



Working to end solitary confinement
for people with psychiatric disabilities

MHASC

Mental Health Alternatives to Solitary Confinement

Alliance for Inmates with AIDS
AMI St. Lawrence Valley
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CASES
Cephus Attica, Inc.
Coalition for the Homeless
Coalition of Voluntary Mental Health Agencies
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Correctional Educational Consortium
Family Justice, Inc.
Howie the Harp Advocacy Center
Human Rights Watch
Jericho Project
Latino Commission on AIDS
Legislative Action Coalition on Prison Health
Mental Health Empowerment Project
Mental Health Association of New York State
Mental Health Association of New York City
Mental Health Association of Suffolk County
Mental Health Association of Westchester
NAMI Buffalo and Erie County
NAMI Champlain Valley
NAMI Chemung & Steuben Counties
NAMI Concerned Citizens for Pilgrim
NAMI Finger Lakes
NAMI Hope
NAMI Huntington
NAMI New York City Metro
NAMI NYC Staten Island
NAMI New York State
NAMI Mid-Hudson
NAMI Ontario, Yates and Seneca
NAMI Queens-Nassau
NAMI Rochester
NAMI Ulster and Dutchess Counties
NAMI Westchester
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Office of the Appellate Defender
Open Door Club
Prison Families of New York
Project Hospitality, Inc.
Restoration Society
RIPPD
Steps to End Family Violence
Schuyler Center for Analysis and Advocacy
TARA National Association for Personality Disorder
Thorpe Family Residency, Inc.
Urban Justice Center
Urban Pathways, Inc.
Venture House
Women's Prison Association & Home, Inc

“Reassessing Solitary Confinement: The Human Rights, Fiscal and Public Safety Consequences”

Senate Judiciary Committee

Subcommittee on the Constitution, Civil Rights and Human Rights

June 19, 2012

Dear Chairman Durbin and Subcommittee Members:

Mental Health Alternatives to Solitary Confinement (MHASC) is a coalition of more than sixty organizations and hundreds of concerned citizens, advocates, mental health and criminal justice professionals, formerly incarcerated individuals and their family members, working to end the cruel practice of placing persons with psychiatric disabilities in solitary confinement in New York State prisons.

The coalition successfully advocated for the enactment of the Special Housing Unit (“SHU”) Exclusion Law, which restricts the placement of individuals with serious mental illness in disciplinary confinement. Although the law was enacted in 2008, it did not take effect until July 1, 2011. MHASC continues to advocate for full implementation of the SHU Exclusion Law, the end of the placement of persons with mental illness in SHU, and the creation of a therapeutic rather than disciplinary response to perceived rule violations due to mental health symptoms.

Many MHASC members and supporters are submitting testimony regarding the implementation of the SHU Exclusion Law and the continued use of solitary confinement in New York, including the Correctional Association of New York, Disabilities Advocates, Inc., The Legal Aid Society, Prisoners’ Legal Services of New York, and the Urban Justice Center. In addition, family members active in MHASC will be providing testimony. To bring you the voices of those who have experienced solitary confinement personally, we are sharing excerpts from *Stories from the SHU: Psychiatrically Disabled Inmates in Solitary Confinement in New York State*.

We commend you for convening this hearing and urge you to take action to end the placement of prisoners with mental illness in solitary confinement in the United States.

Respectfully submitted,

Mental Health Alternatives to Solitary Confinement

SURVIVING THE SHU

Landon Hughes Corney

My first and only experience in a New York State SHU was in August of 2002. Before I give an account of the situations that followed, I'd like to briefly state how I got there. In August of 2002, I was taking my shower just like I always do, when an inmate began shouting profanities at me. I walked down the company (the hall) to confront him and we began arguing. Our heated exchange went on for a few minutes. Finally, one of the officers ordered that I be locked in my cell. Over the cursing and the ensuing melee I didn't hear the orders. Two officers then came down the company and escorted me to my cell. After my cell door had slammed shut, one of the officers poked me in the ribs with his nightstick. As an almost immediate reaction I slapped him in the face. I was later confronted by the sergeant, who told me I was going to the SHU. I waited three days before being sentenced to six months. Even though I didn't ask for assistance, I was sure the superintendent was going to hit me hard. Once I was there I was stripped of all my property—books, food, toiletries, etc. Many say that once you're in the Wende SHU, you are there to stay.

The Box is not a pleasant place to be. You are locked in a six-by-nine-foot cell with a glass shield in front of your bars twenty-three hours a day. You can only go out for one hour in the morning where they place you in little cages. Even at this time, you are not free to walk around. The cages are about twelve by ten feet. When you first enter, your cell door is covered with a glass shield. It's very difficult to breathe in there, and in the summer, the heat can be sweltering. You are given ten-minute showers every other day, and the water is usually cold and there are gnats

flying around in the shower. You are also handcuffed to go to the shower and while you are being escorted back to your cell. Many times this can be an ordeal, with the officers putting the handcuffs on too tight and pulling you while you walk. Many altercations are started this way. Due to these stipulations many choose not to shower at all, and the hall can really be foul at times.

Remembering my experience in the SHU, I recall that one of the biggest and most inhumane acts is the feed-up policy—referring to breakfast, lunch, and dinner. When you are served the food, it is always cold, and I've been told that some officers have been known to spit in the food. You are given a cup of Kool-Aid or milk and a bag with a fork and four slices of bread. When you're done eating the officers will come and pick up the trays. If you don't have your cup, fork, and your light on you will be put on a bread-and-cabbage diet for a week. **Seven days you have to eat some sort of loaf that tastes like bile, and cabbage for breakfast, lunch, and dinner.** Many people have written to Albany from prison complaining about the loaf. While I was in the SHU a woman from Albany did come to Wende and ask the inmates to fill out surveys about the loaf. I truly believe something is put in that loaf because it doesn't look like bread or taste like it at all. I was placed on the loaf the fourth day I was in the SHU not even knowing that I had to turn in my cup. Most inmates go hungry for the whole week like I did.

Although I was only sentenced to do six months in the Box, I did eight. Once again I was a victim of my environment. The small space which I called my own for that long and devastating time was next to an inmate who had never seen me, but was racist toward me. Though we had never interacted directly, he had made the assumption that I am black from my voice. Three days into my sentence, the man in the neighboring cell began harassing me, calling me racist names and trying to instigate a fight. The following five months were very difficult. **Day after day, hour after hour, I would have to listen to the inmate next to me use vulgar language and call me names like nigger and spic.** To add to the fuel, the correction officer assigned to the night shift would laugh at the racist slurs the inmate would scream out. One night, after I was ignoring my neighbor for some time, he began banging on the walls. The officer on shift blamed me for the noise. I tried to explain to him that it wasn't me, but he did not have the patience to listen. The outcome of this was that I had to spend an extra ninety days in the Box.

In April of 2003, I was moved to a different program, which worked with inmates diagnosed with mental illness. Until this point in time, I was

JUSTICE FOR THE INNOCENT

Jerry Balone

never diagnosed with any mental disorders other than depression. I was shocked to learn that my diagnosis was changed to bipolar disorder. I did not understand how everything had changed so quickly. I was told that I was put in the Box to help control my behavior and help with maintaining my mental disorder. This was not the experience I had. **I could not figure out how being secluded from society, spending twenty-three hours a day alone and not having anyone to talk to, was going to help me with this disorder that I was told that I had.**

In closing, all inmates, whether proven guilty or innocent, must learn to adapt to the rules and regulations put forth by the Department of Corrections, and must try to do their time with self-control and patience. Patients that are labeled mentally ill in prison must face many issues. They must deal with the many stereotypes and stigmas attached to having an illness. One must work very hard toward not letting the environment in which one is forced to live cause one to fall deeper into psychosis and delusional behavior. We as a society must try our best to find alternate ways of helping inmates with mental illness get the help they need and deserve rather than locking them away in a secluded place where they are not treated with the care they need. **All people, including inmates, should be given the opportunity to fight their illness, and be embraced and liberated.**

In December of 1999, I, along with many others at Sing Sing Correctional Facility, were sent to a Special Housing Unit (SHU) at Upstate Correctional Facility in Malone, New York. In spite of my vigorous defense, I was found guilty and sentenced to eighteen months in SHU for supposedly being involved in a statewide protest of prison conditions. The only evidence used against me was the word of a confidential informant whom I was never able to confront or question. In order to bring attention to what happened to me and others, I went on a forty-day hunger strike. After hiring an attorney, filing an appeal, and receiving a lot of publicity, I was completely exonerated of all charges. By the time the whole process was over with, I had spent ninety-nine days in SHU, I was sent to five different prisons, and my family and friends had to spend thousands of dollars in legal and travel expenses.

What happened to me was not uncommon. If I had not gone on my hunger strike and hired an attorney, I would have served the whole eighteen months in SHU for something that was completely fabricated. I never received an apology from anyone; nor was I ever compensated for destroyed and lost personal property.

The vast majority of people in prison are not capable of representing themselves at their disciplinary hearings. **For those with mental disorders, it's even worse.** Many of them are innocent, but since they have no legal skills, they are found guilty. Since they are unable to file an administrative appeal within the prescribed time limit, they end up serving their complete SHU sentence.

A BRIEF PRISON HISTORY

Joseph Davis

For those who have been classified as “mentally challenged,” there should be some impartial person within each prison to assist these people at their disciplinary hearings. Mitigating factors should always be considered in deciding how much time a person should serve in SHU. Alternatives to SHU time should be strongly encouraged. **Unless new procedures are implemented as soon as possible, injustices will continue to occur.**

At Collins Correctional Facility, if a person is found smoking a cigarette in an unauthorized area, he is sent to SHU for thirty days. Almost all rule infractions automatically send a person to SHU. Too many SHU cells have been built, and many of them should be turned into regular blocks for therapeutic programs to help people instead of adding to their problems. Keeping people in SHU just because those cells need to be filled is an insane policy. It creates more problems than it solves, and **the sooner new policies are implemented, the sooner people can receive help instead of unjust punishment.**

Prior to my prison experience I was a telephone technician, just enjoying my life on my own terms, then things began to fall apart with the loss of my father, then my job, then I was diagnosed in 1984 with a severe mental illness. Shortly thereafter I began to use drugs, which led to other negative behaviors that eventually landed me in the snare of the prison system in 1999.

While in prison, in the beginning, I was taking my medication timely and all was well with me. But I discontinued taking it because I wanted to participate in the work release program offered by the state, and did not want to be denied due to taking psychiatric drugs. I was accepted and placed on work release when the negative affects of not taking my medication kicked in. Although I did not provoke the altercation that landed me in SHU, if I had been taking my medication properly, I would not have reacted to the incident so angrily and negatively; I would have just followed the officer's instructions.

I was charged with threatening an officer and placed in SHU for three months. While there I was only allowed to exit my cell for recreation one hour per day, and twice to pick up medication. How did this environment affect me? **I felt lonely, isolated, depressed, and anti-social and contemplated hanging myself to end it all.** When I needed to speak with someone about what I was feeling, the psychiatrist was never present, or present only twice per week, and I still might not get to see him or her.

Yet many things can be done to improve how mentally ill prisoners are treated while in prisons. I will offer a few suggestions now as possible solutions:

1. Mentally ill prisoners should be placed in a separate environment from general population.
2. Officers should be specially trained to deal with mentally ill prisoners at all levels at all times, and not so quick to write tickets for negative behaviors.
3. A psychiatrist, or other qualified mental health personnel, should be available to mentally ill prisoners at all times to deal with their problems and medication.
4. Mentally ill prisoners with long-term, chronic illness should be constantly monitored and evaluated, and never placed in SHU at any time, because this is a life-or-death situation.

I thank each of you for your time and for allowing me the opportunity to share my experiences with you. I hope that it will assist in improving conditions for the mentally ill prisoners remaining in prison, and those who will eventually end up there, and the elimination of SHU as a disciplinary tool from the lives of mentally ill prisoners statewide permanently.

THE SORROW OF ISOLATION

Tanisha Jackson

The author writes that the following letter and poem (the latter written while she was in administrative segregation) are "a reflection of my time in SHU and a plea to stop the confinement of mentally ill inmates. [And] my emotional response to it as well." The poem was "written and endured by Tanisha Jackson (TJ), October 2002, one and a half years into administrative segregation. Seven months in an observation cell. One year and one month in an isolation room on the medical unit of BHCF RMU [Bedford Hills Correctional Facility Regional Medical Unit] V. Eighteen months in SHU upon return from CNYPC [Central New York Psychiatric Center]. . . . On May 3, 2004, I was released from admin-seg/SHU after eight years of confinement to either an OB [observation] cell, CNYPC, or a SHU cell. I've been succeeding on my own terms for eight months. It's not easy, but I will never forget where I came from and those of my peers who still remain."

Dating back as far as October 9, 1996, I can recall the lonely, isolated days I spent in Bedford Hills SHU block. My mother was dying and being that she was my only surviving parent (my dad died in 1992), it made my stay there that much more hopeless. I cannot count the number of times I had hurt myself in SHU either by stringing a noose made of shoelaces to the knob of the window and/or by slashing my arms till blood covered my floor, and still . . .

I was sent back there to rot, to sink further into the depression

that this isolation inflicted. In November 1997 when I got the news that my mom had been admitted again to hospital for her second liver transplant, I lost it. You'd think that a person such as myself with an extensive mental health history would be taken seriously when telling an officer that "I'm gonna kill myself" or "I feel like hurting myself."

Were these "attention-getting tactics"?

For me, they were cries for help, asking for the officer to *help me before I hurt me*. You see, I wasn't able to actually verbalize my need for help. I could not even cry! To no avail, I'd end up hurting myself in one way or another and then the "cleanup crew" would come whisk me off to OB and after a stay down there, in which of course I'd abuse myself unmercifully, I was either sent to CNYPC or returned to SHU. The bottom line is this: Albany knew I was mentally unstable, as did BHCF administration. I was one of the top five inmates at BHCF at risk for self-abuse, and I was continually sent back to SHU! Not only to finish my time, but also to "think about why you're here." "Use this time to learn from your mistakes."

And so as **I lay there day after day getting sucked back into a depressive vortex**, I thought, learn from my mistakes?

Well, I learned from my mistakes all right. A total of 158 self-abusive mistakes, all beginning when I went to SHU in 1996. I also learned that because of such severe methods of isolation and sedentariness, coupled with intentional provocation (by officers and inmates) and neglect, several of my peers have and will kill themselves in this place designated for punishment and isolation to make one "think" about what we've done. It doesn't matter if you're mentally ill. You broke a prison rule and you will suffer for it in SHU.

One woman, very close to me, killed herself in Bedford Hills, in the Special Housing Unit. Mind you, Jessica Roger made her first attempt at suicide in SHU, and she [would have] succeeded then too, but luckily the response team was able to [revive] her. But on August 17, 2002, she was not that lucky. She died this time. She attempted to take her life and she did. She's dead now and should not be!

In the male prisons as well, in their SHU buildings, men with mental illnesses/emotional problems have and will take their lives because of the extreme condition of loneliness, isolation, and deprivation that are not human but inhumane. Though we are not the same gender or live in the

same penitentiary, they too are my peers, and we are in this battle together. Being mentally and emotionally disturbed, we share a common bond.

All of us who suffer from psychiatric problems need to be treated for such, not thrown into a pit and left alone and deprived of proper nourishment and human interaction for the sake of being "institutionally correct." We need help to speak out for all of these inmates who are still suffering in prison SHU buildings. Dying by their own hands for breaking prison infractions. **Killing ourselves because we do not know how to cope with loneliness and isolation** because we have an impairment in our way of thinking because we are mentally ill. Let's stop this epidemic before more of my peers kill themselves. I know what it's like to die in the Special Housing Unit, because **the day my friend Jessica Roger killed herself in SHU, a significant part of me died in that cell, that cold and lonely place, right alongside of her.**

I died that day too.

The Effects of Isolation

My tears fall and smash to the ground.
I feel alone
even when there are other people around.
My cries echo in the silence of night.
I haven't the strength to continue riding
on this cold and lonely flight . . .
The many years that I've wasted
are nothing! Compared to the hurt-filled tears
that I have tasted.
So much pain from this empty loneliness
fill the days of my perseverance . . .

One more try, just one more chance,
this is all I am asking for.
If this opportunity cannot be given, then . . .
I'll endure this solitude until I can walk freely
from Bedford's holding doors.

But the pain still remains!

Right here! Right now! Where the agony is excruciating,
and the silence, too loud!

There is no way to fix
What has been broken for so, so long,
even regaining freedom could not heal
this gaping wound . . .

To hear, to see, just to speak to another person
is the only thing that will ultimately assuage
the hurt that fills my soul.
Every night and every day I hope a miracle will come about,
“For prayer is the only way to conquer doubt.”

I am so near to God,
but yet, I am too far out and away
to feel His touch.
I can only pray and ask Him to alleviate the pain
of being and feeling lost as well as alone.
Because it hurts too much . . .

When I lay down
before going off to sleep
I try to reach from under the lonely desperation
that has me buried so deep.
I awaken in the small hours to sit,
ponder, and to cry.
Only to fall back into a restless slumber
that leaves me afraid and . . .
aching inside . . .

A PATIENT RECUPERATING FROM HEART SURGERY IS PLACED IN THE SHU

Anonymous

In June of 2002 my significant other was an inmate at Marcy Correctional Facility. At that time he was being seen by mental health in that facility, having been diagnosed previously with PTSD, depression, and anxiety disorder. He often suffered panic attacks. He spent a lot of time in SHU throughout his bid [sentence] for various disciplinary infractions and was in SHU at the time of this incident.

One evening he complained to the correction officer on duty that he was experiencing chest pains. To the facility's credit, his complaint was taken seriously and he was transported quickly to an outside hospital for evaluation. Medical staff there recommended a stress test and other tests. He was over three hundred miles from home and very anxious and worried. I was able to speak with medical staff by phone and they explained his condition and their recommendations. He refused the tests and demanded to be returned to the facility, which they did. When facility medical staff saw his condition they returned him immediately to the hospital, where I was finally able to speak to him and strongly suggest that he go ahead with the tests.

The tests revealed serious blockage of the blood vessels surrounding his heart. I was able to speak to the

cardiologist and he recommended immediate triple-bypass surgery. Both medical staff and the correction officers assigned to watch my "other" in the hospital were very generous in allowing me to speak to him. The surgery was scheduled within a few days and I traveled to Utica to be with him during the surgery. Again, staff and correction officers were more than helpful and sympathetic. The surgery was successful. I asked the cardiologist to try to keep my "other" in the hospital as long as possible, knowing that he would be returning to prison rather than to cardiac rehab or a supportive home environment.

I had to return home before he was released from the hospital but he promised to call regularly and let me know as soon as he returned to the prison. I got one phone call when he returned to Marcy, from the infirmary, and then heard nothing from him the next day. Concerned, I called the facility, on a Saturday, and was told, laughingly, by the correction officer who took my call that my "other" was in the Box. She would give me no further information. This was *nine days* postsurgery.

First thing Monday morning I was on the telephone with the superintendent, who himself seemed surprised and assured me he would check into the situation. Within hours my "other" was back in the infirmary.

I can only imagine the horror of what he had gone through. When correction officers had delivered his property to him when he returned from the hospital, they had found a lighter and a half pill of one of his psych medications and written him up for contraband. **They took him from the infirmary and put him in the Box.** Because of the open-heart surgery, the hospital had given him a heart pillow, which he was to hold to his chest any time he coughed or sneezed. This was taken from him. He had several heart medications that it was very important for him to take per instructions. These were all placed in a plastic bag, together, and given to him. Unfortunately he wasn't allowed to have his glasses, so he was unable to read the instructions for the medications. He was not allowed to have the pain medication prescribed by his cardiologist because it was something not allowed in the facility. He was without his psych meds because mental health didn't know he was back in the facility and didn't know he was in the Box. Here was a man with mental health problems to begin with, having just gone through a very scary and stressful experience, thrown into SHU for an infraction that could easily have been dealt with at a later time.

SHUs are not known for being clean and sanitary, and he feared infection in the still-open wounds—chest, arm, and leg—from his surgery. Even

though he was in the Box only a day and a half, the experience was frightening, extraordinarily stressful, and, to my mind, totally uncalled for.

Thanks to an understanding superintendent, my "other" was spared Box time until he had recuperated a little more. I wrote letters of complaint to every conceivable DOCS official, the Commission on Corrections, and everyone else I could think of, with no response. The cardiologist even wrote a letter of complaint, at having one of his patients treated with such disregard.

Although time has passed and [my significant other] has recuperated from the surgery, he will never forget the experience and remains affected by it to this day. **He still has nightmares about the Box.** I still can't believe, although I do believe it, that human beings can be treated so badly.

PROFILE OF AN UNTREATED INMATE

Gregory Warner (staff researcher,
Correctional Association of New York)

Excerpted from Correctional Association of New York, *Mental Health in the House of Corrections: A Study of Mental Health Care in New York State Prisons* (New York: Correctional Association of New York, 2004).

JR is a 30-year-old African American man who has been in prison for 11 years. For six of those years he has lived in solitary confinement. We first met JR in Southport Correctional Facility, a freestanding disciplinary lockdown correctional facility for 780 inmates. The cellblock was relatively quiet when we arrived.

We stopped outside JR's cell because his disheveled appearance and the barrenness of his living quarters caught our attention. His cell lacked the typical (though illegal) wall adornments, such as family pictures or pin-ups, and there were no books, magazines, or papers on his desk. His black plastic glasses were broken in places and missing an eyepiece; they hung lopsided across his nose. His T-shirt was stained. His expression was expectant and somewhat fearful.

JR's responses to our questions were repetitive and highly disorganized, some unintelligibly so. When told that the Correctional Association was located on 15th Street in Manhattan, he responded like a proud first grader, "I know 15th Street! I know 125th Street, 138th Street, 42nd Street . . ." When asked how long he had been in SHU, he responded, "Oh, fifty days, a

hundred days, a hundred fifty days, massive days . . ." In fact, JR had served more continuous SHU time than he could probably count: 2,067 days.

Inmates in nearby cells, listening to our odd conversation, began to snicker. "He's crazy!" they shouted. "He's a bug! Help him!" Some prisoners began to tease him. "Whore Street!" they shouted, causing [JR] to spring to attention like a soldier. "Whore Street Representative!" he barked in response. This was repeated several times to the great amusement of the inmates on the tier. Later, an older inmate on the block said that JR gets mocked every day. "Guys here have nothing to do," he explained. "He's their TV."

JR entered prison in 1992, was screened by mental health staff and found not in need of services. Five years transpired before mental health staff saw him again, when JR was sent to the SHU for assaulting an officer. Over the next two years, mental health staff saw him eight times. The picture that emerges from his records shows an individual experiencing increasing difficulty coping with the isolation of the SHU environment. When mental health staff first screened JR upon arrival in SHU, they found him naked in his cell, wearing "nothing but his glasses." The screening social worker wrote that he appeared "lucid and coherent," but based on "his appearance and the fact that he assaulted an officer, patient will be evaluated for service need." Despite that observation, JR was not seen again until three months later. At that time, he was found to be healthy and not in need of mental health services.

One year later, JR began exposing himself to nurses and masturbating in front of female officers. He received several tickets for this behavior and additional SHU time, and was interviewed by the then-Unit Chief at Attica. Her report of that interview is the only clinical write-up on JR throughout his incarceration. She wrote in part:

Patient has no psych history and after 7½ years in prison this is the first time he exhibits this behavior. Patient claims he has SHU [time] till 2001 and thinks he won't be able to handle it.

Alert, excited. No evidence of hallucinations. No delusions. Coherent. Organized . . . Patient made several sexual remarks to this writer and interview was ended. Patient seems to be acting out as a means to get out of SHU. Diagnosis: Antisocial Personality Disorder.

(According to Hans Toch, Distinguished Professor at the State University of New York, Albany, School of Criminal Justice, "Mental health staff gain most freedom by asserting that typical infractors are of no interest to clinical professionals in that they at worst have a character defect [like Antisocial Personality Disorder] that is unresponsive to therapeutic administrations.")

JR quieted down for a while, then resumed exposing himself to female staff. He was transferred to the SHU at Wende, another maximum-security prison, and finally to Southport in April 1999, where **he was screened once, found not in need of services, and never seen again.** There his official mental health file ends.

What happened to JR between April of 1999 and May of 2002, when we first met him? Since the medical file had no answers, we turned to JR's sister, his closest relative. She has corresponded by mail with JR since he was incarcerated, and she stated that about five years ago (when JR first arrived in SHU), his letters started becoming strange—rambling, confused, disturbing, inappropriate, and repetitive—sometimes 5 or 10 letters saying exactly the same thing. When she visited him in 2000, she was shocked at the change. "He wasn't himself," she said. "Only at the end of the interview, he touched my hand, and I started crying. I thought, maybe he actually knows who I am."