



*I feel like I'm bigger than the cell its self.*

# Louisiana on Lockdown

A Report on the Use of Solitary Confinement in  
Louisiana State Prisons, With Testimony from the  
People Who Live It

Solitary Watch

American Civil Liberties Union of Louisiana

Jesuit Social Research Institute/Loyola University New Orleans

June 2019

# Louisiana on Lockdown

A Report on the Use of Solitary Confinement in  
Louisiana State Prisons, With Testimony from the  
People Who Live It

Solitary Watch  
American Civil Liberties Union of Louisiana  
Jesuit Social Research Institute/Loyola University New Orleans

June 2019



Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International Public License. Material from this report may be quoted or shared only with appropriate credit and a link to the original, for non-commercial purposes, and without modifications.

For more information, or to request copies of the report for educational or advocacy purposes, please contact [info@solitarywatch.org](mailto:info@solitarywatch.org).

**This report is a joint project of Solitary Watch ([solitarywatch.org](http://solitarywatch.org)), the American Civil Liberties Union of Louisiana ([laaclu.org](http://laaclu.org)), and the Jesuit Social Research Institute/Loyola University New Orleans ([loyola.edu/jsri/](http://loyola.edu/jsri/)), with additional assistance from the Roderick & Solange MacArthur Justice Center Louisiana.**

We are grateful to all the individuals, organizations, and institutions who helped make this report possible.

Funding for the report was generously provided by the Jacob & Valeria Langeloth Foundation, The Roddick Foundation, and the Vital Projects Fund.

The lead writer for this report was Katie Rose Quandt (Solitary Watch), with additional contributions by Jean Casella, Aleks Gilbert, Valerie Kiebala, and Joshua Manson (Solitary Watch); Katie Schwartzmann (ACLU of Louisiana); and Dr. Sue Weishar (JSRI/Loyola University New Orleans).

Data analysis was provided by Dr. Alí R. Bustamante (JSRI/Loyola University New Orleans). Compilation and interpretation of survey data was managed by Katie Rose Quandt, and carried out by Lily Weinraub, Joshua Manson, Valerie Kiebala, Madeline Batt, Jack Denton, and the students in Dr. Ashley Howard's Honors History class at Loyola University New Orleans, "Incarceration in America" (Fall 2017): Julia Dorothy Bommarito, Jordan N. Chauncy, Brianna Janelle Daniel-Harkins, Peter G. De Armas, Gabrielle Celeste Douglas, Grant M. Dufrene, Andres Antonio Fuentes, Connor Grace Glorioso, Samantha R. Menendez, Nicholas Patrick Neal, Matthew Seaman, Charles Louis Seiter, Tara Eve Simons, Andie E. Slein, Elizabeth Simone Sosnoff, Robert Francis Woodry Jr., Alexys F. Wright, and Brian Cody Yell.

Survey mailing, scanning, and collation was managed by Rayanica Smith of the Roderick & Solange MacArthur Justice Center Louisiana.

Additional collaboration on the survey and report and project outreach were provided by David Cloud (Vera Institute of Justice, Safe Alternatives to Segregation Initiative), Prof. Andrea Armstrong (Loyola University New Orleans College of Law), Vanessa Spinazola (Justice and Accountability Center of Louisiana and Louisiana Stop Solitary Coalition), Albert Woodfox (Louisiana Stop Solitary Coalition), Peter Wagner and Alex Clark (Prison Policy Initiative), Jessica Sandoval (Unlock the Box Campaign), Rev. Dan Krutz (Louisiana Interchurch Conference), Rhonda Oliver (Women Determined), and Kiana Calloway (Voice of the Experienced and Roots of Renewal).

Finally, this report would not exist without the contributions of hundreds of individuals in solitary confinement in Louisiana. They spent long hours in their cells completing our lengthy survey and risked retaliation to share their experiences and make their voices heard.

# Contents

Executive Summary.....	5
Voices from Louisiana’s Solitary Cells.....	10
Recommendations.....	14
Methodology and Terminology.....	19
<b>Part One   The Solitary Confinement Capital of the World</b>	
<b>Incarceration and Isolation in Louisiana, by the Numbers</b>	
An Outlier State in an Outlier Country.....	25
Statistical Findings from the Vera Institute of Justice.....	26
<b>A Slavery-to-Prison Legacy: Incarceration in Louisiana</b>	
Slavery by Another Name.....	28
Louisiana Embraces Mass Incarceration.....	29
<b>From Red Hats to Camp J: Solitary Confinement in Louisiana</b>	
The United States of Solitary.....	31
“The Planted”.....	32
The Angola 3.....	34
A Continuity of Suffering.....	35
Unlocking the Box in Louisiana: An Opportunity for Change.....	37
<b>Part Two   Living in Solitary Confinement in Louisiana</b>	
<b>Basic Facts About Survey Respondants</b>	
Race, Gender, and Age .....	43
Prison Where Currently Incarcerated .....	44
Length of Prison Sentence and Time in Solitary .....	44
Type of Isolation .....	45
<b>The Psychological Impact of Solitary Confinement</b>	
Loneliness and Boredom.....	48
Mental Deterioration.....	49
Self-Harm and Suicide.....	52
<b>Life in a Cell</b>	
Trapped in a “Dog Cage”.....	54
Heat and Cold.....	55
Noise and Communication.....	56
Cleanliness.....	58
Food.....	60
Clothing.....	61
Double Celling.....	62
Conditions for Women in Solitary.....	63
<b>Getting Into Solitary</b>	
Reasons for Placement in Solitary.....	64
Routine Isolation Upon Arrival.....	65
Disciplinary Segregation for Minor Offenses.....	65
Unwilling or Unable to Work in the Fields.....	67
Isolation As Retaliation.....	67
“For Your Own Protection”.....	68
Sentenced to Death.....	69

<b>Getting Out of Solitary</b>	
Indeterminate Sentencing. . . . .	70
Initial Hearings and Periodic Reviews. . . . .	71
No Road Out of Solitary. . . . .	72
Working While Locked Down. . . . .	73
No Place Else to Go. . . . .	74
“You Will Never Be Released. . . . .	75
Barrier to Parole and Earned Good Time. . . . .	76
Hope and Fears About Returning to General Population. . . . .	77
Hopes and Fears About Returning to Society. . . . .	79
<b>Medical and Mental Health Care</b>	
Inadequacy of Medical Care. . . . .	81
Rating of Medical Staff. . . . .	82
Prevalence of Mental Health Needs. . . . .	84
Mental Health Evaluation Upon Placement in Solitary. . . . .	84
Quality of Mental Health Treatment. . . . .	86
Rating of Mental Health Staff. . . . .	87
Confidentiality of Physical and Mental Health Care. . . . .	88
Access to Prescription Medication. . . . .	90
Punished for Despair. . . . .	91
<b>Access to Programs, Services, and the Outside World</b>	
Physical Exercise. . . . .	93
Education, Jobs, and Other Rehabilitation. . . . .	93
Religious Observance. . . . .	95
Books, Radio, Television, and Legal Materials. . . . .	96
Mail and Phone Calls. . . . .	97
Visits. . . . .	98
<b>Treatment While in Solitary Confinement</b>	
Abuse and Harassment by Staff. . . . .	100
Physical Abuse . . . . .	100
Sexual Abuse. . . . .	101
Verbal Harassment and Intimidation. . . . .	101
Racial Harassment . . . . .	102
Denial of Services. . . . .	103
Abuse by Other Incarcerated People and Lack of Staff Protection. . . . .	104
Additional Restrictions and Punishments. . . . .	105
Use of Chemical Agents. . . . .	106
Use of Physical Restraints. . . . .	106
Strip Cell Status. . . . .	107
Treatment of LGBTQ People. . . . .	108
Treatment of People with Physical Disabilities. . . . .	109
Response to Grievances: Dismissal and Retaliation. . . . .	109
Multiple Experiences of Abuse. . . . .	111
<b>Solitary Confinement in Parish Jails. . . . .</b>	<b>113</b>
<b>Appendix: Survey Form. . . . .</b>	<b>115</b>
<b>Notes. . . . .</b>	<b>127</b>

# Executive Summary

The use of solitary confinement in the state of Louisiana has penetrated the broader public consciousness largely through the story of the Angola 3.<sup>1</sup> Over the past decade, the harrowing saga of three African American men—all likely innocent of the prison murders that were used to justify confining them in solitary for up to 43 years—sparked media attention and public outcry as the ultimate expression of harsh, racist, Southern injustice.

But there is another story to be told about solitary confinement in Louisiana. Like the story of the Angola 3, it is deeply rooted in the history of racial subjugation and captivity in the South, which begins with slavery and stretches through convict leasing and Jim Crow to the modern era of mass incarceration. However, it extends far beyond the lives of just three men.

This is the story of a prison system where, on any given day, nearly one in five people is being held in isolation, placed there by prison staff, often for minor rule violations or “administrative” reasons. When it conducted a full count in the fall of 2017, **the Louisiana Department of Public Safety and Corrections (LADOC) reported that 19 percent of the men in its state prisons—2,709 in all—had been in solitary confinement for more than two weeks. Many had been there for years or even decades.**<sup>2</sup> The Vera Institute of Justice, which released its own report on solitary confinement in Louisiana earlier this year, similarly found over 17 percent of the state’s prison population in solitary in 2016.<sup>3</sup> **These rates of solitary confinement use were more than double the next highest state’s, and approximately four times the national average.**

Given that Louisiana also has the second highest incarceration rate in the United States, which leads the world in both incarceration and solitary confinement use,<sup>4</sup> **it is clear that Louisiana holds the title of solitary confinement capital of the world.** The state has this dishonorable distinction at a time when a **growing body of evidence offers proof of the devastating psychological and social harms caused by prolonged solitary confinement, as well as its ineffectiveness as a tool to reduce prison violence.**<sup>5</sup> In 2015, when it revised its Standard Minimum Rules for the Treatment of Prisoners (known as the Mandela Rules), the United Nations acknowledged that solitary confinement of 15 days or more is cruel, inhumane, and degrading treatment that often rises to the level of torture.<sup>6</sup> Taken together, **these facts indicate that the state of Louisiana is abusing and at times torturing thousands of its citizens for no legitimate purpose whatsoever.**

The numbers, however, still tell only part of the story. Just as Albert Woodfox’s memoir *Solitary* powerfully conveys what it is like to live for decades in conditions that are designed “to break people,”<sup>7</sup> **the words of individuals living in solitary confinement are vital to understanding the reality of what is happening today in Louisiana’s prisons.** For this report, we collected information directly from those men and women.

**The bulk of the report is based on detailed responses from more than 700 lengthy surveys completed by individuals in solitary, whose names and identifying information have been changed to protect their safety and privacy. Their descriptions paint a grim picture of long**

stretches of time spent in small cells that are often windowless, filthy, and/or subject to extreme temperatures, where they are denied basic human needs such as adequate food and daily exercise, and subject to many forms of abuse as well as to unending idleness and loneliness, resulting in physical and mental deterioration.

Since surveys were returned voluntarily, the results cannot be viewed as a comprehensive or representative sampling. Yet with more than 700 responses from all nine of the state's prisons, which provided personal narratives as well as quantitative data,<sup>8</sup> we believe **our report complements, builds upon, and adds an even greater sense of urgency to previous recommendations for reform of solitary confinement in Louisiana**, including those included in the recent report by the Vera Institute of Justice.

At a moment when LADOC has, for the first time, shown willingness to reconsider and reduce its use of solitary confinement, the findings in this report offer vital insights—and illuminate a path toward **the sweeping changes that must be made if Louisiana is to create a prison system that succeeds in both advancing public safety and preserving the human rights of incarcerated people.**

**Major findings from this report include the following:**

- **More than 77 percent of respondents said they had been held in solitary confinement for more than a year, and 30 percent said they had been in solitary for more than five years.** LADOC has not collected data on duration of time in solitary. Nationally, less than 20 percent of individuals in solitary, on average, have been there for more than one year. The United Nations has called on countries to ban the use of solitary beyond two weeks.
- **Just over 56 percent of respondents were in Extended Lockdown, which is generally used as punishment for prison rule violations, and which has no maximum duration.** This type of segregation violates UN prohibitions on both using isolation for punishment (as opposed to safety) and using it for indefinite periods.
- **African Americans were over-represented among respondents.** This racial disparity is consistent with the Vera Institute's report, which also found higher percentages of African Americans and lower percentages of whites in solitary than in the general prison population.
- **More than half of respondents believed their mental health had worsened during their time in solitary.** Most others said it had stayed the same or weren't sure.
- **Many described psychological problems consistent with research on the negative mental health effects of prolonged solitary confinement.** These include anxiety, panic attacks, depression, hopelessness, sensitivity to light and sound, visual and auditory hallucinations, rage, paranoia, and difficulty interacting with others. Some expressed fear that the damage would be permanent, and they would "never be the same again."
- **More than one-quarter of respondents reported engaging in self-harm, including cutting and head-banging, while in solitary,** while less than 6 percent said they had done so while in general population. More than 66 percent said that they had witnessed others attempting to harm themselves frequently while in solitary. Of those who had harmed themselves, 4 percent said they received counseling in response, while more than 26 percent said they were punished for it.

- **More than 43 percent of respondents in solitary confinement said they never left their cells at all.** A total of approximately 89 percent said they normally spent two hours a day or less outside of their cells.
- **Respondents described cells that averaged 6' x 9' in size,** many without a window or source of direct natural light. Many also described incessant noise from loud fans, officers' radios, and people banging and shouting in distress or in an effort to communicate.
- **Half of respondents said their cell temperature was always uncomfortably hot or cold,** and an additional 49 percent said the temperature was sometimes uncomfortable. Debilitating heat was the most frequent complaint, in a state that has long fought to avoid installing air conditioning in its prisons.
- **Three-quarters of respondents said their units were unsanitary,** and many described filthy walls and floors; infestations of rodents and insects, and faulty plumbing causing unclean drinking water and floods of excrement. Some said they requested but were denied cleaning supplies.
- **Over 69 percent of respondents reported that they were dissatisfied or very dissatisfied with the food in solitary—**both the quantity, which was widely reported to be less than provided in general population, and the quality. Just 7 percent said they were satisfied.
- **Women housed in a unit at Angola complained of being “warehoused” in tiny cells.** Incarcerated women were dispersed to various prisons and parish jails after flooding at the Louisiana Correctional Institute for Women in 2016.
- **More than 63 percent of respondents said they were placed in isolation for breaking a prison rule.** Many reported being in solitary for minor, nonviolent infractions, and many said these punishments were arbitrary or unfair, or doled out as retaliation for filing complaints.
- **Some said there was no way to “earn” their way out of solitary based on time or good behavior,** despite state policies to the contrary. Mandatory hearings to determine entry to or release from solitary were not held on schedule (or at all), according to many respondents, 83 percent of whom rated the quality of the hearings as poor.
- **Some noted that spending time in solitary negatively impacted their chances for parole or earning early release through “good time” credits—**and thus could actually lengthen their time in prison.
- **Nearly 30 percent of respondents said they expected to be released directly from solitary to the street.** While many expressed the need for help transitioning back into general population or into society after solitary, 87 percent said they did not expect to receive counseling or other help from the prison system.
- **Asked to rate the medical care they received while in solitary, nearly 79 percent of respondents said it was poor.** More than 53 percent said that medical personnel never made regular rounds to their units, and 69 percent said it took more than a week to be seen by medical staff after requesting it. Some described inadequate care leaving them with permanent conditions or disabilities, including blindness.



- **Almost 61 percent of respondents reported they had been diagnosed with a mental health problem prior to being placed in solitary confinement, nearly 14 percent with a developmental disorder, and just under 8 percent with a traumatic brain injury.** Less than 31 percent, however, recalled receiving a mental health evaluation within 48 hours of placement in solitary, and more than 42 percent said their evaluation had taken place through their cell door. The UN recommends a complete ban on placing people with psychological or developmental disabilities in solitary.
- **Outdoor recreation was provided every day to just 13 percent of respondents,** while 20 percent reported they were never taken out of their cells for recreation.
- **Only about 13 percent of respondents said they had participated in any in-cell education or programming,** and virtually none could participate in group programming, which they said left them idle, denied them opportunities for self-improvement, and contributed to mental deterioration.
- **More than 79 percent of respondents were denied any opportunity to work while in solitary,** and many of those that did wrote that they were marched to the fields and then returned to their cells “like slaves.”
- **A quarter of respondents said they were denied any visits from loved ones,** and over half said they were allowed to use the phone only once a month or less.
- **Nearly 80 percent of respondents said that physical assaults at the hands of staff in solitary confinement were common or very common.** Less than 13 percent said they had never witnessed an assault in solitary. More than 30 percent also thought sexual abuse by staff was common or very common, though fewer had witnessed it themselves.
- **Nearly 93 percent of respondents said that verbal harassment by staff in solitary was common or very common,** while more than 83 percent said that threats and intimidation by staff were common or very common.
- **Close to one-third of respondents reported that they had been physically, sexually, or emotionally abused by another incarcerated person while in solitary confinement,** and many complained that staff failed to protect them and sometimes put them in harm’s way.
- **Most respondents in solitary said they had personally been subjected to additional punishments, including pepper spray (35 percent) and physical restraints (17 percent),** as well as loss of recreation, commissary, visitation, or mattresses. A few described being placed in just a paper gown in bare “strip cells” as punishment.
- **Racial harassment was described as common or very common by 79 percent of respondents,** and appeared to be experienced primarily by African Americans. **LGBTQ individuals** also described physical and sexual abuse and harassment, and **people with physical disabilities** described both abuse and neglect.
- **Almost 89 percent of respondents said that abuse by staff in retaliation for filing official prison grievances or making complaints was common or very common,** leaving them no way to report abuse without risking more abuse.

In response to these findings, as well as to the body of evidence of the serious harms caused by solitary confinement, Solitary Watch, the ACLU of Louisiana, and the Jesuit Social Research Institute/Loyola University New Orleans urge Louisiana to make a dramatic shift away from its extreme dependence on prolonged isolation in the management of its prisons, and move quickly toward more safe, effective, and humane alternatives.

It is our hope that the information in this report will help to prove that profound change is needed in Louisiana's prisons, and that the recommendations we propose will help illuminate a path forward. This path leads toward a future where Louisiana—for so long an emblem of harsh and unequal justice—will not only end long-term solitary confinement, but also begin treating all those held in its prisons and jails with the decency and dignity that they, as human beings, deserve.



# Voices from Louisiana's Solitary Cells

The hundreds of people who returned our surveys provided vivid and deeply disturbing descriptions of their experiences of solitary confinement. Many were angry or frustrated about the injustice of their placement in solitary or the lack of any means of earning their way back out. Others were appalled by the filthy, dangerous physical conditions in which they were forced to live. A majority said they had been physically, verbally, or sexually abused by prison staff while in solitary confinement, and many said racism or homophobia played a role in the abuse.

Many people described how their isolation and hopelessness led them to lose their grip on reality, or engage in self-harm or suicide attempts. Others told us how their desperate requests for medical and mental health care had gone unanswered. A number of our survey respondents expressed fear that the damage caused by their isolation could never fully be repaired. Throughout the more than 700 returned surveys runs a clear sense of the respondents' devastation at what prolonged solitary confinement was doing to their bodies, minds, and souls.

What follows is a brief selection of quotations from the survey responses. Many more quotations appear throughout Part Two of this report.

---

**Andrew** "At first things were okay, but after about a year things started taking a toll on me. I went from being talkative to being barely able to hold a conversation. There's not really one day that I can think clearly. Sometimes I don't even want to get out of bed. I can't sleep without this "anti-psychotic" medicine they give me."

**Michael** "I've lost the desire to do the things I enjoyed doing when I first came here. It's difficult to concentrate so I don't read as much as I used to. I don't exercise as much as I once did because my energy level is not the same. I no longer write any prison officials for assistance because I no longer get responses. I've requested mental health counseling for these symptoms, but no one from mental health has come to see me. I asked [the warden] for some anger management material over four months ago, and she has yet to respond... I find myself sitting on the bottom bunk and staring at the wall. When I do realize what I'm doing, I force myself to do something. There is no T.V. to watch and we are not allowed to have radios... I'm beginning to lose the desire to socialize with others."

**Clark** "It can be very depressing. It can really deteriorate the mind. It makes you feel like the walls are closing in at times. You become real frustrated and agitated, prone to lash out at others. It alters your sleeping pattern. It makes you think your mind's playing tricks on you. You really have to be a strong minded person to refrain from going totally crazy."

**Carlos** "On and off I start to cry when thinking of my family or simple things. At times I snap at family members for no reason at all. My family have told me they notice a big difference in me. I don't see it. I find myself counting ants and tracking them so I can seal their exit."

**Sean** “Well some days I can think clearly, some days my thinking is foggy and confusing, and some days I am more depressed than I can stand, almost to the point where I feel like I’m just going through a meaningless grey tunnel and nothing can clear away the sadness of it all.”

**Marissa** “It has affected me psychologically. My verbal communication skills has diminished tremendously. I have a difficult time being around others. My physical health has suffered...I am unable to properly exercise (which is preventative medicine in itself). My muscles and immune system are deteriorating. I have become hyper-paranoid. I often awake from my sleep experiencing anxiety attacks. Sometimes my mind cannot stay focused and attentive when someone is talking to me.”

**Oliver** “Confinement has changed me. As a human mind, body and soul I’ve lost things I’ll never get back. My family distanced themselves cause of restricted phone calls and visits. I’ve lost all emotion except for anger. It is a place to either make or break you. I got two little girls 6 and 9 who can’t see me cause of my housing unit. A handicap uncle who can’t make it as far as Angola...I do believe that solitary confinement has affected me in a way that God can’t fix.”

**Carl** “These cells drive men mad. I have personally witnessed one man take his life, another tried to by running the length of the tier and smashing his head into the front bars, sadly for him he still lives, if you can really call it that... Point is the cells are killing men and they know it... These same good men including me will not be good after too much confinement, say over 2 years. Any man that’s spent 5 to 10 or more years in these tiny cells should be killed, that includes me, we are no longer in any way shape or form civilized. Our morals have left us...Too much hurt, too much pain, too much confusion, we are lost, lost from God, lost from reality.”

---

**Sophie** “I went to an observation cell...on suicide watch. Once we get there, we are thrown in the shower to be searched by bending over and spread both of our buttocks open...Then, we are placed in a cell with a very thin paper robe and placed in a very unclean cell with no hot water and in some cells the cold water is broken. At night, the mattress [that] is given to us is very thin, unclean, and we break out with sores.”

**Martin** “I requested to see the psychiatrist earlier this year for PTSD due to being a veteran of 3 wars and a police officer who’d seen a lot of bad stuff. Saw the doctor in a room that had 3 other people in it and he talked to me for exactly 7 minutes. Never saw him again.”

**Stephanie** All they do when they make rounds is ask questions off a paper. “Do you feel suicidal?” “Are you eating?” “Family contact?” “Do you want to harm yourself or others?”

**Nelson** “Medical, dental, and mental staffs are so grossly understaffed that if you’re not dying, medical is not happening. If your face is not reflecting an abscess, you’re not getting dental care. If you’re not hanging or bouncing off the walls, you’re mentally competent. In other words, hang on in there, you’ll be alright.”

**Rodney** “They don’t take anything serious until people die. I have a re-opened hernia I been complaining about for 6 months and haven’t seen a doctor yet.”

**Jordan** “Before I went blind in my left eye I complain to medical and they tell me that I’m faking to get out of work call. I make another sick call and get wrote up. Then 4 months later I lose my sight.”

**Kevin** "Point blank we do not have a doctor at the moment. He is out and when he is here it's like we don't have one. There is 1,300 inmates at this prison with one doctor."

---

**Bobby** "There are roaches and ants everywhere I can't tell you how often ants have bitten me during sleep and such. They normally only clean heavily when there is important visitors (like attorneys)... They provide us nothing to clean the inside our toilets so we're forced to clean them by hand or live with a stinking toilet where we eat, sleep and live."

**Jude** "When it rains, water comes through a rear door and often floods the hall and occasionally enters a couple of the cells. Raw sewage has also come up through the plumbing system and drainage plug located on the tier since I've been here."

**Steven** "It's so hot in the summer that your cell doesn't cool off till about 1-2 am and that's just to get to 85-90 degrees. You have to sleep and lay on the floor just to cool off. This summer I laid and slept on the floor all summer long. Ants, spiders, roaches coming in your cell."

**Ross** "I cannot get a phone call out. You have to have money on the phone. I've none (poor). My love ones don't know if I'm alive or not."

---

**Clarence** "Most of my lockdown came from refusing to be a slave...working in fields of corn, etc. Free people riding horses with guns telling you to pick this, do that, and/or write you up for disciplinary just because he or she can."

**Caleb** "Solitary confinement in reality is like being a dog in a concrete kennel/cage covered by a roof. Modern day slavery if you look at all that goes on here... Death threats, threats of being beaten or maced. By EMTs, doctors, ranking officers, mental health and classification all working together to always hide stuff from people on the outside, like everything cool when in actuality we're being harmed physically, sexually, mentally, and emotionally everyday. Treated like what the constitution label us men of color as three fifths of a man/less than a human being... I've been scarred by solitary confinement. It's had a major impact on me."

**Trevon** "They talk crazy to me. They have frisked my cell (shakedown) and tore up my pictures and throw everything around. Racial harassment, they've call me "boy" multiple times. They've told me they'll "beat the fuck out of me," told me "they'll come in here on me." They have came and shook my cell down after I've filed grievances and tore [up] my property (mail or paperwork).. They've denied my services for medical emergency sick calls....They have all type of abuse and mistreating going on up here."

**Hank** "I've been physically assaulted while in full restraints, sprayed with chemical agents while in full restraints for requesting to see shift supervisor concerning a problem I was having with the unit sgt. I've had a major squeeze my testicles for filing a complaint. I can go on forever listing the wrong done to me by security. I've been in prison for 24 summers."

**Vincent** "[I am targeted for being gay.] One of the sergeants opened my cell for an offender to run in there to stab me up. Another opened my cell for an offender to rape me and another opened my cell for 2 offenders to steal my personal property."

**Tyrone** “They had pork chops for lunch and they gave me one. I told them I was Muslim but they had told me I had to eat the pork chop or nothing at all. I screamed and screamed until a ranking officer came. When he did, I told him my problem. He responded by spraying me with mace and throwing me around for the noise.”

**Trevor** “They force us to bark like dogs for our food. And they make us strip and show them our rectums. I feel less of a man and less of a human being.”

**Justin** “I’ve been sprayed with chemical agents in full restraints, busted in the head with a radio by officers, physically beat up in between units, sexually harassed by officers, forced in the cell with a potential enemy to be assaulted (i.e. a hit on me) by prison officials intentionally and deliberately, and tampered with my food.”

---

**Ralph** “Being in these cells like this is meant to break the mind down—which it does so to speak. Being around inmates who are mentally unstable takes a toll on the mind, as well as being treated like animals by staff and the spraying of gas (mace) on others—being threatened or harmed by inmates who have mental health records takes a toll on the body and mind. So being released to general population would be very difficult and I would probably be affected by what I’ve been through in the cells and always feel like someone is out to get me.”

**Nathan** “I feel lost and afraid to do the rest of my time in segregation. Because your mind is all you have when you’re in a cell, so in order to stay sane you have to become a little insane to cope. This is not the mindframe that I want to enter back into society with. And no kind of job training skills or social skills. For me, being incarcerated since 18, now 34 with no kids and a heart full of positive ambition, I CRAVE to at least have decent thinking, social, and job skills.”

**Malik** “Before I come to prison I was smart and intelligent. And willing to get my education at any cost. Because you know black people lived in a rough life because our ancestors before us was forced to live a rough lifestyle. So I tried to keep myself humble and educated. Even trying to go to welding school to work offshore. But when I come to prison and was placed in solitary confinement, it created a monster inside me, and it had got to the point I had started stabbing people up. Solitary confinement turns people into killers. I will never be the same again.”

**Jeremiah** “The impact of this segregation is weighing heavy on my mental, emotions, personality, body, sight and hearing. I’m not going to be around people when I get back in society cause this segregation here got me paranoid schizophrenic. Dealing with the officers and inmates, it’s really devastating.”

**Marvin** “Have you ever seen how a dog becomes after being locked up for a while? When you let that dog out on society what usually happens? Trouble, right? Well being in segregation for long periods of time have the same effect on a man. When let out, anxiety is high, fear is through the roof. This leads to antisocial behavior, substance abuse to self medicate the new mental anguish acquired from being caged like an animal. This in turn leads to destructive sometimes criminal behavior, which in turn can lead back to the same cage the man just left. Isn’t this the definition of insanity? If so then it begs to differ that the system is INSANE! This produces men of insane minds, not productive citizens, who have been rehabilitated for society. I pray to God I will do good after being segregated for so long.”

---

# Recommendations

## Take Immediate Steps to Reduce Numbers and Set Limits on the Use of Solitary

- Work with established experts with track records in other states to conduct a full review and reclassification of individuals in solitary with the goal of dramatically reducing the long-term solitary population within the first year.<sup>9</sup> Avoid the use of risk assessment tools with racial and class biases.
- Overhaul the LADOC rule book to eliminate solitary confinement as a punishment for all but the most serious and violent offenses in prison, and establish alternative sanctions as well as positive incentives for good behavior.<sup>10</sup>
- Eliminate “nature of original offense” as a reason for continued detention in solitary.
- Eliminate the use of solitary confinement for all youth under the age of 18 in LADOC custody.<sup>11</sup>
- Eliminate the use of solitary confinement for individuals with serious mental illness, and work toward replacing isolation with treatment for all persons with mental health or other special needs.<sup>12</sup>
- Eliminate the use of solitary confinement, including CCR, for protective custody. Create safer environments in the general prison population, and develop alternative units where vulnerable individuals can choose to safely live together.<sup>13</sup>
- For individuals for whom solitary is used, develop “step-down” programs with no fewer than six hours out of cell daily for programming, recreation, and treatment, including four hours of congregate activity, and a clear path toward general population. Use best practices to maintain safety during out-of-cell activities.<sup>14</sup>
- Close the Extended Lockdown camps at David Wade Correctional and B. B. Rayburn Correctional Facilities. House any remaining Extended Lockdown beds at the Louisiana State Penitentiary (Angola) and Elayn Hunt Correctional Center, where more LADOC oversight and more mental health services can be made available.
- While LADOC works to reduce institutional reliance upon solitary, immediately implement a six-month length of stay limit for all individuals in Extended Lockdown, after which they must be returned to general population, placed in a step-down program, or moved to another program or unit that provides congregate activity.
- Contract with the state Protection & Advocacy agency as a third-party reviewer for all cases in which individuals are held in solitary for longer than 15 days.

## Commit to the Complete Elimination of Long-Term Solitary Confinement

- Create a task force including LADOC officials, policy experts, and community members (including survivors of solitary confinement) to work toward the elimination of prolonged solitary confinement and monitoring of enforcement.



- With the task force, develop a plan to bring Louisiana into compliance with the UN’s Mandela Rules, including a limit on solitary confinement of 15 consecutive days or 30 days in any three-month period; and a complete ban on solitary for people with psychiatric, developmental, cognitive, or physical disabilities, youth aged 23 and under, the elderly, and other vulnerable populations.
- Require all facilities housing state-sentenced individuals, including privately operated prisons and all parish jails, to implement the same standards, and create systems for ensuring compliance. Refuse to house state-sentenced individuals with agencies that do not comply with LADOC solitary standards.

### Replace Isolation With Treatment for People with Special Needs

- Prohibit housing in solitary confinement for any individual with a mental illness or mental health history; a cognitive or developmental disability; or a sensory or physical disability that could be adversely affected by solitary. Work with independent experts to develop criteria for these prohibitions.
- Ensure that individuals are thoroughly screened for mental health needs and histories, developmental delays, and physical disabilities prior to placement into solitary confinement.
- Require that *all* individuals housed in solitary receive a meaningful and confidential interview by a licensed social worker or psychiatric nurse at least once every 48 hours. Ensure a meaningful follow-up with a psychiatrist no less than every two weeks.
- Establish a policy of immediately removing individuals from isolation when mental health needs or adverse effects of isolation are identified. Establish procedures to provide a therapeutic response as well as review of medication administration.
- Eliminate all punishments for self-harm and eliminate Policy 34 (“strip cell” status).
- Create specialized housing options based on best practices for people with psychiatric, developmental, or physical needs who cannot be placed in general population.<sup>15</sup>
- Hire additional clinical staff as needed to provide an adequate standard of care.
- Until compliance in parish jails and privately operated prisons can be ensured, do not house state-sentenced individuals with special needs in those facilities.

### Establish Fair and Humane Procedures for the Use of Solitary Confinement

- Require that individuals have an in-person hearing within 72 hours of placement in solitary confinement. Mandate written findings as to why isolation is needed.
- Require that individuals held in Extended Lockdown have an in-person hearing every two weeks at which release into general population or a step-down or other special program is meaningfully considered. Require written findings as to why continued detention is needed.
- Ensure that hearing officers are diverse, have varied institutional roles, and include neutral third parties.



- If transfer to the general population or to a step-down or other special program is denied after two consecutive reviews, mandate a full review by a staff person at LADOC headquarters level responsible for monitoring solitary confinement.

### Improve Programs and Services Available to People in Solitary Confinement

- Provide adequate, nutritious food that is equal to food in general population.
- Allow individuals to keep clothing and other possessions unless they pose a clear safety risk.
- Ensure daily access to telephones and mail. Provide weekly access to visitation. Eliminate loss of phone or visitation as further punishment for any person in solitary.
- Ensure access to the law library and to quality reading material.
- Provide daily access to actual outdoor recreation and running rather than recreation in bare cages. Eliminate imposition of loss of yard as further punishment for any person on Extended Lockdown.
- Along with greater access to mental health care, provide people in solitary with appropriate access to medical care. Hire additional clinical staff as needed to provide an adequate standard of care. Require that all individuals who request medical help see a physician or other qualified medical staff within 24 hours of their request.
- Create access to quality, congregate out-of-cell programming through the step-down program, including evidence-based anger management, cognitive-behavioral therapy, effective communications, relationships and parenting skills training, mindfulness/meditation, faith-based programming, and educational programming. As individuals progress through the programs, provide opportunities for work.

### Implement Effective Mechanisms for Staff Training, Oversight, and Accountability

- Ensure specialized training for staff responsible for working with people in solitary confinement, including how to recognize the adverse effects of solitary confinement. Train all staff in techniques that reduce referrals to solitary, including de-escalation and dynamic interviewing, alternatives to uses of force, and differentiating between manifestations of mental illness and disciplinary behavior.
- Increase staffing to provide direct supervision in the housing units. Discontinue staff posts in booths that rely upon video and audio surveillance and periodic rounds; move to a direct supervision model.
- Install continuous recording cameras capable of monitoring every Extended Lockdown cell, with a footage retention policy of 180 days.
- Ban the use of pepper spray/OC or any other chemical restraints on individuals in solitary confinement.

- Ensure the consultation with and presence of mental health staff prior to use of physical restraints on any individual in lockdown. Ensure that such encounters are recorded from beginning (approach of cell) to completion (triage by medical). Require completion of use of force (UOF) forms by staff engaged in uses of force and restraints no later than end of shift. Create a board at the HQ level that is responsible for reviewing every use of force in solitary, including wall camera footage and handheld/bodycam footage. Retrieve a statement from the affected incarcerated person via private interview with a neutral party to ensure no retaliation. Discipline officers who do not fully film a UOF encounter and terminate officers who engage in excessive force.
- Install a staff swipe card point at the entry and at the far end of every unit or tier housing people in solitary confinement. Require all staff including ranking officials entering any solitary or lockdown tier to use his or her swipe card at the front of tier and at the back of tier every time he or she enters the tier. Create weekly reports by tier, post, and staff member. Create a policy requiring supervisory review to ensure rounds are being effectively carried out. Discipline officers and ranking officials who do not adequately supervise the units.
- Hire staff at LADOC headquarters level to review complaints from persons housed in solitary confinement and conduct actual investigations (including review of footage and speaking to the individual making the complaint) into allegations of abuse and neglect.
- Hire an individual to report directly to the Secretary of Corrections whose job it is to regularly tour solitary confinement cells, speak confidentially with individuals housed there, and make periodic recommendations for reform to the Secretary.
- Provide effective training, investigations, and disciplinary measures of staff in solitary units and throughout LADOC facilities to reduce abuse and harassment on the basis of race, sexual orientation, disability, or any other form of discrimination.
- Develop protocols and assign clinical staff to monitor the impact of working in solitary confinement units on the physical and mental health of staff, and provide confidential support and treatment as needed.
- Build out a data monitoring system in which cells to be used for solitary confinement are tracked. Mandate that names of individuals housed in those cells are reported to LADOC headquarters daily, along with reason for confinement, length of stay and notation of mental health history, notes on hearings, and plans for moving the individual out of solitary. Maintain these records permanently. Ensure that the system tracks all uses of force, unusual occurrences, referrals for medical or mental health care and other salient indicia of well-being, as identified in collaboration with experts and the task force.
- Create transparent mechanisms for tracking the progress and effectiveness of reforms instituted in partnership with the Vera Institute of Justice and the task force, and in response to the recommendations in this report.
- Empower task force members to enter solitary confinement units, speak confidentially with incarcerated people and staff, and review records relevant to the use of isolation in all prisons.

### Improve Conditions of Confinement for All Incarcerated People

- Air condition all LADOC facilities. In the interim, ensure that individuals are provided with fans, ice, cold showers, and cold towels during summer months, and are not trapped in their cells in the heat. Provide adequate heat and warm clothing in winter.
- Improve sanitary conditions in all LADOC facilities, and provide all incarcerated individuals with cleaning supplies.
- Improve building conditions and update building components where necessary to ensure a safe environment, including availability of clean water.
- Improve education, work training, and other programming opportunities available to people at all LADOC facilities. Mandate that no individual is required to do only field work or other hard labor without additional programming opportunities.
- Improve the quality and availability of medical and mental health care at all LADOC facilities.



# Methodology and Terminology

Part One of this report draws largely on published sources, as cited in the endnotes. For this part of the report, we owe a special debt to the work of Wilbert Rideau and Lane Nelson at *The Angolite*, the award-winning magazine published by men incarcerated at the Louisiana State Penitentiary, which exposed the use and impact of solitary in the Louisiana prison system decades before anyone else did.<sup>16</sup>

We are also beholden to the years of research that went into the report on Louisiana by the Vera Institute of Justice’s Safe Alternatives to Segregation Initiative (SASI), which was released just six weeks before our own report.<sup>17</sup> While we had also compiled statistics based on our 2017 public records requests to the Louisiana Corrections Services, part of the Louisiana Department of Public Safety and Corrections (LADOC), these were roughly consistent with those produced by Vera, but far less detailed. Since SASI researchers, working with the cooperation of LADOC, had unprecedented access to department data and their own highly skilled analyses, we chose to cite their statistical findings on the basics of solitary use in Louisiana. (All SASI data, it is worth noting, extend only through 2016, and may not reflect recent changes.)

Part Two, which is the heart of this report, is based on information obtained directly from people living in solitary confinement in Louisiana’s state prisons. In August 2017, we mailed 2,902 surveys to individuals in various isolation units, using names obtained via a public records request to LADOC. We received back 709 completed surveys, most of them arriving in the fall of 2017 and a few in the first months of 2018. The vast majority of respondents were in solitary when they filled out their surveys, and nearly all of the rest had been in solitary very recently.

To our knowledge, this is the largest ever comprehensive survey of incarcerated individuals who have experienced solitary confinement. The respondents answered multiple-choice questions, reflected in this report as quantitative data assembled and presented by a data analyst. (It should be noted that for the purposes of this report, when calculating percentages for each quantitative question, we excluded those people—usually a very small number—who did not answer that particular question, or who wrote in another answer. Our survey respondents also provided long-form, narrative answers to a number of questions, which are quoted from extensively in the report. Names of the respondents have been changed to protect their safety and privacy, and quotations have been edited for spelling and clarity.

We believe these responses provide rare insight into the lived experience of people in solitary in Louisiana, and supplement the facts and figures provided by the prison system. But they are, of course, not in any way a scientific sampling, representing only a self-selected subset of people currently or recently held in isolation. Who responded was likely affected by such factors as literacy levels, mental health status, fear of retaliation, and possibly uneven delivery of the hundreds of thick envelopes that arrived in prison mailrooms for people in solitary confinement.

In addition, as described in the body of the report, our pool of respondents was affected by the large number of people incarcerated by the state of Louisiana but held in local parish jails, whom we were not able to survey. It was also affected by the shifting placement of incarcerated women, who were dispersed to other facilities—also, in most cases, parish jails—following a 2016 flood at the state’s main women’s prison, the Louisiana Correctional Institute for Women.

Our hope is that, in providing the perspectives and voices of some of the people experiencing solitary confinement in Louisiana, this report will open a window into a world that has ordinarily been largely invisible to the public, the press, and policymakers. As previously noted, we also hope it will help to inform current and future reforms of solitary confinement in Louisiana, and add urgency to that endeavor.

When it comes to the use of isolation in **prisons** and jails, even words are fraught with controversy. Most prison systems insist that they do not use “solitary confinement,” preferring terms like “segregation,” “restrictive housing,” or the agreeable-sounding “special housing.”

Louisiana’s various names for prison isolation are described in Part Two of this report. While current prison administrators largely acknowledge that isolation is a reality in their segregated housing units, a previous state attorney general went so far as to declare that “contrary to popular lore,” the Angola 3 had “never been held in solitary confinement in the Louisiana penal system.” His reasoning was typical: He cited the men’s one hour outside their cells each day, their communications via letter and limited phone calls, and their ability to “communicate freely with other inmates and prison staff” (presumably by shouting from their cells).<sup>18</sup>

In addition, Louisiana, like many other states, locks some people down two-to-a-cell, which serves the cause of efficiency in an overcrowded system while further avoiding the “solitary” stigma. People who have been confined to a cell with a cellmate report that such conditions can be slightly better than complete isolation, or much worse, depending on the other person in their cell. Dr. Craig Haney, who has studied the psychological effects of solitary confinement for more than 30 years, notes that “The frustration and anger that’s generated by being in isolation is intensified by having to navigate around another person’s habits, trials and tribulations.”<sup>19</sup>

When it revised its Standard Minimum Rules on the Treatment of Prisoners (commonly known as the Mandela Rules) in 2015, the United Nations defined solitary confinement as “the confinement of prisoners for 22 hours or more a day without meaningful human contact.”<sup>20</sup> We have taken that definition to heart, with attention to the provision that contact must be “meaningful”—which to our minds does not include being forced to share a toilet with a cellmate in an extremely confined space, or receiving a food tray from an officer three times a day through a slot in the cell door.

When the Angola 3 challenged their prolonged isolation in court as cruel and unusual punishment, a federal judge noted in a ruling that the words used to describe solitary confinement units were “irrelevant”: “It is the facts of the conditions of confinement, not the labels placed by courts or prisons, with which the court is concerned,” the judge wrote. “Courts (and litigants) variously will refer to the same situation as ‘administrative segregation,’ ‘punitive segregation,’ ‘disciplinary segregation,’ ‘extended lockdown,’ ‘closed-cell restriction,’ ‘isolation,’ and ‘solitary confinement.’”<sup>21</sup>

In this report, therefore, we refer to all nearly round-the-clock confinement to cells, and the isolation and sensory deprivation it entails, as solitary confinement.





## Part One

# The Solitary Confinement Capital of the World



“ Will this be the day? Will this be the day I  
lose my sanity and discipline? Will I start  
screaming and never stop?  
Will I curl up into a ball and become a baby,  
which was an early sign of going insane?  
Every day I pushed insanity away.  
Every day I had to find that strength.  
I had to find within me the will and  
determination not to break. ”

— Albert Woodfox,  
survivor of 44 years in solitary confinement in Louisiana,  
in his 2019 memoir *Solitary*<sup>22</sup>

# Incarceration and Solitary Confinement in Louisiana, By the Numbers

At the end of 2018, the state of Louisiana incarcerated 32,397 people, including 14,880 in state prison facilities and an additional 17,517 state-sentenced individuals in local jails and transitional work programs.<sup>23</sup> And with 1,052 out of every

## An Outlier State in an Outlier Country

100,000 citizens incarcerated, Louisiana had the second-highest incarceration rate in the nation (last year, it fell slightly below Oklahoma for the first time in decades), and a rate far higher than the U.S. average of 698 per 100,000, which is the highest in the world.<sup>24</sup>

Louisiana also leads U.S. states in its use of solitary confinement. When Louisiana conducted a point-in-time count in the fall of 2017 for a report published in 2018 by the Association of State Correctional Administrators (ASCA) and the Liman Center for Public Interest Law at Yale Law School, the department reported that 19 percent of the men in its state prisons had been in restricted housing for the previous 15 days.<sup>25</sup> The states reporting the next-highest rates of solitary were Arkansas, at 8.9 percent, and Alaska, at 8.6 percent, and the national average was 4.5 percent. The Vera Institute found that in 2016, 17.4 percent of people in Louisiana prisons were in solitary—3.9 times the national average.



*Incarcerated men are marched to the fields at the Louisiana State Penitentiary at Angola. Still image from the documentary The Farm.*

Solitary confinement is notoriously difficult to track. This is especially true in Louisiana, because the Louisiana Department of Corrections does not operate all of the facilities housing state prisoners. LADOC directly runs seven state-operated prisons. In addition, it sub-contracts with private prison operators who run two facilities. And for more than

half of all state-sentenced individuals, the state pays a per diem to local sheriffs, who house them in dozens of local parish jails.

Parish jails and private prisons are not required to report the number of people they hold in segregated housing. In fact, a 2017 state audit found that, as people are transferred from jail to jail, the Louisiana Department of Corrections was not always up-to-date on their whereabouts, and that LADOC's information is often missing, incomplete or inaccurate.<sup>26</sup> As a result, the state of Louisiana does not always have correct information on the housing conditions of the more than half of its state-sentenced prisoners who are in local jails.

Nonetheless, since the United States has the highest incarceration rate in the world and is the leading employer of solitary confinement, and since Louisiana has the second highest incarceration rate in the nation and a rate of solitary confinement use that dwarfs all other states, Louisiana has the grim distinction of being the solitary confinement capital of the world.

Virtually everything relating to incarceration and solitary confinement in Louisiana—including its exceptionally high rates of both—are rooted in the state's complex history, and cannot be fully understood without considering the influence of economics, politics, and racism on the prison system over the past two centuries.

## Statistical Findings from the Vera Institute of Justice

The Vera Institute of Justice's Safe Alternatives to Segregation Initiative spent two years working in partnership with the Louisiana Department of Corrections to study the state's use of solitary confinement and make recommendations for reform. Vera's researchers had unprecedented access to internal LADOC data, which were analyzed and published in their May 2019 report.<sup>27</sup> Key statistics from the report, which used data from 2015-2016, are included here.

### Segregation Overall and by Type<sup>28</sup>

- 17.35 percent of prison population were in segregated housing (3.9 times the national average).
  - 6 percent in Administrative Segregation
  - 9.2 percent in Extended Lockdown
  - 0.7 percent in Close Cell Restriction
  - 0.55 percent on Death Row
  - 0.2 percent in Treatment Unit (medical isolation)
  - 0.7 percent in Max Custody
- An additional 4.95 percent were in Working Cell Blocks.

### Who Is in Segregation

- African Americans were significantly overrepresented in segregation: 23.9 percent of black people and 16.6 percent of white people in LADOC facilities were in segregation.
- 15.8 percent of women were in segregation in 2015; 12.1 percent in 2016.
- Young people (ages 18-24) were overrepresented in segregation: 6.6 percent of the prison population and 12 percent of those in segregation.
- More than one-third of people in segregation had a diagnosis of a mental illness.

### Types of Disciplinary Violations

- In 2015 and 2016, LADOC officers filed 70,263 disciplinary charges.
- The most common charge (23 percent) was “aggravated disobedience.” The second-most common charge was “contraband” (17 percent).
- Of the 10 most frequent charges, the only one involving physical violence was “fighting” (5.7 percent).
- Nearly 44.2 percent of charges against women were for aggravated disobedience, simple disobedience, or defiance.

### Disciplinary Violations While in Segregation

- Disciplinary write-ups were 1.9 times more frequent in segregation units than in general population. Additional write-ups led to people being unable to earn their way out of segregation.
- 27.5 percent of people who received disciplinary write-ups in segregation lost visitation or phone privileges, and 17.5 percent lost recreation.

### Self-Harm and Suicide

- 60 percent of people found guilty of self-mutilation, which is treated as a disciplinary offense, had psychiatric conditions.
- About 74 percent of self-mutilation charges among people with mental health conditions occurred in segregation cells.
- A statistically significant correlation existed between high temperatures and self-harm in segregation.

### Getting Out of Segregation

- 743 people were released directly from segregation to the community, and 163 more were released less than three weeks after exiting segregation.



## A Slavery-to-Prison Legacy: Incarceration in Louisiana

Louisiana operates the nation's largest maximum-security prison—the Louisiana State Penitentiary, widely known as Angola, which incarcerates 6,000 people on a piece of land larger than Manhattan in West Feliciana Parish, close to the Mississippi border. A visit to Angola, perhaps more than any other place in the United States today, calls to mind the nation's history of chattel slavery. Each day, thousands of men, most of them black, labor in the prison's corn, cotton, and soybean fields, watched over by armed officers on horseback, the majority of them white. And few of the men imprisoned at Angola will ever return to the free world; due to Louisiana's long history of draconian sentencing, most are serving life sentences.<sup>29 30</sup>

### Slavery by Another Name

In fact, Angola is named for the cotton plantation that once occupied a portion of its grounds, which in turn was named for the homeland of the enslaved Africans who worked the plantation. The nearly seamless transition from plantation to prison was achieved through Louisiana's "convict leasing" system under which the state leased its incarcerated population out to work for private operators, in exchange for a share of the profits.<sup>31 32</sup> As Mark T. Carleton observed in *The History of the Louisiana State Penal System*, under convict leasing, "the objective of the state would be identical with the motive of the lessees themselves—to make money."<sup>33</sup>



*Incarcerated men pick cotton at Angola, circa 1900. Photo by Andrew David Lytle Jr. from the Louisiana State Library.*

Convict leasing boomed following the Civil War, as the state incarcerated large numbers of formerly enslaved people on minor charges in order to maintain their forced labor on the plantations.<sup>34</sup> Among the lessees was the Angola plantation, owned by a former Confederate major.<sup>35</sup> Louisiana finally ended the leasing system in 1901, and purchased the Angola plantation to use as a state-run prison plantation, still worked by its incarcerated population.<sup>36</sup>

By the early 1950s, both the wealthier wardens and poorer white prison employees at Angola were provided with incarcerated black men to cook and clean for them, creating “an existence which ‘mimicked that of the passing plantation aristocracy.’”<sup>37</sup> Meanwhile, conditions for the incarcerated population were brutal and violent. In 1951, 37 men drew national attention to their conditions in Angola by slashing their own Achilles tendons.<sup>38</sup>

## Louisiana Embraces Mass Incarceration

In the early 1970s, incarceration rates throughout the United States began to skyrocket as Congress and state legislatures passed new, harsher sentencing laws. The problem was especially pronounced in Louisiana, where between 1975 and 1985, the legislature passed at least 47 statutes creating harsher penalties.<sup>39</sup> By 1975, the severely overcrowded Angola was the largest and most violent prison in the country. In *The Wall Is Strong*, formerly incarcerated authors Wilbert Rideau and Ron Wikberg describe the prison at that time as “a full-blown monster...Having a knife was almost a prerequisite to survival.”<sup>40</sup>

In 1971, four black men incarcerated at Angola sued over conditions at the facility, which they alleged amounted to cruel and unusual punishment. In 1975, federal district court magistrate judge Frank Polozola entered a court order that “touched upon practically every aspect of prison life: security, health and medical care, food service, religion, fire safety, over-population, mail service, prison disciplinary procedures, and the physical facilities.”<sup>41</sup>

The legislature’s solution to the order was to begin spending money “hand over fist” to keep up with the surging incarcerated population.<sup>42</sup> During the ten-year period ending in 1981, Louisiana went from spending \$7 million to house 4,000 prisoners, to spending \$100 million to house 8,000.<sup>43</sup> However, Rideau and Wikberg write “the new prisons were like emergency spillways, temporarily relieving the pressure, but the flood of inmates rushing into the system was...beyond the means of the system to contain.”<sup>44</sup> By 1984, Louisiana’s incarceration rate was twice the national average. Its prison system was operating at capacity, with the largest number in the nation of state prisoners in local jails.<sup>45</sup>

Instead of reducing incarceration rates or continuing its prison-building boom, the state chose a third option—to encourage local sheriffs to front the construction costs of expanding their parish jails. The state then paid a per diem to the sheriffs, who filled their newly expanded jails with state-sentenced individuals. According to the *Times-Picayune*, “the financial incentives were so sweet, and the corrections jobs so sought after, that new prisons sprang up all over rural Louisiana.”<sup>46</sup>



Currently, more than half the state's prison population is held in local jails (17,517 people in December 2018).<sup>47</sup> Louisiana houses more of its state-sentenced population in local lockups than any other state, making oversight of housing conditions uniquely challenging in theory—and in practice, almost nonexistent.

A state task force convened to study Louisiana's high incarceration rate found, in a 2017 report, that its outlier status could not be explained by the crime rate, which was "not out of line with southern peers."<sup>48</sup> Rather, Louisiana imprisons people convicted of nonviolent crimes involving drugs and theft at higher rates than other states, while also offering fewer opportunities for release.<sup>49</sup>



*Main entrance to Angola. Photo by MSP Moore.*

Louisiana is also an outlier in its heavy reliance on prison labor. Although incarcerated people do menial work for little to no pay throughout the United States, Louisiana is unique in the extent to which it allows sheriffs to rent out incarcerated people's labor to private citizens.<sup>50</sup> The sheriff of Caddo Parish, Steve Prator, complained in 2017 that a series of prison reform bills would cause his office to lose its source of free labor.<sup>51</sup> And at Angola and other state prisons, unique units called Working Cell Blocks ensure that men are still sent out to work the fields, even when they are otherwise kept on lockdown.

At Angola, a new tone was set by the long reign of Warden Burl Cain, which began in 1995 and lasted two decades. When Cain took over, violence levels at the prison had already fallen dramatically since their height in the 1970s, but Cain gave most of the credit to his program of "moral rehabilitation." A devout Baptist with an instinct for public relations, Cain placed evangelical Christianity at the center of prison life. Those incarcerated men who embraced the program were given educational opportunities and other privileges, while those who crossed the powerful warden faced harsh treatment. One man who spent nearly 20 years incarcerated at Angola said that Cain ruled the prison "with a Bible in one hand and a sword in the other"—and when the chips were down, "he drops the Bible."<sup>52</sup>

# From Red Hats to Camp J: Solitary Confinement in Louisiana

In 2015, when the United Nations updated its Standard Minimum Rules for the Treatment of Prisoners (known as the Mandela Rules), it recommended a ban on the use of solitary confinement beyond 15 days, and a total ban on solitary as punishment (as opposed to a temporary safety measure). The UN also called on nations to prohibit all solitary confinement for children, people with mental illness, and other vulnerable individuals.<sup>53</sup>

## The United States of Solitary

These recommendations were based in large part on the work of Juan E. Méndez, UN Special Rapporteur on Torture from 2010 to 2016. During his tenure, Méndez—who had himself experienced solitary confinement years earlier as a political prisoner in Argentina—condemned solitary as a practice that “can amount to torture or cruel, inhuman or degrading treatment or punishment,” and called out the United States as a particularly egregious practitioner.<sup>54</sup>

In imposing these strict limitations, the Mandela Rules acknowledged a growing consensus—and an undeniable body of evidence—that prolonged solitary confinement causes profound and often permanent psychological and neurological damage, and is often experienced as torture by those who endure it.

The explosion in the use of solitary confinement in the late 20th century tracks closely with the rise of mass incarceration. In large part a backlash against the Civil Rights Movement, the policies of the so-called “War on Drugs” and “War on Crime” disproportionately targeted African Americans, offering a new way to preserve white supremacy and suppress black empowerment. These policies would expand the U.S. prison population more than seven-fold in 40 years (from roughly 204,000 in 1973, to 909,000 in 1993,<sup>55</sup> to more than 1.5 million in 2013—not counting hundreds of thousands more in local jails<sup>56</sup>). Amid overcrowded and understaffed facilities, an influx of individuals with mental illness (due to lack of funding for mental health care and an effort to reform mental health hospitals through deinstitutionalization), and a fiercely punitive and racist political climate, many states built supermax prisons and solitary confinement units where people could be locked down for anywhere from a few weeks to several decades.

Today, holding people in solitary confinement for disciplinary or “administrative” reasons is a routine practice in the United States, though it remains comparatively rare in most Western European countries. A precise count of people in solitary in the U.S. simply does not exist due to shortcomings in data gathering, various definitions of what constitutes solitary confinement, and lack of transparency in corrections systems. The most recent ASCA-Liman Center nationwide solitary confinement count was published in October 2018.<sup>57</sup> Extrapolating from self-reported data, that report concluded that approximately 61,000 people were in solitary confinement for longer than two weeks in state and federal prisons. In local jails, the most recent data shows approximately 20,000 people in solitary



on an average day.<sup>58</sup> Even lacking data on juvenile facilities and immigrant detention centers, the number of people in solitary in the United States clearly exceeds 80,000.

## “The Planted”

As previously noted, in a nation that outpaces all others in rates of both incarceration and solitary confinement, Louisiana isolates more of its prison population than any other state.

Yet the first major exposé of solitary in Louisiana was produced not by a mainstream news outlet or advocacy organization, but from the award-winning magazine published by men incarcerated at Angola.

In early 1995, *The Angolite* published a feature called “The Planted,” shedding light for the first time on the use of long-term solitary confinement in Angola.<sup>59</sup> Written by Lane Nelson, and under the direction of Editor-in-Chief Wilbert Rideau, “The Planted” outlined the experiences of people isolated in what Angola officials called “close cell restriction,” or “CCR.”

Nelson explained that long-term solitary in Angola was a “fairly new phenomenon,” noting that since Angola was a working plantation, “obviously, to keep prisoners locked in cells for years on end was counterproductive...working all able-bodied prisoners was the highest priority.”

However, he noted that “short-term solitary confinement has, in some brutal form or another, been an integral part of Angola’s long and bloody history.” He outlined how, in the 1930s through 1950s, prison officials placed people in solitary for short periods as an “effective way of breaking a prisoner’s spirit, and eventually getting some work out of him.” A unit called the “pisser” was “a box car type building which was divided into small, windowless cells. No bunk, no mattress, no toilet, no ventilation. Rats, heat/ cold, and lack of air generally tortured a man into submission.”



Red Hats Unit today. Photo by Lee Honeycutt.

Angola's first extended lockdown unit, called the "Red Hats," was built in 1933, following the bloody escape and recapture of a man named Charlie Frazier. Red Hats was a one-story cement building containing 30 3x6-foot cells, with no mattresses or toilets. Robert King told *The Angolite* that "I did some days in the Red Hats due to a buck in 1961. At the time they put 10 of us in a cell. The last time I was in the Red Hats was in 1970. I did 10 days. That place is pure agony." The Red Hats unit was in operation until the 1970s, when LADOC Secretary Elayn Hunt ended its use.

In 1976, a new disciplinary segregation unit called Camp J was completed at Angola. It would hold up to 400 people at a time in solitary until it closed in 2018, and it became infamous among incarcerated people and prison reformers. In 2018, Mercedes Montagnes, executive director of the New Orleans-based Promise of Justice Initiative, and lead counsel of a lawsuit challenging heat conditions on death row, likened Camp J "to a dungeon."<sup>60</sup>



*Exterior of Camp J. Photo from Louisiana Department of Public Safety.*

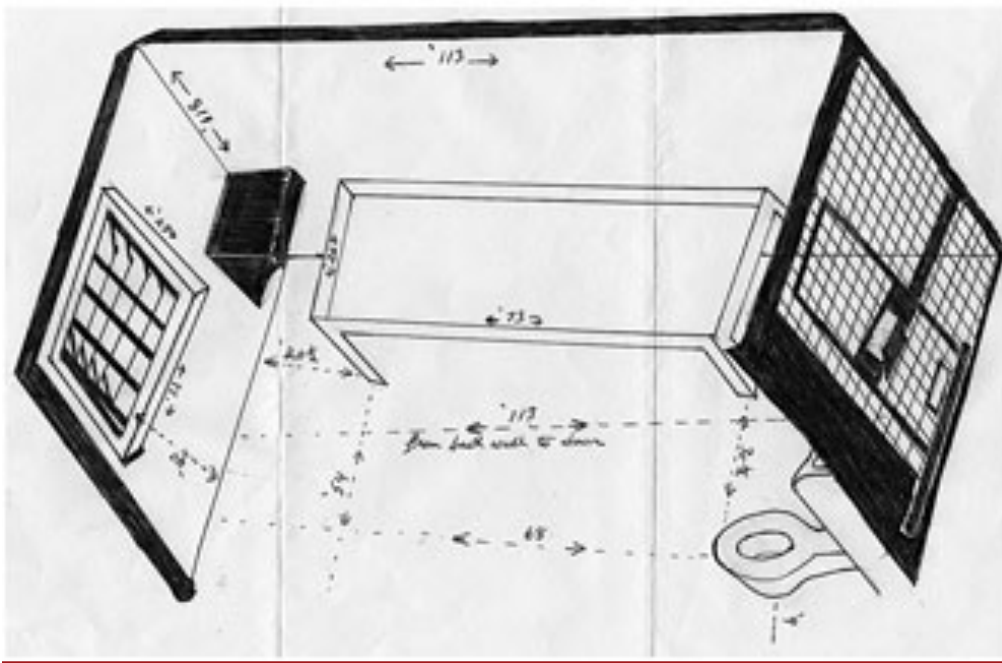
Conditions in Camp J were toxic even for LADOC staff, according to an internal letter obtained by *The Advocate*. In July 2017, Angola warden Darryl Vannoy wrote to Corrections Secretary Jimmy LeBlanc, making a case for closing the unit on behalf of staff morale: "The challenges staff encounter at Camp J are more complex than other areas of the institution...Numerous times upon an officer's knowledge that they will be assigned to Camp J or 'loaned' to Camp J for work detail they will leave work sick, walk off the job, or report to Human Resources to resign."

Among those interviewed for the 1995 *Angolite* feature were Albert Woodfox, Herman Wallace, and Robert King, who at the time had been locked down alone for 23 years.

## The Angola 3

In 1972, a young Angola officer named Brent Miller had been found stabbed to death. Woodfox and Wallace were convicted of the murder, despite highly dubious evidence linking them to the crime. They believed they were being punished and removed from general population because of their membership in the Black Panthers and their advocacy for improved prison conditions. Woodfox and Wallace were given what were effectively life sentences, and sent to solitary cells, with no set date to return to general population.

As *Angolite* journalist Nelson pointed out, executions had slowed across the country in the 1960s, and the Supreme Court struck down all existing death sentences in 1972, setting a precedent for people on death row lingering in cells for years upon years. He wrote: “A year passed, five years passed, and somewhere along the line prison officials realized how convenient it was to simply never let some prisoners out of CCR.”<sup>61</sup> Woodfox and Wallace, along with Robert King, another Black Panther activist who was also sent to solitary in 1972, would eventually become known as the “Angola 3.”



*Herman Wallace's drawing of his solitary confinement cell. Image from 'The House That Herman Built, an art project created by Wallace and Jackie Summell.*

At the time, people in solitary housing were mostly held in close cell restriction. “CCR inmates hold no jobs, attend no educational classes, have no religious services, do not mingle with other prisoners or even among themselves,” wrote Nelson.

In 2000, the Angola 3 filed a civil lawsuit challenging their decades-long stay in solitary confinement. Magistrate Judge Docia Dalby wrote that their experiences were “so far



beyond the pale” she could not find “anything even remotely comparable in the annals of American jurisprudence.”<sup>62</sup> Their story began to draw national attention. King was released in 2001, Wallace in 2013, and Woodfox in 2016. Wallace died three days after his release.

But the Angola 3 themselves had always made clear that while they might hold a record for time in solitary, their experience was by no means out of step with Louisiana’s draconian prison policies. In 2013, four members of Congress concurred when they sent a letter to the U.S. Department of Justice, requesting an investigation into the use of solitary confinement in Louisiana prisons. They wrote that the prolonged isolation of the Angola 3 “is indicative of cruel and unusual punishment, and its blatant and persistent use suggests that this practice is pervasive and not confined to the Angola 3. We have reason to believe that there are other inmates who have received less attention from the press who have also been subject to such onerous, punitive periods of isolation.”<sup>63</sup>

## A Continuity of Suffering

More than two decades after Nelson’s “The Planted” was published, many of our survey respondents echoed the experiences outlined in the article. In *The Angolite* exposé, Gloria Dean Williams, who had been in a women’s CCR unit for 11 years at the time, said her life was “a living hell! In the summer time the cells are like ovens, and ventilation is poor. In 1987, I tried to kill myself because of the psychological stress...The hardest thing about my cell confinement is not knowing if I’ll die in this cell.” Overpowering heat and hopelessness continue to plague Louisiana’s solitary population. Survey respondent Josh told us that “in the summer it’s like being a hot-pocket in a microwave.” Andre wrote, “I always try to hurt myself. A lot of times I rather die than stay in a cage like a dog.”



*Damien Coestly in a suicide watch cell at Winn Correctional Center, a privately operated state prison. Coestly, who had mental health issues, went on several hunger strikes before hanging himself in 2015. His autopsy reported that he weighed 71 pounds. Photo by Shane Bauer, © Mother Jones. Used by permission.*

In “The Planted,” Colonel Nyati Bolt told the *Angolite* that he had spent 23 years in CCR by choice, because he refused to work in Angola’s fields. He often told others that “I will not work on a plantation and be a slave for the state.”<sup>64</sup> In his survey, Clarence told us that “Most of my lockdown came from refusing to be a slave...working in fields of corn, etc. Free people riding horses with guns telling you to pick this, do that, and/or write you up for disciplinary just because he or she can.”

One year before his release, Bolt suffered a stroke in his cell. Medical care was delayed, and as a result he experienced long-term lapses of memory and painful headaches. He believed the stress of confinement contributed to the stroke. Many of our respondents also described crippling stress and anxiety, fears of long-term health complications since being placed in solitary, and delayed medical treatment.

Robert King described to *The Angolite* how, following lawsuits, Angola began allowing people out of CCR for limited recreation time. He said, “I saw some guys throw a football and break their arms because their bones had gotten so brittle, their muscles so weak. Dudes would run the yard and hit a small hole and their ankle would just snap.”<sup>65</sup> In his survey, Anthony told us that his body is physically deteriorating. “I came to David Wade Correctional Center in January weighing 220 pounds,” he wrote. “I went to court... in June and I weighed 183 pounds. I am at a point where I know that I am deteriorating in this cell physically, mentally, emotionally, and spiritually.”

Albert Woodfox told *The Angolite*, “I’ve seen people do things to themselves and have other inmates do them something because they just couldn’t handle being in a cell 23 hours a day.”<sup>66</sup> Carl wrote in his survey, “These cells drive men mad. I have personally witnessed one man take his life, another tried to by running the length of the tier and smashing his head into the front bars, sadly for him he still lives, if you can really call it that... Point is the cells are killing men and they know it.”

Local advocates who are themselves survivors of solitary confinement, including many members of VOTE (Voice of the Experienced), as well as advocacy organizations like the ACLU of Louisiana and Solitary Watch that receive numerous letters from people in solitary confinement, know that long-term solitary confinement in torturous conditions is far from a thing of the past in Louisiana’s prisons. The more than 700 surveys received for this report confirm the persistence and monstrosity of these practices, and the urgent need for change.

# Unlocking the Box in Louisiana: An Opportunity For Change

After peaking at 40,000 in 2012, Louisiana's prison population began to slowly fall for the first time, along with the state's crime rates.<sup>67</sup> More recently—under a new administration in Baton Rouge and new leadership at Angola, and with pressure from advocates as well as from a tight state budget—Louisiana has taken additional steps to reduce its rate of incarceration.

The bipartisan task force assembled in 2015 submitted recommendations that formed the basis for a package of 10 reform bills passed by the legislature and signed by Gov. John Bel Edwards in June 2017, and hailed as “historic” by advocates.<sup>68</sup> The reforms are expected to reduce the state's prison population by at least 10 percent and cut costs by \$262 million over the next decade, by reducing mandatory minimums, shortening sentences, and making some people eligible for parole sooner.<sup>69</sup> The changes in Louisiana reflect a broader national shift in thinking about mass incarceration that in some cases has spanned the political spectrum, winning supporters on both the left and right.

The past decade has also seen the growth of movements at the local, state, and national levels advocating for the limitation or abolition of long-term solitary confinement. Media coverage of this once largely invisible practice has increased exponentially.<sup>70</sup> Human rights, civil rights, and criminal justice reform organizations—as well as figures as varied as former President Barack Obama, former Supreme Court Justice Anthony Kennedy, and Pope Francis—have denounced the use of solitary confinement, citing both humanitarian and public safety concerns.<sup>71</sup>

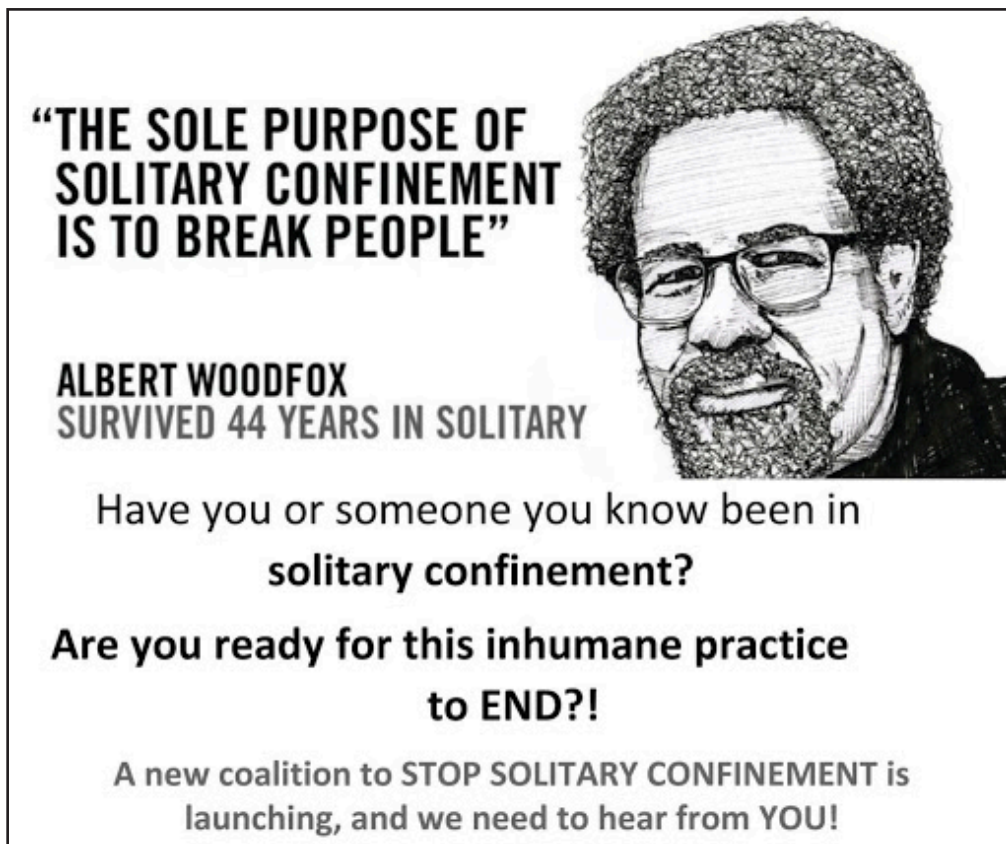
In response to legislation, litigation, or visionary new leadership, a number of states have taken steps to reduce their reliance on solitary. Nearly all reforms to date have been incremental, and overall the number of people in solitary in all U.S. facilities is estimated to have declined by no more than 20 percent, and remains in the tens of thousands. But advocates are hopeful that the near future will bring the issue to a tipping point.

When Albert Woodfox walked out of prison on February 19, 2016, after more than 43 years in solitary, it marked the beginning of a new chapter for a remarkable man—and perhaps, for solitary confinement in Louisiana. The state's previous attorney general, James “Buddy” Caldwell, had called Woodfox “the most dangerous man on the planet” and vowed never to allow his release; Angola Warden Burl Cain had declared that Woodfox belonged in permanent solitary for “practic[ing] Black Pantherism.”<sup>72</sup> But by the beginning of 2016, Cain had resigned amid accusations of financial misconduct,<sup>73</sup> and Louisiana had a new attorney general, who decided not to re-prosecute Woodfox after his murder conviction was overturned for the second time.

In 2017, under pressure from a class action lawsuit, LADOC and Warden Darrel Vannoy eased conditions of isolation on Louisiana's death row. Historically, people on death row were held in extreme solitary confinement, only leaving their cells to walk a hallway alone

for one hour a day (three days a week they could spend part of their hour alone in an unshaded recreation pen outside, weather permitting).

After the lawsuit was filed, Angola's warden implemented a pilot program that allows the men on death row to socialize on the tier in small groups for two hours, twice each day. Additionally, the pens were removed, a basketball court was built, and the men can now exercise together outside for five hours a week. The department has declared the program a success, as the rate of disciplinary infractions has decreased dramatically.<sup>74</sup>



*Image from a flyer for planning meetings of the Louisiana Stop Solitary Coalition, 2019.*

There have been other signs indicating increased willingness on the part of LADOC to reconsider how—and to what extent—it uses solitary confinement. In 2017, the department engaged with the Vera Institute of Justice's Safe Alternatives to Segregation Initiative in a partnership aimed at "reducing the amount of time inmates spend in isolation, alternatives to segregation and best practices for reintroducing people in restrictive housing to the prison's general population."<sup>75</sup>

In May 2018, Angola closed its notorious "Camp J" solitary confinement unit. A year later, Vera published a report with detailed findings and recommendations for change that include significantly reducing the state's use of solitary confinement, improving conditions and programming, and repurposing physical space—including possible new, rehabilitation-oriented uses for Camp J.<sup>76</sup> LADOC also committed to continuing its work with Vera in the future, with a substantive set of goals that includes reducing its solitary population by at least 50 percent within four years.<sup>77</sup>

These reforms and promises have been rightly heralded as progress. But far more work remains to be done. Some of the men who were housed in Camp J were shuffled to restricted housing elsewhere, and the conditions in most other solitary units remain dismal. A current lawsuit by the ACLU of Louisiana and the Advocacy Center on behalf of men incarcerated at David Wade Correctional Center alleges “extreme, abusive conditions” and practices that include punishing people with mental illness by restraining them to chairs, exposing them to freezing temperatures, and holding them in solitary confinement for months or years.<sup>78</sup> Even if Louisiana were to reduce its overall solitary population by 50 percent, its rate of solitary confinement use would still be nearly double the national average. And the state has done little to monitor and remedy the conditions of confinement in parish jails.

It is clear that comprehensive and lasting change cannot come only from within the system. In January 2019, opponents of solitary confinement—many of them formerly incarcerated people with personal experience of solitary or individuals with loved ones in solitary—joined together to form the Louisiana Stop Solitary Coalition, with the purpose of creating a cohesive advocacy strategy. The coalition is aligned with Unlock the Box, a national campaign spearheaded by a group of advocacy organizations, with the stated goal of bringing the United States into compliance with the Mandela Rules within ten years.<sup>79</sup>

Among the leaders of the Louisiana Stop Solitary Coalition is Albert Woodfox, who in March published a widely praised memoir, described by one reviewer as “a crushing account of the inhumanity of solitary confinement.”<sup>80</sup> Together, solitary survivors and their allies in Louisiana are building a movement aimed at ending this inhumanity, once and for all.







## Part Two

# Living in Solitary Confinement in Louisiana

“The treatment we receive  
in solitary confinement  
is inhumane, torturous,  
cruel, oppressive, and  
defies human understanding.  
Help give us hope and a  
reason to live for the next day.”

— Man held in solitary confinement  
in David Wade Correctional Center,  
when asked how he would like to see things change.

# Basic Facts About Survey Respondents

As previously noted, the data in the second half of this report, both quantitative and qualitative, is drawn from 709 surveys completed and returned in late 2017 by people

## Race, Gender, and Age

held in solitary confinement in Louisiana's state prisons. More details on the process of collecting and analyzing survey data can be found in the

Methodology section at the beginning of the report.

The majority of survey respondents, 73.2 percent, identified themselves as black (non-Hispanic). An additional 19.8 percent identified themselves as non-Hispanic white. The remaining respondents were Asian (2.1 percent), Hispanic/Latinx (1.8 percent), American Indian (.3 percent), two or more races (1.5 percent), or selected "Other" (3.1 percent). Even in a non-representative sampling, these results suggest that black people and other people of color are over-represented in solitary confinement, compared with the general prison population, which at the end of 2018 was 66.9 percent black, 32.6 percent white, and 0.5 percent "Other."<sup>81</sup>

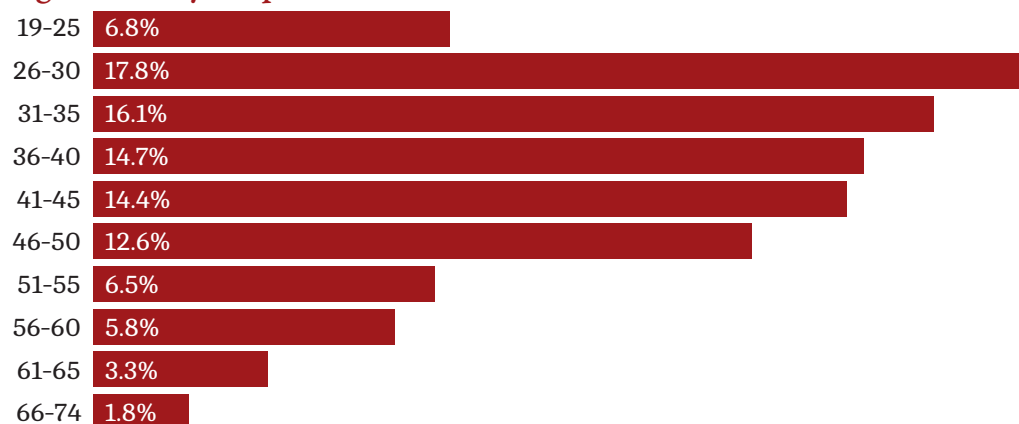
### Demographics of Survey Respondents



Of those who identified their gender, 649 survey respondents identified themselves as men and six as women, including three transgender women.<sup>82</sup>

We received survey responses from individuals across the age spectrum, with no five-year category containing more than 18 percent of the total. The most common age group was 26–30 (17.8 percent):

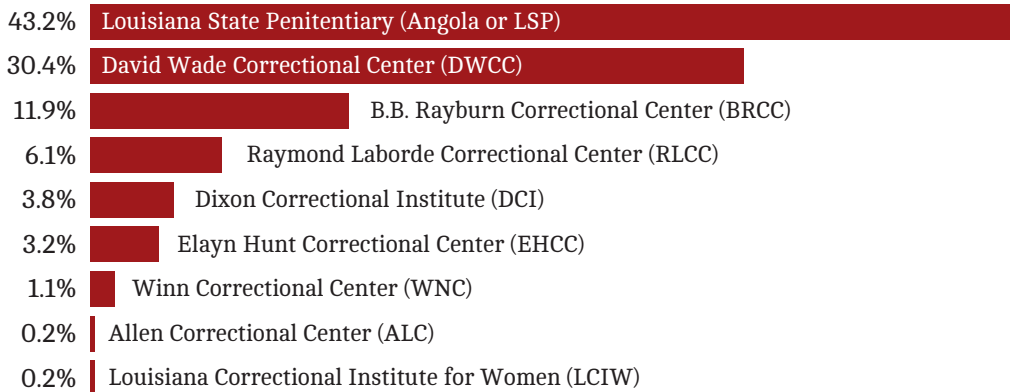
### Age of Survey Respondents



## Prison Where Currently Incarcerated

We received completed surveys from 709 people housed in all nine of Louisiana's state prisons.<sup>83</sup> The largest percentage (43.2 percent) were in Louisiana State Penitentiary (Angola) at the time they filled out the survey. An additional 30.4 percent were in David Wade Correctional Center, 11.9 percent were in BB Rayburn Correctional Center, and 6.1 percent were in Raymond Laborde Correctional Center. The remaining respondents were in Dixon Correctional Institute, Elayn Hunt Correctional Center, Winn Correctional Center, and Allen Correctional Center.<sup>84</sup>

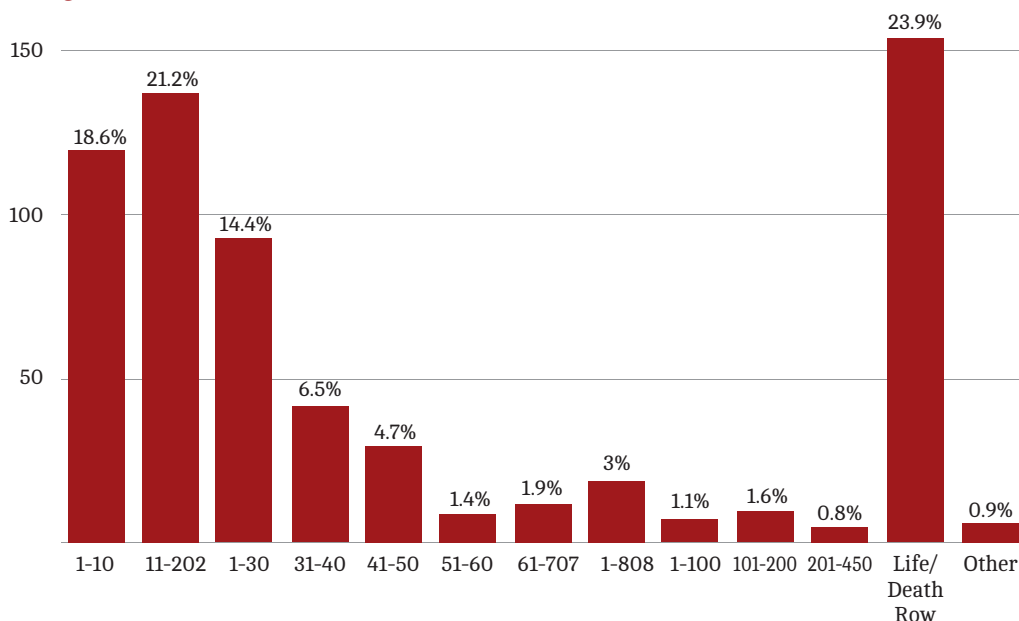
### Breakdown of Survey Respondents by Facility



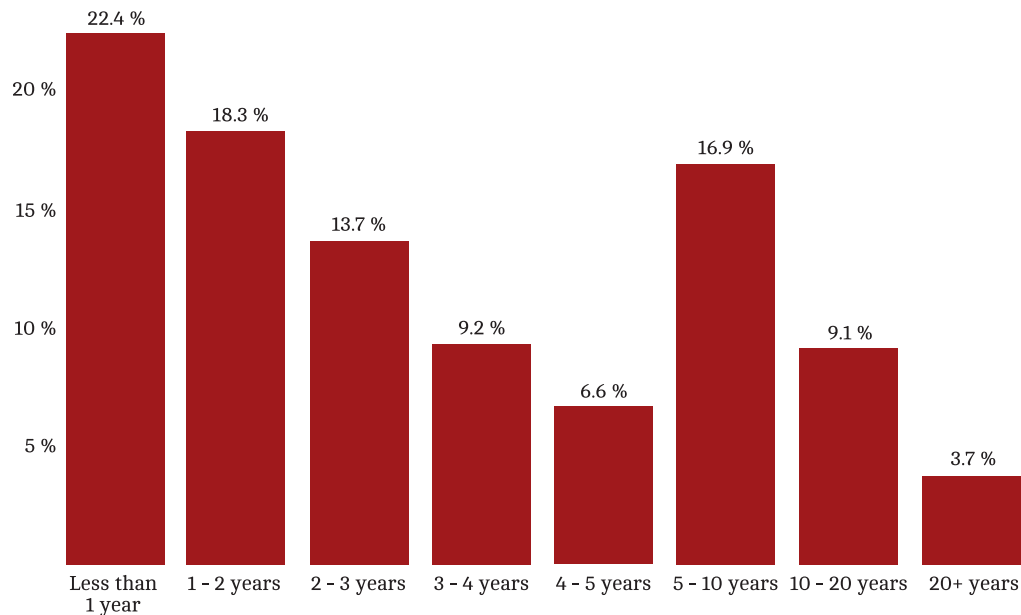
## Length of Prison Sentence and Time in Solitary

In keeping with Louisiana's long history of exceptionally harsh sentencing, many of the people who responded to our survey were serving extremely long prison sentences, including 23.9% who said they expected to die in prison because they are serving a life sentence or are on death row.

### Length of Prison Sentence



## Time Spent in Solitary Confinement During Current Prison Sentence



Most respondents (77.5 percent) reported that they had been in solitary confinement for at least one year of their current prison sentence. Nearly 30 percent had been in solitary for five years or more, and 3.7 percent—more than two dozen individuals from our sampling alone—had been spent more than 20 years in isolation.

These numbers are especially significant because shortcomings in data-gathering by LADOC prevented Vera’s SASI from collecting accurate data on lengths of stays in solitary beyond two years. While our survey respondents may not comprise a representative sampling of people in solitary in the state, their experiences suggest another way in which Louisiana is dramatically out of step with other states. The most recent ASCA-Liman Center report found that nationally only 18.7 percent of all individuals held in solitary had been there for one year or more<sup>85</sup>—compared with more than 77 percent of our survey respondents.

Unlike prison sentences, time in solitary confinement is not determined or ordered by judges or juries in a court of law. Instead, people in prison and jail are sent to solitary by corrections officials, with little regulation or oversight, for reasons that are also developed internally by the corrections system.

## Type of Isolation

Like most systems, LADOC holds incarcerated people in several different types of solitary confinement, which are used for different purposes and have marginally different conditions. For the most part, the different types of “segregation” take place in separate units, though there is some crossover. According to our survey respondents, there is also considerable arbitrariness and inconsistency in terms of criteria for classification and placement in various units.

Unlike prison sentences, time in solitary confinement is not determined or ordered by judges or juries in a court of law. Instead, people in prison and jail are sent to solitary by corrections officials, with little regulation or oversight, for reasons that are also developed internally by the corrections system.

Like most systems, LADOC holds incarcerated people in several different types of solitary confinement, which are used for different purposes and have marginally different conditions. For the most part, the different types of “segregation” take place in separate units, though there is some crossover. According to our survey respondents, there is also considerable arbitrariness and inconsistency in terms of criteria for classification and placement in various units.

While Louisiana’s classifications,<sup>86</sup> described below, can seem particularly confusing, such inconsistency is common when dealing with solitary confinement in prisons more generally. This is hardly surprising in a system that relies on prison staff to decide who gets placed in isolation, for what reason, and with what classification, with little procedural guidance and virtually no outside oversight.

**Extended Lockdown** Extended lockdown is a form of disciplinary detention, where people are placed as punishment when they are charged with breaking one or more prison rules, or are determined to be a threat to themselves, others, or the facility. Confinement in Extended Lockdown is indeterminate, subject to 90-day review boards, and has no set maximum—a departure from the procedures in most other states, where each disciplinary charge is punished by a specific length of time in isolation.

**Administrative Segregation** In Louisiana, Administrative Segregation, or Ad Seg, is a temporary status assigned to people who are waiting for a disciplinary hearing, waiting for the results of a hearing, or waiting for bed space to open up in Extended Lockdown or in another facility. Again, this differs from many other states, where the term “Ad Seg” often describes the long-term isolation of people who are classified as a security threat to other incarcerated people, prison staff, or the facility.

**Close Cell Restriction (CCR)** Close Cell Restriction is a category of long-term “non-punitive” solitary confinement used to house people who are deemed “unable to live in general population at any institution.” This broad category is often used for vulnerable people housed in what would more commonly be called Protective Custody. But not all people in CCR are there for their own protection. Members of the Angola 3, for example, spent most of their time in solitary in CCR. Because of the highly subjective nature of this classification, it seems to be used to house some people who might be classified as Ad Seg in other state prison systems. People in CCR are sometimes allowed minor privileges denied to others in solitary, such as more property, phone calls, or visits.

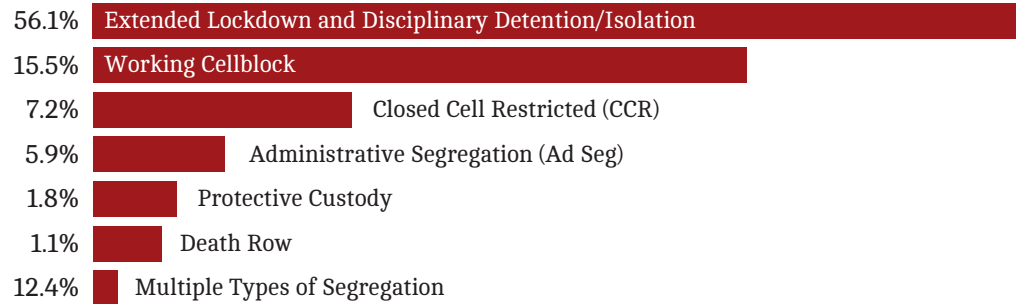
**Death Row** In Louisiana, all people sentenced to death are automatically housed in solitary confinement on Angola’s Death Row, even though people convicted of the same crimes and serving life sentences can be in general population. Despite recent reforms that allow for some out-of-cell time, Death Row remains a highly restricted environment.



**Strip Cell Isolation** This is a form of segregation within solitary confinement in which all of a person's property is removed, including clothing. People on this status are given only a paper gown to wear, and have their mattress removed during the day.

**Working Cell Block** Working Cell Blocks are maximum custody units, which are generally treated as a transitional environment for people coming out of Extended Lockdown. People in the Working Cell Blocks are required to work about eight hours a day, usually in the fields. The rest of their time is spent in their cells, without congregate activities. Although people on this status do leave their cells to work, we included their responses in this report because they also face considerable isolation and sensory deprivation in restricted housing conditions.

### Type of Solitary Confinement



The majority of people who responded to our survey were in Extended Lockdown or Disciplinary Detention/Isolation (which we listed, in retrospect perhaps unwisely, as one category). This means they were serving indeterminate stays in isolation as punishment for disciplinary infractions. It is worth noting that the UN's Mandela Rules call for a complete ban on both indeterminate sentences to solitary and the use of solitary for punishment, instead recommending segregation be restricted to short-term stays for legitimate safety reasons.

==

# The Psychological Impact of Solitary Confinement

While our more than 700 survey respondents had negative—and often disturbing—things to say about almost every aspect of life in solitary confinement, their most anguished descriptions reflected the impact of living for months, years, or decades with an absence of human contact.

## Loneliness and Boredom

Many people reported that their days in solitary confinement were devoid of meaningful activity. Asked to describe their daily schedule, they described monotonous days of listlessness; stagnation; and a desperation for mental stimulation, meaningful interaction, and a sense of purpose.

**Brian** “ANYTHING, outside of the monotony of scheduled feeding and medication being passed out, is non existent.”

**Anthony** “I always read, study, and write during the day. There is simply nothing else that anyone can ever do. There are no TVs, programs, radios, or activities to engage in. We are stuck in cells for 23 hours and 45 minutes (10-15 minutes for shower) or have one hour in outside cage if the yard is allowed. We are stripped of all edible canteen items and forced to mail or destroy all other property...We are deteriorating in cells mentally, physically, and emotionally for unduly excessive amounts of time, usually for minor, non-violent rule infractions.”

**Phillip** “Counting the bricks and cracks in the walls.”

**Manuel** “Eat, read, poop, sleep. There is no stimulation whatsoever.”

**Patrick** “Lights come on at 5 a.m., chow (breakfast) at 7 a.m., all there is to do is read or sleep. We aren’t offered any educational programs. Lunch is at 11 a.m. Last chow is at 3:30 pm. That’s basically it.”

**Isaiah** “Honestly I have some good days and most bad. On a good day I’ll get up about 5:30 am, pray after breakfast which comes like 6:30 am. I meditate for an hour, then exercise for 2 hours, I walk for an hour, so by the time I’m done it’s lunch time. I watch a few programs on television, but I often think of death because of the death of so many friends and family members. By 4:00 we all watch Jerry Springer. But somehow I always think of dying.”

**Forest** “I try to sleep as much as possible, cause if I’m up I have a lot of thoughts run across my mind, and I try to keep the stress down. Being in the cell is like a think tank. Your mind just wandering and thinking about all the wrong things, and fault your wrongs for ending up there in the first place.”

**Blake** “Laying down thinking about suicide, talking to voices that I hear.”

**Owen** “Just existing and waiting to die.”

---

Overall, more than half of survey respondents (53.8 percent) believed their mental health had worsened during their time in solitary confinement, while just 4.3 percent believed it had improved.

## Mental Deterioration

### Changes in Mental Health During Solitary Confinement



People described their mental declines in harrowing detail, with some relating the experience of feeling their sanity slipping away.

**Carl** “Being in a cell up to two years I was ok, somewhere in between the 2 and 3 year point my mind collapsed. I experience sudden extreme emotions majorly, depression, then I leap to anger, back to depression and so on. Everything is a blur, I lose days, extreme confusion, everything is a contradiction... But for the last say 4.5 years out of maybe 6 years 5 months in this cell I’m a different animal, certainly not civilized, the kind you should take out back and shoot... Fucking wish they would just kill me and be done with it. The impact of this cell, it’s made me into a psychotic person.”

**Oscar** “I get very angry and depressed at the fact that this is more of torture than rehabilitation. I feel as though no one cares how this affects my health mentally and physically. It’s hard for me to sleep, thinking about all that I could be doing for myself in [general] population. I don’t eat normally how I’d be fed in population. It causes muscle loss. My mind becomes lazy and confused.”

**Floyd** “Solitary confinement at LSP is a cess-pool. You have many, many people who are mentally unstable that are being ignored. The staff treat them horribly and honestly, so does many of the inmates. Also I’ve seen many, many guys just break from the strain of being in these cells; they lose their mental stability. In some areas of this prison inmates are in cells 24 hours a day everyday for months at a time... Solitary confinement here is a weapon for staff and they use it mightily... There are policies in place but they are not being adhered to.”

Many of our respondents described experiencing a similar set of symptoms, which in many cases correspond to the symptoms identified by researchers studying the effects of solitary confinement. Dr. Stuart Grassian was among the first to identify this pattern of symptoms. Because many of the solitary confinement units he studied were called Special Housing Units, or SHUs, he called it SHU Syndrome.<sup>87</sup>

### Anxiety and Panic Attacks

**Scott** Before I was put in CCR I was, for lack of a better word “normal.” Now I feel like a caged lab rat being experimented on: my family comes to see me and being in the same room as others even my loved ones makes me very nervous and jumpy. That’s what hurts most.

**Justin** Never comfortable, always stress and depression. Distress and psychological trauma. No good feelings at all, constantly lock down 23 hours & 50 minutes every day. No TVs or radios, work programs, work assignments, or recreation on the hallway. These walls are closing in on my body is hurting mentally and physically!

## Depression

**Steven** “I am depressed all the time. I can’t sleep well with the noise and the heat level in the cell. Sometimes I wake up and don’t know if I can make it through another day in the cell. Always worrying if me and my celly are going to get in a fight. Always light headed from laying down all day when I get up. There is no room in the cell for two people to live. If it wasn’t for reading my Bible and praying, I don’t think I would have made it this long.”

**Jalen** “Segregation has drained me to the point where I’m always depressed. I’m cramping up, for lying down majority of the day. My muscles would tighten up, I have headaches, it be hard sleeping and sometimes I gets no rest... Seriously.”

**Nathan** “By being in segregation there is very little if anything at all that you could do for yourself. So that alone is a depressing way to live with being, feeling powerless over yourself and your fate of getting out of the cells and returning to general population. So much about it is frustrating: discouraging towards ever being happy or content with one’s state of existing.”

**Trevon** “Before I came to DWCC Cell Blocks I was whole and well grounded. Now I feel as if I kind of forgotten how the “old me” use to work. I be depressed/stressing more than anything being back here. I have started forgetting who certain people are and what are certain things. I feel like shit most of my days now. It’s like being in a cell this long has started making me lose hope and being back here has started feeling like the cell walls are closing in on me. I feel as if I’m starting to lose my mental back here. Sometimes I can barely read a book at moments because this cell be getting to me.”

**Michael** “I didn’t have these feelings of hopelessness before now. Over time, I’ve been focusing on nothing but the past. I think not having anything to look forward to each day is affecting my optimism. I’m starting to feel like nothing matters but the satisfaction of my immediate needs. I no longer enjoy doing the things I once did (reading, writing, studying the law) because that’s all I’ve been doing. I’ve become paranoid since it seems that the security officers are acting according to a script...Each day that goes by seems like another day waster and I’m starting to feel something in the center of my chest every time the sun goes down.”

## Hallucinations

**Dean** “It make me bottle myself up from the outside world. Lose family support. Feel unloved... My nerves get really bad to the point of picking at my skin when nothing there to pick at, and the list goes on and on.”

**Leon** “Seg has took a toll on me mentally, emotionally, physically. I’ve lost lots of my hair I even hear voices at night it frightens me to the point I sometimes just want to take my life. It’s hard time in seg.”

**Horace** “I have been mentally scarred for the rest of my life. Sometimes I think I see things that’s not there or I just panic if I’m in a small place.”

## Rage and Paranoia

**Wallace** “Truly segregation has created something (a monster) inside of me that I must constantly fight to control, yet now there’s more anger! Honestly, segregation gives me time to meditate on how to become a better criminal, and resent authorities.”

**Malik** “Solitary confinement has made me worse than ever. I can explode over any small thing. It has made me want to kill people when I go home, because I was treated like a slave with no rehabilitation.”

**Nathan** “Since being placed in segregation, I’ve had human waste thrown on me by another offender because I didn’t want to pass some pills for him. I’ve been refused an hour out of my cell a few times and sometimes (often) I feel like a caged animal in a rage due to being in a confined space with so little to do, it’s disheartening.”

**Chester** “Depression, I be feeling like nobody cares about me. Hallucinations, I be building me a friend who jumps out my brain. Outburst, I be yelling because the silence gets me nervous. Paranoid can’t communicate with others because they say I’m a flight risk and the people who work here picks on and talks about me.”

**Walter** “The separation has caused me to not like talking to other people and mistrust everyone, I don’t smile or laugh anymore. I don’t even like to call home or write anymore.”

## Difficulty Interacting With Others

**Neil** “I’m not the same person I was before segregation. I’m distant, I’m angry, I’m depressed, I don’t like interacting with others.”

**Arthur** “This feels like a hopeless situation. I experience episodes of severe depression and have panic attacks. I am very sensitive to sound and when others make a lot of noise, my nerves are frayed and I pace the floor until I’m too tired to walk. I am dealing with short term memory loss—can’t remember names or dates—have trouble interacting with others and am becoming more and more withdrawn. Who I am at present isn’t close to who I was prior to entering CCR.”

## Sensitivity to Light and Sounds

**Dennis** “Never really had problems with temper before, always prided myself on being able to remain calm and collected. Now have verbal outbursts occasionally with confrontative inmates and officers. Have noticed rather extreme muscle loss over the last 8.5 years, not having access to proper exercise equipment. Loud sounds now make me jump in surprise, or continuous noise gives me pounding headache.”

**Todd** “I feel I am slowly losing myself mentally. I am losing my daughter and all my family. I am being pushed to insanity by the way security handle things here and am always feeling like someone is going to do me some harm and I constantly see things moving and light hurts and noise hurts like I always have a migraine and I have uncontrollable mood swings my whole body always hurts from being stuck in a cell 23 to 24 hours a day.”

## Multiple Symptoms

**Wayne** “Isolation caused me a range of adverse symptoms, such as, but not limited to, loss of appetite, sleep disturbances, withdrawal, hypersensitivity, anxiety and panic attacks, chronic tiredness, depression and moments of paranoia. Some of the emotional distress suffered was due to the intentional infliction by certain COs... the inadequate training, supervision and discipline of DWCC personnel is so deficient it constitutes a policy of deliberate indifference.”

**Anthony** “I came to David Wade Correctional Center in January weighing 220 pounds. I went to court in June and I weighed 183 pounds. I am at a point where I know that I am deteriorating in this cell physically, mentally, emotionally, and spiritually. It is frustrating to be thrown in a cell for 23+ hours per day and have access to the telephone for ten minutes per month. The rules for extended lockdown are designed to strip a person of everything they physically possess and then destroy their ability to function and cope. This nearly always forces a person to lash out in some form and then they’re subject to more disciplinary actions. I feel hopeless and angry that I am at this facility where they take pride in “over punishing” a prisoner and abusing the extended lockdown sentence.”

**Sean** “People should know that being housed in a 8-by-16 ft cell daily for years causes more mental and physical damage than what is seen. Mentally, people start to feel claustrophobic, anxiety, depression, and other things; physically, peoples bodies take a toll... Segregation make people feel like animals and after a while some actually act like it. Some grow paranoid, constantly aggressive or talk to themselves. It’s inhumane really.”

## Permanent Harm

**Brian** “I don’t think that I will ever be the same after my release. Relationships with my family has been shattered because I can’t use the phone for close to a year... It seems the entire system is designed to elicit a negative response just so they can be justified in the use of force through one of the various methods... One can easily lose all traces of his humanity if exposed to solitary confinement for an extended period of time.”

**Andrew** “Solitary has damaged me mentally, physically and emotionally. I’ll never be the same again.”

---

It is well-documented that suicide and self-harm occur at a higher rate in prisons than in the greater society, and at a higher rate in isolation than in general prison population.

## Self-Harm and Suicide

A 2014 study of New York City’s jail population found that people in solitary confinement were seven times more likely to attempt self-harm than those housed in the general population,<sup>88</sup> and a 2013 study in California found that people held in solitary confinement had a 33 times higher chance of committing suicide than those in general population.<sup>89</sup>

While 5.9 percent of our survey respondents said they had engaged in self-harm while in general population—such as cutting and head banging—more than one-quarter (25.3 percent) reported doing so at least once while they were in solitary confinement.

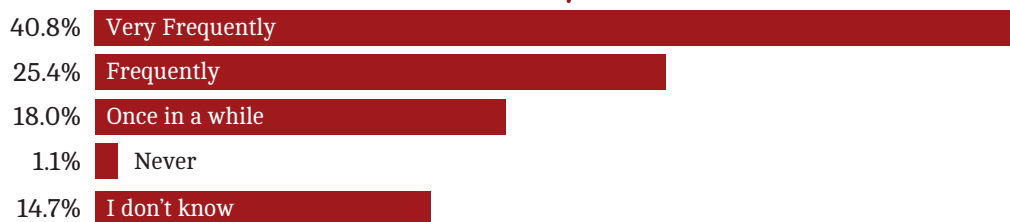
**Andre** “I always try to hurt myself. A lot of times I rather die than stay in a cage like a dog. I see things happen before it happens. I need out fast.”

**Henry** “It destroys a person mental and physically to the point where all they want to do is die in order to get out. That is what it has done to me. I cannot think straight or stay focused on one thing for too long. The light and sound hurt me all the time.”

**Caleb** “I talk to and answer/laugh to myself. Can’t sleep more than 3 hours at a time. Feeling like no one wants to help me or even care. I’ve cut myself at least 100 times since I’ve been in the cells. Depressed a lot. Thinking suicidal thoughts at least once a day.”

Most people (66.2 percent) said that other people in solitary attempt to harm themselves frequently or very frequently.

### How Often Others Self-Harm in Solitary Confinement



**Christopher** “I see men lose it every day try to kill themselves because they can’t get anyone to come talk to them. Some talk to themselves all day like someone is in the cell with them.”

**Norman** “I have seen men kill themselves because of what seg do to the mind and soul. It makes you feel alone in a situation that’s already unexplainable. It’s not good!”

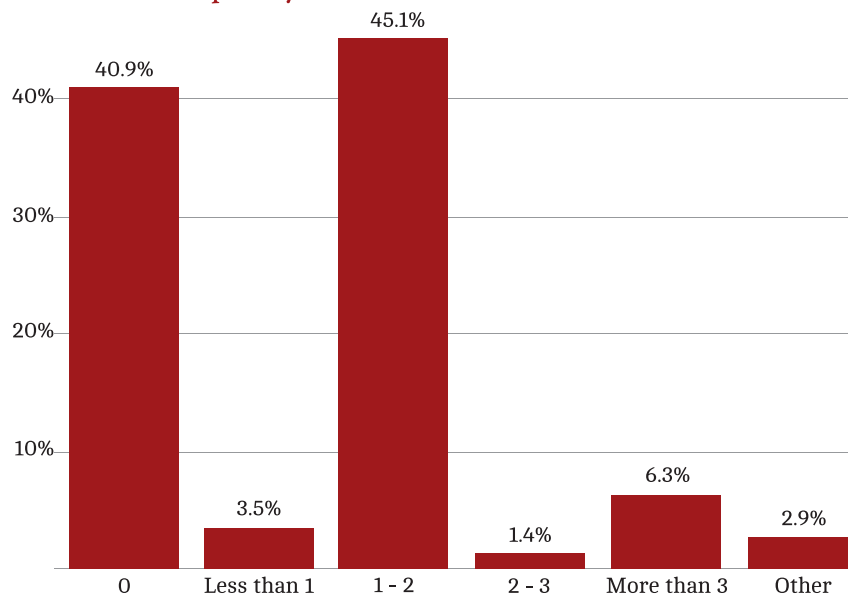
==



# Life in a Cell

Among our survey respondents, 42.1 percent of those in solitary confinement reported that they did not spend any time outside of their cells. Another 3.5 percent spent less than one hour per day outside their cells, and 46.4 percent reported that they spent one to two hours. This means the vast majority spent at least 22 hours a day in their cells, with many never leaving their cells at all.

Hours out of cell per day



Our survey respondents had few positive things to say about the cells in which they spent nearly all of their time. They provided grim descriptions of the environments that surrounded them day and night, including filthy walls, rodents and insects, unbearable heat, and incessant noise.

Most who included measurements said their cells were 6' x 8' or 6' by 9'. They described their cells as “a cage with walls,” “a matchbox,” or “a dog cage.”

**Hector** “Moldy walls, funky vent, spiders be crawling out from cracks under the toilet and walls. They have red ants and roaches. Paint coming off the wall. The bed frame all rusted and the desk is rusted also.”

**Malik** “There’s multiple paintings on the walls including big Ku Klux Klan symbols. There is spits on the wall from mental health inmates. We have spiders and webs all in our windows. Sometimes you see roaches crawling everywhere. They do not give us toilet supplies to clean our

toilets which lets off a bad odor. The cell is so dirty that I do not even tuck my sheets under my mattress even though they tell me to. We have mold in our cells which makes us sick. The sink is rusty. When I was locked up in Allen Correctional Center we had rats crawling on the floor in solitary confinement.”

**Antonio** “This cell looks like a cage you put animals in. Some days, brown water comes out of the sink when you press the hot water.”

Some people in solitary complained of bright overhead lights that were left on into the night, while others had lights that didn’t work at all, leaving them in the dark after the sun set.

**Richard** “Lights don’t work. Cant see too long to write. Killing me especially with my legal work. Have live HOT electrical wires sticking out of walls where light fixtures been ripped down by belligerent inmates... I’ve lived in darkness with only light coming from light on hall that has to go through the ‘booth’ part of cell to the cell itself... just like the air from fan... that we hardly get. Paint coming off everything, rust everywhere, roaches and bugs.”

Most people (86 percent) reported that they had access to some natural light, though not necessarily direct sunlight; its source was usually a window out on the tier rather than within the cell. However, many wrote that the windows were covered by blinds, plastic, dirt, or spiderwebs. Most (91.2 percent) said they could see outside of their cell, onto the tier—but many said that there wasn’t much to see.

**Herman** “This cell is inside a booth. It’s made like a vault in a graveyard. I can only see the wall and the tier in front of the booth.”

**Sid** “[The window to the tier] is chicken wired, but it hurts your eyes trying to focus on something through the bars.”

**Michael** “I cannot see the sky. This is what disturbs me the most.”

**Don** “Can’t see far but I can smell the rain when it rains.”

**Jacob** “I would want someone to come see how we are being housed, then I would ask them if they would want their mother, father, brother, sister, cousin, nephew, in a place like this.”

---

Many people complained about the heat or cold in their isolation units—often both, depending on the season. Half of respondents (50 percent) said their cell temperature was always uncomfortably hot or cold, and an additional 48.8 said the temperature was sometimes uncomfortable. Only 1.2 percent said their cells were always at a comfortable temperature.

## Heat and Cold

**Ted** “Summers are hot as hell, and winters are cold. In the summer, there are bugs of all types flying around or biting and stinging you. In the summer it’s like being a hot-pocket in a microwave.”

**Alan** “[I was in solitary for five years because] me and 2 others took a guard hostage...due to no A/C in July and they would not fix it. Food was bag lunch due to staff would not work due to no A/C.”

In Louisiana’s solitary confinement units, the Vera Institute of Justice found a correlation between higher temperatures and increased incidents of self-mutilation, additionally exacerbated by the lack of air conditioning and ventilation.<sup>90</sup>

A 2013 lawsuit brought by three men on death row at Angola argued that the severe temperatures imposed cruel and unusual punishment and put their health and lives at risk. As part of the suit, a third-party expert monitored the heat index in the death row cells for 21 days during the summer of 2013. On every single day, on all three tiers tested, the heat index rose above 92 degrees—into what the National Oceanic and Atmospheric Administration’s National Weather Service (NWS) calls the “extreme caution” zone. On the hottest death row tier tested, the heat index stayed above 100 degrees for two hours straight on 13 of the 21 test days, and hit a high of 110.3 degrees, well within the NWS’s “danger” zone.<sup>91</sup> Ultimately, the state spent more money fighting the lawsuit than it would have cost to install air conditioning on all the death row tiers.<sup>92</sup> A current settlement, which applies only to the three plaintiffs, provides them with daily showers, ice, individual fans, and “swamp coolers” when the heat index exceeds 88 degrees.<sup>93</sup>

## Noise and Communication

In Louisiana, as in most prisons everywhere, isolation in solitary confinement does not mean peace and quiet. Most respondents complained about the noise level in solitary units. Many said that, because of the lack of air conditioning, loud fans were always droning on the tier. Some tiers had televisions in the hallways outside of the cells, and in some prisons incarcerated people and officers had radios—all of which were turned up to high volume to be heard over the fans. People trying to communicate, whether with staff or with others in adjoining cells, had to shout to be heard over the din. And the many people in solitary who were distressed, angry, or dealing with untreated mental illness yelled loudest of all.

One respondent, who had a construction background, said that the volume remained consistently between 85 and 95 DBA (between a garbage disposal and a food processor), and another rated the volume as “from one to 10 it’s a twenty.”

**Isaiah** “Noise is ridiculous. Doors always slamming, TV is loud, fire alarm goes off daily and there is some inmate screaming or shaking the bars.”

**Randy** “Very very loud all you hear is other people yell scream and making all kinds of noise. The noise level is out of this world it makes you want to just lose your mind and go crazy you can’t even think.”

**Nelson** “Can hear other prisoners in all 14 of the other cells. Nothing here to absorb the sound. All concrete and iron. The sound just bounces around like an echo in the mountains.”

**Anthony** “Noise level is always loud when other prisoners are awake. It is only quiet between 1–5 a.m. There is little else for them to do other than yell, holler, and rap all day and most of the night.”

**Manuel** “The noise level is enough to drive any normal person insane. The constant yelling and fighting make it a slow torture. Lack of sleep.”

**Marcus** “I can’t even drown it out with radio and headphones turned full volume.”

**Bobby** “The noise will drive you crazy. Some spend all day trying to make you mad or crazy with noise others can’t help themselves. It fluctuates. But often you can’t hear yourself think and you cannot block it out.”

Almost everyone (99.2 percent) said they could hear other incarcerated people from their cells, and 98 percent said they could communicate with others. In addition to yelling, many people said that on their tier, notes called “kites” were used—although prohibited—to communicate with people in neighboring cells. They described passing these notes by attaching them to strings torn from bed sheets, or putting them inside empty deodorant containers and rolling them.

**Anthony** “Notes can be slid across from cell to cell, but on average, the only way to communicate is to yell or holler above everyone else’s voice.”

On some tiers, officers were more harsh about controlling communications, and the punishments for talking could be even worse than living amidst noise.

**Leonard** “It’s really not that bad [loud] because we are not allowed to talk, if we talk we will get wrote up.”

**Donte** “[It is difficult to communicate because] they will spray us with mace if we get too loud.”

---

## Cleanliness

The vast majority of respondents (91.7 percent) said they were allowed to shower every day, though many wrote that showers were limited to 10 minutes. However, most respondents (75 percent) reported that they were not satisfied with the cleanliness of their unit. Many people wrote that the cells and tiers were only cleaned and made sanitary when someone “important” was coming—such as an attorney.

### Satisfaction with Cleanliness and Sanitary Conditions



Some amplified their basic cell descriptions with more stories of filthy, infested cells. There was particular frustration with the fact that, although people were willing and often eager to clean their own cells, they were not given the supplies needed to do so.

**Rodney** “It’s so nasty, dirty, and unsanitary. They never bring cleanup supply. There’s bugs insects and old food on the floors everyday. Ants are in the cell and crawl over you and everything in the cell.”

**Ross** “Ants and other bugs all the time, coming out of the walls, lights, and other people cells. Not to overlook the baby rats.”

**Troy** “You’d be surprised how many spider bites, roaches, and rat bites, etc., etc... It’s only cleaned when security knows [attorneys are] coming. When you come here, check the sink.”

**Kent** “We don’t get any cleaning supplies. The ants are everywhere. They never go away, and they never spray for insects. But they will spray us with pepper spray. Go figure?”

People also reported repulsive smells and the presence of human waste, and expressed worries about the health risks of these conditions.

**William** “Currently here at Raymond Laborde the toilets, showers, are adjacent to the day room and social dormitory. While eating at the day room table, human waste and urine lingers while another prisoner are using them. All day and night you can smell human waste and urine due to the structure of the units here. Very inhumane and unsanitary. I would like to file a grievance on this but afraid of being disciplined.”

**Travis** “I’m often placed in filthy cells with feces in toilet and walls, hairs, dirt on floor, beds, toilet caked with feces and not given bleach or soap sometimes to clean it. There’s no toilet brushes or gloves so I risk my health cleaning such filth.”

**Roger** “Prisoners are responsible for cleaning own cells but are not given cleaning supplies. The tier is only cleaned once a week and shower is never properly clean.”

**Christopher** “They never give us soap or bleach to clean the cell. We have to use a bar of soap and you get one a week to shower with.”

**Nelson** “The beds, bars, and walls are all peeling paint. The bars, and beds and lockers are rusted badly. Cleaning supplies are available for those who can afford them from the orderlies. Cells are infested with ants, flies, roaches, and mosquitoes. Showers walls covered with soap scum and mildew. Drains hold nauseating odor which permeates entire shower.”

**Marshall** “Laundry is not very clean or always dry, floors are rarely swept before mopped, flies and roaches and mice around... Waste trap backs up in the drains and nothing gets cleaned before usage begins again - sewage water floods the yard and/or just smells through the windows and we still get put outside for yard with waste everywhere.”

**Ted** “No hot water in cell, rust and chipped paint everywhere. Stinks. There are bugs of all kinds. They try but it’s just a waste of time...clean up and an hour and a half later they’re back again because [there is] farmland on every side of us. Dust blows in windows and cracks.”

**Ivan** “Paint falls on you while you are asleep. Ants everywhere. Dirty vents above you head as you sleep, with dirt piled in it 3 inches thick. Also the spiders are very bad. And the drinking cups are placed in a rack that’s infected with roaches. And we never have our cells pressure washed.”

**Brandon** “There’s rust inside of the cells due to all of the iron and the paint comes off a lot. It once got in my eye in 2011 and I had to go to see an eye specialist to have a surgery conducted.”

**Theodore** “Black mold everywhere in my cell, shower and halls. Infested with spiders. Never get bleach or soap to clean cells unless you can buy it.”

---

**Food** Food—both the quantity and the quality of it—was identified as a major source of misery for people in solitary confinement in Louisiana. Most respondents (69.2 percent) reported that they were dissatisfied or very dissatisfied with food in solitary. Just 7.1 percent said they were satisfied.

### Satisfaction with Food in Solitary Confinement



**David** “The food is not properly cooked most of the times, the bread is full of yeast and baking powder. Also the meats are half cooked and the vegetables are dirty and rotten, nobody gets fruits unless they’re on a special diet ordered by a doctor.”

**Ian** “Our food in segregation is exposed to flies, bugs, insects. And our food is being put on wet decontaminated trays that they lay on the staff table for 5 minutes in the open as flies and insects contaminate our food. The food cart our food is concealed in has mold, bacteria over it.”

**Matthew** “Food nutrition is not good it is poor... the preparing of our food is not proper at all we have bugs in our ice every day, flies and insects.”

**Elijah** “Our food is served through the hatch which is unclean at times.”

**Vernon** “[I have] found hairs, bugs, trash, soot, and food particles from previous meals.”

**Kenny** “The food in seg is horrible. They never give us enough, and it’s often burnt. We usually only get rice, because when they send beans it’s really a pot full of water. We have received trays of nothing but gravy before, because we wrote grievances on the kitchen supervisor.”

**Lloyd** “I’m supposed to get diet trays because I’m diabetic (Type 2) and have high blood pressure, and they don’t give me a proper diet for this.”

**DeShawn** “Very honestly, I would not even consider feeding my precious Labrador retriever the food that we eat.”

Many said that the food portions given to people in solitary confinement were smaller than in general population, and were not enough to ward off hunger. A few said they were even afraid to drink the water.

**Lawrence** “Sometime when I eat my stomach start hurting as if I had not ever eat nothing.”

**Nelson** “The quality of the food is the same [as in general population, but] the quantity is less, and the food is served lukewarm to cold— 40% lukewarm / 60% cold.”



**Gary** “It’s about the same you just get less of it...The problem is some stuff they serve I would not let my dog eat. We had green bologna last week with a thick layer of slime and they served rotten squash [for] 2 months.”

**Antonio** “I think the pipes are contaminated with lead.”

**Roderick** “The water is BAD! At times it smells bad and or is white or brownish in color. The officers say they is told to not drink the water, to bring their own—and they do!”

---

**Clothing** Most respondents (66.8 percent) reported that they were not permitted to wear the same clothing as people in general population, and 82.3 percent reported that their clothing had been confiscated upon placement in solitary.

**Isaac** “In administrative segregation all of your clothing is taken - boxer shorts - T-shirt - socks - every thing. You are given a jumpsuit even if it does not fit - too small - or - too large It does not matter. That’s all you get.”

**Jasper** “You never get to wear your clothing. In the Cell Blocks you get a dirty jumper 100 inmates wore before you, they say they wash them but they smell really bad.”

**Marissa** “At LCIW (from 1995–2016), I had limited access to quantity and quality of clothing, which kept me with recurring colds because I was never warm enough during the winter months.”

**Bobby** “They give us beat up and ripped up jumpsuits when they have a warehouse full of new ones and then they try to write you up on a Rule 21 [sexual offense] cause the crotch is open.”

**Jordan** “Upon coming on lockdown we are made to send our property home or destroy it. It’s a money scheme, they make you throw everything away, then upon going back to the compound you have to buy it all over again and that’s not right.”

**Steven** “When I got sent to the block, they make you ship or throw away all your things, so when you get out you have to buy all new things. I have 33 years left and only get a little money in, so they should not throw away my things. That is wrong.”

**Clifton** “When being placed on lockdown, this facility forces inmates to send “everything” that have accumulated during their sentence home or they will destroy all property. This includes: clothes, canteen, pictures of family, etc. Some people have no family, so is therefore forced to destroy all items.”

**Jessica** “Poor offenders like me are forced to throw everything away.”

**Andre** “When they get mad, they take all your stuff and misplace it.”

---

## Double Celling

Some of the respondents to our survey, mostly those in the Working Cell Blocks, were locked down 22 or more hours a day with one other person in their cell. While some people reported getting along with and respecting their cellmates, many found the arrangements strained, stressful, or even dangerous, and almost no one wanted to live that way, trapped together in continuous confinement in extremely close quarters.

**Nelson** “The beds are situated as such that I, at 6’ cannot sit up completely straight without my head touching the ceiling which is approximately 8’ tall. A toilet situated so close to the wall that at 6’, 190 lbs I have to sit at an angle to defecate...Even with the lockers placed under the bed, we cannot be up and about on the floor at the same time. The quarters are so confined until you can’t even escape the scent of your cellmate’s urine as he urinates yet alone the stench of his feces, with no ventilation it is overpowering.”

**Bobby** “It’s hard to be in a double-cell. Cause there is no personal space or privacy, and you 24-7 in each other’s face, you both have your own problems and sometimes the celly you get isn’t mentally stable or sane. Sometimes you get along and sometimes you don’t.”

**Randy** “Sometime we talked sometime we didn’t. I didn’t want a relationship with my cellmate I talked to myself he has his own problems and so do I.”

**Steven** “My relationship is good and bad. Sometimes he wakes up and wants to fight, other days he is ok and friendly.”

**Mac** “Very awkward—imagine living in a closet with a toilet and 2 bunks with another grown man/adult everyday having to eat, use the bathroom-sleep, shower. Very awkward.”

**Aaron** “It’s uncomfortable to smell another person’s feces or hear him urinate.”

**Jonas** “Double cells should be against the law.”

**Luke** “No man should be with another man in a cell this long a period of time. So that should cover it!”

Of those who told us they had been physically, sexually, or emotionally abused by a fellow incarcerated person, 44.9 percent were double-celled at the time of the abuse.

**Manuel** “These cells are extremely too small for double occupancy. There is no room to maneuver around your cellmate. You are never more than a couple feet away. This causes many confrontations to escalate unnecessarily simply due to the frustration of being confined with someone you don’t like or choose in such a small space. Total lack of privacy as well.”

**Richard** “They kept refusing me P.C. [protective custody], moved me to Working Cell Block where a maniac tried to kill me because he say I’m a known rat.”

**Wade** “I’m scared to have a cellmate because of rape and a fight and you get no help because they cannot hear you and do not protect you at all.”

As noted previously, the state of Louisiana has historically operated one women’s prison, the Louisiana Correctional Institute for Women (LCIW)—although, like their male counterparts, many incarcerated women have traditionally been housed in parish jails.

## Conditions for Women in Solitary

LCIW was evacuated following a flood in August 2016, and has not reopened.<sup>94</sup> In the meantime, its former residents are being held in a variety of facilities throughout Louisiana, including Elayn Hunt Correctional Center, the former Louis Jetson Center for Youth (a juvenile facility that was closed in 2014), and the Louisiana Transitional Center for Women in Tallulah. In response to our public record request, the Louisiana Department of Corrections gave us the names of just five former residents of LCIW, who were in solitary confinement at Angola. Those who responded described highly isolated conditions within Angola.

**Stephanie** “Since the flood I’ve been residing here at LSP. The cell I’m currently in is extremely tiny. I can’t stretch my arms out completely width-wise. Length wise—I take two normal steps from the gate and I’m at the toilet. There is no table, no stool. The lighting is poor. A year and a half and no end in sight of my segregation. I have nine more years before I’m released to the streets, I’m stagnant. I’m being warehoused in segregation instead of being rehabilitated in population. DOC officials, prison officials don’t care if we’re rehabilitated or not. They aim to dehumanize us. It’s psychological abuse.”

**Marissa** “Due to the 2016 flood, I am housed with four other offenders who are considered high risk. My cell door is made of bars. I am able to see the length of the cellblock, the wall and windows in front of my cell, and the TV, which is posted on a table at an angle in front of my cell. The windows are tinted with a film and are difficult to see out of. The windows are up high, about three feet away from the cell gates. The windows do not open; they’re sealed shut.”

In addition we received responses from several transgender women housed in male facilities, whose responses are included throughout the report and in the section on treatment of LGBTQ individuals.



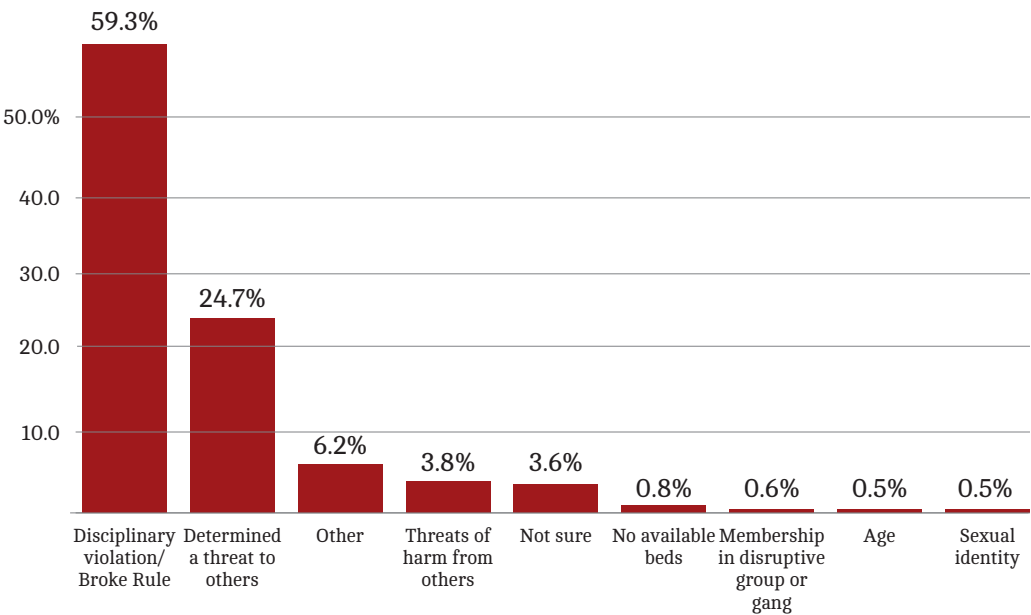
# Getting Into Solitary

The majority of respondents reported that they were placed in isolation for breaking a prison rule (63.1 percent). An additional 26.2 percent said their placement was because prison staff determined they were a threat to other incarcerated people or staff. Five percent reported they were in solitary for protection due to their age, their sexual orientation, or threats made by others.

## Reasons for Placement in Solitary

An additional 3.8 percent said they were not sure why they were in isolation, and the remaining 2 percent said they were isolated because they were on death row, because of a wait for beds in general population, or because of suspected membership in a disruptive group or gang.

Reason for Current Solitary Confinement



Black respondents were more likely than white respondents to be in solitary for breaking a rule (62.7 percent vs 53.6 percent), or because they were determined to be a threat to others (24.2 percent vs 19.5 percent).<sup>95</sup> This fits with trends found in the ASCA-Liman Center report, where overall, black men made up 40 percent of the prison population and 45 percent of those in “restricted housing.”<sup>96</sup>

Survey respondents were invited to explain or comment upon the reasons for their placement in solitary. Their descriptions shed light on what were sometimes sharp differences between the official reasons recorded by prison staff and the actual reasons as experienced by incarcerated people.

Some survey respondents reported that they were put in solitary as a routine practice from the moment of intake at a new facility. While some remained there only briefly while awaiting placement, others—particularly at David Wade Correctional Center—felt it was a way to “break in” or “break down” new arrivals.

## Routine Isolation Upon Arrival

**Leonard** “I was placed in extended lockdown on my arrival at David Wade. I never had a hearing since I’ve been at David Wade and I been here fourteen months.”

**Sebastian** “When I first arrived here I did 11 weeks waiting on a bed without any disciplinary reasons. All offenders must go through same process upon coming to David Wade. The administration uses this method... as breaking new offenders in by firsthand experience of how the cell blocks are run here...The sinister curriculum here by the administration and security is truly dehumanizing and has an effective psychological purpose. This place leaves you restless and forever worried about how far they will go next. David Wade is completely sovereign to most if not all DOC rules and regulations.”

**Gerald** “When I transferred to David Wade, I was placed in Administrative Segregation stating it was standard procedure and everybody had to wait on a bed in general population despite prior status.”

**Rashad** “I was shipped from another prison, Angola. They had no bed space in population so they placed me in the Cell Blocks.”

**Marvin** “I was told everyone that first arrives at Elayn Hunt Correctional Center has to do 4 to 12 weeks in the lockdown unit, called the Beavers.”

---

Many respondents wrote that breaking minor, unimportant rules or just getting on an officer’s bad side could lead to long stays in solitary. Louisiana’s rule book for state prisoners lists the following among the offenses punishable by segregation:<sup>97</sup>

## Disciplinary Segregation for Minor Offenses

- Contraband, including possession of yeast, tattoo paraphernalia, money, or cigarettes in non-smoking areas.
- “Possession of one or more gambling tickets or stubs for football or any other sport.”
- Self-mutilation, including tattoos, piercings, and alterations to teeth.
- Consensual sexual acts.
- Defiance, including that it is specifically banned to “curse or insult an employee, visitor, guest or their families.”

Some respondents complained that there was often no way to avoid breaking rules, since they could be inconsistent, arbitrary, and in some cases absurd. Others pointed out that there was nothing to prevent staff from being dishonest when handing out disciplinary write-ups.

**Josh** “The prison is like a Nazi concentration camp, every day new rules with little or no incentive for following them...Whenever they feel, they could just lie and say you cursed at them. Very stressful environment. The prison wants you to live like you are in the military. It takes 10 years to help you and 10 minutes to hurt you here.”

**Jeremy** “I was placed in the Working Cell Blocks because of a haircut that was said to be not compliant. The sides were cut lower than the top.”

**Eugene** “I was written up for having [my] shirt off on recreation yard.”

**James** “For simply masturbating, something that all men in prison do! We are all unbalanced due to not having conjugal visits!”

**Chad** “The officer said I was in an unauthorized area by being in another dorm that’s not assigned to my TV area.”

**Francis** “I was supposedly intoxicated from something, but I passed my urine test. I was locked up because my eyes were red, security says there was no reason for my eyes being red.”

**DeShawn** “They found some pineapple concentrated syrup in my locker box. And said it was homemade alcohol. They straight up lied on me.”

Some people said they were written up and put in solitary for talking back, questioning, or verbally challenging a corrections officer.

**Charles** “I was in the kitchen and accused of talking. I said I was not. I was locked up for being belligerent, argumentative, and was pushed down on my knees, handcuffed behind my back and sprayed with mace.”

**Eddie** “This facility go by their own rules and when I asked a question on why things weren’t done by Department of Correction guidelines I was placed on lockdown.”

**Joseph** “I was woken by a c/o [corrections officer] for a “shake down.” During this shake down the c/o was handling my property in a disrespectful manner, stepping on my clothes, pictures etc. I told him about himself and they locked me up and sentenced me to extended lockdown level 2.”

**Silas** “The officer... that I worked for didn’t like black men, so he used to say mean things to me. When I started telling him that he shouldn’t talk to me in such a harsh manner, he lied on me, and I got locked up.”

**Lester** “[People are] constantly getting and/or receiving write-ups, this is supposed to be a disciplinary camp and you are written up for anything, no matter how small.”

**Michael** “Doubling back in the chow line to get an extra tray is enough to be considered a serious threat to security. Out of the 30 rules defined by the LA Dept. of Public Safety and Corrections in the Disciplinary Rules and Procedures for Adult Offenders handbook, 20 of them, if violated, justify assignment to [solitary confinement] for an indefinite period.”

Some respondents said they were in solitary for fighting, which they often said was necessary for self-protection.

**Victor** “When I came to LSP in 1977 the prison was so bad, there was a murder between prisoners every 2-3 hours—I’ve been in fist fights and knife fights, due to protecting my life and manhood.”

Some respondents said they were in solitary because they refused to work in the prison’s fields. As previously noted, Angola was founded as a plantation and still grows crops on its vast acreage, as do some other Louisiana prisons. Back-breaking fieldwork that might elsewhere be performed by machine is carried out by incarcerated people instead.

## Unwilling or Unable to Work in the Fields

**Harold** “[About one week after] Hurricane Katrina struck, devastating my city and displacing my family... I was sent to another dorm and ordered to go to work in the fields. I refused because I hadn’t heard from a single family member and didn’t know if they were dead or alive, so the colonel... falsified a report stating I threatened to kill someone, and I’ve been locked in these cells ever since.”

**Xavier** “In the field each inmate is given a number to a row of crops to be cultivated or pulled and bagged which is about a half mile. The gun guard on the horse said she wanted 30 sacks of greens and was keeping count. I was on sack 23 before the specified time and was transported to segregation.”

**David** “I have health problems with degenerative discs to my spine as well as being anemic and asthmatic, which prevent me from being able to perform certain work assignments... But what people outside the prison don’t know is that top ranking security officials influence the prison medical director’s decision regarding the restriction of work assignments for prisoners with health issues regardless of health... This has kept me in segregation over and over.”

Some people reported that correctional officers placed incarcerated people in solitary—or kept them there longer—as retaliation, often after they filed complaints or otherwise stood up for their rights.

## Isolation As Retaliation

**Henry** “I wrote an ARP [Administrative Remedy Procedure]<sup>98</sup> on [a major] for racial discrimination... and refused to drop it and then wrote a lawsuit for retaliation and refused to drop it and have been in extended lockdown ever since then.”

**Paul** “I was falsely wrote up 3 times because I refused to sign a waiver dropping a religious lawsuit against the prison warden for denying me religious materials... and religious services, so he told security to write me up on false claims and send me to isolation.”

**Curtis** “I am very outspoken about the lack of legal assistance.”



**Terrance** “I sought to receive anger management treatment and other mental health treatment because I have problems with authority. Social worker advised me to begin a journal and write about my encounters with correctional officers and what they do that makes me angry. And when I turned in the journal I was written up and placed in segregation by security, and my social worker.”

**Anthony** “The officers brag that the ARP [grievance] never adversely affects them when one is filed against them. I’ve seen situations where prisoners are kept on extended lockdown even longer than the average 18–24 months in retaliation for filing ARPs.”

**Gary** “I filed 2 ARPs about them denying me medical treatment. They retaliated and sent me to extended lockdown for 6 months.”

**Stanley** “I, myself, have been denied an opportunity to be transferred out of solitary confinement because I submit too many grievances. The electric is turned off regularly. Prisoners in solitary confinement are verbally abused on a constant basis.”

**Warren** “[ARPs are] always denied. Security, wardens, will falsify their responses, this is how I ended up at CCR.”

---

Some people were isolated because prison staff decided they required special protection from other incarcerated people or staff. Those placed in solitary for protection included former law enforcement, clergy, government witnesses, people with histories of being attacked, people owing money for a prison debt, or people who belonged to a vulnerable group, such as LGBTQ individuals or people with disabilities.

**“For Your Own Protection”**

According to LADOC policy, people in the highest level of protective custody, commonly referred to as PC, are supposed to be held in Close Custody Restriction (CCR), which is defined as a “non-punitive” housing status. However, many people we surveyed in CCR wrote that they were denied many of the privileges of general population. Others wrote that although they were in protective custody, they were not in CCR at all, but in other forms of solitary confinement, such as Extended Lockdown or Working Cell Blocks.

**Jacob** “Another inmate pulled a knife out on me told he was going to stab me up if I ain’t leave off the tier. I told the correctional officers I couldn’t live on the tier, then they put me in the blocks.”

**Caleb** “I was placed in lockdown/segregation originally for having open charges and my age. There’s a lot of family of and friends of the family of victim of my case.”

**Harry** “I had testified for feds in a racketeering case.”

**Ray** “I don’t feel comfortable. I’m in PC, but I’m treated as if I was sentenced to extended [lockdown] for some serious infraction. They refuse my contact visit requests for no apparent reason. Also, if my mother was to pass away, they wouldn’t allow me to go see her... even though I’m PC.”

**Don** “In protective custody you don’t have no rights, a jumpsuit, nothing, no towel... Can’t leave my cell without restraints. [After wearing restraints] my ankles have bled. I have went over a month without towel or hygiene.”

**Kenny** “CCR is a non-punitive lockdown, but the warden is slowly removing the very few privileges we are entitled to by DOC. She’s trying to destroy our contact with our family. We’re not allowed to order food from the inmate club, which we are entitled to. All this is done without due process, essentially she is turning CCR into a punitive lockdown.”

**Roger** “CCR is not supposed to be a punitive unit but it is. Contact visits are restricted to only once a month. CCR is supposed to get everything general population does but this does not happen. Our commissary is restricted and we can’t order foods from clubs like other inmates. The recreation hour outside is in a dog pen.”

**Carl** “They place inmates in these CCR cells and say fuck us, treat us like we no longer exist. If we have a problem we are told to write the warden, and when we write the warden we get no responses. The cells turn a good man into a very bad man and they know it.”

---

**Sentenced to Death** In Louisiana, people sentenced to death are automatically housed in solitary, for no other reason than their death sentences. As discussed earlier, reforms have been made in response to a lawsuit, allowing most people on Death Row some out-of-cell time, but it remains far more restrictive than general population. It is common for people to spend decades on Death Row in Louisiana.

**Lloyd** “Being placed on Death Row is being placed in segregation. They try to justify doing this to us because of the nature of the crimes that we’ve been charged with. We’re being punished because of our charge(s). There’s people in population with life sentences for murder and they aren’t automatically placed in segregation like we are. This is wrong—we’re being punished because of our sentence.”

**Hunter** “When I received the death penalty, I was sent to Angola State Prison, and put in a one man cell for over 25 years of my life. And I’m still in a one man cell.”

---

# Getting Out of Solitary

In Louisiana, solitary sentences are often long and usually of indeterminate length, meaning people in solitary do not know when or if they will be released from isolation.

## Indeterminate Sentencing

LADOC policy requires reviews every 90 days when people are in solitary, but many survey respondents described the reviews as meaningless, and said that there is no guarantee of release, even if one follows the LADOC process and is otherwise compliant with policies.

**Darryl** “Indeterminate sentences. It’s one thing to place somebody in segregation for breaking the rules, but once a person has done their time, they need to be let go. It makes no sense to lock everybody up forever. It doesn’t stop anything from happening.”

**George** “Staff and correctional officials abuse their authority. They hold offenders in solitary confinement, Extended Lockdown and Cell Blocks for rule violations that happen 10 or 15 years ago. As of now I been in this Cell Block...19 months. Without a rule violation... I missed my parole hearing due to the fact they refuse to let me out the cellblock.”

Some respondents reported that the uncertainty of when—if ever—they would be released from solitary could lead to anxiety, despair, and mental collapse.

**Alex** “Knowing a date would give us something to set a ‘goal’ for because not knowing when I’m coming out of seg keeps me all uptight, and after a while, hopeless.”

**Ted** “Men and women were born free and when that freedom is taken away without knowing if they can earn it back, I’d say 80% would lose their mental state of mind and something in their head would snap. You’re dealing with something wild and a wild thing will do things that don’t make sense to people who don’t understand them. Try putting a wild rabbit in a cage. That rabbit will kill itself within 5 days. Man is more or less the same way. You got to give them hope because without it, there is nothing left!”

**Michael** “I cannot see the need for holding a person in solitary confinement indefinitely simply because he refused to obey an order given by a prisoner guard. Many of the offenses for which a prisoner is allowed to be placed in solitary confinement do not meet the criteria/ standard for which a prisoner may be considered a threat to himself, others, or security in general. However, due to the Department of Corrections’ failure to clearly define which offenses would subject a prisoner to indefinite assignment to [solitary], prison officials have total discretion in deciding what constitutes a serious threat. Furthermore, once a prisoner is placed on Extended Lockdown, he isn’t provided any guidance as to how to correct his behavior. He’s just left to rot both physically and mentally until the Classification Review Board feels like letting him go.”

---

The Supreme Court, in a 1974 case, ruled that incarcerated people do retain some due process rights—though not nearly to the extent of those in the free world.<sup>99</sup> Specifically, the Court said that before solitary confinement—an additional deprivation of liberty—

## Initial Hearings and Periodic Reviews

could be imposed upon someone in prison, that person was entitled to a fair hearing and a meaningful review process. Louisiana departmental policy states that disciplinary hearings should occur within 72 hours of placement in isolation,<sup>100</sup> which is in accordance with the American Bar Association's *Criminal Justice Standards on the Treatment of Prisoners*.<sup>101</sup> In our survey, however, 29.6 percent of respondents said they never received a hearing to review their placement in solitary confinement.

While awaiting a disciplinary hearing, people are usually placed in a type of solitary confinement called Administrative Segregation, even though they have not yet been found guilty of an infraction. Of those who eventually received a hearing, just 20.2 percent told us it occurred within two days (in accordance with Louisiana policy). Meanwhile, 45.4 percent said they spent more than 30 days in Administrative Segregation before getting a hearing. This fits with Vera's analysis of LADOC data: In 2015 and 2016, people who were suspected of a disciplinary violation but were found *not guilty* at their initial hearing had already spent an average of 20 days in Administrative Segregation.<sup>102</sup>

Even when placement hearings did occur, 83.5 percent rated the hearing quality as poor and just 2.9 percent found the quality of hearings to be good. In at least some facilities, respondents said they could be assigned another incarcerated person as an “inmate counsel”—but that these individuals faced their own challenges.

**Earl** “If the inmate counsels put up too much of a fight for you they’ll threaten them so they only will go so far.”

**Vincent** “No matter what the officer is always right. And especially if they don’t like you or you are gay they will find you guilty.”

**Jalen** “You’re never allowed to plead your case. It’s the staff word against yours. CO’s could never do no wrong in the eyes of RCC staff members. So I’m automatically guilty until proven innocent.”

**Daniel** “Offenders are always wrong regardless of the situation. There is always a conflict of interest during these hearings because usually the reporting employee is related through blood or marriage or close friends.”

Once they have been placed in Extended Lockdown or Working Cell Blocks, LADOC policy mandates that people have reviews every 90 days to determine if they are ready to move to less restrictive housing. However, many of our respondents reported that they were not present, or were not allowed to speak, at their own hearings.

**Arthur** “The review board is held every 90 days. You walk up to the table where a classification officer and colonel then hand you a sheet of paper already filled out. Hearings take less than a minute.”

**Carlos** “The truth is, they already have the report filled out and signed deny before you walk up to the desk. They hand you the paper and go to the next man.”

**Miles** “It’s a mock hearing. Decisions are already made before we appear.”

**Steven** “When you go up for the Disciplinary Board, they just put you in a cell out and send you a paper saying you made the board or not. You don’t talk to anyone or go in front of a board. You don’t have a chance to plead your case and show them you have changed.”

Many people complained that their hearing decisions did not take into account recent behavior, and instead focused solely on the original offense that got them sent to solitary, even if it took place long ago.

**Curtis** “Each time I’m denied [the review] says nature of original reason for lockdown, even though that is not a legal reason.”

**Harold** “No matter how long I go without a write-up or rule infraction... 90 days, 6 months, 18 months... their decision is always the same: “Not released due to the nature of the rule infraction.””

**Dean** “Here they do as they want, and make their own rules. You’re judged by your past, even 20 years later I’m still judged as the 21 year old from my past.”

Asked whether they had received a reason in writing for the decisions made during hearings (both their initial placement hearing and subsequent periodic reviews), 20.4 percent of respondents indicated that they never received a written reason at all, while 22.1 percent indicated that they had sometimes—but not always—received a written reason.

---

**No Road Out of Solitary** Many people said there was an “official” process for getting out of solitary—but added some variation of “but it doesn’t always happen that way.” One man explained the official process as “Steps --> segregation (1), working block (2), population (3), society (4).”

Many respondents wrote that people were supposed to be able to earn their way out of solitary after 90 days without any disciplinary issues, but that in reality people remained for far longer. A number of them said that LADOC disregarded its own policies when it came to length of stays in solitary.

**Benjamin** “They say I got to do 90 days without a write up to go to general population. But I went 5 months and they still never let me make it.”

**Joel** “[After] 90 days write-up free, if they feel like it they let you go down to gen pop. [However,] 80% of the time, they set you back 90 more due to your past record.”

**Percy** “I have years without disciplinary reports, but staff won’t release me from segregation.”

**Daniel** “There is no set amount of time you’re required to do, except that you’re brought before a review board every 90 days.”

**Ernest** “Only way to get out segregation early is to tell on somebody.”

**Malik** “They leave people on Extended Lockdown longer than what the DOC policies require for an inmate to do, which is 90 days with no write-ups. But inmates end up doing as much as 2 years on lockdown with not at least one write-up. It’s double punishment.”

Over the past decade, many state prison systems around the country have begun instituting what are generally called “step-down programs,” to transition people out of solitary by placing them in less and less restrictive environments. The best step-down programs are those that have appropriate programming at each level, move people through as quickly as possible, and are clear about what a person has to do to make it to the next “step.” Our survey respondents pointed to the lack of just these kinds of provisions in the Louisiana prison system, leaving them with no means of “earning” their way out of solitary.

**Michael** “There is no level system of step-down program at this facility. There is no mechanism in place whereby prison officials can determine a prisoner’s readiness to return to the general population by his response to greater and greater degrees of freedom.”

**Jerome** “We’re not allowed any type of say-so [at review hearings], nor are we even present. There’s no levels or phases to show progress, and the decision to be released or not is deemed by one officer who holds the board every time.”

## Working While Locked Down

Aside from several small pilot projects that were launched recently,<sup>103</sup> the closest thing the Louisiana prison system has to a broad-based step-down environment is the Working Cell Blocks (often referred to simply as Cell Blocks), which some prisons use as an intermediary step between Extended Lockdown and general population. There is a lack of programming to ease the transition, and people can remain trapped for months or years with no clear end in sight.

Of our survey respondents, 15.5 percent said they were housed in Working Cell Blocks.

**Malcolm** “Once I get released here I’ll go to another Extended Lockdown or to the Cell Blocks. In Extended I’ll do another year there, write-ups or not, then go to the Working Cell Blocks. If I do 3 months there without a write up I will go to population.”

**Jim** “You go to a Working Cell Block then after 90 day they are supposed to send you to population but I did a year without write up and they still aint let me go.”

**Herman** “You have to serve time with no write-ups for sometimes years just to make it to a Working Cell Block, then do years there before going to population.”

**Winston** “I’m in the Working Cell Blocks, which is the last step to population. It’s a 90 day program which I’ve done twice and they still won’t let me into population.”

**Bobby** “I don’t really understand it. They say they have a step-down process but that’s not true... You won’t come out until they feel like letting you out and your good conduct don’t mean spit.”

The exhausting physical labor required in the Working Cell Blocks roused intense feelings of anger and injustice in many of our survey respondents.

**John** “When we make it from level-2 we go to level-3 when we make it from level-3 we go to working cell blocks where you have to work in the field. We do slave work, pick cut grass with a sway blade, pick greens and fruits we never get to eat.”

**Alex** “[My work is] cutting grass all day with a sling blade, working in the fields, walking for miles.”

**Nelson** “My only complaint is the forced perpetuation of the institution of slavery by forcing me to work in the fields in order to get out of segregation.”

**Jack** “I have always worked in here. I was in maintenance for 3 years. Paint crew twice. I even built a 5 bedroom home for the warden on prison grounds.”

**Malik** “We are treated like slaves in the Louisiana prisons. We still have slave rules in Louisiana prisons. Every day Monday through Friday, they make us all go to the field in the hot sun and pick beans and potatoes. All the inmates whom mostly be black. And then they’ll have the white correction officer standing over us with a rifle calling us all types of monkeys and ni\*\*\*\*s. When I heard an officer in the field say this to another inmate I was about to grab the shovel and try to kill him with it but an inmate had stopped me and told me I was gone get a life sentence. So it’s like no matter how much we go through we have to hold our anger inside.”

---

**No Place Else to Go** In some facilities, even after earning their way back to general population on paper, people said they lingered in solitary confinement for weeks or months, ostensibly due to lack of bed space in general population.

**Jamal** “After you make the board to go back into general population, you still must wait 9 to 10 weeks before they let you go back to population.”

**Steven** “Once you make the board, you are placed on backlog until there is a bed open, which takes anywhere from 9 to 16 weeks. You get no extra privileges, so it’s like you are still on extended.”

**Derek** “Here at Wade the bed space is so scarce that after you make board you still have 9 to 12 weeks to wait in cell before you go down [to general population].”



**Cecil** “This backlog stuff is totally outrageous. After you pass a review board panel the total number of weeks (8 to 10) to be allowed back into general population is totally outrageous... If an offender has done the time on extended lockdown without any more infractions... he should be allowed back into general population after 90 days not 10 months to a year.”

In some prisons, the level of overcrowding in general population appears to offer a reason for putting people in isolation units, and keeping them there. The Vera Institute of Justice found this problem to be the most pronounced in David Wade Correctional Center: In 2015 and 2016, people at this facility who were suspected of a disciplinary violation but were found not guilty at a disciplinary hearing still spent an average of 115 days in Administrative Segregation—in part because “when someone is sent to [Administrative Segregation], their [general population] bed is given to someone else, and thus they must wait until another bed opens up before they can leave [solitary].”<sup>104</sup>

**Doug** “[Even after getting released from segregation], you have to walk so light. Because they lock you up for anything. That is the only way they can let people out the block. Because David Wade is so overpopulated, they have to lock people up just so they can let people out, because they don’t have enough bed space [in general population].”

---

Several people reported that they had the impression—or had been told directly by high-ranking prison officials—that they would never be released from solitary confinement. This was especially, though not exclusively, prevalent in CCR.

**“You Will Never Be Released”**

**Timothy** “Being in CCR they have no time or date when you get out. They have prisoners been in these cells 30 years.”

**Dennis** “I was sentenced to 10 years with no good time options, and have spent 8.5 years on the CCR tier. I don’t see them doing anything different at this time. They don’t want a former law enforcement officer placed in general population.”

**Scott** “CCR in Angola is like this part of the prison no one is willing to touch. Once you come, you likely won’t leave.”

**Leroy** “The Warden told me that the only way I get out of lockdown is if he retires.”

**Aaron** “The colonel over the blocks calls himself God and tells you he will hold you till you discharge.”

**Herbert** “90 percent of inmates are lied on by officers as a way to keep them here. The Warden... told me himself I ‘would not leave the Cell Block till I leave here [the prison].”

**Walter** “I can only tell you the reason they told me: ‘You are involved in the murder of a police officer, so you will never get out of solitary.’”

**Marcus** “According to the wardens I will never be allowed out of the cell, so unless I got released from prison by the courts I would still be here in the cells.”

**Adam** “I was told that I would never be released from CCR until I’m released [from prison] or die.”

## Barrier to Parole and Earned Good Time

Many respondents wrote that their placement in solitary confinement made them automatically ineligible for parole, and lengthened their sentences because they lost previously earned “good time” credits that could have gotten them earlier release.

**Francisco** “The parole board will not hear your case if you are in any type of lockdown situation.”

**Claude** “They automatically remove you off the docket [for a parole hearing].”

**Charles** “They won’t give you a parole hearing while in lockdown. You don’t even get a review board, they just mail you a paper.”

Once they were out of solitary, people said the record of having been there could still hurt future chances at parole.

**James** “When I went before the parole board... the parole board instantly denied my parole for being in the Working Cell Blocks, and I was out of the Cell Blocks when I went before the parole board for at least 6 or 8 months.”

Even if having spent time in solitary confinement didn’t automatically disqualify people from parole, many reported that the lack of programming in solitary made it impossible to demonstrate personal progress.

**Zachary** “[Segregation] affects the possibility of parolling in minute ways. Some of the things the judge stipulated during trial was to obtain GED, take rehabilitation classes, etc. In segregation you can not accomplish any of that!”

**Jeremiah** “I can earn an early release but I have to get into some classes and get good time and GED but I can’t in segregation.”

**Anthony** “I believe this facility’s practice of unduly excessive Extended Lockdown will affect a parole hearing. Some prisoners have received 1 or no disciplinary infractions while on Extended Lockdown for periods of 12, 18, or even 20 months and are still denied release. These unduly excessive periods hinder the placement in rehabilitative programs prior to a parole hearing.”

A few respondents mentioned the new criminal justice legislation passed in Louisiana in 2017 (and mentioned in Part One of this report), which made it easier for certain people to qualify for early release—but not those in solitary.

**Bobby** “It does affect your parole and your transition back into society. You... aren’t able to exhibit your willingness and efforts to reform and redeem yourself. A lot of new laws have GED requirements that must be met for early parole. Yet you can’t take educational programs in the blocks unless you can pay out of pocket for correspondence courses and then that’s not guaranteed.”

**Eric** “So if I get in some programs I can go home [because of the new law]. But I can’t because when you are in [solitary] you can’t get the programs.”

**Morris** “[You are supposed to be able to earn early release through] education & good conduct, but this is Louisiana, the lock-em-up and throw ‘em away state.”

---

Some people who responded to the survey were optimistic that when they eventually got back to general population, they would finally experience less abusive treatment and have access to jobs, education, and other opportunities.

## Hopes and Fears About Returning to General Population

**Brad** “I will feel relieved to be back in general population. I will feel a heavy weight lifted off my shoulders.”

**Reginald** “It will make me feel a whole lot better because I’ll be able to participate in the programs that I need to help better myself and attend school... I wouldn’t be treated like an animal.”

**Jermaine** “I would love the day that I get released into general population. I’m still a human being.”

**Andre** “[In general population,] I will feel normal. I’ll be able to do things for myself. Meet with people who can help me. I can go see a social worker when I’m in need.”

**Anthony** “I’ll be happy to be able to speak with all of my family members as often as possible.”

**Jeremy** “[In general population, I hope] to get into programs to speed my release. From there to be a productive citizen in society by receiving a job... To refocus my mind, to pursue my character from the stresses, and time away from family in prison, to be able to show them as much love and time that I could with family.”

Some people had practical concerns about their return to Working Cell Blocks or general population, such as being able to complete work requirements, or coping with property that was lost during their time in solitary.

**Charles** “Once you get out you work. You don’t do anything in the cell. That’s something else: you lay up in cells for months years then they expect you to keep up with everybody else.”

**Anthony** “I feel like it’s unfair that once I am returned to general population that I have to buy all of the clothes, books, food items, radio, headphones, and hygiene items that I was forced to mail home.”

The greatest number of concerns by far, however, had to do with the psychological and emotional challenges of returning to the general prison population after living such an isolated existence.

**David** “I feel out of touch with the environment and believe it will be very difficult to make adjustments without some type of assistance once released back into either general population or larger society.”

**Doug** “After being back here so long, when you get out of these cells it’s like letting a pitbull off a chain. All you want to do is run around from being confined in a 9x9 cell for months and years.”

**Tremaine** “[I feel] scarred, due to being away from people, hesitant on the things to say.”

**Clifford** “I’ll have to transition from a box on a dark tier to a well lit open dormitory with no less than 15 cameras in the ceiling. Living with 70–80 other men all piled on top of each other.”

**Terrance** “Every time I get released back into general population the sudden transition is a shock. Because here you get released straight from a one or two man cell, after months or years in segregation, into a wide open population. It always takes time for me to adjust. In population here the interactions are always intense. If you want to get a haircut it’s a fight to be the first in line. It’s the same thing when going to pill-call, commissary, the gym, or the weight pile. Because of my lack of skills in interacting with people I’m either always getting into it with someone who ‘jumped my spot,’ or I’m last.”

Many respondents explicitly said they thought they needed help dealing with the transition out of solitary, and with the lingering effects of isolation. But 87.1 percent believed that when they were eventually released back into the general prison population they would not receive any counseling. Currently, LADOC offers little to no specific mental health support for people in or coming out of solitary confinement.

**Tyler** “I really need help. I can’t be in general population around everybody cause I’m very paranoid and nervous. I got to be able to cope around people cause I been on lockdown for a minute.”

**Matthew** “I wouldn’t mind counseling to make me a better person before population. I can use all the help God offers personally.”

**Elijah** “I have dealt with fear on many of occasions. Especially by being in the cell so long. And limited to people. It’s hard trying to readjust to population and being around people that you don’t know. And being traumatized from being beaten and oppressed, it’s very hard living around people. I feel that before a person who has served a long period of time in solitary is released, they should go through some type of treatment and counseling.”

**Ethan** “I will need counseling after being in segregation for over three years and experiencing the elements of David Wade cell blocks. I feel anxious, but also afraid for how I will receive help for my mental mind state that’s deteriorating slowly after being in segregation for so long, without sufficient mental health care.”

**Jared** “My feelings are that I want out of this cell so bad, but I need some time to adjust to population. It’s no different from letting a dog out of his or her cage. It will definitely take time to get used to.”

**Carlos** “[Getting out of solitary] would be a blessing. I can adjust with time and God’s help. I’m strong minded, at least I was before put in these cells.”

Because their segregation status made them ineligible for parole, many respondents said they would likely return to general population before their eventual release from prison.

## Hopes and Fears About Returning to Society

However, people serving non-life sentences may reach the end of their maximum sentences while still in solitary. Therefore, 29.7 percent of respondents said they expected to be released directly from solitary confinement to society, and 73.1 percent knew of at least one other person who was released directly from solitary to society.

While just about everyone who expected to be released looked forward to that day, many respondents to our survey described fears that their time in solitary would affect them when they ultimately transition back to society.

**Trevon** “I would be happy when I’ve gotten released but I don’t think I would be whole because I’ve been isolated so long and away from society. I don’t know how things will go because they’ve kept me in a cell so long. I would be happy to hit general population because I will be able to rebuild myself before I go into society and I’ll be able to form a better game plan from the population before I go back in society.”

**Darryl** “I’m a little scared about going back to the street, because I’ve missed so much. I worry how I would fit in out there now. Segregation has made that fear more pronounced because I haven’t been around to know what’s going on out there. I mean, just walking to the kitchen to eat will seem new to me, because I haven’t done it in over a year. Now imagine me trying to go to the grocery store out there. People pay from their phones these days. I barely know how to send a text message.”

**Bobby** “Before my incarceration I was a sociable person... Now I honestly don’t know how I’d react or interact with people. I cannot even communicate with my family as I have nothing I can relate with them on... it’s hard to contemplate the future beyond these cells.”

**Lance** “[I feel] confused, frightened and out of whack. Due to the untold amount of time in a space by myself. You become used to talking to the voices you’re used to talking to inside your mind—then they come in, just say pack it up you’re released.”

**Tyler** “It be hard for you to cope and adapt to the society cause being locked up ya’ll whole time been in a small cage like a bathroom. Really will mess you up mental and physical. That would make you worsened than you was before for being in a cell small like a bathroom. That be torture no matter how you look at it.”

**Craig** “[When I think about release, I feel] stressed, worried, anxious, paranoid, feeling lost behind times, scared, not knowing what to expect or whether will be able to cope.”

**Dale** “I don’t think I’ll be able to cope with society for a while cause I can’t deal with people no more. Always spooked.”

**Lester** “[When I think about future release, I feel] fear because I’ve been caged up like an animal for the better part of 18 years straight in either a one man cell or two man cell. Being handcuffed and shackled everywhere I go, escorted by security even to the shower, it does something to a person’s mind.”

**Jalen** “I feel that they just threw us back into society without any real “rehabilitation” as they call it. We’re being taught to rely on staff for everything we want and need... Just think about the world is constantly changing and spinning while we sit still without a clue.”

**Dustin** “It will be like I’m a man who has been on a deserted island alone for years and released to a brand new world that I’m not sure how I’ll be able to handle after being locked away for too long alone.”

**Larry** “[I am] nervous about both Gen Pop [general population], cause I have gotten used to the routine of the cell blocks, and society because I’m not sure if I can handle all the people and wide open spaces. I’m not sure I could function.”

**Brian** “I do anticipate the transition between my current state into one of a functioning member of society to be a far stretch if possible at all.”

**Brandon** “I’m both excited but semi afraid at the same time... I also know that I’ll forever be targeted even while out in society, it’s due to my being incarcerated and my skin color and persona.”

Few people said they expected any transition assistance from the prison system when they are finally released.

**Dell** “When my out date comes these people gone drop me off at the bus stop.”



# Medical and Mental Health Care

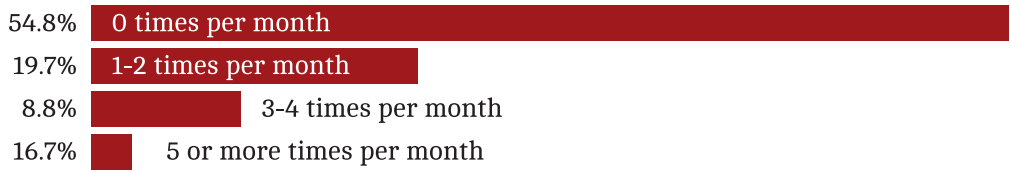
Louisiana’s prisons have a higher death rate than prisons in any other state.<sup>105</sup> While this is partially due to lengthy sentences and aging prison populations, it also reflects an inadequate standard of medical care. In 2015, several men incarcerated in Angola filed a lawsuit alleging that delayed and insufficient medical care causes unnecessary suffering, illness, and even death. The ongoing suit was certified as a class-action and went to trial in October 2018.<sup>106</sup>

## Inadequacy of Medical Care

Louisiana’s parish jails likewise have long been the subject of public criticism. Orleans Parish Prison (which, despite its name, is a local jail) received multiple warnings from the federal Department of Justice in 2009 and 2012 before entering into an agreement in 2012 that mandated improved conditions.<sup>107</sup>

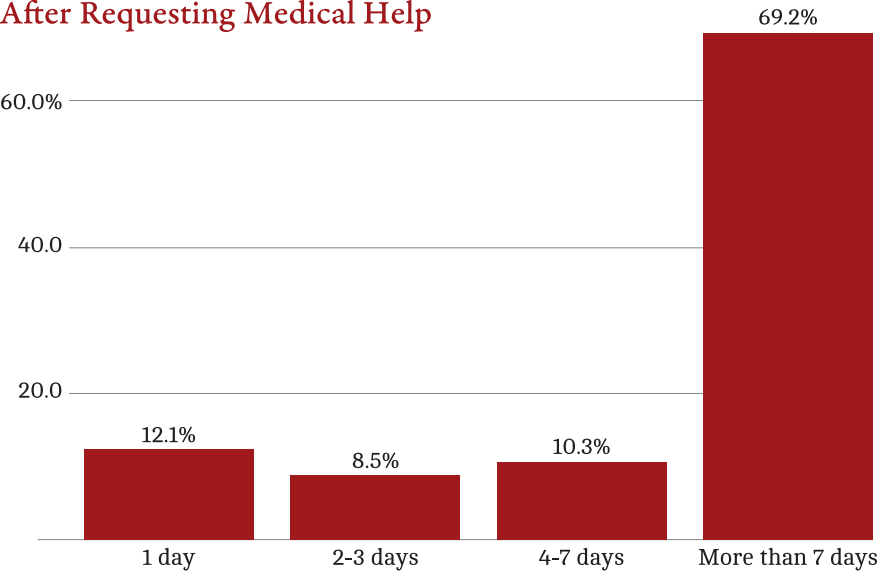
Most respondents to the survey (58.7 percent) indicated that they had serious and/or chronic health problems. However, the majority said that medical professionals (doctors, physician assistants, and nurse practitioners) rarely did rounds to where they were housed.

### Frequency of Rounds by Medical Professional



Most respondents reported that it took longer than seven days to see a medical professional after requesting medical attention.

### Average Length of Time to See Medical Professional After Requesting Medical Help





Many people said that medical care was extremely delayed, and described the consequences those delays had on their health.

**Jack** “Medical here is a joke and a scam. I had to make numerous sick calls and go on strike at work for ingrown toenails that were infected with staph. It took 3 years and a staph infection, along with getting a job with political backing in order to get the ingrown toenails removed and properly treated.”

**Darius** “My right ear, is infected. 3 weeks from this date I have made sick call or asked for help. Ear is swollen, leak yellowish green substance. Give headaches. Nor can I hear. Yet I’ve received no help but a few antibiotics and Aspirin.”

**Stephanie** “I had to do several EMTs for my legs (turning purple, numbness and severe swelling) before seeing a doctor in which no medical help was provided.”

**Lloyd** “[I am diabetic and] about 4 or 3 weeks ago I was puking up blood and felt dizzy. My vision was going dark and then coming back. I made medical emergency and I still haven’t seen a doctor for this yet. A doctor came around today on routine check ups and didn’t even know anything about my problems.”

**Duane** “Since being housed in administrative segregation I’ve been diagnosed with tuberculosis a sickness that affects your breathing and shuts your lungs down in which I’m still taking medication for at the moment.”

In an effort to fill vacancies at Louisiana prisons, the state allows physicians whose medical licenses have been suspended for legal or ethical violations to practice in prison facilities.

## Rating of Medical Staff

Past investigations have uncovered that of the 14 physicians who worked in Louisiana prisons between the years 2011 and 2016, 12 had previously received disciplinary sanctions from the state medical board for misconduct.<sup>108</sup> Most of our survey respondents rated medical staff as overall poor (77.8 percent), and just 1.8 percent rated the medical staff as overall good.

Asked to rate their overall medical care, nearly 80 percent chose “poor,” and just 3 percent chose “good.”

### Overall Rating of Medical Care



In Louisiana prisons, people can be written up for malingering, including any time medical staff “determines that an offender has sought emergency medical treatment, not during scheduled sick call, when there was no ailment or when there was a minor ailment that could have been properly handled at sick call.”<sup>109</sup> Many people believed prison staff were uncaring or skeptical when it came to their illnesses and injuries. Others blamed the poor medical care on overcrowding and underfunding.

**Willard** “I have trouble even getting a sick call request slip.”

**Miles** “When you are in seg they automatically think you are playing games.”

**Alex** “We never get to see a doctor. The EMTs are who treat us, what little treatment we get.”

Some people worried that they would eventually die from untreated medical concerns.

**Terrance** “I made sick call concerning a mass I detected near my left armpit out of concern that it may be breast cancer. Till this day I have not had the mass examined to determine if it is cancerous. I am not being granted the benefit of early detection if it is cancerous, so I can get treatment.”

**Adrian** “Have a heart condition and back problem that’s deteriorating as I write this and they have yet to run/order an X-ray/MRI to determine the back problem that’s starting now to affect my right leg.”

**Alfred** “I take two [insulin] shots a day. I’m supposed to get my shot within 30 minutes of the time the food is served. Sometimes I won’t get my shot till an hour later or some time later which drives my blood sugar super high. They don’t have any test strips for me to check my blood sugar even though I’m on a sliding scale shot.”

**Roy** “It took two years to find out I’ve been tested positive for Hep C, without anyone even telling me or me getting even blood work to see how advanced the Hep C is. It took for me to inquire about it out of curiosity to even get recommended for a clinic or get a confirmation test for it.”

**Ted** “They flat out tell you, “If you’re not bleeding you don’t need help now!””

Transgender individuals, who are almost always housed in prison based on their assigned sex at birth rather than their gender identities, described particular difficulties receiving the treatment they needed.

**Jessica** “The doctor refused to let me see a neurologist for my seizures and they refuse to place me on the correct seizure medication. I have also been refused access to my hormones [for gender transitioning], even though I was on them before I ever came to jail.”

**Sophie** “On numerous occasions, I have requested to see the medical doctor because I am on female hormones and it can cause health problems in the future. I was delayed to see the doctor. I requested a HIV-1/AIDS test and was denied. I requested to see the MD for sex reassignment surgery and was delayed to see him.”

In Louisiana prisons, people in all housing levels had to pay \$3 to \$6 for every sick call, regardless of the level of service provided.

**Kenny** “In order to get medical attention you might have to fill out several sick calls, but they charge you for them. One inmate’s appendix ruptured and they left him in the cell for three days, it wasn’t until the EMT pitched a fit and forced them to send him to the hospital that he received treatment, he almost died.”

**Joseph** “You fill out a sick call request they’ll charge you \$3.00 for that. And it will be two months before you’ll see a doctor. By then whatever was wrong your immune system would’ve fought it off and these people would’ve beaten you out of \$3.00.”

**Howard** “If you make sick call for an immediate problem, it could be months for you to see someone even though you paid the filing fee. I have a disease contracted in segregation and can’t get medical attention to fix it.”

---

Studies nationwide have found that people with mental illness are disproportionately likely to be locked down in solitary confinement.<sup>110</sup> Those with preexisting mental health issues

## Prevalence of Mental Health Needs

may exhibit behaviors that get them sent to solitary, while extreme isolation can exacerbate existing mental health issues, or even produce them in people who never exhibited such symptoms before.

The UN’s Mandela Rules call for a complete ban on solitary confinement for people with serious mental illness. Several states have instituted such bans via legislation or policy (though in practice, there are always individuals who slip through the cracks). Likewise, the American Bar Association’s *Criminal Justice Standards on Treatment of Prisoners* indicate that “No prisoner diagnosed with serious mental illness should be placed in long-term segregated housing.”<sup>111</sup>

Yet well over half of our survey respondents (60.8 percent) reported that they had been diagnosed with a mental health illness prior to being placed in solitary confinement, 13.7 percent with a developmental disorder, and 7.8 percent with a traumatic brain injury. More than half (52.8 percent) reported that they had trouble talking, remembering, learning, or thinking.

---

More than half of respondents (53.8 percent) believed their mental health had worsened

## Mental Health Evaluation Upon Placement in Solitary

during their time in solitary, 26.0 percent weren’t sure, and 15.8 said it had stayed the same. Only 4.3 said it had improved.

The American Bar Association standards state that “No prisoner should be placed in segregated housing for more than [one day] without a mental health screening, conducted in person by a qualified mental health professional, and a prompt comprehensive mental health assessment if clinically indicated.”<sup>112</sup>

The ABA also outlines the ways in which the mental health of people in any form of isolation should be closely monitored. Correctional staff should keep a daily log for each person, and qualified mental health professionals should visit the segregation unit several times a week. Each week, a mental health professional should be available to talk with each person one-on-one. Meetings with mental health staff should occur in private, “absent an individualized finding that security would be compromised.” At least every 90 days, each person in segregation should receive a comprehensive mental health assessment, and “any prisoner in segregated housing who develops serious mental illness should be placed in an environment where appropriate treatment can occur.”

Time Passed Before Mental Health Evaluation in Solitary Confinement



However, almost two-thirds of survey respondents (62.7 percent) indicated they did not receive an in-person evaluation of their mental health when initially placed in solitary confinement (another 11.8 percent were not sure if they received one). Of those who did receive mental health evaluations, 38.6 percent received the evaluation more than one month after their arrival in solitary and 14 percent received one within two to four weeks. Many respondents who did have evaluations reported that their evaluation was conducted through the cell door (42.43), while 36.3 percent said they had a confidential interview in another room. (An additional 21.3 percent had interviews that did not match either description.)

How Mental Health Evaluation Was Conducted



## Quality of Mental Health Treatment

According to our survey results, visits with mental health professionals were rare both inside and outside of solitary. The median number of visits by a mental health professional was zero times per month, both prior to and during isolation.

Even when they did meet with a mental health professional, half of respondents (49.6 percent) reported that they never had enough time to discuss their issues, and just 10.8 percent said they always had enough time.

**Echan** “My conditions are worsening; despite my desperate cries for help, I received none. Mental health patients at David Wade seem like targets for guards and administrators. Also I watched mental health individuals be abused physically and mentally and also watched mental health individuals abuse themselves by physical abuse; and one mental health inmate even hung himself in his cell, due to the lack of mental health care we receive.”

Respondents mentioned long backlogs and waitlists for care, as well as insufficient mental health staff and funding. Even those who did manage to get appointments said the meetings were rushed and far from sufficient.

**Daniel** “I’ve been on backlog to see the psychiatrist. I have yet to see a doctor and it’s been over a year.”

**Bernie** “Have been begging for help none offered.”

**Howard** “I requested to see a psychiatrist but was denied and have never been evaluated to have my problem addressed and I need it. I go through spells of depression, etc. and get write ups while there and don’t feel I can control it. Need help understanding what I’m experiencing.”

**Daniel** “The social workers here barely make rounds. Also I’ve been requesting to see the psychiatrist for 13 months now and have yet to see anyone. There is no confidentiality whatsoever.”

**Nathan** “I will see the mental health specialist make rounds about once every two weeks and stop briefly in someone’s cell to ask them if they want to harm themselves. If the inmates respond no she says ok and leaves. If yes she puts them on suicide watch. Simple.”

**Corey** “Different doctor every time, no regular schedule, working from file, short meeting, just questions about suicide, hallucinations etc.”

**Clarence** “They don’t really talk to you long enough to understand what you’re going through because they are always overwhelmed with other patients.”

**Jared** “We are shackled up and handcuffed and escorted to a room. Once there security is in the room with you and mental health staff. We are treated like you would treat farm animals. Herded in and out quickly.”

The majority of those who received mental health care while in solitary confinement rated the overall quality as poor (67.6 percent).

### Overall Rating of Mental Health Care



**Glenn** “It’s hard to get the right medication or to have it increased when I need it. They only have one Dr. for 6,000 nuts, almost everyone in here is kinda nuts.”

**Adam** “60% of the population has some form of mental illness, how can one doctor and a few interns honestly say that they are doing good work with 6,000 + inmates?”

**Calvin** “After I explain to mental health of my depressions, difficulty sleeping or hallucinations I still don’t get seen or cared about. I’m always told, “I can’t help with those issues. If you’re feeling suicidal I can help you with that.””

**Randall** “LSP isn’t qualified to treat sincere patients as myself. They put you on suicide watch on the exact same tier as administrative segregation inmates, which means even though I’m naked I’m in an unsafe and unregulated suicide cell.”

While most people had complaints about mental health staff, some wrote that individual mental health doctors and staff members were supportive and helpful—sometimes naming

### Rating of Mental Health Staff

specific staff members. But a number of respondents said that mental health staff seemed to operate by medicating people without providing any other treatment.

**Carl** “The doctors in this field are really good. But we are CCR inmates, they don’t let them actually help us, give us treatment, etc. But I should mention that the psychiatric staff here are the kindest persons I’ve met in the whole of this institution.”

**Marcus** “I have been blessed to come across a few true souls and I took my recovery seriously. [However,] the overall demeanor of mental health is almost elitist and condescending. As if they’re being put upon... Mental health for the most part is a pill dispensary. Almost a racket.”

**Clyde** “[The mental health staff] are not involved in the inmate community at all. They don’t respond to requests forms. They don’t come around with reading material. They don’t try to get you out of here or try to wait and see if you deserve to be in general population. They don’t care.”

**Ryan** “My medication helps a lot, but what I really need is rehabilitation.”

**Peter** “All they want to do is keep you full of drugs so they don’t have to deal with real issues inmates have. Mental health treatment for inmates is a joke in prison. That is why I’m back in. I was ordered treatment my last incarceration and I received none! I was raped and I hid my voice when nothing was done again.”

**Alvin** “I’m on medication for hearing voices and seeing dead people (demons). I have not received medication for muscle loss, difficulty with people, sensitive to sight and sounds, depression. I’m born paranoid/schizophrenic.”

**Bobby** “Mental health staff won’t reply to letters, they rarely make rounds except to certain blocks, they don’t come when you request to speak with them. If you catch them on a round, you’re only provided very few minutes to speak with them, they try to rush you or put you off by telling you to write... They offer no counseling and they ask you what meds you think you need instead of finding out.”

## Confidentiality of Physical and Mental Health Care

Most respondents (83.1 percent) said their interactions with medical staff were not always confidential. Similarly, 76.2 percent of people who received mental health care indicated that their mental health interactions were not always confidential.

**Nelson** “Your initial contact is through an EMT who comes around daily to facilitate sick-call. You fill out a form detailing your complaint and this is handled at the bars of your cell and anyone who’s listening knows the nature of your illness. Further, if you are lucky enough to receive a doctor’s referral it is done in a most unprofessional manner with inmate trustees walking around, paperwork left laying around, etc.”

Many people reported that their personal conversations with medical staff were held in front of security staff and other incarcerated people.

**Walter** “If I make a sick call the EMT forces me to talk about it where other inmates and CO can hear, as well inmates do most of the handling of medical files.”

**Jonathan** “When I visit doctor I hear everybody’s business just as others hear mine cause doctors and nurses here freely ask questions in front or hearing distance of others! Been like this!”

**Jessica** “When a person makes sick call we are seen on the tier. The nurse comes to my cell and discusses my medical problem in front of the entire tier and my cellmate. When we see the doctor, the guards stand in the room and sometimes other prisoners.”

**Louis** “[Sick calls are] conducted in public in front of my cell other inmates could hear it’s very embarrassing to me.”

**Wayne** “Inmates are compelled to discuss complaints in the presence of other inmates. Exams take place in open door rooms. Medical records are visible to other inmates. this includes records identifying inmates infected with Hep C. virus and HIV.”

**Maurice** “The Captain, Lieutenant, or Sergeant always present to listen in on your conversation whenever talking to a doctor and especially mental health.”

**Jalen** “While I had a boil on my anus there were Correctional Officers sitting right there while the nurse check my anus area. I felt so uncomfortable, because I was restrained, like seriously what could I possibly do, I’m already handcuffed!”



Others wrote that mental health staff made a point of sharing private information with security staff.

**David** “Medical personnel share your medical history with ranking security officers whenever requested.”

**Omar** “Usually staff with no knowledge of my health issue somehow learn of my issue without me telling them.”

**Bobby** “They want you to speak openly about private and sensitive matters openly on the tier around other hostile and potentially dangerous inmates, they’ll reveal what you tell them to other inmates to pit them against you if they dislike you, your charges or if you inconvenience them. When you get a mental health call-out it’s not confidential because a guard is there who can learn things to use against you and often your yard or shower is taken for inconveniencing the guards by going to call outs.”

**Sterling** “All officers know about me being HIV positive and they tell other inmates.”

Several people wrote that some prison staff regularly made fun of people for their medical or mental health conditions.

**Tom** “I have heard them talk about inmates while waiting in the other room. Heard them joke about it to one another. Even the shrink.”

**Ryan** “They’ll openly make fun of you, for instance if you have hemorrhoids.”

**Gene** “I have heard rank officer make fun of people with HIV in front of others.”

**Horace** “If you tell the doctor or nurse anything like you have fungus on the foot, they will walk around and make jokes with others in their field of work. Sometimes they even joke with other inmates.”

**Manuel** “HIPPA is of absolutely no concern to any medical personnel here. Offenders are forced to describe and show nurses medical issues in front of the whole tier. Often they are harassed, insulted, made fun of, etc. for seeking medical attention.”

Many respondents believed that security staff had significant influence over how medical issues were treated.

**Elmer** “Security is ALWAYS aware of all things medical and 99% of times they influence all aspects of an offender’s medical care, appointments, medication, etc.”

**Larry** “Security has too much sway over medical, treatment. If security says there is nothing wrong with you, medical (especially EMTs) won’t even see you. If security says you’re faking it, they won’t treat you.”

**Marcus** “Security is always interfering with medical treatment and often dictate HOW we are treated by medical. Medical will also ignore or deny injury or illness if security is at fault for its cause or condition.”

---

## Access to Prescription Medication

Almost half of respondents (47.4 percent) reported that they were currently taking mental health medications. Some (23.1 percent) of those who took mental health medication indicated that they often had their medications checked by a medical professional. A larger percentage (43.6 percent) indicated that they sometimes had their medications checked, while 33.3 percent said that they never had their medications checked.

Of those who took mental health medication, more than half (52.1 percent) reported that they often experienced problems getting their medications. Just 9.8 percent said they never encountered problems. People reported that after transferring into solitary confinement or into a new housing unit, it could take weeks for their medications to catch up.

**Clifford** “Sometimes there is a lag with your medication catching up with you from one housing situation to another. And of course, you don’t want to catch a cold or flu or something on the blocks. By the time you get the medication you’re over it. And don’t talk about a toothache or earache! You better have BC powder [aspirin]!”

**William** “Being transferred one section of Angola to another I’ve gone days without my seizure meds and suffered a seizure as of result.”

**Nelson** “If you are transferred from one secure housing unit to another, or from one camp to another, it may take a few days to go for your meds to catch up to you. If you run out, it may take a period of time to get a renewal for your prescriptions. The major problem is convincing the EMTs that you have a problem.”

**Jason** “When I was locked up in Seg., it took 2 weeks for medical to transfer my medications to the segregation unit and you sometimes don’t get medications refilled for almost 2 weeks while you are out of your meds.”

Some people wrote that some staff members intentionally skipped cells when handing out medication.

**Taye** “Sometimes they pass you up and lie, say you wasn’t standing at the bars.”

**Brandon** “The deputies would sometimes say that you were asleep when I passed out meds. Other times he’ll say you weren’t waiting at the bars. There are also times he’ll tell you that he don’t have anything on the cart for you.”

**Bobby** “They prescribe you meds for a limited period. Yet by the time you get it your limited periods expired. They’ll give other people your pills when others run out. You’ll be charged for stuff and not get it unless you expend a lot of effort hassling them. They prescribe you meds but they don’t want you to know the side effects, symptoms and safety precautions... They’ll crush everybody’s pills back to back without cleaning the different residues before crushing the next person’s pills.”

---

Of those who reported attempting to harm themselves while in solitary confinement, 39.9 percent said they were sent to an observation cell, 29.8 percent said that the prison did not respond to their behavior in any way, and just 4 percent received counseling. More than one-quarter of people who attempted to self-harm—26.2 percent—said they were punished in response.

## Punished for Despair

However, none of the respondents to our survey who had harmed themselves reported being subsequently charged with a crime in court.

“Self-mutilation” by an incarcerated person is actually explicitly illegal in Louisiana, and comes with a potential punishment of being “imprisoned at hard labor for a term not exceeding two years.”<sup>113</sup>

Instead, many respondents were “written up” and subjected to a variety of internal prison punishments. Rule 30B of the LADOC rule book forbids incarcerated people from “direct or indirect harm to oneself (except obvious suicide attempts). Violation of this rule is punishable by cell confinement and disciplinary detention.”<sup>114</sup>

Some reported a variety of punishments, including loss of privileges, and a few reported being strapped down to their observation cell beds with restraints—referred to as “four points.” Even many of those who were not officially punished for self-harm reported that one of the primary “safeguards” for people deemed suicidal—transfer to an observation cell—felt like punishment as well.

**Cole** “[I was placed] in a cell with nothing but a suicide gown on and a lot of times nothing at all, but get threatened with chemical agents by security staff.”

**Ramon** “People harming themselves in seg are placed in observation cell in the paper gowns and are punished on cold nights by the security opening the windows in front of the cell. The have no mattress or sheets, only paper gown.”

**Owen** “They put your ass in a 4 point [restraints] for 3-4 days, let you piss and shit on yourself and leave your ass like that.”

**Kyle** “I got wrote up then they finally took my clothes then not too long after that they four point me to my bed.”

**Damien** “Sometimes I go to an observation cell. One time they punished me by keeping my legal work for over six months. They also place inmates back in segregation.”

**Wesley** “They made me stay longer in the hole.”

**Milton** “I was sprayed with teargas a couple of times.”

**Malik** “I was given 8 weeks of canteen loss and 8 weeks of phone restriction.”

**Brandon** “They punished me by taking the suicide mattress out. They make it cold in there and have us sleep on iron in a paper gown. No mail, deodorant. A nasty cell.”

**Greg** “I was placed in a cell without clothes and they made sure it was cold inside the cell to punish me.”

**Marcus** “I was kept naked (it was winter) for several days. I was kept in totally isolated observation cell with no property or clothing or even blankets for over 3 months.”

**Jesse** “I was put on suicide watch and stripped naked and gave a small paper gown and mattress taken.”

**Demetrius** “I was placed on suicide watch and that means the guards had to sign the time clock every 15 minutes instead of every 30 or 45 minutes. They kept me awake all night by banging on my bars, one even threw a cup of water on me.”

**Tyrell** “[When I was thinking about committing suicide] I was placed on isolation in a paper gown with no mattress for 14 hrs for 3 consecutive days.”

**Trevor** “The staff put me in a cell with a fan in front of it so I could freeze and they beat me on the walk on the way to another unit.”

**Harvey** “I was placed in a dirty cell, stripped naked, given a paper blanked and thin mattress. Social worker asked me if I felt like harming myself again, I said no. They took me off watch.”

**Maurice** “You suppose to talk to a mental health counselor concerning your condition and problem, but they place you straight on watch without question.”

**Logan** “I was kept in my cell. I went on suicide watch. I was stripped of all my clothing and given a paper gown. I had no mattress so I had to sleep on bare iron. I also had no blanket.”



# Access to Programs, Services, and the Outside World

The American Bar Association recommends that “each prisoner, including those in segregated housing, should be offered the opportunity for at least one hour per day of exercise, in the open air if the weather permits.”<sup>115</sup>

## Physical Exercise

However, in Louisiana, just 13 percent of respondents indicated that they were taken to recreation every day while in solitary confinement, and 19.8 percent reported they never were taken to recreation. Most respondents (83.3) said that recreation lasted an hour or less.

### Frequency of Recreation



### Length of Recreation



The majority of respondents (79.2 percent) reported that they were not permitted to have a job while in solitary. Many of those who did report working were housed in the Working Cell Blocks, and spent their days working in the fields and the rest of their time locked down in their cells.

## Education, Jobs, and Other Rehabilitation

People in solitary were also not allowed to attend classes, and the majority of respondents (90 percent) said they were not satisfied with in-cell programming—largely because there was little or no programming available at all for people in solitary.

**Jeremiah** “We have no classes or schooling in segregation or anything to help us advance due to our circumstances.”

Just 13.4 percent reported participating in any in-cell education or other programming—usually Bible study or a workbook-based course that was supposed to change behavior.

**Kendrick** “They give you a book and every blue moon they come around to see how you’ve been doing. I’ve passed the test they give, now it’s nothing else they offer.”

**Travis** “The program was limited to answering questions thus far, I’m ready to learn trades and knowledge that I don’t know and to create where I can make a difference with my knowledge, trade, income.”

Some people said correspondence programs existed, but incarcerated people had to pay for them with their own money.

**Martin** “It was \$350 per class, plus you had to buy the books, materials, and stamps to mail off your weekly work. I took three classes from LSU, which I had to pay for myself.”

Some respondents expressed strong desire and even desperation for the opportunity to learn—so that they could occupy their time, make parole, or simply better themselves.

**Reginald** “Educate us. I feel like just sitting idle in a cell isn’t resolving the problems only make us worse. Here at Angola they segregate us for anything even minor infractions. Being in a cell all day only brings depression. How can I rehabilitate myself when I can’t get no educational programs and being harassed and written up for anything?”

**Tyrone** “The real problem that I have is our inability to obtain education in our situation. If I can walk out of this cell with at least a GED then I know I will have a fighting chance when I go home. But without it the chances of me coming back to prison are strong.”

**Felix** “I dislike the fact that there isn’t any in-cell programs to better myself and make me want to do better. They think locking someone in a cell and treating them bad helps it doesn’t it makes a person worse.”

**Nathan** “I’ve been requesting anything that will teach life and work skills which I am in dire need of.”

**Ruben** “I’ve been waiting on one program for six months. Something I really need to make parole.”

**Julian** “I have been denied every self help avenue that I’ve requested.”

**Virgil** “It very complicated to rehabilitate yourself being in lockdown situation while being incarcerated because you can’t participate in religious or educational programs the general population have access to.”

**Josiah** “I believe that prisoners in confinement need two H’s. Help and hope... If there were prisoners to educate prisoners in the cells no matter where offenders are, there would be a complete turn around within this entire system. This would not only help prisoner in confinement enhance their education but also give them the desire to want to do better, more importantly it would prepare them for population and/or society.”

**Victor** “I believe that long time confinement is not mentally, emotionally, psychologically and spiritually sound. I believe it have some devastating effects on the psychic aspect of humanity. I’ve seen many, many prisoners cut their wrists, their throats, and hang themselves because of their idle minds, boredom and force to stay in a cell for months and years. I would like to see skillful programs implemented in extended lockdown... And I believe if the system’s goal is to rehabilitate minds, they would create incentives, trust, motivate all prisoners in the cells to want to learn the needed skills to make parole... Hope! is very powerful, if there is something positive to hope for, and work for.”

## Religious Observance

Nearly three-quarters of respondents (72.2) reported that they practiced a religion while in solitary confinement. However, most of those who did practice did not have access to communal worship (74.9 percent) and 54.6 percent did not have access to what they needed for in-cell religious practices. The latter was especially true for people whose religion was anything other than Protestant Christianity.

**Tyrone** “Well for one it’s too loud. For two I don’t have a prayer rug so I have to use the same towel I wash with, being that I am Muslim. They don’t allow me to attend any service or anything either.”

**Jerome** “As a Muslim, we’re not allowed prayer rugs, Kufis, or prayer beads, plus, with two people in a cell there’s no adequate room to pray throughout the day and night, nor are we able to speak with the Imam or chaplain.”

**Wallace** “My religion is Islam and in Islam on Fridays we’re supposed to attend congregational prayer and in segregation we aren’t allowed to, nor are we allowed to order books for study purpose.”

**Daniel** “The administration just implemented a new policy restricting certain religious material. To be specific they have restricted those who are Muslim from getting prayer rugs and kufis. A prayer rug is very much needed when Muslims pray.”

**Paul** “No holy communion, not allowed a Rosary or any contact with my Catholic inmate ministers.”

**Wayne** “I filed [an] ARP [grievance] for refusing to provide Kosher meals. ARP exhausted [dismissed with no further appeals.]. There are no faith based programs in seg... For religious study I am compelled to rely upon a friend from an outside Jewish Community for study materials.”

**Ramon** “The temple sent me prayer cards while in EXT lockdown... I requested mailroom to give them to chaplain but ended up destroyed never replaced.”

**Colin** “The prison does not have a Jewish worship meeting at all.”

People of several different faiths said that food was not handled according to their customs. Others missed the communal aspects of worship.



**Desmond** “Not able to pray with other inmates.”

**Bobby** “There’s no access to communal worship and I can’t speak to fellow worshiper or priest.”

**Arthur** “We aren’t allowed to attend services. Inmate ministers make rounds 1-2x per week, but the only thing we can do/have is a Bible.”

**Cameron** “Not allowed to attend church but I am allowed to have a bible in my cell to read.”

**Charles** “They don’t let you practice any religion other than you can have a bible.”

**Jeff** “We don’t get bibles anymore so that we can study only Daily Bread [a Christian workbook]. That’s no good without bible to break it down and study.”

Angola, which has long promoted evangelical Christianity, has been sued more than once for discrimination against other religions.<sup>116</sup> A few people who responded to our survey said their insistence on practicing their own faith was actually what landed them in solitary in the first place.

**Christopher** “[An officer] seen me at the Catholic Church and told me not to go there but I told him I’m born and raised Catholic. He told me that a black man ain’t to be in there and he’s black, so he lock me up.”

**Darius** “It started when locked up for confrontation with a correctional officer. CO tended to pick on me along with other inmates because of my religion (Islam).”

## Books, Radio, Television, and Legal Materials

People in solitary were subjected to a severe lack of mental stimulation. More than half of respondents (52 percent) indicated that they were not satisfied with their access to reading materials. Half of respondents (52.7) reported that they had access to television, and 42.6 percent had access to radio (40.4 percent had access to both). Close to half (45.1 percent)

did not have access to either television or radio. Many reported that in-cell radios were only available by purchase, so many without families to support them financially had to go without.

**Theodore** “Would like to be provided more personal hygiene items that we can’t buy due to no money. Would like to be provided a radio to mentally get out of here for a few hours a day.”

**Jessica** “I feel as if all hope is lost. There is no tv, radio, or newspaper so I can keep up with what is going on on the outside. It is hard to wake up every day because there is nothing positive to look forward to.”

**Russell** “It is a hard thing when you are not allowed to access to newspapers.”

**Jeremy** “A package was denied with books that was sent by a family member because of being in the cell blocks.”

Incarcerated people use law libraries to research legal claims and bring appeals. Almost three-quarters of respondents (74.1 percent) said they were dissatisfied or very dissatisfied with the law library services and legal materials available to people in solitary confinement. Just 10.2 percent were satisfied with legal materials.

### Satisfaction With Access to Law Library and Legal Materials



About one-third of respondents (31.9 percent) reported dissatisfaction with their access to incoming and outgoing mail while in solitary confinement. Some people reported never receiving their mail.

### Mail and Phone Calls

**Andrew** “If anybody writes me besides my family they throw my mail away.”

**Everett** “They sent my family pictures back to my mom and told her I can’t have them because I’m in lockdown.”

**John** “My family send me pics some times and I don’t get it I’ll have to wait till I can call home to find out I had pics sent to me.”

**Kevin** “We can not receive cards from our family.”

People who took our survey reported that money orders from home took a long time to be processed, gifts sent in were often rejected, and even legal mail was routinely delivered opened, which is against federal law.

**Rudy** “It takes a month to receive money orders. This is a “scam” to get you to use other COSTLY outlets.”

**Marcus** “Mail going out has not reached recipient and often I do not receive their mail. Returned mail has taken 6 MONTHS to be sent back. Packages are delivered at the whim of commissary officer.”

**Cameron** “Sometimes I have long delays in receiving my mail. I have also ordered over 6 magazines, and have never received any of them. I always received a letter from the mailroom saying that the magazines are “denied.” Though there is a list of books and mags not allowed, none of the ones I ordered were on the denied list, but they were still refused, which caused me to lose over \$70.”

**Samuel** “Legal mail opened before getting it but still have to sign it when it’s not supposed to be open. Then my mail come up missing both ingoing and outgoing sometimes.”

**Jayden** “They hold my mail because of ARPs [grievances] that I wrote on the mailroom for opening my legal mail without my presence and authorization.”

**Peter** “I used to watch Sgts. read peoples mail and make jokes and also throw away their legal ARP complaints [grievances].”

Nearly half of respondents (48.7 percent) indicated that they were allowed access to the phone only once a month, while 18.3 percent had weekly access, and 24.2 percent had daily access. The rest (8.8 percent) never had access to telephone calls.

Many people reported that they were allowed one ten-minute phone call each month.

### Frequency of Phone Access



**Darius** “I can only make one phone call a day. With a fiancé, children, and family, 15 min is not enough time.”

**Sean** “With the restriction of only 1 call every 30 days it wears on a person’s emotions and sanity.”

**Mario** “I’m also depressed because I can’t call my family and inform them of my condition. It’s difficult to handle and cruel for a tactic for the use of punishment.”

**Mason** “[A phone call is] my only way to keep in touch with my family members that can’t read and write. I get a 10 minute phone call when it’s really 15 minutes. I’ve lost contact with a lot of family members because of this.”

## Visits

Close to half of respondents (45.1 percent) reported that they were allowed weekly visits. Another 28.3 percent could have monthly visits, and 1.5 percent reported daily access to visitation. More than one-quarter (25.1 percent) never had access to visitation. Many people reported that they could not have contact visits, meaning that had to see their loved ones through a sheet of Plexiglass or wire mesh.

**Colin** “We are allowed one one-hour visit with four people per visit. These are held in two separate rooms where we converse by phone and are separated by a window.”

**Arthur** “We are allowed to have two contact visits per month with family. Shackles remain on our feet and the room is so small... that everything you say is heard by whoever else is in the room.”

**Paul** “We talk through mesh, handcuffed and shackled, sitting on concrete bricks formed into a place to sit down, watched by a camera.”

**Jordan** “We have over 400 people that’s lockdown and only have one room that’s the same size as this cell 8x12 with 3 phones. We can see our visitors but no contact.”

Some people wrote that they had lost visitation rights for long periods of time—such as six months or a year—for disciplinary infractions while in solitary.

**Arnold** “I received a disciplinary report for not taking my prescribed medication as scheduled and my visitation was suspended for six months.”

**Caleb** “I have 44 weeks store loss (can’t get postage/writing material), 4 weeks phone loss (can’t use the phone), loss visit for 1 year for a so say altercation with security.”

Restrictions around mail, phone calls, and visits made it impossible for some people to maintain contact with their families and loved ones.

**Gary** “Visits are in a very small room with steel screen between me and my family. One of my sisters can’t come visit because she is claustrophobic and phone calls are over \$3.00 each so I can’t call much.”

**Angel** “I haven’t seen my kids or family since October 29, 2015 [two years earlier]. This institution has took my visit for 2 straight years.”

**Troy** “We in cells are not allowed contact visits with anyone and the room that visitors are placed in is deplorable. Example, if a chemical agent is employed, visitors suffer too until security feels like opening the door.”

**Stephanie** “I miss human contact. The only human contact I receive is when restraints are being placed on me. Also, it has affected my self-esteem and self-worth. Being constantly seen as beneath the correctional officers, the ranks. The anger they feel towards me..”



# Treatment While in Solitary Confinement

Based on responses to our survey, abuse and harassment by staff was nearly an everyday part of life in solitary confinement in Louisiana. Many survey respondents reported that they had been physically attacked by officers, threatened, and had basic privileges and necessities taken away. Many also reported the use of physical and chemical restraints. Some respondents reported that they had been sexually assaulted by officers.

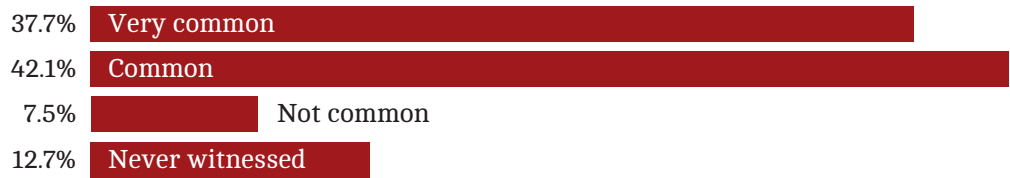
## Abuse and Harassment by Staff

Racism was frequently a factor in abuse and harassment, and individuals also reported discrimination on the basis of sexual orientation or disability. When incarcerated people sought to protest or file grievances against their treatment, they said many officers retaliated quickly, forcefully, and often without any repercussions.

The vast majority of respondents (79.8 percent) said that physical assaults at the hands of staff in solitary confinement were common or very common. Only 12.7 said they had never witnessed an assault in solitary.

## Physical Abuse

### Frequency of Physical Abuse by Staff



**Jonas** “I was beaten by majors and staff officers while in chains. They do this to inmates all the time because no one sees them on the outside world.”

**Evan** “I was fully restrained with the handcuff belt around my waist and shackles on my feet when I was on the phone, and I was attacked and thrown down 2 flights of stairs. I suffered from black eyes, bruised hips and ribs and small concussion.”

**Christian** “I was beat by 2 correctional officers, while I was in full restraints, waist chain, handcuffs, & shackles. I was left with 2 black eyes, a locked jaw, busted mouth, a knot on my hip, and a bruised rib cage.”

Close to half of respondents (45 percent) said that sexual abuse by staff was common or very common in solitary confinement. A small number said they had witnessed it, or described their own personal experiences of being sexually assaulted.

## Sexual Abuse

### Frequency of Sexual Abuse by Staff



**Dominick** “In 2009 a correction officer forced me to perform oral sex on him.”

**TJ** “The ‘officers’ tell offenders to ‘suck their penis’ etc. Make you get on your knees when they enter you cell and have their ‘penis’ in your direct face. Make you strip naked and bend over and screw your ass!”

**Kirk** “I have been sexually assaulted by an officer here at RCC. But the wardens just covered it up. And, nothing was did about it. And, every way they can show a man that he “black” here at this prison. They do that!”

Almost all respondents (92.9 percent) said that verbal harassment by staff in solitary was common or very common. Only 3.9 percent said they had never witnessed it.

## Verbal Harassment and Intimidation

### Frequency of Verbal Harassment by Staff



**Clint** “I’ve been verbally abused by staff, being referred to by the use of homophobic slurs, cursed and had homosexual rumors spread on me by staff that are based on my race. It appears that the same is being done under orders from higher-ups, but I can’t prove it.”

Verbal abuse sometimes included not only insults and ridicule, but threats of physical violence and similar forms of intimidation, according to the vast majority of respondents.

### Frequency of Threats and Intimidation by Staff



**Cameron** “I have been threatened several times by COs. One Lt. told me he would bring me to where they have no cameras and slap me until my neck breaks. I have been told that if I keep talking to the person in the cell next to mine that I would end up with a broken jaw.”

## Racial Harassment

Most respondents (79 percent) reported that racial harassment by staff was common or very common in solitary confinement. The vast majority of racial harassment appeared to be directed at African Americans by white staff.

### Frequency of Racial Harassment by Staff



**Ivan** “A major called me a ni\*\*\*\* and said he doesn’t talk to black people.”

**Maurice** “This institution hates blacks and it’s not any surprise... Your complaint will not be acknowledged that’s why I went on hunger strike and refuse to talk to anyone till I’m able to see a doctor.”

**Elliot** “I have been beaten, call names, call a ni\*\*\*\* and always frisks for nothing.”

**Donte** “I feel like it’s not right to treat human beings this way. I understand that some of us did crimes to get us in here but we pay for our sins when we was taken from our loved ones. Now we are really slaves all over again. We work for free, hard labor, must work or you will be beaten. Before work call they cut all the waters off so you can not have nothing to drink. Most of the deputies from warden on down are real racist and will let you know can’t nothing we can do. One of the deputies told me the reason they named this Angola because that’s where slaves escaped from the motherland, and that will never happen again because it’s legal now. So we lost.”

Some people wrote that they believed white people got better medical treatment or other services.

**Ezra** “I have two white friends who had Hep C. They got the shots and pills and is now free of it. I can’t get it because of my race. And have to worry about liver damage.”

**Howard** “Most treatment in Angola is race based. Quick treatment, better statuses for white prisoners than blacks. Blacks have to be bleeding or broken up badly. I have evident injury and have seriously been neglected.”



The majority of respondents reported that staff denied or withheld vital supplies or services as a form of control or abuse. People reported being denied food, recreation, phone calls, medical help, and other things they depended on.

## Denial of Services

### Frequency of Staff Denying Services in Segregation



**Diego** “It’s too much to explain. However, let me give you one or two scenarios. I’ve been in admin. seg. for up to 80 days without bedding, hot water, underwear and socks, not being allowed to call home to family and friends, denied outdoor exercise and sunlight, towel and soap to bath, housed with mentally ill patients who threaten to harm me in guard’s presence and they still put me in the cell with them. It’s a nightmare!”

**Joel** “The officer talk real nasty to me, or right out ignore me when asking for toilet paper, soap, toothbrush etc. Needed things.”

**Demetrius** “Prison guards have too much control over the lives of prisoners. There isn’t anything in place to ensure they do not abuse their powers. Security plays a role in every aspect of prison life. I’ve seen them make medical decisions and they control every board—like disciplinary or annual or regular review boards. There is no rehabilitative programs available to use, not even educational... They have body cameras now but that’s a joke because they only are supposed to put them on prior to the use of force. These folks usually use force then put on the cameras. School should be mandatory, not field work.”

**Aiden** “They feed and treat us worse than animals. They don’t want to let you out of lock down. This really affects me because I can’t get good time to go home to my family. They take your privileges for no reason, they punish all for one person’s behavior... You cannot get proper medical care, legal supplies, and very bad law library and inmate counsels.”

**Gerard** “They don’t allow you cups to drink fresh water and in the summertime, ice is only given out with meals. The guards make you trade your rec time for extra food, which they know the portions are too small. They keep the lights on and make you wear an extremely hot jumpsuit in the summer.”

**Max** “In prison you are treated like a dog in a kennel. You burn up in summer and freeze in winter. They talk to you like you are nothing and nobody. They made guys in another unit here bark like dogs just to get their food. They don’t give us clean clothes to wear even though we sweat all day. We are made to wear thick clothes in the heat.”

**Trevon** “I get to go on the yard only once a week for 1 hour but they only give us 40-50 minutes. We don’t have any outside communication but mail. They only give us 1 phone a month for only 10 minutes they don’t let us get our whole 15 minute call and by law, by our inmate rights, we suppose to get our whole 15 minute phone call. Sometimes they force you to go in a cell with another inmate even when you don’t want to or they’ll write you up. Being in a cell so long I really don’t trust anyone. The food be cold, half-cooked. They don’t give us the portions of food they suppose to. Do not give us the appropriate medical help, then it takes days just to see a doctor.”

In addition to direct abuse, many individuals reported that officers intentionally exposed them to assaults by other incarcerated people, by leaving cell doors open or looking the

## Abuse by Other Incarcerated People and Lack of Staff Protection

other way as attacks took place. Nearly one-third (31 percent) of our survey respondents reported that

they had been physically, sexually, or emotionally abused by an incarcerated person while in solitary confinement.

### Frequency of Staff Not Providing Protection from Physical Assault



**Walter** “I’ve had CO open my cell door so other inmates could attack me, throw feces and urine on me for 4 hours, I had to fight 4 inmates off and on for 4 hours.”

**Jeremiah** “The sgt. let another inmate out of his cell while I was out for shower to attack me and when I defended myself they refused to let me off lockdown cause of the situation. Everything is on camera.”

**Ryan** “Two COs threw water on me, allowed another inmate to burn me with boiling water.”

**Peter** “I was raped in Angola at knife point in a cell by cellmate.”

**Hugh** “I’ve been raped by 3 different prisoners by force from them having knives.”

**Sophie** “I have been physically abused by an inmate [after] which I was denied proper medical care. I have had offenders placing hits over my heads because I don’t want to live by their painful laws that they have set up for Gays, Bisexuals, Transgenders/Transexuals, and Gender nonconforming people...I have a death price over my head.”

**Carl** “Inmates threw shit and piss on me, in my cell. Also hot water, they boil it with the microwave on the tier. Also they throw batteries at me. 3 times gasoline or at least it smelled like it was thrown on me, but they didn’t get it lit. Also lots of fist fights.”

**Nicholas** “When people can’t fight physically in the cell they throw shit, piss, cook magic shave and make dart guns to throw and shoot at you.”

**Roland** “Well since I have been in solitary confinement it’s been a hell of an experience for me here at Angola. I been in a cell for 2 years and some months, the cell are very nasty and the food is very nasty, even the shower are nasty and it is very unsafe for any inmate to stay because any inmate can jam their cell door with soap or anything and come out their cell and kill you, it’s just that easy. I don’t feel safe at all... I been to a few jails but never a jail like this. I really have to fight to stay alive.”

Of those who suffered abuse, 42.1 percent said they reported the incident, but many said that reporting did little to make them feel safer—or even made them feel less safe.

**Marquis** “[After reporting an incident] I was put in solitary confinement for 3 years straight.”

**Carmine** “I was told to drop it or I was going to lock down.”

**Bobby** “I didn’t report it cause staff caused it and reporting it would have only made it worse. Cause then the staff would have told them and I’d have been harrassed for both and likely more for being labeled a rat.”

**Todd** “[Security staff does] nothing, most of the time they laugh or call you a rat and tell the inmate or say you lying.”

**Henry** “Security did nothing, but laughed.”

Nearly three-quarters of respondents (74.5 percent) said that people in solitary confinement very frequently were subjected to additional restrictions, such as loss of recreation,

## Additional Restrictions and Punishments

loss of visitation, or mattress removal, as well as punishments such as physical and chemical restraints.

An even higher percentage of respondents reported that they had personally been subjected to additional restrictions or punishments in solitary confinement. Only 19.5 percent wrote that they had been spared any additional restrictions.

### Restrictions Experienced in Solitary Confinement



## Use of Chemical Agents

One of the most common punishments in solitary was the use of chemical agents such as pepper spray—even in response to very minor offenses. More than 35 percent of people reported having experienced it. Some were sprayed directly, while others reported that officers sprayed excessively, causing everyone on the tier to feel the effects.

**Marquis** “I was sprayed with 2 burst of mace agent while I was defecating. I was told to come to the bars to be restrained for shakedown. I was already in the process of defecating and couldn’t get up like that.”

**William** “Once while restrained with chain iron on legs, belt chain around the waist, hands handcuffed behind my back in a locked cell, I was sprayed with an exceptional amount of chemical agent by two officers.”

**David** “I was placed in shower area and made to stand up in leg and hand restraints while being sprayed with chemical agent/ pepper spray because I refused to stop yelling the restraints were too tight on me.”

**Owen** “I suffer from a chronic skin disease that affects my entire body and have a duty status that states no contact with chemicals, but I’m still being sprayed. So you can only imagine how much more the gas actually affects my body than normal inmates.”

**Christopher** “When I was in the Working Cell Block my cell mate got into with them. They came to spray him but he would not come to the bars I told the Lt. to let me out, that the spray be making me go into a convulsion. He told me F me. I got it too, they had to rush me to the treatment center. [As] I went out [I] cut my back and foot on the locker.”

**Samuel** “By gas being sprayed next door, my celly couldn’t breathe from a [problem] in his chest and too much gas being sprayed. [I tried to get the captain and lieutenant’s] attention to help my celly and I was sprayed, beaten, and threatened along with my celly.”

---

## Use of Physical Restraints

Nearly 17 percent of respondents reported that they had been put in physical restraints by guards. Types of restraints included arm and leg shackles, sometimes attached to a belly chain or “black box” and sometimes weighted; four-point restraints using wrist and ankle cuffs to attach someone to a table or bed; and restraint chairs with multiple cuffs and straps. Several people said they still had scars from tight restraints.

**Harold** “Full body restraints are commonly used to transfer prisoners back and forth to the shower, yard, visitation, clinic, hospital, and/or anytime we leave the cell.”

**Dwight** “At David Wade there’s a restraint chair (think Hannibal Lector: Silence of the Lambs).”

**Marcus** “[Restraints are] used any time I leave the tier for callouts, visits, and yard. Black box, rusted cuffs and chains and leg irons. I’ve medical condition of nerve damage in my neck, arm, wrists, hands and shoulder and restraints aggravate it and takes days to recover.”

**Tristan** “I was placed in a restraint position called 4 point where each of my feet were restrained, separately, and my arms restrained separately, with a football helmet on my head.”

**Alfred** “I take mental health treatment for a lack of being able to sleep. But, now I’m afraid to go on call to the doctor because I don’t want to get beat up while in shackles and handcuffs to go see the doctor. I have a lot of people up here who don’t like me and their names aren’t on my enemy list. I have several enemies on this tier I’m on...I feel in constant danger.”

Most respondents (64.6 percent) who were restrained during their segregation were not examined by a medical professional during or after the application of restraints.

**Brandon** “I had to wait to file a “sick call” to be examined. Even then, I only see an EMT that doesn’t help.”

**Christian** “[After a restraint incident,] the medical usually walk past your cell, asking you, are you okay? Then, when you start explaining to them what’s wrong, they’ll walk off and say, you’ll be alright. Then go back to their office and falsify documents to make it look like your vitals were normal.”

**Roy** “They barely look at me most of the time. Once I had to get stitches from excessive force and never was checked for the concussion.”

---

**Strip Cell Status** In some facilities—notably, in DWCC—individuals can be placed on a punitive status called Offender Posted Policy 34, often referred to by incarcerated people as “strip cell.” People placed on this status for disciplinary reasons can be placed in a bare cell without their clothing or belongings, and forced to wear a paper gown. Their mattresses are removed each day—and, our respondents reported, sometimes are not returned at night.

**Justin** “I’m on posted policy 34 strip-cell status. So I don’t do nothing but receive one hour a day with my legal mail or responding to personal letter(s)... with no out of cell activities for the last 90 something days. Being placed on strip cell status OPP #34. They take your property and put you in a paper gown for 30 days straight isolation with nothing underneath the paper gown you’re nude.”

**Glenn** “When in the hole, you can only have a jumpsuit and bible - soap - toothbrush. No underwear or socks, freezing in the winter and very hot in the summer.”

**Kyle** “They stripped me naked. Gave me a jumpsuit and wouldn’t let me have deodorant. They gave me state soap and toothbrush.”

**Jack** “We are not allowed anything in the cell other than one flex pen and a jumper. No clothes at all besides the state jumper. I’m also on isolation this means I don’t get a mattress, blankets, or sheets until 9:30 at night and they take it at 4:00am. Most of the time there are no sheets or blankets to be passed out and you have to do without.”

**Montrell** “In the dungeon you’re not allowed to have no soap, towel, toothbrush, toothpaste, hair comb, nothing.”

**Jeremiah** “They take your mattress at 5:00 and get it back at 10:00.”

**Peter** “Here at RLCC you go to the hole they call it the buck naked side. You get nothing but a jumpsuit no undergarments, no socks, no t-shirts, no hygiene nothing. And it’s freezing.”

**Trevon** “I have metal pins in my hip and am not suppose to lay on rock/concrete or anything hard but they still take my mattress and put me on isolation. Leaving me to sit/lay on concrete and it’s in my medical history/files but they continue to put me on 10 days isolation which means they take my mattress.”

---

We received 23 surveys from people who identified as gay, 22 from people who identified as bisexual, and three from transgender women. Some people reported that they were in solitary confinement to begin with because of their sexual orientation, and once in isolation, they suffered additional abuse and harassment.

## Treatment of LGBTQ People

**Devin** “The col. here at DWCC informed me since I’m a homosexual I will never see general population, due to me being too feminine and the other homosexuals aren’t as feminine like me.”

**Clayton** “[I am a gay man and] I have not been outside due to ongoing sexual harassment and threat of offenders assaulting me. [My harassment from staff includes] being called a faggot, dick sucker.”

**Stephanie** “They won’t allow me to receive LGBT books or LGBT material. Comments have been made about my sexual orientation, negatively.”

**Manuel** “I am a gay man. Petite and small. I live in constant fear of sexual or physical abuse. I requested a single cell or to be in a cell with one offender I trust and was refused. I filed and ARP [prison grievance] and was denied. All because they don’t have enough beds to go around. I was placed in a cell with another homosexual my size. Thankfully even though I was solicited for sex, nothing was ever forced to take place. I am now in a single cell and can receive another cellmate anytime. If I refuse I may be punished... I am forced to shower in plain view of the entire tier. I am constantly exposed to offenders masturbating while I shower. They stick their penises out the tray hatch in the door. I’ve asked for help more than once but nothing is done to give any privacy in the shower area. Or to monitor other offenders when a homosexual is showering... Due to being a homosexual, it is assumed I am to be performing sexual acts in the bathroom. I was charged with and convicted of a rule violation. The officer lied on the writeup because another offender told him I was performing oral sex on another offender. I am innocent but my word will never be taken over an officer’s.”

**Sophie** “Since I have been in cell confinement, I have written numerous letters to classification officials and administration officials letting them know that I have been threatened by other offenders due to the fact that I am a transgender woman and I need their help. The response I get from them is check suicide watch or protective custody. If not, then deal with it... Also my mental health counsel haven’t properly helped nor assisted me since I been in close cell confinement... The medical department along with its personnels do not truly care about my health nor my mental health because I don’t have money to pay them and I am a transgender which they hate my kind... Black inmates are handled worse than White inmates by prison officials. White inmates are handled bad and worse by Black inmates. Gays, Bisexuals, Transsexuals, Transgenders, Queers are handled the worstest by both Black and White officials and inmates.”

## Treatment of People with Physical Disabilities

Some individuals with physical disabilities reported that they had been placed in solitary for supposed disciplinary violations that were actually the result of their disabilities. Once there, they faced particular kinds of neglect and abuse.

**Franklin** “[I use a wheelchair and] I am held in a cell for suicide watch, as it is said this is the closest that can or will be provided as to handicap accessible living area. However it is not possible for me to get in and out of a bed as the concrete slab is not high enough to allow transfers, therefore, for over a year...I have been forced to live 24 hours a day in my chair (sleep in chair also). I am taunted and harassed by being videotaped and then made fun about and ridiculed. Sexual comments and taunts about my sexuality, nakedness, etc. as both male, female, and homosexual officers/officials and their inmate workers view me on camera naked using toilet, etc.”

**Gary** “I was given an order to get out of my wheelchair and walk to my dorm, but I am unable to walk. Yet they still found me guilty of not following a direct verbal order... Legal mail from lawyers trying to help me get medical treatment gets opened, then they retaliate by taking my wheelchair or crutches.”

**Levi** “I have a knee disability that has been an ongoing injury since 2009. I am charged \$3.00 every time I complain about it and make sick-call. Yet and still I don’t see a doctor, PA or NP for several months.”

## Response to Grievances: Dismissal and Retaliation

The filing of prison grievances is the first, and in many cases the only, means that incarcerated persons have of protesting their conditions or treatment. Under federal law, they must exhaust a prison system’s internal grievance process before they are permitted to sue in the courts for violation of their rights.<sup>117</sup> Yet this same process exposes them to retaliation by staff.



When asked how the prison responded to grievances (Administrative Remedy Procedures, or ARPs)—most people who had filed them said that at best, they did not receive satisfactory responses from staff. The vast majority of respondents to our survey, in fact, reported that it was common for staff to retaliate against complaints or grievances.

### Frequency of Abuse in Retaliation for Complaints



**Melvin** “When I was beat up by officers I did file a ARP. They held me in the suicide cell till the swelling went down. I was denied a ARP form and I had to file it after getting out of lockdown, by the time the warden received it he denied it saying there was no proof.”

**Wayne** “All ARPs were denied. In my 16 years of incarceration at DWCC, I know of not one single ARP to be granted for relief. That fact clearly supports that the ARP system at DWCC is broken and has become a legal fiction at best.”

**Terrance** “Everything I file is always denied here, as well as everyone else as far as I know.”

**Jayden** “They didn’t respond at all to my multiple complaints. It’s like they just threw them away.”

**Richard** “Denied!! They deny everything even with black and white evidence. I have a long paper trail and PLENTY of evidence to prove these people don’t investigate and/or do their jobs properly.”

**Duane** “I have filed a grievance and Administrative Remedy Procedure complaining about health condition, and me being constantly charged for the same ongoing problems in which I still haven’t been treated or examined for, in which my ARP is still pending, which has been a complete 90 days and I still haven’t received a response and could be dying slowly.”

**Daniel** “Every grievance I have filed concerning “excessive use of force” prison conditions and so forth have been denied by ranking security officials.”

**Russell** “As long as you file motions, this facility and headquarters are in cahoots. The inmates are always wrong and this facility always makes you a target. It’s a no win process, no matter if you’re right, Admin has final say-so.”

**Emory** “I was threatened to be maced and stuck in the cellblocks for forever if I didn’t drop it, so I dropped it. I feared for my life. RLCC have killed inmates beating them to death physically and blame every death that happen in this jail on mojo [synthetic marijuana]. I didn’t want to be the next one.”

**Mo** “The officers kept asking me to drop it so I did, so I wouldn’t get into any more trouble.”

**Kenny** “I was retaliated on, they’ll do anything to keep from getting a lawsuit. That’s why everyone who files and sticks with their grievances gets wrote up and discredited.”

**Tom** “[I have never filed a grievance because I am] afraid to. Fear backlash.”

**Marcus** “I have ALWAYS been denied, told I was lying and even threatened in writing that I would face disciplinary action if I continued to file ARPs.”

**Jack** “Legally, incarcerated people are required to follow specific procedures when filing lawsuits. I filed a 1983 class action for being attacked by officers while in restraints, but I didn’t know and therefore failed to file an ARP first. My case was thrown out.”

**Guy** “Each [grievance] only caused more suffering.”

**Owen** “I have been gassed down, fabricated disciplinary reports, house arrest, deprivation of yard, phone, denied shower time, cell ransacked, threats made on my life because of my filing.”

**Felix** “I have experienced verbal harassment, racial harassment, threats, intimidations, physical assault, and retaliation for complaints. I was threatened for writing ARPs and having my family call DOC. They put me on phone restriction so I couldn’t contact family, I was harassed for ARPs, my property was damaged and stolen in retaliation. I was hit with walkie talkies and beat on in a room while in handcuffs.”

**Lane** “Staff lie a lot and they beat people, and if you tell on them you become a target.”

**Marcus** “Over \$600 worth of some books were TAKEN... because of an ARP I filed against a well liked guard that often would yell and threaten me for no reason.”

**Norman** “Once I wrote a ARP, and was maced with 10 cans to drop it. Yes! I drop the ARP.”

---

## Multiple Experiences of Abuse

Instead of describing individual incidents, many respondents included lists of the abuse they had suffered at the hands of officers.

**Clarence** “Being on lockdown showed me the difference in personality from guards in population (some) and guards that work lockdown. Most guards that work lockdown are evil and vindictive! They do things out of spite. Like during summer, they turn on heaters when it’s already 100 plus degrees. Or during winter, they’ll turn off the heaters. Most windows don’t close. They’ll throw water on you and turn on the fan or have you beat by the tag team.”

**Curtis** “Gassing cell entry doors, destruction/ theft of property, and racial remarks or remarks about my HIV status.”

**Harold** “Physical assault, which left a permanent scar on right hand, was sprayed with a chemical agent which burns like fire, was verbally harassed by an officer who no longer works here and was subsequently arrested for assaulting a prisoner, had this same officer pour water into a bundle containing my legal work, endured abusive shakedowns/patdowns.”

**Kendrick** “Being sprayed with gas, locked in the shower for more than 5 hours, taken away the mattress to my bed, not given state food, taken away my hour on the hall, talked to crazy, sometimes even called me ni\*\*\*\*, take the phone away, and been pinned down while already in cuffs.”

**Walter** “Sprayed with pepper spray, stolen and destroyed property, attacked by other inmates with the help of COs, racial and verbal harassment.”

**Charles** “I have been pushed down on my knees, handcuffed behind my back, sprayed with mace, constant verbal harassment, threats, intimidation almost every day... They’ll deny showers, soap, toilet paper regularly.”

**Terrance** “[A captain] refused to allow me to use the bathroom and told me to “shit” on myself, he verbally harassed me and pushed me when I stood up from my chair... I was repeatedly slammed into a wall when I refused to talk with an officer. I’ve been sprayed with a chemical agent while in full restraints inside a closed cell for wanting to receive my yard privilege and also for requesting to use the phone to call home.”

**Ethan** “I have been sprayed with mace for asking to speak to a ranking deputy, because my property was took by deputies, because I wanted to go on the yard... I’ve been sprayed while in full restraints for a fight that was over with before guards came. I’ve been kicked through the chicken-wire door while laying on the floor resting my head against the door... I had my cell shook down and my property took from me repeatedly for filing ARPs [grievances].”

**Ralph** “I have experienced medical treatment being delayed as a punishment, having to endure the spraying of mace, dealing with crazy inmates who lost their minds, staff who treat us like dogs.”

**Josh** “I feel like a Jew at a Nazi concentration camp. I feel like the security can just do whatever they want and suffer no consequences. I feel like a prisoner of war in the Middle East.”

**Adrian** “If only I could explain to you in mere words how/what goes on in this place, then you’d honestly think I’m lying to you. Angola is really, honestly that bad. A death trap one way or another.”

**Jalen** “I’m tired of describing problems that’s been going on for decades in this system. Nothing never gets done. We’re looked at as criminals, scum of the earth, nobody truly cares about our health conditions or problems.”



# Solitary Confinement in Parish Jails

As noted at the start of this report, although our public records requests allowed us to connect with nearly 3,000 individuals in solitary in Louisiana prisons, it did not provide us with information on state-sentenced individuals held in solitary confinement in parish jails.

Tracking and monitoring the conditions in Louisiana jails is an ongoing concern for advocates. In the ASCA-Liman Center nationwide survey of solitary confinement, Louisiana self-reported that there were 784 “restrictive housing beds” in parish jails that could potentially be occupied by state-sentenced prisoners. However, Louisiana was unable to provide information on how many of those restricted housing beds were, in fact, occupied by state prisoners.”<sup>118</sup> In addition, it is impossible to know what criteria parish jails used for identifying “restrictive housing,” much less the accuracy of reporting by facilities that receive even less oversight than state prisons.

It does seem likely, however, that many of Louisiana’s jails use long-term solitary confinement, as described throughout this report, at a lower rate than Louisiana’s state prisons: Even if all 784 jail-based “restrictive housing beds”—and more—were in fact filled with state-sentenced individuals, this rate of solitary would not match the 17 to 19 percent rate found inside the state’s prison facilities.

However, a lower rate of long-term solitary confinement does not necessarily translate into humane conditions. While it is particularly difficult for advocates to gain an understanding of conditions in parish jails, the picture we do have is grim. For example, between 2012 and 2016, 25 men—including some who were mentally and chronically ill—died in East Baton Rouge Parish Prison (EBRPP), a local jail, according to a 2018 report from the Promise of Justice Initiative.<sup>119</sup> “The abnormally high rate of deaths in Louisiana jails and prisons in comparison to the rest of the country appears to have reached crisis proportions,” wrote the report’s authors, Shanita Farris and Andrea Armstrong. They blamed the deaths on “inadequate medical and mental healthcare and a failure to properly train and supervise staff.”

“The conditions in EBRPP violate the U.S. constitution’s guarantee of life, liberty, and property under the law by effectively imposing the death penalty on detainees,” wrote the report’s authors.

We received survey responses from just two people describing their experiences locked in cells in parish jails.

**Homer** “[I experienced segregation in Bayou Dorcheat Correctional Center, due to the original nature of my charge.] It’s 8x10 it smells horrible, a toilet, 2 bunks, one boat on the floor, a sink. It stinks and smells horrible. We are living in filth. [My days are spent] reading my bible after we are served the food we eat in this terrible filth we live in.”

**Mitchell** “[I was held in protective custody in Franklin Parish Detention Center.] The cell is full of mold and mildew, the toilet leaks urine, we never get to clean up, no-one will bring mops or brooms to us so we can clean up. They have a shower in this cell we never go outside we stay in this cell 24 hrs. a day it’s a 2 man cell but it’s always 3 to 4 inmates in this holding cell. 3 to 4 at all times with one to two inmates sleeping on the floor... I’m afraid of my life in here the officers pay people with cigarettes to jump on the ones they don’t like and they will put them in the holding cell with us. I have been jumped on 3 times while in this holding cell. I catch myself talking to myself which is strange cause I’ve never done it. Feeling alone, can’t sleep cause I don’t know the time. I’m seeing things that literally aren’t there.”

---

# Appendix: Survey Form

As noted in the report, a survey was sent to 2,902 individuals in solitary confinement in Louisiana in August 2017, based on information obtained via a public records request to LADOC. Subsequently, 709 completed surveys were returned. What appears on the following pages is the survey form, exactly as it was sent.

## Solitary Confinement Survey

Can you tell us about your experiences in solitary confinement? We are the **MacArthur Justice Center, Solitary Watch, and Loyola University New Orleans Jesuit Social Research Institute**, a group of independent, not-for-profit organizations concerned with prisoners' rights. We are not part of the Louisiana Department of Corrections (DOC). We are putting together a report and advocacy campaign about solitary confinement in Louisiana state prisons, and we need your experiences.

**Please fill out this survey only if you are currently or have previously been in segregation** (also known as solitary confinement, Administrative Segregation, Extended Lockdown, Disciplinary Detention, Protective Custody, Involuntary Protective Custody, Close Custody, CCR, restrictive housing, isolation, "the hole," the Blocks, the Dungeon or the Box). If you have not been in segregation, please pass this survey on to someone who has. The questions in this survey ask you about your experiences in this prison and other Louisiana state prisons, but not what happened in a local jail or federal prison.

We will use your responses to this survey to inform legislators, advocates, the public, and other decision makers about conditions in segregation in Louisiana. We may share information from this survey with others, but we will not share your name or any other information that could be used to identify you.

**DIRECTIONS:** Please complete the information on this page and the attached survey. Some questions ask you to fill in a bubble, and others ask you to write in your own response. Feel free to skip questions you would prefer not to answer, or write "DON'T KNOW" if you are unsure of the answer. We encourage you to write additional responses when you feel they are relevant or will further explain your answer. Please try to write neatly and clearly. Please send the survey back to us in the enclosed envelope marked "Legal Mail." Prison staff are forbidden by law to open and read legal mail.

### RETURN SURVEY TO:

**Roderick & Solange MacArthur Justice Center/ 4400 S. Carrollton Avenue/ New Orleans, LA 70119-6824**

*\*\*Para recibir este documento en Español, por favor escriben (to receive this survey in Spanish, please write to):  
Roderick & Solange MacArthur Justice Center/ 4400 S. Carrollton Avenue/ New Orleans, LA 70119-6824*

Name: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_  
 ID #: \_\_\_\_\_ Facility: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date You Received this Survey: \_\_\_\_\_ Date You Are Mailing this Survey to Us: \_\_\_\_\_

### PART 1. This section contains general questions about your time in prison and in segregation.

1a. How long is your current prison sentence?	_____ Years _____ Months
1b. How much of your sentence have you served?	_____ Years _____ Months
2a. Are you currently in segregation?	<input type="radio"/> Yes <input type="radio"/> No
2b. If yes, how long have you been in segregation this time?	_____ Years _____ Months _____ Days
2c. If no, how long has it been since you were last in segregation?	_____ Years _____ Months _____ Days
3a. How many times have you been in segregation previously (whether or not you are currently in segregation)?	<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> Three Times <input type="radio"/> Other _____
3b. If you have been in segregation previously, for how long were you there during your most recent experience?	_____ Years _____ Months _____ Days
3c. If you are not currently in segregation, in what facility were you most recently in segregation?	
3d. What is the <b>total</b> amount of time you have spent in segregation during your current sentence?	_____ Years _____ Months _____ Days

**PART 2. This section asks about things that happened to you before you were in segregation.**

*If you are not currently in segregation but have previously been there, please answer the remainder of the survey questions based on your most recent experience in solitary.*

4. Where were you housed before being placed in solitary?	<input type="radio"/> General population in this facility <input type="radio"/> General population at another facility (Name): _____ <input type="radio"/> Another segregation unit (Name): _____ <input type="radio"/> Other: _____
5a. Did any of the following reasons result in your placement in segregation? <i>(please select all that apply)</i>	
<input type="radio"/> You were determined to be a threat to other prisoners or staff (Please explain): _____ <input type="radio"/> Disciplinary violation/ broke rules (Please specify): _____ <input type="radio"/> Membership in a disruptive group/ gang <input type="radio"/> Threats of harm to you <input type="radio"/> As a result of your age <input type="radio"/> As a result of your sexual identity <input type="radio"/> As a result of your gender identity <input type="radio"/> Not sure <input type="radio"/> Other: _____	
5b. If possible, please provide additional details about how you came to be placed in segregation:	
6. Did you receive a hearing about your placement in segregation <i>prior</i> to being moved into segregation?	<input type="radio"/> Yes <input type="radio"/> No

**PART 3. This section asks about things that happened to you while you were in segregation.**

**Questions 7-8 ask about segregation hearings and opportunities to earn early release from segregation.**

7a. Did you receive a hearing or hearings to review your placement in segregation, <i>after</i> being moved into segregation?	<input type="radio"/> Yes <input type="radio"/> No <i>(If the answer is "no," skip to question 8.)</i>
7b. How many days were you housed in segregation before you received your <i>first</i> hearing?	<input type="radio"/> 0-2 days <input type="radio"/> 3-6 days <input type="radio"/> 7-14 days <input type="radio"/> 15-30 days <input type="radio"/> More than 30 days
7c. After your hearings, did you receive a written decision?	<input type="radio"/> Yes, I always received a written decision. <input type="radio"/> I never received a written decision. <input type="radio"/> I sometimes received a written decision. <input type="radio"/> I'm not sure.
7d. Please rate the quality of the hearings you have had.	<input type="radio"/> Good <input type="radio"/> Medium <input type="radio"/> Poor
7e. Please explain your rating:	
8. Have you received any information on how to earn early release from segregation?	<input type="radio"/> Yes, in writing <input type="radio"/> Yes, I was told verbally <input type="radio"/> No, I received no information.

**Questions 9-13 ask about your physical cell.**

9. Are you single or double celled?	<input type="radio"/> Single Celled <input type="radio"/> Double Celled
10a. What type of segregation are you in?	
<input type="radio"/> Extended Lockdown (Ext. L/d)/ Disciplinary Detention <input type="radio"/> Closed Cell Restricted (CCR) <input type="radio"/> Administrative Segregation (Adm. Seg) <input type="radio"/> Working Cellblock <input type="radio"/> Voluntary Protective Custody <input type="radio"/> Involuntary Protective Custody <input type="radio"/> Death Row <input type="radio"/> Other <i>(Specify)</i> : _____	
10b. What is the name of the unit you are housed in?	



11a. How many hours do you spend out of your cell each day?	<input type="radio"/> 0 hours <input type="radio"/> 1-2 hours <input type="radio"/> 2-3 hours <input type="radio"/> More than 3 hours
11b. Please describe what your cell looks like, including its size, and what you have in it. Feel free to use words and/or drawings to explain.	
12a. Please describe your typical daily schedule. How do you spend a normal day in segregation?	
12b. Are there windows or natural light?	<input type="radio"/> Yes <input type="radio"/> No
12c. If yes, please describe what you can see out your window.	
12d. Can you see anything outside of your cell door?	<input type="radio"/> Yes <input type="radio"/> No
12e. If yes, please describe the door on your cell (does it have bars or is it solid?) and what you can see outside your cell.	
12f. Please describe the noise level in your cell. Can you hear other prisoners?	
12g. Can you communicate with other prisoners? If so, how?	
12h. Is the temperature of your cell comfortable?	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
13a. Are you given the same clothing as is provided to prisoners who are not in segregation?	<input type="radio"/> Yes <input type="radio"/> No
3	

13b. Was your clothing ever taken away?	<input type="radio"/> Yes <input type="radio"/> No
13c. If yes, please explain:	
<b>Questions 14-15 ask about punishments and negative consequences for people in segregation.</b>	
14a. If you are in administrative segregation as a result of an infraction, have you had a <b>parole</b> hearing where your placement in administrative segregation was discussed?	<input type="radio"/> Yes, my placement was discussed <input type="radio"/> No, my placement was not discussed <input type="radio"/> I have not had a parole hearing since being placed in administrative segregation
14b. Do you believe your placement in disciplinary segregation affected the outcome of your parole hearing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I have not had any parole hearings since being placed in administrative segregation
14c. Please explain your answer:	
15a. Are there additional punishments or restrictions given at this segregation unit?	<input type="radio"/> Yes, very frequently <input type="radio"/> Yes, somewhat frequently <input type="radio"/> Yes, but rarely <input type="radio"/> No, never <input type="radio"/> Don't know
15b. Have you had a restriction since you've been in this unit?	<input type="radio"/> Yes <input type="radio"/> No
15c. If yes, which additional restrictions have you experienced here? <i>(Please mark all that apply.)</i>	
<input type="radio"/> Food <input type="radio"/> Commissary <input type="radio"/> Water <input type="radio"/> Showers <input type="radio"/> Recreation <input type="radio"/> Chemical agent/Pepper spray <input type="radio"/> Use of restraints while in cell/ restraint chair <input type="radio"/> Electronically Stunned/Tasered <input type="radio"/> Revoking visitation <input type="radio"/> Removing mattress <input type="radio"/> Other: <i>(Please Describe)</i>	
15d. If yes, how long did the restrictions last?	_____ Days    _____ Weeks    _____ Months
15e. If restraints were used, for how long?	_____ Days    _____ Weeks    _____ Months
15f. If restraints were used, describe what kind:	
15g. Were you examined by a medical professional during or after the application of restraints or other uses of force?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
15h. If yes, describe any medical attention you received:	
<b>Question 16 asks how segregation has affected you mentally and physically.</b>	
16a. Which, if any, of the following symptoms have you experienced as a result of being in segregation? <i>(Please mark all that apply.)</i>	
<input type="radio"/> Anxiety or Panic Attack <input type="radio"/> Depression <input type="radio"/> Hallucinations <input type="radio"/> Sensitivity to sights and sounds <input type="radio"/> Verbal or physical outbursts <input type="radio"/> Self-harm <input type="radio"/> Muscle Loss <input type="radio"/> Feeling confused or disoriented <input type="radio"/> Feelings of paranoia <input type="radio"/> Difficulty sleeping <input type="radio"/> Difficulty interacting with other people <input type="radio"/> Thinking about suicide <input type="radio"/> Other: _____ <input type="radio"/> I have not experienced any symptoms	

16b. Have you received any medical or mental health treatment for any of the conditions you marked above?	<input type="radio"/> Yes <input type="radio"/> No
16c. If yes, please describe below:	
16d. If you marked one or more of the items in 16a, please describe further the impact that segregation has had on you, to the extent that you feel comfortable:	
<b>Questions 17-27 ask about programs and services available to you in segregation.</b>	
17a. How often are you taken to recreation in this segregation unit?	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 1-2 times per week <input type="radio"/> Never
17b. Where is the recreation area located? (Please mark all that apply.)	<input type="radio"/> Connected to my cell <input type="radio"/> Not connected to my cell <input type="radio"/> Indoors <input type="radio"/> Outdoors
17c. What is the average length of time of each recreation session, in hours?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Other: _____
18a. How often are you allowed to shower in this segregation unit?	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 1-2 times per week <input type="radio"/> Less than once a week
18b. Where is the shower located?	<input type="radio"/> In the segregation cell <input type="radio"/> In the segregation unit <input type="radio"/> Other: _____
19a. Do you participate in any in-cell education or other program or have you completed one while in segregation?	<input type="radio"/> Yes <input type="radio"/> No
19b. If you answered yes to the prior question, which program(s)?	Name: _____
19c. Are you satisfied with the in-cell program?	<input type="radio"/> Yes <input type="radio"/> No
19d. Describe below what you like or dislike about your in-cell program:	
5	

20a. Do you have the ability to earn an earlier release date from segregation or prison?					
<input type="radio"/> Yes, from prison <input type="radio"/> Yes, from segregation <input type="radio"/> No					
20b. If yes, please explain:					
21a. Do you participate in any jobs?					
<input type="radio"/> Yes <input type="radio"/> No					
21b. If you answered yes to the prior question, describe your job(s):					
22a. Do you practice a religion?					
<input type="radio"/> Yes <input type="radio"/> No					
22b. If you answered "yes" to 22a, have you had access to communal worship while in segregation?					
<input type="radio"/> Yes <input type="radio"/> No					
22c. If you answered "yes" to 22a, do you have access to what you need for in-cell religious exercise?					
<input type="radio"/> Yes <input type="radio"/> No					
22d. Please describe any changes to your religious practice while in segregation:					
23a. Do you have access to radio or TV in segregation?					
<input type="radio"/> Yes, radio <input type="radio"/> Yes, TV <input type="radio"/> No radio or TV					
23b. If you answered yes to the question above, did you have to pay for access to these services?					
<input type="radio"/> Yes, for radio <input type="radio"/> Yes, for TV <input type="radio"/> Yes, for both <input type="radio"/> No, for neither					
23c. If you have access to TV and/or radio, please rate your satisfaction with the quality of each:					
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Quality of Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24a. For each item below, please rate your satisfaction while in segregation:					
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Access to Reading Material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to law library services and legal materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to incoming and outgoing mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24b. Have you had any of the following problems with your mail while in segregation? (Please mark all that apply.)					
<input type="radio"/> Long delay in receiving mail <input type="radio"/> Long delay in recipients getting mail <input type="radio"/> Confidential legal mail opened <input type="radio"/> High prices for envelopes, paper, and stamps <input type="radio"/> Other _____ <input type="radio"/> I do not experience any problems with mail					
24c. Please describe any problems with your mail:					

25a. Do you have access to phone calls?	<input type="radio"/> Never <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly
25b. Do you have access to visitation?	<input type="radio"/> Never <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly
25c. Please describe the contact you are allowed to have with family members or persons outside of prison:	
26a. Are you satisfied with the food in segregation?	<input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Neutral <input type="radio"/> Dissatisfied <input type="radio"/> Very dissatisfied
26b. Is the food in segregation better or worse than food in general population? Have you ever been put on the loaf? Please describe any problems with your food in segregation:	
27a. How satisfied are you with the cleanliness and sanitary conditions in your unit?	<input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Neutral <input type="radio"/> Dissatisfied <input type="radio"/> Very dissatisfied
27b. Please describe any problems with the sanitary conditions in your unit:	
<b>Questions 28-33 ask about the medical care you receive while in segregation.</b>	
28. Do you suffer from any serious and/or chronic health problems? Please only share if you feel comfortable.	<input type="radio"/> Yes <input type="radio"/> No
29a. How often does a Doctor, Physician's Assistant (PA) or Nurse Practitioner (NP) make rounds every month?	<input type="radio"/> 0 times per month <input type="radio"/> 1-2 times <input type="radio"/> 3-4 times <input type="radio"/> 5 or more times
29b. After requesting medical help, how long does it usually take to see a doctor, PA or NP in the segregation unit?	<input type="radio"/> 1 day <input type="radio"/> 2-3 days <input type="radio"/> 4-7 days <input type="radio"/> More than 7 days
30. What overall rating would you give to the doctors, PAs or NPs at this prison?	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Not applicable
31a. Do you feel that your interactions with medical staff are always confidential?	<input type="radio"/> Yes <input type="radio"/> No
31b. If no, please describe in what way they are not confidential:	
32a. Have you experienced any problems getting medications or medical help while in segregation?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> I don't need any medications or medical help
32b. If you have had trouble getting medication or medical help, please explain specifically what problems you've had:	
33a. What rating would you give to the overall quality of medical care available to you while in segregation?	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor

33b. Explain why you rated medical care this way:	
<b>Questions 34-42 ask about the mental health services you receive while in segregation.</b>	
34a. Did you receive an in-person evaluation of your mental health when you were placed in segregation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
34b. If yes, how soon was the evaluation after you arrived in segregation?	
<input type="radio"/> Before my arrival <input type="radio"/> Within 1-2 days <input type="radio"/> Within 3 days to 1 week <input type="radio"/> Within 1-2 weeks <input type="radio"/> Within two weeks to one month <input type="radio"/> More than one month after my arrival	
34c. If you received a mental health evaluation, how was it conducted?	<input type="radio"/> Spoken through cell door <input type="radio"/> Confidential interview in another room <input type="radio"/> Other: _____ <input type="radio"/> Not applicable
35. Have you ever received regular, recurring mental health treatment by the medical staff at your current prison?	<input type="radio"/> Yes, currently. <input type="radio"/> Yes, but not now <input type="radio"/> No
36a. Before being placed in segregation, had you been diagnosed with a mental illness?	<input type="radio"/> Yes <input type="radio"/> No
36b. Had you been diagnosed with a traumatic brain injury before being placed in segregation?	<input type="radio"/> Yes <input type="radio"/> No
36c. Do you have problems talking, remembering, learning, or thinking?	<input type="radio"/> Yes <input type="radio"/> No If yes, which? _____
36d. Have you been diagnosed with a developmental disability (Autism, Down Syndrome, Asperger's, etc.)?	<input type="radio"/> Yes <input type="radio"/> No
36e. If you were diagnosed with a mental illness before you were placed in segregation, which one? <i>(Please mark all that apply)</i>	<input type="radio"/> Major depressive disorder <input type="radio"/> Bipolar disorder or manic depression <input type="radio"/> Schizophrenia or other psychotic disorder <input type="radio"/> Antisocial personality disorder <input type="radio"/> Post-traumatic stress disorder <input type="radio"/> Traumatic brain injury (TBI) <input type="radio"/> Developmental Disability <input type="radio"/> Other (please specify): _____
37a. Has your mental health stayed the same, improved, or worsened during your time in segregation?	<input type="radio"/> Stayed the same <input type="radio"/> Improved <input type="radio"/> Worsened <input type="radio"/> Not sure
37b. Please explain your prior answer, and describe your mental health and how segregation has affected it, if at all:	
8	

38. Before being in segregation, how often did you see a mental health staff person at the prison?	_____ times per month
39a. How many times a month have you been seen by a mental health staff person while in segregation?	_____ times per month
39b. If you are seen by a mental health staff person in segregation, how long are the sessions?	_____ minutes per session
39c. Do you have enough time to discuss what you want to discuss with the mental-health staff person during these sessions?	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> Not applicable
40a. Do you feel that the conversations you have with mental health staff are always confidential?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
40b. What mental health services do you receive?	<input type="radio"/> Group Counseling <input type="radio"/> Medications <input type="radio"/> Individual Counseling <input type="radio"/> Skills Training <input type="radio"/> Psychiatrist <input type="radio"/> Other:
40c. Have you noticed an improvement in your mental health due to treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
41a. Do you take mental health medications? If so, what?	<input type="radio"/> Yes (Please list below)   <input type="radio"/> No
41b. Have you experienced any problems getting your mental health medication?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never, and I take mental health medication <input type="radio"/> Never, I do not take mental health medication
41c. How often are your medications checked by a mental health professional?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never, and I take mental health medication <input type="radio"/> Never, I do not take mental health medication
42a. What rating would you give to the <u>overall</u> mental health care provided to you?	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> I receive none
42b. Explain why you rated mental health care this way:	
<b>Questions 43-46 ask about suicide and self harm while in segregation.</b> <i>Some of the questions in the following three sections ask questions about traumatic experiences. The questions may remind you of experiences that you, or someone close to you, have gone through. If you wish to avoid being reminded of such experiences, you are encouraged to skip these sections.</i>	
43a. Have you ever been housed in general population?	<input type="radio"/> Yes <input type="radio"/> No
43b. If yes, did you attempt to harm yourself while in the general population?	<input type="radio"/> No, never <input type="radio"/> Yes, once <input type="radio"/> Yes, once in a while <input type="radio"/> Yes, frequently <input type="radio"/> Yes, very frequently
44a. Have you attempted to harm yourself since you have been in this segregation unit?	<input type="radio"/> No, never <input type="radio"/> Yes, once <input type="radio"/> Yes, once in a while <input type="radio"/> Yes, frequently <input type="radio"/> Yes, very frequently
44b. If you attempted to harm yourself, what kind of self-harm was it?	<input type="radio"/> Cutting <input type="radio"/> Suicide attempt <input type="radio"/> Banging head <input type="radio"/> Other (Specify): _____

9



45. If you attempted to harm yourself while in segregation, what was the prison's response? <input type="radio"/> I went to an outpatient facility <input type="radio"/> I went to an observation cell <input type="radio"/> Counseling <input type="radio"/> Nothing <input type="radio"/> I was punished. <i>(Describe below)</i> <input type="radio"/> Other <i>(Describe below)</i>				
46. How often, if at all, do other inmates attempt to harm themselves in segregation?		<input type="radio"/> Very frequently <input type="radio"/> Frequently <input type="radio"/> Once in a while <input type="radio"/> Never <input type="radio"/> I don't know		
<b>Question 47 asks about your treatment by correctional officers while in segregation.</b>				
47a. Below is a list of potential abuses inflicted on the residents by the staff. How commonly, if at all, do these abuses occur in this segregation unit? <i>(Please rate each item in the list)</i>				
	Never Witnessed	Not Common	Common	Very Common
Physical Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial Harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats and Intimidation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abusive Patdowns / Frisks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turn Off Lights, Water or Deny Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retaliation for Complaints/Grievances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destruction / Theft of Resident Property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Protect Residents from Physical Attack by Other Residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47b. Please describe any abuse you have personally experienced while in segregation:          				
<b>Question 48 asks about your treatment by fellow prisoners while in segregation.</b>				
48a. Have you ever been physically, sexually or emotionally abused by a prisoner while in segregation?		<input type="radio"/> Yes <input type="radio"/> No		
48b. If yes, please describe <i>(if no, skip to next section)</i> :          				
48c. Did you report the incident?		<input type="radio"/> Yes <input type="radio"/> No		
48d. If you reported it, describe what happened after you reported:          				
48e. Were you double-celled when you were abused?		<input type="radio"/> Yes <input type="radio"/> No		
48f. If you were double-celled, describe your relationship with your cell-mate:          				
10				

<b>PART 4: This section asks about things you expect will happen when you are released from segregation.</b>	
49a. Do you think you will be released directly from segregation to the street?	<input type="radio"/> Yes <input type="radio"/> No
49b. Please explain why you think this will happen:	
49c. If you will not be released directly to the street, please describe the step-down process to general population, as you understand it:	
49d. Do you know of other prisoners who have been released directly to the street from segregation?	<input type="radio"/> Yes <input type="radio"/> No
49e. Will you receive counseling before being placed back in general population?	<input type="radio"/> Yes <input type="radio"/> No
49f. Please describe your feelings about being released, both back into general population and out into larger society, after spending time in segregation:	
<b>PART 5: This wrap-up section asks about your opinion of segregation in Louisiana.</b>	
50a. Have you ever filed an official complaint or grievance request about anything covered in this survey?	<input type="radio"/> Yes <input type="radio"/> No
50b. If yes, please explain the result of your filing a complaint:	
51. Please describe any other problems you have had in this segregation unit:	
11	

52. Would you agree to speak with us or correspond further with us about conditions at this prison?	<input type="radio"/> Yes <input type="radio"/> No
53. Please use this space to add anything you would like to share about your experiences in solitary confinement, especially if our other questions did not address them. You may include details about the impact solitary confinement has had on you overall, something you would like to see changed, or something you would like people on the outside to know or understand about solitary confinement.	

*Thank you for filling out this survey. Your responses will help the public better understand the use of segregation in Louisiana, and help inform legislation. Please return your completed survey to the MacArthur Justice Center in the enclosed envelope. .*

12

# Notes

1. The case of the so-called Angola 3, three men held in solitary confinement in Louisiana for decades, is described in Part One of this report.
2. Judith Resnik, Anna VanCleave, Kristen Bell et al., *Reforming Restrictive Housing: The 2018 AS-CA-Liman Nationwide Survey of Time-in-Cell* (New Haven: The Association of State Correctional Administrators & The Liman Center for Public Interest Law at Yale Law School, 2018), [https://law.yale.edu/system/files/area/center/liman/document/asca\\_liman\\_2018\\_restrictive\\_housing\\_revised\\_sept\\_25\\_2018.pdf](https://law.yale.edu/system/files/area/center/liman/document/asca_liman_2018_restrictive_housing_revised_sept_25_2018.pdf).
3. David Cloud, Jessi LaChance, Lionel Smith, and Lauren Galarza, *The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Louisiana Department of Public Safety and Corrections, and Progress Toward Implementation* (New York: Vera Institute of Justice, May 2019), [https://storage.googleapis.com/vera-web-assets/downloads/Publications/safe-alternatives-segregation-initiative-findings-recommendations/legacy\\_downloads/safe-alternatives-segregation-initiative-findings-recommendations-ldps.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/safe-alternatives-segregation-initiative-findings-recommendations/legacy_downloads/safe-alternatives-segregation-initiative-findings-recommendations-ldps.pdf).
4. Peter Wagner and Wendy Sawyer, “States of Incarceration: The Global Context 2018,” Prison Policy Initiative, June 2018, <https://www.prisonpolicy.org/global/2018.html>.
5. Solitary Watch, “FAQ,” last updated December 2018, <https://solitarywatch.org/facts/faq/>.
6. *United Nations Standard Minimum Rules for the Treatment of Prisoners (Rev. 2015)*, United Nations Economic and Social Council Commission on Crime Prevention and Criminal Justice, 24th Session, May 18–22, 2015, <http://solitaryconfinement.org/uploads/MandelaRules2015UNdocRev.1.pdf>.
7. Albert Woodfox, *Solitary* (New York: Grove Press, 2019).
8. It should be noted that for the purposes of this report, when calculating percentages for each quantitative question, we excluded the (usually small number of) people who did not answer that particular question, or who wrote in another answer.
9. This approach has been highly effective in several other states. In Mississippi, for example, a review and reclassification process led by outside experts concluded that 80 percent of individuals held in solitary confinement should be transferred out; eventually, the state’s main solitary unit was closed. Violence levels dropped significantly after the reduction in solitary use. In Colorado, an initial reclassification reduced the number of people in solitary by approximately 50 percent and was the first step toward the state’s near-elimination of long-term solitary. See Erica Goode, “Prisons Rethink Isolation, Saving Money, Lives and Sanity,” *New York Times*, March 11, 2012, <http://www.nytimes.com/2012/03/11/us/rethinking-solitary-confinement.html>; Terry A. Kupers, “Beyond Supermax Administrative Segregation: Mississippi’s Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs,” *Criminal Justice and Behavior*, July 2009, [https://www.aclu.org/files/images/asset\\_upload\\_file359\\_41136.pdf](https://www.aclu.org/files/images/asset_upload_file359_41136.pdf); Jean Casella and Aviva Stahl, “Opening the Door,” *Solitary Watch*, April 29, 2016, <http://solitarywatch.com/2016/04/29/opening-the-door/>.
10. According to Vera Institute’s report, LADOC is piloting a new disciplinary policy that aims to significantly limit the number and type of rule infractions eligible for solitary confinement as a sanction, as well as cut lengths of stay by establishing determinate sanctions and alternative sanctions that they believe to be more aligned with the severity and circumstances of infractions. The matrix is in the early phases of implementation in several prisons, which at the time of Vera’s report included Elayn Hunt and Raymond Laborde Correctional Centers. See Cloud et al., *Safe Alternatives to Segregation Initiative*, 31–37, <https://bit.ly/2WKeASA>. Several other states serve as models for this kind of reform. For example, North Dakota prison officials assessed their rule book and limited segregation to eight specific behaviors (such as homicide, arson, and assault that leads to significant and intentional injury), in concert with other solitary reforms. Over two years, the number of people in solitary confinement dropped from 98 in 2015 to 27 in 2017. See “Humanity in North Dakota,” Conference presentation slides, National Consortium on Racial and Ethnic Fairness in the Courts, 2016, <http://www.national-consortium.org/~media/Microsites/Files/National%20Consortium/Conferences/2016/Materials/Humanity-in-North-Dakota.ashx>.
11. Numerous states, cities, and counties have banned or strictly limited the use of solitary for minors under 18 housed in adult and/or juvenile facilities, either by law or by policy. In addition, President Obama ordered a ban on solitary for minors held in federal custody in January 2016; the ban was codified into federal law by the First Step Act, signed by President Trump in December 2018. For details on various legislation see the website of the Center for Children’s Law and Policy’s Stop Solitary for Kids project, <http://www.stop solitaryforkids.org/>.

12. As of December 2017, at least 22 states had banned the isolation of people with serious mental illness (SMI), although definitions of SMI varied widely, according to the ASCA-Liman Center's 2018 report. The American Correctional Association has recommended strict limits on the placement of people with SMI in solitary and provided a baseline definition. See American Correctional Association, *Restrictive Housing Expected Practices*, January 2018: [http://www.aca.org/ACA\\_Prod\\_IMIS/ACA\\_Member/Standards\\_Accreditation/Standards/Restrictive\\_Housing\\_Committee/ACA\\_Member/Standards\\_and\\_Accreditation/Restrictive\\_Housing\\_Committee/Restrictive\\_Housing\\_Committee.aspx](http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Standards_Accreditation/Standards/Restrictive_Housing_Committee/ACA_Member/Standards_and_Accreditation/Restrictive_Housing_Committee/Restrictive_Housing_Committee.aspx).

13. Many incarcerated people who identify as or are perceived to be LGBTQ are placed in protective custody in conditions no different from the solitary confinement used for punitive or administrative purposes. A 2015 survey by the organization Black and Pink found that 85 percent of incarcerated LGBTQ people reported having spent time in solitary confinement. While recommending that LGBTQ individuals be permitted to choose to live in smaller, safer housing units, Black and Pink and other advocates have also noted that stopping sexual violence and harassment against LGBTQ people—some of it coming from staff and some of it tolerated by staff—would eliminate much of the need for alternative placements, though transgender people could still be given the choice to be placed in prisons that match their own gender identities. See Aviva Stahl, “The Shocking, Painful Trauma of Being a Trans Prisoner in Solitary Confinement,” *Vice*, January 22, 2016, [https://www.vice.com/en\\_us/article/qkqg97/the-shocking-painful-trauma-of-being-a-trans-prisoner-in-solitary-confinement](https://www.vice.com/en_us/article/qkqg97/the-shocking-painful-trauma-of-being-a-trans-prisoner-in-solitary-confinement); Sarah Mirk, “Instead of Protecting Incarcerated LGBT People from Violence, Prisons Put Them in Solitary,” *BitchMedia*, November 2, 2015, <https://www.bitchmedia.org/article/instead-protecting-incarcerated-lgbt-people-violence-prisons-put-them-solitary>.

14. In Washington State's Intensive Transition Program, one of the longest standing and most highly regarded step-down programs in the country, people with chronic behavior problems move through a multi-step curriculum with increased opportunities to socialize with others before returning to general population. In Michigan's Alger Correctional Facility, the Incentives in Segregation program implemented six “stages” that people pass through to work their way out of solitary; each stage carries increased positive incentives, such as a basketball during rec time, an in-cell television, and extra calls home. See Safe Alternatives to Segregation Resource Center, “Frequently Asked Questions,” Vera Institute of Justice, <https://www.safealternativestosegregation.org/faq/>; Maurice Chammah, “How to Get Out of Solitary—One Step at a Time,” *The Marshall Project*, Jan 1, 2016, <https://www.themarshallproject.org/2016/01/07/how-to-get-out-of-solitary-one-step-at-a-time>.

15. The Vera Institute of Justice report recommends decommissioning Extended Lockdown units and transforming the space into specialized units of this kind, which exist in many other states. In Colorado, for example, two entire prisons are now dedicated to individuals with mental health diagnoses, with specialized programming and staff. See Casella and Stahl, “Opening the Door.” People with sensory and physical challenges can often live in general population if they are provided with accommodations as required by the Americans With Disabilities Act, but those who cannot have also successfully been housed in dedicated units with appropriate opportunities for treatment, education, and work. See Jamila Morgan, *Caged In: The Devastating Harms of Solitary Confinement on People with Physical Disabilities* (New York: American Civil Liberties Union, 2017), [https://www.aclu.org/sites/default/files/field\\_document/010916-aclu-solitarydisabilityreport-single.pdf](https://www.aclu.org/sites/default/files/field_document/010916-aclu-solitarydisabilityreport-single.pdf).

16. Lane Nelson, “The Planted,” *The Angolite*, January/February 1995, [http://www.itsabouttimebpp.com/Political\\_Prisoners/pdf/The\\_Angolite\\_1995.pdf](http://www.itsabouttimebpp.com/Political_Prisoners/pdf/The_Angolite_1995.pdf) and [http://www.itsabouttimebpp.com/Political\\_Prisoners/pdf/The\\_Angolite\\_1995\\_2.pdf](http://www.itsabouttimebpp.com/Political_Prisoners/pdf/The_Angolite_1995_2.pdf).

17. Cloud et al., *Safe Alternatives to Segregation Initiative*.

18. Former Attorney General James “Buddy” Caldwell made this statement in 2013, at a time when Herman Wallace and Albert Woodfox had been in isolation for more than 40 years. Quoted in James Ridgeway and Jean Casella, “Louisiana Attorney General Says Angola 3 ‘Have Never Been Held in Solitary Confinement,’” *Mother Jones*, March 23, 2013, <https://www.motherjones.com/politics/2013/03/louisiana-attorney-general-says-angola-3-have-never-been-held-solitary-confinement/>.

19. Christie Thompson and Joseph Shapiro, “Doubling Up Prisoners In ‘Solitary’ Creates Deadly Consequences,” *NPR All Things Considered*, March 24, 2016, <https://www.npr.org/2016/03/24/470824303/doubling-up-prisoners-in-solitary-creates-deadly-consequences>.

20. *United Nations Standard Minimum Rules for the Treatment of Prisoners (Rev 2015)*.

21. *Wilkerson v. Stalder*, 639 F. Supp. 2d 654, 684 (M.D. La. 2007), <https://casetext.com/case/wilkerson-v-stalder-2>.

22. Woodfox, *Solitary*.

23. Louisiana Department of Public Safety and Corrections, Corrections Services, *Fact Sheet*, December 31, 2018, <https://www.doc.la.gov/media/1/Briefing%20Book/Jan%202019/2.demographics.pdf>. Other recent counts vary due to inadequate data, the date of the count, and varying methods of counting (such as a snapshot in time versus an average of snapshots in time). The Vera Institute of Justice found that on an average day in 2016, there were 15,000 people in Louisiana's state-run prisons and an additional 25,000 state-sentenced prisoners in private prisons, jails, and out-of-state facilities. See Cloud et al., *Safe Alternatives to Segregation Initiative*. According to the latest data from the Bureau of Justice Statistics, at the end of 2016, there were 35,682 sentenced prisoners under Louisiana's jurisdiction. See "Corrections Statistical Analysis Tool," U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics, <https://www.bjs.gov/index.cfm?ty=nps>. In the 2018 report from the ASCA-Liman Center, Louisiana self-reported that it had 34,413 incarcerated men in the fall of 2017 (women were not included in that count)—14,291 in prisons and 20,122 in local jails. See Resnik et al., *Reforming Restrictive Housing*.

24. Peter Wagner and Wendy Sawyer, "States of Incarceration: The Global Context 2018." *Prison Policy Initiative*, June 2018, <https://www.prisonpolicy.org/global/2018.html>.

25. Resnik et al., *Reforming Restrictive Housing*.

26. Louisiana Department of Corrections, *Management of Offender Data: Processing for Ensuring Accuracy*, 40160023, Baton Rouge, LA: Louisiana Legislative Auditor, 2017. [http://app.la.state.la.us/PublicReports.nsf/0/1284612EDBDB25E5862581C40056189F/\\$FILE/0001674C.pdf](http://app.la.state.la.us/PublicReports.nsf/0/1284612EDBDB25E5862581C40056189F/$FILE/0001674C.pdf)

27. Cloud et al., *Safe Alternatives to Segregation Initiative*.

28. For a detailed guide to types of solitary confinement in Louisiana, see the opening section in Part Two of this report.

29. Bryn Stole, "For A Growing Share of Louisiana's Inmates, Only Chance for Release Rests With The Governor—or the Grave," *The Advocate*, June 2017, [https://www.theadvocate.com/article\\_b24f3d18-4b1f-11e7-8d3c-ab34cf4c3d51.html](https://www.theadvocate.com/article_b24f3d18-4b1f-11e7-8d3c-ab34cf4c3d51.html).

30. Elizabeth Johnson, "Life in Louisiana: People Aging in Prison seek a Second Chance," *Southern Poverty Law Center*, March 5, 2018, <https://www.splcenter.org/news/2018/03/05/life-louisiana-people-aging-prison-seek-second-chance>.

31. Andrea C. Armstrong, "Slavery Revisited in Penal Plantation Labor," 35 *Seattle University Law Review* 835 (2012), <https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=2085&context=sulr>.

32. Mark Carleton, *Politics and Punishment: The History of the Louisiana State Penal System* (Baton Rouge: Louisiana State University Press, 1971). Also see LADOC's "History" page at <https://doc.louisiana.gov/history>.

33. Carleton, *Politics and Punishment*, 10–11. Also see: Douglas Blackmon, *Slavery by Another Name* (New York: Anchor Books, 2008).

34. Armstrong, "Slavery Revisited in Penal Plantation Labor."

35. Delia Cabe, "Voices Behind Bars: National Public Radio and Angola State Prison," *Knight Case Studies Initiative, Graduate School of Journalism, Columbia University*, 2009, [http://ccnmtl.columbia.edu/projects/caseconsortium/casestudies/54/casestudy/www/layout/case\\_id\\_54\\_id\\_543.html](http://ccnmtl.columbia.edu/projects/caseconsortium/casestudies/54/casestudy/www/layout/case_id_54_id_543.html).

36. Armstrong, "Slavery Revisited in Penal Plantation Labor."

37. Carleton, *Politics and Punishment*, 92.

38. Joseph Clarence Mouledous, "Sociological Perspectives on a Prison Social System," M.A. Thesis (Louisiana State University 1962), 80, quoted in Carleton, *Politics and Punishment*, 144.

39. Burt Foster, Wilbert Rideau, and Ron Wikberg, eds., *The Wall is Strong: Corrections in Louisiana* (Lafayette: University of Louisiana at Lafayette Press, 1991), 90.

40. Foster, Rideau, and Wikberg, *The Wall is Strong*, 78.

41. Foster, Rideau, and Wikberg, *The Wall is Strong*, 79–80.

42. Foster, Rideau, and Wikberg, *The Wall is Strong*, 84.

43. Foster, Rideau, and Wikberg, *The Wall is Strong*, 84.

44. Foster, Rideau, and Wikberg, *The Wall is Strong*, 86.

45. Foster, Rideau, and Wikberg, *The Wall is Strong*, 88.

46. Cindy Chang, "Louisiana is the World's Prison Capital," *Times-Picayune*, May 2012, [https://www.nola.com/crime/2012/05/louisiana\\_is\\_the\\_worlds\\_prison.html](https://www.nola.com/crime/2012/05/louisiana_is_the_worlds_prison.html).

47. Louisiana Department of Public Safety and Corrections, Fact Sheet.
48. Rebekah Allen, "Task Force Reveals Massive Proposed Reforms to Reduce Louisiana's Prison Population, Save \$150 Million," *The Advocate*, March 2017, [http://www.theadvocate.com/baton\\_rouge/news/politics/legislature/article\\_959130e8-09dc-11e7-bd76-4f00146e68f2.html](http://www.theadvocate.com/baton_rouge/news/politics/legislature/article_959130e8-09dc-11e7-bd76-4f00146e68f2.html).
49. Tyler Bridges, "Louisiana, Biggest Jailer, Is Poised to Overhaul Criminal Sentencing Laws," *Washington Post*, May 2017, [https://www.washingtonpost.com/national/louisiana-nations-biggest-jailer-poised-to-overhaul-criminal-sentencing-laws/2017/05/18/9bc0b976-2a92-11e7-be51-b3fc6ff7face\\_story.html](https://www.washingtonpost.com/national/louisiana-nations-biggest-jailer-poised-to-overhaul-criminal-sentencing-laws/2017/05/18/9bc0b976-2a92-11e7-be51-b3fc6ff7face_story.html).
50. Adam Nossiter, "With Jobs to Do, Louisiana Parish Turns to Inmates," *New York Times*, July 5, 2006, <https://www.nytimes.com/2006/07/05/us/05prisoners.html>
51. Eli Rosenberg, "Louisiana Sheriff Argues Against Releasing Prisoners 'You Can Work,' Drawing Slavery Comparisons," *Washington Post*, October 12, 2017, <https://www.washingtonpost.com/news/post-nation/wp/2017/10/12/louisiana-sheriff-argues-against-releasing-prisoners-you-can-work-drawing-slavery-comparisons/>.
52. James Ridgeway, "God's Own Warden," *Mother Jones*, July/August 2011, <https://www.motherjones.com/politics/2011/07/burl-cain-angola-prison/>.
53. *United Nations Standard Minimum Rules for the Treatment of Prisoners (Rev 2015)*,
54. "Solitary Confinement Should Be Banned in Most Cases, UN Expert Says," *UN News*, October 18, 2011,
55. *Boxed In: The True Cost of Extreme Isolation in New York's Prisons* (New York: New York Civil Liberties Union: 2012), <http://www.nyclu.org/publications/report-boxed-true-cost-of-extreme-isolation-new-yorks-prisons-2012>
56. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Correctional Populations in the United States*, 2013 (Washington, DC: 2014), <https://www.bjs.gov/content/pub/pdf/cpus13.pdf>.
57. Resnik et al., *Reforming Restrictive Housing*.
58. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Annual Survey of Jails: Jail-Level Data, 2012: Codebook* (Ann Arbor, MI: Inter-university Consortium for Political and Social Research, May 2013), <https://solitarywatch.org/wp-content/uploads/2018/09/BJS-Jail-Stats.pdf>
59. Nelson, "The Planted."
60. Grace Toohey, "Angola Closes Its Notorious Camp J, 'A Microcosm of a Lot Of Things That Are Wrong,'" *The Advocate*, May 13, 2018, [https://www.theadvocate.com/baton\\_rouge/news/crime\\_police/article\\_b39f1e82-4d84-11e8-bbc2-1ff70a3227e7.html](https://www.theadvocate.com/baton_rouge/news/crime_police/article_b39f1e82-4d84-11e8-bbc2-1ff70a3227e7.html).
61. Nelson, "The Planted."
62. International Coalition to Free the Angola 3, "The Angola 3 Case What You Need to Know," *The Angola 3*, 2019, <https://angola3.org/the-case/>.
63. "Reps. Richmond, Conyers, Nadler, and Scott Lead Letter Calling for Investigation into Several Louisiana Prison Facilities," *U.S. Committee on the House Judiciary*, July 2013, <https://judiciary.house.gov/press-release/rep-richmond-conyers-nadler-and-scott-lead-letter-calling-investigation-several>.
64. Nelson, "The Planted," 30.
65. Nelson, "The Planted," 29.
66. Nelson, "The Planted," 40.
67. *Louisiana's 2017 Criminal Justice Reforms: The Most Incarcerated State Changes Course* (Philadelphia: The Pew Charitable Trusts, 2018), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/louisianas-2017-criminal-justice-reforms>.
68. Rebekah Allen, "Task Force Reveals Massive Proposed Reforms To Reduce Louisiana's Prison Population, Save \$150 Million," *The Advocate*, March 2017, [http://www.theadvocate.com/baton\\_rouge/news/politics/legislature/article\\_959130e8-09dc-11e7-bd76-4f00146e68f2.html](http://www.theadvocate.com/baton_rouge/news/politics/legislature/article_959130e8-09dc-11e7-bd76-4f00146e68f2.html).
69. The state did not act on all of the task force's recommendations, however. After opposition from parish district attorneys, Governor Edwards agreed to drop a proposal that would have offered early parole to aging people who met certain requirements. Louisiana also failed to end the use of automatic life sentences for second-degree murder, a sentence given by just one other state. Tyler Bridges, "Louisiana, biggest jailer, is poised to overhaul criminal sentencing laws," *Washington Post*, May 18, 2017, [https://www.washingtonpost.com/national/louisiana-nations-biggest-jailer-poised-to-overhaul-criminal-sentencing-laws/2017/05/18/9bc0b976-2a92-11e7-be51-b3fc6ff7face\\_story.html](https://www.washingtonpost.com/national/louisiana-nations-biggest-jailer-poised-to-overhaul-criminal-sentencing-laws/2017/05/18/9bc0b976-2a92-11e7-be51-b3fc6ff7face_story.html).



70. For a collection of articles on solitary, see the Solitary Confinement Resource Center, available at <https://scrc.solitarywatch.org>.

71. Jean Casella and James Ridgeway, *Introduction to Hell Is a Very Small Place: Voices From Solitary Confinement* (New York: The New Press, 2016), <https://longreads.com/2016/02/09/a-brief-history-of-solitary-confinement/>

72. Ridgeway, “God’s Own Warden.”

73. Gordon Russell and Maya Lau, “Fall of Burl Cain: How One Last Side Deal Led to Angola Warden Undoing,” *The Advocate*, December 2015, [https://www.theadvocate.com/new\\_orleans/news/politics/article\\_b3f58cfe-8d69-57c3-bd53-2ab81682ab19.html](https://www.theadvocate.com/new_orleans/news/politics/article_b3f58cfe-8d69-57c3-bd53-2ab81682ab19.html).

74. Julia O’Donoghue, “Louisiana Tests Relaxes Restrictions on Death Row Inmates,” *The Times-Picayune*, October 2017, [https://www.nola.com/politics/2017/10/louisiana\\_death\\_row\\_changes.html](https://www.nola.com/politics/2017/10/louisiana_death_row_changes.html).

75. Steve Hardy, “Louisiana Prisons to be Subject of Two-Year Effort to Reduce Use of Solitary Confinement,” *The Advocate*, December 2016, [http://www.theadvocate.com/baton\\_rouge/news/article\\_e3b95d2a-cdf2-11e6-870b-af1186d687e3.html](http://www.theadvocate.com/baton_rouge/news/article_e3b95d2a-cdf2-11e6-870b-af1186d687e3.html).

76. Cloud et al., *Safe Alternatives to Segregation Initiative*.

77. This goal and others are outlined in a recent press release issued by the Vera Institute of Justice. See “Vera Institute of Justice Launches Next Phase of Nationwide Effort to End Solitary Confinement,” May 16, 2019, <https://www.vera.org/newsroom/vera-institute-of-justice-launches-next-phase-of-nationwide-effort-to-end-solitary-confinement>.

78. Michael Kunzelman, “Lawsuit: Louisiana Prison Brutally Punishes Suicidal Inmates,” *Associated Press*, February 2018, <https://www.shreveporttimes.com/story/news/crime/2018/02/20/lawsuit-louisiana-prison-brutally-punishes-suicidal-inmates/356195002/>.

79. Organizations at the helm of the Unlock the Box campaign include the ACLU National Prison Project, National Religious Campaign Against Torture, Center for Children’s Law and Policy, Solitary Watch, Correctional Association of New York, and California Families Against Solitary Confinement. See [unlocktheboxcampaign.org](http://unlocktheboxcampaign.org). Also see Jean Casella and James Ridgeway, “Advocates Join Forces to End Long-Term Solitary Confinement in U.S. Prisons in the Next 10 Years,” *Solitary Watch*, October 19, 2018, <https://solitarywatch.org/2018/10/19/advocates-join-forces-to-end-long-term-solitary-confinement-in-u-s-prisons-in-the-next-10-years/>.

80. “Nonfiction Book Review: *Solitary* by Albert Woodfox,” *Publishers Weekly*, March 2019, <https://www.publishersweekly.com/978-0-8021-2908-6>.

81. Louisiana Department of Public Safety and Corrections, *Fact Sheet*. The Vera Institute of Justice report, on the basis of complete demographic data, also found blacks over-represented in segregation. See Cloud, et al. *Safe Alternatives to Segregation Initiative*.

82. As explained more fully later in this report, women were significantly underrepresented in the survey due to the closure of the state’s women’s facility—LCIW—because of flooding. This situation made it difficult to locate and document the experiences of women in solitary. This is an important point for future documentation and advocacy.

83. For locations of prisons and more information about each, see <https://doc.louisiana.gov/contact/correctional-facilities/>.

84. Some of the disparity in the number of surveys returned from various prisons can be explained by the size of their populations in isolation. For example, Angola, the prison with the largest number of people in solitary, also was the source of the largest number of returned surveys. However, the two state prisons that are privately operated house large numbers of people and yet were markedly underrepresented in survey responses. Although many factors may have helped determine response rates, it is worth noting that we had no way of verifying that all surveys mailed to people at each prison were actually delivered.

85. Resnik et al., *Reforming Restrictive Housing*.

86. Louisiana Department of Public Safety and Corrections, *Disciplinary Rules and Procedures for Adult Offenders* (Baton Rouge: Louisiana Department of Public Safety and Corrections, 2008), <https://www.law.umich.edu/special/policyclearinghouse/Documents/LA%20B-05-001%20Offender%20Rule%20Book%20OCR.pdf>.

87. Stuart Grassian, "Psychiatric Effects of Solitary Confinement," *Washington University Journal of Law & Policy* 22, no. 24 (2006), 325–383 [https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law\\_journal\\_law\\_policy](https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law_journal_law_policy).
88. Homer Venters et al., "Solitary Confinement and Risk of Self-Harm Among Jail Inmates" *American Journal of Public Health* 104, no. 3 (2014), 442–447, <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2013.301742>.
89. Sal Rodriguez, "California Prison Conditions Driving Prisoners to Suicide," *Solitary Watch*, March 2013, <https://solitarywatch.org/2013/03/15/california-prison-conditions-driving-prisoners-to-suicide/>.
90. Cloud et al., *Safe Alternatives to Segregation Initiative*.
91. Ball v. Leblanc, 988 F. Supp. 2d 639, 653 (M.D. La. 2013), 654, <https://casetext.com/case/ball-v-leblanc-3>.
92. Michael Kunzelman, "Louisiana Spends \$1 Million to Fight Air Conditioning on Death Row," *Press Herald*, June 2016, <https://www.pressherald.com/2016/06/13/louisiana-spends-1-million-to-fight-air-conditioning-on-death-row/>.
93. Sal Rodriguez, "California Prison Conditions Driving Prisoners to Suicide," *Solitary Watch*, March 15, 2013, <https://solitarywatch.org/2013/03/15/california-prison-conditions-driving-prisoners-to-suicide/>.
94. As previously noted, data collected by the Vera Institute of Justice prior to the flood at LCIW showed nearly 15.8 of women in state prisons were housed in solitary on an average day in 2015, and 12.1 percent in 2016. Vera also found that an extremely high percentage of women in solitary had mental health diagnoses. Cloud et al., *Safe Alternatives to Segregation Initiative*.
95. For more on racial discrepancies in prison disciplinary outcomes, including on implicit bias, see Andrea C. Armstrong, "Race, Prison, Discipline and the Law," *U.C. Irvine L. Rev.* 759, 2015, [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2759562](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2759562); Juleyka Lantigua-Williams, "The Link Between Race and Solitary Confinement," *The Atlantic*, Dec. 5, 2016, <https://www.theatlantic.com/politics/archive/2016/12/race-solitary-confinement/509456/>.
96. Lantigua-Williams, "The Link Between Race and Solitary Confinement."
97. Louisiana Department of Public Safety and Corrections, *Disciplinary Rules and Procedures for Adult Offenders*.
98. An Administrative Remedy Procedure is a formal written complaint, or grievance, filed by an incarcerated person regarding any aspect of their conditions or treatment.
99. Wolff v. McDonnell, 418 U.S. 539 (1974).
100. Louisiana Department of Public Safety and Corrections, *Disciplinary Rules and Procedures for Adult Offenders*.
101. *ABA Criminal Justice Standards on the Treatment of Prisoners* (American Bar Association, 2010), [https://www.americanbar.org/content/dam/aba/publishing/criminal\\_justice\\_section\\_newsletter/treatment\\_of\\_prisoners\\_commentary\\_website.authcheckdam.pdf](https://www.americanbar.org/content/dam/aba/publishing/criminal_justice_section_newsletter/treatment_of_prisoners_commentary_website.authcheckdam.pdf).
102. Cloud et al., *Safe Alternatives to Segregation Initiative*.
103. These pilot programs, which includes transitional programs at EHCC for people coming out of solitary, and a 20-bed transitional dorm at LSP for people formerly in CCR, were developed in cooperation with the Vera Institute of Justice and are described in Vera's report. Cloud et al., *Safe Alternatives to Segregation Initiative*.
104. Cloud et al., *Safe Alternatives to Segregation Initiative*.
105. "Follow the Trial: Lewis v. Cain—Fighting for Medical Care for Prisoners at Angola," The Promise of Justice Initiative, accessed June 4, 2019, <http://justicespromise.org/user-home/9-uncategorised/193-follow-the-trial-lewis-v-cain-fighting-for-medical-care-for-prisoners-at-angola>.
106. Lewis v. Cain, 324 F.R.D. 159 (M.D. La. 2018), <https://www.clearinghouse.net/chDocs/public/PC-LA-0015-0001.pdf>.
107. *Justice Department Announces Consent Decree Regarding Orleans Parish Prison in New Orleans*, Department of Justice, December 11, 2012, <https://www.justice.gov/opa/pr/justice-department-announces-consent-decree-regarding-orleans-parish-prison-new-orleans>.

108. Katie Rose Quandt and James Ridgeway, “At Angola Prison, Getting Sick Can Be a Death Sentence,” *In These Times*, December 2016, <http://inthesetimes.com/features/angola-prison-healthcare-abuse-investigation.html>.

109. Louisiana Department of Public Safety and Corrections, *Disciplinary Rules and Procedures for Adult Offenders*.

110. Anna Guy, *Locked Up and Locked Down: Segregation of Inmates with Mental Illness* (Seattle: Amplifying Voices of Inmates with Disabilities Prison Project [AVID], 2016), <http://avidprisonproject.org/>.

111. *ABA Criminal Justice Standards on the Treatment of Prisoners* (American Bar Association, 2010), [https://www.americanbar.org/content/dam/aba/publishing/criminal\\_justice\\_section\\_newsletter/treatment\\_of\\_prisoners\\_commentary\\_website.authcheckdam.pdf](https://www.americanbar.org/content/dam/aba/publishing/criminal_justice_section_newsletter/treatment_of_prisoners_commentary_website.authcheckdam.pdf).

112. *ABA Criminal Justice Standards on the Treatment of Prisoners*.

113. 2006 Louisiana Laws, 14:404—Self-mutilation by a prisoner,” <https://law.justia.com/codes/louisiana/2006/146/78527.html>.

114. Louisiana Department of Public Safety and Corrections, *Disciplinary Rules and Procedures for Adult Offenders*.

115. *ABA Criminal Justice Standards on the Treatment of Prisoners*.

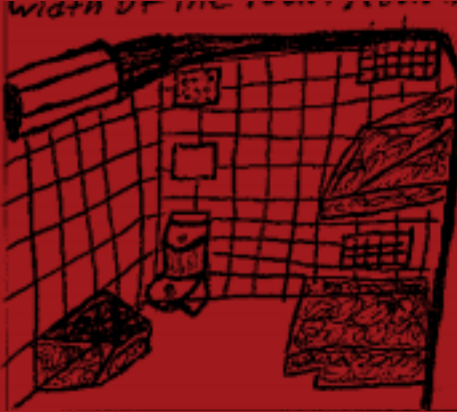
116. Ridgeway, “God’s Own Warden.”

117. *No Equal Justice: The Prison Litigation Reform Act in the United States* (New York: Human Rights Watch, 2009), <https://www.hrw.org/report/2009/06/16/no-equal-justice/prison-litigation-reform-act-united-states>.

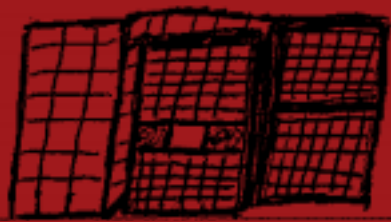
118. Resnik et al., *Reforming Restrictive Housing*.

119. *Dying in East Baton Rouge Parish Prison* (New Orleans: Promise of Justice Initiative, 2018), <https://justicespromise.org/attachments/article/190/Dying%20in%20East%20Baton%20Rouge%20Parish%20Prison%20Final.pdf>.

==



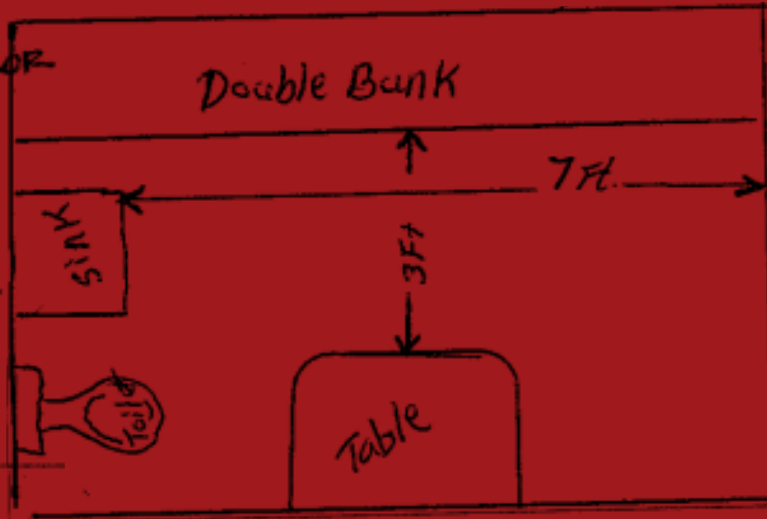
vent. The vent is always clog  
clogged to belt there blown or  
peeling and often covered w/  
to new cell's open. The door  
thick.



ted  
ranks



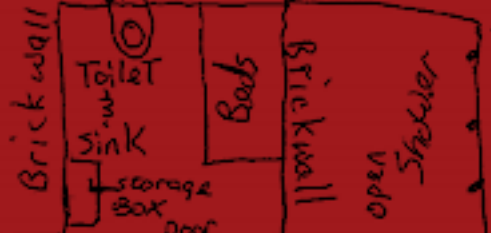
MIRROR  
Locker Box



drawings to explain.

8x12 approximately 1 toilet with sink built in to it

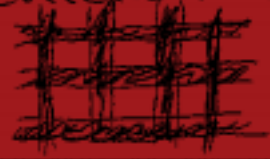
2 beds upper & lower  
cell cell cell



16-2 men cells  
All cells are  
identical on  
each Block

out side wall with windows Bars on Front

If yes, please describe the door on your  
'chicken wire' bars



1" squares  
Exactly w/

**SOLITARY WATCH**  
**ACLU**  
Louisiana

**JSRI**  
RESEARCH  
EDUCATION  
ADVOCACY  
JESUIT SOCIAL RESEARCH INSTITUTE  
LOYOLA UNIVERSITY NEW ORLEANS  
ESTABLISHED 2007

