

Solitary Confinement Abuse and Torture
A discussion on the abuse of solitary confinement in the American Prison System

by
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INTRODUCTION

"Stays of longer than 15 days in solitary confinement can amount to torture and should be prohibited."

— Juan E. Mendez, United Nations
Special Rapporteur, August 5, 2011

This is Book One of a Three Book series I am authoring on behalf of an initiative I've named: Speak Truth 2 Power Coalition (ST2PC). ST2PC mission is to raise awareness on the issue of the mass incarceration of Black people as the Civil Rights' issue of this generation and to present solutions to the problems that continue to perpetuate the mass incarceration of Black people. I will like to say to all people of all races that the mass incarceration of Black people in America's prisons is not solely a problem for Black people to fix, it is an American problem that America as a whole needs to fix. I hope and I pray that people of all races will join ST2PC efforts to right the wrong of the mass incarceration of Black people in America's prisons.

I am a Black man in Wisconsin, the most racist state in America. Wisconsin's racial disparities in regards to economic inequality, educational opportunity, incarceration rates and healthcare are worst for Black people than in any other state in America. Racial disparities and discrimination against Black people is worse in Wisconsin than in Mississippi or any other Southern State of the former Confederacy.¹ So when I speak about the Wisconsin Prison System I am speaking about a prison system that locks up more Black people per capita than any other state in America. When I speak about Solitary confinement abuse and torture in the Wisconsin Prison System I am speaking about a prison system that inflicts solitary confinement abuse and torture on Black prisoners at a higher rate than any other state in America. Black prisoners in solitary confinement in Wisconsin prisons serve longer stints in solitary than in any other state in America. I want to raise awareness in the American public about what's been going on in Wisconsin against Black people for generations.

For those of you who are listening to the audio recording of this book allow me to apologize ahead of time. I am in prison conducting the audio recording of this book over the phone in 15 minute increments. Each call is 15 minutes long, sometimes you will hear an automated message prompt voicing that I am on a prison phone system. Whenever that happens I will pause. Also wherever I am at the end of a 15 minute call I will pick back up at that spot on the following call. There may be times when I flub a line, please bear with me and my circumstance of incarceration, it is my aim to provide you with the best audio book experience possible considering my condition of imprisonment.

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See WKOW News Station in Madison, WI (Channel 27-1) Freedom and Justice For All; Moderated by Greg Jeschske; August 2016.

I dedicate this book to all prisoners who have suffered solitary confinement abuse and torture. It's been a long time coming but I know change gon' come.

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Synopsis

Many Black people are sent to American prisons outside the view of the public and are subjected to the abuses and torture of solitary confinement on a disproportionate level. Instead of receiving educational and treatment programming we are disproportionately subjected to solitary confinement abuse which causes the deterioration of our psychological and behavioral health. After solitary confinement abuse damages our psychological and behavioral health we are returned back to society with our mental and emotional health in worse shape than it was when we entered prison. When we return to society with our mental and emotional health damaged by solitary confinement abuse we are more prone to reoffend, commit crimes and return to prison.

The public doesn't understand how widespread solitary confinement abuse is in America's prisons and how disproportionately it is used against Black prisoners. The public doesn't understand how our psychological and behavioral health is damaged by solitary confinement abuse and how we are returned to society in worse shape mentally and emotionally than when we entered prison. Prisoners going back and forth, back and forth to prison can often be traced to their poor mental and emotional health caused by solitary confinement abuse. If the mass incarceration of Black people is to be stopped, ending the disproportionate use of solitary confinement abuse against Black prisoners must be an instrumental part of it.

beginning

Solitary Confinement Abuse And Torture

A discussion on the abuse of solitary confinement in the American Prison System

Preface — Solitary Confinement Is A Public Safety Issue

I am Atiba Kweli Kamali (AKA John E Egerson II) I am currently incarcerated in the Wisconsin Secure Program Facility (Formerly Known As Supermax). I have been incarcerated for 14½ years and I have been in solitary confinement for the last 10 years. I have been able to follow the media coverage of solitary confinement abuse in America's prisons over the years. I have heard other prisoners, ex convicts, prison staff, activist groups, etc speak on this issue. And because solitary confinement abuse has dominated my life from an adolescent to an adult I feel obligated to contribute to the discussion and cause to bring an end to solitary confinement abuse and torture in America's prisons.

The first thing I want to address is the meaning and definition of solitary confinement. Solitary Confinement is used to confine prisoners to a cell the size of a small bathroom in solitude for 22-24 hours a day. People often discuss how they suffer from claustrophobia which is defined as an abnormal dread of being in closed or narrow spaces.¹ I think all humans dread being confined to closed or narrow spaces because humans are social creatures of mobility — we like to move around and travel. So all humans dread claustrophobia to a degree. The proposition of solitary confinement tries to condition humans to accept claustrophobia as a normal mode of existence which goes against human nature and that's why humans have such a difficult time adjusting to existence in solitary confinement.

Society has to determine what it wants to achieve with its prisons. Prisoners are citizens who were in society and who for one reason or another turned to antisocial criminal deviant behavior and were sentenced to prison for said conditions. The objective of prison should be to teach prisoners how to socially function in society in a healthy and productive way, prisoners should be taught the importance of the rule of law and what the collective goals of society are and how they can contribute to society's collective efforts to achieve said goals. Most prisoners come from impoverishment, low income families, ghettos, etc and they feel socially alienated from society. They feel like outcasts of society. They feel rejected by society and so they reject society. So prison must strive to teach prisoners how to socially function in society in a healthy and productive way.

In order to teach prisoners how to socially function in society in a healthy and productive way you have to first teach them how to socially function in a healthy way. Whether a person is socially functional or dysfunctional depends solely on their mental and emotional health. So the first goal of prison ought to be to do no harm to the prisoners' mental and emotional health. The prison should do all it can to help prisoners improve their mental and emotional health so as to help them become more socially healthy and functional. Most prisoners are going to return to society, so society needs to ask itself do it want prisoners to return to society socially healthy and functional or socially unhealthy and dysfunctional?

Confining prisoners to a cell the size of a small bathroom for 22-24 hours a day for months and years at a time asks prisoners to become conditioned to existing in a claustrophobic state of being. It's impossible for humans to become conditioned to existing in a claustrophobic state of being as such a state of being goes against human nature which is why humans have such a difficult time adjusting to existence in solitary confinement. Most humans have a negative psychological and behavioral response to solitary confinement. Solitary confinement abuse causes the deterioration of one's psychological and behavioral health this is a fact bared out by exhaustive research and study on the topic of the psychiatric effects of solitary confinement. One effect of solitary confinement I want to address right now is how it causes prisoners to become more antisocial and less pro social.

When you confine a person to a cell the size of a small bathroom in solitude for 22-24 hours a day for months and years, after a while his ability to socialize with large groups of people start to diminish. He starts to become more socially hostile and antagonistic towards the idea of socializing with large groups of people. He starts becoming more and more socially dysfunctional in large group social settings. This is simply a natural consequence of existing in a claustrophobic cell the size of a small bathroom for 22-24 hours a day for months and years at a time in solitude in which you interact with a very small group of people. Prisoners need to have pro social behaviors instilled into them in which they can learn how to socially function in a healthy way in large group settings such as the workplace, school, religious gatherings, etc if they are ever going to thrive in society. What prisoners don't need is harmful antisocial behaviors instilled into them to the point where they are unable to socially function in a healthy and productive way in society and this is what solitary confinement abuse does to the prisoner.

Racial Bias

I am a Black man in America and one of the painful legacies of this country is racism weaponized by the White power structure against Blacks and other minorities. Racism has been weaponized by the White power structure against Blacks and other minorities in a myriad of ways but the one in question I wish to discuss herein is how the White power structure has weaponized their criminal justice system as a tool that has been utilized to bring about the mass incarceration of Black people. The White American police state has always been hostile towards Black people since the inception of this country. If Black people are subjected to racial profiling, harassment and police brutality in society in the public square, one can only imagine what we are subjected to in the prisons of the White American police state outside the view of society. The prison officers racially profile, harass and brutalize us even more so but there is something else they have in their tool kit to torture us with and it's known as solitary confinement. First and foremost it is a fact that solitary confinement is used on Black prisoners on a disproportionate level when compared with our White counterparts.²

The mass incarceration of Black people is an issue I want to help bring to an end but in order for the Black community to bring an end to the mass incarceration of Black people the Black community must have an understanding of how solitary confinement abuse is the foundation upon which the mass incarceration of Black people stands. The Prison Industrial Complex is big business there are corporations that make billions from prison phone call rates, supplying clothing, food, toiletries, etc to prisons, there are an innumerable amount of people in America who have made careers off the prison industrial complex, e.g. Correctional Officers, Administrative Staff, Healthcare Staff, Maintenance Workers, Food Preparation Staff, and so on. Recidivism is defined as when someone tends to or is liable to backslide or relapse to a former condition or habit.³ Recidivism is what makes prison a revolving door for most prisoners and when you have prisoners that get out, come back, get out, come back that ensures the continual growth and expansion of the prison industrial complex.

In order for the prison industrial complex to thrive it needs prisoners to recidivate meaning it needs prisoners to backslide or relapse to their former condition or habit of criminality, drug abuse, illiteracy, etc and one way the prison industrial complex has historically achieved that is through solitary confinement abuse. When a prisoner is sent to prison in Wisconsin they are assessed and evaluated by educational and treatment staff so they can determine what the prisoner educational and treatment needs are. Once a prisoner's educational and treatment needs are known the prisoner can participate in educational and treatment programming that addresses his needs. However if you receive a behavior infraction and are placed in solitary confinement you are prohibited from participating in any educational and treatment programming. There are a few exceptions here and there but for the most part when a prisoner is housed in solitary confinement he is taken out of his educational and treatment programs of which he can only hope to restart once he gets released from solitary.

So how it works is — if you are a prisoner in general population, you can participate in educational and vocational programming and you can participate in the treatment programs to address your needs. Due to prison overcrowding, most times you have to be put on a waiting list for programming and if you are placed in solitary confinement you are taken out of programming and once you are released from solitary you are placed back on the waiting list for programming. However when you have prison guards that harass prisoners for any and everything so as to place them in solitary confinement the guards are in essence making it exceedingly difficult for prisoners to have consistent access to educational and treatment programming. If prisoners can't get consistent access to educational and treatment programming their chances of addressing their educational and treatment needs are very low and if they return to society without adequately addressing their educational and treatment needs their chances of recidivating are very high and if they recidivate, backslide or relapse to their former condition or habit of criminality, drug abuse, illiteracy, etc their chances of returning to prison is very high.

Prison guards who are mostly White more often than not profile and harass Black prisoners and put them in solitary confinement at a higher rate than White prisoners. Solitary confinement units in America's prisons are filled mostly with Black prisoners which means that many Blacks are sentence to prison and don't receive the educational and treatment programming they need because their access to such programming is restricted by their placement in solitary confinement. So many Black prisoners return to society without adequately addressing their educational and treatment needs that they pretty much have no choice but to recidivate or return to their former condition or habit of criminality, drug abuse, illiteracy, etc for it is the only lifestyle they are accustomed to. To make it worse, not only does solitary confinement prohibits prisoners from maintaining consistent access to educational and treatment programming it also causes the deterioration of prisoners' psychological and behavioral health. So you have Black prisoners returning to society without adequately addressing their educational and treatment needs and they are in worse psychological and behavioral health than they were before they entered prison.

So if the Black community wants to bring an end to the mass incarceration of Black people, we must first lower the recidivism rate of Black prisoners which leads to prison becoming a revolving door for them. Bringing an end to solitary confinement abuse and torture will ensure that prisoners maintain access to educational and treatment programming and it will bring an end to the deterioration of prisoners' psychological and behavioral health stemming from solitary confinement abuse and torture which will result in Black prisoners returning to society with their educational and treatment needs adequately addressed and their psychological and behavioral health in better shape which will translate into lower recidivism rates for Black prisoners and strike a fatal blow to the prison industrial complex efforts to continue the mass incarceration of Black people. Solitary confinement abuse is a public safety issue because it is dangerous to have prisoners returning to society with their educational and treatment needs unmet and in a state of deteriorated psychological and behavioral health caused by solitary confinement abuse.

¹ The Merriam-Webster Dictionary

² Next America: Criminal Justice Project, Article by Juleyka Lantigua-Williams, Dec 5, 2016

³ The Merriam-Webster Dictionary

Chapter One — Living In Solitary Confinement

Chapter 1

It was November 2009, I was housed at Green Bay Correctional Institution (a maximum security prison) when I was placed in solitary confinement for having some writings that the prison described as "gang related". Because this was my fourth time being placed in solitary confinement within 2½ years the prison classified me as a high risk prisoner to institutional safety and security. Whenever a prisoner in the Wisconsin Prison System was classified as a high security risk they were transferred to the

Wisconsin Secure Program Facility (Formerly Known As Supermax). Supermax Correctional Institution was built in 1999 for the "so-called" worst of the worst in the Wisconsin Prison System. This prison was utilized to impose the harshest form of solitary confinement on high security risk prisoners in the Wisconsin Prison System. Supermax Correctional Institution changed its name to the Wisconsin Secure Program Facility in 2007 when it converted 2 of its solitary confinement units into general population units it still continued to run its remaining three solitary confinement units under supermax conditions.

I was transferred to the Wisconsin Secure Program Facility (WSPF) in February 2010 and it was being ran under this format. 2 units were ran as general population units while the remaining three solitary confinement units were ran under supermax conditions. The Wisconsin Prison System still sent its so-called worst of the worst to WSPF/Supermax. Vincent Nathan was a consultant to the United States Department of Justice in developing jail and detention facility standards for the United States Marshals Service and the Immigration and Naturalization Service. He toured WSPF/Supermax in July 2001 and he considered the conditions at the institution as among the most restrictive he has ever seen. In his view they "bordered on barbarism."

Up until I arrived at WSPF/Supermax I had never been aware of prisoners serving 5-10 years plus in solitary confinement. However when I arrived at WSPF/Supermax it became normal for me to see prisoners serving 5-10 years plus in solitary confinement. This prison was like that of a black hole, once it sucked you in it was nearly impossible to get out of it. The most bizarre thing I feel I have witnessed in WSPF/Supermax is prisoners who arrived here from other prisons seemingly in good psychological and behavioral health and then I see them 2-3 years later and their psychological and behavioral health would be deteriorated beyond repair. It's one thing to hear about it, it's an entirely different thing when you see someone's psychological and behavioral health deteriorate right before your eyes and it's even more daunting when you see your own psychological and behavioral health deteriorate right before your eyes.

Long Term Solitary Confinement Abuse

When I first arrived at WSPF/Supermax solitary confinement units in February 2010 most guys who were serving time here were serving 360 days DSEP time. There are 2 statuses prisoners can be on in solitary, either you are serving Disciplinary Separation time (DSEP time) or Administrative Confinement time (AC time). DSEP time can't be longer than 360 days, however when you complete your 360 days if the prison still feels you are a high security risk prisoner they can put you on AC for an indefinite period of time. When I arrived at this prison most guys were serving 360 days DSEP time after which they were expected to be placed on AC status. If a prisoner wasn't serving 360 days DSEP time as he awaited placement on AC status then he was already on AC status. So either you were serving 360 days DSEP time waiting to be placed on AC status or you were already on AC status.

If you were placed on AC status you had to participate in the High Risk Offender Program (HROP) in order to work your way back to general population (gp). Once you complete your 360 days DSEP time the prison Security Department would make guys wait 3-6 months before putting guys into HROP. Once a prisoner got admitted into HROP he had to progress through three phases: Red, Yellow and Green phases. Red phase took about 4 months to complete, Yellow phase took about 4 months to complete and Green phase took about 8-10 months to complete. So if you entered WSPF/Supermax and you served 360 days DSEP time then you got placed on AC status and waited 3-6 months to be placed in HROP then participated in HROP for 16-18 months, if you were lucky enough to put together a perfect behavioral conduct record for three years maybe you would make it back to gp. So with perfect conduct it took on average three years for prisoners to make it out of WSPF/Supermax solitary confinement units back to gp.

The issue with this is most prisoners in WSPF/Supermax solitary confinement units were incapable of putting together a three year long perfect conduct record, so it was rare for a prisoner to make it back to gp in three years. First you had to get through your 360 days DSEP time with perfect conduct, if you received a conduct report (ticket) for a behavior infraction while serving your 360 days, you could be resentenced to another 360 days for the new ticket. So if you were serving 360 days and you had 240 days served, if you received a ticket on your 240th day you could be resentenced to another 360 days DSEP time which will cause the 240 days you served on the old ticket to not count, you would have to start serving the 360 days you received on the new ticket. We call this being restarted or starting over because if I was serving 360 days and I got 240 days served and the guard gives me a new ticket he is in essence making me start over and serve a new 360 days all over again. From 2010 to 2013 I received four 360 day sentences, so my DSEP time was restarted four times and it took me from November 2009 to June 2013 just to make it off DSEP status so as to be placed on AC status.

On AC status the prospect of being restarted was even worse because if you finally succeeded in serving your 360 days DSEP time with perfect conduct and you made it to AC status, you could have 360 days DSEP time served with perfect conduct and then you could be on AC status participating in HROP and have a year of perfect conduct but if you receive a ticket and get

sentenced to a new 360 days DSEP time, you would be taken off of AC status and restarted back on DSEP status and made to serve 360 days of perfect conduct before being placed back on AC status. When you make it back to AC status you had to wait 3-6 months all over again to be placed back in HROP and you had to start HROP all over again. Going through this process was so unjust and unfair if you were restarted 2 or 3 times you could easily find yourself in WSPF/Supermax solitary confinement units for 5 years. This is why WSPF/Supermax has had so many prisoners serve 5-10 years plus in its solitary confinement units.

Psychological and Behavioral Deterioration

When I entered WSPF/Supermax solitary confinement units it was the most bizarre place I had ever been to because of how many prisoners were serving 5-10 years plus in solitary. WSPF/Supermax solitary confinement units are divided into four ranges and each range has 24-26 cells on average. When I first got housed on a range with 24 other guys and most of them had been on that range for 6 to 12 months plus in solitary it was hard for me to grasp. Up until I arrived at WSPF/Supermax all the other solitary confinement units I had served time in, in other Correctional Institutions I was in from a juvenile to an adult seemed like more of a temporary placement. The longest I seen prisoners do in a solitary confinement unit before I arrived at WSPF/Supermax was 6 months and it was rare to see someone serve 6 months most guys served 2-3 months on average. 2-3 months seemed like a long time in solitary confinement to me before I arrived at WSPF/Supermax.

The first thing that makes solitary confinement so difficult to bear is the circumstance of not having any direct human physical contact. Trying to socially interact with others without having direct physical contact has a way of making one feel detached from reality after a while. For example when people interact on social media it is called cyberspace and it somewhat implies that it is not reality. When people interact on social media e.g. Facebook, Twitter, etc they tend to be a bit more nasty, rude, inconsiderate and just outright disrespectful. People can say some of the most nasty things on social media. That's how it is in solitary confinement when you try to interact with guys you have no physical contact with. Guys in solitary confinement can be real nasty, rude and disrespectful towards each other.

When you are in physical contact with someone you tend to be somewhat more hesitant in being nasty, rude and disrespectful towards them because a verbal confrontation can escalate to a physical confrontation or the offended person can walk off and leave. When you are not in physical contact with someone and you have a disagreement with them you tend to be somewhat quicker to say something nasty, rude and disrespectful towards them because you don't have to worry about a verbal confrontation escalating into a physical confrontation in any imminent sense. For instance, if a person was on Facebook and they lived in Florida and they had a disagreement with someone in Georgia they would be quicker to say something nasty, rude and disrespectful towards them because they wouldn't have to worry about a verbal confrontation escalating into a physical confrontation in any imminent sense and sometimes they hide behind false identities on social media which can result in people becoming even more nasty, rude and disrespectful.

In solitary confinement guys can be interacting with each other about nothing e.g. sports, girls, families, anything and they can have a disagreement over something, that disagreement would grow into an argument and the argument would turn into a shouting match where you have two guys calling each other bitches, hoes, punks and any other disrespectful insults they can think of. We call this "cranking out" on each other. In solitary confinement a guy will be nasty, rude and disrespectful to you for no reason, they will call you bitches, hoes, punks, etc just because they are bored. When you have guys who are confined in cells the size of a small bathroom 22-24 hours a day and they are around each other day after day for 6 months to a year plus guys become sick and tired of being around each other and they start bumping heads and cursing each other out for no reason. On a 25 cell range sometimes you can have over 10 different guys shouting profane insults at each other.

When guys crank out on each other the goal is to cause as much non physical pain as you can since you can't harm them physically. You yell profane insults about them, their family, you bang on the walls, doors, toilets and sinks, to keep them awake so they can't sleep, we call cranking out — psychological warfare. Imagine living in solitary confinement having to live in an environment where everybody is yelling profane insults at each other and are banging on doors, walls, sinks and toilets, day in and day out. It will drive the most sane person crazy. I have witnessed guys enter WSPF/Supermax solitary confinement units in good psychological and behavioral health and then a few years later I would see them and their psychological and behavioral health would be seriously deteriorated. I experienced this myself. I have witnessed guys who were in good psychological and behavioral health upon entering WSPF/Supermax solitary confinement units deteriorate to the point where they were talking to voices that weren't even there, smearing feces on their cell walls, cutting their wrists, banging their heads on doors, etc.

¹ Jones 'El v Berge, 164 F. Supp. 2d 1096; 2001 U.S. Dist. LEXIS 16360

Chapter Two — Living In Solitary Confinement (Part 2)

There have been times when I became lost in periods of cranking out on others, it would be times when I was interacting with someone and he and I would have a disagreement over something and it would escalate into an argument and the argument would turn into a shouting match where he and I would hurl profane insults at each other for hours and sometimes days and if it was really bad blood between me and the other guy it would go on for weeks and even months. Imagine living in an environment where you engage in shouting matches for hours at a time, several days a week for months, such a lifestyle would drive you crazy. I couldn't accept anyone disrespecting me in any way so when someone would say something nasty, rude and disrespectful to me behind a locked cell door I would explode in anger and rage because I would want to physically destroy the guy but I couldn't get to him. Most times we would want to physically destroy each other but we couldn't get to each other so we would both explode in bouts of uncontrolled anger and rage and shout threats to each other about what we would do to each other when we ever got physical access to each other. We would go back and forth about how we were going to physically destroy each other to death and so on when we ever got physical access to each other. So for hours a day, several days a week for months, my anger and rage would be exploding uncontrollably. After a while such a mode of existence becomes normal, you start snapping out in anger and rage on any and everybody for the smallest of reasons.

The first time I became aware of any reforms being made to solitary confinement abuse was 2015. The Wisconsin Department of Corrections put restrictions in place to limit the practice of sentencing prisoners beyond 120 days DSEP time in solitary confinement. If a hearing officer wants to sentence a prisoner beyond 120 days DSEP time the warden has to sign off on it. So once that policy reform was put in place in 2015 the practice of sentencing prisoners to 360 days DSEP time in solitary confinement pretty much came to an end, but up to that point prisoners were receiving 360 day sentences at a high rate. In all I received eight 360 day sentences of DSEP time in solitary confinement. Once this new policy reform was put in place in 2015 restricting DSEP time in solitary confinement to 120 days for the most part, 120 days DSEP time became the new 360 days. Prisoners receive 120 days DSEP time at a high rate now, like we use to receive 360 days DSEP time at a high rate.

In July 2015 I had been in solitary confinement 5½ years, from 2013 to 2015, I had received 3-4 tickets for behavior infractions that revolved around me working to set up an urban ministry program as a nonprofit organization and the prison cited me for a rule violation saying I was prohibited from starting a business from prison whether it was for profit or not for profit. So I was cited for enterprising (trying to start a nonprofit organization). The 3-4 tickets I received for this between the years 2013 to 2015 I received 120 days DSEP time for, which means that I was taken off of AC status 3-4 times during those years and had to start over and serve the 120 days DSEP time and then restart my AC time. In July 2015 the Warden felt it was unjust to have me in solitary confinement for 5½ years when for the past 2 years leading up to that time I had only been cited for nonviolent behavior infractions (trying to set up an urban ministry program). So he released me from solitary confinement back to general population.

However the Warden's decision to release me from solitary confinement was opposed by the Administrative Captain (Cpt Gardner) and the Security Threat Group Coordinator AKA Gang Coordinator Cpt Brown. Cpt Gardner and Cpt Brown pretty much headed WSPF/Supermax Security Department and they were by and large the chief architects behind why so many prisoners were serving 5-10 years plus in WSPF/Supermax solitary confinement units. If they profile you as a high ranking gang member or any other type of high security risk prisoner they would place you under the highest level of scrutiny possible. Their specialty was to monitor your communications through your outgoing mail and if they were able to take your words and twist them into sounding as though they were gang related they could cite you for engaging in gang activity and if you were found guilty of engaging in gang activity it was for the most part an automatic 360 days DSEP time in solitary.

The Wisconsin Prison System's gang policy is ridiculous! At first it use to be if you were engaging in violence or criminal activity on behalf of a gang then you were cited for engaging in gang activity. Then it became if you just wrote a letter or possessed writings that seemed gang related you were cited for engaging in gang activity even if the writings or letters were not promoting violence or criminal activity on behalf of a gang. The writings or letters could be about encouraging gang members to stay out of trouble and make a positive change and the prison would still cite you for engaging in gang activity for the simple fact that you are mentioning a gang at all. This level of overzealousness has led to many guys having their mail scrutinized and their innocent words and expressions twisted into something sinister in which they are accused of engaging in nonviolent and noncriminal gang activity of which they are given 360 days DSEP time in solitary for.

This is how Cpt Gardner and Cpt Brown were able to keep so many prisoners in WSPF/Supermax solitary confinement units for 5-10 years plus. Now if they couldn't twist up your words to make them appear to be gang related they would harass you for

other things. They had me labeled as a high ranking gang member but from 2013-2015 I made sure I was very careful not to write letters that could be misconstrued as gang related. When Cpt Gardner and Cpt Brown realized they couldn't get me for writing gang related letters they started harassing me for my efforts to set up an urban ministry program. The 3-4 tickets I received during those years came from Cpt Gardner and Cpt Brown writing them or instructing their subordinates to write them. They didn't really care about my efforts to set up an urban ministry program they just used it as a pretext to harass me and keep me in the hole because they had me classified as a high ranking gang member.

Even if it were true that I was a high ranking gang member (I do dispute such a characterization of myself) but it were true that still wouldn't justify condemning me to solitary confinement for 5-10 years plus. Now if I was promoting violence or criminal activity on behalf of a gang then that's one thing but if I am not doing these things you can't just keep me in the hole just because you have me classified as a high ranking gang member. The Warden agreed with this sentiment and released me from solitary confinement back to general population. After serving 5½ years in solitary confinement when I was placed back in gp I felt like a fish out of water. I found it difficult to socially function around all the guys in gp, I was easily irritated and agitated I only lasted in gp 2½ months from July 15, 2015 to October 6, 2015. On October 6, 2015 I was eating breakfast in the day room and I sneezed and a guy who I found to be irritating scolded me for not sneezing into the sleeve of my sweat shirt. I didn't like the way he scolded me so I angrily snapped on him and told him to mind his fuckin business, he responded in kind and next thing you know it escalated into a physical confrontation initiated by me (I started pummeling the guy).

Now it was observed that I was having some difficulty socially adjusting to life in gp after serving 5½ years in solitary confinement where I was conditioned to angrily snapping out over some of the smallest of reasons. The difference was that in solitary confinement I couldn't get to the guy triggering my anger and in gp I could. I snapped over a sneeze for godsake. Instead of trying to help me get treatment to help me better adjust to life in gp after serving 5½ years in the hole, Cpt Gardner and Cpt Brown went to the Warden and said, "see I told you so, you should have never let him out the hole." I was given 120 days DSEP time in solitary confinement after which I was placed back on AC status in February 2016. I was so angry that after 2½ months in gp I made one mistake and they put me back in the hole and made me serve the DSEP time and returned me to AC status which meant long term solitary confinement all over again after I just served 5½ years of it. I was hoping that they would make me serve the 120 days DSEP time in solitary and then let me go back to gp to keep working on trying to adjust but no they put me back on AC status after only 2½ months of being in gp.

One bright spot I had to look forward to was that the Wisconsin Department of Corrections in Madison was forcing WSPF/Supermax to reform how it ran its solitary confinement units. In January 2016 it was down to 2 solitary confinement units, so Madison was forcing WSPF/Supermax to release guys out of the hole which is how I got released in July 2015. In January 2016, Madison made WSPF/Supermax decrease the length of time it takes to complete the High Risk Offender Program (HROP) from 16-18 months to 12 months. And it made WSPF/Supermax start giving out half time for its Disciplinary Separation (DSEP) sentences. So if you received 120 days DSEP time and if you maintained good behavioral conduct you could be released back to gp in 60 days. So now the most guys were serving was 60 days DSEP time in solitary confinement. And the HROP program was only 12 months, so if you maintained good behavioral conduct for about 18 months you could serve your DSEP and AC time and work your way back to gp versus it taking at a minimum 3-4 years.

So things were looking okay, in February 2016 I completed my 120 days DSEP time (I served 60 days because I maintained good behavioral conduct) I was placed on AC status and admitted into HROP in March 2016. It took 2 months to complete Red phase, 3 months to complete Yellow phase and 7 months to complete Green phase. I completed red phase in May 2016 and I was set to complete yellow phase in August 2016 but something drastic took place. In 2015 WSPF/Supermax solitary confinement units were placed under the control and management of Cpt Primmer who was an easy going guy for the most part. He worked hard to help prisoners get out of solitary, he didn't make guys wait forever on AC to be placed in HROP and he didn't stagnate your progress through HROP, he sped you along as best he could to get you out of solitary. Well this went against what Cpt Gardner and Cpt Brown wanted. Cpt Gardner and Cpt Brown were against all these reforms meant to let prisoners out of solitary confinement, you must remember that they are the architects behind why so many prisoners in WSPF/Supermax solitary confinement units have served 5-10 years plus. So the fact that Cpt Primmer was just throwing open the doors and letting guys up out of solitary didn't sit too well with Cpt Gardner and Cpt Brown, Cpt Primmer was a big reason why I was let out the hole in July 2015.

In the Summer of 2016 around July the Security Department headed by Cpt Gardner and Cpt Brown managed to get Cpt Primmer out of the post of heading WSPF/Supermax solitary confinement units. When the post was taken from Cpt Primmer it was given to – guess who? Cpt Brown. Cpt Brown became the head of WSPF/Supermax solitary confinement units and if Cpt

Primmer opened up the doors of solitary confinement to let guys out, Cpt Brown just as soon shut the doors and locked the solitary confinement units back down and stop letting guys out.

Chapter Three — Darkness And Despair

When Cpt Brown took over WSPF/Supermax solitary confinement units in July 2016, my progress through HROP was stopped and I was served a ticket for enterprising (trying to set up an urban ministry program). It was déjà vu all over again in which I served 60 days DSEP time and 6 months of AC time. I was on pace to get my green phase in HROP, I was progressing and doing good and in August 2016 I was stopped in my tracks and served a ticket for trying to set up an urban ministry program, I was about to be taken off of AC status and given 120 days DSEP time which meant I had to restart all the way over at DSEP status and then start back over on AC status and go through HROP all over again. I was pissed! I was going on 7 years of solitary confinement (minus the 2½ months I spent in gp).

A lot of issues were coming to a head in my life at that time, I had been in prison for 11½ years at that time on a 50 year sentence and my efforts to attain some measure of appellate relief were failing miserably. I was frustrated and tired of being in solitary confinement, the prospect of me getting out of solitary confinement seemed hopeless. The level of family support I was receiving at the time was at an all time low, I just felt consumed and overwhelmed with a deep sense of Darkness and Despair. One night a guy by the name of DJ snapped out against the guards and his cell had to be sprayed with tear gas. The gas ended up causing my close brother Deontaye to have an asthma attack. Deontaye tried pressing his medical emergency call button but the unit sergeant failed to answer so I along with about 10 other guys started banging on our cell doors to get the guard's attention to come get Deontaye some medical attention. After about 10 minutes we were able to get an officer to come check on Deontaye but by the time the officer arrived at Deontaye's cell he was passed out on the floor laying in a puddle of blood that he vomited.

Deontaye was taken to get medical attention after which he was angry that the unit sergeant failed to answer his medical emergency call button in a prompt manner. Deontaye could have snapped out in anger and beat the unit sergeant's ass for not getting him prompt medical attention but Deontaye showed restraint and tried to address the issue the right way, he filed a complaint against the sergeant. About a week later the sergeant came into work seemingly upset about the complaint Deontaye filed against him so he pulled Deontaye out of his cell and conducted a shake down on his cell (searched and ransacked it). After about 30 minutes of not being able to find anything to pin on Deontaye, he decided to write Deontaye a ticket for Damage to State Property, he found some writing on back of Deontaye's cell door and blamed Deontaye for it. Deontaye swore he wasn't the person responsible for the writings, those writings could have been on back of that door for years before he moved into that cell. The sergeant was just pissed at Deontaye for filing that complaint on him and so he retaliated by putting a false charge of damage to state property on Deontaye. What made this act so egregious is that Deontaye was charged nearly \$200 restitution for something he didn't do.

I watched the injustice of this entire situation play out, Deontaye was a very close brother of mine and he was celled up next door to me so I was able to witness everything. When the sergeant put the false charge on Deontaye and tried to force him to pay \$200 restitution for something he didn't do, it really pissed me off because I knew Deontaye was in a bad place financially and he couldn't afford to pay such a high amount of restitution. I was so angry because it was the most corrupt act I had bared witness to since I had been in prison up to that time. All the anger and frustration I had pent up in me from my failed appellate efforts, the hopelessness I felt regarding me ever getting out of solitary confinement and my low level of family support, it was this situation of the sergeant corrupt retaliation against Deontaye for filing that complaint against him that sent me over the edge. I snapped out in anger and attacked the sergeant.

This happened on October 2, 2016, after I attacked the sergeant I was sent to Alpha unit. At this time there were 2 solitary confinement units: Alpha and Foxtrot units. Alpha unit was for prisoners serving DSEP time and Foxtrot unit was for prisoners serving AC time. Alpha unit was more restrictive than Foxtrot unit, I was isolated and placed in a cell at the back of the range in close proximity to virtually no one and I was placed on Back of Cell restriction which meant that a metal box had to be affixed to my cell's trap door. Every cell door has a trap door that opens where your food trays can be slid to you along with books, mail, medication, etc. Normally you can grab your food tray, mail, books, etc directly from the guard through the trap door but on Back of Cell restriction a metal box had to be affixed to my cell's trap door so I could have no direct contact with the guards for fear that I might attack them. My food tray, books, mail, etc were deposited into the metal box affixed to my cell's trap door and when the guards locked it I could grab my things out of the metal locked box without physical interaction with the guards.

The most difficult thing about being Back of Cell restriction was that I was not allowed any out door recreation. I was on this restriction from October 2016 all the way to May 2017 which means that for nearly 8 months I received no fresh air or direct sunlight. I was pretty much just buried in a cage for the most part.

Chapter Four — Suicidal Ideation

"Studies have found that suicide among prisoners in solitary confinement, who make up 3 to 8% of the nation's prison population, account for about 50% of prison suicides."¹

When I was sentenced to 50 years in prison at age 22 for committing a home invasion I had no relationship with God at all. When I was sentenced to such a lengthy period of time in prison there were a few loved ones who reached out to me and encouraged me to let God into my life, I picked up the Bible in hopes that God would give me the strength I needed to simply make it through the day. Day after day I kept running to God and the Bible for strength and refuge and after a while I started building and developing a relationship with God. I started studying the Bible faithfully like every other day, I read all 66 books of the Bible twice. I signed up for about 7 different Bible Study Correspondence Courses. I also initiated an effort to author my first book of which I titled: God Is My Helper. This book was my testimony of what kind of impact God has had on my life. I went on to start working on an urban ministry program called God Is My Helper Ministries. GIMH Ministries' mission was to reach out to individuals lost in the street life of gangs, drugs and crime and help them overcome such a lifestyle by ministering God's word to them.

From 2009 to 2016 I worked arduously to get GIMH Ministries going however it was like everything that could have went wrong — did. My grandfather (pops) helped me hire a typist/graphic designer to type and format the book and website for the ministry, we paid her about a grand but she proved to be unprofessional and did a half ass job. There were 2 additional instances where money was put up in good faith only to have the contracts go unfulfilled, but I would rather not get in to it right now. In addition to these financial letdowns with the ministry, I was unable to attain any support from any churches or ministries out in the community.

From 2009 to 2016 I must have reached out to easily over a hundred different churches and ministries in an effort to gain their support for the GIMH Ministries initiative. Fundamentally as a prisoner who was striving to build a relationship with God and walk with Christ I just wanted to build relationships with Christian brothers and sisters out in the community who could have supported and encouraged me in my walk with Christ. However, it seemed like I was rejected by the church at every turn because I was a prisoner. My experience is not unique, you would think that the church would have an aggressive prison outreach apparatus but truthfully it does not. For the most part majority of the prison outreach ministries consist of some Bible Study lessons that are mailed to prisoners and prisoners have to mail their answers back in. The ministries that reach out to prisoners would give us false names or just a first name (no last) so we won't be able to identify them (I assume for safety reasons).

If prisoners try to build personal relationships with individuals who work in these prison outreach ministries we are often rejected. It's like we prisoners were treated like social lepers and outcasts by the church. By 2016 I had been reaching out to different churches and ministries for 7 years and I grew tired of being rejected by the church. At the end of 2016 after 7 years of trying to get GIMH Ministries going I simply gave up on it, I gave up on God and I most definitely gave up on his church. So at this time, my efforts to attain some sort of appellate relief seemed hopeless, my efforts to get up out of solitary confinement seemed hopeless, I had given up on God, I was on Back of Cell restriction receiving no fresh air or direct sunlight for nearly 8 months, my family support was very low — it was the cocktail of these different realities mixed together that gave birth to my suicidal thoughts.

Hello 4 part 2
The Movie

Following is an excerpt from a report on the Psychiatric Effects of Solitary Confinement that was prepared by Dr. Stuart Grassian:

"Most individuals [in solitary confinement] have at one time or another experienced, at least briefly, the effects of intense monotony and

inadequate environmental stimulation. After even a relatively brief period of time in such a situation an individual is likely to descend into a mental torpor or "fog," in which alertness, attention, and concentration all become impaired. In such a state, after a time, the individual becomes increasingly incapable of processing external stimuli, and often becomes 'hyperresponsive' to such stimulation. For example, a sudden noise or the flashing of a light jars the individual from his stupor and becomes intensely unpleasant. Over time the very absence of stimulation causes whatever stimulation is available to become noxious and irritating. Individuals in such a stupor tend to avoid any stimulation, and withdraw progressively into themselves and their own mental fog.

"An adequate state of responsiveness to the environment requires both the ability to achieve and maintain an attentional set and the ability to shift attention. The impairment of alertness and concentration in solitary confinement leads to two related abnormalities: the inability to focus, and the inability to shift attention. The inability to focus (to achieve and maintain attention) is experienced as a kind of dissociative stupor — a mental 'fog' in which the individual cannot focus attention, and cannot, for example, grasp or recall when he attempts to read or to think.

"The inability to shift attention results in a kind of 'tunnel vision' in which the individual's attention becomes stuck, almost always on something intensely unpleasant, and in which he cannot stop thinking about that matter; instead, he becomes obsessively fixated upon it. These obsessional preoccupations are especially troubling. Individuals in solitary confinement easily become preoccupied with some thought, some perceived slight or irritation, some sound or smell coming from a neighboring cell, or, perhaps most commonly, by some bodily sensation. Tortured by it, such individuals are unable to stop dwelling on it. In solitary confinement ordinary stimuli become intensely unpleasant and small irritations become maddening. Individuals in such confinement brood upon normally unimportant stimuli and minor irritations become the focus of increasing agitation and paranoia. I have examined countless individuals in solitary confinement who have become obsessively preoccupied with some minor, almost imperceptible bodily sensation, a sensation which grows over time into a worry, and finally into an all consuming, life threatening illness."²

I provided this excerpt from Dr. Grassian's report because it laid out in scientific detail how prisoners in solitary confinement tend to obsess over some of the smallest things until the obsession becomes an all consuming mental preoccupation and this was my experience with my suicidal thoughts.

It started with this movie I was watching one night called "The Inferno" that is based on the Dan Brown novel or characters that he created. Anyway it was about this guy who felt that humans were like a cancer to Earth, he felt we were destroying Earth and its plant and animal life slowly but surely. He felt that human based greenhouse gas carbon emissions, humans' pollution of Earth's water and air, urbanization and the widespread destruction of forests eradicating the natural habitat of countless different animal species would irreversibly destroy the Earth's ecosystem, atmosphere and hence the planet. This guy felt like the only way to save Earth was to remove the human species from Earth since humans were the one's responsible for the destruction of the Earth. He was a scientist for the Center for Disease Control and he had created a modern day plague like virus that he was going to unleash on the world's great metropolises from Europe to Asia, Africa to the Americas and so on in his quest to eradicate the human species. Anyway one of his coconspirators tipped off authorities and the authorities were trying to chase the mad scientist down to find out where he had hid the virus but while on a foot chase from authorities the mad scientist

jumped off the rooftop of a 10 story building to his death. He would rather die before he confessed to the authorities where the virus was hidden.

That movie triggered within me a sequence of thoughts and ruminations. First I thought about the act of the mad scientist jumping off the building to his death. I asked myself how could a person not be afraid of jumping off a building to their death? How could a person not be scared of the pain they would feel upon making impact with the ground? I was somewhat amazed at how he seemed to have no fear of death whatsoever. In a world and culture where it seems like we as humans are taught to fear death, to run from death, this guy had the courage to look death in the eye and not run from it, no he ran to it. I inquired to myself if I was afraid of death, I asked myself did I have the courage to look death in the eye and not run from it but run to it? I told myself that I wasn't afraid of death, I just didn't want to die yet because there were still things I wanted to achieve in this life and world. When I told myself that I still had things I wanted to achieve in this life and world it seemed like I was trying to hold on to this world. I felt conflicted because it seems like everyone who lives in this world wants to achieve greatness so their name can live on forever and be venerated and revered by future generations to come.

Fundamentally this is what most humans want and I thought to myself how egotistical, arrogant and vain is that? You are holding on to this life and world so you can achieve greatness so your name can live on forever and be venerated and revered by future generations to come. How admirable is it that the individual who committed suicide is in essence saying that they don't care about this life and world, they don't care if their name lives on forever and is venerated and revered by future generations to come. It was admirable because it was an act of humility, an act of humbleness, it was an act that said I don't care about achieving a great name in this world, I am willing to walk away from it all. For a man like myself who struggles with issues of pride, ego and vanity it's virtually impossible for me not to endeavor to achieve greatness which pushes me to participate in the rat race we regard as life. So when I see someone who doesn't care about succeeding in the rat race, who doesn't even want to participate in it, who outright rejects the notion of participating in the rat race of life, it baffles me because doesn't everyone want to be great in life? Maybe greatness is the act of having enough humility not to seek it. In Matthew 23:12 Jesus stated, "for whoever exalts himself will be humbled, and whoever humbles himself will be exalted."

The stoic philosopher Marcus Aurelius has a great perspective on one's pursuit of greatness in the rat race of life, one's effort to have their name live on forever and be venerated and revered by future generations to come, he wrote:

"But will you let mere fame distract you? Turn your gaze to the quick forgetfulness of all things, the abyss of the ages on either side of this present moment, and the empty echo of praise, the transitory quality and lack of judgment on the part of those who praise, and the tiny area in which all this is confined. For the entire Earth is only a mere point in the universe, and what a small corner of the Earth is our dwelling place; and in that place, see how few and of what sort are the people who celebrate you!"³

Aurelius' point is that the pursuit of eternal veneration and reverence is a futile and hollow endeavor.

² Washington University Journal of Law and Policy; Prison Reform: Commission on Safety and Abuse in America's Prisons; Psychiatric Effects of Solitary Confinement; Stuart Grassian; Page 4

³ The Essential Marcus Aurelius; Jacob Needleman and John P Piazza; Page 18, Book 3 (3.4)¹ An article written by Erica Goode on Aug. 3, 2015 — Solitary Confinement: Punished for Life
Hello Chapt 4 part 3
This Fucked Up World

I went on to contemplate all the apocalyptic endings many prognosticators have predicted will bring about the catastrophic destruction of Earth. They say the the world will be destroyed by a World War III nuclear bomb holocaust. They say the world be destroyed by global warming (climate change). They say the world will be destroyed by some virus or plague super bug that's resistant to antibiotic vaccines. They say the world will be destroyed by human overpopulation. There seems to be a number of different apocalyptic endings the world must confront. I then contemplated all the wars, murders, disease, hunger, poverty that plague the world and I asked myself why do I want to hold on to such a fucked up world? I then asked myself how did this world become so fucked up?

Christian theology presents a creation story that says in the beginning God created Adam and Eve in the Garden of Eden which was a paradise that contained no death, disease, hunger, etc. God placed two trees in the center of the garden: the Tree of Life and the Tree of the Knowledge of Good and Evil. God forbade Adam to eat any fruit from the Tree of the Knowledge of Good and Evil. We know how the rest of the story goes, the serpent persuaded Eve to eat the fruit of the accursed tree and Eve persuaded Adam to eat of it as well. Christians are taught that this was the original sin of mankind. When Adam and Eve ate the fruit of the accursed tree, sin, death, sickness and disease was unleashed upon the world and that's how this world became so fucked up. The more I thought about this the more angrier I became with God. I believe that God should not have brought life to this world if he knew that there was a chance that this world could become so fucked up, if he knew that death, sickness and disease could be unleashed upon the world to ravage and destroy it he shouldn't have brought life to this world in the first place. Even if there was a chance that Adam and Eve would have obeyed him and not ate the fruit of the accursed tree, he still shouldn't have chanced the possibility of them not obeying him. He knew how ugly this world would get if Adam and Eve didn't obey him.

Moreover, he never really gave Adam and Eve a fair chance. He took two naïve humans who were just newly created and he allowed Satan to have unfettered access to them. There is no way a newly created human such as Adam or Eve would have had the necessary wits and wherewithal to stand up to Satan and prevail. God had to know that it was a near certainty that Satan would outwit Adam and Eve and persuade them to eat the fruit of the accursed tree. So yeah I became angry at the idea of God bringing life into this world under a set of such unfair circumstances but I became even more angry when I thought about me being brought to this fucked up world. First I am convinced that if I was given the choice to come to this fucked up world or remain in unconscious nonexistence, I would have chose to remain in unconscious nonexistence. I would have rejected the proposition of coming to this fucked up world. So here it is I am brought to this world without any say so in the matter, and as soon as I enter this world I am confronted with wars, murders, disease, hunger, poverty all around me. And then there is a God telling me that if I want to be saved from this shit I have to obey his every command and if I do he'll welcome me into his heavenly kingdom (paradise) and if I don't obey his every command he'll condemn me to eternal hellfire. My response to God was why the fuck you didn't just leave me where I was at before you brought me into this world? Why didn't you just leave me in unconscious nonexistence? I don't want your world, I don't want your heaven, I don't want your hell, I don't want shit from you, I wish you would have just left me the fuck alone and not brought me to this fucked up world period! This was the angry conversation I was having with God.

I thought about the baby gazelle that gets born into this world on the African Saharan Plain and as soon as it is born into this world within a few hours it is chased down by a lion, if it is lucky enough to escape the pursuit of the lion it will have to view this world as a terrifying place. I mean as soon as it enters this world it is faced with being murdered, it is faced with death. Which led me to ask myself what is death? Is death just unconscious nonexistence or is there an afterlife of some sort? I can only hope that death is unconscious nonexistence for that really sounds like paradise to me — peaceful and tranquil unconscious nonexistence. 2pac use to say his only fear of death was reincarnation meaning his only fear of death was being brought back to this fucked up world. One thing I did come to realize is that death brings truth, it answers all questions. Is there a God? Is there an afterlife? These are questions that can only be answered in death. If I die and there is a God my only question will be why would you bring life to such a fucked up world and universe?

Love and Happiness

Once I explored these thoughts and realized that I didn't really care about holding on to this life and world, I asked myself is there anything good in this fucked up world worth living for? People say that this world is not all bad that there is some good in the world. They say that life's purpose is to experience love and happiness. So I asked myself is love a real thing? I thought about human nature and it seems like it is nearly impossible for humans to maintain healthy social relationships. Humans are flawed beings and relationships with family and friends most often lead to heartache, disappointment and betrayal rather than love. Love it seems is elusive, we chase it, we fight for it, we desire it, but do we really ever attain love? And is love worth the pain, hardship and difficulty you must endure to get to it? Meaning is love worth you living in this fucked up world surrounded by wars, murder, disease, hunger and poverty, is the promise of love worth you having to deal with this fucked up world?

Is happiness real? What is happiness? They say there are only two real emotions in this world: pleasure and pain. Humans are for the most part hardwired to pursue pleasure and avoid pain. What I have learned though is that the satisfaction of a desired pleasure is transitory, it is a temporary satisfaction. Something remains pleasurable for only so long. If happiness is the satisfaction of your life's pleasures and if things are only pleasurable for so long does that mean that happiness can only be attained for so long? Must we travel through life forever in search of new pleasures to replace our old pleasures in order to

maintain some measure of happiness with life? And if the satisfaction of our pleasures only brings a temporary moment of happiness, can we truly say that we have attained happiness, if it goes as quickly as it comes? Happiness seems to be elusive also, maybe that's why they say "the pursuit of happiness" maybe happiness is something that must always be pursued and never really attained. And again I ask, is the pursuit of happiness worth dealing with the wars, murders, disease, hunger, poverty that plagues this fucked up world? How can one truly be happy in a world filled with wars, murder, disease, hunger and poverty?

I told myself that the promise of love and happiness was not worth me staying in this fucked up world. So I started confronting the question of if I feared death? I told myself I didn't fear death because I believed death to be a peaceful and tranquil paradise of unconscious nonexistence. So I didn't fear death per se. When I told myself I didn't fear death, I asked myself if I had a fear of killing myself? At first I told myself that I did have a fear of the pain that killing myself would inflict upon me. So then I started obsessing over my fear of pain, I contemplated a painless suicide like a pill overdose or something. But then I started thinking about the people who shot themselves in the head, hung themselves, set themselves on fire, jumped off of buildings, and I asked myself why didn't they have any fear of the pain? I told myself that pain is a small price to pay to get up out of this fucked up world and go to the peaceful and tranquil paradise of unconscious nonexistence — no pain, no gain is what I told myself. Also I told myself to become a monster and victimize myself, kill myself, treat myself like a victim I had no sympathy or remorse for. It was at this time I started planning my death by hanging, I learned that when you hung yourself it takes about 7 minutes before you go unconscious, so I was conditioning myself to endure 7 minutes of pain to get to the paradise of unconscious nonexistence.

I was tired of cowering before death, I was tired of being afraid of death. I was ready to look death in the eye and hold my head high and not run from it. I thought about the concept of dying on your own terms. The soldiers who stormed the beaches of Normandy on D-Day, they knew they were headed to certain death but they stormed the beaches anyway, not because they had no fear of death but in spite of their fear. The terminally ill cancer patient who chooses to quit chemotherapy and face death without blinking. The husband that jumps in front of a bullet to protect his wife or child. Just the act of not being afraid of death is admirable to me.

(part4)

Chapter Five — Trying To Get Out Of Solitary Confinement

When my suicidal thoughts stopped being just mere thoughts and started becoming something I was seriously contemplating acting on, I sought help. I sought help because I started becoming afraid of myself, it felt like I was at war with myself and I was determined to murder myself (destroy myself). I was providing myself with the most powerful rationalizations I could intellectually construct to convince myself that death was a better option than life. I tried arguing with myself on behalf of life but the rebuttals against life I advanced were stronger. So I realized that if I was left to my own devices and thoughts I wouldn't have made it out alive. So I told myself, if you are so certain that you are right that death is better than life let's present your thoughts to a mental health professional and if their rationale for life can't withstand the strength of your rebuttal against life then you will have an objective and empirical basis upon which to stand regarding your finding and conclusion that death is indeed better than life. I subsequently proceeded to request a talk with a mental health professional.

I started discussing my suicidal thoughts with a psychologist and I can't really say that they advanced strong arguments in defense of life but I can say that they gave me a reason to pause. One thing I know for certain is that if I killed myself it was going to cause a lot of pain for my loved ones and I had to ask myself if I really wanted to put them through such a harsh dose of pain of that nature? There was a part of me that wished I could do or say something that would have made my loved ones understand my point of view of death being better than life but I reckoned that they just wouldn't have understood the dynamics of my argument. They, like the majority of other humans accept life as the only option, meaning they don't see death as an option and if life was hard in this fucked up world the least I could do is help my loved ones overcome the struggles of life.

The most important thing in life is survival, so I figured if my loved ones wanted life I ought to help them in their quest to survive. So me living wasn't something I chose to do for myself, it was something I chose to do for my loved ones. I used to watch this series on the History channel called Vikings and on that show King Ragnog was a very powerful man, he was the ruler of his people and his name and reputation were feared by all and yet that still wasn't enough to make him want to stay in this fucked up world. King Ragnog became fatally ill and he was on his death bed in a coma-like-sleep for months. While asleep a vision came to him in which he saw heaven's doors open in front of him, so he began to run towards heaven's doors in hopes of getting in, but as he got closer and closer to the doors they began to close and by the time he arrived at the doors they had shut completely. When King Ragnog realized that it wasn't his time to enter heaven's doors but that he had to return to life in this world he snapped! King Ragnog yelled, he banged on heaven's doors demanding to be let in, he pounded the ground infuriated

that he had to return to life in this world. When King Ragnog awoke shortly thereafter out of his coma he returned to his life in this world with a measure of resentment he worked hard to mask.

In one scene, King Ragnog was talking to his son and he asked his son, "what do you think life's purpose is?" King Ragnog's son replied, "to be happy." King Ragnog replied, "who told you, you have a right to be happy?" King Ragnog then went on to explain how most of his childhood friends he grew up with had been killed in the many wars and battles they fought with other nation-states and how such a truth has made happiness in this world a virtual impossibility for him. It seemed like he was living because he felt an obligation to look after and protect his people and help them in their struggle for survival, he cared nothing for his own life or his own happiness, he only cared about the life and happiness of his loved ones. What is a man to do when you have all that life has to offer in this world, you are ruler of a powerful kingdom, you have riches and power beyond limit and even that isn't enough to make this fucked up world bearable?

That brings to mind my favorite rapper 2pac, he was the most famous and talented rap star of his generation, he had millions of dollars, a wardrobe worthy of the highest expression of envy, countless women all throughout the world fawning over him and he still rapped the following lyrics:

"Now I'm lost and I'm weary so many tears I'm suicidal so don't stand near me my every move is a calculated step to bring me closer to a destined early death now there's nothing left." At the end of the verse he raps, "I'm falling to the floor begging for the Lord to let me in to heaven's doors." He also rapped, "I see death around the corner any day gotta keep it together, no one lives forever anyway struggle and striving my destiny's to die keep my finger on the trigger no mercy in my eyes in a ball of confusion I'm thinking bout my daddy mad than a muthafucka they never should've had me."¹

Again 2pac had all the material things all humans think are necessary for happiness but he was a perfect example of a case when material wealth, fame and fortune wasn't enough to make this fucked up world bearable. So I understand as a man that my life isn't about me and my happiness because I don't really care about my life and happiness. It's about doing what I can to help my loved ones overcome the struggles of life. It's like Christmas, most adults no longer believe in Santa Claus but we keep up the masquerade so the kids can believe in the fairytale as long as possible because the truth might crush their little hearts. I may not believe in life but I have decided to keep up the masquerade so my loved ones can believe in the fairytale of life as long as possible because the truth that death is better than life might crush their hearts. If survival is the most important thing in life then I must do my best to contribute to the survival of my loved ones' lives, I mean isn't that the responsibility of all men? What does it mean to contribute to the survival of my loved ones? In order to ensure the survival of their lives they must keep a reasonable amount of food, clothing, shelter and transportation. So I will dedicate my life to helping them secure such things while we endeavor to gain a deeper understanding of life's meaning and purpose.

My Relationship With God

Although I spoke blasphemy against God and his grand design of creation, I can't act as though I have the right to question God, I mean isn't that the height of arrogance? In John 3:12 Jesus said, "I have spoken to you of earthly things and you do not believe; how then will you believe if I speak of heavenly things?" This statement in essence is saying if you are incapable of understanding and grasping earthly things how will you be able to understand and grasp heavenly things? I also think about the story of Job and how Job questioned God's motive for permitting Satan's wrath to be unleashed upon his life. And God answered Job by asking him who are you to feel that you are someone I have to answer or explain myself to? Then God asked Job where were you when I created the universe?

So I am a man who fully appreciates the folly of feeling I am entitled to blaspheme or question God. But don't we all question and blaspheme God at least once in our lives if not more? The premise of my argument that we live in a fucked up world is based on the fact that the world has been since the beginning of time consumed in wars, murder, disease, hunger and poverty. Now my position suggests that wars, murder, disease, hunger and poverty are bad things, but what if I am wrong? Now we as humans believe that whatever is associated with pleasure is good and whatever is associated with pain is bad. So because wars, murder, disease, hunger and poverty are associated with pain we feel that these things are inherently bad but what if God has a benevolent reason for creating and manifesting these things into existence? The first thing that comes to mind is how would we

be able to appreciate peace if there was no war, life if there was no death, health if there were no sickness and disease, wealth if there were no hunger and poverty? How would we be able to appreciate pleasure if there was no pain?

Doesn't everything in God's creation serve a purpose? Doesn't too much pleasure make us soft and mushy as people? Isn't it necessary for us to experience some "pain" so as to toughen us up a lil bit? I don't know, I am simply venturing a guess. My overall point is I don't know for certain if my anger at God is justified because I don't know for certain if this world is fucked up. Again I ask, what if I am wrong? What if wars, murder, disease, hunger and poverty are not bad things, what if we humans are just taught that these things are bad but don't really know for certain? It is my uncertainty on this question that moves me to continue to maintain a relationship with God no matter how difficult it may be. I must have faith that God will provide an answer to humans in regards to what life's purpose and meaning truly is.

So after I reached out to and started working with a mental health professional, I went on to rehabilitate my relationship with God, once I rehabilitated my relationship with God, a few other things transpired that gave me hope — 1) my family started reaching out to me in a more robust way than they had been and 2) a new reform was put in place to bring an end to long term solitary confinement.

My Family Support

My period of darkness and despair lasted for about the entire year of 2017. Throughout my entire stint in prison up to that time the only family support that was constant came from my grandpops and grandmother, my mother, siblings and other family members reached out to me sparingly. In December 2017 my grandmother sent me a money order for \$100 along with a note that read: "this is from Vonte so say thank you." Devonte is my baby brother who was 13 years old when I got locked up and now he was 25 years old (all grown up). He started reaching out to me, he turned his phone on and extended some financial assistance to me, but most importantly he put me back in contact with my son who was 17 years old at the time. Being put back in contact with my son affected me in a way I was emotionally unprepared for. When I got back in contact with my son I also got back in contact with his mother and she and I were able to reestablish our emotional connection and bond with each other. Vonte put me back in contact with my mother and sisters and it seemed like out of nowhere in the year 2018 my level of family support exploded exponentially!

Long Term Solitary Confinement Reform

One injustice of Administrative Confinement (AC) status is that when you finished serving your Disciplinary Separation (DSEP) time and you were placed on AC status you had to wait 3-6 months to be placed into the High Risk Offender Program (HROP). However placement in HROP was not guaranteed for everyone, there were some prisoners who were classified as too high of a risk to be placed in HROP and I happened to be classified as one of those prisoners after I attacked the guard in the Deontaye situation. If the Security Department doesn't approve you for placement in HROP your chances of ever working your way up out of solitary confinement were pretty much nonexistent. You had to complete HROP to work your way up off AC status so as to get back in general population. If you couldn't get placed in HROP you weren't even provided the opportunity or chance to work your way up off of AC status so as to get back in gp. So when the Security Department refused to place me in HROP one can see why I felt hopeless about ever getting out of solitary confinement.

However in May 2018 HROP was discontinued and replaced with a new program for AC prisoners called Progressing through Administrative Confinement Effectively (PACE). What made PACE so much better than HROP was that you didn't have to wait to be placed in PACE like you had to with HROP once you were placed on AC status. With PACE you were automatically placed in its program as soon as you were placed on AC status. PACE is made up of 4 phases: Phase 1 takes 1 month to complete; Phase 2 takes 2 months to complete; Phase 3 takes 3 months to complete; and Phase 4 takes 6 months to complete. So in 2018 it seemed like everything was heading in a positive direction, I started working with a mental health professional to address the struggles I was having with suicidal thoughts, I started rehabilitating my relationship with God, my family support strengthened beyond expectation and I had a new found hope of getting out of solitary confinement through the PACE program. Yeah things started looking better for me.

My Obsessional Studies of Death

I didn't know when I would do it but I was becoming more committed by the day. It was like I was obsessing over death, I was studying and researching death, I thought about death during the day and night. Death dominated my mind's thoughts day in and day out for at least 6 months during this time. One individual I recall studying extensively during this time was Sigmund Freud and his views on death. Freud took death and divided it into three distinct sets of phenomena. First he suggested that the

activity of all organisms and also of the human mind was directed at getting rid of tensions and attaining inactivity — this is biologically termed "homeostasis". This perspective of Freud is known as the Nirvana-principle which aims at inactivity, rest, or sleep, which in a sense is related to death. Second, Freud suggested within his death instinct a compulsion to repeat, which relates to the conservative characteristics of the instincts; I will not be discussing this herein. Lastly, Freud invoked the psychoanalysis of the sadomasochistic complex. He posited that there was a primitive masochism directed against the self and that sadomasochism was an extroversion of this primitive masochism, which he identified with the death instinct. I will discuss more in depth Freud's Nirvana-principle and sadomasochistic complex.

Freud stated that man's discontent is based on the disruption of the balanced equilibrium between tension and the release of tension which governs the activity of humans. Homeostasis (Nirvana) can only exist under conditions of instinctual satisfaction (pleasure). Freud deduces that it is the search for instinctual satisfaction under conditions of instinctual repression that produces in man the restless quest for the pleasure from a quality of experience denied to him under conditions of instinctual repression. Freud states that if man could put an end to repression and obtain instinctual satisfaction, he would return to Nirvana, which is a balanced equilibrium between tension and tension release. The peace and equilibrium of Nirvana is something Freud equates with the peace and equilibrium of death, so he is in essence saying that because humans are hardwired to seek the peace and equilibrium of Nirvana, they are equally hardwired to seek the peace and equilibrium of death.

Now I will discuss Freud's sadomasochistic complex. His theory of the sadomasochistic complex is based on an observation of which he deemed man to have a peculiar ambivalent capacity for love and hate, a capacity to love and destroy others, a capacity to love and destroy himself. Traditionally, love is identified with good and hate with evil, Freud's fundamental perspective is that the evil in man does not come from a superficial outgrowth derived from a basically good human nature, but that evil is rooted in a deep conflict in human nature itself. Freud initially suggested that man is basically a loving animal, forced by a harsh reality into unloving behavior, however Freud went on to reject this position that man is inherently good and peaceful and that his aggressive behavior is simply the result of environmental frustration or ignorance and poor education.

According to Freud, mankind's destiny is a departure from, and an effort to regain tranquillity (Nirvana); but in between these two terms man is at war with himself, driven by two loves, true love on the one hand and the lust for power on the other. In psychoanalytical terms, the conflict inside human nature is at the instinctual level. Freud speaks of humans' innate instinctual tendency towards aggression; with an innate tendency towards aggression, mankind's only alternative is to turn it outward and destroy others (sadism) or turn it inward and destroy himself (masochism). Freud's idea is that death is no external accident; death is an intrinsic part of life. In Freud's words, "the goal of all life is death." And this is the premise upon which Freud's sadomasochistic complex is based. Psychoanalysis has shown the interchangeability of aggression turned outward and aggression turned inward. Aggression turned inward (masochism) on the self in the form of self destruction is Freud's death instinct which is an instinct within humans that drives us towards death. Conversely Freud has a life instinct that drives humans toward life. Freud deduces that extroverted aggression (sadism) in human beings is derived from a "primary masochism," the death instinct. Freud interpreted life and death as an eternal conflict of two distinct and completely opposed forces, one seeking to preserve and extend life, the other seeking to reduce life to the inorganic state out of which it arose. Freud states that the extroversion outward of aggression or the death instinct takes on the form of a human's drive to mastery or will to power. Freud held that much of man's activity is stimulated by a flight from death, man aggressively builds immortal cultures in order to fight death, hence there are no social groups without a religion of their own immortality. According to Freud, aggression represents a fusion of the life instinct with the death instinct, a fusion which saves humans from the innate self destructive tendency of the death instinct by extroverting it. Freud suggests that the aggression in human nature — the drive to master nature as well as the drive to master man — is the result of an extroversion of the death instinct or aggression, the desire to die being transferred into the desire to kill, destroy, or dominate.

Freud concluded that at the biological level, living and dying, that is to say growing older, is an inseparable unity. At the human level the instinctual unity of living and dying is disrupted, and both the life and death instincts are forced into repression. At the biological level, the death instinct, in affirming the road to death, affirms at the same time the road of life. Freud stated that perfection is unrepressed life (joy), however all that is perfect wants to die. Freud states that it takes the greatest strength to accept death, for in facing death you are actually serving the cause of life. He posits that whoever rightly understands and celebrates death, at the same time magnifies life.⁴

Conclusion

As you can see I was obsessing over death during this period of my life and I believe my obsessive thinking and behavior was fueled by the psychiatric effects of solitary confinement. I became so afraid for myself that I was going to kill myself that I sought

help from psychological staff to help me sort through my suicidal thoughts because if left to my own devices and thoughts there is no doubt that I was ready and willing to take my life. I don't know why the suicide rate is so high for prisoners in solitary confinement but I assume that it is because once we focus in on something we start obsessing over it. We become obsessively preoccupied with something minor (in my case a movie), it grows into a worry, and finally it becomes all consuming. I obsessed over death for 6-7 months, every day, it's a miracle I didn't kill myself, however there are many others just like me in solitary confinement who didn't make it.

⁴ All my Sigmund Freud references can be found in the following works: An Outline of Psychoanalysis, tr. J. Strachey; General Introduction to Psychoanalysis, tr. J. Riviere; The Basic Writings of Sigmund Freud, tr. & ed. A. A. Brill; Civilization and its Discontents, tr. J. Riviere

Chapter Six – Conditions Of Solitary Confinement

When WSPF/Supermax first opened in 1999 the entire prison was ran and operated as a Supermax solitary confinement institution but because of prison overcrowding they had to open up two of its solitary confinement units and use them for general population units. This happened in 2007, then in 2014 WSPF/Supermax turned another one of its solitary confinement units into a general population unit because of prison overcrowding and then in 2018 another of its solitary confinement units was turned into a general population unit. Now WSPF/Supermax only has one solitary confinement unit. Because this prison has been compelled to open up its solitary confinement units into general population units they have had to release a lot of prisoners up out of solitary confinement however there are still a few of us who are still being held in long term solitary confinement. It's about 10 of us who have been in solitary confinement for 5-10 years plus.

Disciplinary Separation (DSEP)

As I stated earlier, DSEP is the status prisoners are put on when they are found guilty of committing a behavior infraction. Behavior infractions are categorized as major or minor rule violations. If a prisoner is accused of committing a minor rule violation he receives a minor ticket and if he is accused of committing a major rule violation he receives a major ticket. Prisoners are placed in solitary confinement for committing major rule violations not minor rule violations. On DSEP status prisoners in solitary confinement receive recreation four days a week we get two days of indoor recreation and two days of outdoor recreation. Each recreation period last for an hour and fifteen minutes. Outdoor recreation consists of us going outside to a cage like kennel the size of a parking space by ourselves and we pretty much just walk around and exercise and talk to each other. There are about 7 outdoor recreation cages. Indoor recreation consists of a small room about the size of 1½ cells and there is a pull up bar in there so we can walk around and exercise. So for four days a week a prisoner on DSEP status gets out of his cell for an hour and fifteen minutes but for three days a week they don't get out of their cell at all. So for three days a week a DSEP status prisoner stays in his cell 24 hours a day period and the other four days out of the week a DSEP status prisoner is in his cell 22 hours and 45 minutes a day.

DSEP status is divided into 3 steps, Steps 1 and 2 are not allowed to receive any electronics. Step 3 can receive electronics i.e. a TV or radio which does wonders in helping us cope with the monotony and boredom of solitary confinement however after a while the television or radio can become monotonous and trite as well. Step 1 prisoners are allowed 1 phone call a month, Step 2 prisoners are allowed 2 calls a month, and Step 3 prisoners are allowed 3 calls a month.

Administrative Confinement (AC)

As I stated earlier AC is a status prisoners are put on when they finish serving their DSEP time. AC status is supposed to be non punitive meaning it's not suppose to be used as punishment. DSEP status is punitive it is used to punish prisoners for committing rule violations, you can only be punished up to 360 days in solitary confinement for committing a rule violation. So when we complete our DSEP time our punishment is suppose to be over and AC status is supposed to be non punitive (not punishment). But any prisoner who has ever served AC time will tell you it is punitive, it is punishment. When I first arrived at WSPF/Supermax in 2010 there really wasn't any difference from STEP 3 DSEP status and AC status. If you were on AC status waiting to get into HROP you received the same amount of recreation as a Step 3 DSEP prisoner. Actually even when you got into HROP on Red Phase you received the same amount of recreation as a Step 3 DSEP prisoner. Remember HROP consisted of 3 phases: Red, Yellow and Green phases. The only difference between DSEP status and AC status was that AC prisoners were allowed to order food commissary items while DSEP prisoners were not. In HROP when you got Yellow Phase you received an extra hour of recreation a week so instead of receiving five hours a week like DSEP and Red Phase prisoners they got six hours a week.

Green Phase prisoners were allowed eight hours of recreation a week and they were allowed to attend recreation with up to three other prisoners and they were allowed to come out of their cell without handcuffs or shackles on. Red Phase prisoners were allowed to make 4 phone calls a month, Yellow Phase were allowed 5 calls a month and Green Phase were allowed 6 calls a month.

Claustrophobia and Human Contact

The conditions of solitary confinement that have the worst psychological and behavioral effect on prisoners are: 1) prisoners being confined to the claustrophobic conditions of cells the size of a small bathroom for 22-24 hours a day for months and years at a time; and 2) lack of human contact. If the goal is to help prisoners socially interact with others in a more healthy and functional way in group social settings such as the workplace, school, religious gatherings, extracurricular activities, etc, you can't keep prisoners confined to the claustrophobic conditions of cells the size of a small bathroom for 22-24 hours a day for months and years at a time. The goal should be to get prisoners as much out of cell time as possible because the more you keep prisoners in small cramped cells the more it has an antisocial effect on them. And the aim of prison ought to be to instill in prisoners the highest level of pro social behaviors possible. If prisoners are going to socially function in a healthy and productive way in society those skills have to be taught to them in prison prior to them being released back into society. I have already discussed the importance of physical human social interaction, when you don't have physical human social interaction it diminishes your perspective of reality in regards to how you socially interact with others. (See Chapter One).

Progressing through Administrative Confinement Effectively (PACE)

As I stated in the previous chapter HROP was replaced with the PACE program in May 2018 for prisoners on AC status. One thing PACE did differently from HROP is address the lack of physical human social contact. There are 4 phases: Phase 1 prisoners attend recreation alone, Phase 2 prisoners attend recreation with one other prisoner, Phase 3 prisoners attend recreation with two other prisoners and Phase 4 prisoners attend recreation with three other prisoners. Under HROP only Green Phase were allowed to attend recreation with other prisoners but under PACE all AC prisoners except Phase 1 are allowed to attend recreation with other prisoners. AC prisoners have been given more privileges under the PACE program in an effort to make AC less punitive. In addition to AC prisoners being allowed a TV or radio we are also allowed to have a tablet as well. We can send and receive emails, download music, movies, books, and games on the tablet. Also we are allowed more phone calls. Phase 1 is allowed 10 calls a month, Phase 2 is allowed 20 calls a month, Phase 3 is allowed 30 calls a month, and Phase 4 is allowed unlimited calls a month. The ability to email and make more phone calls are important privileges for prisoners on AC status because having strong contact with our families helps us cope with the conditions of solitary confinement a bit better.

Although the PACE program has ushered in some productive changes for prisoners on AC status there are still more reforms that must be made. There are three reforms I would like to discuss which are: 1) long term solitary confinement; 2) the continuity of educational and treatment programming; and 3) out of cell time.

Long Term Solitary Confinement

The PACE program is suppose to help prisoners progress and make it off AC at a faster pace than HROP. The issue that PACE is suppose to be addressing is the reduction of prisoners being subjected to long term solitary confinement. The only way long term solitary confinement is going to come to an end is for WSPF/Supermax to curtail its restart practice. If a prisoner is serving DSEP time and receives a major ticket and is given additional DSEP time all the DSEP time the prisoner served in the hole from the previous ticket doesn't count. The prisoner is restarted with a new ticket and new hole time. You can be in solitary serving 120 days DSEP time, you can have 100 days served and receive another ticket and another 120 days and while serving that you can receive another ticket and another 120 days and so on and so forth. This is how prisoners are subjected to long term solitary confinement. If a prisoner is serving DSEP time and receives an additional ticket he should not be restarted with more hole time unless the ticket is for committing an act of violence. The science is in the findings are clear, the more time prisoners serve in the hole the more their psychological health deteriorates. So if a prisoner is serving time in solitary the goal should be to get them out of solitary as soon as possible, not pile on more and more hole time in perpetuity.

If a prisoner is serving DSEP time and receives an additional ticket for a nonviolent offense they should not be given additional hole time as a first resort. Other disciplinary sanctions should be exhausted first such as: loss of recreation, cell confinement, loss of electronics, phone calls, canteen, etc. Additional hole time should be employed as a last resort when all else has failed. When a prisoner is found guilty of committing a behavior infraction the hearing officer doesn't have to sentence a prisoner to

solitary confinement, there are other alternative punishments the prisoner can be subjected to. A prisoner can receive a punishment of loss of recreation for a set number of days or weeks, a prisoner can receive a punishment of cell confinement which consists of them being confined to their cell in general population for a set number of days or weeks, a prisoner can receive a punishment of loss of electronics (TV, radio, tablet) for a set number of days or weeks, a prisoner can receive a punishment of loss of phone privileges for a set number of days or weeks, and a prisoner can receive a punishment of loss of canteen privileges for a set number of days or weeks. So there are alternative punishments other than solitary confinement that can be employed.

As for prisoners serving AC time the prospect of being restarted is even more daunting. A prisoner can serve 100 to 200 plus days of DSEP time and then be placed on AC status where a prisoner must complete the PACE program which takes 9 to 12 months. An AC prisoner can have 6 months completed in the PACE program and receive a ticket for a nonviolent offense and receive 100 to 200 plus days DSEP time. The AC prisoner will be taken off of AC status and out of the PACE program, he'll be restarted and have to serve the 100 to 200 plus days of DSEP time and then restart AC and the PACE program all over again. AC prisoners can receive additional hole time without even receiving a ticket. If you are on AC status and you are in the PACE program you must progress through 4 phases to get back in gp. Phase 1 takes 1 month to complete, Phase 2 takes 2 months, Phase 3, 3 months and Phase 4, 6 months. Behavior log entries are written notices of negative behavior they are not tickets, also there are minor and major rule violations, major rule violations often lead to placement in solitary confinement while minor rule violations do not. If you are on Phase 3 and you receive some behavior log entries or commit a minor rule violation, that can be used as a basis to demote you to a lower phase or to non promote you to a higher phase. If you are demoted to a lower phase or not promoted to a higher phase that can amount to about 2-3 months of additional hole time you must serve.

If you are on AC status and you receive a ticket, the only way you should be taken out of the AC program PACE to be restarted with new DSEP time is if you commit an act of violence. If you are on AC status and you receive a ticket for a nonviolent offense, or you commit a minor rule violation or receive some behavior log entries, you should not be given additional hole time by way of phase demotion or non promotion. Other disciplinary sanctions outside of additional hole time, such as: loss of recreation, cell confinement, loss of electronics, phone calls, canteen, etc should be employed to address minor rule violations or behavior log entries. If we want to put an end to long term solitary confinement we have to put an end to this practice of piling on more and more hole time in perpetuity on prisoners in solitary confinement.

Chapter 6 part 2

The Continuity of Educational and Treatment Programming

As I stated before, in the Wisconsin Prison System all prisoners were assessed and evaluated so as to determine what sort of educational and treatment programming they were in need of. Once prisoners educational and treatment programming needs are better understood they are shipped to a prison that provides the programming they need. When a prisoner arrives in their assigned prison they can partake in the educational and treatment programs they need as long as they remain in general population. If they are placed in solitary confinement for whatever amount of time they are removed from their educational and treatment programs. When you get out of solitary confinement you must stay out for at least 6 months before you can sign back up for any educational and treatment programs.

The way the treatment programs are ran is about every 3-4 months treatment staff organize groups of prisoners to take a program. The program may take 120 days to complete, so the group will start on April 1st and finish August 1st. Now if you are participating in a program and you are half way done with it (meaning you have 60 days completed) if you are sent to solitary confinement you are took out of the program. The rationale behind this is that once you are in solitary confinement you are unable to attend the program which is held like once or twice a week and if you can't attend the program for 3-4 weeks because you are in solitary then you will fall behind, therefore treatment staff feel like it's best to take you out of that programming group and have you start over with a new group once you get back out of solitary. I understand this logic that if you can't keep up with your group because you're in solitary confinement then you have to be took out of that group and placed in a new group once you get back out of solitary. But if programming is as important as society says it is then prisoners should never be removed from programming whether you're in gp or solitary. In fact if you are in solitary confinement you may need programming even more.

I feel like educational and treatment programming are so important that prisoners should have to do it no matter if they are in gp or solitary. Under the current policy if officers want to make a systematic effort to disrupt prisoners efforts to attain educational and treatment programming all the officers have to do is mount a harassment campaign and they can send you to solitary for damn near anything. And the more prisoners that return to society without receiving adequate educational and

treatment programming the higher the recidivism rate will be. The higher the recidivism rate is the higher the prison industrial complex generation of revenue will be. So if a prisoner is taking a program and is sent to solitary confinement midway through that shouldn't matter. Solitary confinement units ought to have educational and treatment programming staff that can keep prisoners caught up in their programming while their in solitary. If this reform is put in place the amount of prisoners that return to society with adequate educational and treatment programming will greatly increase and this will reduce the recidivism rate. We must fight for the continuity of educational and treatment programming whether you're in solitary confinement or not!

More Out Of Cell Time

Prisoners on AC status receive the same amount of out of cell time under the PACE program as we did under HROP. We are still confined to claustrophobic conditions in cells the size of a small bathroom for 22-24 hours a day for months and years at a time. Into this change we prisoners will continue to suffer negative psychological and behavioral health deterioration from solitary confinement. We prisoners will continue to suffer the antisocial effect of being confined to claustrophobic conditions for months and years at a time. So we must fight for more out of cell time in the form of recreation and educational and treatment programming. In Colorado they developed a 10 in 10 program for their solitary confinement units this program allows prisoners to be out of their cells 10 hours a week for therapy and 10 hours a week for extracurricular activities. If Wisconsin offered this much out of cell time for its solitary confinement units the negative psychological and behavioral effect of being confined to claustrophobic conditions for 22-24 hours a day for months and years at a time would be greatly mitigated.

Chapter Seven – My History With Solitary Confinement Abuse

I was sent to Juvenile Corrections at age 15 in June 1999 at that time Wisconsin had two correctional facilities that housed juvenile prisoners. There was Lincoln Hills School and Ethan Allen School they called these facilities boy's schools but in reality they were juvenile prisons. These facilities housed the worst juveniles in the state, most of us came from the ghettos of Milwaukee but there were other juveniles from Racine, Kenosha, Madison, Green Bay, Beloit, etc. To be sent to Lincoln Hills or Ethan Allen as a juvenile you had to have done something really bad because juvenile courts for the most part tried to avoid sending juveniles to Lincoln Hills or Ethan Allen, you were sent there when all other alternatives had failed. Alternatives such as treatment programs, group homes, among other things. Lincoln Hills and Ethan Allen housed the wildest and most troubled juveniles in the state. Many of us had rebelled against our parents and took to the streets to live as runaways and many of us didn't even have parents. So when you house hundreds of wild, troubled and rebellious juveniles in the same facility it is going to be a very chaotic and tumultuous place and that's how it was.

Solitary confinement units in Juvenile Corrections were more worse than Adult prisons. Adult prisoners file lawsuits, riot and other things to improve conditions of confinement however when I was a juvenile we didn't know anything about how to file lawsuits. The abuses we suffered in solitary confinement as juveniles we had no clue we were being abused. We thought being beaten, gassed and tasered in the hole was normal because it happened so much. The living conditions of solitary confinement were barbaric, we slept on plastic covered sponge like mattress (about 4 inches thick) that laid atop a concrete slab that rose about six inches off the ground. We were not provided any sheets, were given 2 suicide blankets (both about 3ft long) one covered the top half of your body and the other blanket covered your bottom half. We were given no hygiene items, no soap, shampoo, deodorant, toothbrush or toothpaste. Every morning we were given a 4 inch long tooth pick like stick with a sponge about the size of a quarter affixed to one end of the stick and we brushed our teeth with that. We were not allowed any writing supplies. This was the maximum security solitary confinement unit at Ethan Allen.

These conditions drove us juveniles crazy. We would yell, scream, and cuss each other out, cuss out the guards, kick and bang on doors, walls and sinks, flood our cells by stuffing up our toilets and flushing continuously until the toilet overflowed for 30 minutes to an hour, we would get our cells sprayed with tear gas, we would get tasered. There was no civility, decorum or etiquette in the hole, it was a place that bred anger, hostility and aggression in us. Prisons (Juvenile and Adult) thrive on punishing prisoners and making us suffer and its number one tool of punishment is the hole. Many of us juveniles built up a lot of anger and resentment while serving time in the hole because we felt like the prison was torturing us with the hole. We fought hard in our efforts to not let the hole break us while the prison guards abused the use of the hole against us in an effort to break us. Many of us would snap out under the pressure and scream "torture, torture, torture me bitch I don't give a fuck, I can take whatever punishment you got bitch." Then when we would return to general population we would carry this mentality with us, ready to snap, not caring about being punished or tortured with the hole, it's like we had become immune to the abuse and torture of the hole, we didn't care about going to the hole. This mentality kept us on edge ready to snap and often we did snap which made it difficult for us to function in general population so we would return to the hole time and time again. Many of us

did most our time in the hole being tortured and then most of us were released back into society and we went on to snap out in society and reoffend.

Many of us juveniles became so psychologically messed up that we had to be sent to Mendota Mental Health Institute. I was transferred there from Ethan Allen when I was 16 years old because of the negative psychiatric effects of solitary confinement upon me. Over the past 5 years an abundance of information has been released to the public detailing the neuroscientific findings of the psychiatric effects of solitary confinement on the underdeveloped brain of a juvenile adolescent. Neuroscientific findings have concluded that solitary confinement has a damaging impact on the underdeveloped brain of a juvenile adolescent, so much so that over the past 5 years the use of solitary confinement on juvenile adolescents has become banned in a plurality of correctional systems.

These neuroscientific findings were unknown when I was a juvenile adolescent. I was subjected to the damaging impact of solitary confinement abuse as a juvenile. The question now is – in light of the scientific data we have today about how damaging solitary confinement is to the underdeveloped brain of juveniles; how damaging was solitary confinement to my underdeveloped brain as a juvenile. Also at age 13, I was hospitalized at Milwaukee Psychiatric Hospital and diagnosed as having a Cannabis-Induced Psychosis. So I had a history of preexisting mental illness and being vulnerable to mental illness before I entered Juvenile Corrections. It has been established through psychiatric research and study that solitary confinement abuse causes mental illness in prisoners who have no history of mental illness and that it exacerbates mental illness in prisoners with a history of preexisting mental illness. So considering that I already struggled with a history of mental illness, solitary confinement had a more damaging impact on me as a juvenile.

When I was transferred from Ethan Allen to Mendota Mental Health Institute at age 16 after my first stay in its maximum security solitary confinement unit, I was given a psychiatric evaluation. In my psychiatric evaluation while in Mendota it stated on page 5: "John has very little history of aggressive behavior, especially since placement at Ethan Allen." It wasn't until I had my first stay in the hole as a juvenile that I started becoming more aggressive and violent. Since age 16 I have had difficulty functioning in prison general populations and I've served most of my time in the hole as a juvenile and adult. My experience in solitary confinement in solitary confinement as a juvenile exacerbated the mental health vulnerabilities I already struggled with. My psychological condition was worsened as a result. I believe that the damaging psychological effect of solitary confinement on me as a juvenile still impacts me to this very day.

Adult Corrections

Since 16 I've had this violent and savage monster raging within me committing violent acts time and time again. Every institution I've served time in since age 16 I've always snapped out in violence and attacked other prisoners and guards. When I got released from solitary confinement in Ethan Allen in March 2000 I was transferred to Lincoln Hills (the other juvenile prison in Wisconsin). I was in Lincoln Hills from March 2001 to December 2001, in July 2001 I was sent to solitary for a battery, in September 2001 I was sent to solitary for snapping out on a guard. I was released from Lincoln Hills back into the community in December 2001. I got locked up in April 2002 in the Milwaukee County Jail and within a few days I snapped out on some guards and got threw in solitary for a few weeks. When I was released from the hole I was placed in general population where I lasted for a few weeks until I had an altercation with another prisoner and I beat his ass and was sent back to the hole. I served a few weeks in solitary got back out to gp and bailed out and got released back into the community.

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I got locked back up in October 2002, I was sent to the House of Corrections and around November 2002 I got into an altercation with another prisoner and I beat his ass and was sent to solitary for a few weeks. I got released from the House of Corrections in December 2002 and returned to the community. I got locked back up in March 2003 I was sent to Dodge Corr. Inst. to be processed and in July 2003 I was transferred to RYOCF prison and around September 2003 I had an altercation with some guards in which I ended up being charged with assaulting a guard, I was placed in solitary for that obviously. In November 2003 I was transferred back to the Milwaukee County Jail in which I ended up bumping heads with this one guy and beating his ass and got placed in solitary. In April 2004 I was in the Milwaukee Secure Detention Facility and I had a verbal confrontation with a guard which led to me snapping out and flipping over all the tables and shelves, etc in the dayroom, I went on a rampage and pretty much destroyed the dayroom. I was placed in the hole for that. In January 2005 I was back in the Milwaukee County Jail and I had a fight and was placed in the hole. I was in Marinette County Jail from May 2005 til September 2006 and I had four fights which landed me in solitary a number of times. I arrived in prison September 2006, from September 2006 til November 2009

(which is when I was placed in solitary confinement and shipped to WSPF/Supermax to serve ten years in solitary) I had five fights of which I was placed in solitary for some while others I didn't get caught for.

The point I am making is that it wasn't until I was placed in solitary confinement at age 16 that I really started exhibiting this hyper violent and aggressive behavior. That's why I ask what kind of impact did solitary confinement abuse have on my underdeveloped brain as a teenage adolescent? The negative psychiatric effects of solitary confinement I incurred as a teenage adolescent I still struggle with to this very day and I am a 35 year old adult now. And what's crazy is that most of the teenage adolescents who struggled with the psychiatric effects of solitary confinement in Juvenile Corrections we still struggle with it in Adult Corrections as well. One thing I think about often is that since age 16, after I was subjected to solitary confinement abuse, every time I was released into society I ended up exhibiting some type of hyper violent and aggressive behavior, e.g. the crime I am currently in prison for. When I was sentenced in November 2006 the courts were unaware of the damaging psychiatric effect solitary confinement abuse has on the underdeveloped brain of teenage adolescents. The courts need to look into the damaging psychiatric effect solitary confinement abuse had on my underdeveloped brain as a teenage adolescent and they need to factor in the impact it had on my commissioning of the crime I am currently incarcerated for. Also it is not enough to ban solitary confinement abuse for juvenile prisoners now, there needs to be treatment resources allocated to individuals like myself who suffered solitary confinement abuse as a juvenile predating the ban.

I forgot to add the footnote for Chapter Five so here it is:

¹ 2pac songs: Shed So Many Tears and I See Death Around The Corner

Chapter Seven footnote:

¹ Mendota Mental Health Institute Admission Psychiatric Evaluation dated September 5, 2000

Chapter Eight — Psychiatric Effects Of Solitary Confinement

In 2006, Prison Reform: Commission on Safety and Abuse in America's Prisons conducted a study on the Psychiatric Effects of Solitary Confinement. This study was led by Dr. Stuart Grassian, a Board Certified Psychiatrist who was on the faculty of the Harvard Medical School for over twenty-five years. Following are excerpts from this study:

[Note this is not a continuous excerpt, it's a listing of excerpts from the report I felt were worth citing]

Dr. Grassian stated: "Solitary confinement – that is the confinement of a prisoner alone in a cell for all, or nearly all, of the day with minimal environmental stimulation and minimal opportunity for social interaction – can cause severe psychiatric harm. It has indeed long been known that severe restriction of environmental and social stimulation has a profoundly deleterious effect on mental functioning; this issue has been a major concern for many groups of patients including, for example, patients in intensive care units, spinal patients immobilized by the need for prolonged traction, and patients with impairment of their sensory apparatus (such as eye-patched or hearing impaired patients). This issue has also been a very significant concern in military situations, polar and submarine expeditions, and in preparations for space travel.

"The United States was actually the world leader in introducing prolonged incarceration, and solitary confinement, as a means of dealing with criminal behavior. The 'penitentiary system' began in the United States, first in Philadelphia, in the early nineteenth century, a product of a spirit of great social optimism about the possibility of rehabilitation of individuals with socially deviant behavior. The Americans were quite proud of their 'penitentiary system' and they invited and encouraged important visitors from abroad to observe them. This system, originally labeled as the 'Philadelphia System,' involved almost an exclusive reliance upon solitary confinement as a means of incarceration and also became the predominant mode of incarceration, both for post conviction and for pretrial detainees, and in the several European prison systems which emulated the American model.

"The results were, in fact, catastrophic. The incidence of mental disturbances among prisoners so detained, and the severity of such disturbances, was so great that the system fell into disfavor and was ultimately abandoned. During this process a major body of clinical literature developed which documented the psychiatric disturbances created by such stringent conditions of confinement.

"The paradigmatic psychiatric disturbance was an agitated confusional state which, in more severe cases, had the characteristics of a florid delirium, characterized by severe confusional, paranoid, and hallucinatory features, and also by intense agitation and random, impulsive, often self directed violence. Such disturbances were often observed in individuals who had no prior history of any mental illness. In addition, solitary confinement often resulted in severe exacerbation of a previously existing mental condition. Even among inmates who did not develop overt psychiatric illness as a result of solitary confinement, such confinement almost inevitably imposed significant psychological pain during the period of isolated confinement and often significantly impaired the inmate's capacity to adapt successfully to the broader prison environment.

"It is both tragic and highly disturbing that the lessons of the nineteenth century experience with solitary confinement are today being so completely ignored by those responsible for addressing the housing and the mental health needs in the prison setting. For, indeed, the psychiatric harm caused by solitary confinement had become exceedingly apparent well over one hundred years ago. Indeed, by 1890, with *In re Medley*, the United States Supreme Court explicitly recognized the massive psychiatric harm caused by solitary confinement:

This matter of solitary confinement is not... a mere unimportant regulation as to the safekeeping of the prisoner....

"...Experience [with the penitentiary system of solitary confinement] demonstrated that there were serious objections to it. A considerable number of prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others, still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.

"Moreover, although many of the acute symptoms suffered by these inmates are likely to subside upon termination of solitary confinement, many – including some who did not become overtly psychiatrically ill during their confinement in solitary – will likely suffer permanent harm as a result of such confinement. This harm is most commonly manifested by a continued intolerance of social interaction, a handicap which often prevents the inmate from successfully readjusting to the broader social environment of general population in prison and, perhaps more significantly, often severely impairs the inmate's capacity to reintegrate into the broader community upon release from imprisonment.

"Many inmates housed in such stringent conditions are extremely fearful of acknowledging the psychological harm or stress they are experiencing as a result of such confinement. This reluctance of inmates in solitary confinement is a response to the perception that such confinement is an overt attempt by authorities to 'break them down' psychologically, and in my experience, tends to be more severe when the inmate experiences the stringencies of his confinement as being the product of an arbitrary exercise of power, rather than the fair result of an inherently reasonable process.

"When I initially agreed to evaluate the Walpole prisoners I had not yet reviewed the literature on the psychiatric effects of solitary confinement and I was somewhat skeptical; I expected that inmates would feign illness and exaggerate whatever psychiatric symptomatology they suffered. I discovered, however, something very different. Contrary to my expectations, the prisoners appeared to be extremely defensive about the psychiatric problems they were suffering in solitary confinement; they tended to rationalize away their symptoms, avoid talking about them, or deny or distort their existence all in an apparent effort to minimize the significance of their reactions to isolation. Numerous interviews began with statements such as 'solitary doesn't bother me' or 'some of the guys can't take it – not me,' or even with the mention of a symptom and a simultaneous denial of its significance: 'As soon as I got in I started cutting my wrists. I figured it was the only way to get out of here.'

Dr. Grassian's study set forth the findings that solitary confinement can cause severe psychiatric harm and that solitary confinement can cause a specific psychiatric syndrome. The specific psychiatric syndrome associated with solitary confinement is made up of the following 7 characteristics: a. Hyperresponsivity to External Stimuli; b. Perceptual Distortions, Illusions, and Hallucinations; c. Panic attacks; d. Difficulties with Thinking, Concentration, and Memory; e. Intrusive Obsessional thoughts: Emergence of Primitive Aggressive Ruminations; f. Overt Paranoia; g. Problems with Impulse Control.

(a) Hyperresponsivity to External Stimuli. Many prisoners in solitary confinement who serve long stints tend to have bad nerves and snap over the smallest things and its difficult for them to function around too many people i.e. general population. confinement who serve long stints tend to have bad nerves and snap over the smallest things and its difficult for them to function around too many people i.e. general population.

(b) Perceptual Distortions, Illusions, and Hallucinations. Grassian's study shows that we prisoners tend to feel like something is going on behind our backs.

(e) Intrusive Obsessional Thoughts: Emergence of Primitive Aggressive Ruminations: Almost half the prisoners reported the emergence of primitive aggressive fantasies of revenge, torture, and mutilation of the prison guards. In each case the fantasies were described as entirely unwelcome, frightening and uncontrollable. For example, one prisoner recounted:

I try to sleep sixteen hours a day, block out my thoughts; muscles tense, think of torturing and killing the guards; lasts a couple of hours. I can't stop it. Bothers me. Have to keep control. This makes me think I'm flipping my mind...I get panicky, thoughts come back – pictured throwing a guard in lime – eats away at his skin, his flesh – torture him – try to block it out, but I can't.

(f) Overt Paranoia: Almost half the prisoners interviewed reported paranoid and persecutory fears. Some of these persecutory fears were short of overt psychiatric disorganization. For example, one prisoner recalled 'sometimes I get paranoid – think they meant something else. Like a remark about Italians. I dwell on it for hours. Get frantic. Like when they push buttons on the sink. Think they did it just to annoy me.' In other cases this paranoia deteriorated into overt psychosis:

Spaced out. Hear singing, people's voices, 'Cut your wrists and go to Bridgewater and the Celtics are playing tonight.' I doubt myself. Is it real?...I suspect they are putting drugs in my food, they are putting drugs in my cell....The Reverend, the priest, even you, you're all in cahoots in the Scared Straight Program.

(g) Problems with Impulse Control: Slightly less than half of the prisoners reported episodes of loss of impulse control with random violence: 'I snap off the handle over absolutely nothing. Have torn up mail and pictures, throw things around. Try to control it. Know it only hurts myself.' Several of these prisoners reported impulsive self-mutilation; 'I cut my wrists many times in isolation. Now it seems crazy. But every time I did it, I wasn't thinking – lost control – cut myself without knowing what I was doing.'

Dr. Grassian states that this syndrome has the characteristics of an acute organic brain syndrome – A Delirium. Delirium is a syndrome which is known to result from the type of conditions, including restricted environmental stimulation, which are characteristic of solitary confinement. Even the electroencephalogram (EEG) abnormalities characteristic of delirium have been observed in individuals exposed to conditions of sensory deprivation. Grassian also detailed America's historical experience with solitary confinement in the 19th century. Statistical comparisons began to generate evidence that 'it was unnatural... to leave men in solitary, day after day, year after year; indeed, it was so unnatural that it bred insanity.' As statistical evidence accumulated during the 19th century that solitary confinement produced a very disturbing incidence of insanity, physical disease, and death the system fell into disrepute and, with this, it had changed from an open, optimistic experiment in social reform into a hidden, secretive place of punishment and control.

Dr. Grassian's Findings at Pelican Bay State Prison (Excerpts):

"These findings received further corroboration in my observations of inmates at Pelican Bay State Prison, California. In 1991-92, as part of my participation in *Madrid v Gomez* – a class action lawsuit challenging conditions at Pelican Bay State Prison, a new 'supermax' facility in California. I evaluated 49 inmates housed in the Segregation Housing Unit (SHU) at the institution and prepared a lengthy report to the federal court of my findings. Many of the inmates I evaluated there suffered severe psychiatric disturbances while housed in Pelican Bay's SHU, either springing up *de novo* (anew) while so incarcerated or representing a recurrence or severe exacerbation of preexisting illness. Of the 49 inmates I evaluated, at least 17 were actively psychotic and/or acutely suicidal and urgently in need of acute hospital treatment, and 23 others suffered serious psychopathological reactions to solitary confinement, including (in several cases) periods of psychotic disorganization.

"The clinical data at Pelican Bay also added striking corroboration to the conclusion that the severe and prolonged restriction of environmental stimulation in solitary confinement is toxic to brain functioning. The data demonstrated that most severe, florid psychiatric illnesses resulting from solitary confinement tend to be suffered by those individuals with preexisting brain dysfunction. As noted before, I have observed a high incidence of preexisting central nervous system dysfunction among the inmates I evaluated in solitary confinement settings. This was also the case at Pelican Bay, and statistical analysis of the Pelican

Bay data quite dramatically demonstrated that inmates with such preexisting vulnerability were the most likely to develop overt confusional, agitated, hallucinatory psychosis as a result of SHU confinement.

Attention Deficit and Antisocial Personality Disorders

"In addition, research regarding Attention Deficit Hyperactivity Disorder and Antisocial Personality Disorder demonstrated that these conditions are similarly associated with a particular inability to tolerate restricted environmental stimulation. There is increasing evidence that childhood impulsivity and Attention Deficit Hyperactivity Disorder bear some relationship to Antisocial Personality Disorder, in that both are characterized by impulsivity and stimulation-seeking behavior, and both involve biologically based abnormalities in central nervous system functioning. Moreover, the clinical literature demonstrates that individuals with Antisocial Personality Disorder are especially intolerant of restricted environmental stimulation. For example, the psychopathic individual has been characterized as pathologically 'stimulation seeking,' 'impulsive,' and 'unable to tolerate routine and boredom.'

"Given the exigencies of conducting clinical observations of inmates in solitary confinement it is not surprising that little systematic attempt has been made to elucidate the underlying psychological characteristics of those most at risk for developing severe psychopathological reactions to such isolation. However, among the clinical reports on Ganser's Syndrome, a related condition, in non-prison populations are several studies of patients in psychiatric hospitals. These patients were, of course, available for extensive psychological assessment and observation, and these reports described the majority of these patients as suffering long-standing hysterical character disorders, having problems with severe impulsivity, childhood truancy, and antisocial behavior patterns.

"The medical literature demonstrates that individuals whose internal emotional life is chaotic and impulse-ridden and individuals with central nervous system dysfunction may be especially prone to psychopathological reactions to restricted environmental stimulation in a variety settings. Yet, among the prison population, it is quite likely that these are the very individuals who are especially prone to committing infractions that result in stricter incarceration, including severe isolation and solitary confinement."

Long Term Effects of Solitary Confinement and Small Group Confinement

"Long term studies of veterans of prisoner of war camps, and of kidnapping and hostage situations have demonstrated that while many of the acute symptoms I outlined above tend to subside after release from confinement, there are also long-term effects which may persist for decades. These not only include persistent symptoms of post traumatic stress (such as flashbacks, chronic hypervigilance, and a pervasive sense of hopelessness), but also lasting personality changes – especially including a continuing pattern of intolerance of social interaction, leaving the individual socially impoverished and withdrawn, subtly angry and fearful when forced into social interaction.

"In addition, from time to time I have had the opportunity to evaluate individuals who had been incarcerated in solitary confinement several years previously. I have found the same pattern of personality change described above; these individuals had become strikingly socially impoverished and experienced intense irritation with social interaction, patterns dramatically different from their functioning prior to solitary confinement."

Conclusions

"The restriction of environmental stimulation and social isolation associated with confinement in solitary are strikingly toxic to mental functioning, producing a stuporous condition associated with perceptual and cognitive impairment and affective disturbances. In more severe cases, inmates so confined have developed florid delirium – a confusional psychosis with intense agitation, fearfulness, and disorganization. But even those inmates who are more psychologically resilient inevitably suffer severe psychological pain as a result of such confinement, especially when the confinement is prolonged, and especially when the individual experiences this confinement as being the product of an arbitrary exercise of power and intimidation. Moreover, the harm caused by such confinement may result in prolonged or permanent psychiatric disability, including impairments which may seriously reduce the inmate's capacity to reintegrate into the broader community upon release from prison.

"Many of the prisoners who are housed in long-term solitary confinement are undoubtedly a danger to the community and a danger to the corrections officers charged with their custody. But for many they are a danger not because they are coldly ruthless, but because they are volatile, impulse-ridden, and internally disorganized.

"As noted earlier in this statement, modern societies made a fundamental moral division between socially deviant behavior that was seen as a product of evil intent, and such behavior that was seen as a product of illness. Yet this bifurcation has never been

as simple as might at first glance appear. Socially deviant behavior can in fact be described along a spectrum of intent. At one end are those whose behavior is entirely 'instrumental' – ruthless, carefully planned, and rational; at the other are individuals whose socially deviant behavior is the product of unchecked emotional impulse, internal chaos, and often of psychiatric or neurological illness.

"It is a great irony that as one passes through the levels of incarceration – from the minimum to the moderate to the maximum security institutions, and then to the solitary confinement section of these institutions – one does not pass deeper and deeper into a subpopulation of the most ruthlessly calculating criminals. Instead, ironically and tragically, one comes full circle back to those who are emotionally fragile and, often, severely mentally ill. The laws and practices that have established and perpetuated this tragedy deeply offend any sense of common human decency."

Animal Studies

"One study produced agitation in mice and rats after a few days of isolation, a report which corroborated previous studies with rats. Others have also found isolation induced aggressive behavior in mice (such as biting attacks). Further, social isolation has been demonstrated to produce profound and lasting psychological effects in primates. Researchers have noted that over four hundred published investigations of the effects of social isolation on primates show such deleterious effects as self-mutilation and disturbances in perception and learning. They found that in adult rhesus monkeys even brief periods of social isolation produce compromised cognitive processing. Others have produced symptoms of depression in rhesus monkeys by confining them for thirty days. They concluded that solitary 'confinement produced greater destructive behavioral effects in less time and with fewer individual differences among subjects than did total social isolation, previously [demonstrated to be] the most powerful technique for producing psychopathological behavior among monkey subjects.' Induced depression through confinement has been reported in both young and mature monkeys."

Appendix B: The Nineteenth Century German Experience with Solitary Confinement

"In 1863 Gutsch reported on 84 cases of psychosis stemming from solitary confinement and described vivid hallucinations and persecutory delusions, apprehensiveness, psychomotor excitation, sudden onset of the syndrome, and rapid recovery upon termination of solitary confinement. Many of these individuals developed 'suicidal and maniacal outbreaks.'

"In 1871, in a report on 15 cases of acute reactive psychoses, some of which apparently occurred within hours of incarceration in solitary, Reich described hallucinosis and persecutory delusions in addition to severe anxiety leading to motor excitement – 'the patient becomes noisy, screams, runs aimlessly about, destroys and ruins everything that comes in his way.' He also described an acute confusional state accompanying these symptoms, sudden cessation of symptoms, recovery, and subsequent amnesia for the events of the psychosis.

John Eggerson (372012) hello 9

Due to WSPF/Supermax being prohibited from housing mentally ill prisoners in their solitary confinement units, WSPF/Supermax's Psychological staff are reluctant to acknowledge mental illnesses in prisoners. If WSPF/Supermax's Psychological staff acknowledge mental illnesses in prisoners in solitary it'll cause a hassle for the Security Dept. WSPF/Supermax Security Dept has a history of being too overzealous in its effort to keep so-called problematic prisoners in solitary for 5-10 years at a time; the last thing WSPF/Supermax Security Dept wants to hear is they must release problematic prisoners from its solitary because of a mental illness they suffer as a consequence of solitary confinement abuse. Moreover, if WSPF/Supermax's Psychological staff acknowledge mental illnesses in prisoners housed in solitary such acknowledgement can open the prison up to lawsuits because mentally ill prisoners are not suppose to be housed in WSPF/Supermax solitary confinement units. So in order to provide cover for WSPF/Supermax Security Dept's abuse of solitary confinement, its Psychological staff down plays, under diagnose, and/or simply ignores mental illnesses in prisoners in solitary. These are the reasons why WSPF/Supermax's Psychological staff are so reluctant to acknowledge mental illnesses in prisoners in its solitary confinement units.

To avoid acknowledging mental illnesses in prisoners housed in solitary, WSPF/Supermax's Psychological staff simply downplay and ignore mental illnesses in prisoners by accusing us of malingering or trying to manipulate staff. But as Dr. Terry Kupers testified to as an expert witness in a lawsuit addressing mental illness in WSPF/Supermax solitary confinement units; inmates can malingering and have a serious mental illness at the same time. In settings with insufficient staff, prisoners may discover that they have to manipulate staff to a certain extent in order to get the attention they need, according to Dr. Kupers.¹ In all fairness to WSPF/Supermax's Psychological staff, for the 10 years I've served in WSPF/Supermax solitary confinement units I've witnessed countless psychologists and mental health staff come and leave this prison in frustration over how it operates. However there is one psychologist who has been a mainstay of WSPF/Supermax Psychological Services Dept since I've been in

this prison – Dr. Stacey Hoem. I am aware of countless prisoners in WSPF/Supermax solitary confinement units who point their finger at Dr. Hoem as being the influential force behind WSPF/Supermax Psychological Services Dept systematic practice of downplaying, under diagnosing, and/or ignoring the mental illnesses of prisoners in solitary.

At age 13, I was hospitalized at Milwaukee Psychiatric Hospital and diagnosed as having a Cannabis-Induced Psychosis, I was treated with Risperidone. During my stay, my mood stabilized, I had a rapid clearing of thought disorder and I experienced no further hallucinations. I was discharged after 6 days of being admitted (February 1998). I took the medication for a few days after I was released from the hospital and then I quit taking the medication. I slipped into a deep depression and in May 1998, I snapped out and ran away from home and started self medicating on high levels of marijuana and alcohol. I was engaging in criminal based thrill seeking behavior e.g. stealing cars, drug dealing, gang violence. I was in and out of juvenile lock up and in January 1999 the court ordered me to undergo a psychiatric evaluation at which time I was determined to have a differential diagnosis of Cannabis Dependence, Alcohol Abuse, Conduct Disorder, Adolescent Onset, and Rule Out Schizoaffective Disorder. Again I refused any treatment and I returned to the street life of gangs, drugs and crime.

At age 16, I was admitted into Mendota Mental Health Institute I was given the following Axis I DSM - IV Diagnosis: Conduct Disorder, Adolescent Onset, Bipolar Disorder versus Schizoaffective Disorder, Cannabis Dependence, Alcohol Abuse. I was subjected to a battery of psychological and psychiatric tests and I was again treated with Risperidone. I was released from Mendota six weeks later and I again stopped taking the medication. Studies show according to the National Alliance on Mental Illness that when the underdeveloped brain of a teenager suffers a psychosis or serious mental illness it takes about 10 years to recover their mental health if properly treated. I suffered two documented psychoses as a teenager and I was never properly treated – I refused treatment.

I've been serving time in solitary confinement since a juvenile. Solitary confinement messed me up so bad psychologically that I had to be sent to Mendota Juvenile Treatment Center. It's ironic that now all of these studies are coming out showing that solitary confinement impacts juveniles in a psychologically damaging way because their brains are not fully developed. Where were these studies when I was a juvenile? Solitary confinement is so damaging to juvenile brain development that it has been banned for juveniles in Federal Corrections and a growing number of State Corrections. Before I entered Juvenile Corrections at age 15 I was admitted into Milwaukee Psychiatric Hospital at age 13. While in Juvenile Corrections I was admitted into Mendota Mental Health Institute at age 16 after my first stay in maximum security solitary confinement. In my psychiatric evaluation from my stay in Mendota I was cited as having little history of aggressive behavior up to that point. It wasn't until I had my first stay in the hole as a juvenile that I started becoming more aggressive and violent. Since age 16 I have had difficulty functioning in prison general populations and I've served most of my time in the hole as a juvenile and adult. My experience in solitary confinement as a juvenile exacerbated the mental health vulnerabilities I already struggled with. My psychological condition worsened as a result. I believe that the damaging psychological effect of solitary confinement on me as a juvenile still impacts me to this very day.

Since 16 I've had this violent and savage monster raging within me committing violent acts time and time again. Every institution I've served time in since age 16 I've always snapped out in violence and attacked other prisoners and guards, my conduct record confirms this. I have no control over the monster when it snaps it snaps, it was the monster that snapped in me and committed the violent home invasion that I am incarcerated for. When I was given a psychiatric evaluation in Mendota at age 16 I was diagnosed with Bipolar Disorder of which I was never treated for. I rejected treatment and medication which worsened the disorder. I went on to live a Dr. Jekyll and Mr. Hyde like life, being calm and cool one minute and snapping out and becoming a vicious violent monster another minute. I've been trying to get treatment and help for the monster but WSPF/Supermax's Psychological staff refuses to acknowledge my mental illness for reasons I already expressed.

On October 2, 2016 I assaulted an officer. I snapped and the monster lashed out. Since I came to prison at age 22 (September 2006) I've been working with Psychological staff in an effort to get a better understanding of my mental health. Time and again Psychological staff in Green Bay Correctional Inst. and WSPF/Supermax told me that I was okay. However, I knew about my psychotic breakdowns so I knew I wasn't okay. I was aware of my mood swings i.e. my Dr. Jekyll and Mr. Hyde complex. Either my mood is upbeat and positive or dejected and negative there is no in between. November 2008 I was referred to WSPF/Supermax by Green Bay Correctional Inst. Security Dept but the Psychological staff blocked my transfer to WSPF/Supermax because of my history of mental illness. However, in January 2010, Green Bay Correctional Inst. Security Dept put pressure on the Psychological staff to clear me psychologically for transfer to WSPF/Supermax solitary confinement units. Green Bay Correctional Inst. Psychological staff reduced my mental health status from MH-2 to MH-1.

Once I arrived at WSPF/Supermax in February 2010 I immediately wrote the psychologist Dr. Becker about the monster. I still have a copy of what I wrote. In 2011 I was classified as MH-0 and taken off the Psychological staff's caseload because of my vocal protests denouncing the inadequacy of the mental health care treatment provided by WSPF/Supermax's Psychological Services Dept. I was taken off the Psychological staff's caseload by Dr. Hoem. I reached out to the Psychological Services Dept so as to get an understanding of how to address my mental health vulnerabilities and they continued to tell me that there was nothing wrong with me. This frustrated me because no one on the Psychological staff had ever taken a serious look into my mental health background, none of them could explain why I was diagnosed with Bipolar Disorder at age 16, why I was prescribed Risperidone medication, how my psychotic breakdowns as a teenager affected the healthy development of my brain, how my refusal to comply with treatment and medication exacerbated my mental illness, how the solitary confinement abuse I've suffered as a juvenile and adult exacerbated my mental health vulnerabilities, my Dr. Jekyll and Mr. Hyde complex, my history of snapping out in violence. WSPF/Supermax Psychological staff continued to be reluctant to acknowledge the mental illness I suffer from, they continued to refuse to acknowledge and seriously treat my mental health vulnerabilities.

The only way WSPF/Supermax could have sustained such a long run of solitary confinement abuse and torture was if its Psychological staff signed off on it and the only way the Psychological staff could have sustained its approval of the solitary confinement abuse was by downplaying, under diagnosing, and/or ignoring the mental illnesses of prisoners in solitary. It took a lot of pressure and protest from prisoners, support from loved ones, media attention and political pressure to compel WSPF/Supermax's Psychological staff to stop rubber stamping the Security Dept's solitary confinement abuse efforts. For the past 2 years the Psychological staff have been making improvements on this front but there is still a lot to improve upon.

¹ Jones 'El v. Berge, 164 F. Supp. 2d 1096; 2001 U.S. Dist. LEXIS 16360

Chapters 8 and 9

"In a statistical summary, Knecht reported in 1891 on the diagnostic assessment of 186 inmates at the 'insane department' of the prison at Waldheim and concluded that over half of the total inmates in this department were there due to reactive manifestations to solitary confinement. The majority of these inmates became insane within 2 years of confinement in solitary.

"In 1884 Sommer reported on 111 cases describing an acute, reactive, hallucinatory, anxious, confusional state associated with solitary confinement, emphasizing the 'excited outbursts' and 'vicious assaults' of these patients. His patients' illness began with difficulty in concentration and hyperresponsivity to minor 'inexplicable' external stimuli. These 'elementary disturbances of the sensorium (i.e., the five senses)' were seen as leading to 'elementary hallucinations' which became more numerous, eventually including auditory, visual, and olfactory hallucinations and eventually becoming incorporated with fearful persecutory delusions.

"In 1889 Kirn described 129 cases of psychosis among the inmates at the county jail at Freiburg, concluding that in fifty of those cases, 'solitary confinement can be definitely considered as the etiological factor, (and these) show a certain characteristic stamp' including persecutory delusions and hallucinations in multiple spheres (auditory, visual olfactory, tactile)."

Aversive Conditioning

"Individuals with psychopathic personality disorder are probably among the least tolerant of sensory deprivation. One researcher has described the essential core of psychopathic pathology as a pathological inability to tolerate restricted environmental stimulation:

The psychopath is almost universally characterized as [pathologically stimulus seeking and] highly impulsive... He is unable to tolerate routine and boredom.... His outbursts frequently appear to be motivated by little more than a need for thrills and excitement...

"It is the impulsivity and lack of even minimal tolerance for sameness which appear to be the primary and distinctive features of the disorder.

"He goes on to argue that psychopathic individuals may chronically exist in a state of relative stimulus deprivation: 'Highly impulsive, psychopathic behavior [may be seen] in terms of stimulation seeking pathology. If decreased reactivity and/or rapid adaptation [to environmental stimuli] do produce in these persons an affective state of unpleasantness close to that produced by severe sensory deprivation or monotony in the normal individual...

"He argues that behavioral impulsivity in such individuals may be an effort at coping with this condition of relative sensory deprivation which they experience: 'It may be possible... to view much of the impulsivity of the psychopath, his need to create excitement and adventure, his thrill-seeking behavior, and his inability to tolerate routine and boredom as a manifestation of an inordinate need for increases or changes in the pattern of stimulation.

"A later study, directly comparing psychopathic inmates with non-psychopathic controls, corroborated these findings. The psychopathic inmates scored significantly higher on measures of boredom susceptibility and of impulsivity. The authors concluded that psychopaths are pathologically stimulation seeking and incapable of tolerating isolation conditions.

"Others, in a large scale study of criminal offenders suffering from mental illness, noted that the prevalence of severe mental illness is higher among incarcerated offenders than among the general population; and that, compared with non-mentally ill inmates, the mentally ill inmates were more likely to be housed in solitary. Moreover many of these mentally ill inmates suffered from a combination of psychiatric disorders predisposing them to both psychotic breakdown and to extreme impulsivity (often including substance abuse). Such individuals tended to be highly impulsive, lacking in internal controls, and tended to engage in self abusive and self destructive behavior in the prison setting, and especially so when housed in solitary.

"Many of the inmates placed in solitary confinement are thus likely to be among the least capable of tolerating the experience, among the most likely to suffer behavioral deterioration as a consequence of such confinement. Solitary confinement has at times been rationalized as being a form of 'aversive conditioning,' intended to extinguish negative inmate behaviors. Yet this assertion ignores many of the most basic tenets of any behavior modification treatment, and would in any case clearly violate the ethical guidelines governing the use of aversive conditioning:

a. Ethical Considerations

"First of all, since aversive conditioning – the use of punishment as a means of inducing behavior change – is inherently suspect ethically and creates an inherent risk of harm, very clear outcome variables have to be articulated and systematically measured over time. As a result of these serial measurements, there must be clear evidence that the undesirable behavior is in fact lessening in frequency and intensity. Such measurement will also identify those patients for whom such aversive conditioning is actually harmful, allowing these individuals to be removed from the aversive treatment protocol. Were such measurements done in the prison setting, staff would inevitably be required to acknowledge the behavioral deterioration which many inmates were suffering as a result of placement in solitary, and in such cases, ethical considerations would have required transferring the inmate out of such confinement."

b. SHU Incarceration (solitary confinement) is not Aversive Conditioning

"SHU incarceration (solitary confinement) does not meet criteria for aversive conditioning. Indeed, any behavior modification scheme must define and describe very explicitly two variables:

(i) The behavior being changed:

"Behavior researchers have learned that in order for a subject to benefit from aversive (or any other form of) conditioning, the behavior at issue must be a single, very clearly defined behavior. When multiple behaviors are responded to by the same reinforcer or punishment, learning and behavior change does not occur. Thus, placement in SHU (solitary), which is 'punishment' for a host of different behaviors, is simply not being used in a manner consistent with an intent of behavior modification; there is inadequate linkage of any specific behavior to this 'punishment.'

(ii) The "punishment":

"Moreover, SHU (solitary) confinement is quite clearly not 'punishment.' To be effective, a 'punishment' must be very closely linked in time to the targeted behavior, and for learning to occur, there must be repeated opportunities to experience this close link between the target behavior and the punishment. Thus, the 'punishment' must be brief and immediate. For example, a mild but painful electric shock or a sudden very loud noise would be ideal punishments in aversive conditioning.

"Occasionally 'time outs,' the brief use of a seclusion room to quickly control disruptive behavior, are used as part of an aversive conditioning program. But when this technique is employed, it is used very quickly and for a very brief period of time – in order for the 'time out' to work as a behavior modifier, there must be very clear alternative behaviors which, when manifested, will immediately end the 'time out.'

"For any behavior modification scheme to work then, there must always be an exquisitely close relationship between behavior and response. Indeterminate or prolonged sentencing to solitary simply has nothing to do with aversive conditioning."

I've provided voluminous excerpts from Dr. Grassian's report on the Psychiatric Effects of Solitary Confinement and as you can see by any and all measures solitary confinement has a negative psychological impact on prisoners. The most profound question is: if the psychiatric harm caused by solitary confinement had become exceedingly apparent well over one hundred years ago, why is the psychiatric harm of solitary confinement being ignored for the most part in today's prisons?

Chapter Nine – The Complicity of Prison Psychological Staff

As I explained, I am housed in WSPF/Supermax which has a legacy and history of solitary confinement abuse. Solitary confinement abuse is the over use of it. This prison has a legacy of housing prisoners in solitary confinement for 5-10 years at a time. If you compare WSPF/Supermax and other Wisconsin Maximum Security Prisons with other State prison systems around the country from the year 2000 to 2019, you'll find that more prisoners have served 5-10 years in solitary confinement than most (if not all) other prisons around the country. Other states are more restrained in how they use solitary confinement while the Wisconsin Prison System has a history of having little to no restraint in how it uses solitary confinement. For example, in Minnesota killing another inmate can earn a prisoner the maximum solitary sentence of 2 years. A violent knife assault gets you 45 days in solitary. In Wisconsin, prisoners are serving 5-10 years in the hole for writing letters and other low level rule violations.

WSPF/Supermax solitary confinement units were so harsh and austere that it was deemed unfit for housing mentally ill prisoners. A mental health screening policy was put in place prohibiting the placement of severe mentally ill prisoners in WSPF/Supermax solitary confinement units. The Wisconsin Dept of Corrections has a category for prisoners' mental health status. Prisoners are categorized as MH-0, MH-1, MH-2, MH-2B. MH-2 prisoners are deemed to be severely mentally ill; MH-1 prisoners are not deemed to be mentally ill but are on PSU (Psychological Services Unit) caseload; MH-0 prisoners are deemed to have no mental health issues. MH-2 prisoners are prohibited from being placed in WSPF/Supermax solitary confinement units.

This policy is a hassle for security departments in prisons throughout the state because the most troubled and problematic prisoners have a history of severe mental illness. If a prisoner becomes too troublesome and problematic there have been instances when security and PSU staff have come together in cahoots to lower MH-2 prisoners to MH-1 so they could be placed in WSPF/Supermax solitary confinement units. In WSPF/Supermax solitary confinement units, prisoners who have a history of serious mental illness often experience a recurrence or severe exacerbation of a previously existing mental condition. It is established science that solitary confinement often results in severe exacerbation of preexisting mental illnesses for prisoners. The data demonstrated that the most severe, florid psychiatric illnesses resulting from solitary confinement tend to be suffered by those individuals with preexisting brain dysfunction. It is also established that prisoners who have no history of mental illness tend to suffer psychiatric harm from prolonged stays in solitary confinement.

Since WSPF/Supermax solitary confinement units opened in 1999 this prison established a legacy of solitary confinement abuse (the over use of it). This prison has a legacy of keeping prisoners in solitary for 5-10 years at a time. WSPF/Supermax's Security Dept is able to continue its abuse of solitary confinement because WSPF/Supermax's Psychological staff signs off on it. The psychiatric harm caused by solitary confinement has been exceedingly apparent well over one hundred years ago. There are volumes of psychiatric literature detailing the psychiatric harm suffered by prisoners from prolonged stays in solitary. Yet and still WSPF/Supermax's Psychological staff have a legacy of providing cover for WSPF/Supermax Security Dept to keep prisoners in solitary for 5-10 years at a time.

Chapter Ten — Racial Bias and Black Mental Health

What is the mind? Is a question that humanity has been striving to answer since the beginning of time. It seems like we as humans define the mind as the psyche. So what is the psyche? The psyche is defined as our soul and personality – our mind. A question I have is do our psyche encompass our mental and emotional attributes? Is there a true distinction between our so-called mental and emotional health? Or is our mental health and emotional health one and the same? I will say that our mental health governs our thoughts while our emotional health governs our feelings and our thoughts and feelings manifest into the behavioral conduct we exhibit. It seems that everything starts with our mental health though, it is our mental health that tells us

how to feel about a certain life experience and however we feel about something will be exhibited through our behavioral conduct. So our mental health is the ultimate influencer of our emotional health.

Your mental health is measured and assessed in terms of your sociability. If you are a person that displays pro social behaviors you are deemed to be in good mental health, if you are a person that displays antisocial behaviors you are deemed to be in poor mental health. So to be in poor mental health means to be in poor social health, to have a mental sickness means to have a social sickness. Whether you can socially function in a healthy way or not is judged by how well you can socially function in overall society. Can you acclimate, assimilate and adapt to society? If you can then you are said to be socially adaptive to society, if you can't then you are said to be socially maladaptive to society. If you are socially adaptive to society then you are deemed to be mentally healthy, if you are socially maladaptive to society then you are deemed to be mentally unhealthy. To socially function in a healthy way in society is not an easy thing to do. To maintain pro social behaviors is a challenging thing to do. Most humans have to be taught how to socially function in society in a healthy way. Most humans have to be taught how to become socially adaptive to society. To become socially adaptive to society, people have to first be taught what the hell society is and how it's suppose to function. For example, people have to be taught the purpose of why society exist and what society is striving to achieve, etc. Then people have to be taught what pro social behaviors are and what antisocial behaviors are. Then people must be taught how to nurture and cultivate pro social behaviors and how to suppress antisocial behaviors within themselves.

Society's Purpose

What is society and how is it suppose to function? Over 7 billion people inhabit this planet and we reside in geographical territories called nations or countries. There are nearly 200 countries in the world and each country is subdivided into states, provinces, cantons, etc and each of these subdivisions are made up of cities, towns and villages. These cities, towns and villages are made up of communities. A society is a body of communities. Communities of people organize themselves into societies on a city, state, national and global scale to achieve things such as: 1) public safety through police forces, firefighters, ambulances, military, etc; 2) public cleanliness, i.e. garbage collection, keeping the water, soil, air and food clean of toxic chemicals; 3) maintaining economic order through financial banking institutions and other related facilities. There are other purposes behind why communities of people organize themselves into societies but I won't cover them all right now. The most important purpose for the societal organization of people is so people can collectively confront some of the most difficult challenges facing humankind.

The most difficult challenge facing humankind is for humans to figure out what existence is. Trying to figure out what existence is consists of humans figuring out what life is and what Earth and the Universe is? To figure out what life is humans have to study all life organisms and all biological systems needed for life. To figure out what Earth is humans have to study every elemental aspect of Earth's make up and every elemental aspect of its location in the Universe. To figure out what the Universe is humans again have to study every elemental aspect of the Universe. In order to figure these things out humans must use the scientific method. The Scientific Method is defined as the rules and methods for the pursuit of knowledge involving the finding and stating of a problem, the collection of facts through observation and experiment, and the making and testing of ideas that need to be proven right or wrong.¹ Hence we will figure out what existence is through science. Societal organization enables humans to organize resources and efforts on a global scale so as to concentrate them on helping humankind figure out what existence is.

So society's most important goal is to figure out what existence is through scientific efforts, in order for humans to achieve this a standard and quality of life must be established in which adequate food, clothing, shelter and transportation are readily available. Adequate healthcare must be readily available as well. So society's second most important goal is to establish a standard and quality of life for its inhabitants in which adequate food, clothing, shelter, transportation and healthcare is readily available. In order to achieve this humans must learn how to manufacture and produce the highest quality and quantity of food, shelter, clothing, transportation and healthcare possible. Thirdly, society must maintain public safety so its inhabitants can feel safe to participate in society's efforts to confront some of the most difficult challenges facing humankind. Every society has laws, policies and procedures for how its inhabitants must conduct themselves if the society is to function at its highest potential and capacity in its effort to confront some of the most difficult challenges facing humankind. If you socially function in a healthy way in society and help it achieve its goals you are deemed a mentally, socially and behaviorally healthy person. If you are socially dysfunctional and unhealthy in society and you hurt its effort to achieve its goals you are deemed a mentally, socially and behaviorally unhealthy person.

Pro Social and Antisocial Behaviors

What are pro social and antisocial behaviors? Pro social behaviors are regarded as behaviors that enable one to socially function in a healthy way in society and help society achieve its goals. To socially function in a healthy way one must be capable of

socializing with others while keeping conflicts, disputes and antagonisms to a minimum. If conflicts, disputes and antagonisms arise one must be capable of engaging in effective dispute resolution free of violent and assaultive behavior. Don't lie, cheat or steal from others. Be honest, trustworthy, kind, respectful and loyal to others. These behavioral guidelines can be deemed as pro social behaviors. Antisocial behaviors are regarded as behaviors that lead to one being socially dysfunctional and unhealthy in society and hurting society's effort to achieve its goals. Being socially dysfunctional means that one is unable to socialize with others without getting caught up in chronic conflicts, disputes and antagonisms. When conflicts, disputes and antagonisms arise one resorts to violent and assaultive behavior as a means of dispute resolution. Lying, cheating and stealing from others. Being dishonest, untrustworthy, unkind, disrespectful and disloyal to others. These behavioral guidelines can be deemed as antisocial behaviors. To have a mental illness is to have an antisocial behavioral disorder of some sort that prohibits one from socially functioning in society in a healthy and productive way. To socially function in society in a healthy way people must be taught how to nurture and cultivate pro social behaviors and how to suppress antisocial behaviors within themselves.

Black Mental Health Crisis

When I was 18 years old, I was locked up in the Milwaukee County Jail and I was housed with numerous guys who were members of my neighborhood street gang and most of us were in jail for gang or drug related violent crimes and we would sit around and brag about gang shootings, robberies, etc. as if such activities were normal. That was an "aha" moment for me, because it was that moment that opened my eyes to a profound TRUTH, which is that most individuals who are subjected to the ravages of the street life of gang violence become mentally and emotionally unstable, by default. It is like we became so desensitized to violence that we lost our sense of humanity, we grew callous and apathetic to fighting and shooting rival gang members. Inflicting pain or injury on to someone has little to no impact on us. It is this realization that ignited within me an insatiable inquisitiveness – a need to further understand the effect the chaotic and savage milieu of intense perennial street gang violence, has on the psyche – mental and emotional health and stability of a person.

Another discovery I made happened while I was locked up in Marinette County Jail which is located in a small white suburban town. Most of the White suburbanites I met in the Marinette County Jail could enlighten you on their mental health status, they could recite their diagnosis among other aspects of information. The reason they were able to do this is because of the easy accessibility White suburbia has to mental health care facilities. Then I noted that I've never heard anyone in the ghettos and slums be able to communicate their mental health status, diagnosis, etc. The reason why was because most of us in the ghettos and slums don't have adequate access to mental health care facilities, which in turn results in us being unaware or oblivious to our true mental health status. Many of us in the Black ghetto suffer from mental illnesses and don't know it. I personally know from first hand experience and observation that there is a mental health crisis in the Black ghetto that has been grossly ignored by mainstream society.

Although many of us in the Black ghetto suffer from mental illnesses of some sort, we like the rest of society are ashamed to talk about this issue in an open and honest way. Mental illness has historically had a negative stigma attached to it. When you are diagnosed with a mental illness, you are viewed as being crazy, maniacal and cognitively deficient. You are viewed as being mentally and cognitively inferior (or less than) as a person. So at first when I was diagnosed with Bipolar Disorder and Impulse Control Disorder as a teenager I was ashamed of the diagnosis. I didn't want to admit to myself that something was wrong with my mental health, I didn't want to admit to myself that I suffered from a mental illness. I told myself that nothing was wrong with me, I refused to acknowledge the diagnosis, I refused to take the medication, I refused treatment because to do so would have been an acknowledgment of the diagnosis.

In 2012 I was in the hole in WSPF/Supermax solitary confinement units and I was having a conversation with a guy out my hood name T Mac. T Mac was a wild savage animal in the streets, who had no fear of killing or being killed, T Mac just didn't give a fuck. In prison T Mac stayed in and out the hole for violent assaults against other prisoners and guards. When he would come to the hole he would snap out, get his cell sprayed with tear gas, get tased, get placed on suicide watch, all type of shit. And he would do it so often that it became the norm for him. So one day he and I were having a conversation and he told me he had been meeting with the prison psychologists and he discussed the mental illnesses he was diagnosed with. Like me T Mac had been in Juvenile and Adult Corrections and because of that we had been meeting with prison psychologists since we were juveniles so we had a decent understanding of the mental illnesses we were diagnosed with. The difference between T Mac and me was that he was willing to discuss it in an open and honest way and I wasn't.

Furthermore in 2015, again I was in the hole and I was having a conversation with another guy out my hood name Tone Tone. Tone Tone and I had been in Juvenile Corrections together back when we were 16 years old. Tone Tone was another guy who was a wild savage animal in the streets, who had no fear of killing or being killed, Tone Tone didn't give a fuck either. While in

prison he also stayed in and out of the hole for violent assaults against other prisoners and guards. While in the hole he would also snap out and get his cell sprayed with tear gas, get tased, get placed on suicide watch, etc. I would have talks with him and he also would be very open and honest with me about his history of meeting with prison psychologists and the mental illnesses he was diagnosed with. To hear T Mac and Tone Tone discuss their diagnosis so openly and honestly gave me the courage to discuss my diagnosis. It wasn't until I assaulted the guard in 2016 at age 32 that I took a hard look at my life and realized that since age 16 I had been engaging in nonstop acts of anger and violence, I had a monster raging in me that I simply couldn't control. I admitted to myself that after 16 years of denial maybe I need to start taking my diagnosis seriously and acknowledge it in an honest and truthful way and seek help. Instead of continuing to refuse treatment I needed to seek treatment if I was sincere in wanting to bring an end to the nonstop acts of anger and violence I've been caught up in since age 16.

One thing I learned from T Mac and Tone Tone was that our minds and intellects were not inferior or less than when compared to others, all three of us have first rate minds and intellects that seem superior when compared to our peers, however we do struggle with antisocial behavioral disorders like anger issues, violent inclinations, mental and emotional instability, etc. and these issues are characterized as mental illnesses but in truth mental illnesses are in essence social and behavioral illnesses. Now that I am older and I have a deeper understanding of what mental illnesses are I am more open and willing to discuss my mental illness diagnosis. I want to express my appreciation to T Mac and Tone Tone for being so open and honest with me about their mental health diagnosis because they gave me the courage to be open and honest about mine. I hope me being open and honest about my mental illness diagnosis will give others the courage they need to discuss their mental health issues in an open and honest way. The Black ghetto will not overcome the mental health crisis sabotaging our community until we overcome our fears of the negative stigma and shame associated with mental illness and acknowledge it in an open and honest way.

10 part 2

Underlying Causes of the Black Mental Health Crisis

Some of the leading causes responsible for the Black mental health crisis are: Violence, Anger, Drugs, Poverty, Lawlessness, Prison and Solitary Confinement. I will discuss each of these in a more in depth manner.

Violence

Why is the Black ghetto such a violent place? The culture of violence in the Black ghetto can be traced back to gangsterism. Gangsterism wasn't created by Black people in America, gangsterism has been a part of America since its inception. The American Dream is one that is promised to America's poor from America's rich. America's rich promises the poor that they can possibly make it big one day and become rich too if they work hard, follow the rules and laws of society, and make meaningful contributions to the advancement of society. However only a tiny fraction of America's poor ever ascends into the socioeconomic class of the aristocracy (the rich). Majority of America's poor never achieve the American Dream for a multiplicity of reasons. In American society there are socioeconomic winners and losers, there are those who have reached the American Dream and those who have not (the haves and have nots). There are those who are the socioeconomic losers, the poor, the have nots of American society who feel like the economic system is rigged against the poor and favors the rich. Many of the have nots feel like the economic system is rigged to make the rich richer and the poor poorer.

So some of the have nots rejected society's rules and laws and banded together in outlaw gangs and started robbing trains and banks in the 1800's. The Wild Wild Western outlaw gangs were America's first exposure to the subcultural phenomenon of gangsterism. There were times when rival outlaw gangs would shoot it out and kill each other to gain power and dominance over a particular territory. But the notion of rival gangs shooting each other to gain power and dominance over territory really exploded in urban cities in which outlaw gangs brought that Wild Wild West mentality to the city streets of New York, Chicago, etc. in the early 1900s. The gang wars in New York and Chicago during the 1920s and 30s between the Italians, Jews, Irish, etc were sensationally violent and savage. Al Capone, Frank Nitty, Lucky Luciano, etc are still talked about in mass media to this day. Rival gangs in cities seemed to cause more bloodshed more frequently than the rival outlaw gangs of the Wild Wild West, although the Wild Wild West gang wars caused an abundance of bloodshed also.

When Black people migrated from Southern plantations to Northern cities they were exposed to gangsterism. Gangsterism in the Black ghetto took on a life and style of its on. The gangsterism of the Black ghetto produces a lot of bloodshed just like the gangsterism of the Wild West or the early gang wars of the Italians, Jews and Irish in New York and Chicago. Gangs are like armed band militias fighting civil wars throughout the streets of the urban concrete jungle. The Black ghetto is war torn. Exposure to ceaseless violence, murders of your loved ones and the death of complete strangers, just being around death nonstop for your entire life, after a while it becomes a normal mode of existence. When ceaseless violence, murders and death become a normal mode of existence for you, you become antisocial by default. I don't care if you are fighting a war in the United

States military or gang wars in the inner city ghettos, if you are around ceaseless violence, murders and death nonstop to the point where it becomes a normal mode of existence for you, you will become antisocial. If being violent and murderous are normal behaviors for you then you are highly antisocial. So the ceaseless violence, murders and death nonstop is a leading cause that has contributed to the mental health crisis in the Black ghetto.

Anger

Anger gives us the adrenaline rush we need to run into the fires of gang wars without the fear of death, injury or harm. When guys in the hood are getting killed day in and day out, it makes you feel like you are next, like you can be killed any day at any time. Because this is our reality in the Black ghetto we have to decide if we are going to face such a reality with courage and bravery or run from it in fear and cowardice. Most gangs in the Black ghetto are based off some particular neighborhood or area and most of us align ourselves with the gang that represents our neighborhood. Our neighborhood gang will fight and go to war with other neighborhood gangs we don't like. All soldiers want to ascend to the status of being a fearless warrior in battle, again whether you are fighting a war in the United States military or gang wars in the inner city ghettos, all soldiers want to ascend to the status of being a fearless warrior in battle. It is those who have a reputation for being fearless warriors in battle that get the respect and admiration. To ascend to the status of being a fearless warrior in battle, you must be willing to run into the fires of war without fearing death, injury or harm. And it is anger that gives us the adrenaline rush we need to do it.

You have to stay ready to snap out in anger and rage at any time because you never know when a conflict is going to kick off. It can be a minor or major conflict it doesn't matter, you have to be the predator and not the prey, at all times. To be the predator and not the prey, you have to be a fearless warrior in battle, you must be willing to run into the fires of war without fearing death, injury or harm. When you snap out in anger and rage and get your adrenaline going it's like you don't fear shit, not even death. So anger can be addictive in a way because it explodes your adrenaline and gives you an immeasurable sense of power and fearlessness. However when you find yourself having to always snap out in anger and rage it becomes a normal mode of existence for you. When anger and rage becomes a normal mode of existence for you, you become antisocial by default. Always snapping out in anger and rage is an antisocial behavior that contributes to the mental health crisis in the Black ghetto.

Drugs

Pain is real and when people get high on drugs, they disrupt your neurological and physical equilibrium which generate pleasurable sensations. It's like trying to walk when you're dizzy, it feels so funny and weird that it triggers laughter some times. So disrupting your chemical balance and your neurological and physical equilibrium makes you feel funny, weird and even pleasurable. Feeling funny and weird is better than feeling pain. Feeling funny and weird can trigger laughter and laughter can be a pleasurable experience. Scientific studies say that pleasurable experiences releases dopamine into your body, dopamine is a biochemical compound neurologically released from the brain into the body that generates pleasurable sensations. Eating a delicious meal releases dopamine into the body, a sexual orgasm releases dopamine into the body, a cool breeze on a hot day, any pleasurable experience releases dopamine into the body. Having dopamine released into the body is addictive, humans chase dopamine releases day in and day out. We are addicted to pleasurable experiences.

There are some people who are addicted to the pleasurable experience good food brings and so they eat and eat until they become overweight and obese. Some people are addicted to the pleasurable experience a sexual orgasm brings so they have sex, sex and more sex. We chase pleasurable experiences (dopamine releases) from wherever we can get them. Drugs is just another way to get a dopamine release through the pleasurable experience they give you by disrupting your chemical balance and your neurological and physical equilibrium. People seem to prefer some forms of pleasure over others, again some people prefer food, some prefer sex, some prefer drugs. If you abuse any pleasure too much it can have a negative impact on the productivity of your life. When your addiction and pleasurable experience of preference is drugs, you will chase dopamine releases day in and day out through the use of drugs.

When drugs disrupt your chemical balance and your neurological and physical equilibrium they amplify your emotions. Whatever emotion you're feeling while high you feel an amplified version of that emotion. So if you are feeling angry or upset, the anger that you feel is amplified and therefore you will find a lot of people who lash out into destructive episodes of anger and violence while under the influence of drugs. Also because people are so addicted to the dopamine releases drugs give you they become neurologically dependent on it just to function in a normal way. Some people chase the dopamine releases drugs give them so much that the pleasurable experience dopamine releases gives their body is the only way they want to feel. So they chase it and chase it and chase it, day in and day out. It becomes an all consuming desire to the point where if people don't get the dopamine release they become desperate for it. They become so desperate for the dopamine release that they will compromise their morals for it e.g. they will lie, cheat and steal to get it.

Because drugs disrupt your chemical balance and your neurological and physical equilibrium they tend to diminish your mental cognition over time. The diminishing of your mental cognition is the natural consequence of disrupting your neurological equilibrium. Your mental cognition is your mind's functioning and faculties, when your mind's functioning and faculties are diminished, the sharpness of your mind and the quality of your decision making diminishes. Also the emotional amplification of drugs and the disruption of your chemical and neurological balance drugs cause leads to mental and emotional instability over time. So if you become neurologically dependent on dopamine releases drugs give you to the point where you will lie, cheat and steal to get it, if you are lashing out into destructive episodes of anger and violence while under the influence of drugs, if your mental cognition is diminishing because of drugs, if you are mentally and emotionally unstable because of drugs, and this is your normal mode of existence, it is virtually impossible for you to contribute to society in a productive way. Lying, cheating and stealing to get drugs, lashing out into destructive episodes of anger and violence while under the influence of drugs, the diminishing of your mental cognition, mental and emotional instability are all antisocial behaviors that contribute to the mental health crisis in the Black ghetto.

Poverty

To live in poverty means living in a state and condition of having inadequate food, clothing and shelter. When you are facing starvation from inadequate food, when you are wearing rags for clothes, and when you are facing homelessness it puts you in a state of desperation. You become so desperate for food, clothing and shelter that many people compromise their morals for it i.e. they lie, cheat and steal to get it because they feel like that's their only hope of getting adequate food, clothing and shelter. Living in endless poverty keeps people in desperation, despair and hopelessness to the point where people will compromise their morals to get out of poverty. The negative mental and emotional toll poverty inflicts on people contributes to the mental health crisis in the Black ghetto.

Lawlessness

The Black ghetto has historically felt like White America uses its laws, courts, jails and prisons as tools of oppression to oppress Black people and mass incarcerate us. White America's police force has a legacy of engaging in police brutality and murder in the Black ghetto which has caused the Black ghetto to rebel against White America's society and laws and develop a fuck the police attitude. Obviously, rebelling against society's laws and police are antisocial behaviors.

Prison

The mass incarceration of Black people has caused us to view prison as a place of punishment, persecution, torture and abuse. Punishment, persecution, torture and abuse breeds mental and emotional despair, anguish, pain, hopelessness, anger and depression which has caused generations of mass incarcerated Black prisoners to become mentally and emotionally broken, wounded and injured people. Which also contributes to the mental health crisis in the Black ghetto.

Solitary Confinement

Solitary confinement is an amplification of the campaign of physical and psychological destruction, torture and abuse inflicted upon an already mentally, emotionally, wounded and injured people. Which also contributes to the mental health crisis in the Black ghetto.

Chapter 10 part 3

Psychology For The Ghetto Mind

Ghettos are neglected by the powers that be in America, problems in ghettos are often ignored by mainstream society and one can point to the social forces of racism and classism as aspects constituting the cause of this neglect. Ghettos are inhabited mostly by minorities who live in poverty. The White power brokers who dominate government and other socially vital institutions simply don't regard problems in ghettos as important. For example, poor ghetto children get abducted or come up missing all the time, however mainstream media hardly ever give these cases wall-to-wall coverage like they would for an affluent White child. Hurricane Katrina crystallized the unfair and unjust treatment by which ghettos are treated by governmental institutions. My point is that right now there is a mental health crisis raging in America's ghettos that is being unjustifiably ignored by mainstream society.

The ultimate goal I would like to achieve is to contribute to a legitimate and credible effort to prevail over the mental health crisis in the Black ghetto and leave an improved mental health condition overall for individuals in the Black ghetto. The most important task one can take on in life is to learn how to live a fully functional and healthy life mentally and emotionally. The core problem for many individuals in the Black ghetto is that they are mentally and emotionally unhealthy and dysfunctional. And if

that simple dilemma can be fully appreciated then a sufficient effort can be mounted to help individuals in ghettos become mentally and emotionally healthy and functional.

I don't portray to know the extent and nature of all the issues and problems that plague the ghetto, herein I've chosen to focus on a few fundamental social ills that detrimentally impact the ghetto. I've studied some of the most pioneering psychological theories known to the discipline of psychology and I made an effort to apply those theories to the ghetto condition. Throughout my 14 years in prison the Psychological Services Dept. has always been under-staffed and under-resourced and as a consequence it is often only able to triage from mental health crisis to crisis. For individuals who need actual therapy i.e. life coaching, we are pretty much on our own. I've become conditioned to prison treatment and educational staff making as minimal an investment into prisoners as possible. When it came to me developing my capacity of education in prison I didn't look to prison educational staff for help – most of them don't give a fuck if I'm educated or not, to most of them I am simply another number — if I make it, I make it — if I don't, I don't, they won't lose any sleep one way or another. This predicament compelled me to become an autodidact (a self educated person).

My perception of the prison educational staff is the same for the prison treatment staff, most of them don't give a fuck if I get treatment or not, prisoners come and go, if we get treatment, we do — if we don't, we don't, they won't lose any sleep one way or another. Again, this predicament compelled me to educate myself on my psychological condition and various theories of treatment. I studied and researched Freud, Jung and Frankl hence you can see the effort I've been making in my quest to find some answers to the questions I have concerning my psychological health. I fused aspects of all three schools of thought (Freudianism, Jungianism and Logotherapy) along with a few other theories of treatment to develop a treatment plan for myself and others who hail from the Ghetto. The treatment plan consists of 6 parts but I will only discuss the part dealing with Freudianism in this book. I am writing another book titled: End Recidivism Now; in which I discuss the treatment plan in its entirety.

The Application of Freudianism to the Black Ghetto

Sigmund Freud advances the notion that humans are "just" another species of animal, governed by our animal-base-primitive instinctual nature (the id). The id is defined as the part of the psyche in psychoanalytic theory that is completely unconscious and concerned with instinctual drives.¹ The ego which is defined as the part of the psyche in psychoanalytic theory that is the organized conscious mediator between the person and reality,¹ the ego represses the id or our animal-base-primitive instincts by imposing the superego thereon. The superego is defined as the part of the psyche in psychoanalytic theory that functions to reward and punish through a system of moral attitudes, conscience, and a sense of guilt.¹ The superego can be simply explained as the moral code and standard of society. Now Freud stated that if the ego is dominated by the superego a neurosis results, and if the ego is dominated by the id a psychosis results.

Most individuals raised in the ghetto street culture of gang and drug violence have the capacity to inflict pain and violence on others and be coldly apathetic about it. This capacity is caused by being raised in a culture dominated by street gang and drug violence. This capacity stems from a psychological or behavioral disorder of some sort. In the street gang culture of the ghetto you are taught how to use violence as a tool of intimidation, from simple assaults to inflicting bullet wounds from guns to murder. In the street gang culture of the ghetto we don't care about the moral code, standard and laws of society. Our ego is not dominated by the superego (the moral code, standard and laws of society) our ego is dominated by the id (our animal base primitive instinctual nature). According to Freud, the street gang culture of the ghetto is a culture of people that allow our animal base primitive instinctual nature to dominate our ego, which results in us having the capacity to become savage, wild, violent monsters, i.e. psychotic. In the absence of adequate schooling and nurture, individuals in the ghetto, animal base primitive instinctual nature rages uncontrollably, intensifying and worsening as time passes. Individuals lost in street gang violence attack each other like ravenous animals. This reality can be explained through the rationale that an uncontrolled and unregulated id manifests into an undisciplined violent life for many individuals in the ghetto.

Now it seems that Freud's cure or remedy that would permit one to attain a healthy psychological and behavioral condition is found in his theory of sublimation, where he tells one to not ignore the moral code, standard and laws of society (the superego) but liberate your repressed animal base primitive instincts (id) by sublimating them through forms more socially or culturally acceptable, forms such as exemplified in higher mental work, such as science or art, or manual labor for those ill-equipped to perform higher mental work. So in order for one to overcome one's savage and wild animal like behavior that causes one to have a capacity to act as a monster and inflict pain and violence on others in a cold and apathetic manner; one has to learn to impose the moral code, standard and laws (superego) on one's ego and repress your animal base primitive instincts (id) and then sublimate your repressed animal base primitive instinctual energy through forms more socially or culturally acceptable.²

Psychoanalytic theory has some fundamental common similarities with other renowned schools of thought such as Socratic-Platonic philosophy and Christian theology. Freud often spoke in the scientific abstract when he expounded on his psychoanalytic theory and he didn't quite create a definitive list of certain behaviors that can be observed to demonstrate that the id is being transferred through sublimation. However, Socratic-Platonic philosophy posits three parts of the human soul, the first part Socrates called the rational part, he described this part as that with which the soul reasons; the second part he called the irrational part, he described this part as that with which the soul loves, hungers, thirsts and desires various indulgences and pleasures; the third part Socrates called the spirit, he described this part as that by which we feel indignant. Socrates stated that the rational part should rule, inasmuch as it is wise and has foresight for the whole soul, and that the spirited part should be its subject and ally. He went on to state that these two parts will rule over the desiring part which is by nature insatiably covetous. Socrates created an image of the three part soul wherein the rational part was represented by the image of a man, the irrational-desirous part was represented by the image of a many-headed beast, the spirited part was represented by the image of a lion. He says that the man should be in control of the whole soul with the help of the lion to tame the many headed beast and keep it under control. Socrates says that if the man with the aid of the lion is able to tame the beast the soul would display the four important virtues of wisdom, courage, temperance and justice. However if the man is weakened and the beast is untamed it will devour the lion and the soul would display the intensity of the desires concerned with food and drink and sex, greed and lust and all other vices.³

So as you can see, Freudian psychoanalytic theory has some common similarities with Socratic-Platonic philosophy, for Freud's id is Socrates' many-headed beast, Freud's superego is Socrates' lion, and Freud's ego is Socrates' man image. Christianity also views the human condition in a manner similar to Freudianism, for Christianity feels that humans have a flesh nature which is equivalent to Freud's id. Christianity also says that humans need the assistance of the Holy Spirit to assert control over the primitive instinctual flesh nature. Christianity's Holy Spirit is tantamount to Freud's superego. Christianity provides a list of certain behaviors that make up human's flesh nature or id – they are: licentiousness (sexual vulgarity), hatred, jealousy, outbursts of fury, selfishness, arrogance, lying, greed, drug/alcohol addiction, thievery, and so on. Christianity's list of certain behaviors that make up the Holy Spirit or superego are as follows: love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, self-control, humility, temperance and being considerate.⁴

Conclusion

America's prisons have been used to mass incarcerate Black people. America's prisons are places of punishment, persecution, torture and abuse that have caused many Black prisoners to become mentally and emotionally broken, wounded and injured people and solitary confinement abuse and torture — mentally and emotionally breaks, wounds and injures us even more. If American society wants to adequately and effectively address the mental health crisis in the Black ghetto it should start with the reforming of its prison system since Black people have been mass incarcerated and sent to America's prisons en masse. American society must revolutionize its prisons from being instruments of destruction, abuse and torture upon Black people to becoming instruments of healing, treatment and rehabilitation for Black people. Prison must cease being a place that exacerbates and aggravates the Black mental health crisis and become a place that helps the Black ghetto overcome its mental health crisis.

Furthermore, American society must spearhead a more robust outreach effort into the Black ghetto and provide mental health care facilities and other resources that will allow the Black ghetto to address the mental health issues it struggles with such as: violence, anger and drug addiction. Also American society must spearhead a more robust effort of economic investment into the Black ghetto so as to help it overcome the intergenerational state and condition of poverty it has been mired in. Lastly, American society must spearhead an outreach effort in which its lawmakers and law enforcement officials reach out to the Black ghetto as an act of contrition to apologize for weaponizing its laws, courts, jails and prisons as tools of oppression to oppress and mass incarcerate Black people. This will go along way in helping the Black ghetto overcome its rebellious attitude against society and its laws and the police. The Black ghetto must be empowered to police its own community nevertheless.

¹ Merriam-Webster Dictionary

² All my Sigmund Freud references can be found in the following works: *An Outline of Psychoanalysis*, tr. J. Strachey; *General Introduction to Psychoanalysis*, tr. J. Riviere; *The Basic Writings of Sigmund Freud*, tr. & ed. A. A. Brill; *Civilization and its Discontents*, tr. J. Riviere

³ *The Republic*, by Plato

Chapters 11 and 12

Chapter 11

Chapter Eleven — The Abolition Of Solitary Confinement Abuse And Torture

Reforms

Following are excerpts from two articles: 1) More Prisons Are Phasing Out the 'Box' By: Juleka Lantigua-Williams December 1, 2016 and 2) Stepping Down From Solitary Confinement By: Maurice Chammah January 7, 2016. The excerpts are as follows:

"Ironically, Colorado, the same state that houses the federal supermax prison in Florence, is also home to a state prison agency that is consistently cited by reformers as one of the most progressive in the country in its effort to abolish solitary. Rick Raemisch, who runs the Colorado Department of Corrections, initially tried a 'levels' program like the one at Alger to move men out of solitary, but he eventually ended it after finding that too many prisoners were not advancing through the system quickly enough. 'We decided that when someone goes in, they should know when they're coming out,' Raemisch said recently at a Vera Institute of Justice conference in Washington D.C. Now, anyone placed in solitary will, by policy, spend no more than a year there.

"Some psychologists are critical of giving staff full control over how fast prisoners move through the stages – this is the case at Alger – as opposed to setting unambiguous standards the prisoners have to meet (such as taking a substance abuse class, for example, or going to counseling). James Austin, a corrections consultant and former director of the Institute on Crime, Justice, and Justice, and Corrections at George Washington University, said, 'it's like a college saying after four years, you may graduate based on how we feel about you.'

Lantigua-Williams: "Are there any options for therapeutic services offered, now that you're working based on the recognition that solitary can actually be more damaging?"

Raemisch: "Yes. In fact, we have two institutions that are dedicated to those that have mental health issues. Solitary has been banned at both facilities. We also have policies that if a person is involved in a disciplinary incident, a team looks at the incident, and if it was determined that a mental health problem caused that incident, they're taken out of the disciplinary process and put into treatment programs. We started what's called residential treatment programs, which are becoming a national model. I tell people that when we started these reforms not only did we not have a map, we had no road – because none of this has been done before, so we had to invent things based on the experience of our clinicians. Some things would work, some wouldn't. But we developed what's called a 10 in 10 program, which is starting out of their cells (sic) for 10 hours of therapy per week and then 10 hours of extracurricular activities. The purpose, of course, is to get them back into general population. We also had to develop step down programs for those that had been in solitary for periods of time. You just can't simply open the door and say 'you're going back to general population, have a good day.' That's not going to work.

"The first step down program is really just more of a socialization period when they're out with other inmates a minimum of four hours per day. Once clinicians feel that they're ready to move on, they go into another step down program where there's actual therapy programming: anti-anger, cognitive programming, things of that nature. We looked at it systemwide and saw that (violent) incidences were down.

"The next question is if you don't use solitary, what do you use? What we developed were what we called de-escalation rooms in these facilities, and they've been so successful we're going to put them in probably all our facilities. They are basically time out rooms (that inmates can request to use). There's music being piped in, and there's stress relieving instruments in there such as stress balls, a chalkboard if they want to write their thoughts out. They've been very successful."

In the Star Tribune, Andy Mannix on December 4, 2016 did a story on Solitary Confinement Abuse, following are excerpts from the article:

"California consented last year to a court settlement that will drastically overhaul its use of solitary. Under the historic agreement, California can send only the most serious offenders to solitary and the state will build a new unit that allows more socialization, group activities and time out of cell for inmates deemed too dangerous for the general prison population.

"North Dakota's Department of Corrections made a similar and perhaps even more dramatic overhaul it flipped its solitary confinement unit into a rehabilitation hub that offers group services like activities and psychological treatment.

In the New Yorker, Atul Gawande did an article titled: Is Long-Term Solitary Confinement Torture? Dated March 30, 2009. Following is an excerpt:

"Is there an alternative? Consider what other countries do. Britain, for example, has had its share of serial killers, homicidal rapists, and prisoners who have taken hostages and repeatedly assaulted staff. The British also fought a seemingly unending war in Northern Ireland, which brought them hundreds of Irish Republican Army prisoners committed to violent resistance. The authorities resorted to a harshly punitive approach to control, including, in the mid 1970s, extensive use of solitary confinement. But the violence in prisons remained unchanged, the costs were phenomenal (in the United States, they reach more than fifty thousand dollars a year per inmate), and the public outcry became intolerable. British authorities therefore looked for another approach.

"Beginning in the 1980s, they gradually adopted a strategy that focused on preventing prison violence rather than on delivering an ever more brutal series of punishments for it. The approach starts with the simple observation that prisoners who are unmanageable in one setting often behave perfectly reasonably in another. This suggested that violence might, to a critical extent, be a function of the conditions of incarceration. The British noticed that problem prisoners were usually people for whom avoiding humiliation and saving face were fundamental and instinctive. When conditions maximized humiliation and confrontation, every interaction escalated into a trial of strength. Violence became a predictable consequence.

"So the British decided to give their most dangerous prisoners more control, rather than less. They reduced isolation and offered them opportunities for work, education, and special programming to increase social ties and skills. The prisoners were housed in small stable units of fewer than ten people in individual cells, to avoid conditions of social chaos and unpredictability. In these reformed 'Close Supervision Centers,' prisoners could receive mental health treatment and earn rights for more exercise, more phone calls, contact visits, and even access to cooking facilities. They were allowed to air grievances. And the government set up an independent body of inspectors to track the results and enable adjustments based on the data.

"The results have been impressive. The use of long term isolation in England is now negligible. In all of England, there are now fewer prisoners in 'extreme custody' than there are in the state of Maine. And the other countries of Europe have, with a similar focus on small units and violence prevention, achieved a similar outcome.

"In this country, in June 2006, a bipartisan national task force, the Commission on Safety and Abuse in America's prisons, released its recommendations after a year long investigation. It called for ending long term isolation of prisoners. Beyond about 10 days, the report noted, practically no benefits can be found and the harm is clear – not just for inmates but for the public as well. Most prisoners in long term isolation are returned to society, after all. And evidence from a number of studies has shown that supermax conditions – in which prisoners have virtually no social interactions and are given no programmatic support – make it highly likely that they will commit more crimes when they are released instead, the report said, we should follow the preventive approaches used in European countries."

This report also documents the Langley v Coughlin case. This lawsuit was settled by consent decree. The settlement provided injunctive relief which required the prison to begin to reframe the meaning it gave to behavioral disturbances which they had previously responded to by further solitary time. Under the settlement the prison began to actively consider whether such disturbances were the result of organic personality disturbances, affective or impulse disorders, or even of schizophreniform illness. The result of these changes was apparently quite dramatic. Many of the prisoners who had been in solitary began to be treated in a residential psychiatric unit within the prison. This unit had previously refused to treat such inmates, claiming that their security needs were greater than could be handled. When pressed to provide services as a result of the settlement not only did they did the unit discover that it was possible to provide these services, but moreover discovered that the custodial and security needs of these inmates dramatically decreased when their behavioral disturbances were framed as psychiatric problems rather than as a security issue. Thus, as a result of the settlement of the lawsuit, all parties to the suit benefitted – prisoners and the officers of the correctional facility alike.

As you can see there are many states that are reforming their solitary units' policies and practices. When a prisoner goes into solitary we should know when we are getting out. When we are serving hole time and the prison restarts us time and time again with additional hole time we never know when we are getting out of solitary. I call it going down the rabbit hole. We go down the rabbit hole not knowing if or when we will ever get out. It's a defeating feeling of hopelessness which leads to many of us snapping out in anger and frustration at the prospect of indefinite solitary confinement. When I snapped and assaulted the

officer in the Deontaye situation, I had just received a ticket and was about to be restarted with additional hole time after being in solitary for nearly 7 years straight. The way this form of solitary confinement abuse can be ended is by instituting the following reforms:

★ If prisoners are already serving solitary or administrative confinement and we receive a warning or ticket for nonviolent behavior we shouldn't be given additional hole time, other sanctions should be employed to address such disciplinary infractions i.e. loss of recreation, cell confinement, loss of electronics, phone calls, canteen, etc.

★ Making prisoners serve 5-10 years in solitary confinement subjects us to a process of desocialization. Our psychological health and condition declines so much from long term solitary confinement abuse that we become desocialized. The desocialization effect of solitary exacerbates our antisocial proclivities i.e. being aggressive, hostile and combative with other people. Solitary needs to be a place that resocializes us not desocialize us. Solitary units need to become rehabilitation hubs, residential treatment units that take into account prisoners' organic personality disturbances, affective or impulse disorders. The 10 in 10 program pioneered in Colorado should be adopted (10 hours of therapy per week and then 10 hours of extracurricular activities). Give us more socialization periods (4 hours per day) with other prisoners. Provide therapy programming, use de-escalation rooms and set up Close Supervision Units where prisoners receive mental health treatment and earn rights for more privileges. The point of each reform is to socialize prisoners as much as possible versus desocializing prisoners causing us to exhibit more antisocial behaviors.

In every state that has achieved meaningful solitary confinement reform it has been the psychological staff who have led the way. The WSPF/Supermax psychological staff needs to do the following:

(a) If a prisoner is serving time in solitary and has a history of serious mental illness, WSPF/Supermax psychological staff should put in place safeguards to assure that prisoners with a history of serious mental illness are not subjected to solitary confinement abuse. Solitary confinement abuse is the over use of solitary. WSPF/Supermax psychological staff must determine what constitutes an over use of solitary i.e. what is too much solitary? The prevailing opinion is that if a prisoner is in solitary in excess of a year that's too much solitary. If a prisoner is subjected to too much solitary that constitutes solitary confinement abuse. Solitary confinement abuse causes mental illness in prisoners with no history of mental illness and it exacerbates mental illness in prisoners who have a history of mental illness. WSPF/Supermax psychological staff must recognize this truth and start protecting prisoners from mental illness and/or the exacerbation thereof caused by solitary confinement abuse.

If a prisoner is deemed too dangerous for general population they should be engaged with intense therapy and programming aimed at getting to the root cause of their anger and violence. They should be given individual therapy and programming for a set period of time and then they should receive group therapy and programming for a set period of time with restraints. After they complete this time period they should be able to receive group therapy and programming without restraints. The group can be 4 to 6 individuals monitored by psychological staff to assure that individuals in the group don't have problems or conflicts with each other. A secure treatment unit or range to accommodate these prisoners should be set up. If WSPF/Supermax can't set up a secure treatment unit or range to accommodate these prisoners and their treatment and programming then these prisoners ought to be transferred to a facility that can accommodate this capacity of treatment.

Therapy is important because it helps prisoners change self-defeating patterns of behavior. Colorado provides 10 hours of therapy a week for its prisoners in solitary, in WSPF/Supermax you're lucky if you can get one hour a week of therapy. You are lucky if you can get one hour a month. Why is this? Because WSPF/Supermax psychological services lack the personnel and resources to provide such capacity of treatment and programming for its solitary unit.

(b) When prisoners enter solitary they should know when they will be released. WSPF/Supermax Security Dept has been able to keep prisoners in solitary for 5-10 years plus because they add on additional hole time for nearly any and all infractions prisoners receive. When prisoners are trying to complete the PACE step down program they can be held back for nearly any and all infractions they receive. This must stop! If a prisoner is in the step down (phase) program for AC, if a phase is 2 months, no additional time should be added for a prisoner to complete that phase so long as he completes the programming. The only infraction a prisoner should receive additional hole time for is violence or the threat thereof. Putting an end to these practices is the only way solitary confinement abuse will come to an end in WSPF/Supermax. WSPF/Supermax psychological staff have to acknowledge the solitary confinement abuse that prisoners in WSPF/Supermax have been subjected to. The psychological staff have to acknowledge the psychological damage solitary confinement abuse has inflicted on many prisoners in WSPF/Supermax

and they must stop downplaying and/or ignoring the psychological damage solitary confinement abuse has inflicted on us prisoners. WSPF/Supermax psychological staff must demand an end to solitary confinement abuse.

★ The Continuity of Educational and Treatment Programming

As I stated before, in the Wisconsin Prison System all prisoners were assessed and evaluated so as to determine what sort of educational and treatment programming they were in need of. Once prisoners educational and treatment programming needs are better understood they are shipped to a prison that provides the programming they need. When a prisoner arrives in their assigned prison they can partake in the educational and treatment programs they need as long as they remain in general population. If they are placed in solitary confinement for whatever amount of time they are removed from their educational and treatment programs. When you get out of solitary confinement you must stay out for at least 6 months before you can sign back up for any educational and treatment programs.

The way the treatment programs are ran is about every 3-4 months treatment staff organize groups of prisoners to take a program. The program may take 120 days to complete, so the group will start on April 1st and finish August 1st. Now if you are participating in a program and you are half way done with it (meaning you have 60 days completed) if you are sent to solitary confinement you are took out of the program. The rationale behind this is that once you are in solitary confinement you are unable to attend the program which is held like once or twice a week and if you can't attend the program for 3-4 weeks because you are in solitary then you will fall behind, therefore treatment staff feel like it's best to take you out of that programming group and have you start over with a new group once you get back out of solitary. I understand this logic that if you can't keep up with your group because you're in solitary confinement then you have to be took out of that group and placed in a new group once you get back out of solitary. But if programming is as important as society says it is then prisoners should never be removed from programming whether you're in gp or solitary. In fact if you are in solitary confinement you may need programming even more.

I feel like educational and treatment programming are so important that prisoners should have to do it no matter if they are in gp or solitary. Under the current policy if officers want to make a systematic effort to disrupt prisoners efforts to attain educational and treatment programming all the officers have to do is mount a harassment campaign and they can send you to solitary for damn near anything. And the more prisoners that return to society without receiving adequate educational and treatment programming the higher the recidivism rate will be. The higher the recidivism rate is the higher the prison industrial complex generation of revenue will be. So if a prisoner is taking a program and is sent to solitary confinement midway through that shouldn't matter. Solitary confinement units ought to have educational and treatment programming staff that can keep prisoners caught up in their programming while their in solitary. If this reform is put in place the amount of prisoners that return to society with adequate educational and treatment programming will greatly increase and this will reduce the recidivism rate. We must fight for the continuity of educational and treatment programming whether you're in solitary confinement or not!

★ More Out Of Cell Time

Prisoners on AC status receive the same amount of out of cell time under the PACE program as we did under HROP. We are still confined to claustrophobic conditions in cells the size of a small bathroom for 22-24 hours a day for months and years at a time. Into this change we prisoners will continue to suffer negative psychological and behavioral health deterioration from solitary confinement. We prisoners will continue to suffer the antisocial effect of being confined to claustrophobic conditions for months and years at a time. So we must fight for more out of cell time in the form of recreation and educational and treatment programming. In Colorado they developed a 10 in 10 program for their solitary confinement units this program allows prisoners to be out of their cells 10 hours a week for therapy and 10 hours a week for extracurricular activities. If Wisconsin offered this much out of cell time for its solitary confinement units the negative psychological and behavioral effect of being confined to claustrophobic conditions for 22-24 hours a day for months and years at a time would be greatly mitigated.

Conclusion

WSPF/Supermax has one solitary confinement unit now that houses up to about 85 prisoners and about 65 to 70 of the prisoners in this solitary confinement unit are Black. There are 25 prisoners on this one solitary confinement unit alone who have been in solitary for over 5 years. There are about 50 prisoners on this solitary confinement unit who have been in solitary for over a year or two. So even with the PACE program prisoners are still being subjected to long term solitary confinement abuse. WSPF/Supermax is able to continue their legacy of solitary confinement abuse because the courts and policymakers are convinced by the prison administration that Administrative Confinement is non-punitive. How is Administrative Confinement

non-punitive if you are locked in a cell 22 to 24 hours a day for years at a time? In general population you can work a job, go to school, among other activities that get prisoners more out of cell time. Administrative Confinement (Phase 1&2) prisoners get 1½ hours of rec four days a week, so for three days of the week we are in our cell 24 hours a day. Phase 3 prisoners get 1½ hours of rec five days a week, so for two days a week we are in our cell 24 hours a day on this status. Phase 4 prisoners get 2 hours of rec five days a week, so for two days a week we are in our cell 24 hours a day on this status. Being confined to a cell 22-24 hours a day for years at a time is highly punitive.

WSPF/Supermax psychological staff still haven't put forth an adequate effort demanding that prisoners with histories of being vulnerable to mental illness not be subjected to solitary confinement abuse. Most of us who have been in solitary for over 5 years have histories of being vulnerable to mental illness. And the psychological staff still refuse to stand up to the Security Dept and demand change.

If you agree that these reforms should be adopted so as to bring an end to solitary confinement abuse and torture, an online petition will be set up for you to sign. The hope is to bring an end to solitary confinement abuse and torture in the Wisconsin Prison System and all of America's prisons.

Chapter Twelve — Speak Truth 2 Power Coalition

Speak Truth 2 Power Coalition (ST2PC) mission is to raise awareness on the issue of the mass incarceration of Black people as the Civil Rights' issue of this generation and to present solutions to the problems that continue to perpetuate the mass incarceration of Black people.

There are three areas of concern ST2PC will address so as to halt the plague of the mass incarceration of Black people. The three areas of concern are: 1) Solitary Confinement Abuse; 2) Criminal Justice and Prison Reform; 3) Recidivism.

Solitary Confinement Abuse

Many Black people are sent to American prisons outside the view of the public and are subjected to the abuses and torture of solitary confinement on a disproportionate level. Instead of receiving educational and treatment programming we are disproportionately subjected to solitary confinement abuse which causes the deterioration of our psychological and behavioral health. After solitary confinement abuse damages our psychological and behavioral health we are returned back to society with our mental and emotional health in worse shape than it was when we entered prison. When we return to society with our mental and emotional health damaged by solitary confinement abuse we are more prone to reoffend, commit crimes and return to prison.

The public doesn't understand how widespread solitary confinement abuse is in America's prisons and how disproportionately it is used against Black prisoners. The public doesn't understand how our psychological and behavioral health is damaged by solitary confinement abuse and how we are returned to society in worse shape mentally and emotionally than when we entered prison. Prisoners going back and forth, back and forth to prison can often be traced to their poor mental and emotional health caused by solitary confinement abuse. If the mass incarceration of Black people is to be stopped, ending the disproportionate use of solitary confinement abuse against Black prisoners must be an instrumental part of it.

CHAPTER 12

Criminal Justice and Prison Reform

The American Criminal Justice and Prison System is broken. A new model must be adopted for how to deal with crime in America. First, all crimes should be divided into violent and nonviolent crimes. Violent crimes are: murder, attempt murder, assault with a deadly weapon, rape, battery, assault. Nonviolent crimes are: Drug dealing/substance abuse, property crimes (theft). Violent criminals should be kept separate from nonviolent criminals, so as to keep violent criminals from influencing nonviolent criminals into becoming violent. Higher level violent criminals should be kept separate from lower level violent criminals, so as to keep high level violent criminals from influencing lower level violent criminals into high level violence.

Correctional institutions (prisons) should be established as institutions of learning one's civic duty. Criminals should be taught how society is suppose to function and its purpose and goal for existing. Whatever law(s) a criminal has violated he should be taught why such laws were created and how they contribute to the healthy functioning of society. Criminals should be made to earn their way back into society through community development projects aimed at helping society fulfill its purpose and achieve its goals. I am authoring a book on overall Criminal Justice and Prison Reform.

Recidivism

The mass incarceration of Black people is a perpetual cycle because when many Black prisoners are released back into society we often fail in our efforts to effectively transition back into society. ST2PC wants to set up a reentry program called: End Recidivism Now. The End Recidivism Now reentry program will help prisoners transition back into society by teaching them job search skills and effective financial planning skills. When ST2PC help prisoners transition back into society through the End Recidivism Now reentry program we have to help them maintain their freedom. ST2PC will set up an Urban Therapeutic Clinic Outreach Center that'll provide a treatment program focused on helping individuals in the Black ghetto avoid the pitfalls caused by the lifestyle of gangs, drugs and crime, this will go a long way in helping guys maintain their freedom. I am authoring a book titled: End Recidivism Now. This book will present my perspective on how to reduce recidivism rates for Black prisoners. This book will also present my perspective on how the Black ghetto can rise above the gang, drug and crime problem.

Solitary Confinement, Criminal Justice and Prison Reform

To achieve Solitary Confinement, Criminal Justice and Prison Reform ST2PC will post an online petition so as to gather public support behind the Solitary Confinement, Criminal Justice and Prison Reforms ST2PC is advocating. ST2PC wants to organize public demonstrations at the State Capitol building and various prisons around the state. ST2PC will organize public demonstrations so as to raise public awareness for the need for Solitary Confinement, Criminal Justice and Prison Reform. ST2PC will also set up a legal defense fund to help prisoners who have been subjected to solitary confinement abuse finance lawsuits. ST2PC will also organize a grassroots campaign of having supporters in the community contact public officials to advocate for reforms.

ST2PC will be operated as a nonprofit organization, it'll have a robust website and social media platform. If ST2PC succeeds in Wisconsin other ST2PC Chapters will be set up in other states to help them fight for Solitary Confinement, Criminal Justice and Prison Reform as well.