

ROE V. FAUVER, C.A. No. 88-1225(AET)
CONSENT DECREE
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DRIFT DATA

Roe v. Fauver



PC-NJ-0004-0004

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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

| | | |
|----------------------------|---|-----------------------|
| JANE ROE, et al., |) | C.A. No. 88-1225(AET) |
| Plaintiffs, |) | <u>Civil Action</u> |
| v. |) | CONSENT DECREE |
| WILLIAM H. FAUVER, et al., |) | |
| Defendants. |) | |

WHEREAS, plaintiffs, prisoners in the New Jersey State Prison System who have been or will be diagnosed with AIDS or other HIV-related illness (the "plaintiffs"), brought this action challenging the segregation of inmates diagnosed as having AIDS, the denial of programming and services, and the adequacy of medical care provided to inmates diagnosed with AIDS or other HIV-related illness; and

WHEREAS, this matter was certified as a class action under Fed.R.Civ.P. 23(b)(2) on October 6, 1989 by the Honorable Anne E. Thompson, U.S.D.J.; and

WHEREAS, the defendants have denied the allegations in plaintiffs' action and do not admit that they have engaged in any illegal or wrongful activity or that any person has sustained any damage by reason of any of the facts complained of in this action; and

WHEREAS, the parties to this Consent Decree have agreed through their attorneys to the resolution of all the issues raised in this matter without additional litigation and have consented to the form and entry of this Decree;

NOW, THEREFORE, IT IS on this day of ,
1992,

ORDERED, ADJUDGED and DECREED that:

I. GENERAL PRINCIPLES

1. The disposition of this matter does not constitute any admission of any liability or violation of any of the plaintiffs' rights, constitutional, statutory, regulatory or otherwise. It is not the purpose of the parties to this Decree to assess blame against any of the parties herein, but rather to resolve the plaintiffs' claims for declaratory and injunctive relief.

2. By entering into this Consent Decree, defendants and their agents and employees shall not be deemed to have admitted any liability, wrongdoing or improper actions or inactions with respect to the subject matter at issue in this litigation. The fact that the defendants have agreed to a settlement with the plaintiffs shall not be construed as an

admission that they have engaged in any unlawful or wrongful conduct. The parties to this Consent Decree recognize that this agreement is made under the current state of the law and medical science and recognize that the state of the law and medical science may change.

3. The provisions of this Decree shall be binding on the parties, including all past and future class members, and shall be enforceable as an Order of this Court. The Court shall retain jurisdiction of the matter for the purpose of implementation and enforcement of the provisions of the Decree, subject to the provisions of Paragraph 59 below. Jurisdiction shall also be retained for the purpose of enabling any party to this Consent Decree to apply to this Court at any time for the modification of any of the provisions of this Decree pursuant to the provisions of ¶4 below.

4. The parties to this Consent Decree acknowledge that the provisions of this Consent Decree may require modification to conform with developments in sound professional medical and public health policy and practice. Counsel for the parties, either jointly or separately, may move, on good cause shown, for modification of this decree on these grounds or on any other grounds provided by law.

5. This Decree represents a full and final resolution of all constitutional and statutory claims raised by the Amended and Supplemental Complaint in this matter. Plaintiffs and plaintiffs' counsel hereby agree to waive any

claims for damages and attorneys' fees arising out of the Amended and Supplemental Complaint.

II. DEFINITIONS

6. As used in this Consent Decree, "trained medical staff" shall mean physicians, nurse-practitioners, registered nurses, licensed practical nurses, or licensed emergency medical technicians who have received training on the medical screening procedures for and the important clinical aspect of HIV-related conditions and illnesses.

7. As used in this Consent Decree, "trained mental health staff" shall mean psychiatrists, psychologists, and social workers, who have received training on the psychological and psychiatric aspects of HIV-related conditions and illnesses.

8. As used in this Consent Decree, "medical unit" shall mean any wing, area, group of cells, tier, or other subsection of any New Jersey Department of Corrections (hereinafter "DOC") facility used for housing inmates whose medical condition requires either close access to medical services or assistance with their activities of daily living. It is the understanding of the parties that inmates shall not be assigned to a medical unit solely because they are HIV-positive, and that no medical unit or portion of a medical unit shall be designated, formally or informally, for the housing of inmates with HIV-related illnesses.

9. As used in this Consent Decree, "class members" shall mean prisoners in the New Jersey State Prison System who have been or will be diagnosed with AIDS or other HIV-related illness. "HIV-related illness" shall include asymptomatic infection with HIV.

III. HOUSING OF CLASS MEMBERS

The following provisions shall become effective within 60 days of the entry of this Decree:

10. The DOC shall not designate or use by custom or practice any housing or medical unit, area, cells or beds anywhere in the state prison system, whether general population or closed custody, exclusively for inmates diagnosed as having AIDS or any other stage of HIV disease. N.J.A.C. 10A:9-6.3(b)(3) shall not be construed to permit the assignment of class members to New Jersey State Prison solely because they have been identified as or are suspected of being HIV-infected.

11. The existing Special Medical Units of New Jersey State Prison and Edna Mahan Correctional Facility for Women shall not be used exclusively to house inmates who have been diagnosed as having AIDS or any other state of HIV-related illness.

12. The existing Special Medical Units (hereinafter "S.M.U.") at New Jersey State Prison (known as 1FF and 1GG) shall become a general medical unit with facilities and services comparable to the 3B medical unit of New Jersey State

Prison, or other non-medical uses as deemed appropriate by the DOC.

13. The decision to assign inmates to Medical Units in any facility in New Jersey State Prison System shall be solely a medical decision based on the medical condition of the individual inmate.

14. Class members shall not be assigned to Medical Units solely on the basis of having been diagnosed as having AIDS or any other HIV-related illness. Class members may be assigned to a medical unit if such assignment is appropriate to their medical condition, based on a physician's individualized assessment.

15. All class members assigned to the existing Special Medical Units in New Jersey State Prison or the Edna Mahan Correctional Facility for Women who do not have a medical condition that, based on an individualized medical assessment, requires them to be housed in a medical unit, shall be reassigned to an appropriate institution and custody status in accordance with N.J.A.C. 10A:9-3.3, et seq. and 10A:9-6, et seq. In reclassifying class members assigned to an S.M.U., they shall be assigned to the institution and custody status to which they were assigned before transfer to the S.M.U., unless a different assignment is warranted for a reason other than their HIV status.

16. Class members hospitalized at St. Francis Medical Center or other non-DOC hospital facility shall be

discharged from the hospital as soon as their medical condition no longer requires them to be in the hospital or, if appropriate housing is not immediately available, as soon as appropriate housing is available. If any class member remains in a hospital facility more than two weeks after his or her medical condition no longer requires hospitalization, the DOC shall immediately notify counsel for defendants who will notify counsel for plaintiffs of the class member's identity and the reason for the continued hospitalization. Upon discharge from St. Francis Medical Center or other hospital facility, class members shall be housed or assigned on the same basis and in the same manner as non-class members unless, based on an individualized medical determination made by a physician, their medical condition requires a different assignment.

17. The DOC shall not deny access to programs, services, jobs, work release and furloughs to class members on the basis of their status as class members. Class members shall be afforded access to programs, services, jobs, work release and furloughs in accordance with the classification guidelines and procedures implemented for non-class members.

IV. MEDICAL CARE

The following provisions shall become effective within 60 days of the entry of this Decree:

A. Interpretive Standards

18. The parties have agreed to the following terms solely for the purpose of establishing standards of medical

care for the future for class members. The parties acknowledge that many of the practices and procedures referred to in the following paragraphs are in place and in use by the DOC and its employees and that, by the terms of this Decree, the parties agree that these practices and procedures shall continue. By agreeing to this language, and further by consenting to the form and entry of this language, and further by consenting to the form and entry of this Decree, the parties specifically disavow any intent to state or imply any assessment or evaluation of the adequacy of the care provided prior to the entry of this Decree.

B. Community Standards

19. The DOC shall provide medical care to class members in conformity with community standards as guided by United States Public Health Service recommendations. The parties recognize that the United States Public Health Service recommendations are advisory and are not intended to be strictly binding on the DOC.

C. Testing and Counseling

20. Each inmate shall receive a health screening evaluation, including an HIV risk assessment, by trained medical or nursing staff upon entry into the New Jersey State Prison System and thereafter in accordance with the provisions of N.J.A.C. 10A:16-2.11. Inmates who are known by DOC to be HIV-infected shall be given such an evaluation at least once each year.

21. HIV tests shall be recommended to all inmates where suggested by clinical indications or indications of past behavior exposing the inmate to the risk of infection, and shall be available on request at all DOC facilities in accordance with the protocols or memoranda described in paragraph 27. An HIV test may be ordered only by medical personnel.

22. Testing for HIV shall be voluntary and confidential. All inmates tested for HIV shall be provided with pre- and post-test counselling by New Jersey Department of Health certified HIV counselors who are not corrections officers and in a manner developed in consultation with the New Jersey Department of Health.

23. All inmates requesting an HIV test shall be given written materials in English and Spanish which describe available medical and mental health services for HIV-related care, the confidentiality of these services and the procedures for gaining access to such services. The DOC shall ensure that this information is communicated verbally in a timely manner to illiterate inmates and by translation to inmates with a native language other than English or Spanish.

D. Follow-up and Routine Medical Care

24. Health examinations for class members, including laboratory tests, shall be regularly scheduled in accordance with a class member's medically-indicated need. These examinations shall include blood testing for T cell profile, in

conformity with community standards as guided by United States Public Health Service recommendations, as well as other diagnostic tests appropriate for the monitoring of the course of the HIV infection.

25. All class members shall be informed of their medical condition, test results, prognosis and treatment plan, within one week of the receipt of the test results by the institution's medical department, but in no event later than 30 days from the date of the test unless further delay is caused by circumstances beyond the control of the DOC. The inmates shall be informed of their test results, medical condition, prognosis and treatment plan in plain language and with an opportunity to have their questions regarding their medical condition and treatment answered by trained medical staff.

26. Inmates shall be afforded the opportunity to obtain or review a copy of their medical records. Inmates shall be permitted to raise questions with trained medical or nursing staff regarding the medical care being provided to them. Inmates may raise questions regarding their medical care and direct those questions to the DOC in writing. Written questions will be investigated by the DOC and the DOC will provide a response to the questioning inmate within thirty (30) days from receipt of the written question. Where medically appropriate, a medical doctor with experience in treating HIV related illnesses will conduct the investigation, including a

review of the questioning inmate's medical records, and produce the response for the questioning inmate.

27. The DOC shall maintain a system of preventive care and health maintenance for class members which ensures that inmates receive and are informed of treatment, anti-viral therapy and vaccines that are medically appropriate for them. Such treatment shall follow the guidelines set forth in the January 1, 1992 DOC memorandum titled Medical Management of Human Immunodeficiency Virus (HIV) Infection, or memoranda or protocols adopted in the future pursuant to §§29 and 30 below and in conformity with community standards as guided by the United States Public Health Service recommendations.

28. The DOC shall maintain a system of treatment of opportunistic infection, specialty and acute care, and referral consistent with community standards.

29. Within 90 days of the entry of this Consent Decree, the DOC shall, under the endorsement of an Infectious Disease Specialist, promulgate and implement protocols for the medical care of inmates with AIDS and other HIV-related illnesses. That protocol shall include:

- (a) Prophylaxis medical care, preventive care, testing and anti-viral therapy in conformity with community standards as guided by the United States Public Health Service recommendations; and

(b) Management of opportunistic infection and chronic diseases, consultation and referral, pharmacy, dental care, mental health care, care of HIV-related illnesses specific to women, acute care and skilled nursing care consistent with community standards.

30. The DOC shall update all medical care protocols on a regular basis and as required by developments in the care of persons with AIDS or who are HIV-positive.

31. Each DOC facility shall institute a system for sick call by which inmates may place themselves on sick call, or obtain access to facility medical staff, without having to reveal their medical condition to non-medical prison staff. Inmates shall be able to seek emergency medical attention without revealing their HIV status to non-medical prison staff.

32. Absent an emergency, inmates placing themselves on sick call or seeking access to trained medical staff shall be seen by trained medical staff within 24 hours of the request. The triage of sick call requests shall be based on a clinical assessment by trained medical staff that includes a brief history and evaluation of vital signs, where medically appropriate, and physical condition.

E. Infectious Disease Specialist

33. The DOC shall make an Infectious Disease Specialist's services available to all facilities in the New

Jersey State Prison System, as necessary, either on-site or by consultation. Those services shall include:

- (a) Clinical examination and treatment as needed upon referral by a primary care physician or a consulting physician whose services are used by the DOC; and
- (b) Telephone consultation with DOC staff physicians and consulting physicians whose services are used by the DOC; and
- (c) Periodic basic and advanced training of DOC medical staff in the diagnosis, maintenance and treatment of AIDS and other HIV-related illnesses; and
- (d) Review, recommendation and endorsement for all protocols promulgated pursuant to paragraph 30 of this Consent Decree.

Infectious disease specialist services shall be provided by physicians who are board certified in infectious disease and internal medicine. Physician services shall be provided by physicians with training in the treatment of HIV-related illnesses.

34. After review of each class member's existing medical and mental health records, including those pertaining to the personal examination of the inmate, review of reports of any other specialists, and completion of such tests and assessments as are determined to be necessary, and after all

immediately necessary care has been ordered, an individualized health care summary and treatment plan for each class member shall be prepared by a DOC physician located at the inmate's institution, or the immediately preceding treating primary care physician, and with training in the treatment of HIV-related illnesses.

35. The individualized health care summary and treatment plan for a symptomatic class member shall be completed within ten days of the inmate's admission to a DOC facility or, for inmates diagnosed while within DOC care, within ten days of diagnosis. If all requisite laboratory reports have not been completed within this period, a tentative plan shall be prepared and revised as necessary when all laboratory reports are complete. If such an inmate is transferred to a non-DOC facility for health care treatment, a treatment plan shall be completed when the inmate returns to a DOC facility. The treatment plan for an asymptomatic class member shall, in normal circumstances, be completed within ten days of completion of requisite laboratory work, but in no event later than thirty days after such an inmate reports his or her HIV-positive status, or is diagnosed as HIV-positive.

36. All class members shall be routinely scheduled for follow-up health examinations and nutrition assessments at a frequency consistent with then-current professional standards.

37. In accordance with accepted professional standards, all class members shall be routinely scheduled for all laboratory tests as are determined to be medically necessary by the treating physician in consultation, as appropriate, with an Infectious Disease Specialist.

F. Drug Therapies

38. The DOC shall offer to class members such drug therapies (including drugs approved by the FDA for "compassionate use" and FDA-approved Treatment Investigational New Drugs ("IND")) as are determined to be medically necessary for him/her by the treating physician, in consultation with the Infectious Disease Specialist, in accordance with accepted professional standards. Such drugs shall be administered (in dosages and at frequencies) and monitored in accordance with accepted professional standards.

39. Prior to the initiation of any treatment, class members shall be informed by trained medical or nursing staff of the nature of the treatment, the possible risks, benefits and side effects of the treatments.

40. Class members may request in writing to a staff physician to participate in the clinical trial of experimental treatments or drugs, which are approved for experimental use by the FDA, so long as such trials or experiments include both incarcerated and non-incarcerated persons and are provided at no substantial additional cost to the DOC. An inmate's request shall be approved if a treating physician determines that the

inmate is medically qualified for the trial, that the experimental treatment or drug may be of benefit to the inmate and if the inmate acknowledges his or her consent to the clinical trial in writing.

G. Mental Health Services

41. All class members shall be made aware of the availability of mental health services by DOC staff, including those persons who do HIV test counselling, and, upon request, shall be referred to a mental health staff person for further assessment. Mental health services shall be offered to all class members, who, following assessment by DOC mental health professionals (psychiatrists, psychologists, correctional psychiatric treatment workers and psychiatric nurses), are determined to be in need of such services. HIV-related mental health services shall be provided only by appropriate mental health staff who possess that level of professional training and competence which meets the particular inmate's need for treatment. The institutional Director of Professional Services shall assign appropriately trained staff to all referrals.

42. A record describing the mental health treatment offered to, requested by and received by each class member shall be made part of the inmate's medical record where medically appropriate.

43. The DOC health care staff shall not examine a class member or question him or her about HIV-related issues or discuss the HIV-related health care status of an HIV-infected

inmate, while knowingly in the presence or range of hearing of other inmates, non-medical DOC staff, or other persons who are not DOC health care staff, except for the limited purposes necessary to permit informed classification decisions and parole recommendations.

44. Unsealed medical and mental health files of a class member shall be available only to the DOC medical and mental health staff directly responsible for providing care to that inmate or to a consulting specialist or outside medical provider to whom the inmate is referred for medical/mental health treatment or evaluation, or DOC administrators on a need to know basis, absent the inmate's informed written consent for disclosure of HIV-related records to a specifically-identified individual or entity, or in accordance with judicial order. In the event that the DOC receives a judicial order requiring disclosure of HIV-related records without an inmate's consent, the DOC shall give counsel for plaintiffs not less than seventy-two (72) hours notice prior to producing the records. The foregoing provision shall not limit access to such files by attorneys for the DOC, plaintiffs' counsel in this action, or any monitoring agent designated by this Decree for the purpose of monitoring compliance with this Decree and assessing the adequacy of the care being provided by the DOC, or as necessary to permit informed classification decisions and parole recommendations.

H. Acute Care

45. Acute and specialized care shall be provided to all class members consistent with community standards of care.

I. Confidentiality and Records

46. The DOC shall include in its periodic staff training on AIDS issues instructional information on the obligation of DOC staff, pursuant to N.J.S.A. 26:5C-5 et seq., or then current confidentiality statutes, and any other applicable law, to maintain confidentiality with respect to the HIV-related information contained in any inmate's records.

47. The medical records of class members shall be maintained in a manner that fully describes the tests and drugs that have been ordered for an inmate, the person who issued the order, the purpose of the order and the reaction or result of any test or drug. The files, or a copy of same, shall be readily available for use by treating and consulting medical personnel.

J. Diet

48. A nutritional assessment shall be part of the initial comprehensive health assessment for all class members. All orders to implement any special dietary plan, including the provisions of special nutritional supplements for the class member, shall be signed by a DOC physician, placed in the inmate's medical record, and transmitted to the kitchen staff. DOC staff shall refer all inmate complaints of noncompliance with special dietary orders to the kitchen staff and the

treating physician. Repeated complaints about noncompliance about which medical staff becomes aware shall be noted by such staff in the inmate's medical record and referred to the superintendent of the facility. The superintendent of the facility shall take reasonable steps to ensure compliance with all special dietary orders. The nutritional assessment shall be amended and supplemented as appropriate by the DOC physician.

K. Quality Assurance

49. The DOC shall maintain a system of quality assurance for medical care. This system shall include periodic review of medical records, at each correctional institution run by the DOC, by a registered nurse or medical doctor, who is/are not currently on the staff of the respective institution, with experience in the treatment of HIV related illnesses. Review shall include compliance with the then current DOC Protocol(s) on care and treatment of HIV related illnesses. The quality assurance system shall include periodic inspection and evaluation of the medical facilities at each correctional institution run by the DOC. The DOC shall make a written record of inspections and evaluations of medical facilities and the reviews of medical care provided. The provisions of this paragraph are not intended to invoke the rights and privileges of the New Jersey Right-to-Know Law.

L. Miscellaneous

50. If a class member is unable to obtain his/her medications through their usual method of administration due to the health or security status of the inmate, or institutional security, medical or nursing staff shall provide an alternative method of administration to ensure that the medications are obtained by the inmate.

51. The institutional superintendents and administrators shall evaluate and consider permitting inmates to participate in HIV support groups. The DOC shall consider the level of inmate interest in and the therapeutic value of such support groups as well as the security and staffing problems presented by such groups in determining whether to offer them in any facility.

V. EDUCATION AND TRAINING

52. Training and educational programs on HIV disease, transmission and risk reduction shall be provided to all inmates in the DOC facilities. The programs shall be provided at appropriate intervals and shall be designed, in consultation with the State Department of Health, to be appropriate for the population of the DOC facilities.

53. Training and educational programs on HIV disease, transmission and risk reduction shall be provided to all staff in the DOC facilities. The programs shall be provided at appropriate intervals and shall be designed, in

consultation with the State Department of Health, to be appropriate for the staff of the DOC facilities.

54. All DOC staff physicians and registered nurses shall receive periodic basic and advanced training in the diagnosis, maintenance and treatment of AIDS and other HIV-related illnesses.

VI. REPORTING AND VERIFICATION

55. Plaintiffs' counsel may request, through counsel for defendants, on behalf of themselves or their consultants, access to relevant documents to assist in verifying defendants' compliance with this Decree. Upon reasonable notice to the DOC, specifying the identity of inmates' records, or other documents sought, and, where necessary, upon producing a duly executed release signed by the respective inmate, the DOC shall make the requested documents available for inspection by plaintiffs' counsel, their consultants or investigators, at the DOC facility or building within a reasonable time. This provision does not act as a waiver of the DOC's right to assert confidentiality or applicable privileges. The DOC may, at its discretion, provide copies of the requested documents in lieu of, or in addition to an inspection.

56. To assist counsel for plaintiffs in obtaining releases for a sufficient number of inmates to verify compliance with this Decree, a release form shall be made available to inmates with instructions identifying counsel for plaintiffs, explaining the nature, purpose and duration of the

compliance procedures and directing inmates who volunteer to consent to disclosure of their medical conditions, records and HIV status to counsel for plaintiffs, their consultants or investigators, to sign the release and forward same to counsel for plaintiffs. If fewer than 500 inmates forward properly executed releases to counsel for plaintiffs, and counsel for plaintiffs determine that additional releases are necessary to verify compliance, the parties will seek alternative means of obtaining releases or otherwise ensuring confidentiality.

57. The terms of this Decree do not alter any other law, agreement, obligation or provision affecting the rights of the New Jersey Public Advocate to obtain access to New Jersey correctional institutions or otherwise obtain documents or information from the DOC or its institutions.

VII. TERMINATION AND EMERGENCY SUSPENSION OF PROVISIONS OF CONSENT DECREE.

58. When the DOC believes in good faith that they have fully and faithfully implemented the provisions of this Consent Decree in their entirety and have been in substantial compliance for a period of two years, the DOC may move that some or all of the reporting and verification requirements of this decree be discontinued, provided that no such motion may be filed prior to twenty-four months from the date this Consent Decree is entered and provided further that the DOC has given plaintiffs' counsel ninety days advance notice of their intention to file such a motion. Discontinuance of the reporting and verification requirements of this Decree will be

granted unless, within thirty days after receipt of the DOC's motion, plaintiffs file an objection. If such objection is filed, the Court shall hold a hearing on the motion at which the defendants will be required to demonstrate that they have faithfully implemented all provisions of this Consent Decree and have maintained substantial compliance with those provisions. Nothing in this section shall be construed to preclude the reinstatement of some or all of the reporting and verification requirements of this Decree upon a showing by plaintiffs of noncompliance with this Decree and plaintiffs' counsel shall be allowed to investigate allegations of non-compliance.

59. This action shall be dismissed, with prejudice, and the reporting, notice and verification requirements shall expire three years after the entry of this Consent Decree on the condition that the DOC files with the Court and serves on counsel for plaintiffs a Certification and any appropriate supporting documentation attesting that the DOC is, at that time, in substantial compliance with the policies and procedures as set forth pursuant to the terms of this Consent Decree. If the Court finds, prior to the dismissal of this matter, that the defendants have failed to implement the terms of this Consent Decree, it may order such further relief as is necessary to achieve implementation of the terms of this Consent Decree.

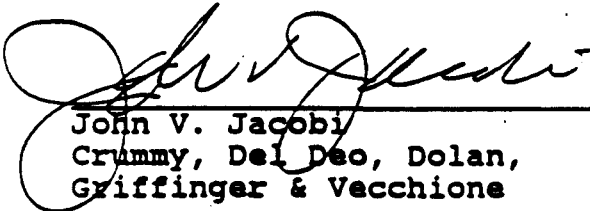
60. The provisions of this Consent Decree may be temporarily suspended upon the occurrence of sudden, unexpected and unforeseeable emergency circumstances. The parties intend that such emergency circumstances include only sudden events such as fires, natural disasters or riots, but shall not include any situation caused by fluctuations in inmate population. The defendants, through defendants' counsel, must provide plaintiffs' counsel with immediate telephone notice of the declaration of emergency circumstances, and written notice of the declaration of emergency circumstances. The provisions of this Consent Decree may not be suspended for such an emergency for longer than one week without leave of Court.

Date:

ANNE E. THOMPSON, U.S.D.J.

CONSENTING TO THE FORM AND ENTRY OF THIS DECREE:


For Plaintiffs:



John V. Jacobi
Crummy, Del Deo, Dolan,
Griffinger & Vecchione

Date: 3/3/92

WILFREDO CARABALLO
PUBLIC ADVOCATE OF NEW JERSEY

By: 


Alice K. Dueker
Assistant Deputy Public Defender
Office of Inmate Advocacy

Date: 3/3/92

CONSENTING TO THE FORM AND ENTRY OF THIS DECREE:

For Defendants

ROBERT J. DEL TUFO
ATTORNEY GENERAL OF NEW JERSEY

BY: 

Brett D. Rickman
Deputy Attorney General

Date: 3/3/92