't at all what I expected. You know, you had a traumatic home life that contributed to his incarceration, but the family was just not at all what I kind of stereotyped that they would be like. His brother was employed and just a really nice guy and smart, and well spoken, and just not who you'd expect. And grandma, she had raised him. Her daughter, his mom, ended up getting involved with drugs and a bad guy who was his father and when she died at a young age, I believe of AIDS that she got from his father, and grandma just wasn't able to—she lived out in a rural area near Dallas and she wasn't able to control this rather wild, young kind. So he ended up--and he was in prison for just stupid things, too. Like, he was arrested with a small amount of cocaine and the charge he was in for was burglary because he had taken his uncle's gun, and this uncle lived with him and his grandma, and his uncle really wanted to teach him a lesson, to be like, "You need to shape up, you know, we'll make you do a little time and we'll if this gets you on the right path." And they never thought he wouldn't get adequate health care, that he'd end up in a solitary confinement cell, you know, dying of an asthma attack when there were guards standing

around outside who won't provide assistance. So, that really just taught me a lot about how we incarcerate people in Texas. That case is always going to stick with me.

SOLIS: How did the trial go and what was the state's response to these accusations?

SCOTT MEDLOCK: The case ended up settling. One of the unfortunate things about these cases is there's a lot of pressure on the plaintiffs to settle probably at a level that the cases--the cases are undervalued. And part of that is because juries in Texas are not very likely to be sympathetic to the family of a prisoner. I mean, you look at any time there's an article about prison conditions in the *Houston Chronicle*, you look at the comments section, and it's just these hateful, awful things like, "You didn't what that to happen, you shouldn't have gone to prison"—type things. And you know, I think I'm obviously not figuring out what my jury pool looks like just from the comments section on the Internet, but you know, there's some truth to that. People in Texas are generally hostile to civil rights cases and prisoner civil rights cases, there's even greater hostility. We've had non-prisoner cases. We've represented protestors who were gassed by police. Other excessive force cases that got—we lost in front of a jury when we had a good case, and we had a relatively—a really sympathetic plaintiff. So for somebody who's in prison, there's a big concern on our part that we'll take this to a jury and will come back with nothing. So, whereas you might get a lot more in a wrongful death case against an insurance company or in a car accident case or some sort of other death case, the prison cases, we've got big concerns about what a jury would actually do with those, especially in certain parts of the state.

SOLIS: Do you think that from your experience working, do you think that this general lack of sympathy for the defendant or a prisoner is at all related, or to what extent is it related to the kind of, you know, the state not being held accountable for some of these conditions or inadequate health care for prisoners, things like this.

SCOTT MEDLOCK: Yeah, they go hand in hand. I mean, the legislators are elected by the same people who make up my jury pool, and the legislators don't care about prison conditions either, for the same reasons. Nobody is getting, you might lose an election for "coddling" prisoners, but nobody's going to win an election based on improving prison conditions. It's a politically difficult and unpopular position to take. So, I think if the legislature were to appropriate the money necessary to run these facilities successfully, I think that they'd be a lot better off. A lot of the—another thing that's been—you know, you meet some prison employers who are a little better maybe than the people they're incarcerating. There are some bad folks working for prisons, and it's an awful job. I would never want to work in a prison. I can certainly appreciate that why they aren't able to retain and hire qualified people. On the other hand, there are some really great prison employees, too. And if you give people who have a good heart the resources that they need, they can do a better job. Some of the people we ended up suing—they were to some extent in the wrong place at the wrong time. They had a hard job to do and they weren't able to do it correctly because they didn't have the resources. They were put in a situation by the state, you know, that's unfortunate just like our clients were.

SOLIS: That's interesting.

SCOTT MEDLOCK: Jim [Harrington] says all the time there is often very little difference between who's wearing the badge and who's behind the bars, and that's true in a lot of reasons—like it's true sometimes the people with the badge are bad guys, just like the people behind bars, it's also true that sometimes they're just a working Joe trying to do the right thing but they get put in a bad place because of the system that's been created.

SOLIS: Is there any other cases that you could talk about?

SCOTT MEDLOCK: Sure.

SOLIS: That were successful or not and affected you in some way or stuck with you, you learned something particularly from some of these cases?

SCOTT MEDLOCK: Another case that's really— it's really illustrative of what we've created in Texas is this case that we did up in Dallas County in the jail there. Our clients were the son and daughters of mentally ill woman who had died there in the jail. She was elderly, she has three adult kids. All of them had kids of their own, so she's a grandma and she developed schizophrenia later in life and had just been in and out of mental institutions and jails her entire adult life. She eventually ends up in the jail in Dallas County and she's transferred [to a mental hospital]. She spent a lot of time there, like a couple months. She is transferred to one of the state hospitals to regain competence to go to trial. She gets competent at the state hospital, comes back to the jail. They take forever to get her to trial. By the time she comes—her trial date comes up again she is incompetent to stand trial again, and they're cycling her through like that. And the state of the medical care at Dallas County jail was just really atrocious at the time. There were a lot of folks who died, folks who developed really serious medical conditions that weren't treated, and she happened to be one of them. Her kids came and saw her a few weeks before she died, and they said, you know, "We think mom might have suffered a stroke, or she seems to have a cough," and so the medical, the nurse came and saw her for like five minutes, and says, "No, she's fine. She's just sleepy. She can go back to her cell." And then dies of pneumonia a couple weeks later. Something very treatable. Something she shouldn't have died from. Somebody who is spending any time at all should notice she's got pneumonia. And then on the night she dies, they---the inmate, it's like around 9 o'clock, the inmates say, "She's fallen. We think she's had a seizure." And the guards come and look at her and she's able to stagger around and get back in her bed and so they're like, "Oh, she's okay." We'll just let her sleep it off." They actually talked to the nurse over the radio and the nurse checks her medical records and says, "Oh, she has no history of a seizure. I don't need to see her." And the nurse, it turns out, is the only medical personnel working that night for like I think it was like five hundred inmates. I'd have to check the number to be sure, but it was a huge number of people. She is the only person on duty to take care of [the inmates]. So of course she doesn't go take a look at her because she doesn't know that she's on the verge of death. So she ends

up dying two hours later when the guards come back again because the inmates make a ruckus and this time she's cold, they can't find a pulse, and she's dead. Again, that case just really sticks with me because it taught me a lot about people with mental illness. Because before she became mentally ill, she was a great mom to her kids. One of her children actually grew up to be a cop. Another was a minister. So, people who have status in our society, but their mom has had a serious mental illness and she's dying in the jail. And the story about how the daughter was a police officer, she learned about it when she was on duty. She happened to be working at the hospital that night and they actually wheeled the body out of an ambulance and she says, like, "Hey, who is the—what's the deal with this?" And they tell her, "Oh, it's just some old lady who died at the jail." She comes over and she looks at her and like, "Oh my God, that's my mom." And you know just ran off and couldn't deal with it because no body could deal with something like that. It's just so shocking for her. And that somebody like that can't get the medical care that they need for their mom shows kind of where we are in Texas, that a place where somebody like that has to end up is the jails, it's just really sad.

SOLIS: Was that case also a settlement case?

SCOTT MEDLOCK: That case settled as well. And that case also had conflict, she's elderly so the future life expectancy of somebody who's elderly is less than, you know, somebody who's just out of college and gets hit by a car or something like that. And that's also something very morbid and interesting about the law, how you value the life of somebody, that's another.

SOLIS: Would you mind explaining that? Because I don't know much about it.

SCOTT MEDLOCK: Sure, a lot of what goes into settlements like that is, or jury verdicts as well is what this person would have earned in their lifetime. So if Tiger Woods gets hit by a truck, that case is going to be worth a lot more than if I get hit by a truck, because I can't hit a golf ball like Tiger does. So as you get older, your life expectancy shortens and your earning capacity shortens because you're not going to be earning much money because you have a shorter lifetime coming. So for somebody elderly like Ms. Sims, the value of the case shrinks just because of the age factor. And then again, you still have the same—there's a lot that was wrong with Dallas County at the time, and it came out in discovery that the sheriff and the medical director at the jail had been begging the county commissioners for years, for more money for the medical facilities because they knew they were not providing constitutional minimal care with what they had. And they eventually tell the county commissioners, "Like, hey. We're gonna get sued if we don't cough up some more money for medical care." And the county commissioner's reaction is, "Oh, I can defend a lawsuit more easily than I can pay for medical care." And they're like, "Well, you might end doing more than just defending the suit. You might end up paying a judgment." And they're like, "I can pay a judgment more easily than I can pay for medical care." And that's just the kind of the attitude that these folks have. They're elected by conservative voters in Dallas County who don't care about what's going on at the jail and that ends up being the result.

SOLIS: What was the woman, you said her name was?

SCOTT MEDLOCK: Her name was Rosy Sims and her kids were Melissa Lohman. I always forget which one was the police officer, and Melissa Lohman was one of them. Archie Sims was her son. And Tasha Lee Sims was her other daughter. I think Tasha was the police officer, off the top of my head.

SOLIS: The profile on the Civil Rights Project was actually it mentions, one of the settlements, I'm not sure which case it was, you got a document from the state that basically agreed to start working on some of these conditions, or set out some guidelines. What case was that and what was the documentation, how did that come about?

SCOTT MEDLOCK: That's a common thing, that TCRP wants a settlement, and will settle for less money because of that. We tell our clients that when they come in the door, like, if you want to do this case with us, it needs to be more than just about the dollars because from our fabulous offices, you can probably tell, we're not raking it in here. We want to make sure that something bad happens, there's something done to prevent that from happening again. So, commonly we want to see some sort of policy change, or some sort of audit or something to make sure that change has happened. And we're not always able to get that. Some facilities will be, "Hell, no, we'll pay you money to make this go away, but we're not going to do anything to prevent it from happening in the future." And that's a mindset I wish I could explain. But sometimes it just won't work with the way the case is postured for us to be able to push for more or our client will look at what they're offering and say, "That money would make a big difference in my life, I need, I can't walk away from that." We understand the pressure that puts them in. We can't force them to do something they're not going to want to go forward it. But when we are able to go forward, that's something that we want. One case that I did was out in Jasper County, where a man committed suicide in the jail, and the hardest part of a jail suicide case is usually proving that the jail knew this guy was suicidal and should have done something to protect them. That's where the fight is always won or lost in those cases. With this guy, it's a small community, his wife comes home late at night after working and finds him drunk on the couch with his shotgun, just telling her, "I'm unemployed. I'm not being the right kind of husband for you. I'm just going to end it." So she freaks out and runs out and calls the sheriff's office and actually the sheriff comes out with like a bunch of deputies and this all starts about midnight, and they spend until 6 a.m. talking him down and they finally get him to surrender the guns and they take him into custody and they're trying to get him into some sort of mental health facility. But they put him in the jail and they don't have any sort of suicide screening practices. They don't do simple things like take away his shoe laces or his belt and they put him in a cell that's got all sorts of little nooks and crannies that you could make a tie ligature and hang off of, and that's what he ends up doing. They don't put anybody watching him, so he ends up hanging himself in his cell, when they knew he was suicidal and the sheriff had spent all this time personally trying to get him into the jail to keep him safe. They just totally screw up once they have him there. So in that case, we got them to agree they were going

to have an expert come out and go over their suicide prevention practices and make sure that they change their policies as they need to so this doesn't happen again. So we consider that a really successful case because we hope that that's going to save other lives in that facility. We did something similar with the Texas Youth Commission, too. Back when the sex abuse scandal hit, we ended up representing three kids, two kids who had been sexually assaulted, one of them by other inmates, one of them by an inmate and a guard. We had one kid who was just beat up by a bunch of other inmates and had his jaw broken and we had another kid who had also been beaten up. And the part of the settlement there was we had a whole big—the list of like it was a four or five page list of things we thought TYC needed to do. So they come to mediation and they say, "Look, we agree that we need to do most of this stuff, like 90%, but we can't promise to do all of it, and we're already doing a lot of it." I've got to give a lot of credit to TYC when that agency was hit by the sex scandal, they did a lot to reform the agency and I think they've done a really standup job of making that a safer, healthier place for the kids who have to be in there. So part of the agreement there is that they would consult with us on anything we wanted to talk with them about. So when they had new policies we would get a chance to review them and say, "Like okay, this looks good, but this needs to be tweaked or that needs to be changed." So those are the two biggest examples of cases where we got them to agree to something like that.

SOLIS: Before I ask any more questions I'm going to ask Kim if you have any questions about cases he's talked about it.

BACON: I think you already discussed the cases I had some questions about.

SOLIS: It's interesting because you mentioned, or said: "I wish I could explain this mindset," and that's something that, it doesn't make any sense. It seems to be—knowledge seems to be there that these basic things are happening, but I think you also touched on this at the beginning of the interview, that there's a general lack of sympathy for people who are perceived to be not only breaking the law, but criminals and these kinds of things. So I guess a more general question, and the question I'm interested in hearing more about, from your experience what could you talk about that's important not only for the record but for people in Texas to understand so that, is it listening to people like the police officer who you mentioned is working as a police officer for the state, and yet her own mother, an elderly woman gets no adequate health care and dies in a jail in Dallas County. So in listening to these stories, it is trying to hold officials more accountable, all of the above, what in your experience do you think is the most important kind of information for the public to recognize?

SCOTT MEDLOCK: I think that's really what it is. To know—the public needs to know who is getting caught up in the criminal justice system. I've met the No More Prisons activists and the people who just want to tear all the prisons down. Frankly, I'm not very sympathetic to that view. Because in my experience working in these places, there are people that genuinely terrify me and genuinely need to be incarcerated somewhere. And whether they need to be in a secure mental facility or in a prison or something, there is definitely a place for incarceration in our society. We way, way overuse incarceration as

a solution to social problems. And when you learn about some of the people who are actually incarcerated, the types of folks that have gotten caught up in this giant net, that's where what I think the public needs to know about. They need to know about the Rosy Sims of the world. This woman who is just a sweet old lady who has a serious mental problem. She doesn't need to be in jail where she's not going to get the right health care and die. She needs to be in a facility that's going to provide long-term care for her and just take care of her mental illness. They need to know about the—I had a client, his name was Mudaidin Quimy (sp!!) He was also schizophrenic and had numerous little encounters with cops, because he would stop taking his meds, he would do something that scared people a little bit, and he would get arrested. He never had any serious offenses, just cycling in and out of jail and sometimes would get in pretty serious—and spent some serious amounts of time in jail, because like Mrs. Sims, they would bring him to trial, he would be incompetent to stand trial so he needs to go to the state hospital to restore his competency. He ends up, he's an immigrant from Iran, and he had actually been tortured by the authorities in Iran and had gotten asylum in the United States and that's when the schizophrenia kicks in and he ends up in a pretty bad way. So, when he gets—he gets in an argument with a—like a clerk at a 7-11 over a pack of cigarettes, something really stupid and he ends up in jail for all of over a year for that, between going back and forth to the state hospital, and the guards just don't know how to deal with him. And during the same time, it's the run up to the Iraq War, so there's a lot of public hostility towards Muslims and he's growing his beard out for religious reasons and the guards just take him out of his cell one day. They're trying to get him to shower and he's got mental problems so he doesn't understand what's going on and won't comply, so they just beat the crap out of him and they shave off his beard. And he's just devastated by this. And when we represented him later, he's telling me that we need to take a very low settlement offer, like nowhere near what the case is worth, not something we could in good conscience agree to and he thinks we need to take this because he thinks the guards are following him around trying to kill him. The man is obviously delusional and he's the type of guy who we have getting—the only place to put him when the cops take him off the street when he was arguing with the 7-11 clerk is to the jail. So that's where he ends up. When you start to learn that these are types of people who are in jail and in prison I think it is really eye opening and tells the public that, look, there's a place for incarceration but we need to be a lot more selective about who we incarcerate and if we were to provide better social services in a lot of ways, we could prevent having to incarcerate people like Mr. Quimy, and the thing that should be appealing about that argument is that incarceration is a very expensive social problem-solution. We can better spend that money on whether it be education or mental health treatment or virtually anywhere, we're getting better bang for our buck than prisons.

SOLIS: First, I have two follow up questions. The first one is, you mentioned this twice and I'm interested, but I don't know if there is more to say about it, but this idea, or this practice of sending someone who's mentally ill or mentally stable to an institution to regain competence to stand trial and then immediately taking them out of the institution and back in jail so they can--what is your experience with that. Is this a common practice?

SCOTT MEDLOCK: You know it happens. It's one of those things I would not have thought this happens as frequently as it does. But I mean, I've seen it in more than one of my cases. Basically, to go to trial you have to be mentally together enough to be able to assist your attorney and to understand the proceedings. So if you show up on your trial date and you can't help your attorney and you can't understand what's going on, the state has to do something with you to make you competent to stand trial. So that, and you end up getting sent to the state hospital system in Texas. That's kind of how it's supposed to work. But the problem that we've seen is that the lengths of pretrial detention in some of the larger counties are so long, that, you know, when you regain competence, you don't go to the head of the line in the pretrial detention. So you end up going back to the jail, where you're not getting the same kind of care that you're getting at the state hospital, and then you know, your competence whittles away, essentially. So when you end up back at trial time again, or your trial gets put off, for whatever reason, you end up not being competent again, and you have to lather-rinse-repeat. And that's really another byproduct of the—in Texas we've substituted the prisons and jails for any other sort of mental health care. When you don't have a well-funded system for the poor to get mental health care, they're going to do—there are people who are seriously mentally ill are going to end up in trouble with the law, one way or another, if they're not getting some kind of care. So they end up in jail once they have some sort of encounter with law enforcement.

SOLIS: That kind of answers my second question, whether you had seen anything in your experience as a result of recent—not only recent debate around the potential of more accessible health care for people, but also the budget cuts that you're seeing, especially in the state of Texas, and if you'd seen any effects of that—budget cuts—for public mental health care and things like this.

SCOTT MEDLOCK: I've only been doing this work for long enough to—I know that before I came to TCRP there was a better mental health care system and that got slashed at some point. And that's kind of put us in the fix that we're in now, where the only place to take people with those kinds of conditions is to the jail or the prison. And you know, that's just an interesting problem that we've created for a lot of reasons. Because it's more expensive to incarcerate them. It makes the facilities more dangerous for the staff, for the other inmates. We got a lot of letters from prisoners saying, "I'm housed with this schizophrenic guy who's scaring the crap out of me. You know, I feel unsafe, because this guy is in here with me. What can I do?" So these people shouldn't be in prison in the first place. They make the facilities less safe. It's more expensive. It's just a poor solution that Texas has chosen to pursue.

SOLIS: Is there anything that you had, Kim?

BACON: Yeah, I had a quick question. I was curious if you go through discussing how—when people are in prisons or in jails and they need medical care, where they go, how they go through these different avenues, and whether they're rejected and whether they can get help and not end—if you could discuss a little bit about that process a bit?

SCOTT MEDLOCK: Sure. The medical care is an issue we're really interested in here because we get about ten to twenty letters a week from prisoners from all sorts of different facilities, and this file cabinet here is our jail mail filing cabinet, where it's all, you know, the past two years worth of letters from prisoners. And about a third of those letters are about medical or mental health care. And I think that's interesting because also about a third of our complaints about their criminal conviction or why they're in jail in the first place, so this is such a big concern that it's the same amount of letters that we get about—you'd think that every single letter we would get would be, "I'm innocent. I don't belong here." But no, we get the same amount about medical care as do, and a lot of the letters are guys who don't understand how to request health care, or what they need to do to get adequate care. So we spend a lot of time sending them a little document that we've made that says: Put in a sick call and go to your appointment and keep track of when you're doing what. And the law is made, the state of the law has made those types of cases very difficult to win. There's kind of two reasons for that. The first is the general sort of tort reform that we've had in Texas that makes it very difficult to sue a doctor, whether they're a doctor in prison or the doctor you see in the free world. Those cases are very hard and there's very few lawyers doing those cases any more, generally. The other problem is the state of constitutional law is just really bad. To prove a medical, a lack of medical care case, you have to show what's called deliberate indifference. What that means in a medical care case is that you're either not receiving medical care at all or the doctors were intentionally treating you incorrectly. So if you're getting, if you're being seen but the care isn't effective or it's not the right type of care, that's not something you can bring a constitutional claim about, and that's a huge amount of mail, that the care, you know, "I got this problem and the care just seems to be incompetent." You know we can get records showing they go to be seen but the care doesn't work or they're getting the wrong type of care. And those are types of things, if there were lawyers doing medical malpractice claims, you could do, but it's not something you can do under constitutional claim, except in the extremely rare circumstance that I've never actually seen where there's a medical record where the doctor says, "I know that you have this condition but I'm intentionally going to treat you for this condition that you don't have just, for whatever reason." That just doesn't happen. You don't see, even if they're doing that, they're never going to document it that way, just because no one is that stupid. So you know, it's a big problem because there's very little accountability. We spent, our standard medical referral gives me not only how to request care in the facilities, but also, here's the address for the nursing board. Here's the address for the medical board that regulates doctors. We don't think that seriously a complaint filed by an inmate against a doctor is going to carry much weight with the medical board, but our hope is, if there are bad doctors out there who are consistently treating people incorrectly, that these will pile up with the medical board and somebody will eventually take a look at them. But it's really a question of resources, of what the medical systems can do. The case in Dallas County, when we took the deposition of the medical director of the jail, he seemed like a perfectly nice guy. He was doing the best he could with what he was given, and he actually went to the county commissioners every single time, every year, and said, "I need more money. I can't do an adequate job with what you're giving me." And because there was no money available, you end up having people die on his watch. He wasn't

happy about that. He actually cared about the people. He was their physician. But there was only so much that he could do. And the barriers—so there's those barriers to overcome. And then there's the barriers of you're dealing with a lot of people who are either mentally ill or very poorly educated, who don't understand the mechanics of the bureaucracy that they have to jump through, so that's another hurdle you have to go through. There might be adequate care that somebody could provide, but if you don't know how to request it properly, you're not going to get it. And then there's just a number of little, like structural hurdles that the prisons kind of create themselves. Like, the medications are distributed at certain times, because that's when the staff are available. Well, if you need a drug that has to be administered over every four hours or it's not going to be as effective and they don't get you exactly on that schedule, then there's a problem. Or you're the young man whose family we represented and he died of the asthma attack, we think that his inhaler was confiscated when he was taken to solitary confinement, just because they confiscate all your property. So somebody screwed up and confiscated this medical device he needed as well. Or it's just difficult to get medical devices. We get guys writing us like, "The doctor prescribed this special pillow, but the guards won't give it to me." Or, "I need leg braces and they won't give it to me, or it got confiscated, or some other prisoner took it." All sorts of things. So there's a lot of barriers to adequate health care in prisons that don't exist in the free world. And part of the problem is also that generally in America we don't have a very good health care system for the poor. So when people show up in prison, they're sick and that puts more strain on the system because you're dealing with the sicker population issue you otherwise have. And one of the major structural problems that we've caused in the prison system is in Texas we have, you can be eligible for very lengthy sentences, sometimes for rather trivial offenses. And you can really see this in California where they have the "three strikes and you're out" law. The longer you incarcerate people for, people age as they spend more time in prison and that results in you dealing with an older population and old people are just more expensive to care for because they have more medical problems. So it's really a very small segment of the overall inmate population that's driving a huge amount of the health care costs. You get, you take just that small slice, if you reduce that dramatically, then you free up a lot more resources to care for the other people.

SOLIS: That's interesting. Do you have any other questions?

BACON: Yeah, I'm curious, if someone dies while they're incarcerated or commits suicide and there isn't someone like TCRP filing the lawsuit, and even right in the aftermath, what do the prisons and the jails do? How do they handle this situation? Do they call families?

SCOTT MEDLOCK: Yeah, that's the—they're supposed to notify the next of kin. And sometimes they do that more efficiently than others. Like, obviously my client who is the police officer and discovers her own mother's body at the hospital was not notified very quickly or efficiently. Another one of my clients, her son committed suicide in one of the state prisons, and he killed himself sometime late afternoon or early evening. She gets a call on her cell phone in the middle of the night, with a chaplain at the prison who just really quickly tells her, "Hey, your son's dead. Sorry." Click. They don't do—it's the

same kind of problems that go into these situations in the first place. People just don't care about these inmates. They don't care about their families either. So you end up getting people with stories—like you'd think a chaplain at the prison would be somebody who'd be more sympathetic and would do a better job of notifying you that your son has died. But, that's not what happened to my client. That's not what happens to a lot of people. So if there's—and a lot of these cases, no one cares anything about. If they don't have family, if they don't have family at all or they don't have family that's articulate enough and knowledgeable enough, you'll look for a group like TCRP or otherwise find representation or get the story in front of the media. A lot of these situations you never hear anything about because there's not a lot of attention paid to people in prison. It's kind of, "Lock 'em up and forget 'em." So when there's really atrocious things that happen, it's left to—no body heard anything about it.

SOLIS: We have about ten minutes left here on this tape and that ten minutes, is there anything else you would like to share with us that maybe we did not ask about, or something that you feel that again is important for the public record.

SCOTT MEDLOCK: I think the—it's important for people to know that some of the bad things really do happen in prison. And that a lot of those bad things are intentionally done by staff. It's not just a confluence of bringing a bunch of, you know, people who should be locked up together that bad things happen. We represented a gentleman who was shocked in the back with a cattle prod by a correctional officer who called him the N word while he was shocking him. And something like that just sounds unbelievable. It sounds like something that would have happened thirty to forty years ago, but this happened today, and things like this still happen. This isn't a case that I worked on, but it's a case where the facts were reported in the court records. A prison guard ordered an inmate to capture live rattlesnakes with his bare hands, which you just look at that and think, "How could anyone possibly do that?" But it happened, and that was staff that was doing that. That wasn't other inmates, that was the people who are supposed to be guarding inmates. And again, I know that prison staff have a tough job. There are more than just bad apples out there and people need to be aware that when they have this attitude that these people belong in prison, whatever happens to them, happens to them. That gets back to the people who actually work in the prisons and they start to adopt those attitudes. And they end up doing awful things to the people they're supposed to be keeping an eye on. So the public needs to know these are real problems. These happen to families they might otherwise know. My mom met a woman walking dogs in the park and her son ended up in prison, and ended up having a pretty bad time while he was locked up. And this happens to people you and I know. This doesn't just happen to some abstract other group of people. This is real and the public needs to understand that and needs to take a look at what's being done with our resources.

SOLIS: Well, I learned a lot in this hour. I really have. I appreciate your time.

SCOTT MEDLOCK: No problem.

BACON: Thank you so much.

SOLIS: I would be very interested in another interview in six months or a year to come back and do a follow-up with you.

SCOTT MEDLOCK: Absolutely.

SOLIS: See how you're getting on and things like that.

SCOTT MEDLOCK: Sounds great.

[END OF TRANSCRIPT]