IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA
MACON DIVISION

TIMOTHY GUMM, Plaintiff, v. ERIC SELLERS, *et al.*, Defendants.	)	CIVIL ACTION NO. 5:15-CV-41-MTT-CHW

EXPERT REPORT AND DECLARATION OF
PROFESSOR CRAIG HANEY, PH.D., J.D.

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EXPERT REPORT AND DECLARATION OF PROFESSOR CRAIG HANEY, PH.D., J.D.

I, Craig Haney, being competent to make this declaration and having personal knowledge of the matters stated herein, declare under penalty of perjury that the following is true and correct:

1. I am over 21 years of age. The statements contained in this declaration are based on my personal knowledge, or on information that psychologists would reasonably rely on in forming an opinion, and are true and correct to the best of my knowledge. I am aware that they will be used in a court of law.

I. Expert Qualifications

2. I am a Distinguished Professor of Psychology at the University of California, Santa Cruz, and the UC Presidential Chair, 2015-2018. My curriculum vitae is attached to this declaration as Appendix A.

3. My area of academic specialization is what is generally termed "psychology and law," which is the application of psychological data and principles to legal issues. I teach graduate and undergraduate courses in social psychology, psychology and law, and research methods. I received a bachelor's degree in psychology from the University of Pennsylvania, an M.A. and Ph.D. in psychology from Stanford University, and a J.D. from the Stanford Law School. I have received a number of scholarships, fellowships, and academic awards.

4. I have published numerous scholarly articles and book chapters on topics in law and psychology, including encyclopedia and handbook chapters on the backgrounds and social histories of persons accused of violent crimes; the psychological effects of imprisonment; and the nature and consequences of solitary or "supermax"-type confinement. In addition, I have published two sole-authored books [Death by Design: Capital Punishment as a Social Psychological System (Oxford University Press, 2005) and Reforming Punishment:

Psychological Limits to the Pains of Imprisonment (American Psychological Association Books, 2006)], and am the co-author of a third [The Growth of Incarceration in the United States: Exploring Causes and Consequences (National Academies Press, 2014)].

5. I have lectured and given invited addresses throughout the country on the role of social and institutional histories in explaining criminal violence, the psychological effects of living and working in institutional settings (typically maximum-security prisons), and the psychological consequences of solitary confinement.

6. I have served as a consultant to numerous governmental, law enforcement, and legal agencies and organizations on crime and prison policy, including the Palo Alto Police Department, various California Legislative Select Committees, the National Science Foundation, the American Association for the Advancement of Science, the United States Department of Justice, the Department of Homeland Security, and the White House. In 2012 I was one of several invited expert witnesses called to testify before a historic United States Senate Judiciary Subcommittee hearing convened by Senator Richard Durbin to address the nature and consequences of solitary confinement in the United States.

7. My academic interest in the psychological effects of various prison conditions is longstanding and dates to 1971, when I was a graduate student. I was one of the principal researchers in what has come to be known as the "Stanford Prison Experiment," in which my colleagues Philip Zimbardo and Curtis Banks and I randomly assigned normal, psychologically healthy college students to the roles of either "prisoner" or "guard" within a simulated prison environment. The study has come to be regarded as a classic study in the field, demonstrating the power of institutional settings to change and transform the people who enter them.

8. Since then, I have been studying the psychological effects of living and working in institutional environments, including mainline adult prisons and jails, specialized correctional housing units, such as solitary and "supermax"-type confinement, and juvenile facilities. In the course of that work, I have toured and inspected numerous maximum-security state prisons and related facilities in Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Louisiana, Maine, Massachusetts, Montana, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, and Washington. I have also toured and inspected many maximum-security federal prisons, including the Administrative Maximum or "ADX" facility in Florence, Colorado, as well as prisons in Canada, Cuba, England, Hungary, Ireland, Mexico, and Norway.

9. Over the past four decades I have conducted numerous onsite inspections and conducted numerous interviews with correctional officials, guards, and prisoners to assess the impact of penal confinement, and statistically analyzed aggregate data from numerous correctional documents and official records to examine the effects of specific conditions of confinement on the quality of prison life and the ability of prisoners to adjust to them.

10. I have been qualified and have testified as an expert in various federal courts, including United States District Courts in Alabama, Arkansas, California, Georgia, New Mexico, Pennsylvania, Texas, and Washington, and state courts in California, Colorado, Florida, Montana, New Jersey, New Mexico, Ohio, Oregon, Tennessee, Utah, and Wyoming, as well as in Canada.

11. My research, writing, and testimony have been cited by state courts, including the California Supreme Court, and by federal district courts, circuit courts of appeals, and the United States Supreme Court.

II. Methodology

12. I have been retained by counsel for the plaintiff in this case to provide expert opinions on the psychological consequences of confinement in the Special Management Unit (SMU) at the Georgia Diagnostic and Classification Prison.

13. In order to accomplish this task, I followed virtually the identical procedure and standard methodology that I have employed for approximately the past forty years, whenever I have been retained to evaluate and form opinions about conditions of confinement and policies and practices in correctional facilities or prison systems. Thus, I have reviewed a wide range of documents that I requested and were provided to me by counsel for plaintiff, including: the Second Amended Complaint filed in the case; various Georgia Department of Corrections policy documents; rosters of prisoners housed in the SMU; the movement histories, institutional files, medical and mental health files for the prisoners whom I confidentially interviewed; various SMU logbooks and incident reports; documents related to two prisoner suicides that occurred in the SMU; various Tier III program materials; and the case-related deposition transcripts of several Georgia Department of Corrections employees. (A full list of materials is appended to this report as Appendix B, titled "Records Provided by Plaintiff's Counsel.") These materials provided extremely useful context for the direct observations I made of the facility and for the interview data that I collected directly from the prisoners themselves.

14. In addition, on October 26, 2017, I conducted an onsite tour and inspection of the Georgia Diagnostic and Classification Prison's SMU. In the course of this inspection I was able to see every area to which SMU prisoners have routine access, including the SMU housing units, the individual exercise pens or cages to which they have limited access, the rooms on some of the units that contain programming cages, medical and mental health areas, visitation areas, and

shower areas. I also was able to not only see but also enter a number of representative SMU cells.

15. In the course of touring the SMU housing units on October 26th I also conducted in-passing interviews with prison staff members and conducted a number of cell-front interviews. The cell-front interviews with prisoners allowed me to engage in brief conversations with a number of prisoners as I moved through the housing units. These interviews provided an opportunity to see prisoners in their housing units and yard/recreation areas, and to simultaneously ask them direct questions about their conditions of confinement, the procedures and practices to which they were subjected, and the nature of the mental health treatment and monitoring they received (if any). The cell-front interviews also allowed me to preliminarily assess whether and how the prisoners felt they were being affected by the isolated confinement to which they were subjected.

16. In addition to the cell-front interviews, I arranged to conduct longer, individual, confidential interviews with prisoners from the housing units that I toured. These more in-depth confidential interviews occurred on the afternoon of October 26th and for most of the day on October 27th, 2017. They took place in an area of the SMU that was made available for this purpose by prison staff. Although custody personnel were nearby, I was assured that they were out of earshot and that the interviews could not be overheard. I conveyed this reassurance to the prisoners whom I interviewed. Confidential out-of-cell interviews are important because prisoners feel more comfortable and willing to provide information candidly, something many are reluctant to do in a semi-public cell-front setting. Given the subject matter on which I focused—their psychological reactions to solitary confinement and its effects on their mental health status—privacy and confidentiality were especially important. Thus, these more in-depth,

confidential interviews allowed me to establish rapport with the prisoners, to learn something about their background social and institutional histories, and to conduct more meaningful and systematic assessments of whether and how they were being psychologically affected by the conditions, practices, and procedures to which they were subjected during their confinement in the SMU. I was also able to discuss their official Department of Corrections mental health status and the nature of the treatment contacts they had, if any.

17. Some of the prisoners whom I confidentially interviewed were persons that I selected from a list of potential interviewees suggested by counsel for the plaintiffs, some were prisoners whom I identified for interviews based on my observations and the cell-front conversations I conducted during my tour the day before, and some were selected randomly from the inmate roster. Selecting some prisoners from my briefer cell-front contacts allowed me to pursue issues that had surfaced the day before but to do so in a more in-depth, confidential manner. Interviews with randomly selected prisoners provides a representative sample of reactions and concerns, and allowed me to cross-check what these prisoners told me with the reports that came from prisoners selected in different ways. Although constraints of time prevented me from conducting interviews with an extensive number of prisoners who had been randomly selected from the SMU roster, nearly half (5 of 11) of my confidential interviewees were selected in this way.

18. In addition, it was possible for an investigator for the plaintiffs who accompanied us on the tour of the SMU to take photographs that depicted representative areas of the facility. In my experience, because many prison environments are difficult if not impossible to fully verbally describe, seeing them as they actually are deepens one's understanding of how and why prisoners can be psychologically affected by them. For this reason, I have included photographs

that illustrate some of the things discussed in the accompanying paragraphs in the report, and also have included a separate appendix (Appendix C) with additional, labeled photographs that depict many of the things I observed in the course of my tour.

III. Summary of Expert Opinions

19. As I will describe in the pages that follow, the SMU at the Georgia Diagnostic and Classification Prison is what is defined in the scientific and correctional literature as "solitary confinement."[1] It is one of the harshest and most draconian such facilities I have seen in operation anywhere in the country.

20. The conditions, practices, and procedures to which prisoners in the SMU are subjected are not only draconian in nature but are dangerous in effect. That is, the Georgia SMU so severely and completely deprives prisoners of meaningful social contact and positive environmental stimulation that it puts them at significant risk of very serious psychological harm. That psychological harm may be irreversible and even fatal.

21. The prisoners in the SMU with whom I conversed cell-front as well as those whom I interviewed confidentially and in more depth described the pain that they felt and the

[1] The terms "segregation," "solitary confinement," and "isolated confinement" are terms of art in correctional practice and scholarship. For perhaps obvious reasons, total and absolute solitary confinement—literally complete isolation from any form of human contact —does not exist in prison and never has. Instead, the term is generally used to refer to conditions of extreme (but not total) isolation from others. I have defined it elsewhere, in a way that is entirely consistent with its use in the broader correctional literature, as:

> [S]egregation from the mainstream prisoner population in attached housing units or free-standing facilities where prisoners are involuntarily confined in their cells for upwards of 23 hours a day or more, given only extremely limited or no opportunities for direct and normal social contact with other persons (i.e., contact that is not mediated by bars, restraints, security glass or screens, and the like), and afforded extremely limited if any access to meaningful programming of any kind.

Craig Haney, The Social Psychology of Isolation: Why Solitary Confinement is Psychologically Harmful, Prison Service Journal, 12 (January, 2009), footnote 1. This definition clearly applies to the Georgia SMU.

mental and emotional suffering they endured as a result of the severe social and environmental deprivations to which they were subjected. They reported numerous symptoms of psychological stress and trauma and many specific psychopathological reactions to their isolation. Some of the prisoners I interviewed were among the most psychologically traumatized persons I have ever assessed in this context. They are at grave risk of harm.

22. I believe that there are four exacerbating features of confinement in the SMU that help to account for the unusually high level of trauma and risk that are manifested in this unit.

23. The first is that the conditions of confinement themselves are unusually severe and more isolating and "closed in" than the great majority of such units that I have seen. There is little or no opportunity for prisoners to have meaningful social contact or, except in the approximately five hours per week that some of them have outdoor exercise, any social interaction with other prisoners. Except for these brief periods when they are allowed outside, they are denied even visual contact with the natural world. Moreover, "outdoor exercise" takes place in an industrial-like environment, consisting of concrete and cages and surrounded by buildings.

24. The second factor is the way that the experience of these harsh and dangerous SMU conditions, practices, and procedures is compounded by the uncertainty and sense of helplessness that accompanies it. Thus, prisoner after prisoner acknowledged the added stress and anguish created by not knowing whether and how he could secure his release from the SMU. A number of them complained that they were retained under these harsh and deprived conditions despite having had few if any recent disciplinary infractions. Others indicated that they were given no specific guidance about what exactly they needed to do in order to gain their release.

25. The third exacerbating feature of confinement in this facility is the prolonged duration of the confinement itself. Prisoners in the SMU are kept there for years—not days, weeks, or months. When combined with the sense of uncertainty about release, these extremely long periods of confinement under such draconian conditions can create widespread frustration and a sense of profound hopelessness. The longer prisoners are kept under these stressful, damaging, and harmful conditions, the greater the risk that they will succumb.

26. Finally, it appears that a shockingly high number of mentally ill prisoners are housed in the SMU. These prisoners either have been placed on the mental health caseload by the Georgia Department of Corrections, and/or have documented histories of serious mental health problems in the past (including mental hospitalization and/or having been prescribed psychotropic medications, including anti-psychotic medications used for only the most severe psychiatric disorders). The conditions, practices, and procedures that exist at this facility place all prisoners who are exposed to them at significant risk of serious harm, but this is especially true for persons with serious mental health problems and vulnerabilities. Housing these prisoners in such a psychologically harsh and deprived environment is extremely dangerous and singularly inappropriate.

27. The unusually severe and deprived conditions, practices, and procedures that exist at this facility, the uncertainty prisoners experience over whether and how they can obtain or hasten their release, the very long duration of the SMU sentences that prisoners are required to serve, and the disproportionate number of mentally ill prisoners who are housed in this unit represent a truly toxic and extremely dangerous combination of factors and forces. It is important to note that by subjecting SMU prisoners to this toxic and dangerous combination of factors and forces, the Georgia Department of Corrections has ignored a long-standing and robust scientific

literature that has established the very serious and at times irreversible harm that solitary confinement in general can incur. It is also operating the SMU in clear violation of a widespread and growing national and international professional, legal, and correctional consensus that not only acknowledges the grave nature of the harms to which I have alluded (and will discuss in detail below) but, as a result, mandates significant restrictions the use of solitary confinement overall and prohibits it from ever being used with certain vulnerable populations (such as the mentally ill).

IV. The Georgia Diagnostic and Classification Prison SMU's Severe Conditions, Practices, and Procedures

28. The SMU at the Georgia Diagnostic and Classification Prison houses up to 192 prisoners, all locked behind steel doors that prevent them from seeing out or anyone from seeing in. The conditions, practices, and procedures to which prisoners housed there are subjected constitute what is commonly referred to in correctional practice and the scientific literature as "solitary confinement." In fact, they are in certain respects as severe and depriving as any I have seen anywhere in the United States. Some prisoners—those at the lowest level of the so-called "Tier III Program"[2]—are not allowed personal property (other than legal materials, up to ten personal letters, and writing materials), have no access to out-of-cell exercise or recreation, no phone calls, and no visits.[3] This is unheard of in my experience. That is, I do not believe I have

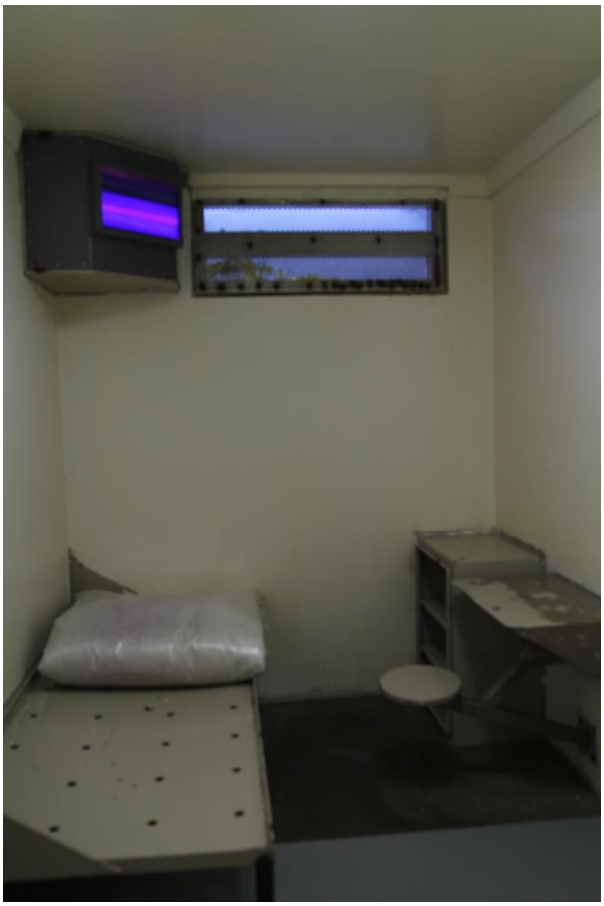
[2] The "Tier III Program" apparently applies only to SMU prisoners at this facility, and it applies to all of them. It is ostensibly an "incentive" program that is designed to encourage and reward conforming behavior among prisoners. In theory, prisoners who demonstrate "appropriate adjustments" advance to higher tiers that afford them more privileges and eventual transfer to mainline prison housing. It does not appear to operate this way in practice, as discussed later in this report.

[3] According to the written policy, prisoners in E Wing are provided no out-of-cell exercise and no telephone calls. For the first 30 days, they are provided no personal visits, though they are nominally allowed one non-contact visit per month after the first 30 days, assuming they have family willing and able to visit them.

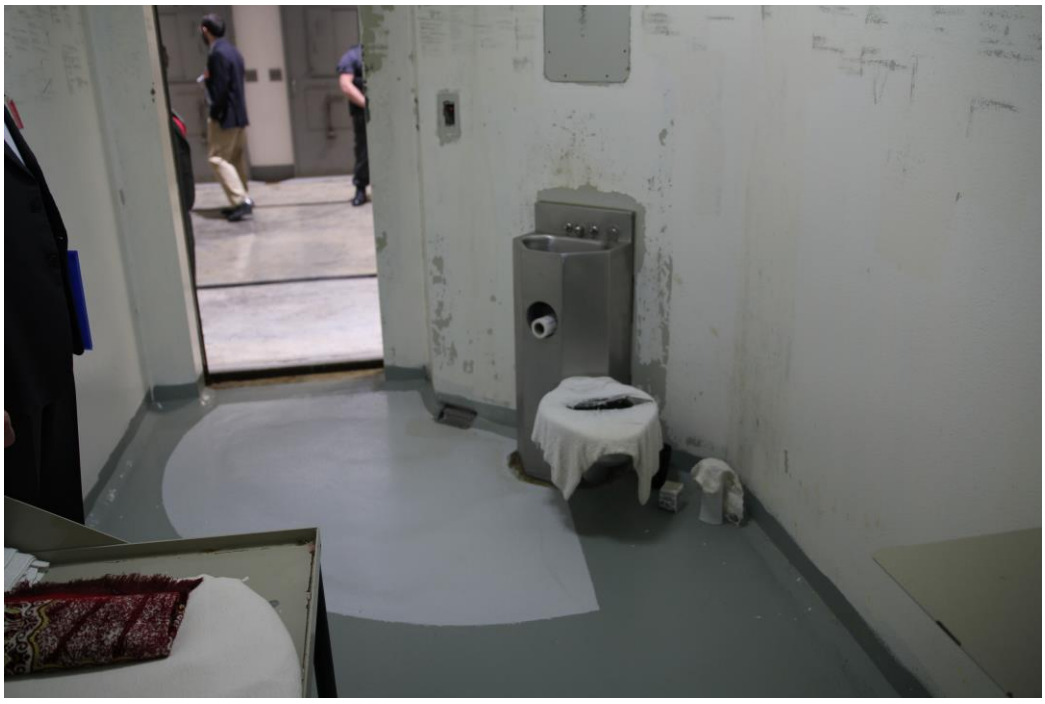
ever encountered a facility in which a group of prisoners is, by policy and practice, denied access to any exercise, programming activities, and to have no phone and visitation contact with the outside world. But even the prisoners at the higher levels of the Tier III Program are subjected to very severe deprivations, as described below.

A. Extremely Depriving and Isolating Conditions, Practices, and Procedures

29. The open areas of the housing units I toured and inspected were for the most part clean and well-lit.[4] However, prisoners have no access to those areas and so never use them. Instead, prisoners confined in the Georgia SMU are locked inside their cells for nearly every hour of every day. The cells are relatively small (approximately 7 by 13.5 feet). This is the area in which all SMU prisoners eat, sleep, and defecate.



[4] A number of prisoners told me that elaborate preparations had been made in advance of my visit, including special cleaning and painting of the units.

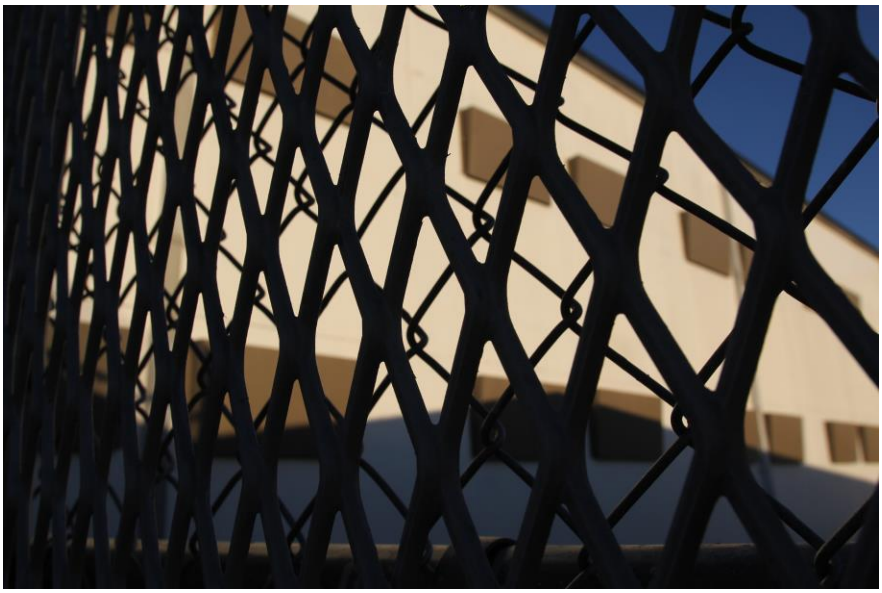


30. Although some SMU prisoners are entitled by regulation to five hours of outdoor exercise per week, their out-of-cell time is allocated in two 2.5-hour increments. This means that, even under the best of circumstances, SMU prisoners will remain confined in their cells for several uninterrupted days at a time. A number of prisoners with whom I spoke also complained that when the scheduled outdoor exercise periods are cancelled, much longer periods of continuous in-cell confinement results. The outdoor exercise areas are barren and restrictive; they consist of concrete-floored enclosed cages, roughly the size of the cells in which prisoners are otherwise housed, and are surrounded by buildings. As I noted earlier, they feel more like an industrial than a natural setting.

31. Approximately half of the prisoners are also entitled to three 15-minute out-of-cell shower periods per week. The other prisoners are housed in units that have shower spigots installed inside their cell, eliminating even the brief 15-minute out-of-cell respites. The configuration of the in-cell showers are problematic. They are installed at a relatively low height on the wall (making it difficult for moderately tall prisoners to get beneath them) and are not sufficiently separated or partitioned from the rest of the cell to prevent shower water from covering the cell floors, and drains on the cell floors are sometimes damaged or poorly functioning. Prisoners with in-cell showers cannot control whether, when, or for how long the showers are left on.

32. In addition to the essentially around-the-clock in-cell confinement to which SMU prisoners are subjected, the cells themselves are more socially and physically isolating than those in the typical solitary or "supermax" facilities with which I am familiar. That is in part because the SMU cell doors are made of solid metal (rather than open bars) and also because they have an outer metal shield that covers the small window on the cell door and is typically kept closed (except when opened briefly by staff). This prevents prisoners from seeing out of their cell (or anyone passing by from seeing in). It also eliminates any opportunity for even the kind of minimal vicarious social contact that occurs in more typical solitary confinement units, where prisoners can observe passing movement or events taking place on the unit floor. As I learned when I conducted cell-front interviews, the solid cell doors make it difficult to hear prisoners from inside their cells, especially when there is noise in the unit.

33. Metal shields also have been placed on the small rear windows of the cells, preventing prisoners from seeing outside and getting even a glimpse of the natural environment. This also prevents natural air and limits sunlight from entering the cells. The SMU prisoners are in essence hermetically sealed inside their cells for the extended periods in which they are confined there.



34. Some of the cells in E Wing have solid coverings over the exterior windows.

35. The metal shields on cell doors obviously also impeded the transmission of sound, so that it is impossible to converse with a prisoner whose shield is in a closed position (as most were when I toured). However, I found that it was also difficult to carry on a conversation with a prisoner even when the shield was open. Instead, it was necessary to shout back and forth between the crack at the edge of the door, making it impossible to have a "normal" conversation (i.e., one in which you could talk and see the person's face at the same time).

36. The combination of the nearly around-the-clock periods of in-cell confinement, the locked-in (indeed, virtually "sealed-in") nature of the cells themselves, and the resulting near-total deprivation of any social contact or positive environmental stimulation from any source outside the cell ensures that all SMU prisoners are subjected to extraordinarily harsh day-to-day living conditions.

37. Beyond the cells themselves, there are other aspects of life in the SMU that add to the pains of imprisonment there and place prisoners at risk of psychological harm. For example, prisoners in the lower and more restrictive levels of the Tier III program do not have access to outdoor exercise, are denied phone calls and visits (or are permitted only one of each per month), and are not allowed televisions. At the higher levels, prisoners are permitted in-cell televisions (mounted near the ceiling above the bed), and may receive as many as four visits and make four phone calls per month, but their SMU "program" consists of little else. Although I was told that the prisoners at these higher levels were given access to "programming," it apparently consists at best of very limited opportunities for a small number of prisoners to attend "classes" of some sort that are taught in a room at one end of A Wing and B Wing. The "classroom" consists of four metal, telephone booth-size cages that are arranged in a row. Prisoners sit in them while being instructed. However, even for the limited number of prisoners who have access to this restricted

programming, it entails no more than an hour or two of additional out-of-cell time per week and does not appreciably ameliorate the isolation to which they are otherwise subjected.[5]

38. Visitation in the SMU is limited in amount (ranging from as few as no visits to a maximum of four per month) and is exclusively non-contact in nature. It takes place in a cinderblock visiting booth where prisoners are limited to conversing through a Lexan partition

[5] According to the deposition transcripts for Deputy Wardens June Bishop and William Powell, only A Wing and B Wing have designated classrooms (though there was unused space in all wings that could be used for out-of-cell activities), and the only three classes offered are GED classes, the "Offender Under Transition" or "OUT" program, and, as of mid-2016, anger management classes. An SMU weekly schedule shows that "cognitive programming" (presumably referring to anger management or OUT classes) is scheduled in two-hour blocks on Tuesday and Thursday mornings, and GED classes are scheduled in two-hour blocks on Tuesday and Thursday evenings. As each classroom allows only four prisoners at a time to attend any class session—and only A Wing and B Wing are equipped with classrooms—it appears that only a small fraction of SMU prisoners can participate in out-of-cell classes (which, as noted above, require prisoners to be locked in single-person cages). Deputy Warden Powell noted that no more than about 15 prisoners were in the OUT program at the time of his deposition. This low participation rate is concerning because, according to a memorandum pertaining the program, a prisoner "must complete this [OUT] class to be considered for recommendation to transfer to a Tier II program."

and over an electronic device with loved ones, who also sit in a cinderblock booth. This means that during the entire period they are confined in the SMU—a period that, as I describe below, typically lasts for years on end—prisoners are prohibited from touching another human being with affection.

B. The Indefinite and Uncertain Length of Solitary Confinement

39. The second exacerbating feature of the SMU is the indefinite and uncertain duration of the time prisoners are required to spend there. In theory, the "Tier III" Program that governs the SMU is supposed to be operated as an "incentive" system, one that is designed to reward positive behavior by leading compliant prisoners through a graduated series of increased privileges. Most importantly, the privileges are supposed culminate with an eventual transfer from harsh SMU confinement to a more benign mainline prison setting elsewhere in the Georgia system. Leaving solitary confinement thus represents the ultimate "reward" prisoners attain for maintaining a record of good behavior. However, the danger with an incentive system like this is that, depending on the way it is structured and administered, it may "trap" prisoners into lower privilege levels and into the SMU itself for exceedingly long periods of time, presumably because they fail to "progress" or "conform." But their failure to progress can occur for a variety of reasons that really represent "malfunctions" in the system itself, rather than the non-

conforming behavior of the prisoners. These malfunctions can include the fact that the thresholds for moving prisoners to less onerous levels in the program are set unrealistically high, afford too much discretion to line staff and other institutional decision-makers who may apply the rules of the program too strictly, or when the prisoners themselves—perhaps because of mental illness or other vulnerabilities—lack the capacity to conform their conduct to the requirements of the program. In addition, prisoners may not be progressed to units with higher privilege levels or out of solitary confinement entirely merely because the prison or prison system lacks the appropriate bed space in which to put them.[6] Thus, prisoners often languish at the lowest and most deprived level in the system (and the levels at which they are at most risk of harm) not because of their behavior but because the prison cannot house them where they are supposed to be.

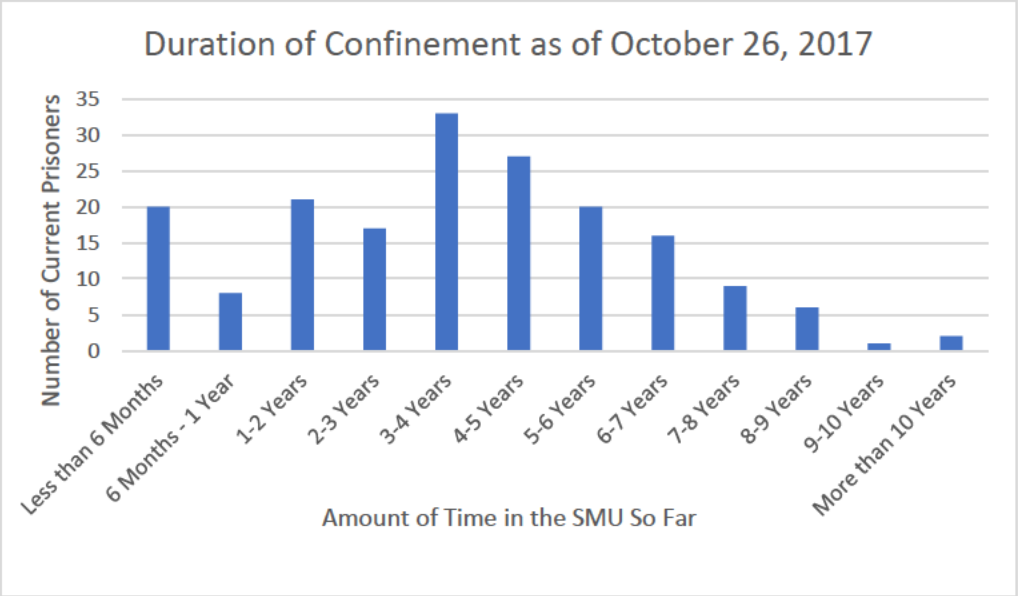
40. In the cell-front conversations and confidential interviews I did with SMU prisoners it appeared to me that all of these kinds of malfunctions applied to the Tier III program. Many prisoners complained not only that they were being unfairly or unjustifiably retained in the SMU, but that they did not know what they had to do in order to be moved to a higher level in the Tier III Program, where they would be provided with more privileges. Most frustrating, they said, was the fact that they did not know—and were not provided guidance about—what to do in order to expedite their ultimate release from solitary confinement. This meant not only that they experienced the very harsh conditions of the Georgia SMU for extremely long periods of time but also came to believe that the duration of their solitary confinement was indefinite and uncontrollable. As one D Wing prisoner [redacted] told me: "I've been here almost two years. I don't know how to get out. It's supposed to be a six-month program but nobody has a release date. You only have a start date."

[6] When asked about this at his deposition, SMU Chief of Security Dwain Williams corroborated prisoners' reports that people are often held in more restrictive phases, unable to progress through the SMU, due to lack of bed space in the less restrictive wings.

C. The SMU Imposes "Long-Term" Solitary Confinement

41. A review of the prison records depicting the "movement histories" of the 180 prisoners listed on the SMU roster for October 26, 2017 (the day I visited) indicates that the typical SMU prisoner is subjected to the extremely harsh form of solitary confinement that I have described for periods that last for several years or more. As Figure 1 below depicts, the modal (most frequent) duration of confinement in Georgia's SMU is between three and four years, with nearly half of the prisoners in SMU being retained for even longer periods (including 34 of them, or nearly 20%, who have been kept there for six years or more).[7]

Figure 1



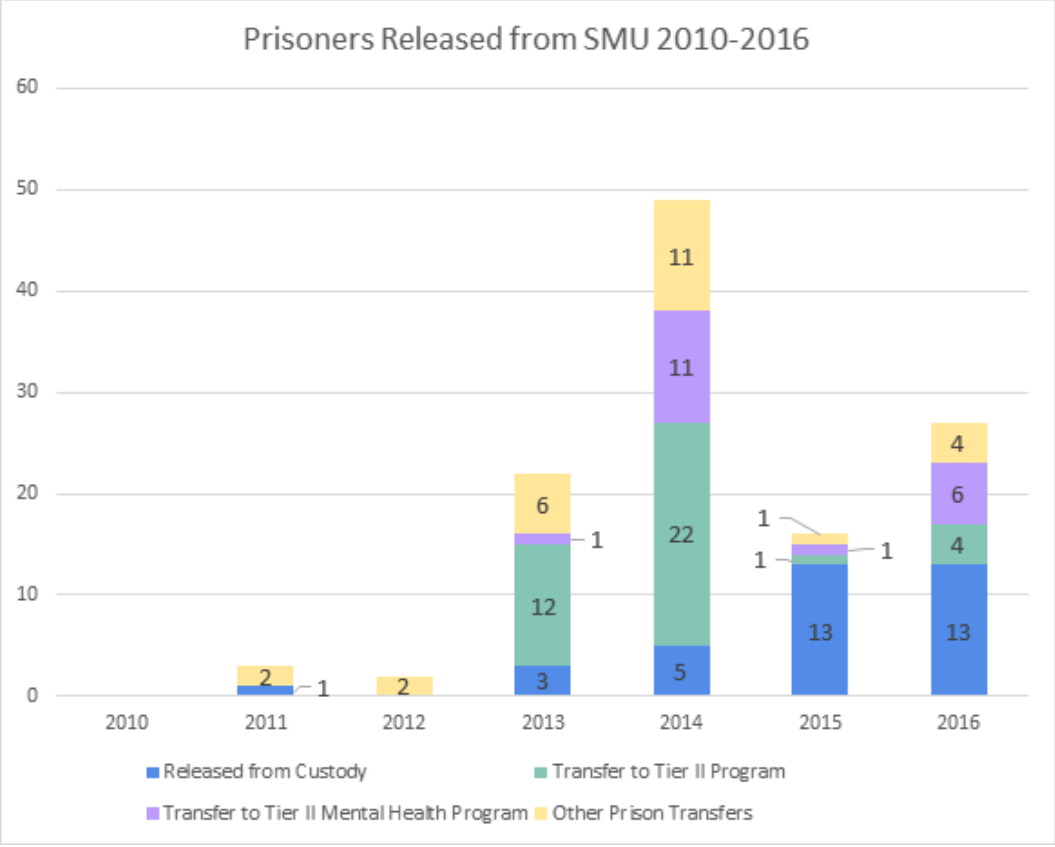
42. By any measure, these overall lengths of stay are excessive. The recommended professional, human rights, and correctional limits that I will discuss in a subsequent section of this report specify maximum terms of days or months, not years. The extremely long terms

[7] These figures represent only the length of time that prisoners had been held in the SMU as of the date of my tour, and not the total amount of time that prisoners spend in the SMU before release from the facility.

solitary confinement to which SMU prisoners are subjected greatly increase the risk of harm that they suffer.

43. Moreover, the movement records I reviewed not only underscore the long duration of solitary confinement to which SMU prisoners are subjected but also indirectly confirm their belief that it is difficult if not impossible to secure release from the SMU and reassignment to a more benign and tolerable mainline prison environment. Thus, an examination of the prisoners' movement records out of the SMU in the years since 2010 indicate that—for whatever reason—very few prisoners are being removed from the SMU. Instead, once there, it looks as if prisoners are (as they reported) hard-pressed to secure their release. Although the summary data depicted in Figure 2 below do not specify the reasons, the fact is that very few prisoners are being transferred out of SMU.

Figure 2



44. As Figure 2 indicates, concentrating on just the last four years (2013 to 2016), the actual number of annual releases has been small, averaging approximately 29 per year. In a unit that holds 180+ prisoners, that represents no more than about 15% of the population that is released each year. But a more careful examination of the data reveals an even more problematic pattern. In particular, in the last two years the overwhelming number of "releases" were not discretionary decisions at all; instead they represented prisoners who were kept in the SMU until they reached the end of their prison sentences, when prison officials were required to release them from prison.[8] In any event, specifically, of the 43 prisoners who were released from SMU in 2015 and 2016, a total of 26 of them (60%) left the SMU because they had completed their prison sentences.

45. Moreover, a high percentage of the remaining prisoners who were released from SMU and, in fact, were transferred to other prisons in the Georgia system were actually sent to the "Tier II Long Term Administrative Segregation" program, which is another form of solitary confinement. Thus, between 2013-2016, of the 80 prisoners who were transferred from the SMU to other prisons, at least 58 of them (73%) went into the Tier II long-term solitary confinement program instead of to a mainline facility.

D. The Dangerously High Number of Mentally Ill Prisoners in SMU

46. In the course of my tour and inspection on October 26, 2017, I was struck by the number of SMU prisoners who appeared to be seriously mentally ill. This impression was based on some of the things that prisoners said to me about their mental health status in my cell-front

[8] Although some prisoners may be released from the SMU to another correctional jurisdiction, presumably the majority are not, and return to the freeworld directly from the isolated confinement of the SMU. For perhaps obvious reasons, if and when this occurs, it is extremely problematic. Releasing prisoners directly from the SMU environment, where they have been denied normal human social contact—typically for years—places them at greater risk of failure. Many will be more likely to reoffend and, in the case of mentally ill prisoners, to decompensate.

interviews with them, and also on some of the behavior that I directly observed them engage in during my walk through in the housing units. I was able to follow-up in more depth in the confidential interviews I conducted with prisoners later that day and on the next, and those interviews intensified these concerns. The presence of mentally ill prisoners in solitary confinement units in general is problematic, in part because their added psychological vulnerability increases their risk of serious harm. The presence of a large number of mentally ill prisoners in a unit as harsh and severe as the Georgia SMU, where prisoners are not only subjected to draconian conditions but also are kept for long periods of time, plagued by uncertainty about whether and how they will manage to be released, would be extremely problematic.

47. For this reason, I asked to review the mental health records for the 180 prisoners who were listed on the October 26, 2017 SMU roster. Although I was not provided access to the 180 prisoners' mental health records, I was provided general information about prisoners currently receiving mental health treatment. According to these records, 70 prisoners (39%) were designated as mentally ill ("MH-2") for the time period that encompassed the day I was there (i.e., records reflecting their mental health status between July 11, 2017 and November 20, 2017). In my opinion, it is dangerous and ill-advised to house any mentally ill prisoners in solitary confinement. I do not believe there is any possible justification for housing such a high number of mentally ill prisoners in solitary confinement, especially not in a unit as harsh and severe as the Georgia SMU.

48. Moreover, it appears that even the relatively large number of SMU prisoners designated "MH-2" (which means that they are receiving outpatient treatment for mental illness) understates the actual number of prisoners housed there who are suffering from serious mental

problems. This is clear from a review of two prisoners who committed suicide recently, [redacted] and [redacted].

49. [redacted] was a [redacted]-year-old man who was found dead in his F Wing cell on [redacted] 2017. [redacted] had hung himself with a sheet tied to a lighting fixture. By the time he was found, his body "was stiff and cold," suggesting that officers had not checked on him in some time.[9]

50. Although [redacted] was not on the prison's mental health caseload and had not been diagnosed with mental illness by prison officials, his institutional file reflects that he had suffered from mental difficulties from a young age. A social history questionnaire completed by [redacted]'s father in 2002 (around the time [redacted] entered the Georgia prison system) recounted an unstable early childhood, including that [redacted]'s [redacted] and stated that, as a result of his [redacted], [redacted] had disabilities that qualified for childhood social security benefits. His father wrote on the questionnaire, "My son needs mental help."

51. A mental health referral form dated January 21, 2009, states that [redacted] had reported experiencing auditory hallucinations for more than a year at that point, and that he had a history of treatment "for anxiety, depression, [and] multiple personalities." After getting into an altercation with another prisoner, [redacted] allegedly informed prison officials that "the voices told me to fight him." Despite these facts, [redacted] was placed [redacted] program in March 2014. In January 2015, he was moved to the SMU, where he spent nearly three years being cycled between the austere E and F Wings before taking his life in [redacted] 2017. While in the SMU, [redacted] spent several days in the hospital in April 2016

[9] An incident report notation by Deputy Warden William Powell states that "[s]ecurity staff did not follow proper security procedures" in connection with the incident, though there is no further explanation about this point.

because he had swallowed a section of hacksaw blade, after which he was returned to the SMU and placed in E Wing for an eight-month stint.

52. As noted above, [redacted] spent all of his SMU time (with the exception of a short hospital stay) in the two most restrictive wings: a total of about 16 months in E Wing, and the remainder in F Wing. His two most recent 90-day review forms—dated March 17, 2017, and July 6, 2017—recommended that he remain in F Wing even though [redacted] had not received a disciplinary report since August 2016. There was no explanation for retaining [redacted] in the SMU or under the especially severe conditions of F Wing.

53. [redacted], the other prisoner who recently committed suicide, was a [redacted]-year-old man found dead in his C Wing cell on [redacted] 2017. He had hung himself from a light fixture with his belt. [redacted] entered the prison system in 2015, at age [redacted], to serve a sentence of either life or 50 years (records are conflicting about the sentence) without parole for child molestation. Within three months of entering the prison system, he had an altercation with an officer and was transferred to the SMU.

54. [redacted] was not on the mental health caseload. However, he was screened by mental health staff upon arriving in the SMU. During the screening, [redacted] reported a suicide attempt in 2013, previous outpatient mental health treatment at a freeworld facility called Highland Rivers, mental health treatment in jail, and a history of head trauma.[10] Counselor M[redacted] B[redacted] noted that [redacted] had suicide risk factors "that suggest need for further evaluation/monitoring," including that [redacted] had a lengthy sentence and was serving his first period of incarceration. However, B[redacted]'s recommendation was that [redacted] receive no

[10] His records also reflect a history of panic attacks brought on by cyst in his throat that interfered with his breathing.

further mental health evaluation. J L, another counselor who screened on the same day as B, likewise recommended no mental health referral.

55. appears to have had no disciplinary problems in the SMU. He was nonetheless held in E Wing and F Wing for a year (three months in E, followed by nine months in F), followed by over a year in D Wing. His slow progress through the SMU phases appears to be due to lack of space in less-restrictive wings rather than any fault on the part of . Multiple 90-day review forms recommend that progress to the next phase "pending bedspace," suggesting that he would have moved through the program more quickly had it been administered according to the written policy. His prison records reflect bewilderment at the reason for his lengthy assignment to the SMU. In December 2016, after he had been assigned to the SMU for well over one year without disciplinary infractions, but had only made it to D Wing, he presented as "gloomy" and reportedly asked counselor J G, "Sir, why am I still assigned to this place?" Apparently not knowing the answer to 's question, G replied, "[T]hat is a question for SMU administration."

56. On 2017, informed a nurse that he was having nightmares about being stabbed, woke up in pain as if he had been stabbed, could not sleep, and suffered from decreased function. The nurse referred for a routine mental health evaluation, meaning an evaluation to occur within 14 days. Later that day, was found hanging in his cell.

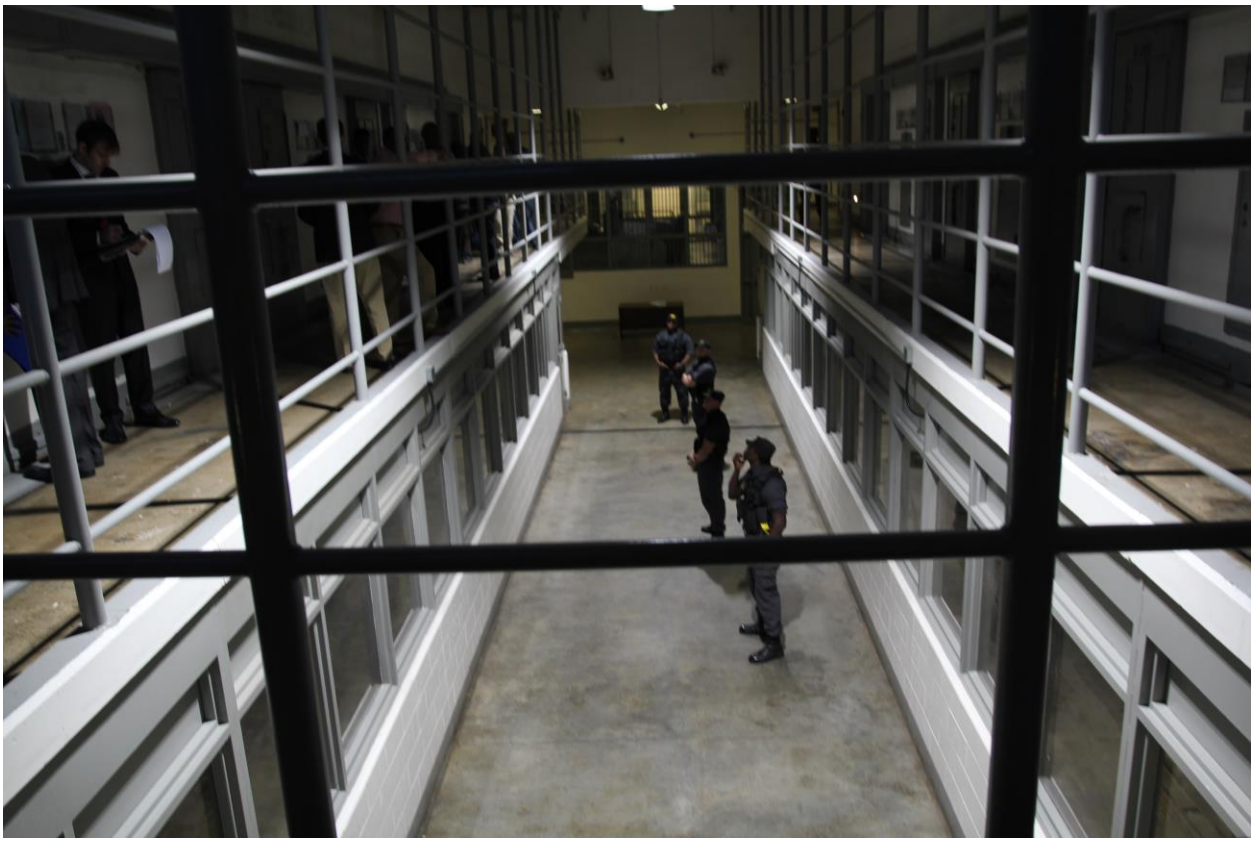
57. Both of these tragic cases illustrate not only the fact that the SMU houses prisoners with very serious mental health problems (that include past histories of mental health treatment and manifestations of recent symptomatology) that are nonetheless not on the mental health caseload but also that prisoners with such pre-existing vulnerabilities are likely to suffer

greatly and deteriorate badly in solitary confinement. When their suffering and deterioration is ignored and they are retained in these dangerously harsh and deprived conditions, the consequences can be fatal.

E. Special Concerns About the Chaotic and Dangerous Conditions in E Wing

58. Although all of the SMU housing units I visited suffered from the problems that I have summarized above, one of them was truly shocking. On the day that I toured and inspected the SMU, the atmosphere inside E Wing was bedlam-like, as chaotic and out-of-control as any such unit I have seen in decades of conducting such evaluations. When I entered this housing unit I was met with a cacophony of prisoner screams and cries for help. The noise was deafening and there was the smell of smoke in the air, as if someone had set a fire sometime earlier in the day.[11] The entire bottom tier of the two-tier unit was "behind glass"—partitioned off from the open first floor area—providing an additional layer of separation from the rest of the unit. These cells were especially poorly lit, and one had the window opening blocked, keeping the prisoner inside in darkness. As I walked through the unit and conversed with the prisoners cell-front, one after another described the deprivation, suffering, and uncertainty with which they lived.

[11] Subsequent to the tour, I learned through a prison logbook that [redacted] had set fire to cell [redacted] and cut himself the day before the tour. The prison logbook further showed that [redacted] had previously cut himself on September 18, 2017.



59. E Wing is at the lowest level of the Tier III program, where prisoners are afforded few if any privileges at all. A number of them said they had been kept in their cells virtually around the clock, for weeks or months on end. As one of them [redacted] put it: "We never get out of our cells. We are caged in. They don't even want to take us to shower." The sense of desperation throughout E Wing unit was palpable. One prisoner [redacted] told me: "Everybody in this unit has problems. We are just desperate, so we yell and scream for help. They ignore us or they beat us up." The interiors of many of the cells were dirty and disheveled and reflect the desperate conditions of the men who lived inside them.

60. Because an extremely high number of prisoners in E Wing either appeared unstable or indicated to me that they were on the mental health caseload (and also simultaneously complained about the inadequate mental health care they received), I sought to determine the prevalence of mentally ill prisoners in this unit. The prisoners' "mental health history sheets" that I reviewed indicated that a total of 43 prisoners had been assigned to E Wing at some point in the 90-day period preceding October 26, 2017. They also indicated that an astonishing 86% of them (37 prisoners of 43) had formal mental health diagnoses, most of which included major mental illnesses (including such things as psychosis). In fact, 46% of them (20 prisoners) had four or more mental health diagnoses listed in their mental health history sheets. Focusing only on the 28 prisoners who were housed in E Wing on the specific day I visited, 89% of them (25 prisoners) had mental health diagnoses and 54% (15 prisoners) had four or more diagnoses listed in their history sheets.

61. Given the disproportionate number of mentally ill prisoners housed there, it is perhaps not surprising (but no less dangerous or troubling) that a disproportionate number of self harm and acts of suicidality occur in E Wing. According to housing logs, E Wing holds approximately 16% of the SMU prisoner population. Yet, a review of the "self injury logs" for the 90-day period preceding October 26, 2017 indicated that E Wing prisoners accounted for more than a third (34%) of the self harm incidents that occurred in the entire 2000 prisoner Georgia Diagnostic Prison (21 of the total of 62 self harm incidents that occurred during this period). Similarly, E Wing prisoners accounted for a disproportionate number of the prisoners placed on suicide watch during this same period. Of the total of 60 suicide watch entries at the entire 2000 prisoner facility, a quarter (15) pertained to prisoners who were housed in E Wing at the time.

62. In fact, a number of E Wing prisoners indicated that they had been on suicide watch and, once they appeared to be stabilized, they were returned directly back to E Wing, where their decompensation had occurred. One [redacted], was pacing back and forth in his cell, highly agitated, when I first saw him. His cell was covered in shredded toilet paper, and he was hanging bloody pieces of toilet paper on the door flap. He told me that he had attempted suicide the day before by cutting himself. He said he was taken to the hospital but then was returned to E Wing. He was not only placed back in the cell where he had attempted to kill himself but, as he showed me, the cell had not been cleaned from the day before. There was still a considerable amount of blood in his cell and there was a serious, open gash visible on his arm.

63. Remarkably, a second E Wing prisoner told me essentially the same thing. [redacted] told me that he "couldn't take it" any longer in the unit. He said there were

feces backing up in his toilet and that the shower in his cell had flooded his cell. (There was an obvious large puddle of water that had leaked out on the walkway outside his cell door.) But then he told me: "I have been cutting on my arm. They just put me in a mental health strip cell… I haven't seen a mental health counselor in here for over a month. I cut on myself. This blood is all over my cell, and they just put chemicals on it to clean it up, and don't even move me out of my cell."[12]

64. Prisoner after prisoner in E Wing complained to me about the lack of adequate mental health care in the unit, despite the extraordinary number of mentally ill prisoners placed there and the frequency with which acts of self-harm and suicidality occur there. As one prisoner [redacted] told me: "I've been on suicide watch many times. I can't take it. They just strip us naked. [You] get no help there. I've been in SMU for 18 months. I have been on the mental health caseload but got no treatment really. I've swallowed batteries three or four times, cut

[12] The prisoners' reports of acts of desperate self-harm are corroborated by official records that I reviewed, including officer logbooks, mental health records, and incident reports. To take just a few examples, a logbook shows that [redacted] cut or attempted to hang himself on multiple occasions in the three months before I spoke with him. On September 23, 2017, an officer passing by [redacted] cell observed "blood dripping from his [tray] flap"; it took 44 minutes before [redacted] was removed from his cell and taken to the medical unit. Other prisoners have been reported engaging in extreme acts of self-harm. On August 22, 2017, [redacted] reportedly cut himself and was "eating feces" in the morning, and [redacted] was reportedly eating feces that afternoon. On May 18, 2016, [redacted] was reportedly "eating feces & drinking urine," which he explained by saying, "I need to get out of here." On September 17, 2017, C Wing prisoner [redacted] was transported to a freeworld hospital, where he received 90 staples in his forearms after cutting himself. While assigned to a crisis stabilization unit (CSU) at the main prison, [redacted] was found sitting in a pool of blood after cutting again with a razor (on September 17), and he attempted to hang himself (on October 1). Despite these actions, [redacted] was returned to the SMU and placed in E Wing. At 7:30 p.m. on October 9, [redacted] informed an E Wing officer, "I'm going back to CSU tonight"; within 30 minutes, he had cut himself again.

myself many times. The last time they just left me in my cell. I haven't seen my mental health counselor for months. Even after I tried to kill myself."[13]

65. The prisoners' complaints were corroborated by prison records that I reviewed. For example, a logbook maintained in the west-side control booth (covering D, E, and F Wings) indicates that mental health counselor R[redacted] entered the west side only four times during the entire month of August 2017, spending 22 minutes, 25 minutes, 34 minutes, and an unspecified amount of time in the three wings (comprising half of the SMU) before departing. In September, the control booth logbook reflects that he entered the west side of the SMU only five times; he remained for 4 minutes on one occasion, 7 minutes on another, 13 minutes on another, and an unspecified amount of time on two occasions. Mental health counselor M[redacted] has three entries into the west side recorded for August, and another three entries recorded for September: she entered for 2 minutes with a tour group on September 14, for 4 minutes on September 20, and for 3 minutes on September 21.

66. Official logbooks also corroborated prisoners' reports that staff members ignore mental health and medical emergencies. For example, on August 22, 2017, an officer assigned to E Wing wrote at 9:33 a.m. that [redacted] was "not responding" from inside his cell. The officer who wrote that note then went to F Wing to relieve another officer. Upon returning to E Wing at 9:53 a.m., the officer wrote that [redacted] was "still not responding." At 10:15 a.m., the officer wrote once again that [redacted] was "still not responding." The west-side control booth officer also noted that [redacted] was nonresponsive, but there is no indication

[13] [redacted] self-reports are corroborated by logbook entries. For example, at 6:00 p.m. on September 3, [redacted] claimed he "swallowed batteries and razors," but "no one came" when this was reported to the officer in charge; at 9:40 p.m., [redacted] was finally transported to a freeworld hospital, where he stayed for the next five days. On September 14 (less than a week after returning from the hospital) [redacted] informed a counselor that he had swallowed batteries at 7:30 a.m., but there is no indication that he was medically evaluated or that anything was done for him until 2:22 p.m., when he was placed in a stripped cell.

that anyone affirmatively attempted to obtain medical care for [redacted]. Similarly, on October 25, 2017, an officer recorded at 6:00 p.m. that [redacted] was "lying on his back motionless." The officer wrote that he notified a supervisor, but apparently no action was taken. The officer recorded at 7:00 p.m. and 8:00 p.m. that [redacted] was "still lying motionless on his back." At some point after that, he was finally removed from his cell and taken to a medical unit.

67. Records also candidly document the neglect of prisoners. For example, on August 31, 2017, an officer wrote that [redacted] was unresponsive in his cell, but "Sgt. H[redacted] exited [the] wing without checking [the] offender." On September 3, [redacted] "claimed he swallowed batteries & razors and [was] threatening to cut"; the booth officer wrote that she or he "notified [the officer in charge] and medical of [the] situation but no one came." On October 6, the booth officer notified a sergeant at 12:11 a.m. that [redacted] was "going to cut," but the sergeant "wouldn't come down"; at 4:00 a.m., the booth officer wrote, "Be advised Sgt. M[redacted] never entered to check on [redacted], whether he cut or not."

68. The combination of the extremely onerous and deprived conditions of confinement, the very high concentration of mentally ill prisoners, the numerous ongoing manifestations of desperation and despair, and the grossly inadequate mental health monitoring that characterize E Wing underscore how truly dangerous this environment is for the prisoners who are housed there.

V. Symptoms of Psychological Trauma and the Psychopathological Effects of Isolation in the SMU Prisoners Whom I Interviewed

69. The extreme levels of social and sensory deprivation that characterize this facility, the typically prolonged duration of confinement there, the widespread uncertainty about whether and how prisoners can secure their eventual release, and the high number of mentally ill

prisoners confined there have placed all of the men housed in the SMU at significant risk of very serious psychological harm. The prisoners whom I interviewed manifested a great many of the signs and symptoms that are associated with stress-related trauma and the psychopathological effects of isolated confinement. Some of these signs and symptoms surfaced in the cell-front contact I had with the prisoners as I toured the housing units. They were manifested much more clearly and specifically in the more systematic and in-depth confidential interviews I conducted with a sample of eleven prisoners.

70. The in-depth, confidential interviews were structured in the usual way that I conduct these kinds of assessments in solitary confinement settings. After obtaining some demographic information from the person, I ask them to briefly recount their social and institutional history (including when they came into the prison system, their sentence length, and prior experiences with the mental health system as well as with solitary confinement settings). I ask them a series of questions designed to determine whether they have experienced any of the specific signs and symptoms that are associated with psychological trauma and stress, and with the psychopathological effects of isolation and, if so, how frequently. There are 12 stress/trauma-related questions and 13 that pertain to the psychopathological effects of isolation.[14]

71. As I mentioned above, some of the prisoners that I interviewed were among the most psychologically traumatized persons I have ever assessed in this context. As a group, they all described the painfulness of their SMU confinement, the suffering they experienced because of the severe deprivations to which they were subjected, and their ongoing struggle to survive the experience with their psyches intact. Many acknowledged that they had severe pre-existing

[14] This format and the particular symptoms are described in more detail in: Haney, Craig (2003). Mental health issues in long-term solitary and 'supermax' confinement. Crime & Delinquency, 49, 124-156. Haney, Craig (2018). Restricting the use of solitary confinement. Annual Review of Criminology, 1, 285-310.

psychiatric conditions that were exacerbated by their time in SMU. Others described becoming mentally unstable and even suicidal only after having come to the SMU.

72. For example, literally every prisoner I interviewed reported experiencing a significant majority symptoms associated with psychological stress and trauma. In fact, every prisoner complained of difficulties sleeping, nervousness and anxiety, lethargy and chronic tiredness, and feeling that they were on the verge of "losing it" or breaking down. The prevalence of the psychopathological symptoms of isolation was even greater. Thus, every one of the eleven SMU prisoners I interviewed reported experiencing ruminations, hypersensitivity to stimuli (i.e., sounds, light, smells), irrational anger or irritability, problems thinking or concentrating, feeling that they had become emotionally "cold" or hardened, and that they had deteriorated mentally and physically in SMU. All but one reported chronic feelings of depression and hopelessness, and that they had become more asocial in SMU (wanting to withdraw even further from people). Seven of the eleven prisoners I interviewed said that they had thought about suicide in the past, and five of the eleven acknowledged experiencing what they believed were hallucinations while in SMU.

73. By way of further summarizing and illustrating the nature of the accounts that prisoners provided to me in the course of the in-depth, confidential interviews, I have chosen four representative cases to discuss. The first [redacted] is a prisoner I encountered in the course of my cell-front tour of the SMU, the second [redacted] and third [redacted] are prisoners I randomly selected from the housing unit rosters, and the fourth [redacted] is from the list of prisoners whom plaintiffs' counsel suggested I consider interviewing. These three prisoners, and virtually all of the others, provided very similar accounts of the conditions to

which they were being subjected and their reactions to the severe form of solitary confinement in the SMU, irrespective of the way they were selected (i.e., randomly or not).

74. [redacted] is a [redacted] year-old [redacted] prisoner I first encountered when I toured E Wing on October 26th, some of whose issues I discussed above. I arranged to confidentially interview him the day after I spoke with him in E Wing. [redacted] was distraught when I initially spoke with him. He had recently cut himself and showed me the blood that was still visible in his cell. When I saw him the next day, he told me that he had cut himself again, after I first saw him in his cell. [redacted] said that even after this, the prison officials refused to move him from his cell. In fact, he said that the counselor in the unit, Mr. R[redacted] told him that they were not going to put him in a strip cell "so just do whatever I had to do." He said he was on the mental health caseload at the prison, that among his psychiatric symptoms are auditory hallucinations—including voices that tell him to kill himself—and that he had been hospitalized earlier in the week, and many other occasions, for attempting suicide.

75. [redacted] recounted a lengthy mental health history that began when he was just five years old, including "lots of mental hospitals" that he had been in. He said he had multiple diagnoses that included depression and schizophrenia, had made many suicide attempts and experienced numerous in-prison hospitalizations, and recounted a long list of psychotropic medications he said he had been prescribed. [redacted] told me that he been housed in various prison isolation units since 2013, because of an altercation he had with a correctional officer. He was transferred to the SMU (which he described as "the worst") in July, 2017, approximately three months before I saw him.

76. [redacted] institutional and mental health records corroborated what he told me in person. They included a lengthy disciplinary history, but also an extensive record of

diagnosed mental illnesses and mental health problems. A psychiatric evaluation conducted at another prison painted a vivid diagnostic picture of [redacted] mental health problems, including suicidality since age 11, auditory hallucinations, paranoia and delusions, and mood instability, among other things, and that the symptoms dated from childhood, were severe, and occurred "over and over everyday." Despite the seriousness and longstanding, chronic nature of these documented mental health problems, [redacted] repeated acting out behavior, his multiple past suicide attempts (that included cutting himself, overdosing, setting his cell on fire, and hanging himself) and the fact that Georgia prison mental health staff had repeatedly classified him as a "severe" suicide risk, there was little or no evidence of him receiving meaningful mental health treatment at the SMU. Instead, for the most part, the SMU records consisted of brief entries that appeared to reflect no more than superficial or passing cell-front contacts in which [redacted] was described with the same exact phrase, including within days of his suicide attempts, as presenting "with stable mood/appropriate affect. No mental health concerns."

77. [redacted] appeared to be suffering and traumatized by the conditions and treatment that he was subjected to in SMU. He told me that "there is no activity, no nothing" in the SMU, that he had did not "even know what the yard looks like," and that the "anger builds up in you and you explode." He reported suffering literally every psychopathological symptom of isolation, and told me that he experienced them intensely. Remarkably, [redacted] indicated that he was due to be released from prison in approximately [redacted] days, and he was increasingly anxious about his unstable mental health. He told me, "I don't have control over myself," and said later: "I am being driven more crazy, so I won't make it when I get out." His records indicate that he was released from prison in [redacted].

78. [redacted] is a [redacted] year-old [redacted] prisoner who was housed in C Wing when I visited the SMU and someone I randomly selected from the roster of prisoners. He said that he had arrived at the facility more than three years earlier, in April, 2014, and told me a harrowing story about what happened to him after he did. Apparently, [redacted] had an operation at the facility that required medical personnel to provide him with medications during the recovery period. According to [redacted], they failed to do so and he contracted gangrene, which resulted in him having his leg amputated, above the knee. A short time after this life-changing event, [redacted] was taken directly back to SMU. He also was placed in a non-handicap cell there, where he remained.

79. [redacted] has a long disciplinary history that predates his placement in SMU. He also suffers from diabetes and it is possible that some of the incidents may have resulted from chronic blood sugar problems. He spent a significant amount of time in segregation units before being sent to SMU. However, [redacted] also has a lengthy mental health history that dated from childhood and included psychiatric hospitalizations in 1987 and 1989. As early as 1997, when he first entered prison, his prison records reflected that he suffered from "depression" and "bipolar disorder." These psychiatric problems were flagged by mental health staff as needing "immediate attention." A few years later, [redacted] reported hearing voices that told him to cut himself, and allegedly inserted pencil lead into [redacted]. Yet, he did not get a full-fledged mental health evaluation until 2009, when the prison system finally, officially classified him as having a mental disorder. [redacted] was not only diagnosed as suffering from major depressive disorder but also experiencing bouts of "anger" and irritability" that were viewed as mental health problems in need of treatment. Accordingly, he received a number of counseling sessions noted in the records (primarily at Valdosta Prison), that appeared to consist largely of cell-front

contacts once was housed at SMU. Over the years, the prison system has prescribed a number of psychotropic medications (primarily Celexa) and the mental health staff retained him at Level 2 on the mental health caseload throughout.

80. [redacted] also reported being extremely adversely affected by the approximately three years he has been housed in SMU. He told me that he suffers from chronic sleeplessness in the SMU, constantly feels as if he is on the verge of an emotional breakdown, ruminates all the time about the terrible thing that happened to his leg, has bouts of anger and irritability, experiences problems thinking, constantly suffers feelings of depression, reflects often on how badly he has deteriorated in the SMU, and finds that he no longer wants to be around people (even though he is subjected to enforced isolation).

81. I also found it notable that nothing in [redacted] file indicates that his above-the-knee amputation triggered any kind of institutional review of whether his continued placement in the SMU remained appropriate, given his significantly changed physical condition and corresponding limitations. This raises questions about the meaningfulness of SMU status reviews themselves. [redacted] had multiple post-operation review hearings by the time I interviewed him. Yet not a single administrator appears to have factored his amputation into the SMU placement decision (much less consider a placement more appropriate for his new medical needs) despite [redacted] specifically asking administrators to "please . . . transfer me to a medical facility" during at least one of his post-amputation review hearings. His two most recent review hearings had resulted in recommendations that he "remain in current phase" (C Wing).

82. The third case involves [redacted], a [redacted] year-old [redacted] prisoner whom I randomly selected to interview. [redacted] told me that he was illiterate, raised by a blind mother, dropped out of high school in the 9th grade, and at age 19 was convicted of the

crime for which he is still serving his prison sentence. He told me that had been in E Wing many times in the past and he was currently in F Wing (which he said was not appreciably different). He told me that he had tried to teach himself how to read and write but that it was too difficult. Because he could not rely on reading or writing letters to pass the time, he said, being deprived of a television (as F Wing prisoners are) was especially onerous for him. [redacted] complained about the inactivity in the unit and the callousness of the staff. He told me "they don't do anything to help you or allow you to help yourself. This is worse than slavery because you can't even work or go to church; slaves at least could do that."

83. [redacted] institutional records indicate that he had a very problematic adjustment to prison when he came in 1989 or 1990, while still a young man. His mental health problems were identified almost immediately after he arrived in the prison system, and he was referred for possible treatment. It was noted that "in stressful situations he could become more difficult," but there are no indications that he received any in-depth therapy. [redacted] also was diagnosed with a seizure disorder and there are indications in the file that he has in fact had a number of seizures in prison. Over the years, [redacted] has had a high number of disciplinary infractions and alleged assaults on officers, many of them incurred during the approximately 15 years he spent in the so-called "high max" unit at the Georgia State Prison at Reidsville. He has had a number of physical conflicts with officers, including a number in which allegations of excessive force on their part were made (and even the allegation that they staged a hanging to make it look like he had committed suicide, something he also recounted to me). He was sent to the SMU in 2007 and has remained continuously since then. As would be expected, his behavior failed to improve in the harsh and deprived environment of the SMU, and a number of incidents of desperate acting out (including smearing his cell with feces) are recorded. In the course of the

10-year period he has been housed in solitary confinement, he experienced a total of 18 placements in E Wing, where he has little or no property or contact with others. [redacted] mental health problems also continued to be manifested in the SMU. He has had a number of mental health contacts and, although most of them appear to be brief cell-front encounters, there is an occasional longer mental health entry, including one in January, 2017, that quoted [redacted] as saying "he is 'going crazy' in extended lockdown (since 2007)" and "I can't live like this."

84. In the course of my interview with him, [redacted] was in distress. He acknowledged several times that he had spread feces in his cell and on his door but said that he was very bothered by the fact that he was driven to do so. He reported suffering often from the feeling that he was on the verge of "losing it" or having a breakdown. [redacted] also reported being irritable and on edge all the time, often having problems thinking or concentrating (which were evident in the course of our interview), feeling depressed and hopeless, worrying that being in isolation for so many years was making him crazy, and feeling like he no longer wanted to be around people. Although he denied that he was suicidal, at one point he told me that he felt it was better to be dead than to live the way he was in SMU.

85. The fourth representative case involves [redacted], a [redacted] year-old [redacted] prisoner whose name appeared on a list of possible interviewees plaintiffs' counsel provided to me. [redacted] recounted a painfully traumatic and troubled homelife in [redacted] that led him into foster homes and juvenile institutions (where he also reported abusive treatment). His long psychiatric history began when he was about 10 years old and continued to the present. It included numerous mental health contacts and being prescribed many different psychotropic medications while still a young child. [redacted] came into the Georgia prison

system about ten years ago, at age [redacted], facing a life sentence. He had a very difficult adjustment to prison, one exacerbated by his youth and his long-standing psychiatric problems.

86. [redacted] institutional records indicate that, after being processed into the prison system through the Georgia Diagnostic & Classification Prison, he was transferred to Valdosta State Prison for "mental health" reasons. His problematic adjustment began almost immediately and there are numerous disciplinary infractions recorded in his prison file. As a result, he spent a considerable amount of time in segregation, even before being transferred to the SMU in 2009. Apart from brief periods during which he was hospitalized, [redacted] has been housed almost continuously in the SMU since then, a period of over eight years at the time I saw him.[15] Most of that time has been spent at the two lowest levels of the Tier III program, in E Wing or F Wing (with, according to his movement history, at least 11 stints in the tumultuous and dangerous E Wing).

87. [redacted] mental health and medical records corroborate and elaborate on the pre-prison trauma to which he was exposed, including multiple forms of child maltreatment, suicide attempts, and drug abuse. His prison record indicates that he has continued to suffer from serious psychiatric symptoms that have included numerous instances of acting out behavior, self-harm and suicidality, and periods of hospitalization. The manifestations of these long-standing problems began almost immediately after he entered the Georgia prison system. He spent time in crisis stabilization and acute care units, there are multiple indications that he requested higher levels of psychiatric care, and indications in the file that he "would benefit from upper level provider contact" because of his serious, acute symptoms. After his transfer to SMU, [redacted]

[15] According to prison records, [redacted] was briefly transferred from the SMU to a segregation program at Georgia State Prison on July 31, 2017. He was returned to the SMU 25 days later because he had allegedly been "insubordinate to the staff" at the Georgia State Prison program. As a result of the alleged insubordination, he was required to start over in the SMU's E Wing.

[redacted] complained about his treatment there and the effect it was having on his mental health. In 2011, his mental health treatment team acknowledged the severity of his long-standing problems and the importance of attempting to treat them, but then conceded the near impossibility of doing so, writing that: "In the high max setting work on this issue is limited due to 23 hr. lockdown and 4 man escort to get out of cell."

88. On the day that I saw him, [redacted] was experiencing a great deal of psychological pain and anguish. He acknowledged suffering from nearly every symptom of psychological stress and trauma and psychopathological effect of isolation I asked him about and indicated that he was plagued by most of them most of the time. He felt his deteriorated psychological state was exacerbated not only by the deprivations he experienced, what he perceived as the uncaring and unhelpful mental health staff. He said that the staff "doesn't help you, they don't even give us books anymore." In fact, he said that he was on suicide watch several times in the last couple weeks, including once the week before, after which he was simply returned to E Wing, as if nothing had happened. [redacted] said that he felt trapped in the SMU, lacking the knowledge and perhaps the capacity to secure his release from the unit. He said: "They don't tell you how to get out. They tell you, 'give us clear time,' you do, and they keep you here. So we lose hope. There's no telling when we'll get out."

89. In each of these four cases, prisoners with very serious, long-standing mental health problems were placed and retained in the harsh and deprived SMU where they languished for lengthy periods of time. Each man reported suffering greatly in this environment and manifested symptoms associated with psychological trauma and stress and the psychopathological effects of isolation. None appear to have received the kind of in-depth mental health treatment that their serious psychiatric histories and conditions appeared to require (as

repeated instances of decompensation indicated). All four remain at very significant risk of serious harm in this facility.

VI. The Long-Standing and Robust Scientific Literature on the Significant Risk of Serious Psychological Harm From Solitary Confinement

90. For example, mental health and correctional staff who have worked in disciplinary segregation and isolation units have reported observing a range of problematic symptoms manifested by the prisoners confined in these places. The authors of one of the early studies of solitary confinement summarized their findings by concluding that "[e]xcessive deprivation of liberty, here defined as near complete confinement to the cell, results in deep emotional disturbances."[16] More recent studies have identified other symptoms that appear to be produced by these conditions. Those symptoms include: appetite and sleep disturbances, anxiety, panic, rage, loss of control, paranoia, hallucinations, and self-mutilations. Moreover, direct studies of prison isolation have documented an extremely broad range of harmful psychological reactions. These effects include increases in the following potentially damaging symptoms and problematic behaviors: anxiety, withdrawal, hypersensitivity, ruminations, cognitive dysfunction, hallucinations, loss of control, irritability, aggression, rage, paranoia, hopelessness, a sense of impending emotional breakdown, self-mutilation, and suicidal ideation and behavior.[17]

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[16] Bruno M. Cormier & Paul J. Williams, Excessive Deprivation of Liberty, Canadian Psychiatric Association Journal, 11, 470-484 (1966), at p. 484. For other early studies of solitary confinement, see: Paul Gendreau, N. Freedman, G. Wilde, & George Scott, Changes in EEG Alpha Frequency and Evoked Response Latency During Solitary Confinement, Journal of Abnormal Psychology, 79, 54-59 (1972); George Scott & Paul Gendreau, Psychiatric Implications of Sensory Deprivation in a Maximum Security Prison, Canadian Psychiatric Association Journal, 12, 337-341 (1969); Richard H. Walters, John E. Callagan & Albert F. Newman, Effect of Solitary Confinement on Prisoners, American Journal of Psychiatry, 119, 771-773 (1963).

[17] In addition to the numerous studies cited in the articles referenced *supra* at notes 6, 7, and 9, there is a significant international literature on the adverse effects of solitary confinement. For example, see: Henri N. Barte, L'Isolement Carceral, Perspectives Psychiatriques, 28, 252 (1989).

91. There is a long-standing scientific literature that has established the harmfulness of solitary confinement and that puts my above observations about the Georgia SMU in an important empirical and sound theoretical context. That is, the effects of segregated or

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Barte analyzed what he called the "psychopathogenic" effects of solitary confinement in French prisons and concluded that prisoners placed there for extended periods of time could become schizophrenic instead of receptive to social rehabilitation. He argued that the practice was unjustifiable, counterproductive, and "a denial of the bonds that unite humankind." In addition, see: Reto Volkart, Einzelhaft: Eine Literaturubersicht (Solitary confinement: A literature survey), Psychologie -Schweizerische Zeitschrift fur Psychologie und ihre Anwendungen, 42, 1-24 (1983) (reviewing the empirical and theoretical literature on the negative effects of solitary confinement); Reto Volkart, Adolf Dittrich, Thomas Rothenfluh, & Paul Werner, Eine Kontrollierte Untersuchung uber Psychopathologische Effekte der Einzelhaft (A controlled investigation on psychopathological effects of solitary confinement), Psychologie - Schweizerische Zeitschrift fur Psychologie und ihre Anwendungen, 42, 25-46 (1983) (when prisoners in "normal" conditions of confinement were compared to those in solitary confinement, the latter were found to display considerably more psychopathological symptoms that included heightened feelings of anxiety, emotional hypersensitivity, ideas of persecution, and thought disorders); Reto Volkart, et al., Einzelhaft als Risikofaktor fur Psychiatrische Hospitalisierung (Solitary confinement as a risk for psychiatric hospitalization), Psychiatria Clinica, 16, 365-377 (1983) (finding that prisoners who were hospitalized in a psychiatric clinic included a disproportionate number who had been kept in solitary confinement); Boguslaw Waligora, Funkcjonowanie Czlowieka W Warunkach Izolacji Wieziennej (How men function in conditions of penitentiary isolation), Seria Psychologia I Pedagogika NR 34, Poland (1974) (concluding that so-called "pejorative isolation" of the sort that occurs in prison strengthens "the asocial features in the criminal's personality thus becoming an essential cause of difficulties and failures in the process of his resocialization"). See, also, Ida Koch, Mental and Social Sequelae of Isolation: The Evidence of Deprivation Experiments and of Pretrial Detention in Denmark, in The Expansion of European Prison Systems, Working Papers in European Criminology, No. 7, 119 (Bill Rolston & Mike Tomlinson eds. 1986) who found evidence of "acute isolation syndrome" among detainees that occurred after only a few days in isolation and included "problems of concentration, restlessness, failure of memory, sleeping problems and impaired sense of time and an ability to follow the rhythm of day and night" (at p. 124). If the isolated confinement persisted-"a few weeks" or more-there was the possibility that detainees would develop "chronic isolation syndrome," including intensified difficulties with memory and concentration, "inexplicable fatigue," a "distinct emotional lability" that can include "fits of rage," hallucinations, and the "extremely common" belief among isolated prisoners that "they have gone or are going mad" (at p. 125). See, also: Michael Bauer, Stefan Priebe, Bettina Haring & Kerstin Adamczak, Long-Term Mental Sequelae of Political Imprisonment in East Germany, Journal of Nervous & Mental Disease, 181, 257-262 (1993), who reported on the serious and persistent psychiatric symptoms suffered by a group of former East German political prisoners who sought mental health treatment upon release and whose adverse conditions of confinement had included punitive isolation.

solitary-type confinement of the sort that exist in this facility are now well-understood and described in detail in the scientific literature. There are numerous empirical studies that report "robust" findings—that is, the findings have been obtained in studies that were conducted by researchers and clinicians from diverse backgrounds and perspectives, were completed and published over a period of many decades, and are empirically very consistent.[18] With remarkably few exceptions, virtually every one of these studies has documented the pain and suffering that isolated prisoners endure and the significant risk of serious psychological harm to which they are exposed. Thus, the scientific literature, as well as my own research on the topic, clearly indicate that isolation creates a significant risk of serious psychological harm. The significant risk of serious harm is made worse if the prisoners subjected to isolation suffer from pre-existing vulnerabilities (such as mental illness), but it is present even if they do not.

92. More specifically, researchers and practitioners now know that meaningful social interactions and social connectedness can have a positive effect on people's physical and mental health and, conversely, that social isolation in general is potentially very harmful and can undermine their health and psychological well-being.[19] Not surprisingly, in light of this, there is

[18] See the reviews of this literature summarized in my various publications on the topic, including: Craig Haney, Infamous Punishment: The Psychological Effects of Isolation, 8 National Prison Project Journal 3 (1993); Craig Haney, Mental Health Issues in Long-Term Solitary and "Supermax" Confinement, supra note 6; Craig Haney, A Culture of Harm: Taming the Dynamics of Cruelty in Supermax Prisons, Criminal Justice and Behavior, 35, 956-984 (2008); Craig Haney, The Social Psychology of Isolation, supra note 1; Craig Haney & Mona Lynch, Regulating Prisons of the Future: The Psychological Consequences of Solitary and Supermax Confinement, New York University Review of Law and Social Change, 23, 477-570 (1997); and Craig Haney, Joanna Weill, Shirin Bakhshay, and Tiffany Winslow, Examining Jail Isolation: What We Don't Know Can Be Profoundly Harmful, The Prison Journal, 96, 126-152 (2016).

[19] For example, see: Brock Bastian & Nick Haslam, Excluded from Humanity: The Dehumanizing Effects of Social Ostracism, Journal of Experimental Social Psychology, 46, 107-113 (2010); Stephanie Cacioppo & John Cacioppo, Decoding the Invisible Forces of Social Connections, Frontiers in Integrative Neuroscience, 6, 51 (2012); DeWall, et al., Belongingness

now a large and growing literature on the significant risk that solitary or segregated confinement poses for the mental health of prisoners. The prolonged absence of meaningful human contact and social interaction, the enforced idleness and inactivity, the oppressive security and surveillance procedures, and the accompanying hardware and other paraphernalia that are brought or built into these units combine to create harsh, dehumanizing, and deprived conditions of confinement. These conditions predictably impair the psychological functioning of many of the prisoners who are subjected to them.[20] For some prisoners, these impairments can be permanent and life-threatening.

93. In addition, we know that the incidence of acts of self-mutilation and suicide are much higher in solitary confinement units such as the Georgia SMU, where prisoners are subjected to isolated conditions of confinement. For example, clinical researchers Ray Patterson and Kerry Hughes attributed higher suicide rates in solitary confinement-type units to the heightened levels of "environmental stress" that are generated by the "isolation, punitive

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as a Core Personality Trait: How Social Exclusion Influences Social Functioning and Personality Expression, Journal of Personality, 79, 979-1012 (2011); Damiano Fiorillo & Fabio Sabatini, Quality and Quantity: The Role of Social Interactions in Self-Reported Individual Health, Social Science & Medicine, 73, 1644-1652 (2011); S. Hafner et al., Association Between Social Isolation and Inflammatory Markers in Depressed and Non-depressed Individuals: Results from the MONICA/KORA Study, Brain, Behavior, and Immunity, 25, 1701-1707 (2011); Johan Karremans, et al., Secure Attachment Partners Attenuate Neural Responses to Social Exclusion: An fMRI Investigation, International Journal of Psychophysiology, 81, 44-50 (2011); Graham Thornicroft, Social Deprivation and Rates of Treated Mental Disorder: Developing Statistical Models to Predict Psychiatric Service Utilisation, British Journal of Psychiatry, 158, 475-484 (1991).

[20] For example, see: Kristin Cloyes, David Lovell, David Allen & Lorna Rhodes, Assessment of Psychosocial Impairment in a Supermaximum Security Unit Sample, Criminal Justice and Behavior, 33, 760-781 (2006); Craig Haney, Mental Health Issues in Long-Term Solitary and "Supermax" Confinement, *supra* note 4; and Peter Smith, The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature, in Michael Tonry (Ed.), Crime and Justice (pp. 441-528). Volume 34. Chicago: University of Chicago Press (2006).

sanctions, [and] severely restricted living conditions" that exist there.[21] These authors reported that "the conditions of deprivation in locked units and higher-security housing were a common stressor shared by many of the prisoners who committed suicide."[22] Similarly, a team of researchers in New York recently reported that "[i]nmates punished by solitary confinement were approximately 6.9 times as likely to commit acts of self-harm after we controlled for the length of jail stay, SMI [whether the inmate was seriously mentally ill], age, and race/ethnicity."[23] In addition, signs of deteriorating mental and physical health (beyond self-injury), other-directed violence, such as stabbings, attacks on staff, and property destruction, and collective violence are also more prevalent in these units.[24]

94. Although these specific symptoms of psychological stress and the psychopathological reactions to isolation are numerous and well-documented, and provide

[21] Raymond Patterson & Kerry Hughes, Review of Completed Suicides in the California Department of Corrections and Rehabilitation, 1999-2004, Psychiatric Services, 59, 676-682 (2008), at p. 678.

[22] Ibid. See also: Lindsay M. Hayes, National Study of Jail Suicides: Seven Years Later. Special Issue: Jail Suicide: A Comprehensive Approach to a Continuing National Problem, Psychiatric Quarterly, 60, 7 (1989); Alison Liebling, Vulnerability and Prison Suicide, British Journal of Criminology, 36, 173-187 (1995); and Alison Liebling, Prison Suicide and Prisoner Coping, Crime and Justice, 26, 283-359 (1999).

[23] Fatos Kaba, et al., Solitary Confinement and Risk of Self-Harm Among Jail Inmates, American Journal of Public Health, 104, 442-447 (2014), at p. 445.

[24] For example, see: Howard Bidna, Effects of Increased Security on Prison Violence, Journal of Criminal Justice, 3, 33-46 (1975); K. Anthony Edwards, Some Characteristics of Prisoners Transferred from Prison to a State Mental Hospital, Behavioral Sciences and the Law, 6, 131-137 (1988); Elmer H. Johnson, Felon Self-Mutilation: Correlate of Stress in Prison, in Bruce L. Danto (Ed.) Jail House Blues. Michigan: Epic Publications (1973); Anne Jones, Self-Mutilation in Prison: A Comparison of Mutilators and Nonmutilators, Criminal Justice and Behavior, 13, 286-296 (1986); Peter Kratcoski, The Implications of Research Explaining Prison Violence and Disruption, Federal Probation, 52, 27-32 (1988); Ernest Otto Moore, A Prison Environment: Its Effect on Health Care Utilization, Dissertation Abstracts, Ann Arbor, Michigan (1980); Frank Porporino, Managing Violent Individuals in Correctional Settings, Journal of Interpersonal Violence, 1, 213-237 (1986); and Pamela Steinke, Using Situational Factors to Predict Types of Prison Violence, Journal of Offender Rehabilitation, 17, 119-132 (1991).

important indices of the risk of harm to which isolated prisoners are subjected, there are other significant aspects to the psychological pain and dysfunction that solitary confinement can produce, ones that extend beyond these specific and more easily measured symptoms and reactions. Depriving people of normal social contact and meaningful social interaction over long periods of time can damage or distort their social identities, destabilize their sense of self and, for some, destroy their ability to function normally in free society.

95. The empirical conclusions that have been reached in the numerous studies of solitary confinement are impressive in part because they are also theoretically sound. That is, there are straightforward scientific explanations for the fact that isolation—the absence of meaningful social contact and interaction with others—and the other severe deprivations that typically occur under conditions of segregated or solitary confinement should and do have harmful psychological consequences. Social exclusion and isolation from others is known to produce adverse psychological effects in contexts other than prison; it makes perfect theoretical sense that this experience produces similar negative outcomes in correctional settings—places where the isolation is so rigidly enforced, the social opprobrium that attaches to persons placed in isolation can be extreme, and the other associated deprivations (in addition to isolation per se) are typically so severe.

96. More specifically, psychologists have long known that social contact is fundamental to establishing and maintaining emotional health and well-being. As one researcher put it: "Since its inception, the field of psychology emphasized the importance of social connections."[25] "Affiliation"—the opportunity to have meaningful contact with others—helps us

[25] DeWall, C., Looking Back and Forward: Lessons Learned and Moving Forward, in C. DeWall Press (2013), at p. 301.

reduce anxiety in the face of uncertainty or fear-arousing stimuli.[26] Indeed, one of the ways that people determine the appropriateness of their feelings—how we establish the very nature and tenor of our emotions - is through contact with others.[27] Prolonged social deprivation is painful and destabilizing in part because it deprives persons of the opportunity to ground their thoughts and emotions in a meaningful social context—to know what they feel and whether those feelings are appropriate.

97. Not surprisingly, then, numerous scientific studies have established the psychological significance of social contact, connectedness and belongingness. They have concluded, among other things, that the human brain is literally "wired to connect" to others.[28] Thwarting this "need to connect" not only undermines psychological well-being but also increases physical morbidity and mortality. Indeed, in part out of recognition of the importance of the human need for social contact, connection, and belongingness, social psychologists and others have written extensively about the harmful effects of its deprivation—what happens when people are subjected to social exclusion and isolation. Years ago, Herbert Kelman argued that

[26] For example, see: Stanley Schachter, The Psychology of Affiliation: Experimental Studies of the Sources of Gregariousness. Stanford, CA: Stanford University Press (1959); Irving Sarnoff & Philip Zimbardo, Anxiety, Fear, and Social Affiliation, Journal of Abnormal Social Psychology, 62, 356-363 (1961); Philip Zimbardo & Robert Formica, Emotional Comparison and Self-Esteem as Determinants of Affiliation, Journal of Personality, 31, 141-162 (1963).

[27] For example, see: A. Fischer, A. Manstead, & R. Zaalberg, Social Influences on the Emotion Process, in M. Hewstone & W. Stroebe (Eds.), European Review of Social Psychology (pp. 171-202). Volume 14. Wiley Press (2004); C. Saarni, The Development of Emotional Competence. New York: Guilford Press (1999); Stanley Schachter & Jerome Singer, Cognitive, Social, and Physiological Determinants of Emotional State, Psychological Review, 69, 379-399 (1962); L. Tiedens & C. Leach (Eds.), The Social Life of Emotions. New York: Cambridge University Press (2004); and S. Truax, Determinants of Emotion Attributions: A Unifying View, Motivation and Emotion, 8, 33-54 (1984).

[28] Lieberman, M., Social: Why Our Brains Are Wired to Connect. New York: Random House (2013).

denying persons of contact with others was a form of dehumanization.[29] More recently, others have documented the ways in which social exclusion is not only "painful in itself," but also "undermines people's sense of belonging, control, self-esteem, and meaningfulness, reduces pro-social behavior, and impairs self-regulation."[30] Indeed, the subjective experience of social exclusion results in what has been called "cognitive deconstructive states" in which there is emotional numbing, reduced empathy, cognitive inflexibility, lethargy, and an absence of meaningful thought.[31]

98. In addition, psychologists have long known that: "Touch is central to human social life. It is the most developed sensory modality at birth, and it contributes to cognitive, brain, and socioemotional development throughout infancy and childhood."[32] The need for caring human touch is so fundamental that early deprivation is a risk factor for neurodevelopmental disorders, depression, suicidality, and other self-destructive behavior.[33] Later deprivation is associated with violent behavior in adolescents.[34] Conversely, a number of

[29] Kelman, H., Violence Without Restraint: Reflections on the Dehumanization of Victims and Victimizers. In G. Kren & L. Rappaport (Eds.), Varieties of Psychohistory (pp. 282-314). New York: Springer (1976).

[30] Bastian & Haslam, *supra* note 19, at p. 107, internal references omitted.

[31] Twenge, J., Catanese, K., & Baumeister, R. (2003). Social Exclusion and the Deconstructed State: Time Perception, Meaninglessness, Lethargy, Lack of Emotion, and Self Awareness. Journal of Personality and Social Psychology, 85, 409-423 (2003).

[32] Hertenstein, M., Keltner, D., App, B., Bulleit, B, & Jaskolka, A., Touch Communicates Distinct Emotions. Emotion, 6, 528-533 (2006), at p. 528. See, also: Hertenstein, M., & Weiss, S. (Eds.), The Handbook of Touch: Neuroscience, Behavioral, and Health Perspectives. New York: Springer (2011).

[33] For example, see: Cascio, C., Somatosensory Processes in Neurodevelopmental Disorders, Journal of Neurodevelopmental Disorders, 2, 62-69 (2010); Field, S., Touch Deprivation and Aggression Against Self Among Adolescents, in Stoff, D. & Susman, E. (Ed.), Developmental psychobiology of aggression (117-140). New York: Cambridge (2005).

experts have argued that caring human touch is so integral to our well being that it is actually therapeutic; it has been recommended to treat a host of maladies including depression, suicidality, and learning disabilities.[35] Yet, conditions of solitary confinement such as those in Georgia's SMU deprive prisoners of the opportunity to give and receive caring human touch. The prisoners in these units go for years without ever touching another person with affection. The negative effects of this form of deprivation interacts with and compounds the adverse consequences of social deprivation that occurs in solitary confinement.

99. In a broader sense, the social deprivation and social exclusion imposed by solitary confinement engenders *social pathology*—necessary adaptations that prisoners must make to live in an environment that is devoid of normal social contact —that is, to exist and function in the absence of meaningful interaction and closeness with others. In this socially pathological environment, prisoners have no choice but to adapt in socially pathological ways. Over time,

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[34] Field, T., Violence and Touch Deprivation in Adolescents, Adolescence, 37, 735-749 (2002). Recent theory and research now indicate that "touch is a primary platform for the development of secure attachments and cooperative relationships," is "intimately involved in patterns of caregiving," is a "powerful means by which individuals reduce the suffering of others," and also "promotes cooperation and reciprocal altruism." Goetz, J., Keltner, D., & Simon-Thomas, E., Compassion: An Evolutionary Analysis and Empirical Review, Psychological Bulletin, 136, 351-374 (2010), at p. 360. The uniquely prosocial emotion of compassion "is universally signaled through touch," so that persons who live in a world without touch are denied the experience of receiving or expressing compassion in this way. Stellar, J., & Keltner, D., Compassion, in Tugade, M., Shiota, M., & Kirby, L. (Eds.), Handbook of Positive Emotions (pp. 329-41). New York: Guilford (2014). Researchers have found that caring human touch mediates a sense of security and place, a sense of shared companionship, of being and nurturing, feelings of worth and competence, access to reliable alliance and assistance, and guidance and support in stressful situations. Weiss, R., *The Attachment Bond in Childhood and Adulthood*, in C. Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), Attachment Across the Life Cycle (66-76). London: Routledge (1995).

[35] For example, see: Dobson, S., Upadhyaya, S., Conyers, I., & Raghavan, R., *Touch in the Care of People with Profound and Complex Needs*, Journal of Learning Disabilities, 6, 351-362 (2002); Field, T., *Deprivation and Aggression Against Self Among Adolescents*. In D. Stoff & E. Susman (Eds.), Developmental Psychobiology of Aggression (pp. 117-40). New York: Cambridge (2005).

they gradually change their patterns of thinking, acting and feeling to cope with the profoundly asocial world in which they are forced to live, accommodating to the absence of social support and the routine feedback that comes from normal, meaningful social contact.

100. Although prison isolation places all prisoners at serious risk of harm, its adverse psychological effects vary as a function of the specific nature and duration of the isolation, such that more deprived conditions experienced for longer amounts of time are likely to have more detrimental consequences. As I have noted, prisoners housed in the Georgia SMU are subjected to extremely deprived conditions of isolated confinement and they are subjected to them for very long periods of time. However, the impact of solitary confinement also varies as a function of the characteristics of the prisoners subjected to it. A rare and unusually resilient prisoner might be able to withstand even harsh forms of solitary confinement with few or minor adverse effects, especially if the experience does not last for an extended period of time. Conversely, some prisoners are especially vulnerable to the psychological pain and pressure of solitary confinement, and deteriorate even after brief exposure. Mentally ill prisoners are particularly at risk in these isolated environments and have been precluded from them by legal and human rights mandates precisely because of this. There are several very sound theoretical reasons that explain why prisoners who suffer from serious mental illness have a much more difficult time tolerating the painful experience of isolation or solitary confinement.

101. For one, under conditions of solitary or isolated confinement, they endure significantly more stress and psychological pain than under other forms of imprisonment. Mentally ill prisoners are generally more sensitive and reactive to psychological stressors and emotional pain. In many ways, the harshness and severe levels of deprivation that are imposed on them in isolation are the antithesis of the kind of benign and socially supportive atmosphere

that mental health clinicians seek to create within genuinely therapeutic environments. Not surprisingly, mentally ill prisoners are more likely to deteriorate and decompensate when they are subjected to the harshness and stress of prison isolation.

102. Some of the deterioration and decompensation that mentally ill prisoners suffer in isolated confinement results from the critically important role that social contact and social interaction play in maintaining psychological equilibrium. The esteemed psychiatrist Harry Stack Sullivan once summarized the clinical significance of meaningful social contact by observing that "[w]e can't be alone in things and be very clear on what happened to us, and we… can't be alone and be very clear even on what is happening in us very long-excepting that it gets simpler and simpler, and more primitive and more primitive, and less and less socially acceptable."[36] Social contact and social interaction are essential components in the creation and maintenance of normal social identity and social reality.

103. Thus, the experience of isolation is psychologically destabilizing as it undermines a person's sense of self or social identity and erodes his connection to a shared social reality. Isolated prisoners have few if any opportunities to receive feedback about their feelings and beliefs, which become increasingly untethered from any normal social context. As Cooke and Goldstein put it:

> A socially isolated individual who has few, and/or superficial contacts with family, peers, and community cannot benefit from social comparison. Thus, these individuals have no mechanism to evaluate their own beliefs and actions in terms of reasonableness or acceptability within the broader community. They are apt to confuse reality with their idiosyncratic beliefs and fantasies and likely to act upon such fantasies, including violent ones.[37]

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[36] Harry Stack Sullivan, The Illusion of Personal Individuality, Psychiatry, 12, 317-332 (1971), at p. 326.

[37] Compare, also, Margaret K. Cooke & Jeffrey H. Goldstein, Social Isolation and Violent Behavior, Forensic Reports, 2, 287-294 (1989), at p. 288.

104. It is important to note in this context that many of the direct negative psychological effects of isolation mimic or parallel specific symptoms of mental illness. Even though the direct effects of isolation, experienced in reaction to adverse conditions of confinement, are generally less chronic than those that are produced by a diagnosable mental illness, they can add to and compound a mentally ill prisoner's outward manifestation of symptoms as well as the internal experience of their disorder. For example, as I noted, many studies have documented the degree to which isolated confinement contributes to feelings of lethargy, hopelessness, and depression. For already clinically depressed prisoners, these acute situational effects are likely to exacerbate their pre-existing chronic condition and lead to worsening of their depressed state. Similarly, the mood swings that some prisoners report experiencing in isolation would be expected to amplify the pre-existing emotional instability that prisoners diagnosed with bi-polar disorder suffer. Prisoners who suffer from disorders of impulse control would likely find their pre-existing condition made worse by the frustration, irritability, and anger that many isolated prisoners report experiencing. And prisoners prone to psychotic breaks may suffer more in isolated confinement due to conditions that deny them the stabilizing influence of social feedback that grounds their sense of reality in a stable and meaningful social world.

105. Thus, the accumulated weight of the scientific evidence that I have cited and summarized above documents and confirms the fact that solitary confinement produces a range of adverse psychological effects. We clearly do know what happens to people in prison and elsewhere in society when they are deprived of normal social contact for extended periods of time. The evidence I have summarized above describes and details the risk of psychological harm that long-term isolation creates, including mental pain and suffering and the increased

incidence of self-harm and suicide. In recent years, new insights about the fundamental human need for meaningful social contact and for caring human touch have added theoretical dimensions to the already existing substantial body of empirical data on these issues. These new insights add considerable weight to a long-standing consensus view that applies directly to my observations and conclusions about the Georgia SMU: the experience of solitary confinement is not only painful but also places prisoners at significant risk of serious psychological harm.

VII. The National and International Professional, Legal, and Correctional Consensus to Restrict the Use of Solitary Confinement

106. Largely as a result of the long-established scientific consensus that I described above, there is now a correspondingly widespread and growing national and international professional, human rights, and correctional consensus about the harmfulness of solitary confinement. In fact, out of the recognition that meaningful social contact and interaction is central to psychological health and well-being, virtually every major human rights and mental health organization in the United States as well as internationally have taken public stands in favor of significantly limiting solitary or isolated confinement use (if not abandoning it altogether). And, as I explain below, many correctional officials and correctional organizations have followed suit.

107. For example, the American Public Health Association issued a statement in which it detailed the public-health harms posed by solitary confinement, urged correctional authorities to "eliminate solitary confinement for security purposes unless no other less restrictive option is available to manage a current, serious, and ongoing threat to the safety of others," and recommended that "[p]unitive segregation should be eliminated."[38]

[38] American Public Health Association, Solitary Confinement as a Public Health Issue, Policy No. 201310 (2013), *available at* http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1462

108. There is an international human rights consensus on limiting solitary confinement as well. Importantly, in 2015 the United Nations Crime Commission approved the Standard Minimum Rules for the Treatment of Prisoners (known as the "Mandela Rules") that contained several provisions designed to significantly regulate and limit the use of solitary confinement. Specifically, Rule 43.1 prohibits the use of "indefinite" and "prolonged" solitary confinement, as well as the placement of prisoners in dark or constantly lit cells.[39] In fact, it defined " prolonged solitary confinement" as lasting "for a time period in excess of 15 consecutive days," and mandated that such prolonged confinement "shall be prohibited."[40]More generally, Rule 45.1 provides that solitary confinement "shall be used only in exceptional cases as a last resort, for as short a time as possible…" and Rule 45.2 prohibits its use entirely "in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures."[41]

109. More recently, the Office of Correctional Investigator ("OCI"), the official "Ombudsman" who oversees the treatment of prisoners in the Canadian prison system, has repeatedly criticized what he characterized as the "overuse" of administrative segregation in his country's correctional system.[42] According to the OCI's 2014-2015 Report—filed at the end of

[39] Commission on Crime Prevention and Criminal Justice, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), United Nations Economic and Social Council, May 21, 2015. The Commission defined "solitary confinement" as "confinement of prisoners for 22 hours or more a day without meaningful human contact." See Rule 44.

[40] See Commission on Crime Prevention and Criminal Justice, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), United Nations Economic and Social Council, May 21, 2015, Rule 43.1 and Rule 44.

[41] Ibid.

[42] "For more than 20 years, the Office has extensively documented the fact that administrative segregation is overused." Annual Report of the Office of the Correctional Investigator, 2014-2015, p. 26.

June, 2015 and presented to the Canadian Parliament on March 10, 2016[43]—administrative segregation or solitary confinement in Canada was being improperly but "commonly used to manage mentally ill offenders, self-injurious offenders and those at risk of suicide."[44] The OCI found that these prisoners, understandably, experience their isolated confinement as "punitive," that is, "[t]hey perceived these placements, regardless of their name or purpose, as punishment for their self-injurious behaviour."[45] Accordingly, the OCI concluded:

> Segregation is the most onerous and depriving experience that the state can legally administer in Canada; it is only fitting that safeguards should match the degree of deprivation. The system desperately requires reform not "renewal." As Canada's prison Ombudsman, I will continue to advocate for significant, meaningful and lasting reforms to the administrative segregation operational and legal framework.[46]

110. With this in mind, the OCI recommended that the Canadian prison system "significantly limit the use of administrative segregation, prohibit its use for inmates who are mentally ill and for younger offenders (up to 21 years of age), impose a ceiling of no more than 30 continuous days, and introduced judicial oversight or independent adjudication for any subsequent stay in segregation beyond the initial 30 day placement."[47]

111. In addition to prominent human rights organizations, distinguished expert panels that have investigated and analyzed these issues have reached similar conclusions. For example, in 2006, a landmark report was published that was based in large part on a series of fact-finding

[43] OCI Press Release, "Correctional Investigator Reflects on Key Challenges in his latest Annual Report to Parliament," March 10, 2016. See, also: White, P., "Prisons watchdog seeks tough restrictions on solitary confinement," The Globe and Mail, March 10, 2016.

[44] OCI Annual Report, 2014-2015 at p. 27.

[45] Id. at p. 31.

[46] Id. at p. 31.

[47] Id. at p. 57 (my emphasis).

hearings conducted across the United States by the bipartisan Commission on Safety and Abuse in America's Prisons. In the course of the hearings, diverse groups of nationally recognized experts, stakeholders, and policymakers testified about a wide range of prison-related issues. Among other things, the Commission concluded that solitary confinement was "expensive and soul destroying"[48] and recommended that prison systems "end conditions of isolation."[49]

112. The next year, in 2007, an international group of prominent mental health and correctional experts meeting on psychological trauma in Istanbul, Turkey issued a joint statement on "the use and effects of solitary confinement." In what has come to be known as the "Istanbul Statement," they acknowledged that the "central harmful feature" of solitary confinement is its reduction of meaningful social contact to a level "insufficient to sustain health and well being."[50] Citing various statements, comments, and principles that had been previously issued by the United Nations—all recommending that the use of solitary confinement be carefully restricted or abolished altogether—the Istanbul group concluded that "[a]s a general principle solitary confinement should only be used in very exceptional cases, for as short a time as possible and only as a last resort." Notably, the specific recommendations they made about how such a regime should be structured and operated would, if adopted, end most forms of long-term isolated confinement.

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[48] Gibbons, John, and Katzenbach, Nicholas. Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons. New York: Vera Institute of Justice (2006), at p. 59, *available at* http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

[49] Id. at p. 57.

[50] International Psychological Trauma Symposium, Istanbul Statement on the Use and Effects of Solitary Confinement. Istanbul, Turkey (December 9, 2007), *available at* http://www.univie.ac.at/bimtor/dateien/topic8_istanbul_statement_effects_solconfinment.pdf.

113. The widespread consensus about the harmful effects of solitary confinement and the importance of reducing its use to the shortest possible time and prohibiting it for certain groups of vulnerable prisoners is not limited to human rights groups and expert panels but extends to correctional officials as well. In fact, over the last several years, prison systems as diverse as Maine and Mississippi have drastically reduced the number of prisoners housed in solitary or isolated confinement.[51] In addition, several states have closed their primary solitary confinement units altogether. For example, in January, 2013, the Illinois Department of Corrections closed its supermax prison located at the Tamms Correctional Center.[52] In Colorado, in addition to reducing their administrative segregation population by nearly 37%, the Department of Corrections completely shut down a 316-bed administrative segregation facility.[53]

114. As a further reflection of this trend, the Vera Institute of Justice recently received funding from Department of Justice to launch a Safe Alternatives to Segregation Initiative ("SAFE Initiative") with the explicit goal of assisting states and counties to reduce their use of

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[51] For a discussion of the nature and impact of the reforms to punitive isolation in Mississippi, see Kupers, T., et al., Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Alternative Mental Health Programs, Criminal Justice & Behavior, 36, 1037- (2009); and Buntin, J., Exodus: How America's Reddest State-And Its Most Notorious Prison-Became a Model of Corrections Reform, Governing, 23, 20- (2010). For a discussion of the nature of the reforms to punitive isolation in Maine, see: Heiden, Z., Change Is Possible: A Case Study of Solitary Confinement Reform in Maine, ACLU of Maine, March, 2013 [available at: http://www.aclumaine.org/sites/default/files/uploads/users/admin/ACLU_Solitary_Report_webversion.pdf]; and Tapley, L., Reform Comes to the Supermax, Portland Phoenix, May 25, 2011 [available at: http://portland.thephoenix.com/news/121171-reform-comes-to-the-supermax/].

[52] See Tamms Correctional Center Closing-Fact Sheet, Illinois Department of Corrections. [available at: http://www.ilga.gov/commission.cgfa2006/upload/TammsMeetingTestimonyDocuments.pdf.]

[53] News Release, Department of Corrections, The Department of Corrections Announces the Closure of Colorado State Penitentiary II (March 19, 2012) [available at: http://www.doc.state.co.us/sites/default/files/Press%20release%20CSP%20II%20close%20%20Feb%201%202013.pdf]

segregation and solitary confinement and to develop effective alternatives to its use. The 11-member Vera SAFE Initiative Advisory Board (of which I am a member) includes several state corrections secretaries and deputy secretaries, including those in Colorado, New Mexico, Pennsylvania, and Washington, who are publicly committed to developing ways of achieving significant reductions in the use of prison isolation.

115. Finally, as the Yale/Association of State Correctional Administrators joint study group observed in 2015:

> [D]ozens of initiatives are underway to reduce the degree and duration of isolation or to ban it outright, and to develop alternatives to protect the safety and well-being of the people living and working in prisons. The harms of such confinement for prisoners, staff, and the communities to which prisoners return upon release are more than well-documented. In some jurisdictions, isolated confinement has been limited or abolished for especially vulnerable groups (the mentally ill, juveniles, and pregnant women), and across the country, correctional directors are working on system-wide reforms for all prisoners.[54]

116. As I noted in passing above, widespread recognition of the heightened vulnerability of mentally ill prisoners to the adverse psychological effects of isolated confinement has led numerous corrections officials, professional mental health groups, and human rights organizations to prohibit their placement in such units or, if it is absolutely necessary (and only as a last resort) to confine them there, to very strictly limit the duration of such confinement, and to provide prisoners with significant amounts of out-of-cell time and augmented access to care. For example, the American Psychiatric Association ("APA") has issued a Position Statement on Segregation of Prisoners with Mental Illness stating:

> Prolonged segregation of adult inmates with serious mental illness, with rare exceptions, should be avoided due to the potential for harm to such inmates. If an inmate with serious mental illness is placed in segregation, out-of-cell structured therapeutic activities (i.e., mental health/psychiatric treatment) in appropriate

[54] Liman Program Yale Law School & Association of State Correctional Administrators, Time In Cell: ASCA-Liman 2014 National Survey of Administrative Segregation in Prison (August, 2015), p. 7.

> programming space an adequate unstructured out-of-cell time should be permitted. Correctional mental health authorities should work closely with administrative custody staff to maximize access to clinically indicated programming and recreation for the individuals.[55]

117. The APA's position on this issue reflects the accepted fact that mentally ill prisoners are especially vulnerable to isolation, that it may precipitate stress-related regression, deterioration, and decompensation, that it generally worsens their psychiatric conditions, and can greatly intensify their mental health-related symptoms and maladies (including depression, psychosis, and self-harm).[56]

118. This widely accepted fact about the heightened vulnerability of mentally ill prisoners to isolated confinement is acknowledged in the standard operating procedures that govern their admission and retention in such units. Specifically, mental health staff in most prison systems with which I am familiar are charged with the responsibility of screening prisoners in advance of their possible placement in isolation to identify those who are mentally ill and to exclude them from such confinement. Moreover, they are charged with the additional responsibility of regularly monitoring isolated prisoners with the same intended purpose—to identify any prisoners who may be manifesting the signs and symptoms of emerging mentally illness and to remove them from these harmful environments.

119. Courts in the United States that have been presented with evidence about the effects of solitary confinement on the mentally ill the issue have reached similar conclusions

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[55] AM. PSYCH. ASSOC., POSITION STATEMENTS: SEGREGATION OF PRISONERS WITH MENTAL ILLNESS (2012), *available at* http://www.psychiatry.org/advocacy--newsroom/position-statements.

[56] Similarly, the Society of Correctional Physicians concluded that segregating mentally ill prisoners on a "prolonged" basis lasting for more than four weeks should be prohibited. See Society of Correctional Physicians, Position Statement, Restricted Housing of Mentally Ill Inmates (2013), *available at* http://societyofcorrectionalphysicians.org/resources/position-statements/restricted-housing-of-mentally-ill-inmates

about the dangers of the practice. In an early such case in which I served as an expert witness, one court noted that those prisoners for whom the psychological risks of isolated confinement were "particularly"—and unacceptably—high included anyone suffering from "overt paranoia, psychotic breaks with reality, or massive exacerbations of existing mental illness as a result of the conditions in [solitary confinement]."[57] The judge elaborated, noting that the group of prisoners to be excluded from isolation should include:

> [T]he already mentally ill, as well as persons with borderline personality disorders, brain damage or mental retardation, impulse-ridden personalities, or a history of prior psychiatric problems or chronic depression. For these inmates, placing them in [isolated confinement] is the mental equivalent of putting an asthmatic in a place with little air to breathe. The risk is high enough, and the consequences serious enough, that we have no hesitancy in finding that the risk is plainly "unreasonable."[58]

120. More recently, in April 2016, the National Commission on Correctional Health Care ("NCCHC") issued a Position Statement on solitary confinement.[59] Relying on many of the sources and consensus positions that I have quoted above, the NCCHC declared, among other things, that solitary confinement of longer than 15 days constitutes "cruel, inhumane, or degrading treatment of inmates" of the sort that correctional health professionals should not participate in. Specifically, the NCCHC Position Statement included the provision that mentally ill prisoners (among several categories of vulnerable prisoners) should be "excluded from solitary confinement of any duration" (emphasis added), and that health care staff should advocate to correctional officials that solitary confinement never exceed 15 days continuous duration, and also advocate to them that they should bar mentally ill prisoners entirely from such confinement.

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[57] *Madrid v. Gomez*, 889 F.Supp. 1146 (N.D. Cal. 1995), at p. 1265.

[58] Id.

[59] Available at: http://www.ncchc.org/solitary-confinement.

121. Thus, the widespread and growing national and international professional, human rights, and correctional consensus about the harmfulness of solitary confinement has led to a corresponding set of mandates and recommendations to use the practice only as an absolute last resort, for the shortest amount of time as possible, and never for certain vulnerable groups of prisoners (such as the mentally ill). The extremely harsh and severely deprived conditions, practices, and policies of the Georgia SMU appear to violate the spirit and the letter of virtually every one of them.

VIII. Summary and Conclusions

122. In sum, the accumulated weight of the scientific evidence that I have cited and summarized above demonstrates the painful nature of solitary confinement, and the serious risk of significant psychological harm at which it places prisoners in general and mentally ill prisoners in particular. When persons are deprived of normal social contact for extended periods of time they experience mental pain and suffering, are more susceptible to severe stress-related maladies and disorders, are subject to deterioration and dysfunction along a number of mental, emotional, and physical dimensions, and are placed at risk of even more serious harm, including the loss of their sanity and even their lives. The broad range of adverse effects that derive from social deprivation underscores the fundamental importance of meaningful social contact and interaction and, in essence, establishes these things as identifiable human needs.

123. In stark contrast, despite not only the existing scientific knowledge about the harmfulness of solitary confinement and the widespread national and international to significantly limit its use, the Georgia SMU subjects prisoners to unusually harsh and severe conditions of confinement that deprive prisoners of adequate levels of meaningful social contact and positive environmental stimulation. Prisoners in the SMU experience these conditions for unpredictable and what they perceive to be uncontrollable amounts of time that are excessive in

duration (often lasting for many years). A shockingly high number of mentally ill prisoners are subjected to these draconian conditions. practices. and procedures, where they also fail to receive adequate mental health monitoring and care.

124. The prisoners I interviewed and whose reactions to the conditions. practices. and procedures in operation at the SMU that I assessed are suffering greatly under this regime. They manifest and report a great many of the symptoms of psychological stress and trauma and the psychopathological effects of isolation. For all of the above described reasons. the prisoners at this facility face a substantial risk of serious harm. harm that may be long-lasting and even fatal.

I swear under penalty of perjury that the information given herein is true and correct, and I understand that a false answer to any item may result in a charge of false swearing.

Sworn by me this 2nd day of May. 2018.

Craig Haney Ph.D., J.D.

Craig Haney. Ph.D.. J.D.

APPENDIX A:

Curriculum Vitae

CURRICULUM VITAE

Craig William Haney
Distinguished Professor of Psychology
UC Presidential Chair, 2015-2018
University of California, Santa Cruz 95064

Co-Director,
UC Consortium on Criminal Justice Healthcare

home address: [redacted]
Santa Cruz, California 95062
phone: [redacted]
fax: [redacted]
email: [redacted]

PREVIOUS EMPLOYMENT

2015-2018	University of California Presidential Chair
2014-present	Distinguished Professor of Psychology, University of California, Santa Cruz
1985-2014	University of California, Santa Cruz, Professor of Psychology
1981-85	University of California, Santa Cruz, Associate Professor of Psychology
1978-81	University of California, Santa Cruz, Assistant Professor of Psychology
1977-78	University of California, Santa Cruz, Lecturer in Psychology
1976-77	Stanford University, Acting Assistant Professor of Psychology

EDUCATION

1978	Stanford Law School, J.D.

1978	Stanford University, Ph.D. (Psychology)
1972	Stanford University, M.A. (Psychology)
1970	University of Pennsylvania, B.A.

HONORS AWARDS GRANTS

2016	Vera Institute of Justice "Reimagining Prisons" Initiative Advisory Council.
	Psychology Department "Most Inspiring Lecturer"
2015	University of California Presidential Chair (2015-2018 Term)
	Martin F. Chemers Award for Outstanding Research in Social Science
	Excellence in Teaching Award (Academic Senate Committee on Teaching).
	President's Research Catalyst Award for "UC Consortium on Criminal Justice Healthcare" (with Brie Williams and Scott Allen).
	Vera Institute of Justice "Safe Alternatives to Segregation" (SAS) Initiative Advisory Council.
	Who's Who in Psychology (Top 20 Psychology Professors in California) [http://careersinpsychology.org/psychology-degrees-schools-employment-ca/#ca-psych-prof]
2014	Distinguished Faculty Research Lecturer, University of California, Santa Cruz.
2013	Distinguished Plenary Speaker, American Psychological Association Annual Convention.
2012	Appointed to National Academy of Sciences Committee to Study the Causes and Consequences of High Rates of Incarceration in the United States.
	Invited Expert Witness, United States Senate, Judiciary Committee.

2011 Edward G. Donnelly Memorial Speaker, University of West Virginia Law School.

2009 Nominated as American Psychological Foundation William Bevan Distinguished Lecturer.

Psi Chi "Best Lecturer" Award (by vote of UCSC undergraduate psychology majors).

2006 Herbert Jacobs Prize for Most Outstanding Book published on law and society in 2005 (from the Law & Society Association, for Death by Design).

Nominated for National Book Award (by American Psychological Association Books, for Reforming Punishment: Psychological Limits to the Pains of Imprisonment).

"Dream course" instructor in psychology and law, University of Oklahoma.

2005 Annual Distinguished Faculty Alumni Lecturer, University of California, Santa Cruz.

Arthur C. Helton Human Rights Award from the American Immigration Lawyers Association (co-recipient).

Scholar-in-Residence, Center for Social Justice, Boalt Hall School of Law (University of California, Berkeley).

2004 "Golden Apple Award" for Distinguished Teaching, awarded by the Social Sciences Division, University of California, Santa Cruz.

National Science Foundation Grant to Study Capital Jury Decision-making

2002 Santa Cruz Alumni Association Distinguished Teaching Award, University of California, Santa Cruz.

United States Department of Health & Human Services/Urban Institute, "Effects of Incarceration on Children, Families, and Low-Income Communities" Project.

American Association for the Advancement of Science/American Academy of Forensic Science Project: "Scientific Evidence Summit" Planning Committee.

Teacher of the Year (UC Santa Cruz Re-Entry Students' Award).

2000 Invited Participant White House Forum on the Uses of Science and Technology to Improve National Crime and Prison Policy.

Excellence in Teaching Award (Academic Senate Committee on Teaching).

Joint American Association for the Advancement of Science-American Bar Association Science and Technology Section National Conference of Lawyers and Scientists.

1999 American Psychology-Law Society Presidential Initiative Invitee ("Reviewing the Discipline: A Bridge to the Future")

National Science Foundation Grant to Study Capital Jury Decision-making (renewal and extension).

1997 National Science Foundation Grant to Study Capital Jury Decision-making.

1996 Teacher of the Year (UC Santa Cruz Re-Entry Students' Award).

1995 Gordon Allport Intergroup Relations Prize (Honorable Mention)

Excellence in Teaching Convocation, Social Sciences Division

1994 Outstanding Contributions to Preservation of Constitutional Rights, California Attorneys for Criminal Justice.

1992 Psychology Undergraduate Student Association Teaching Award

SR 43 Grant for Policy-Oriented Research With Linguistically Diverse Minorities

1991 Alumni Association Teaching Award ("Favorite Professor")

1990 Prison Law Office Award for Contributions to Prison Litigation

1989 UC Mexus Award for Comparative Research on Mexican Prisons

1976 Hilmer Oehlmann Jr. Award for Excellence in Legal Writing at Stanford Law School

1975-76 Law and Psychology Fellow, Stanford Law School

1974-76 Russell Sage Foundation Residency in Law and Social Science

1974	Gordon Allport Intergroup Relations Prize, Honorable Mention
1969-71	University Fellow, Stanford University
1969-74	Society of Sigma Xi
1969	B.A. Degree Magna cum laude with Honors in Psychology
	Phi Beta Kappa
1967-1969	University Scholar, University of Pennsylvania

UNIVERSITY SERVICE AND ADMINISTRATION

2010-2016	Director, Legal Studies Program
2010-2014	Director, Graduate Program in Social Psychology
2009	Chair, Legal Studies Review Committee
2004-2006	Chair, Committee on Academic Personnel
1998-2002	Chair, Department of Psychology
1994-1998	Chair, Department of Sociology
1992-1995	Chair, Legal Studies Program
1995 (Fall)	Committee on Academic Personnel
1995-1996	University Committee on Academic Personnel (UCAP)
1990-1992	Committee on Academic Personnel
1991-1992	Chair, Social Science Division Academic Personnel Committee
1984-1986	Chair, Committee on Privilege and Tenure

WRITINGS AND OTHER CREATIVE ACTIVITIES IN PROGRESS

Books:

Context and Criminality: Deconstructing the Crime Master Narrative (working title, in preparation for APA Books).

Articles:

"The Psychological Foundations of Capital Mitigation: Why Social Historical Factors Are Central to Assessing Culpability," in preparation.

PUBLISHED WRITINGS AND CREATIVE ACTIVITIES

Books

2014 The Growth of Incarceration in the United States: Exploring the Causes and Consequences (with Jeremy Travis, Bruce Western, et al.). [Report of the National Academy of Sciences Committee on the Causes and Consequences of High Rates of Incarceration in the United States.] Washington, DC: National Academy Press.

2006 Reforming Punishment: Psychological Limits to the Pains of Imprisonment, Washington, DC: American Psychological Association Books.

2005 Death by Design: Capital Punishment as a Social Psychological System. New York: Oxford University Press.

Monographs and Technical Reports

1989 Employment Testing and Employment Discrimination (with A. Hurtado). Technical Report for the National Commission on Testing and Public Policy. New York: Ford Foundation.

Articles in Professional Journals and Book Chapters

2018 "Restricting the Use of Solitary Confinement," Annual Review of Criminology, 1, 285-310.

"Death Qualification in Black and White: Racialized Decision-Making and Death-Qualified Juries" (with Mona Lynch), Law & Policy, in press.

"Balancing the Rights to Protection and Participation: A Call for Expanded Access to Ethically Conducted Correctional Research. Journal of General Internal Medicine, in press.

"The Plight of Long-Term Mentally-Ill Prisoners" (with Camille Conrey and Roxy Davis), in Kelly Frailing and Risdon Slate (Eds.), The Criminalization of Mental Illness, in press.

"The Psychological Effects of Solitary Confinement: A Systematic Critique," Crime and Justice, in press.

"The Media's Impact on the Right to a Fair Trial: A Content Analysis of Pretrial Publicity in Capital Cases (with Shirin Bakhshay), Psychology, Public Policy, and Law, in press.

2017 "Mechanisms of Moral Disengagement and Prisoner Abuse" (with Joanna Weill). Analyses of Social Issues and Public Policy, 17, 286-318.

"'Madness' and Penal Confinement: Observations on Mental Illness and Prison Pain," Punishment and Society, 19, 310-326.

"Contexts of Ill-Treatment: The Relationship of Captivity and Prison Confinement to Cruel, Inhuman, or Degrading Treatment and Torture" (with Shirin Bakhshay), in Metin Başoğlu (Ed.), Torture and Its Definition in International Law: An Interdisciplinary Approach (pp.139-178). New York: Oxford.

Special Issue: "Translating Research into Policy to Advance Correctional Health" (guest editor with B. Williams, C. Ahalt, S. Allen, & J. Rich), Part II, International Journal of Prisoner Health, 13, 137-227.

"Reducing the Use and Impact of Solitary Confinement in Corrections" (with Cyrus Ahalt, Sarah Rios, Matthew Fox, David Farabee, and Brie Williams), International Journal of Prisoner Health, 13, 41-48.

2016 "Examining Jail Isolation: What We Don't Know Can Be Profoundly Harmful" (with Joanna Weill, Shirin Bakhshay, and Tiffany Winslow), The Prison Journal, 96, 126-152.

"On Structural Evil: Disengaging From Our Moral Selves," Review of the book Moral Disengagement: How People Do Harm and Live With Themselves, by A. Bandura], PsycCRITIQUES, 61(8).

2015 "When Did Prisons Become Acceptable Mental Healthcare Facilities?," Report of the Stanford Law School Three Strikes Project (with Michael Romano et al.) [available at: http://law.stanford.edu/wp-content/uploads/sites/default/files/child-page/632655/doc/slspublic/Report_v12.pdf].

"Emotion, Authority, and Death: (Raced) Negotiations in Capital Jury Negotiations" (with Mona Lynch), Law & Social Inquiry, 40, 377-405.

"Prison Overcrowding," in B. Cutler & P. Zapf (Eds.), APA Handbook of Forensic Psychology (pp. 415-436). Washington, DC: APA Books.

"The Death Penalty" (with Joanna Weill & Mona Lynch), in B. Cutler & P. Zapf (Eds.), APA Handbook of Forensic Psychology (pp. 451-510). Washington, DC: APA Books.

"'Prisonization' and Latinas in Alternative High Schools" (with Aida Hurtado & Ruby Hernandez), in J. Hall (Ed.), Routledge Studies in Education and Neoliberalism: Female Students and Cultures of Violence in the City (pp. 113-134). Florence, KY: Routledge.

2014 "How Healthcare Reform Can Transform the Health of Criminal Justice-Involved Individuals" (with Josiah Rich, et al.), Health Affairs, 33:3 (March), 1-6.

2013 "Foreword," for H. Toch, Organizational Change Through Individual Empowerment: Applying Social Psychology in Prisons and Policing. Washington, DC: APA Books (in press).

"Foreword," for J. Ashford & M. Kupferberg, Death Penalty Mitigation: A Handbook for Mitigation Specialists, Investigators, Social Scientists, and Lawyers. New York: Oxford University Press.

2012 "Politicizing Crime and Punishment: Redefining 'Justice' to Fight the 'War on Prisoners,'" West Virginia Law Review, 114, 373-414.

"Prison Effects in the Age of Mass Imprisonment," Prison Journal, 92, 1-24.

"The Psychological Effects of Imprisonment," in J. Petersilia & K. Reitz (Eds.), Oxford Handbook of Sentencing and Corrections (pp. 584-605). New York: Oxford University Press.

2011 "The Perversions of Prison: On the Origins of Hypermasculinity and Sexual Violence in Confinement," American Criminal Law Review, 48, 121-141. [Reprinted in: S. Ferguson (Ed.), Readings in Race, Gender, Sexuality, and Social Class. Sage Publications (2012).]

"Mapping the Racial Bias of the White Male Capital Juror: Jury Composition and the 'Empathic Divide'" (with Mona Lynch), Law and Society Review, 45, 69-102.

"Getting to the Point: Attempting to Improve Juror Comprehension of Capital Penalty Phase Instructions" (with Amy Smith), Law and Human Behavior, 35, 339-350.

"Where the Boys Are: Macro and Micro Considerations for the Study of Young Latino Men's Educational Achievement" (with A. Hurtado & J. Hurtado), in P. Noguera & A. Hurtado (Eds.), Understanding the Disenfranchisement of Latino Males: Contemporary Perspectives on Cultural and Structural Factors (pp. 101-121). New York: Routledge Press.

"Looking Across the Empathic Divide: Racialized Decision-Making on the Capital Jury" (with Mona Lynch), Michigan State Law Review, 2011, 573-608.

2010 "Demonizing the 'Enemy': The Role of Science in Declaring the 'War on Prisoners,'" Connecticut Public Interest Law Review, 9, 139-196.

"Hiding From the Death Penalty," Huffington Post, July 26, 2010 [www.huffingtonpost.com/craig-haney/hiding-from-the-death-pen-pen_b_659940.html]; reprinted in Sentencing and Justice Reform Advocate, 2, 3 (February, 2011).

2009 "Capital Jury Deliberation: Effects on Death Sentencing, Comprehension, and Discrimination" (with Mona Lynch), Law and Human Behavior, 33, 481-496.

"The Social Psychology of Isolation: Why Solitary Confinement is Psychologically Harmful," Prison Service Journal UK (Solitary

Confinement Special Issue), Issue 181, 12-20. [Reprinted: California Prison Focus, #36, 1, 14-15 (2011).]

"The Stanford Prison Experiment," in John Levine & Michael Hogg (Eds.), Encyclopedia of Group Processes and Intergroup Relations. Thousand Oaks, CA: Sage Publications.

"Media Criminology and the Death Penalty," DePaul Law Review, 58, 689-740. (Reprinted: Capital Litigation Update, 2010.)

"On Mitigation as Counter-Narrative: A Case Study of the Hidden Context of Prison Violence," University of Missouri-Kansas City Law Review, 77, 911-946.

"Persistent Dispositionalism in Interactionist Clothing: Fundamental Attribution Error in Explaining Prison Abuse," (with P. Zimbardo), Personality and Social Psychology Bulletin, 35, 807-814.

2008 "Counting Casualties in the War on Prisoners," University of San Francisco Law Review, 43, 87-138.

"Evolving Standards of Decency: Advancing the Nature and Logic of Capital Mitigation," Hofstra Law Review, 36, 835-882.

"A Culture of Harm: Taming the Dynamics of Cruelty in Supermax Prisons," Criminal Justice and Behavior, 35, 956-984.

"The Consequences of Prison Life: Notes on the New Psychology of Prison Effects," in D. Canter & R. Zukauskiene (Eds.), Psychology and Law: Bridging the Gap (pp. 143-165). Burlington, VT: Ashgate Publishing.

"The Stanford Prison Experiment," in J. Bennett & Y. Jewkes (Eds.), Dictionary of Prisons (pp. 278-280). Devon, UK: Willan Publishers.

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Death Qualification of Juries," in Brian Cutler (Ed.), The Encyclopedia of Psychology and the Law (pp. 190-192). Volume I. Thousand Oaks, CA: Sage Publications.

"Stanford Prison Experiment," in Brian Cutler (Ed.), The Encyclopedia of Psychology and the Law (pp. 756-757) (with P. Zimbardo). Volume II. Thousand Oaks, CA: Sage Publications.

"Supermax Prisons," in Brian Cutler (Ed.), The Encyclopedia of Psychology and the Law (pp. 787-790). Volume II. Thousand Oaks, CA: Sage Publications.

2006 "The Wages of Prison Overcrowding: Harmful Psychological Consequences and Dysfunctional Correctional Reactions," Washington University Journal of Law & Policy, 22, 265-293. [Reprinted in: N. Berlatsky, Opposing Viewpoints: America's Prisons. Florence, KY: Cengage Learning, 2010.]

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"Achieving Educational Equity: Beyond Individual Measures of Merit," (with A. Hurtado), Harvard Journal of Hispanic Policy, 17, 87-92.

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"The Death Penalty in the United States: A Crisis of Conscience" (with R. Wiener), Psychology, Public Policy, and Law, 10, 618-621.

"Condemning the Other in Death Penalty Trials: Biographical Racism, Structural Mitigation, and the Empathic Divide," DePaul Law Review, 53, 1557-1590.

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1986 "Civil Rights and Institutional Law: The Role of Social Psychology in Judicial Implementation," (with T. Pettigrew), Journal of Community Psychology, 14, 267-277.

1984 "Editor's Introduction. Special Issue on Death Qualification," Law and Human Behavior, 8, 1-6.

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"The Creation of Legal Dependency: Law School in a Nutshell" (with M. Lowy), in R. Warner (Ed.), The People's Law Review. Reading, Mass.: Addison-Wesley, pp. 36-41.

"Television Criminology: Network Illusions of Criminal Justice Realities" (with J. Manzolati), in E. Aronson (Ed.), Readings on the Social Animal. San Francisco, W.H. Freeman, pp. 125-136.

1979 "A Psychologist Looks at the Criminal Justice System," in A. Calvin (Ed.), Challenges and Alternatives to the Criminal Justice System. Ann Arbor: Monograph Press, pp. 77-85.

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1977 "Prison Behavior" (with P. Zimbardo), in B. Wolman (Ed.), The Encyclopedia of Neurology, Psychiatry, Psychoanalysis, and Psychology, Vol. IX, pp. 70-74.

"The Socialization into Criminality: On Becoming a Prisoner and a Guard" (with P. Zimbardo), in J. Tapp and F. Levine (Eds.), Law, Justice, and the Individual in Society: Psychological and Legal Issues (pp. 198-223). New York: Holt, Rinehart, and Winston.

1976 "The Play's the Thing: Methodological Notes on Social Simulations," in P. Golden (Ed.), The Research Experience, pp. 177-190. Itasca, IL: Peacock.

1975 "The Blackboard Penitentiary: It's Tough to Tell a High School from a Prison" (with P. Zimbardo). Psychology Today, 26ff.

"Implementing Research Results in Criminal Justice Settings," Proceedings, Third Annual Conference on Corrections in the U.S. Military, Center for Advanced Study in the Behavioral Sciences, June 6-7.

"The Psychology of Imprisonment: Privation, Power, and Pathology" (with P. Zimbardo, C. Banks, and D. Jaffe), in D. Rosenhan and P. London (Eds.), Theory and Research in Abnormal Psychology. New York: Holt Rinehart, and Winston. [Reprinted in: Rubin, Z. (Ed.), Doing Unto Others: Joining, Molding, Conforming, Helping, Loving. Englewood Cliffs: Prentice-Hall, 1974. Brigham, John, and Wrightsman, Lawrence (Eds.) Contemporary Issues in Social Psychology. Third Edition. Monterey: Brooks/Cole, 1977. Calhoun, James Readings, Cases, and Study Guide for Psychology of Adjustment and Human Relationships. New York: Random House, 1978; translated as: La Psicologia del encarcelamiento: privacion, poder y patologia, Revisita de Psicologia Social, 1, 95-105 (1986).]

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"The Mind is a Formidable Jailer: A Pirandellian Prison" (with P. Zimbardo, C. Banks, and D. Jaffe), The New York Times Magazine, April 8, Section 6, 38-60. [Reprinted in Krupat, E. (Ed.), Psychology Is Social: Readings and Conversations in Social Psychology. Glenview, Ill.: Scott, Foresman, 1982.]

"Interpersonal Dynamics in a Simulated Prison" (with C. Banks and P. Zimbardo), International Journal of Criminology and Penology, 1, pp. 69-97. [Reprinted in: Steffensmeier, Darrell, and Terry, Robert (Eds.) Examining Deviance Experimentally. New York: Alfred Publishing, 1975; Golden, P. (Ed.) The Research Experience. Itasca, Ill.: Peacock, 1976; Leger, Robert (Ed.) The Sociology of Corrections. New York: John Wiley, 1977; A kiserleti tarsadalom-lelektan foarma. Budapest, Hungary: Gondolat Konyvkiado, 1977; Johnston, Norman, and Savitz, L. Justice and Corrections. New York: John Wiley, 1978; Research Methods in Education and Social Sciences. The Open University, 1979; Goldstein, J. (Ed.), Modern Sociology. British Columbia: Open Learning Institute, 1980; Ross, Robert R. (Ed.), Prison Guard/ Correctional Officer: The Use and Abuse of Human Resources of Prison. Toronto: Butterworth's 1981; Monahan, John, and Walker, Laurens (Eds.), Social Science in Law: Cases, Materials, and Problems. Foundation Press, 1985: Siuta, Jerzy (Ed.), The Context of Human Behavior. Jagiellonian University Press, 2001; Ferguson, Susan (Ed.), Mapping the Social Landscape: Readings in Sociology. St. Enumclaw, WA: Mayfield

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"A Study of Prisoners and Guards" (with C. Banks and P. Zimbardo). Naval Research Reviews, 1-17. [Reprinted in Aronson, E. (Ed.) Readings About the Social Animal. San Francisco: W.H. Freeman, 1980; Gross, R. (Ed.) Key Studies in Psychology. Third Edition. London: Hodder & Stoughton, 1999; Collier, C. (Ed.), Basic Themes in Law and Jurisprudence. Anderson Publishing, 2000.]

MEMBERSHIP/ACTIVITIES IN PROFESSIONAL ASSOCIATIONS

American Psychological Association

American Psychology and Law Society

Law and Society Association

National Council on Crime and Delinquency

INVITED ADDRESSES AND PAPERS PRESENTED AT PROFESSIONAL ACADEMIC MEETINGS AND RELATED SETTINGS (SELECTED)

2016 "The Culture of Punishment," American Justice Summit, New York, January.

"Mental Illness and Prison Confinement," Conference on Race, Class, Gender and Ethnicity (CRCGE), University of North Carolina Law School, Chapel Hill, NC, February.

"Reforming the Treatment of California's Mentally Ill Prisoners: Coleman and Beyond," Meeting of the UC Consortium on Criminal Justice & Health, San Francisco, April.

"Bending Toward Justice? The Urgency (and Possibility) of Criminal Justice Reform," UC Santa Cruz Alumni Association "Original Thinkers" Series, San Jose, CA (March), and Museum of Tolerance, Los Angeles (April).

"Isolation and Mental Health," International and Inter-Disciplinary Perspectives on Prolonged Solitary Confinement, University of Pittsburgh Law School, Pittsburgh, PA, April.

"Mechanisms of Moral Disengagement in the Treatment of Prisoners" (with Joanna Weill), Conference of the Society for the Study of Social Issues, Minneapolis, June.

2015 "Reforming the Criminal Justice System," Bipartisan Summit on Criminal Justice Reform, American Civil Liberties Union/Koch Industries co-sponsored, Washington, DC, March.

"PrisonWorld: How Mass Incarceration Transformed U.S. Prisons, Impacted Prisoners, and Changed American Society," Distinguished Faculty Research Lecture, UC Santa Cruz, March.

"Think Different, About Crime and Punishment," Invited Lecture, UC Santa Cruz 50th Anniversary Alumni Reunion, April.

"The Intellectual Legacy of the Civil Rights Movement: Two Fifty-Year Anniversaries," College 10 Commencement Address, June.

"Race and Capital Mitigation," Perspectives on Racial and Ethnic Bias for Capital and Non-Capital Lawyers, New York, September.

"The Dimensions of Suffering in Solitary Confinement," Vera Institute of Justice, "Safe Alternatives to Solitary Confinement-A Human Dignity Approach" Conference, Washington, DC, September.

"Mental Health and Administrative Segregation," Topical Working Group on the Use of Administrative Segregation in the U.S., National Institute of Justice/Department of Justice, Washington, DC, October.

"The Psychological Effects of Segregated Confinement," Ninth Circuit Court of Appeals "Corrections Summit," Sacramento, CA, November.

"How Can the University of California Address Mass Incarceration in California and Beyond?," Keynote Address, Inaugural Meeting of the UC Consortium on Criminal Justice & Health, San Francisco, November.

2014 "Solitary Confinement: Legal, Clinical, and Neurobiological Perspectives," American Association for the Advancement of Science (AAAS), Chicago, IL February.

"Overcrowding, Isolation, and Mental Health Care, Prisoners' Access to Justice: Exploring Legal, Medical, and Educational Rights," University of California, School of Law, Irvine, CA, February.

"The Continuing Significance of Death Qualification" (with Joanna Weill), Annual Conference of the American Psychology-Law Society, New Orleans, March.

"Using Psychology at Multiple Levels to Transform Adverse Conditions of Confinement," Society for the Study of Social Issues Conference, Portland, OR, June.

"Humane and Effective Alternatives to Isolated Confinement," American Civil Liberties Union National Prison Project Convening on Solitary Confinement, Washington, DC, September.

"Community of Assessment of Public Safety," Community Assessment Project of Santa Cruz County, Year 20, Cabrillo College, November.

"Overview of National Academy of Sciences Report on Causes and Consequences of High Rates of Incarceration," Chief Justice Earl Warren Institute on Law & Social Policy, Boalt Hall Law School, Berkeley, CA, November.

"Presidential Panel, Overview of National Academy of Sciences Report on Causes and Consequences of High Rates of Incarceration," American Society for Criminology, San Francisco, November.

"Presidential Panel, National Academy of Sciences Report on Consequences of High Rates of Incarceration on Individuals," American Society for Criminology, San Francisco, November.

"Findings of National Academy of Sciences Committee on the Causes and Consequences of High Rates of Incarceration," Association of Public Policy Analysis and Management Convention (APPAM), Albuquerque, NM, November.

"Politics and the Penal State: Mass Incarceration and American Society," New York University Abu Dhabi International Scholars Program, Abu Dhabi, United Arab Emirates, December.

2013 "Isolation and Mental Health," Michigan Journal of Race and Law Symposium, University of Michigan School of Law, Ann Arbor, MI, February.

"Social Histories of Capital Defendants" (with Joanna Weill), Annual Conference of Psychology-Law Society, Portland, OR, March.

"Risk Factors and Trauma in the Lives of Capital Defendants" (with Joanna Weill), American Psychological Association Annual Convention, Honolulu, HI, August.

"Bending Toward Justice: Psychological Science and Criminal Justice Reform," Invited Plenary Address, American Psychological Association Annual Convention, Honolulu, HI, August.

"Severe Conditions of Confinement and International Torture Standards," Istanbul Center for Behavior Research and Therapy, Istanbul, Turkey, December.

2012 "The Psychological Consequences of Long-term Solitary Confinement," Joint Yale/Columbia Law School Conference on Incarceration and Isolation, New York, April.

"The Creation of the Penal State in America," Managing Social Vulnerability: The Welfare and Penal System in Comparative Perspective, Central European University, Budapest, Hungary, July.

2011 "Tensions Between Psychology and the Criminal Justice System: On the Persistence of Injustice," opening presentation, "A Critical Eye on Criminal Justice" lecture series, Golden Gate University Law School, San Francisco, CA, January.

"The Decline in Death Penalty Verdicts and Executions: The Death of Capital Punishment?" Presentation at "A Legacy of Justice" week, at the University of California, Davis King Hall Law School, Davis, CA, January.

"Invited Keynote Address: The Nature and Consequences of Prison Overcrowding—Urgency and Implications," West Virginia School of Law, Morgantown, West Virginia, March.

"Symposium: The Stanford Prison Experiment—Enduring Lessons 40 Years Later," American Psychological Association Annual Convention, Washington, DC, August.

"The Dangerous Overuse of Solitary Confinement: Pervasive Human Rights Violations in Prisons, Jails, and Other Places of Detention" Panel, United Nations, New York, New York, October.

"Criminal Justice Reform: Issues and Recommendation," United States Congress, Washington, DC, November.

2010 "The Hardening of Prison Conditions," Opening Address, "The Imprisoned" Arthur Liman Colloquium Public Interest Series, Yale Law School, New Haven, CN, March.

"Desensitization to Inhumane Treatment: The Pitfalls of Prison Work," panel presentation at "The Imprisoned" Arthur Liman Colloquium Public Interest Series, Yale Law School, New Haven, CN, March.

"Mental Ill Health in Immigration Detention," Department of Homeland Security/DOJ Office for Civil Rights and Civil Liberties, Washington, DC, September.

2009 "Counting Casualties in the War on Prisoners," Keynote Address, at "The Road to Prison Reform: Treating the Causes and Conditions of Our Overburdened System," University of Connecticut Law School, Hartford, CN, February.

"Defining the Problem in California's Prison Crisis: Overcrowding and Its Consequences," California Correctional Crisis Conference," Hastings Law School, San Francisco, CA, March.

2008 "Prisonization and Contemporary Conditions of Confinement," Keynote Address, Women Defenders Association, Boalt Law School, University of California, November.

"Media Criminology and the Empathic Divide: The Continuing Significance of Race in Capital Trials," Invited Address, Media, Race, and the Death Penalty Conference, DePaul University School of Law, Chicago, IL, March.

"The State of the Prisons in California," Invited Opening Address,

Confronting the Crisis: Current State Initiatives and Lasting Solutions for California's Prison Conditions Conference, University of San Francisco School of Law, San Francisco, CA, March.

"Mass Incarceration and Its Effects on American Society," Invited Opening Address, Behind the Walls Prison Law Symposium, University of California Davis School of Law, Davis, CA, March.

2007 "The Psychology of Imprisonment: How Prison Conditions Affect Prisoners and Correctional Officers," United States Department of Justice, National Institute of Corrections Management Training for "Correctional Excellence" Course, Denver, CO, May.

"Statement on Psychologists, Detention, and Torture," Invited Address, American Psychological Association Annual Convention, San Francisco, CA, August.

"Prisoners of Isolation," Invited Address, University of Indiana Law School, Indianapolis, IN, October.

"Mitigation in Three Strikes Cases," Stanford Law School, Palo Alto, CA, September.

"The Psychology of Imprisonment," Occidental College, Los Angeles, CA, November.

2006 "Mitigation and Social Histories in Death Penalty Cases," Ninth Circuit Federal Capital Case Committee, Seattle, WA, May.

"The Crisis in the Prisons: Using Psychology to Understand and Improve Prison Conditions," Invited Keynote Address, Psi Chi (Undergraduate Psychology Honor Society) Research Conference, San Francisco, CA, May.

"Exoneration and 'Wrongful Condemnation': Why Juries Sentence to Death When Life is the Proper Verdict," Faces of Innocence Conference, UCLA Law School, April.

"The Continuing Effects of Imprisonment: Implications for Families and Communities," Research and Practice Symposium on Incarceration and Marriage, United States Department of Health and Human Services, Washington, DC, April.

"Ordinary People, Extraordinary Acts," National Guantanamo Teach In, Seton Hall School of Law, Newark, NJ, October.

"The Next Generation of Death Penalty Research," Invited Address, State University of New York, School of Criminal Justice, Albany, NY, October.

2005 "The 'Design' of the System of Death Sentencing: Systemic Forms of 'Moral Disengagement in the Administration of Capital Punishment, Scholar-in-Residence, invited address, Center for Social Justice, Boalt Hall School of Law (Berkeley), March.

"Humane Treatment for Asylum Seekers in U.S. Detention Centers," United States House of Representatives, Washington, DC, March.

"Prisonworld: What Overincarceration Has Done to Prisoners and the Rest of Us," Scholar-in-Residence, invited address, Center for Social Justice, Boalt Hall School of Law (Berkeley), March.

"Prison Conditions and Their Psychological Effects on Prisoners," European Association for Psychology and Law, Vilnius, Lithuania, July.

2004 "Recognizing the Adverse Psychological Effects of Incarceration, With Special Attention to Solitary-Type Confinement and Other Forms of 'Ill-Treatment' in Detention," International Committee of the Red Cross, Training Program for Detention Monitors, Geneva, Switzerland, November.

"Prison Conditions in Post-"War on Crime" Era: Coming to Terms with the Continuing Pains of Imprisonment," Boalt Law School Conference, After the War on Crime: Race, Democracy, and a New Reconstruction, Berkeley, CA, October.

"Cruel and Unusual? The United States Prison System at the Start of the 21st Century," Invited speaker, Siebel Scholars Convocation, University of Illinois, Urbana, IL, October.

"The Social Historical Roots of Violence: Introducing Life Narratives into Capital Sentencing Procedures," Invited Symposium, XXVIII International Congress of Psychology, Beijing, China, August.

"Death by Design: Capital Punishment as a Social Psychological System," Division 41 (Psychology and Law) Invited Address,

American Psychological Association Annual Convention, Honolulu, HI, July.

"The Psychology of Imprisonment and the Lessons of Abu Ghraib," Commonwealth Club Public Interest Lecture Series, San Francisco, May.

"Restructuring Prisons and Restructuring Prison Reform," Yale Law School Conference on the Current Status of Prison Litigation in the United States, New Haven, CN, May.

"The Effects of Prison Conditions on Prisoners and Guards: Using Psychological Theory and Data to Understand Prison Behavior," United States Department of Justice, National Institute of Corrections Management Training Course, Denver, CO, May.

"The Contextual Revolution in Psychology and the Question of Prison Effects: What We Know about How Prison Affects Prisoners and Guards," Cambridge University, Cambridge, England, April.

"Death Penalty Attitudes, Death Qualification, and Juror Instructional Comprehension," American Psychology-Law Society, Annual Conference, Scottsdale, AZ, March.

2003 "Crossing the Empathic Divide: Race Factors in Death Penalty Decisionmaking," DePaul Law School Symposium on Race and the Death Penalty in the United States, Chicago, October.

"Supermax Prisons and the Prison Reform Paradigm," PACE Law School Conference on Prison Reform Revisited: The Unfinished Agenda, New York, October.

"Mental Health Issues in Supermax Confinement," European Psychology and Law Conference, University of Edinburgh, Scotland, July.

"Roundtable on Capital Punishment in the United States: The Key Psychological Issues," European Psychology and Law Conference, University of Edinburgh, Scotland, July.

"Psychology and Legal Change: Taking Stock," European Psychology and Law Conference, University of Edinburgh, Scotland, July.

"Economic Justice and Criminal Justice: Social Welfare and Social Control," Society for the Study of Social Issues Conference, January.

"Race, Gender, and Class Issues in the Criminal Justice System," Center for Justice, Tolerance & Community and Barrios Unidos Conference, March.

2002 "The Psychological Effects of Imprisonment: Prisonization and Beyond." Joint Urban Institute and United States Department of Health and Human Services Conference on "From Prison to Home." Washington, DC, January.

"On the Nature of Mitigation: Current Research on Capital Jury Decisionmaking." American Psychology and Law Society, Mid-Winter Meetings, Austin, Texas, March.

"Prison Conditions and Death Row Confinement." New York Bar Association, New York City, June.

2001 "Supermax and Solitary Confinement: The State of the Research and the State of the Prisons." Best Practices and Human Rights in Supermax Prisons: A Dialogue. Conference sponsored by University of Washington and the Washington Department of Corrections, Seattle, September.

"Mental Health in Supermax: On Psychological Distress and Institutional Care." Best Practices and Human Rights in Supermax Prisons: A Dialogue. Conference sponsored by University of Washington and the Washington Department of Corrections, Seattle, September.

"On the Nature of Mitigation: Research Results and Trial Process and Outcomes." Boalt Hall School of Law, University of California, Berkeley, August.

"Toward an Integrated Theory of Mitigation." American Psychological Association Annual Convention, San Francisco, CA, August.

Discussant: "Constructing Class Identities—The Impact of Educational Experiences." American Psychological Association Annual Convention, San Francisco, CA, August.

"The Rise of Carceral Consciousness." American Psychological Association Annual Convention, San Francisco, CA, August.

2000 "On the Nature of Mitigation: Countering Generic Myths in Death Penalty Decisionmaking," City University of New York Second International Advances in Qualitative Psychology Conference, March.

"Why Has U.S. Prison Policy Gone From Bad to Worse? Insights From the Stanford Prison Study and Beyond," Claremont Conference on Women, Prisons, and Criminal Injustice, March.

"The Use of Social Histories in Capital Litigation," Yale Law School, April.

"Debunking Myths About Capital Violence," Georgetown Law School, April.

"Research on Capital Jury Decisionmaking: New Data on Juror Comprehension and the Nature of Mitigation," Society for Study of Social Issues Convention, Minneapolis, June.

"Crime and Punishment: Where Do We Go From Here?" Division 41 Invited Symposium, "Beyond the Boundaries: Where Should Psychology and Law Be Taking Us?" American Psychological Association Annual Convention, Washington, DC, August.

1999 "Psychology and the State of U.S. Prisons at the Millennium," American Psychological Association Annual Convention, Boston, MA, August.

"Spreading Prison Pain: On the Worldwide Movement Towards Incarcerative Social Control," Joint American Psychology-Law Society/European Association of Psychology and Law Conference, Dublin, Ireland, July.

1998 "Prison Conditions and Prisoner Mental Health," Beyond the Prison Industrial Complex Conference, University of California, Berkeley, September.

"The State of US Prisons: A Conversation," International Congress of Applied Psychology, San Francisco, CA, August.

"Deathwork: Capital Punishment as a Social Psychological System," Invited SPPSI Address, American Psychological Association Annual Convention, San Francisco, CA, August.

"The Use and Misuse of Psychology in Justice Studies: Psychology and Legal Change: What Happened to Justice?," (panelist), American Psychological Association Annual Convention, San Francisco, CA, August.

"Twenty Five Years of American Corrections: Past and Future," American Psychology and Law Society, Redondo Beach, CA, March.

1997 "Deconstructing the Death Penalty," School of Justice Studies, Arizona State University, Tempe, AZ, October.

"Mitigation and the Study of Lives," Invited Address to Division 41 (Psychology and Law), American Psychological Association Annual Convention, Chicago, August.

1996 "The Stanford Prison Experiment and 25 Years of American Prison Policy," American Psychological Association Annual Convention, Toronto, August.

1995 "Looking Closely at the Death Penalty: Public Stereotypes and Capital Punishment," Invited Address, Arizona State University College of Public Programs series on Free Speech, Affirmative Action and Multiculturalism, Tempe, AZ, April.

"Race and the Flaws of the Meritocratic Vision," Invited Address, Arizona State University College of Public Programs series on Free Speech, Affirmative Action and Multiculturalism, Tempe, AZ, April.

"Taking Capital Jurors Seriously," Invited Address, National Conference on Juries and the Death Penalty, Indiana Law School, Bloomington, February.

1994 "Mitigation and the Social Genetics of Violence: Childhood Treatment and Adult Criminality," Invited Address, Conference on the Capital Punishment, Santa Clara Law School, October, Santa Clara.

1992 "Social Science and the Death Penalty," Chair and Discussant, American Psychological Association Annual Convention, San Francisco, CA, August.

1991 "Capital Jury Decisionmaking," Invited panelist, American Psychological Association Annual Convention, Atlanta, GA, August.

1990 "Racial Discrimination in Death Penalty Cases," Invited presentation, NAACP Legal Defense Fund Conference on Capital Litigation, August, Airlie, VA.

1989 "Psychology and Legal Change: The Impact of a Decade," Invited Address to Division 41 (Psychology and Law), American Psychological Association Annual Convention, New Orleans, LA., August.

"Judicial Remedies to Pretrial Prejudice," Law & Society Association Annual Meeting, Madison, WI, June.

"The Social Psychology of Police Interrogation Techniques" (with R. Liebowitz), Law & Society Association Annual Meeting, Madison, WI, June.

1987 "The Fourteenth Amendment and Symbolic Legality: Let Them Eat Due Process," APA Annual Convention, New York, N.Y. August.

"The Nature and Function of Prison in the United States and Mexico: A Preliminary Comparison," InterAmerican Congress of Psychology, Havana, Cuba, July.

1986 Chair, Division 41 Invited Address and "Commentary on the Execution Ritual," APA Annual Convention, Washington, D.C., August.

"Capital Punishment," Invited Address, National Association of Criminal Defense Lawyers Annual Convention, Monterey, CA, August.

1985 "The Role of Law in Graduate Social Science Programs" and "Current Directions in Death Qualification Research," American Society of Criminology, San Diego, CA, November.

"The State of the Prisons: What's Happened to 'Justice' in the '70s and '80s?" Invited Address to Division 41 (Psychology and Law); APA Annual Convention, Los Angeles, CA, August.

1983 "The Role of Social Science in Death Penalty Litigation." Invited Address in National College of Criminal Defense Death Penalty Conference, Indianapolis, IN, September.

1982 "Psychology in the Court: Social Science Data and Legal Decision-Making." Invited Plenary Address, International Conference on Psychology and Law, University College, Swansea, Wales, July.

1982 "Paradigms in Conflict: Contrasting Methods and Styles of Psychology and Law." Invited Address, Social Science Research Council, Conference on Psychology and Law, Wolfson College, Oxford University, March.

1982 "Law and Psychology: Conflicts in Professional Roles." Invited paper, Western Psychological Association Annual Meeting, April.

1980 "Using Psychology in Test Case Litigation," panelist, American Psychological Association Annual Convention, Montreal, Canada, September.

"On the Selection of Capital Juries: The Biasing Effects of Death Qualification." Paper presented at the Interdisciplinary Conference on Capital Punishment. Georgia State University, Atlanta, GA, April.

"Diminished Capacity and Imprisonment: The Legal and Psychological Issues," Proceedings of the American Trial Lawyers Association, Mid-Winter Meeting, January.

1975 "Social Change and the Ideology of Individualism in Psychology and Law." Paper presented at the Western Psychological Association Annual Meeting, April.

SERVICE TO STAFF OR EDITORIAL BOARDS OF FOUNDATIONS, SCHOLARLY JOURNALS OR PRESSES

2016-present Editorial Consultant, Translational Issues in Psychological Science.

2015-present Editorial Consultant, Criminal Justice Review.

2014-present Editorial Board Member, Law and Social Inquiry.

2013-present Editorial Consultant, Criminal Justice and Behavior.

2012-present Editorial Consultant, Law and Society Review.

2011-present Editorial Consultant, Social Psychological and Personality Science.

2008-present Editorial Consultant, New England Journal of Medicine.

2007-present Editorial Board Member, Correctional Mental Health Reporter.

2007-present Editorial Consultant, Journal of Offender Rehabilitation.

2004-present Editorial Board Member, American Psychology and Law Society Book Series, Oxford University Press.

2000-2003 Reviewer, Society for the Study of Social Issues Grants-in-Aid Program.

2000-present Editorial Board Member, ASAP (on-line journal of the Society for the Study of Social Issues)

1997-present Editorial Board Member (until 2004), Consultant, Psychology, Public Policy, and Law

1991 Editorial Consultant, Brooks/Cole Publishing

1989 Editorial Consultant, Journal of Personality and Social Psychology

1988- Editorial Consultant, American Psychologist

1985 Editorial Consultant, American Bar Foundation Research Journal

1985-2006 Law and Human Behavior, Editorial Board Member

1985 Editorial Consultant, Columbia University Press

1985 Editorial Consultant, Law and Social Inquiry

1980-present Reviewer, National Science Foundation

1997 Reviewer, National Institutes of Mental Health

1980-present Editorial Consultant, Law and Society Review

1979-1985 Editorial Consultant, Law and Human Behavior

1997-present Editorial Consultant, Legal and Criminological Psychology

1993-present Psychology, Public Policy, and Law, Editorial Consultant

GOVERNMENTAL, LEGAL AND CRIMINAL JUSTICE CONSULTING

Training Consultant, Palo Alto Police Department, 1973-1974.

Evaluation Consultant, San Mateo County Sheriff's Department, 1974.

Design and Training Consultant to Napa County Board of Supervisors, County Sheriff's Department (county jail), 1974.

Training Consultation, California Department of Corrections, 1974.

Consultant to California Legislature Select Committee in Criminal Justice, 1974, 1980-1981 (effects of prison conditions, evaluation of proposed prison legislation).

Reviewer, National Science Foundation (Law and Social Science, Research Applied to National Needs Programs), 1978-present.

Consultant, Santa Clara County Board of Supervisors, 1980 (effects of jail overcrowding, evaluation of county criminal justice policy).

Consultant to Packard Foundation, 1981 (evaluation of inmate counseling and guard training programs at San Quentin and Soledad prisons).

Member, San Francisco Foundation Criminal Justice Task Force, 1980-1982 (corrections expert).

Consultant to NAACP Legal Defense Fund, 1982- present (expert witness, case evaluation, attorney training).

Faculty, National Judicial College, 1980-1983.

Consultant to Public Advocates, Inc., 1983-1986 (public interest litigation).

Consultant to California Child, Youth, Family Coalition, 1981-82 (evaluation of proposed juvenile justice legislation).

Consultant to California Senate Office of Research, 1982 (evaluation of causes and consequences of overcrowding in California Youth Authority facilities).

Consultant, New Mexico State Public Defender, 1980-1983 (investigation of causes of February, 1980 prison riot).

Consultant, California State Supreme Court, 1983 (evaluation of county jail conditions).

Member, California State Bar Committee on Standards in Prisons and Jails, 1983.

Consultant, California Legislature Joint Committee on Prison Construction and Operations, 1985.

Consultant, United States Bureau of Prisons and United States Department of the Interior (Prison History, Conditions of Confinement Exhibition, Alcatraz Island), 1989-1991.

Consultant to United States Department of Justice, 1980-1990 (evaluation of institutional conditions).

Consultant to California Judicial Council (judicial training programs), 2000.

Consultant to American Bar Association/American Association for Advancement of Science Task Force on Forensic Standards for Scientific Evidence, 2000.

Invited Participant, White House Forum on the Uses of Science and Technology to Improve Crime and Prison Policy, 2000.

Member, Joint Legislative/California Department of Corrections Task Force on Violence, 2001.

Consultant, United States Department of Health & Human Services/Urban Institute, "Effects of Incarceration on Children, Families, and Low-Income Communities" Project, 2002.

Detention Consultant, United States Commission on International Religious Freedom (USCRIF). Evaluation of Immigration and Naturalization Service Detention Facilities, July, 2004-present.

Consultant, International Committee of the Red Cross, Geneva, Switzerland, Consultant on international conditions of confinement.

Member, Institutional Research External Review Panel, California Department of Corrections, November, 2004-2008.

Consultant, United States Department of Health & Human Services on programs designed to enhance post-prison success and community reintegration, 2006.

Consultant/Witness, U.S. House of Representatives, Judiciary Committee, Evaluation of legislative and budgetary proposals concerning the detention of undocumented persons, February-March, 2005.

Invited Expert Witness to National Commission on Safety and Abuse in America's Prisons (Nicholas Katzenbach, Chair); Newark, New Jersey, July 19-20, 2005.

Testimony to the United States Senate, Judiciary Subcommittee on the Constitution, Civil Rights, and Property Rights (Senators Brownback and Feingold, co-chairs), Hearing on "An Examination of the Death Penalty in the United States," February 7, 2006.

National Council of Crime and Delinquency "Sentencing and Correctional Policy Task Force," member providing written policy recommendations to the California legislature concerning overcrowding crisis in the California Department of Corrections and Rehabilitation.

Trainer/Instructor, Federal Bureau of Prisons and United States Department of Justice, "Correctional Excellence" Program, providing instruction concerning conditions of confinement and psychological stresses of living and working in correctional environments to mid-level management corrections professionals, May, 2004-2008.

Invited Expert Witness, California Commission on the Fair Administration of Justice, Public Hearing, Santa Clara University, March 28, 2008.

Invited Participant, Department of Homeland Security, Mental Health Effects of Detention and Isolation, 2010.

Invited Witness, Before the California Assembly Committee on Public Safety, August 23, 2011.

Consultant, "Reforming the Criminal Justice System in the United States" Joint Working Group with Senator James Webb and Congressional Staffs, 2011 Developing National Criminal Justice Commission Legislation.

Invited Participant, United Nations, Forum with United Nations Special Rapporteur on Torture Concerning the Overuse of Solitary Confinement, New York, October, 2011.

Invited Witness, Before United States Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights Hearing on Solitary Confinement, June 19, 2012.

Member, National Academy of Sciences Committee to Study the Causes and Consequences of the High Rate of Incarceration in the United States, 2012-2014.

Member, National Academy of Sciences Briefing Group, briefed media and public officials at Pew Research Center, Congressional staff, and White House staff concerning policy implications of The Growth of Incarceration in the United States: Exploring the Causes and Consequences (2014), April 30-May 1.

Consultant to United States Department of Justice and White House Domestic Policy Council on formulation of federal policy concerning use of segregation confinement, 2015.

PRISON AND JAIL CONDITIONS EVALUATIONS AND LITIGATION

Hoptowit v. Ray [United States District Court, Eastern District of Washington, 1980; 682 F.2d 1237 (9th Cir. 1982)]. Evaluation of psychological effects of conditions of confinement at Washington State Penitentiary at Walla Walla for United States Department of Justice.

Wilson v. Brown (Marin Country Superior Court; September, 1982, Justice Burke). Evaluation of effects of overcrowding on San Quentin mainline inmates.

Thompson v. Enomoto (United States District Court, Northern District of California, Judge Stanley Weigel, 1982 and continuing). Evaluation of conditions of confinement on Condemned Row, San Quentin Prison.

Toussaint v. McCarthy [United States District Court, Northern District of California, Judge Stanley Weigel, 553 F. Supp. 1365 (1983); 722 F. 2d 1490 (9th Cir. 1984) 711 F. Supp. 536 (1989)]. Evaluation of psychological effects of conditions of confinement in lockup units at DVI, Folsom, San Quentin, and Soledad.

In re Priest (Proceeding by special appointment of the California Supreme Court, Judge Spurgeon Avakian, 1983). Evaluation of conditions of confinement in Lake County Jail.

Ruiz v. Estelle [United States District Court, Southern District of Texas, Judge William Justice, 503 F. Supp. 1265 (1980)]. Evaluation of effects of overcrowding in the Texas prison system, 1983-1985.

In re Atascadero State Hospital (Civil Rights of Institutionalized Persons Act of 1980 action). Evaluation of conditions of confinement and nature of patient care at ASH for United States Department of Justice, 1983-1984.

In re Rock (Monterey County Superior Court 1984). Appointed to evaluate conditions of confinement in Soledad State Prison in Soledad, California.

In re Mackey (Sacramento County Superior Court, 1985). Appointed to evaluate conditions of confinement at Folsom State Prison mainline housing units.

Bruscino v. Carlson (United States District Court, Southern District of Illinois 1984 1985). Evaluation of conditions of confinement at the United States Penitentiary at Marion, Illinois [654 F. Supp. 609 (1987); 854 F.2d 162 (7th Cir. 1988)].

Dohner v. McCarthy [United States District Court, Central District of California, 1984-1985; 636 F. Supp. 408 (1985)]. Evaluation of conditions of confinement at California Men's Colony, San Luis Obispo.

Invited Testimony before Joint Legislative Committee on Prison Construction and Operations hearings on the causes and consequences of violence at Folsom Prison, June, 1985.

Stewart v. Gates [United States District Court, 1987]. Evaluation of conditions of confinement in psychiatric and medical units in Orange County Main Jail, Santa Ana, California.

Duran v. Anaya (United States District Court, 1987-1988). Evaluation of conditions of confinement in the Penitentiary of New Mexico, Santa Fe, New Mexico [Duran v. Anaya, No. 77-721 (D. N.M. July 17, 1980); Duran v. King, No. 77-721 (D. N.M. March 15, 1984)].

Gates v. Deukmejian (United States District Court, Eastern District of California, 1989). Evaluation of conditions of confinement at California Medical Facility, Vacaville, California.

Kozeak v. McCarthy (San Bernardino Superior Court, 1990). Evaluation of conditions of confinement at California Institution for Women, Frontera, California.

Coleman v. Gomez (United States District Court, Eastern District of California, 1992-3; Magistrate Moulds, Chief Judge Lawrence Karlton, 912 F. Supp. 1282 (1995). Evaluation of study of quality of mental health care in California prison system, special mental health needs at Pelican Bay State Prison.

Madrid v. Gomez (United States District Court, Northern District of California, 1993, District Judge Thelton Henderson, 889 F. Supp. 1146 (N.D. Cal. 1995). Evaluation of conditions of confinement and psychological consequences of isolation in Security Housing Unit at Pelican Bay State Prison, Crescent City, California.

Clark v. Wilson, (United States District Court, Northern District of California, 1998, District Judge Fern Smith, No. C-96-1486 FMS), evaluation of screening procedures to identify and treatment of developmentally disabled prisoners in California Department of Corrections.

Turay v. Seling [United States District Court, Western District of Washington (1998)]. Evaluation of Conditions of Confinement-Related Issues in Special Commitment Center at McNeil Island Correctional Center.

In re: The Commitment of Durden, Jackson, Leach, & Wilson. [Circuit Court, Palm Beach County, Florida (1999).] Evaluation of Conditions of Confinement in Martin Treatment Facility.

Ruiz v. Johnson [United States District Court, Southern District of Texas, District Judge William Wayne Justice, 37 F. Supp. 2d 855 (SD Texas 1999)]. Evaluation of current conditions of confinement, especially in security housing or "high security" units.

Osterback v. Moore (United States District Court, Southern District of Florida (97-2806-CIV-MORENO) (2001) [see, Osterback v. Moore, 531 U.S. 1172 (2001)]. Evaluation of Close Management Units and Conditions in the Florida Department of Corrections.

Valdivia v. Davis (United States District Court, Eastern District of California, 2002). Evaluation of due process protections afforded mentally ill and developmentally disabled parolees in parole revocation process.

Ayers v. Perry (United States District Court, New Mexico, 2003). Evaluation of conditions of confinement and mental health services in New Mexico Department of Corrections "special controls facilities."

Disability Law Center v. Massachusetts Department of Corrections (Federal District Court, Massachusetts, 2007). Evaluation of conditions of confinement and treatment of mentally ill prisoners in disciplinary lockup and segregation units.

Plata/Coleman v. Schwarzenegger (Ninth Circuit Court of Appeals, Three-Judge Panel, 2008). Evaluation of conditions of confinement, effects of overcrowding on provision of medical and mental health care in California Department of Corrections and Rehabilitation. [See Brown v. Plata, 563 U.S. 493 (2011).]

Ashker v. Brown (United States District Court, Northern District of California, 2013-2015). Evaluation of the effect of long-term isolated confinement in Pelican Bay State Prison Security Housing Unit.

Parsons v. Ryan (United States District Court, District of Arizona, 2012-14). Evaluation of conditions of segregated confinement for mentally ill and non-mentally ill prisoners in statewide correctional facilities.

Braggs v. Dunn (United States District Court, Middle District of Alabama, 2015-2017). Evaluation of mental health care delivery system, overcrowded conditions of confinement, and use of segregation in statewide prison system. [See Braggs v. Dunn, 257 F. Supp. 3d 1171 (M.D. Ala. 2017).]

APPENDIX B:

List of Records Provided by Plaintiff's Counsel

RECORDS PROVIDED BY PLAINTIFF'S COUNSEL

Materials Provided Pre-Tour

- Second Amended Complaint
- Roster of prisoners held in SMU as of July 11, 2017
- Roster of prisoners held in SMU for more than one year as of July 11, 2017
- List of prisoners transferred from the SMU between January 2010 and February 2017
- Ga. Dep't of Corr. Policy No. 209.09, Special Management Unit—Tier III (April 3, 2015)
- Ga. Dep't of Corr. Policy Information Bulletin (Aug. 8, 2016)
- Ga. Dep't of Corr. Policy No. VG32-0001, MH/MR Level of Care (October 1, 2012)
- Ga. Dep't of Corr. Inmate Statistical Profile, Current/Last Mental Health Treatment Level (Aug. 1, 2017)
- Selected incident report summaries from 2012 through 2016
- Timothy Gumm's 90-day review forms

Materials Provided Post-Tour

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File

RECORDS PROVIDED BY PLAINTIFF'S COUNSEL

- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File

- [redacted] Movement History
- [redacted] Institutional File
- [redacted] Medical File
- [redacted] Mental Health File

- Roster Dated Oct. 26, 2017
- Movement Histories for All SMU Prisoners
- List of Prisoners Released from SMU Between Jan. 2010 and Feb. 2017

- SMU Daily Logbook (2121-2141)[1]

- West Control Booth Logbook (373-699)
- E-Wing Logbook (325-372)
- E-Wing Mental Health Histories (1978-2020)
- Roster Showing MH Level (as of Nov. 8, 2017) (2865-2870)
- Accountability Log (264-283)
- Self-Injury & Suicide Prevention Logs (774-782)
- SMU Mental Health Referral Log (2021-2025)
- SMU Sick Call Log (2026-2120)
- E-Wing Incident Reports (199-263)
- E-Wing Door Charts, Assignment Memos, & Review Forms (2883-4232)
- E-Wing Grievances (4233-4678)

- Incident Report re [redacted]'s Suicide (111-154)
- Duty Officer Logbook Entries re [redacted]'s Suicide (284-287)
- Control Booth Logbook Entries re [redacted]'s Suicide (305-317)
- F-Wing Logbook Entries re [redacted]'s Suicide (318-321)
- [redacted] Case Notes (78-88)
- [redacted] Movement History (62-66)
- [redacted] Disciplinary History (32-60)
- [redacted] Grievance History (96-108)

[1] Numbers in parentheses represent the Bates numbers stamped on the designated record.

RECORDS PROVIDED BY PLAINTIFF'S COUNSEL

- [redacted] Institutional File 1 of 2 (4679-5343)
- [redacted] Institutional File 2 of 2 (5344-6027)
- [redacted] Medical File (783-1125)

- Incident Report re [redacted]'s Suicide (155-198)
- Duty Officer Logbook Entries re [redacted]'s Suicide (302-304)
- Control Booth Logbook Entries re [redacted]'s Suicide (288-301)
- [redacted] Case Notes (67-77)
- [redacted] Movement History (61)
- [redacted] Disciplinary History (31)
- [redacted] Grievance History (89-94)
- [redacted] Institutional File (1337-1977)
- [redacted] Medical File (1126-1336)

- 415 photographs in .jpg format, labeled "IMG_2454" through "IMG_2871"
- 49 photographs in .jpg format, labeled "DSCN0827" through "DSCN0875"

Supplemental Materials

- Special Management Unit Tier III Schedule
- Workbook for Anger Management Class
- Memorandum Concerning Offender Under Transition (OUT) Program
- Workbook for Offender Under Transition (OUT) Program
- Ga. Dep't of Corr. Policy No. 209.08, Administrative Segregation – Tier II (Apr. 11, 2016)
- Transcript of Deposition of June Bishop
- Transcript of Deposition of William Powell
- Transcript of Deposition of Dwain Williams

APPENDIX C:

Representative Photographs of the SMU

REPRESENTATIVE PHOTOGRAPHS OF THE SMU

Image 1: Cell fronts in F-Wing.

Image 2: Cell fronts in A-Wing.

Image 3: Interior of cell E-108, a windowless cell in E-Wing where [redacted] was housed on the day of the SMU tour.

Image 4: Sink in cell in E-Wing. Shower spigot is visible on wall above sink.

Image 5: Exterior of shower stall in A-Wing.

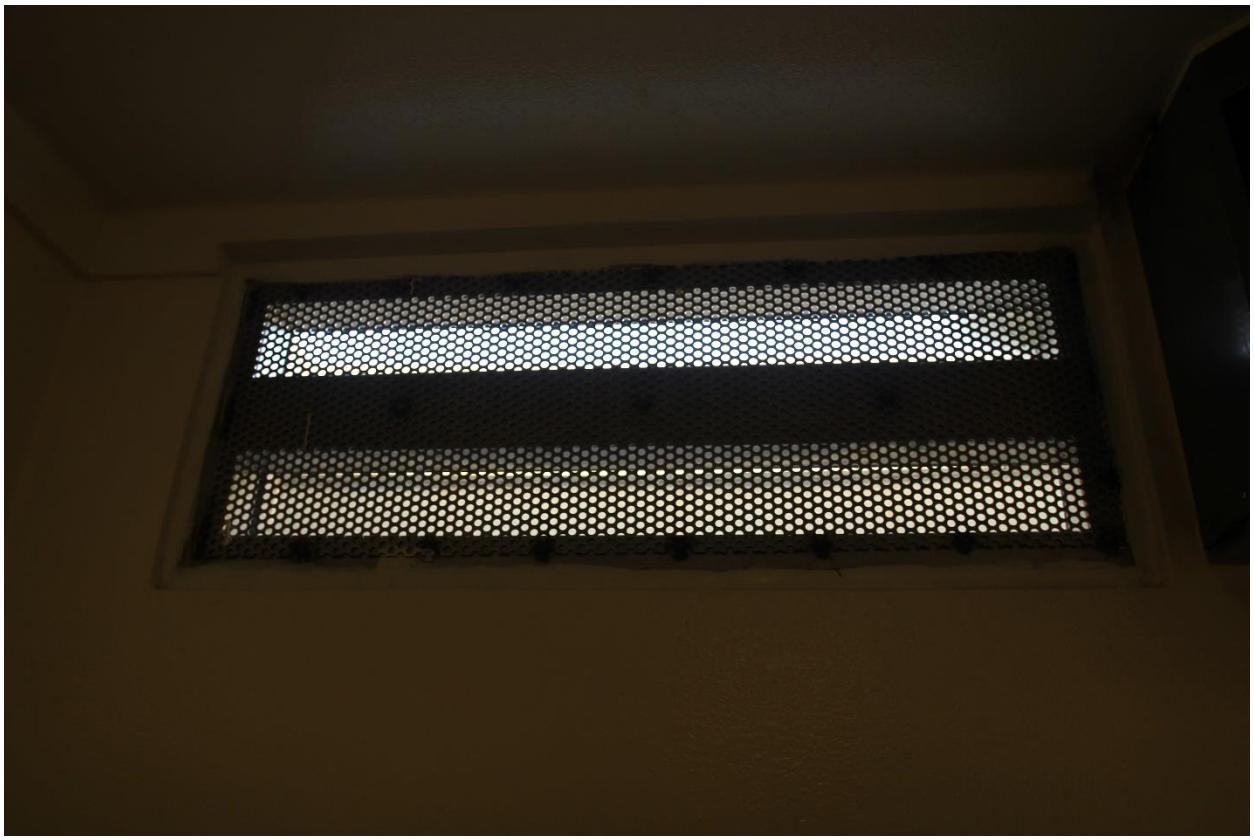


Image 6: View out of exterior window of standard SMU isolation cell, as seen from inside cell.

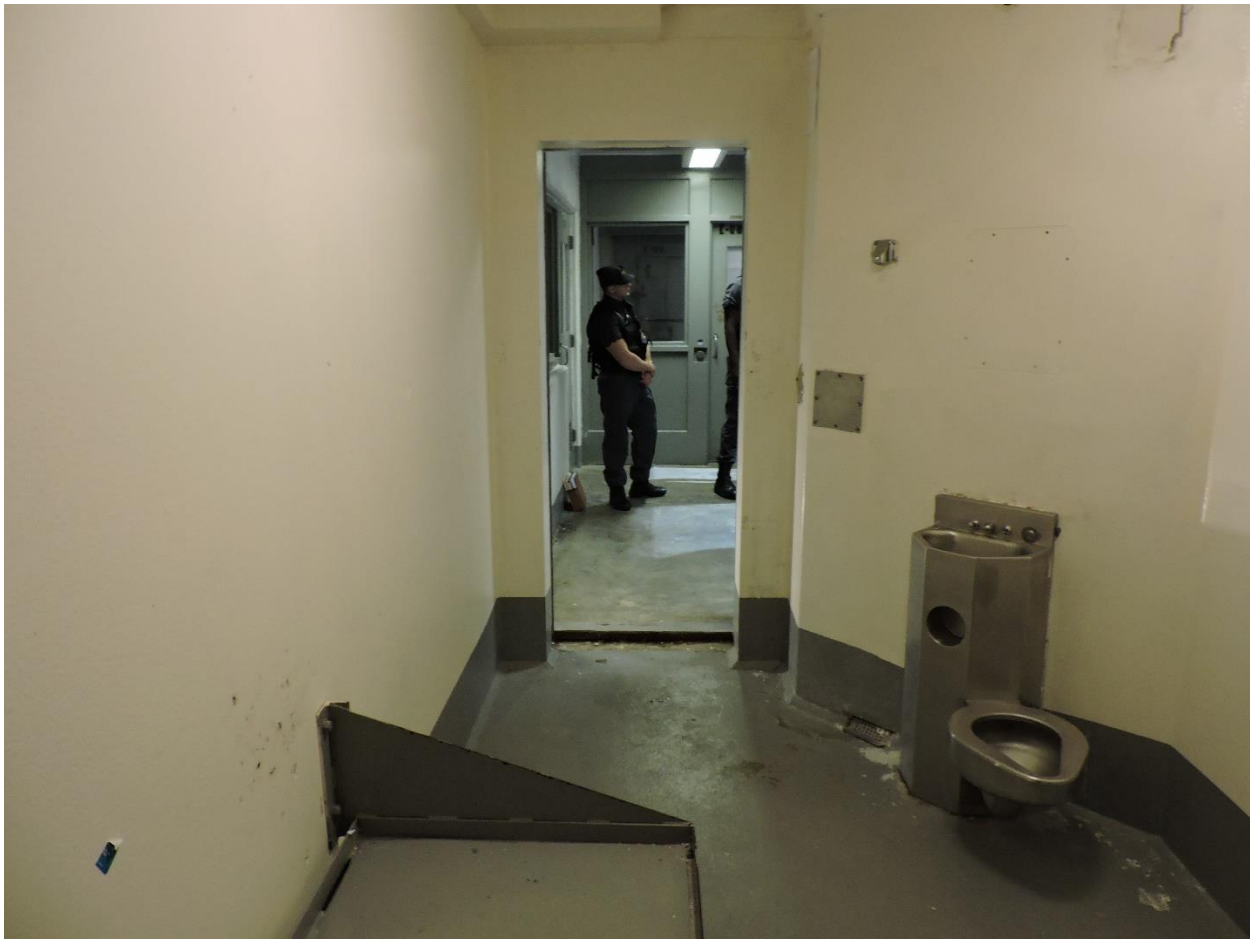


Image 7: View facing doorway of E-Wing cell, as seen from back wall.

Image 8: View of cell-door window of standard SMU isolation cell, as seen from inside cell.

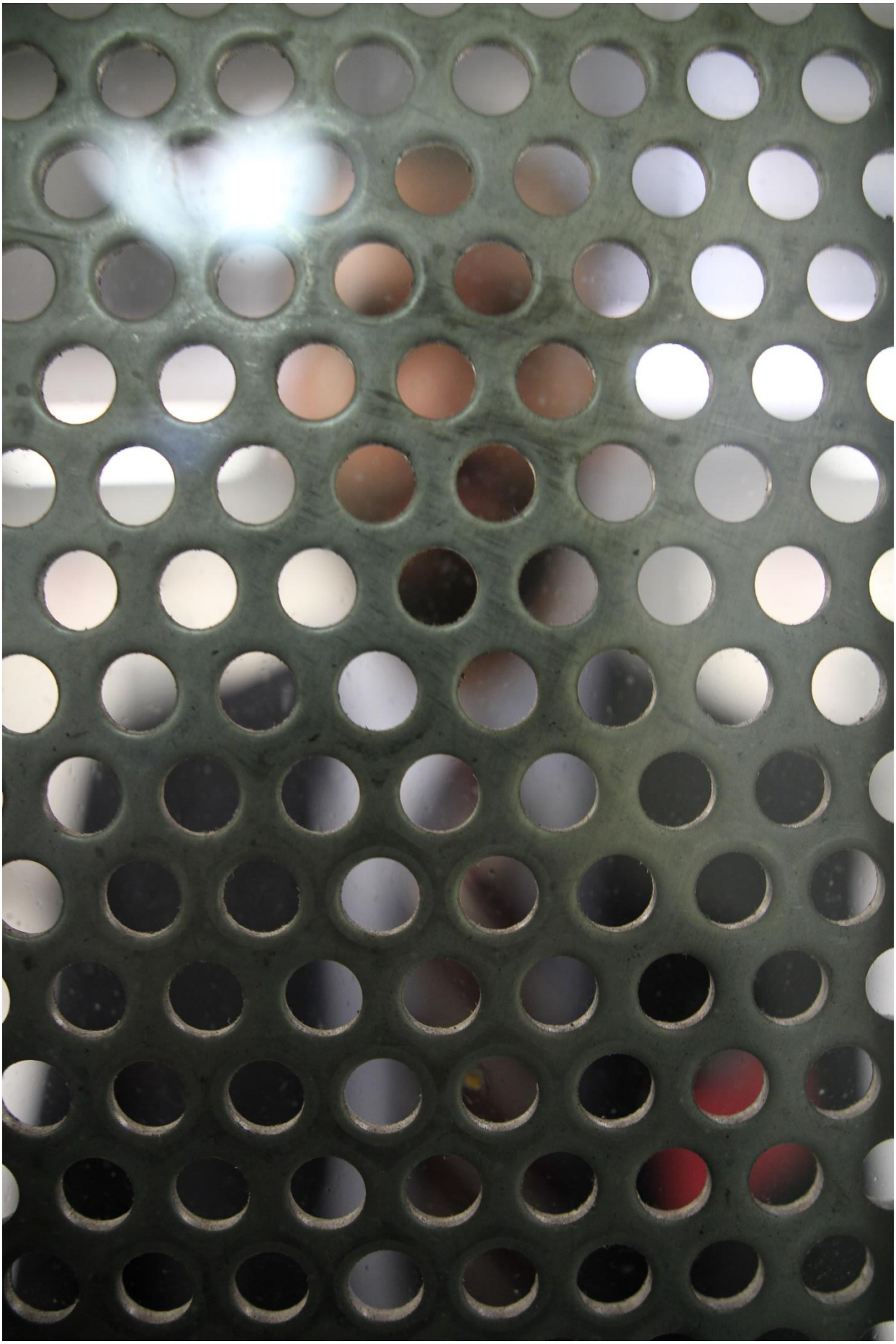


Image 9: View out of window of standard SMU isolation cell when sliding metal shield is in open position.

Image 10: Coverings on exterior cell windows of A-Wing, viewed from enclosed walkway leading from A-Wing to the recreation cage area.

Image 11: View of enclosed walkway leading from A-Wing to the recreation cage area.

Image 12: Prisoner inside standard SMU recreation cage, facing SMU building. Prisoners are allowed in these cages twice per week for a total of five hours per week.

Image 13: Prisoner inside standard SMU recreation cage, facing SMU building.

Image 14: Fronts of standard SMU recreation cages.

Image 15: Fronts of standard SMU recreation cages.

Image 16: Four "learning modules" in A-Wing "classroom." Prisoners are held in these modules for the duration of any classroom activity.

Image 17: Interior of "learning module" showing seat and writing surface.

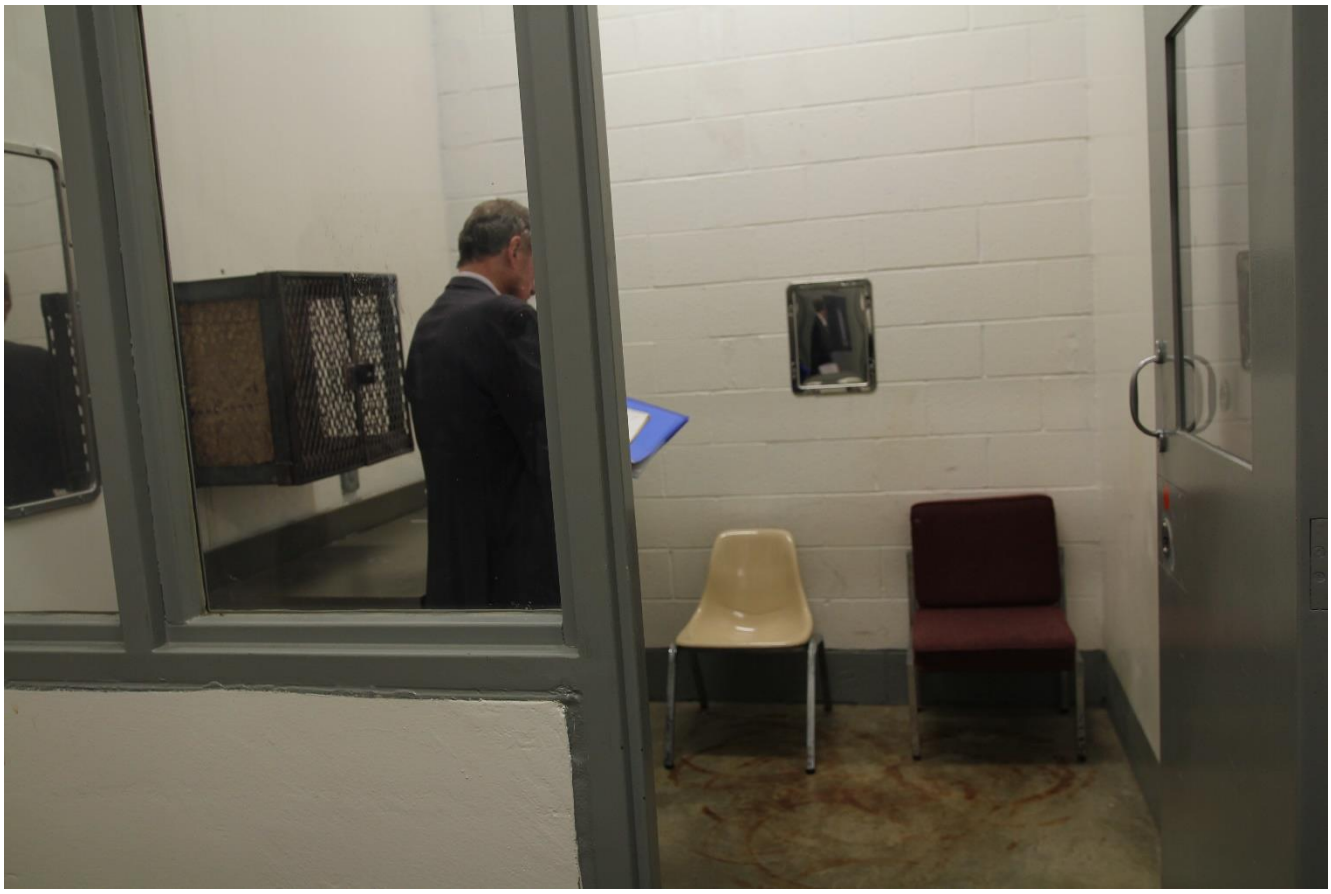


Image 18: Multipurpose room referred to as the "barber shop."

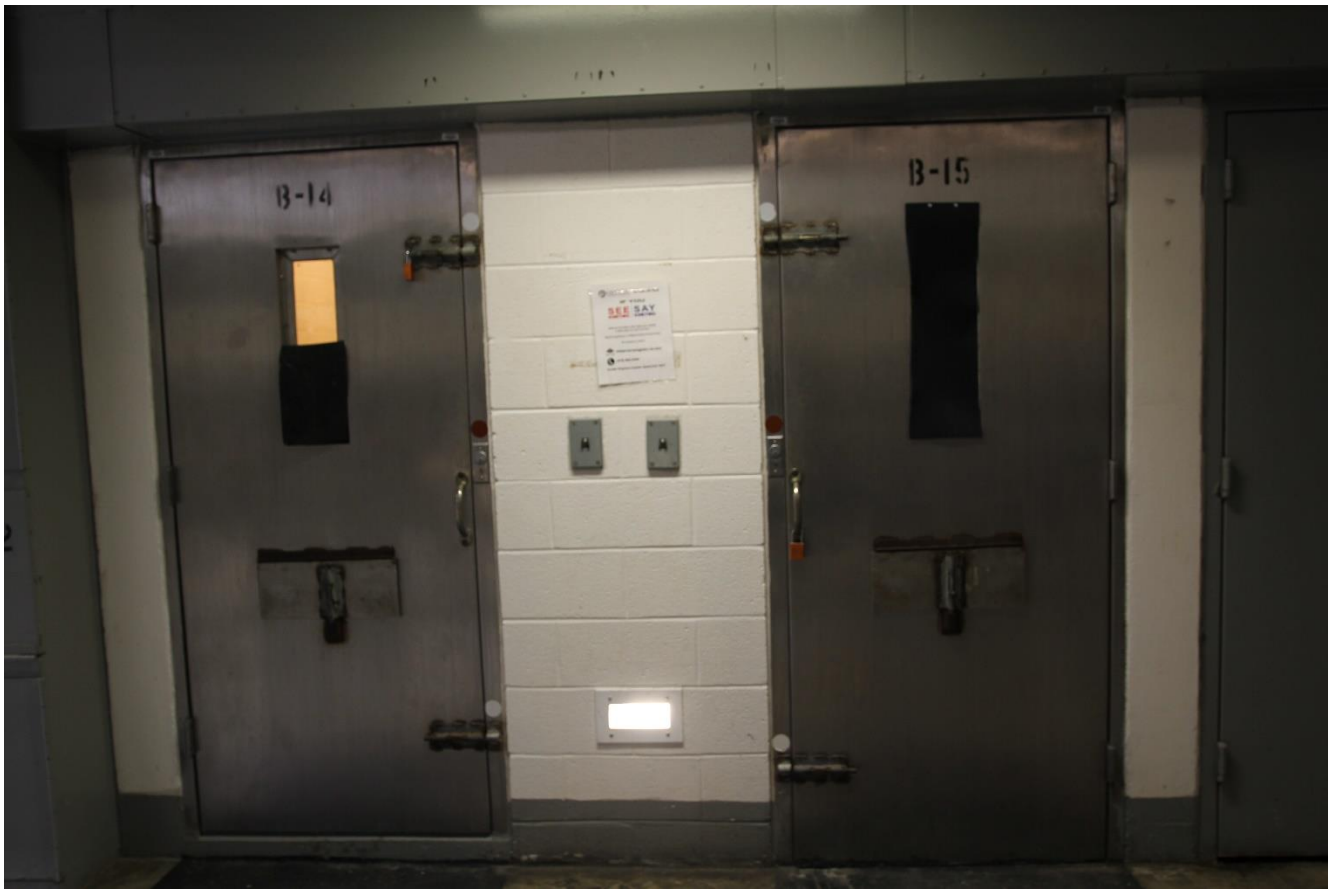


Image 19: Exterior of shower stalls in B-Wing.

Image 20: Interior of standard SMU shower stall, accessible three times per week for 15 minutes at a time by prisoners in A-, B-, and C-Wings.

Image 21: Interior of D-Wing cell, facing back window.

Image 22: Sink and shower fixture in D-Wing cell. Prisoners in D-, E-, and F-Wings are required to shower inside of their cells.

Image 23: Standard SMU mattress and pillow with towel as makeshift pillowcase.

Image 24: Interior of D-Wing cell from doorway, facing back window.

Image 25: Standard SMU bed and mattress.

Image 26: Standard no-contact SMU visitation booth. A sealed Lexan panel separates the visitor from the prisoner. Conversation takes place through an electronic box mounted just below the window.

Image 27: Sign posted in the SMU medical area warning prisoners not to request extra food or vitamins.

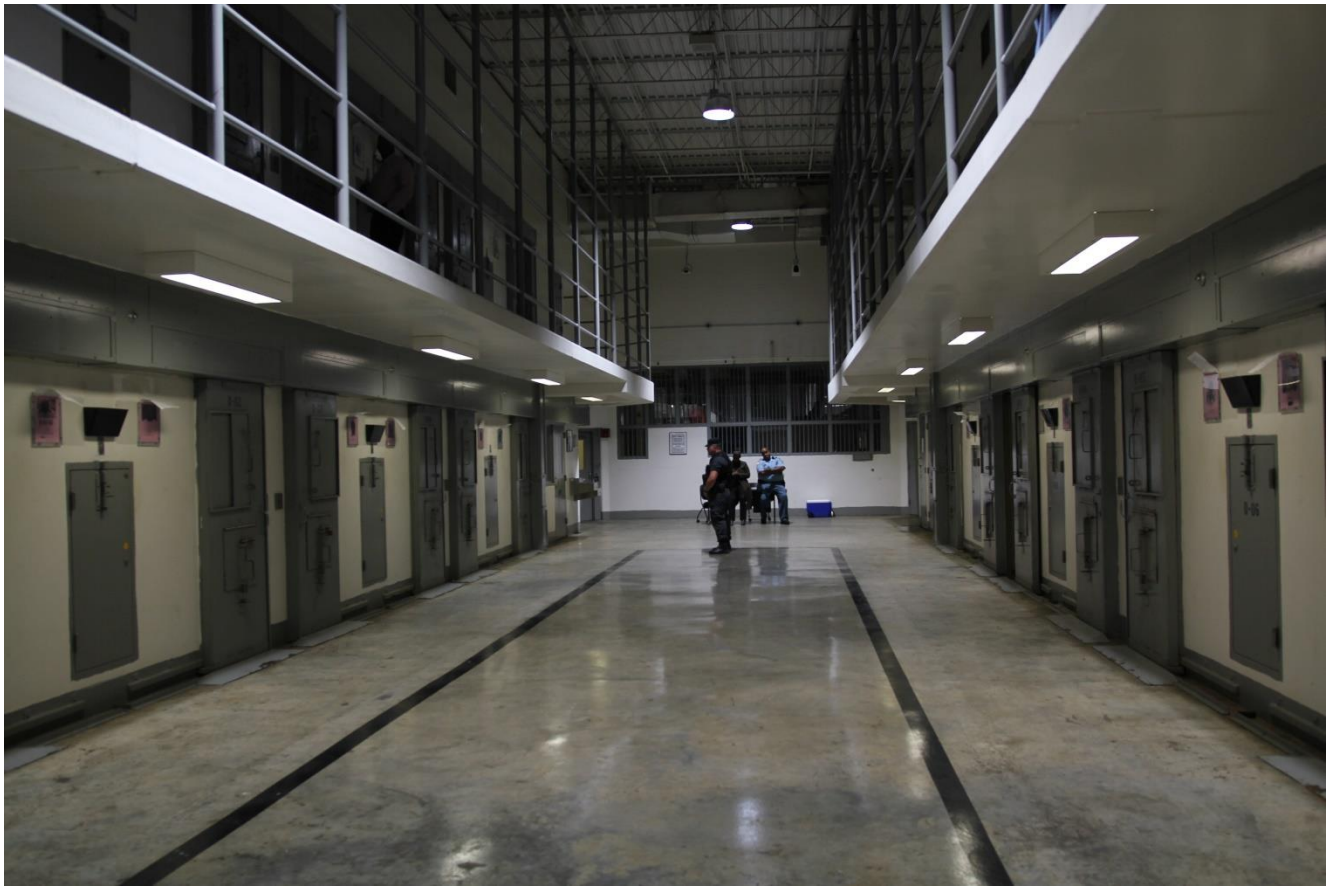


Image 28: View from ground level of D-Wing, facing toward the west-side control booth.

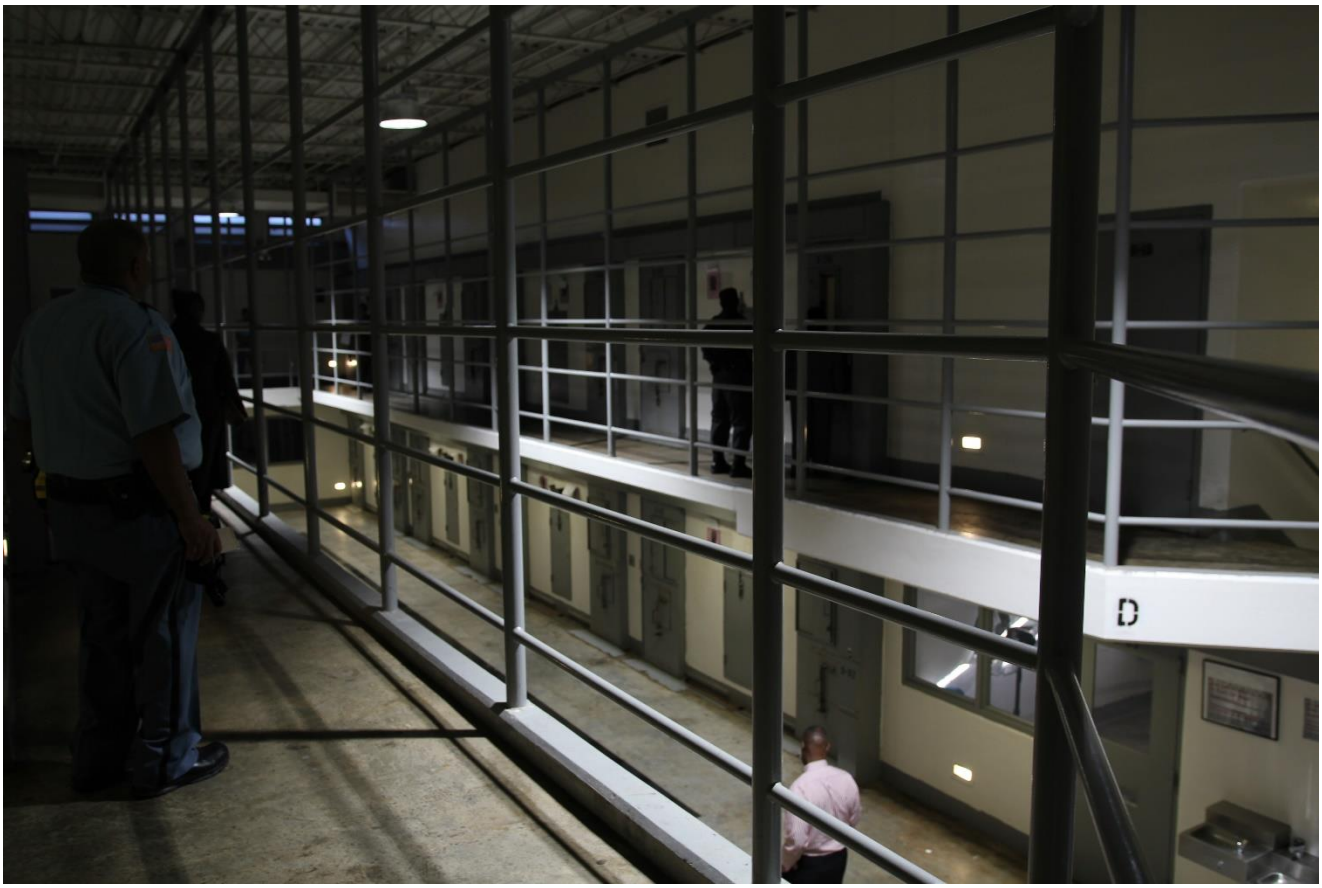


Image 29: View from upper level of D-Wing.

Image 30: Exterior view of standard SMU cell door, reinforced with metal around the bottom of the door.

Image 31: Exterior view of standard SMU cell door.

Image 32: View from ground level of E-Wing facing toward west-side control booth. The ground-level cells in this wing are enclosed behind glass.

Image 33: View from upper level of E-Wing facing toward west-side control booth.

Image 34: Cell fronts in E-Wing viewed from "behind the glass."

Image 35: Exterior of E-Wing cell behind the glass.

Image 36: Interior of standard E-Wing cell viewed through cell-door window.

Image 37: [redacted] showing scars from self-inflicted lacerations inside an E-Wing cell, viewed through cell-door window. [redacted] has been diagnosed with a personality disorder.

Image 38: [redacted] showing scars from self-inflicted lacerations, viewed through cell-door window.

Image 39: Blood on cell-door window of E-Wing cell E-203, [redacted] cell. The metal shield covering the window is in the open position but would ordinarily be closed.

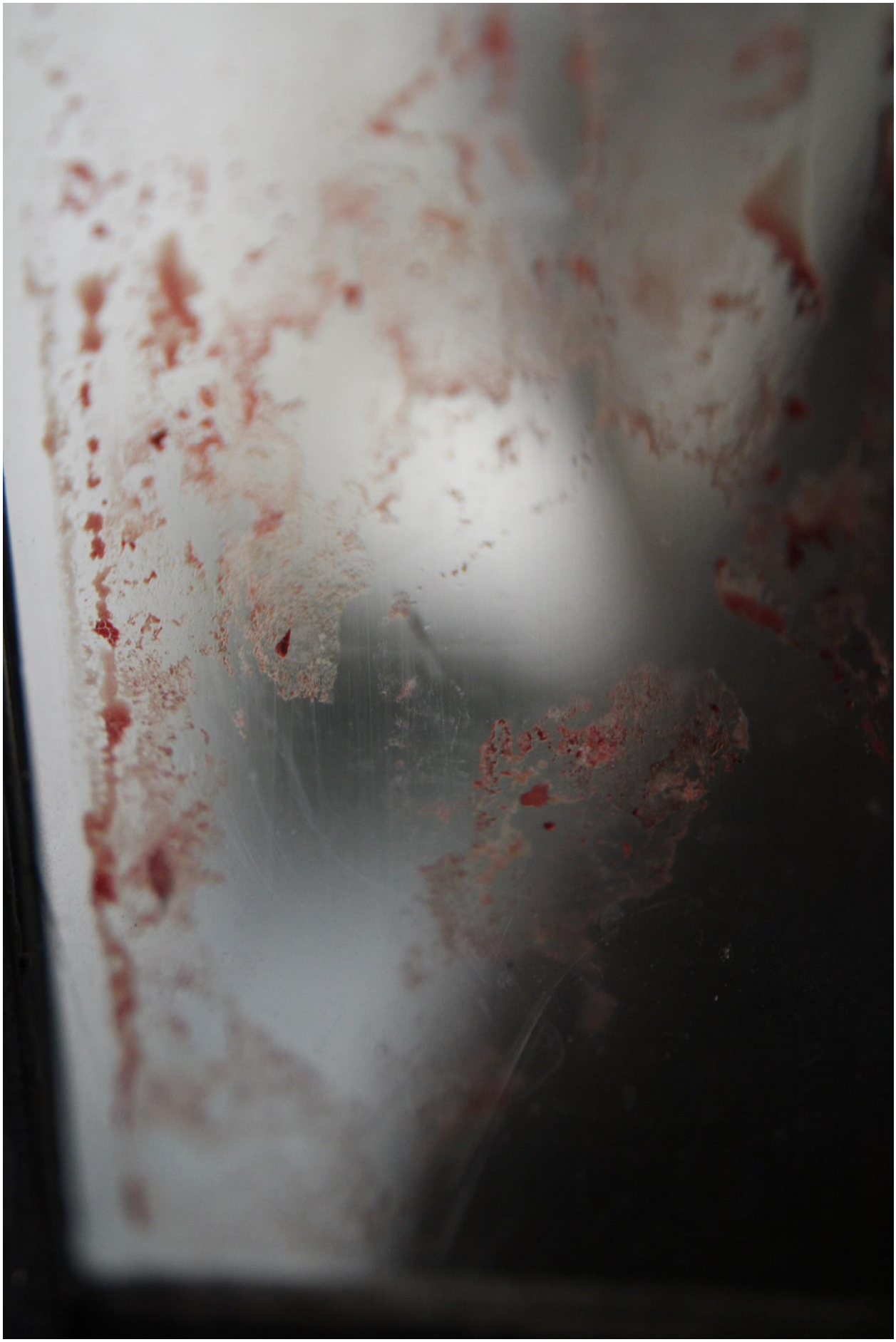


Image 40: Closeup view of blood on [redacted] cell-door window.

Image 41: [redacted] viewed through cell-door window. [redacted] has been diagnosed with, among other things, a depressive disorder and a mood disorder.

Image 42: [redacted] arm with self-inflicted lacerations, viewed through the cell-door window.

Image 43: Blood on the floor of [redacted] cell. The bedframe is covered in toilet paper.

Image 44: Interior of standard E-Wing cell viewed through cell-door window.

Image 45: Interior of E-Wing cell E-208. [redacted] allegedly set fire to this cell the day before this image was taken. [redacted] has been diagnosed with, among other things, bipolar disorder, schizoaffective disorder, and borderline personality disorder.

Image 46: Interior of standard E-Wing cell.

Image 47: Items on floor of standard E-Wing cell.

Image 48: Items on floor of standard E-Wing cell.

Image 49: Ceiling of standard E-Wing cell.

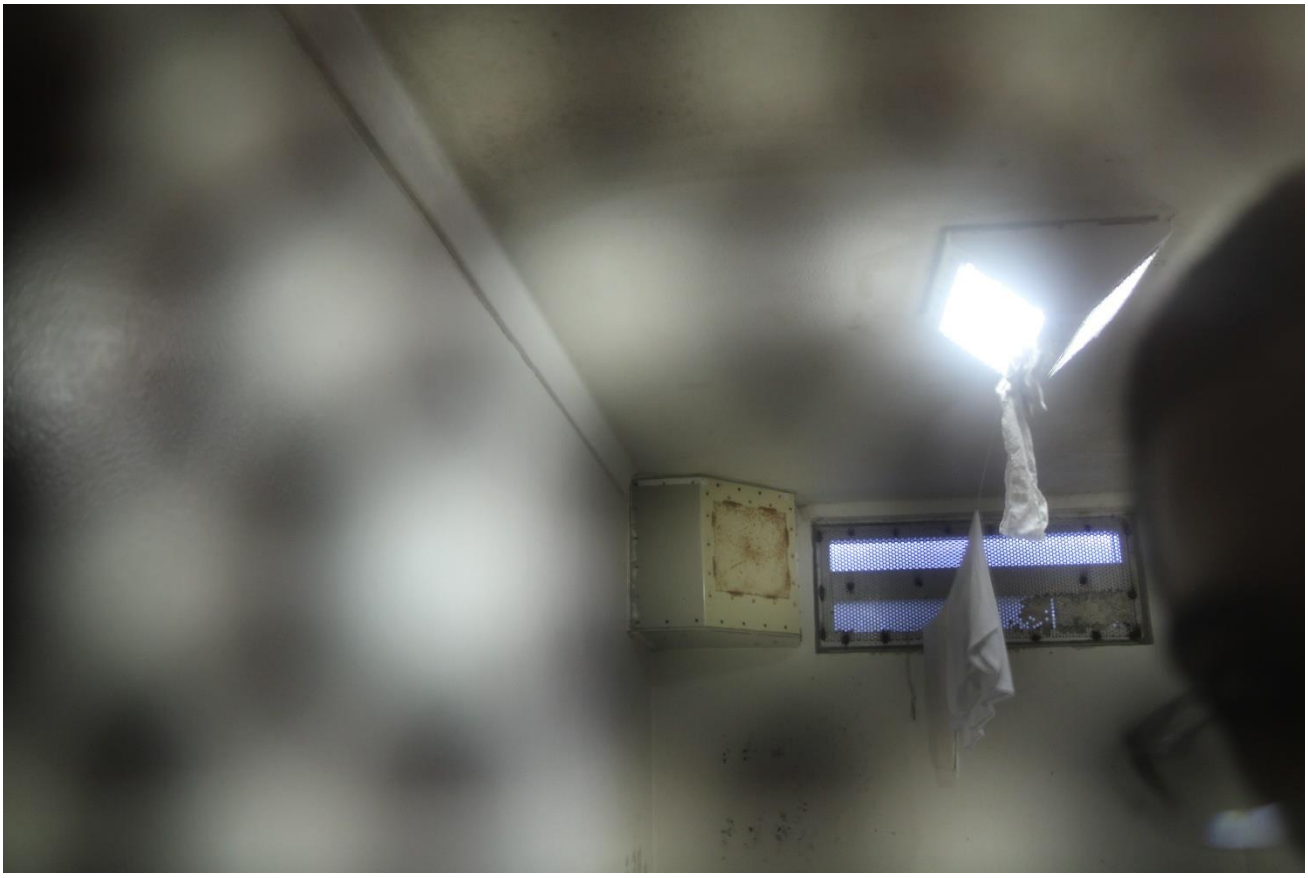


Image 50: Ceiling of standard E-Wing cell.

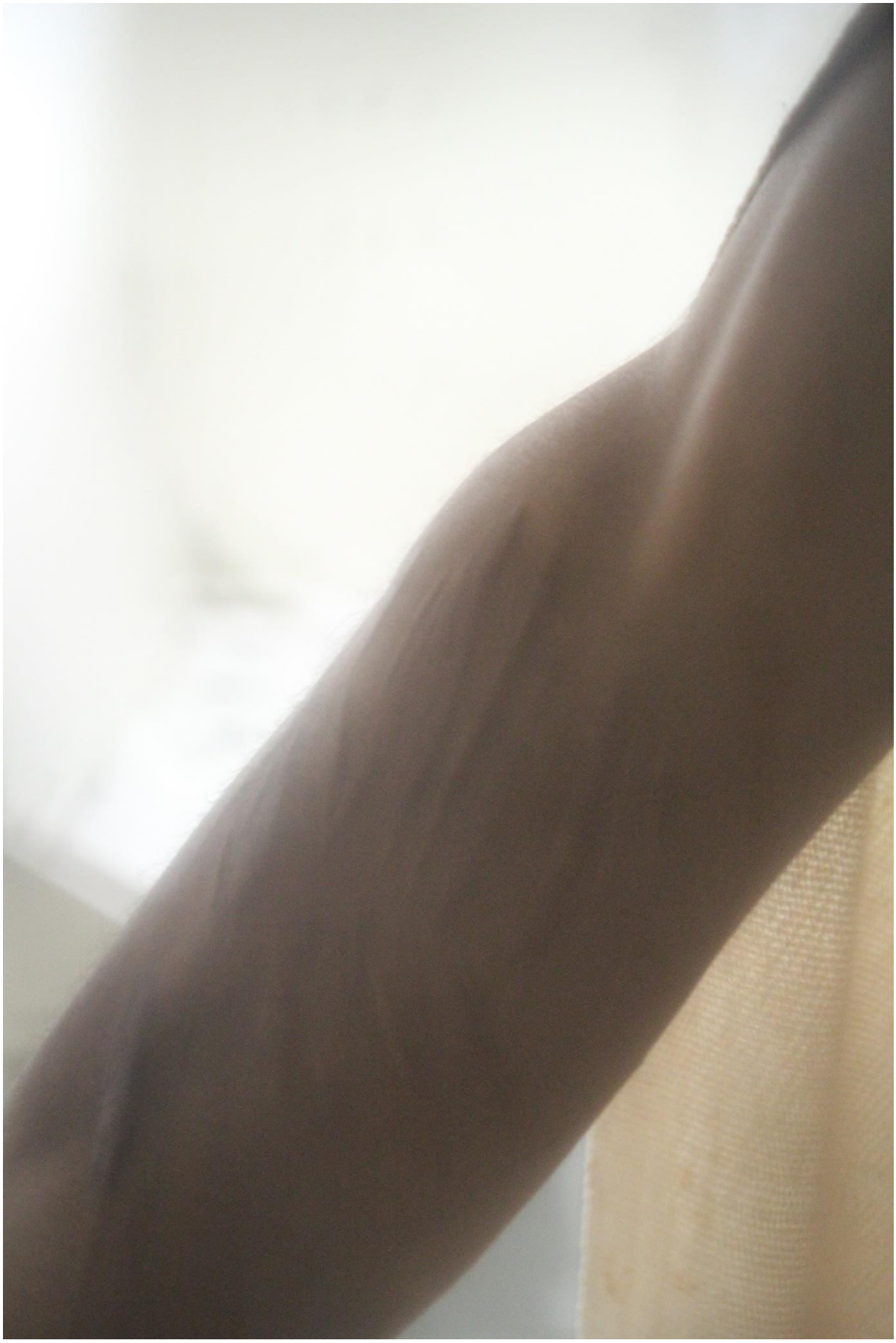


Image 51: Scars from self-inflicted lacerations on [redacted] arm, viewed through cell-door window. [redacted] has been diagnosed with, among other things, a psychotic disorder, a mood disorder, and a depressive disorder.

Image 52: Exterior of E-Wing cell with window cover in open position.

Image 53: Exterior of E-Wing cell door.

Image 54: Standing water outside of [redacted] E-Wing cell.

Image 55: Exterior view of cell fronts behind the glass in E-Wing.

Image 56: Exterior view of cell fronts behind the glass in E-Wing.

Image 57: "HELP" sign on cell behind the glass in E-Wing.

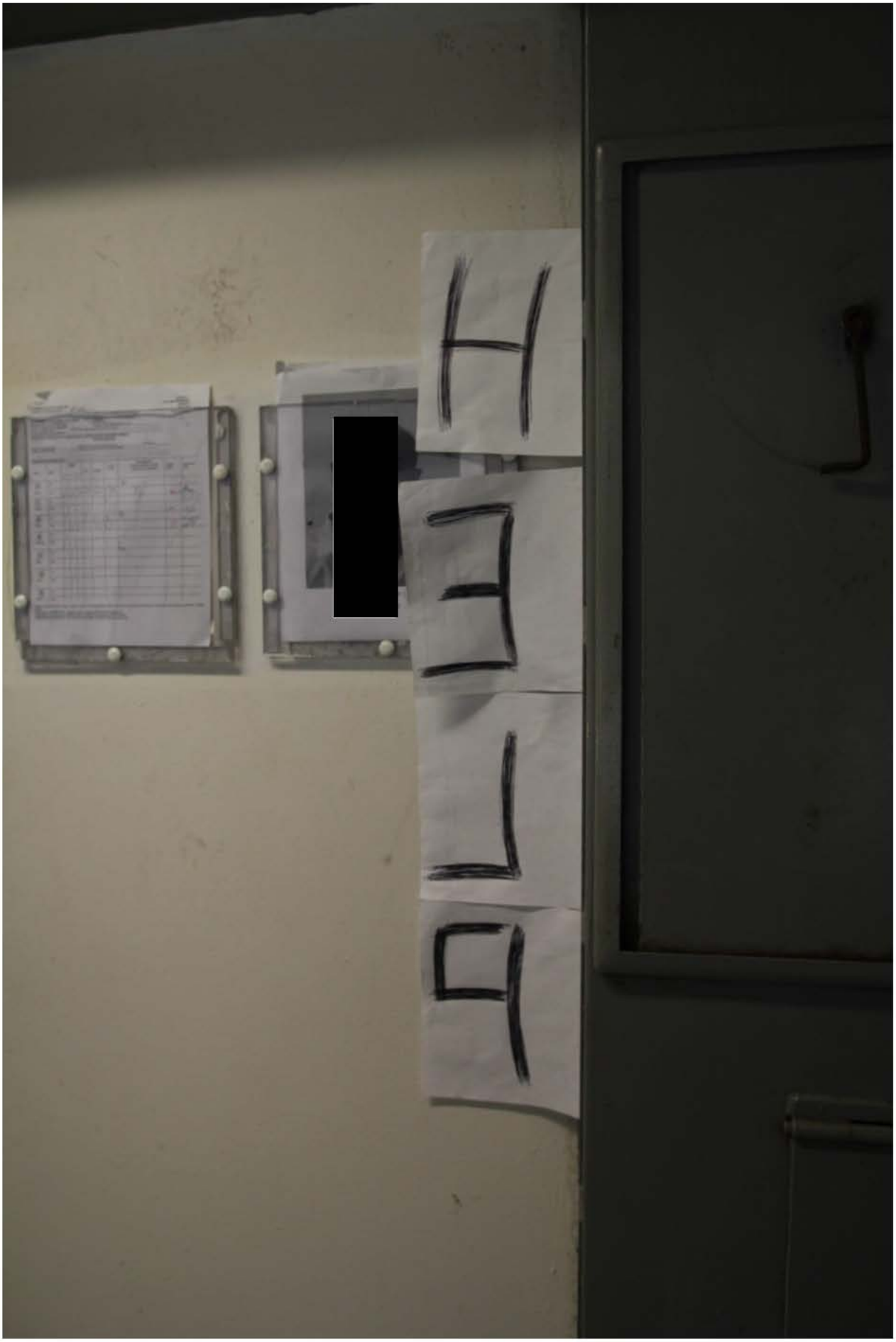


Image 58: Closeup view of "HELP" sign on cell behind the glass in E-Wing.

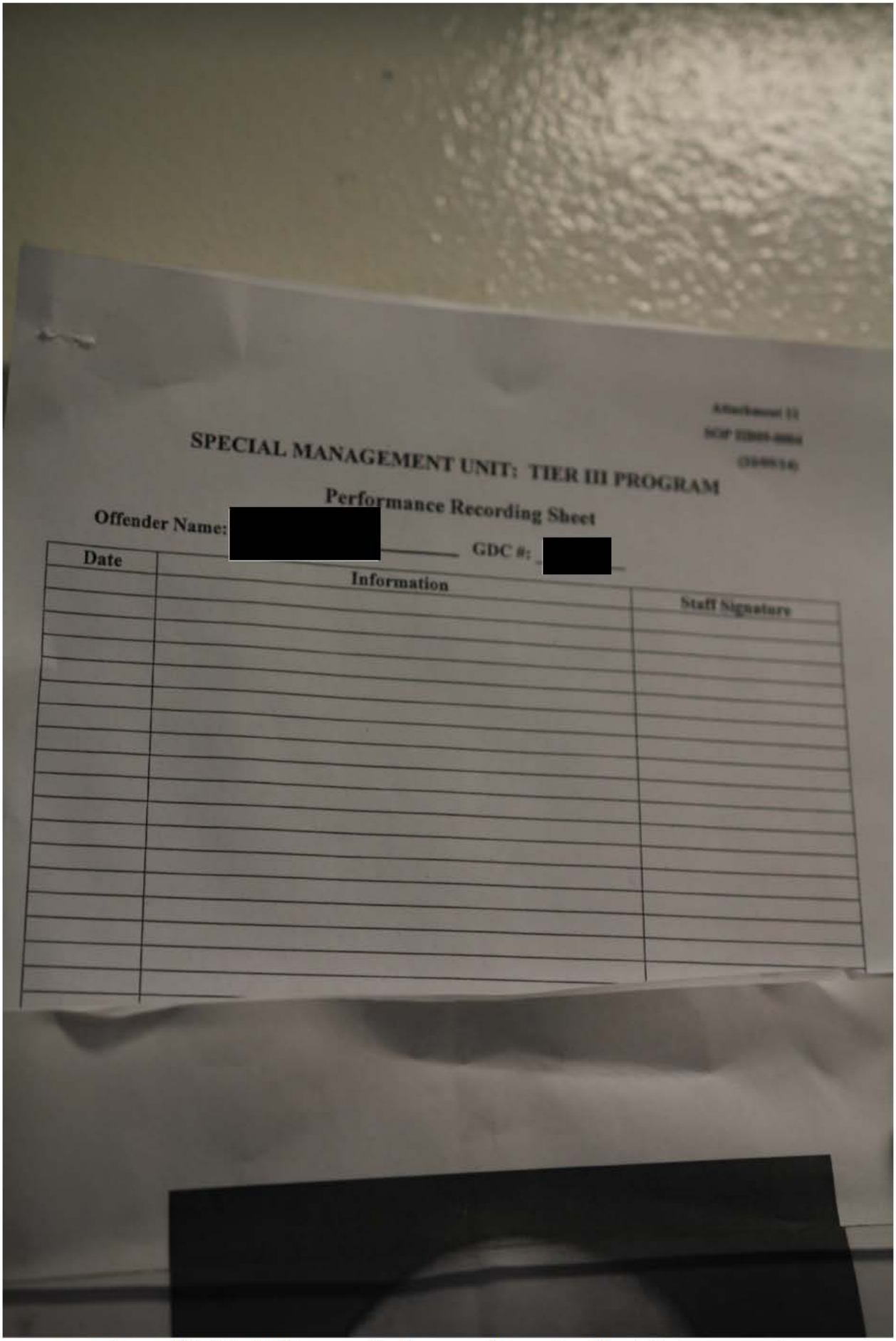


Image 59: Tier III Program Performance Recording Sheet for [redacted].

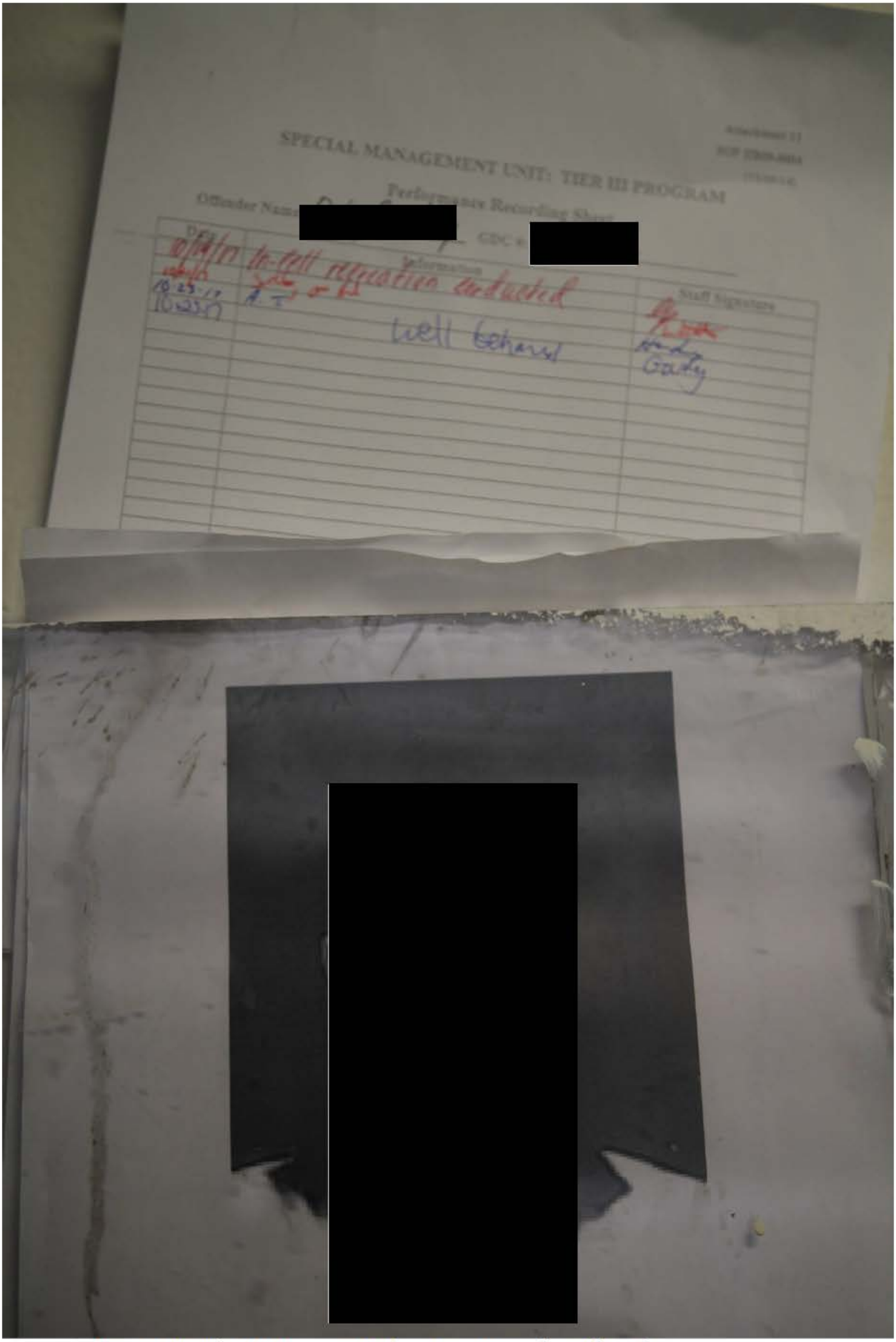
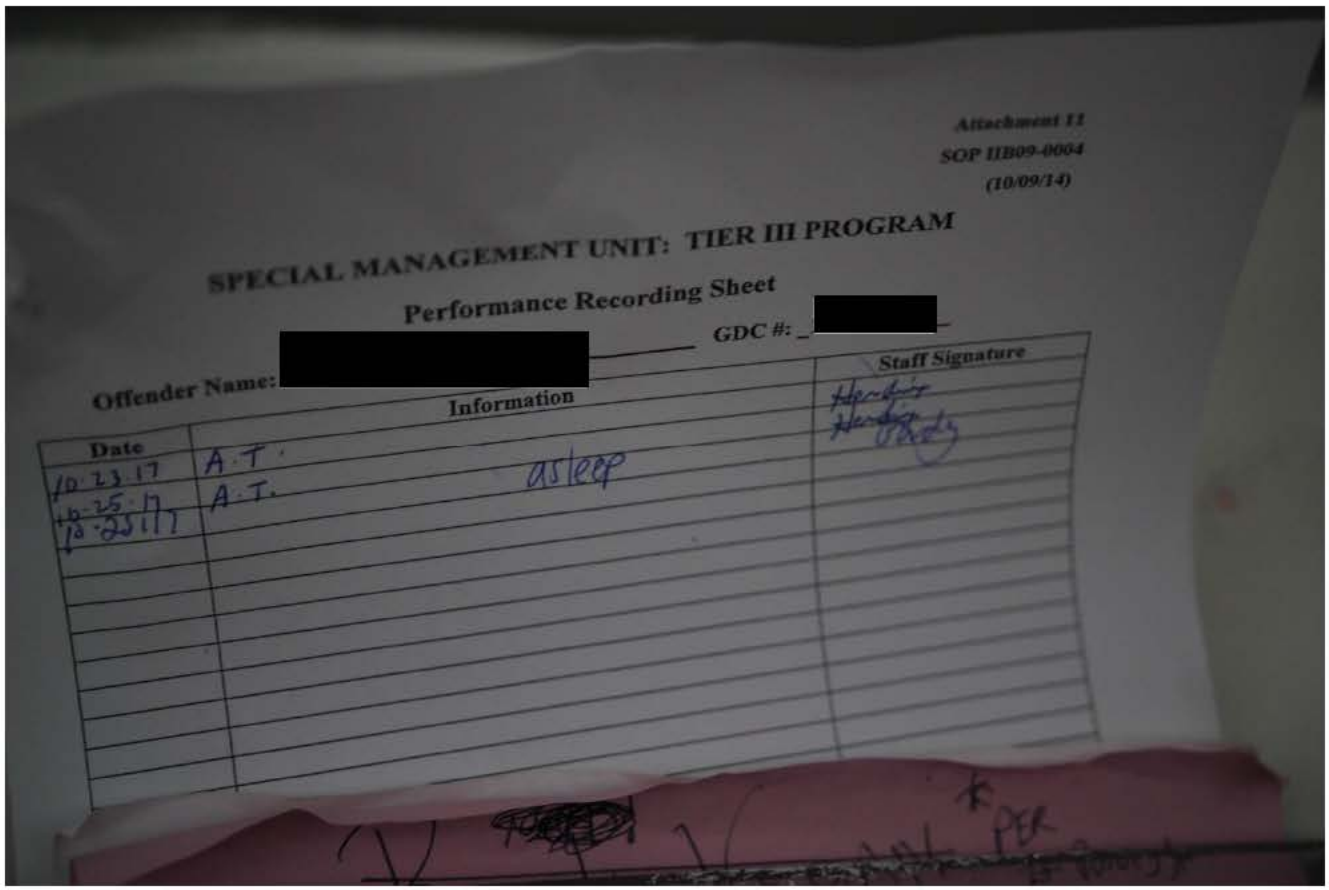


Image 60: Tier III Program Performance Recording Sheet for [redacted].



Attachment 11
SOP IIB09-0004
(10/09/14)

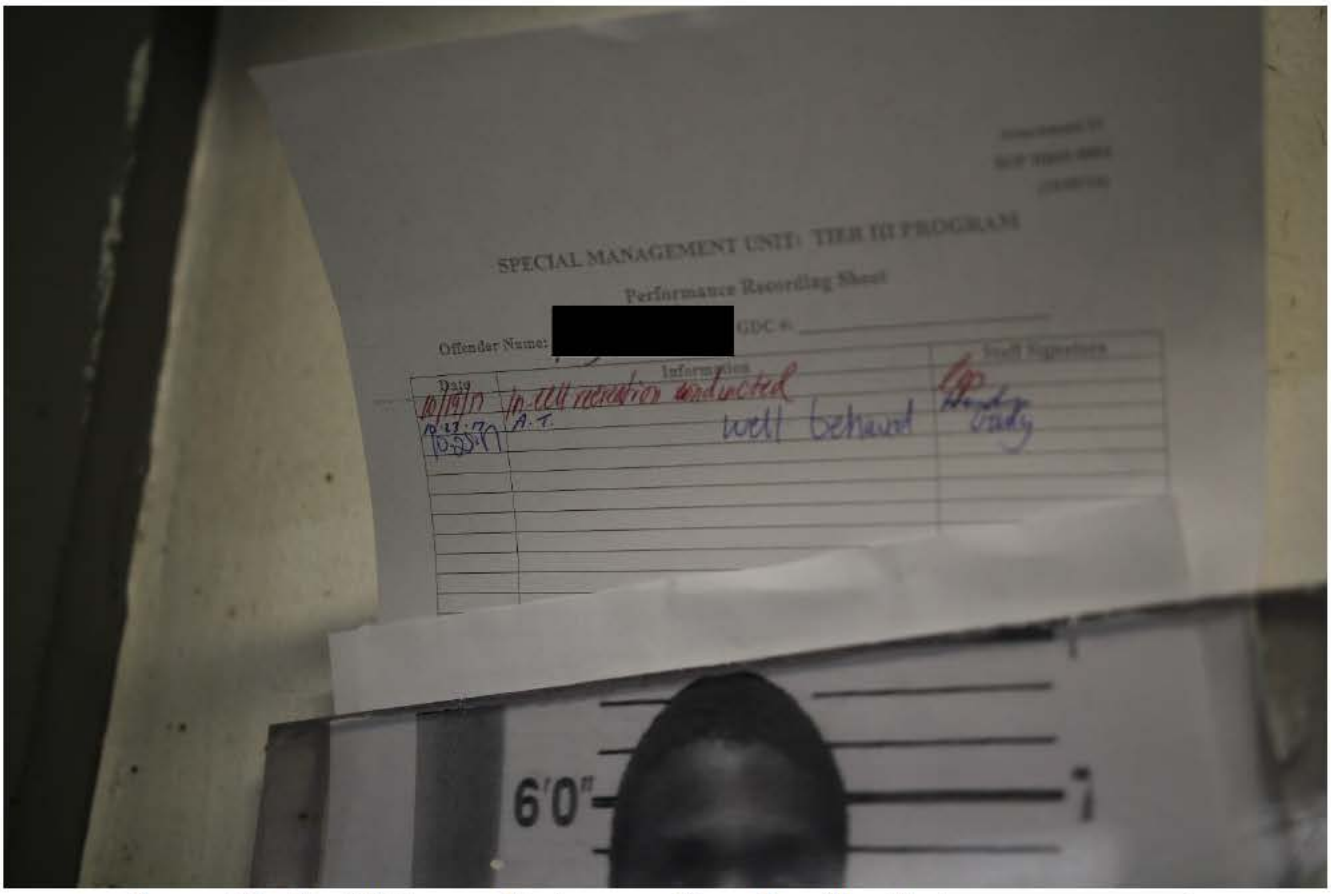
SPECIAL MANAGEMENT UNIT: TIER III PROGRAM

Performance Recording Sheet

Offender Name: [redacted] GDC #: [redacted]

Date	Information	Staff Signature
10.23.17	A.T.	
10.25.17	A.T. asleep	
10.25.17		

Image 61: Tier III Program Performance Recording Sheet for [redacted].



SPECIAL MANAGEMENT UNIT: TIER III PROGRAM

Performance Recording Sheet

Offender Name: [redacted] GDC #:

Date	Information	Staff Signature
10.27.17	A.T.	

6'0"

Image 62: Tier III Program Performance Recording Sheet for [redacted].

Image 63: F-Wing viewed from upper level, facing south.

Image 64: F-Wing ground level cell fronts viewed from upper level.

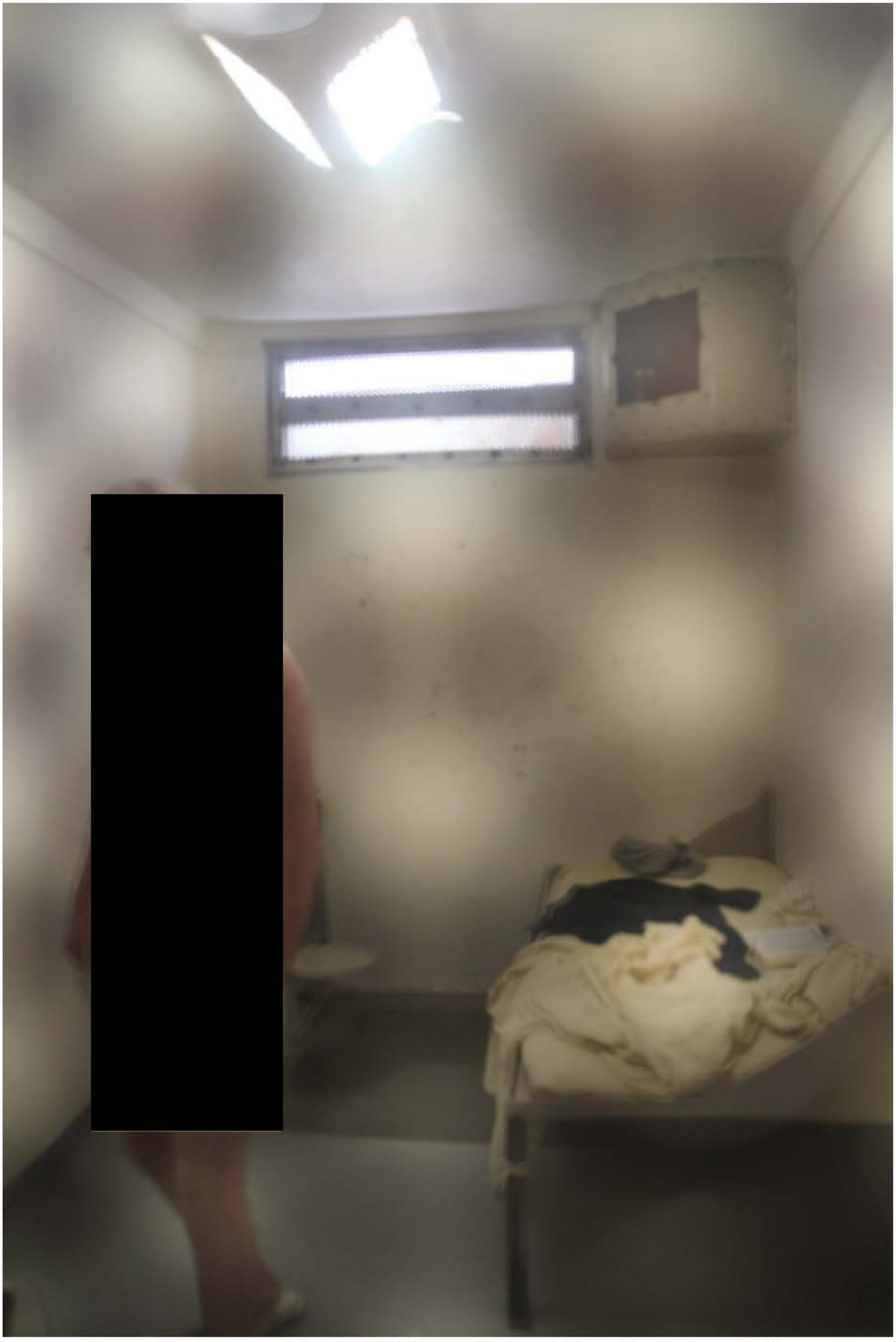


Image 65: Interior of standard F-Wing cell viewed through cell-door window.

Image 66: Interior of standard F-Wing cell viewed through cell-door window.

Image 67: Example unused room in F-Wing.

Image 68: Example unused room in D-Wing.

Image 69: Another unused room in D-Wing.