Proposed Bill to fundamentally change the way we do Solitary Confinement

note: this is taken from a joinder action on solitary confinement which was voluntarily dismissed because of the impossibility to effectively pursue it without a lawyer.

NATURE OF THIS ACTION

Background

80).This legal action concerns the overuse and abuse of solitary confinement in Wisconsin's prisons. The Wisconsin case is complicated because the courts ruled in 2002 that the then Boscobel Supermax could not house mentally ill inmates and there have been rules put forth by the DOC administration in Madison that if followed would go a long way toward reform. It is our information and belief however, that neither the court order nor the solitary limiting guidelines and rules are followed, and that with various forms of subterfuge, a reduction in use of solitary confinement looks good on paper when in actuality the use is expanding daily . We believe that in order to understand the changes needed , it is important to look at how our system became so overcrowded and how it lost its mission to rehabilitate and keep the public safe.

81)The Wisconsin prison system today is the product of a perfect storm of what many now think were short sighted laws and executive actions first initiated in our nation's capital in the 1990's. The first of these decisions was the closing of our mental hospitals without providing viable alternatives. This has left the mentally ill and their struggling families with no affordable place to go for help and prison has become for many the final wall to end destructive behavior.

82) Prisons are our defacto mental hospitals and according to all current monitors, over a third of the inmates in Wisconsin are mentally ill.

83)The second factor in our perfect storm was the enactment of the VOTIS act in 1994, the **Violent Crime Control and Law Enforcement Act of 1994**,(H.R. 3355, Pub.L. 103–322), the largest crime bill in the history of the United States. This bill provided, among other things 9.7 billion dollars for prisons and launched a prison boom throughout the nation. For Wisconsin, it meant the ending of meaningful parole in the famous memo by the then Governor Thompson, which swept all inmates then and for the future under the draconian Truth in sentencing laws(TIS) .

84) Increased penalties under the new law and the ending of true parole meant that the prison population went from 7000 to 23 thousand in a short decade. Prisons became THE growth industry and a perfect job program in a time when manufacturing and farming jobs were disappearing. In Wisconsin, Spending skyrocketed on prisons while in states like MN , money was put into community services and crime prevention. Spending on education took deep cuts .

85)Jump forward to today and we see Wisconsin saddled with stuffed prisons in which the mission to rehabilitate prisoners and keep the public safe has been largely lost. Conditions for staff have deteriorated to the point there is a severe shortage of staff at all levels from professional health care staff to guards .

86)We contend that to cope with lack of staff and overcrowding, The Department of Corrections in Wisconsin is using solitary confinement as its main population control tool. Also Wisconsin continues to treat prisoners as unredeemable and deserving of punishment only.

87)This is particularly acute in our solitary confinement units, whatever they are named by the DOC. Here the harm done is long lasting and devastating .

Public safety Issue

88) Perhaps of greater concern to the public than effects of our policies on prisoners , however, is that those WI DOC has also abandoned its mandate to keep the public safe. It releases the truth in sentencing inmates (TIS) regularly as the law demands often without treatment or training and virtually no support upon release.

89)Those who have been in solitary are often released directly from solitary or with a short interlude. Many TIS inmates beg for treatment at Wisconsin Resource Center (WRC), the one treatment center available to the system- before release and are not given a referral. Each prison's social workers are tasked with referring disabled prisoners of their choice to an organization that

prepares SSI benefits before release but that does not happen for most mentally ill prisoners and they are released little hope of success. A letter from one inmate writing one month before release sums up the situation: "I get released in a month back to the same neighborhood where I was before prison . I have had no treatment and no training and am drug addicted. I have no support and the DOC offers almost none. What do you think I will end up doing? "

90)In October 2017 FFUP nonprofit included a survey in its newsletter asking multiple questions intended to give broad look at whole incarceration experience, particularly asking if the WI DOC is fulfilling its mission to rehabilitate and keep the public safe. All responses decried lack of treatment and release help.

91)The realization that long term solitary confinement actually causes mentally illness and a diminished capacity for success **AFTER** release is growing in this country. For example, in November 2017 Standford University came out with a report on how prisoners who endured long term solitary were doing after release. It sites the devastating effects solitary confinement has on anyone- whether they go into prison mentally ill or not. (**"Mental Health Consequences Following Release from Long-Term Solitary Confinement in California"** Consultative Report Prepared for the Center for Constitutional Rights)

Media spotlight and New Rules Not Followed

92) In Wisconsin, the actions around solitary confinement have taken a rocky road and the outcome is still uncertain. A major force was In 2014, when the Center for Investigative Journalism (CIJ hereafter) did a series of three articles on the alleged abuses by guards of prisoners at the Waupun Correctional Institution (WCI.) segregation unit. Guards were named and the actual complaints and were made available. This created a firestorm of letters and petitions and discussion in the public. These alleged assaults and the general high level of violence in WI seg units are important because it is the most vunerable, i.e. the mentally ill, who are usually the victims of assault or lack enough self control to navigate the difficult hostile environment and are assaultive themselves.

93)The then DOC Secretary Ed Wall wrote an essay (exhibit #1)(leaked)questioning the use of Solitary confinement, writing that at times segregation has become "a method to isolate and punish inmates as a form of internal judge, jury and executioner. Depriving people of outside contact, personal property, programming, etc., seems to focus on doing psychological harm rather than achieve desirable goals." And: "Courts have repeatedly found that forcing prisoners with mental illness to undergo solitary confinement constitutes cruel and unusual punishment. How would our placements be viewed by the courts?"

94) Finally a draft of new guidelines were enacted. In the guidelines, solitary confinement for conduct reports were reduced drastically and other reforms were mandated. Guards in WCI wore cameras, a rotation program for guards was instituted and the guards named the most times in the assault complaints were removed from the unit.

95) However only one prison, GBCI (Green Bay Correctional Institution), followed the guidelines reducing seg times and as soon as public attention waned, rotation and camera wearing at WCI was abandoned as were all efforts at reforming in the other prisons. Also now the main guards named in the CIJ articles for the most complaints of abuse are dominating the solitary units in WCI. It is our belief that Joseph Beahm who was named in most of the inmate assault complaints, heads the unit at time of this writing and another named in much ongoing abuse, Monguey, is back on the unit. At present, the prisoners are largely silent about the physical abuse they endure as there is no safe way to report. Also we believe that of late some staff wear cameras but it is not enforced and arbitrary, allowing removal when convenient.

96) The Madison Central office of the Department of Corrections has enacted several new policies call **DAI Policies** which are aimed at remedying the violations of the 8th amendment against cruel and unusual treatment . These new policies, also, are largely ignored and not enforced.

97)The result is that each prison is its own fiefdom , dealing as it can with overcrowding and lack of staff. Whole prisons go on lockdown regularly to deal with staff shortages and all programs, library use , recreation etc are curtailed for the whole populations.

Conditions in Solitary in WI prisons

Changing diagnoses and double- celling in seg

98)But conditions in solitary rise most obviously to the level of cruel and unusual conditions, show deliberate indifference and violate the Americans with Disabilities (ADA) Act . Violations of human decency and constitutional amendments and ADA law include but are not limited to the following:

99) One of the most egregious strategies used to deal with the overcrowding and lack of staff reality is the changing of Diagnoses of the mentally ill from severe (MH2) to not severe (MH1). Medicines are cut as are other treatments and severely mentally ill people, now labeled as "not so bad", sit in long term solitary without recourse to any treatment.(exh #2 see Boivin exhibit)

100) Due to the Courts prohibition on putting mentally ill prisoners in the Boscobel Supermax, now WSPF, that is the one prison which always has room. The pattern is to change the diagnoses inmates in an overcrowded prison and move the now " cured" inmate to Boscobel.

101) The placement of Prisoners on AC has also expanded by placing people with minor infractions into WSPF, a prison with only solitary cells which always has room when the rest of the system is critically overpopulated.

102)The review of AC placement is considered a joke by prisoners and AC is thought to be used to silence litigators.

103) Confidential informants (CIs)are used to allege gang involvement with CIs there is no mechanism whereby the accused can refute charges or even know the name of the informer.

104) In two prisons, CCI and WCI , prisoners are forced to cell in a single man solitary cell with one prison on a mattress on the floor. In CCI the inmates are given the choice of sleeping two in a one man cell or taking more time in seg .

Subterfuges used to hide extent of solitary use

105)Inmates are put into solitary for minor infractions despite new rules to the contrary and lengths of stays in solitary are often much longer than rules allow through various renamings and subterfuges as well as plain disregard of rules.

106) One of the subterfuges used at WSPF (Wisconsin Secure Program Facility, the former Supermax) which hides the real extent of solitary confinement use, is a so –called "warning system." Here a four level, year long program called High Risk Offender Program (HROP) is sabotaged by a system where a "warning" can be issued which can send the prisoner back to the beginning of the program but the gives the prisoner no recourse to question or appeal.

107) Another camouflage is terminology shifts between AC and DS (administrative Confinement and Disciplinary segregation). Most prisons often give conduct reports to inmates on AC and assign them to "disciplinary segregation" (DS) which further confuses the activists and public's attempts to monitor what is really going on. Generally the conditions are the same with the two kinds of solitary and the prisoner is seamlessly transitioned back to AC after his DS time is over.

108) There are many of such confusing labeling and subterfuges we feel are attempting to camouflage the true extent of use of solitary.

Therapy, Treatment and Programming

109) Throughout the solitary units, where most of the mentally ill spend most their prison time, therapy sessions usually rare and tend to be brief and held at cell door, where all on unit can hear. Most prisoners complain they cannot talk freely in these circumstances.

110)The one treatment facility, Wisconsin Resource Center(WRC.) is run by both DOC and WI Health and Human Services Department and is inadequate to present needs because the stay is usually short, there is little follow up once the prisoner returns to the DOC system and because they treat only a small number of the thousands in need..

111) further , there is increasing evidence that the DOC is reluctant to refer many mentally ill prisoners to WRC even though these prisoners beg for treatment before leaving prison, as many of these prisoners will be leaving straight from years in solitary. We hope to do discovery on this issue to determine the extent of refusal to refer prisoners to WRC and if that is our finding, the reasons.

112) The women's prison in Fond du Lac (TCI) has a mental health facility, mandated in the settlement of Flynn Vs Doyle,06-C-0537 in 2010. This facility is far superior to anything the male prisoners have and we invoke the 14th amendment and demand that

a similar facility be build for the men's prisons.(Exh #3 https://ffupstuff.files.wordpress.com/2018/06/3what-doesnt-kill-you-makes-you-stronger.pdf)

113) There is a critical shortage of all staff , particularly of health care and psychological staff. Another effort for discovery is to find out the level of shortage and the number of people who have quit and why they have done so.

114) As Far as programming , solitary confinement prisoners often face another catch twenty-two that keeps the parole eligible prisoners forever in prison. It is our belief that the prisons don't allow essential programming to prisoners in solitary and the prisoner is told he is denied parole because he did not do the programming.

Dealing with self harm issues

115) Rules for dealing with those at risk of suicide are woefully inadequate and even those are routinely not followed. Increasingly warnings and pleas for help by prisoners who feel they are at risk of harming themselves are often not heeded and/or are laughed at .

116)The remedy for suicide attempts has been to put the inmate naked or near naked in a cell with no property (observation status)with close monitoring and a visit from professional staff.

117) In many prisons that (Observation)status is often dropped and "Control status" is used, which has little monitoring and no professional staff visits. Suicide attempts are often met with more isolation and often with conduct reports.

118) The use of restraints in suicide prevention is often brutal and involves excessive force. In some prisons the inmates are kept in full restraints for days and not allowed up to use the bathroom .

119) Mentally ill inmates in solitary are often punished with more solitary time for self harm behaviors. Self-harm, usually cutting, is so pervasive in these segs at all of the max institutions that it occurs on a daily basis, sometimes multiply times in one day.

General conditions in Solitary and Outside Support Discouraged

120) Conditions in solitary units, whatever they are called, are deplorable, property restrictions are unconscionable, and the therapy that does go on is woefully inadequate. This leads to a lack of positive motivation and the inability of staff (guards and professional staff) to actually help has fostered sadistic behaviors in some and a determined willfully ignorance in others.

121)Plaintiffs in WCI, GBCI and CCI allege that solitary cells are often filthy and feces spread, are not adequately cleaned between uses. Also, temperatures are not regulated and are extreme in every season.

122)Property allowances in all solitary units are punitive to the extreme and for many units there is no canteen allowed and where it is permitted, the inmates tend to be indigent. For example, the inmate is given a plastic rectangle of liquid soap about 2" by 1 inch long and is expected to use that for soap for 3 days when it actually not enough for one good wash up. We will verify these claims through discovery.

123)Further, plaintiffs complain that food portions have been steadily declining and prisoners are always hungry. This leads to lethargy and many have no recourse but to sleep all day.

124)Plaintiffs believe that family support is generally discouraged. WI DOC has made it very difficult for the families and friends to stay in contact with and help their imprisoned loved one and this is particularly of concern with those in solitary. For example, property allowances need to be revisited and rules for incoming books need to be changed to reflect our internet world and what is done in other more progressive correctional systems:

125)Family's and friend ability to help their loved ones to cope with solitary by sending books is truncated with receipt rules that require a paper receipt which most internet outfits cannot do. Likewise, free books to Prisoners groups that give to Wisconsin prisoners face rules more draconian that other states.(for example, the books have to be new). Other hindrances to helping prisoners get through exist.

126) Books available by the prisons to solitary inmates are woefully inadequate so opportunities for learning in seg are diminished for people without family and friends with means.

127)Hygiene is also very important to many inmates and is important to anyone's feeling of well being yet the basics are unavailable to the neediest inmates and families have no way to help since products like soap and deodorant and shampoo are not

available at the only vendors families can buy from. The family's ability to buy through vendors is made more important by the WIDOC's unique interpretation of Statute 355 passed by WI legislature in 2015. Often all or most of money earned by inmates or sent in by families is taken by the DOC to pay for prisoner debts before the prisoner get any.

128) Mentally ill prisoners are routinely punished for behavior caused by their mental illness. The most vulnerable mentally ill inmates are easily goaded to "snap out "and are perpetually given CRs and sometimes new cases for assaults. Suicidal thoughts are often taunted and in general all negative emotions are escalated in this environment that encourages punishment as the only resolution of every problem.

129) Finally. Time out of cell for many solitary confinement prisoners is the first thing routinely cancelled with staff shortages. It is our information and belief that routinely, most prisoners spend 24 /7 in cell except for those that have showers out of cell.

Medical care to long term solitary inmates

130) Inmates who have been in solitary for inordinate lengths of time are not routinely assessed by a physician. Under WI Statutes, inmates placed in solitary must be under the care of a physician. However, if an inmate in solitary in WDOC does not request to see a physician, he is not seen. Despite WIDOC recognizing the deleterious effects of solitary confinement, inmates in WIDOC are not routinely assessed for the well-know effects of such an excessively sedentary life-style on their physical and mental health.

131) LaRon McKinley-Bey, served 27 years in nonstop solitary confinement, the longest serving solitary confinement. He was told he would never get off AC and was told his tests revealed he was an incurable socio/psychopath. In 2016 he took part in a hunger strike that was well publicized and included public protests. The warden of WCR negotiated with LaRon and he is now in general population in Colorado, an Instantaneous cure.

132) LaRon seems to be the only benefactor of the 2016 hunger strike, for it is our information and belief that now strikers are not monitored, and the ability of the public to keep close to conditions of strike or strikers is severely curtailed.

133) Ras Atum- Ra Uhuru Mutawakkil is now the longest serving administrative confinement prisoner with 17 years straight solitary His proposal, COMMON GROUND, is a common sense approach to relieving tensions within the prison while turning the corner toward healing.(See exh#4)

134) As stated in beginning of this complaint, some states have joined the international community in acknowledging the destructiveness of solitary confinement and have replaced the what many see as a "revenge only" corrections policy with a healthy balance of treatment , training, and punishment coupled with community programs that help communities deal with its' problem in healthy ways, lessening greatly the reliance on incarceration.

135)Colorado's transformation is of special interest to WI residents because the head of CO system, Rick Raemisch, was WI DOC Secretary. A life changing event for him was a day he spent in solitary (see exhibit #5) The rules and principals now used in CO are well set out in their website. It is increasingly a system that now stresses rehabilitation and public safety. Present efforts have culminated in the 2017 ban on solitary longer that 15 days except for in the most extreme cases and even in those cases humane treatment and concerted efforts to end the confinement are mandated.(exhibit #6)

In Sum

136) Plaintiffs seek relief from Defendants' knowing and deliberately indifferent failure to provide necessary care for serious mental health needs, it's arbitrary use of solitary as a population control tool, and it's disregard of prisoner's basic needs which puts Plaintiffs at substantial and ongoing risk of physical injury, mental illness and premature death. For the mentally ill and otherwise handicapped, the Americans with Disabilities act prohibits the very treatment that the WI DOC most relies on.

137) We believe that although the whole tapestry of dysfunction is complicated, the details of the whole system are all rightly brought up here because of their common cause: overcrowding and loss of mission, evolving from decisions of the 1900's and first decade of the 21st century. We believe that the primary bad actor is the refusal of we, the American public, to accept its responsibility to its vulnerable citizens. But here we target The WI DOC because they accept gladly the misguided shortsighted dictums and have abandoned their mission to rehabilitate and keep the public safe.

138)All efforts to move the system toward a balance between rehabilitation and punishment have been met with fake rules and public posturing which is short lived and transits back "normal" as soon as public attention wanes. Litigation is necessary.

139) Plaintiffs bring this action pursuant to 42 U.S.C. § 1983; the Eighth and Fourteenth Amendments to the United States Constitution; Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12132; and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794. Plaintiffs seek declaratory and injunctive relief to remedy the gross deprivation of adequate mental health care and arbitrary use of solitary in the WI DOC.

140) Also, we ask the court to take into account the growing international and national awareness that long term solitary confinement IS torture and assert as did Justice Kennedy (exhibit #7) **that prolonged solitary confinement is a violation of human dignity and is unconstitutional, not only when applied to people who are particularly vulnerable or sympathetic, but to everyone.**

Evolving standards of Jurisprudence in the U.S.

141**).** On his 2011 interim report , Juan Mendez, Special Rappoteur of the Human Rights Council on Torture and other Cruel, inhuman or degrading Treatment (CAT) , called on the International community to, among other things, impose absolute prohibition on solitary confinement exceeding 15 consecutive days. He concluded that even 15 days in solitary constitutes torture or cruel, inhuman or degrading treatment or punishment, and that any longer in solitary can cause irreversible harmful psychological effects.(EXHIBIT 8#).

142) Article 1 of CAT (CONVENTION AGAINST TORTURE" AND OTHER CRUEL AND INHUMAN ,OR DEGRADING TREATMENT OR PUNISHMENT"**)**defines torture as: "any act by which severe pain or suffering whether physical or mental is intentionally inflicted on a person for such purpose as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, When such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."

143)European bodies have taken a particularly progressive view on the use of solitary confinement, allowing it only after a medical examination certifies the prisoner fit to sustain the isolation and with daily monitoring of the prisoner's psychological state. Additionally, the Council of Europe's European Committee for the Prevention of Torture (CPT) stated that solitary confinement can rise to the level of inhuman and degrading treatment and —should be as short as possible.

144)In March 2015, Supreme Court Justice Anthony Kennedy was testifying before the House Appropriations Subcommittee when he received a question on prison overcrowding. He responded with a sweeping condemnation of the American prison system and particularly of solitary confinement which, he said "literally drives men mad."(exhibit#7)

145). Until recently, the courts have focused on limiting solitary for vulnerable groups. **For example, courts have ruled that the 8th Amendment limits the placement of people with serious mental illness in solitary. Courts have similarly found that putting people with physical disabilities in solitary can violate federal law.**

146) **In his 2015 statement, however,** Justice Kennedy invoked solitary confinement as not just another potentially harmful prison practice but as a **violation of human dignity: "[t]he human toll wrought" "exacts a terrible price" on all people; and how solitary can bring all people "to the edge of madness, perhaps to madness itself." Here he is saying that prolonged solitary confinement is unconstitutional, not only when applied to people who are particularly vulnerable or sympathetic, but to everyone.**

147) Justice Kennedy seemed eager to consider whether prolonged solitary confinement is unconstitutional. If faced According to onlookers, with a lawsuit raising this issue, he wrote, the courts may have to decide "whether workable alternative systems for long-term confinement exist, and, if so, whether a correctional system should be required to adopt them." In other words, he was saying, bring us a case.

148) In his October 2016 final report on solitary, Special Rapporteur Juan Mendez showed optimism about the general trend, though not without exception, toward reform in the United States. He listed the Federal Government efforts that chipped away at solitary confinement use including President Obama's announcement that juveniles in the federal prison system will no longer be held in solitary confinement. He also listed state -level reforms, such as Colorado

policy to reserve the use of isolation for “only the most violent and dangerous offense types,” pending legislation in Colorado and Pennsylvania to lessen the use of solitary confinement, and further reform efforts at more local levels—including New York City’s ban on solitary confinement of those who are under 21 years of age, are seriously mentally ill, or are physically disabled.

149) in November 2017 , **Standford University** came out with a report on how prisoners who endured long term solitary were doing after release. It sites the devastating effects solitary confinement has on anyone- whether they go into prison mentally ill or not. The realization that long term solitary confinement actually causes mentally illness and a diminished capacity for success **AFTER** release is also growing in this country. (**“Mental Health Consequences Following Release from Long-Term Solitary Confinement in California”** Consultative Report Prepared for the Center for Constitutional Rights)

150) In October 2017 Colorado banned solitary confinement for more than 15 days.:“Long-term isolation costs too much, does nothing to rehabilitate prisoners, and exacerbates mental illness – or even causes it in prisoners who were healthy when they entered solitary,” spokesman John Krieger said. “Since more than 95 percent of prisoners will return to our communities, the smart approach for public safety is to focus on rehabilitation.”(exhibit 7#)

151)Demands

A) IMMEDIATE

changes to be done immediately(specifics to be worked out)

1)Property allowances in various seg units (details to be worked out- For example, AC[administrative confinement] is supposed to be non punitive and should allow all property unless dangerous can be proved and yet it is one of the most restrictive in property)
2)Books and reading materials to inmates- rules need to be changed.
3)Guards who have history of abuse of inmates shown in inordinate amounts of dismissed inmate complaints must be fired or given assignment with minimum contact with inmates- give guidelines-
Exhibit 8-WI Center for Investigative Journalism did a series of articles an alleged guard abuse in 2014. The guards who were named in most of the complaints are now heading the solitary in WCI)
4)Strict rotation of guards must be instated- no less the 3 months and the incoming guards must outnumber those **left** by two to one. No newly hired guard is to work in solitary units until they have served at least a year.
5)Cameras will be worn by guards at all times. Camera shall be placed to cover blind spots on floors (those will be pointed out by inmates) and cameras shall record at each site. Also videos shall be made available to inmates who need them to litigate- the rules surrounding availability and preservation of videos need to be reviewed. (At present some guards wear cameras but they take them off as they desire or point the focus away from the concerning event)
6)protocols for dealing with Hunger strikes need to be reviewed and updated and enforced so the prisoners are adequately monitored and the outside has access to information on the strikers. Excessive force is not to be used and bottled water is to be given where asked. Hunger strikes are a constitutional right of prisoners. (at present the prison deal with strikes by denying their existence, leaving the strikers with no recourse but to quit or die).

B)Short term plan For Solitary units:

B1.)The segregation guidelines published in 2015 but only followed by GBCI shall be reinstated and enforced (SEE exhibit) . These allow a maximum of 90 days in solitary for any violation .

B2.) Guards training and discipline:

B2 a) Guards will be rotated out of segregation at 3 month intervals. There will be enough guards moved at each rotation so that the incoming guards are not just learning bad habits from long time guards.

B2 b)There will be mandatory cameras worn on forehead in all seg , RHU and AC units. Cameras will be posted and recordings will be kept in all areas presently consider the main assault areas by prisoners. Videos will be made available to inmates who request them.

B3) Extensive training of guards on how to treat difficult prisoners will be undertaken. Also, The Warren Statement that prison is the punishment- loss of freedom is the punishment , will be taught and the myth that the guards’ duty is to punish the prisons will be debunked in training. The mission statement of the DOC will be taught and discussed- to rehabilitate offenders and to keep the public safe.

B4) No one should work in seg/ac units(which are innately psychologically abusive environments)for more than three months consecutively, let alone years. Guards who have worked for years in segregation and who have an extensive list of complaints alleging harassment, rapes and beatings and against them will be removed from segregation duty and will be assigned to general

population and closely monitored there. If the abusive behavior continues as evidenced by complaints, eye witnesses, and/ or videos etc he, she will be fired.

B5)DOC must keep accurate records and make available to the public of the data on quittings and firings of professional staff and guards and of staff shortages of guards, Health service units, Psychological services unit and physicians and all other services. Only with accurate regular information can the pubic allocate funds to make up for shortages. Also made available to the public are lock downs and meals served in cell due to understaffing and overcrowding. NO cells designed for a single occupant are to have two men in them, let alone one on the floor. Actual out of cell time available to inmates will be logged each week , what activities were made available and what was closed due to lack of staff or other problems. Overtime by guards, forced and volunteer will be made available to the public.

B6)No new guards will work in solitary units, seg or AC. A guard must have worked at that institution for at least a year(?) before being assigned to a solitary unit.

B7) Very important for any real change is a change in policy which ensures that the decisions by the psychological staff overrule security unless security can prove that the psych staff's decision opens up an immediate and concrete danger. IF there is a dispute, the question goes to the warden.

B8)And at no time will a mentally ill inmate be given a CR or criminal charges for behavior which is cause by his mental illness.

B9) **property allowed** : *Note: AC is slated as non-punitive and its residents were allowed all property until Supermax opened and rules were changed in 2000*)AC/ RHU prisoners will provide ALL general population property where a valid security concern cannot be demonstrated .

B10)All restrictions on property will be reviewed with the idea that only a valid security concern warrants the deprivation. Hygiene will be made available for the public to buy their loved ones and Books bought off internet shall be allowed in with an email receipt. The Mandela RULES shall govern a reevaluation of all property restrictions. (Exh 9: The 121 Mandela Rules or the Standard Minimum Rules for the Treatment of Prisoners , were revised by the UN in 2015. This is a summation done by the Netherland's non profit PRI.)

C) LONG TERM)

C1)The establishment of one or more mental healthcare treatment centers for male prisoners modeled and operated like the one for women at the Taychedah Correctional Institution(TCI). (see exhibit for view of TCI's center)

a)Note: We have had alternate suggestions of converting Sections of WCI to general population AC transition I units. This can be done in addition but a well run well lighted treatment facility like the one in the women's prison is needed and it is our understanding that it was put into the DOC budget a few years ago and taken out as other priorities arose.

b)What we are after is effective treatment and programming for the mentally ill that does not exist in The WI system for males. There is the Wisconsin Resource Center (WRC) but the stays are temporary and there is little followup when the prison returns to his former prison. Treatment suggestion/prescriptions from WRC are seldom followed and there is virtually no programming. What happens in NP, or north program is not treatment or effective programming.

C2)**OVERALL Goal**

a)**Our overall goal is to follow Colorado's example** and end long term solitary confinement except for the most extreme cases examples . A few months ago CO banned solitary over 15 days except in the most extreme case. And in those cases , the prisoners are treated humanely, have appropriate property and treatment ,are well monitored and leave solitary as soon as possible. Rick Raemisch, the former WI DOC secretary now heads the Colorado system and has visited WI trying to push reform here. The rules and plans they follow are available on the CO DOC website.

b) Entwined with the ending of our draconian solitary practices is the need to population reduction. For overpopulation is the basic reason for this overuse and abuse of solitary. Overpopulation and the attendant staff discontent/quittings and the lack of treatment-services, recreation etc that comes with stuff prisons- must be addressed before any real changes can be done. So far the DOC has provided window dressing in the form of rules that are not followed and always, the push to build new prisons. Reinstating parole and ending reincarceration for non-felonies can be done safely and start a return to balance.

The Wisconsin department of Corrections has abandoned its mission. It neither protects the public nor rehabilitates offenders. This must change. Young prisoners, TIS prisoners, are being returned home with no support, after receiving no treatment and

many after lengthy, debilitating solitary confinement, while older rehabilitated parole eligible prisoners remain entombed. The way ahead is treatment, training and community involvement and we hope the first steps are here.

152) ADA CLAIM

For prisoners with behavior disorders such as adjustment disorders, explosive disorders and other mental illnesses which manifest in behavioral problems, i.e. self harm; or when solitary confinement has give rise to such disorders, and who are further maintained in solitary because of said behaviors,- that is, denied access to general population ("which constitutes a program")and its myriad programs, treatment etc: Plaintiffs-(most fit this criteria)-allege violations of the ADA and section 504 of the Rehabilitation Act.