

FFUP, Forum for Understanding Prisons, is a 501c3 not profit with the primary mission of helping prisoners get their voices heard. We advocate, work with families and use all tools available to bring health to our justice system. This report was written by FFUP founder with help of other volunteers and it uses letters and testimonies of prisoners, our DOC contacts, along with a myriad of reports and articles listed in the appendix as sources. Many of the cited reports and articles are linked on our main web to their originals : www.prisonforum.org .

For questions and comments, contact Peg Swan, FFUP Founder; pgswan3@aol.com; 608-536-3993



TORTURE IN WISCONSIN PRISONS

FORWARD by **Bonnie Kerness**, AFSC Prison Watch Program Director ¹

I have just finished reading “Torture in Wisconsin Prisons”, which is an extraordinary report featuring the work between FFUP (Forum for Understanding Prisons) and people in Wisconsin prisons. The Forum for Understanding Prison’s mandate is to act as a bridge between prisoners, their families and the outside world resulting in this crucial report for Wisconsin legislators, the media and other interested citizens. The detailed report on the Wisconsin Department of Correction’s use of solitary confinement is an important work reflecting, in an often heart breaking manner, the way in which the use of extended isolation impacts upon individuals and their family members – and ultimately on wider society upon the release of people who most assuredly will be affected with symptoms of post-traumatic stress.

The American Friends Service Committee Prison Watch Program has worked with psychologists, psychiatrists, social workers, prisoners, their families and legislators from other states for many years – all in a common effort to abolish and/or set limits on the inappropriate use of solitary confinement, and the extremely harsh and often unhealthy conditions of confinement in solitary units.

We, in New Jersey, did succeed in passing a bill that will limit the use of solitary confinement, called the Isolated Confinement Act.² Advocates and legislators know that the triumph of the bill's passage is only a first step in terms of addressing the conditions in which people are held in solitary confinement in the state. Since its passage I continue to receive letters from prisoners noting angrily and accurately that nothing in the bill alters the conditions of confinement which often includes a culture of officer abuse and humiliation, of psychiatric neglect, of the development of permanent mental health symptoms of post traumatic stress, – none of which is addressed in the legislation that Gov. Phil Murphy signed.

Along with limiting the amount of time spent in solitary which the New Jersey legislation achieves, we want to move forward to provide an environment which does no further damage either mentally or physically to the people serving legal sentences. Separation from society is the punishment for the conviction of a crime – not unconscionable heat, filth, vermin and human cruelty. I don't ever want to speak at another funeral of a prisoner who has died from heat stroke. I don't ever want to receive another telephone call from a mom crying because her mentally ill child has been bitten by mice, crawled on by roaches and humiliation by officers. The AFSC Prison Watch receives testimonies from throughout the country replicating complaints by people in prison in Wisconsin. It is to the credit of States like Colorado, Montana, Maryland, Texas, Arkansas, New Mexico, and Georgia that such treatment and conditions are being addressed.

We, the outside community of advocates and those who have survived this treatment must and will push forward to alter and eventually abolish the mercilessness of these conditions of confinement. Over the years, I have found it important to remind myself that the Department of Corrections is more than a set of institutions, it is also a state of mind. That state of mind cannot be fully altered legislatively, and is exactly what formerly imprisoned, families, advocates and legislators need to monitor and address with conscientiousness. It is we, the collective citizenry that can provide and ensure true social change. We want people who have paid for their criminal behavior coming home healed, healthy and with the ability to fulfil their promise as human beings.

This report is an important and valuable tool helping us to understand the racism and classism that results in the mentally ill, the poor, and largely people of color living in circumstances which have been deemed cruel and unnecessary by the international community. Solitary confinement makes us all “wardens” of the worst kind and maintains us, as the public, in violation of international standards and treaties. Wisconsin's Forum for Understanding Prisons is to be lauded and emulated for this fine report. It is a model for the rest of the country. We are hoping that the State of Wisconsin joins others which have passed or are currently considering this most egregious assault to human dignity.

¹ Bonnie Kerness, MSW, program director of the [American Friends Service Committee Prison Watch](#).

89 Market Street, 6th floor; Newark, NJ 07102

American Friends Service Committee(AFSC) is a Quaker organization devoted to service, development and peace programs throughout the world.

The American Friends Service Committee Prison Watch program empowers individuals harmed by criminal legal system policies and violence to heal and transform the conditions under which they live. Program staff disseminate public information on human rights abuses and healing opportunities; respond to needs of incarcerated people and those harmed by criminal acts; influence individual administrators and policy makers; and provide

expertise to coalitions, advocacy groups, community organizations, students, writers, and the media. Our Prison Watch Program monitors human rights abuses in U.S. federal and state prisons. In particular, the program promotes national and international attention to the practices of isolation and torture. [Find more Prison Watch resources here.](https://www.afsc.org/content/prison-watch-resources) (<https://www.afsc.org/content/prison-watch-resources>)

²Text of bill limiting solitary in NJ: Isolated Confinement

:Act: https://www.njleg.state.nj.us/2018/Bills/S3500/3261_R2.HTM

INTRODUCTION

Forum For understanding prisons (FFUP) is a nonprofit that evolved out of concern when the Supermax opened in Boscobel, WI in the early 2000s with its 400+ isolation cells. A few years later a lawsuit banned the housing of seriously mentally ill in Boscobel, the prison's name was changed, and general population units were established within it. But conditions in the ensuing 20 years for those left in solitary in the now Wisconsin Secure Protection Facility (WSPF) have worsened and the use of solitary confinement has expanded exponentially throughout the state.

FFUP has as its mandate to be a bridge between prisoners, their families and the outside world- Our major effort is spent corresponding with prisoners, advocating for them, verifying their reports as far as is possible and getting "the word" out to the greater community. The prisoners and their families have, in a sense, educated us and given us a unique perspective which we try to balance with what we know of workings "out here." We believe this perspective, if considered, can help lead our corrections system back to functioning effectively, safely and humanely.

At this time **Columbia Correctional Institution (CCI) has recently come off a lockdown after reports of 3 inmate on staff assaults.** There is talk of new prisons on one side and banning of solitary for the mentally ill on the other. We are here to tell the backstory to the present dysfunction and to explain that neither of these proposals will work on their own. One of the first readers of this report says it best:

"This is a collection of extraordinary documents and information that addresses so many Wisconsin prison issues, as well as potential remedies and solutions. I was particularly struck by the WWRC - Wisconsin Women's Resource Center. This is what prisons look like, in my experience, when the focus is on the three legs of safety, rehabilitation and humanity. Far too often the focus in Wisconsin has been on punishment, forgetting that incarceration IS the punishment. Let us focus on using the shell of prison as a place where successful programs and experiences can offer growth. Other states and countries have successfully prepared prisoners to return to our communities. Isn't this what our state's "Purchase of Offender Goods and Services" budget should centrally focus on? Teach these individuals (many of whom have had horrific life experiences and daily face mental health challenges) how to function in and contribute to the world outside of prison. Flood the prisons (and release sites) with programs and services and interventions and family and humanity and caring! We would all benefit."

Judith Adrian, Ph.D. ;

Co-author with DarRen Morris: "In Warm Blood: Prison & Privilege, Hurt & Heart"(2014); HenschelHAUS Publishing

TABLE OF CONTENTS

Chapter ONE, Background: How we got to the crisis we are in today

pages 6-9: Solitary confinement becomes population control tool

We went from 7,000 to 22,000+ prisoners with closing of mental hospitals, Violent Crime Control and Law Enforcement Act of 1994, Ending parole, funding prisons over schools.

pages 10-11: Submissions by Tyler Metzner and Tyler Bartlet

These two examples show our prisons being used as defacto mental health institutions by judges

Chapter TWO, International Consensus: solitary confinement over 15 days IS TORTURE.

pages 12-14

Convention Against Torture and Other Cruel and Inhuman or Degrading Treatment or Punishment. (CAT),
U.N Covenant on Treatment of Prisoners,
S.C. Justice Kennedy, Colorado

pages 15-18: Four give Testimonies on effect of solitary

Rick Raemisch, former WI DOC Secretary: “My night in Solitary”
Gerald Easterling
Joshua Scolman
“The House of Burning Souls” by Ras Uhuru

Chapter THREE, Two main types of solitary: AC and DS

pages 19-22: Administrative Confinement (AC)

AC rules change to fill supermax : AC 308:04 before and after
Three Examples of AC

LaRon Mckinley- transferred to CO system after 22 years on AC, now in general population

Raynell Morgan – tortured by the side effects of 15 plus years in solitary

Luis Ramirez—mentally ill and on his way back to AC

Subterfuges used to hide extent of solitary use

pages 23-25: Disciplinary Segregation (DC)

Example of Conduct Report, rule breaking

Three testimonies: Joe Turney, Shawn Murphy, Timothy Sidney

Chapter FOUR, Conditions of confinement

page 27: Michael Pietila: “ WI DOC is much more dangerous than meets the eye”

pages 28: international agreements pertaining to conditions of confinement

2 principals from the United Nations Basic Principles for the Treatment of Prisoners,
Adopted December 14, 1990,

Article 10 and 11 of CAT, (Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment)

Nelson Mandela Rules: 122 Rules of the Standard Minimum Rules for the Treatment of prisoners which were revised by the UN in 2015

pages 30-36: Back to Wisconsin:

2014 Articles on abuse by guards sparked brief reform, Dealing with self-harm, Observation vs Control Status, Justin Welch writes of his experience with restraints on Obs status, Tyler Milton, conditions often reported, submissions from prisoners reaching out for help: Ryan Long, Dennis Mix, Damien Huff, Timmy Johnson, Jovan Williams, Davin Rollins, Terrance Grissom

Chapter FIVE, the Big Lie or FINALLY, THE BIG IRONY

pages 36: TIS “kids” released without treatment while seasoned old law prisoners languish

While most old law prisoners (OL), are told at their parole hearings that they will not be released because they “have not served enough time for punishment” and/or releasing them would the “pose an undue risk to the public”, the DOC releases the truth in sentencing inmates (TIS) regularly as the law demands often without treatment or training and virtually no support and often straight from years in solitary.

page 38: Two people that need treatment before release: Fredrick Andrew Morris, Jordan Cosby

page 39: Two examples of people who were out for a short time and are now back, not for felonies and but for rule violations: Michael Pugh, Bobby Coil

page 41-42: Four success stories – people who are supported: Talib Akbar, Timothy Crowley, Juan Xarine Berchar, Scott Brown

page 43-46: Programs that help prisoners upon release but are generally not available to those in solitary/ Grants needed

RECOMMENDATIONS:

pages 47-50: Long and short term ways to end solitary torture, mental health treatment, ending administrative confinement, reducing population, returning to mission

page 51-52: End Statement

APPENDIX: Including some Models for a way forward

pages A1-A5: Center for Investigative Journalism: Mental health statuses of prisoners quietly changed, Psychologist quits

page A6 July 2015 memo by DAI Administrator Cathy Jesse authorizing mental health status changes for some prisoners in solitary

pages A6 thru A12: Center for Investigative Journalism: Solitary Practices of CO and WI compared. Former WIDOC head supervises reform of CO solitary

Pages A13-A21: A tour of the Mental and health center for TCI, women’s prisoner in Fond du Lac. Listing of rule and policy changes via WIDOC powerpoint document on TCI mental health center transcribed to word

Page A22- approx life size scan of soap packet , 3 of which have to last indigent prisoners for days

Chapter One: Background

Solitary Confinement is the lynch pin that holds our failing system together

This report concerns the overuse and abuse of solitary confinement in Wisconsin's prisons. The Wisconsin case is complicated. The courts ruled in 2002 that the then Boscobel Supermax could not house mentally ill inmates, but they were simply transferred to less equipped and arguably worse conditions.

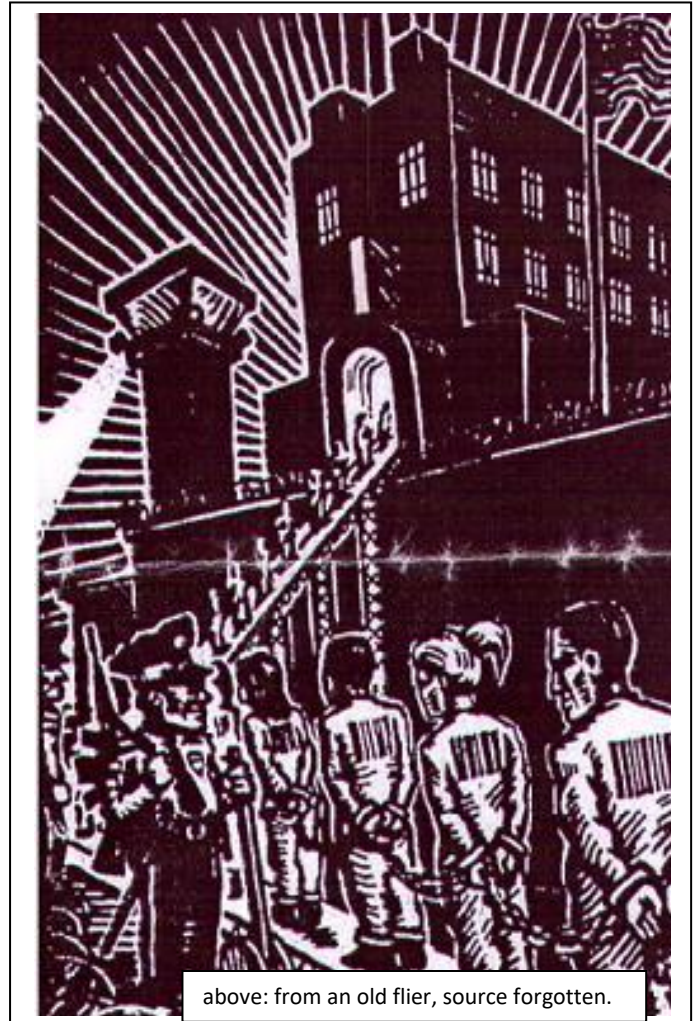
There have been rules put forth by the DOC administration in Madison that if followed would go a long way toward reform but it is our information that the solitary limiting guidelines and rules are not followed, and that with various forms of subterfuge, a reduction in use of solitary confinement looks good on paper when in actuality the use is expanding daily.

We believe that in order to understand the changes needed, it is important to look at how our system became so overcrowded and how it lost its mission to rehabilitate and keep the public safe.

The Wisconsin prison system today is the product of a perfect storm of what many now think were short sighted laws and executive actions first initiated in our nation's capital in the 1990's.

The first of these decisions was the closing of our mental hospitals without providing viable alternatives. This has left the mentally ill and their struggling families with no affordable place to go for help and prison has become for many the final wall to end destructive behavior.

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



above: from an old flier, source forgotten.

ACCORDING TO Treatment Advocacy Center Website:

<https://www.treatmentadvocacycenter.org/browse-by-state>

WISCONSIN has 148,203 adults with Serious Mentally illnesses

6343 mentally ill adults incarcerated

458 total number of public psychiatric Beds

(total prison population around 22000)

The second factor in our perfect storm was the enactment of the VOTIS act in 1994, the Violent Crime Control and Law Enforcement Act of 1994, ([H.R. 3355](#), [Pub.L. 103-322](#)),

This was largest crime bill in the history of the United States. This bill provided, among other things, 9.7 billion dollars for prisons and launched a prison boom throughout the nation. For Wisconsin, it meant the ending of meaningful parole in the infamous memo by the then Governor Thompson, which swept all inmates then and for the future under the draconian Truth in Sentencing (TIS) laws.

Wisconsin did not have enough violent prisoners to qualify for the VOTIS act, Most of the 7000 prisoners it did have were slated for parole. The significant part of the memo sent by Governor Thompson to Secretary Sullivan is below. It asks that the DOC and parole commission use all legal means to hold old law prisoners for as long as possible. This memo swept all under the truth in sentencing law through unpromulgated and contradictory rules and orders that to this day keep parole eligible (called "Old Law Prisoners") warehoused. It virtually stopped parole for all those eligible no matter what the crime or degree of rehabilitation.

Many of these prisoners had earned college degrees through Pell Grants and these grants were stopped with this bill along with many of the rehabilitation programs.

**Message from Governor Thompson
to DOC Secretary Sullivan April 28th, 1994**

I recently proposed and subsequently signed into law a bill to end mandatory parole for violent offenders in Wisconsin. In enacting that important change, legal counsel advised that any retroactive change in the law would be unconstitutional.

Therefore, although I have ended mandatory parole for violent offenders, there are some inmates already in prison who are still governed by the old release law.

I believe that mandatory release of violent criminals is wrong. That is why I called a Special Session of the legislature in 1987 to pass a "life means life" sentencing bill, and that is why I moved to end mandatory parole for violent offenders this year.

In order to implement this policy as fully as possible, I hereby direct the Department of Corrections to pursue any and all available legal avenues to block the release of violent offenders who have reached their mandatory release date.

The policy of this Administration is to keep violent offenders in prison as long as possible under the law.

Transcription of Governor Thompson’s memo (above): “I recently proposed and subsequently signed into law a bill to end mandatory Parole for violent offenders in Wisconsin. In enacting that important change. Legal counsel advised that any retroactive change in the law would be unconstitutional. Therefore, although I have ended mandatory parole for violent offenders, there are some inmates already in prison who are still governed by the Old Release Law.

I believe that mandatory release or violent criminals is wrong. That is why I called a Special Session of the legislature in 1987 to pass a "life means life" sentencing bill, and that is why I moved to end mandatory parole for violent offenders this year.

In order to implement this policy as fully as possible, I hereby direct the Department of Corrections to pursue any and all available legal avenues to block the release of violent offenders who have reached their mandatory release date.

The policy of this Administration is to keep violent offenders in prison as long as possible under the law.¹”

WHY ARE THEY KEPT IN PRISON? MONEY ROLLS IN

- **1994 Violent Crime Control and Law Enforcement Act/ \$9.7 billion in funding for Corrections**
- **1996 VIOLENT OFFENDER INCARCERATION AND TRUTH-IN-SENTENCING (VOI/TIS) INCENTIVE PROGRAM**

REPORT TO CONGRESS
FEBRUARY 2012

Submitted by:



Fiscal Years 1996-2001 VOI/TIS FUNDING

state	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY2001	total
WI	1,248,453	3,888,490	2,744,286	5,095,329	465,141	4860,545	21,962,244

WISCONSIN RECIEVED 21 MILLION DOLLARS between 1996-2001 From Federal government to build new prisons, enacted TIS and keep old law prisoners incarcerated

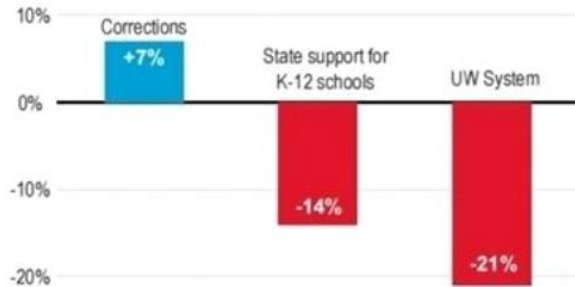
After 2012 the money stopped flowing but the prison expansion engine was by then entrenched and taxpayers money was funneled to prisons, away from education to make up for the difference.

Today for the first time Wisconsin taxpayers spend as much or more on prisons than it does on the entire university system. And our kids real under student load debts. Whereas in the 80’s all could afford college, now it is out of reach for most- we believe all the fiscal energy has been funneled to maintaining the prison nation.

¹ 1994 Full memo Governor Thompson to DOC Secretary Sullivan which had the effect of slowing paroles to a trickle. <https://casesprison.files.wordpress.com/2020/01/a-thompson-sullivan-94-memo-2.pdf>

Unlike K-12 Education and UW System, Corrections Has Been Protected from Severe Budget Cuts

Change in General Purpose Revenue spending between the 2003-05 and 2015-17 budget periods, adjusted for inflation. Dollar amounts for 2015-17 are budgeted.



Source: Analysis of Wisconsin Department of Administration figures. For continuity purposes, the 2015-17 budgeted amount for Corrections includes Youth Aids, which was moved from the Department of Corrections to the Department of Children in Families starting July 2015.

WISCONSIN BUDGET PROJECT

(left) Our kids reel under the burden of student debt

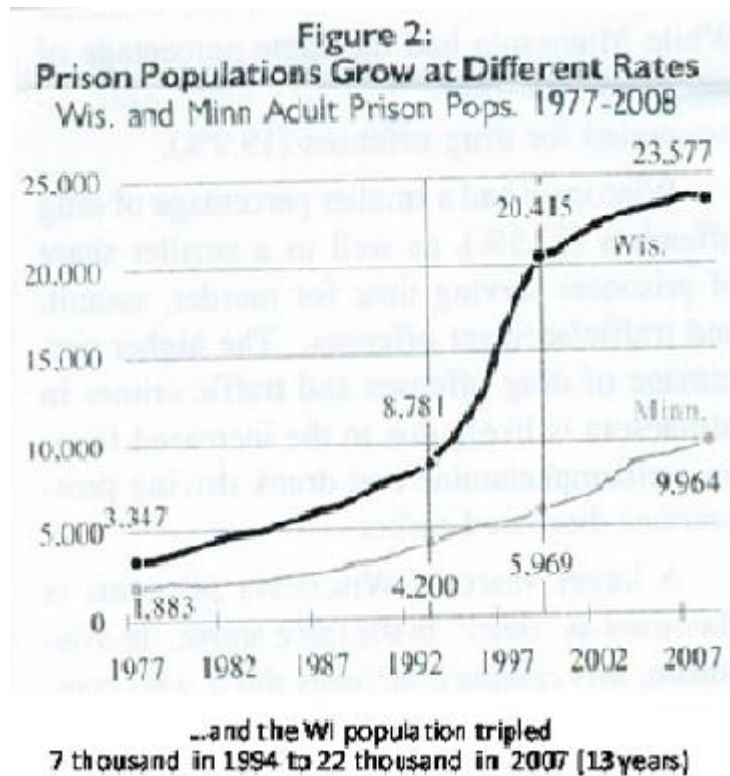
largely because we support the corrections industry and not education. While the budget for the DOC rises 7% for 2015-2017, budget for k-12 drops 14 % and the UW system drops by 21%.

WHY?

Look at the prison population graph below.

When the prison boom started in the 90's, there were 7000 Wisconsin prisoners. Now there are about 23000. That's where our taxpayer money is going. And it is into warehousing prisoner, not into rehabilitation.

Wisconsin VS Minnesota Prison Population Increase



Left:

Wisconsin spends eight times more on prisons than Minnesota yet both have the same crime rate and similar populations. Minnesota has over 12 000 fewer prisoners than Wisconsin. Increased penalties under the new law and the ending of true parole meant that the prison population went from 7000 to 23 thousand in a short decade. Prisons became THE growth industry and a perfect job program in a time when manufacturing and farming jobs were disappearing. In Wisconsin, Spending skyrocketed on prisons while in states like MN, money was put into community services and crime prevention.

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

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

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

Because solitary confinement is the lynch pin that holds the system together, a comprehensive approach is needed as remedy. Overcrowding, lack of staff- both guards and professional, and resultant loss of mission has created an environment that is toxic to both prisoners general population and staff. The system can only survive as it is with increased use of solitary -lockdowns for inmates, and more overuse and abuse of solitary for the mentally ill and those considered trouble makers. For the bare uncomfortable fact is that conditions have deteriorated to an unbearable level and there is no rehabilitation effort. Remaining staff are often working multiple shifts and the prisoners are enduring increasingly deprived conditions. Releasing more prisoners into general population, especially prisoners who have been tortured for long periods in solitary, cannot work without well thought out preparation.

The building we need is a treatment center like the one lawsuit mandated (Flynn vs Doyle). We hear reports that it functions well for the women in TCI, Fond du Lac WI. This facility or one like it, where effective treatment happens, coupled with step by step changes in policies, procedures, and staff training to reinstate the DOC mission must be done in concert with the ending of long term solitary confinement. Along with that, as our report will try to show, we need to dramatically reduce the prison population, for the rational for stuffing our prisons is based on the prison mania that swept the nation back in the 90's, as we showed above. That 1994 lie and the resultant tripling of prison population in the decade following, has been the main poison causing our problems today.

In our report we hope to outline the need for step by step changes in the basic way the prison is run and hope to show ways the WI DOC can reclaim its mission to rehabilitate prisoners and keep the public safe.

It does neither of these things now.

TWO EXAMPLES: purposely sent to prison and not a hospital

Tyler Metzner 393001 CCI

"I have dealt with mental health issues for a long time being in and out of mental health hospitals. In 2015 I was arrested for yelling and waving a knife around because I am bipolar, and I was delusional and in a manic phase. Instead of going to a hospital to get the help I needed, I was brought to jail and placed on suicide watch. At the jail I was treated very poorly being forced to sleep directly on the concrete with no mattress, no pillow and no blanket for multiple nights on multiple different occasions. I was not allowed to have toilet paper, soap, toothpaste, toothbrush nor take a shower for periods lasting 2-18 days on multiple different occasions. During this time, I was in segregation for 153 days in which I deteriorated as I lost my mind and received an additional 53 charges.



Tyler Metzner

I was punished for being mentally ill. No one in their right mind goes to jail for misdemeanors and receives 53 additional criminal charges. And at court I was sentenced to 34 years and feel that though they made an example of me since there was no permanent damage or any serious injuries. Then when I got to Dodge Correctional, I attempted suicide in which a large number of guards had to stop me. After I was fast tracked through Dodge and sent here at Columbia to get help psychologically, start groups and have more freedom.

Instead I have been in isolation since 4/5/16 because the warden says I am a security risk because of my past behavior at the jail. Thank GOD I still have an open appeal and my family was able to hire me an attorney. Though in the meantime I study with the hope to help myself and possibly help others in the future."

Tyler Bartelt 655464 CCI

Tyler Bartlet is another example of this great hoax being pulled on the public with this system. Tyler is 21 years old and was sentenced to prison because, they said, he would get treatment there. It is true there is little of no treatment out here but the mentally ill are not helped in prison and most come out in much worse shape than they went in.

"I was sentenced by a judge to receive help & counseling, so they recognize I have mental/AODA needs, and use that as an excuse to keep me locked up, but, instead of helping, when I make the same mistake, the DOC/ "psychology Dept" fails me by punishing me further. I've been locked up 33 months w/o help. ...

How is putting me in the hole with nothing helping me? When psychological staff do what they call welfare checks, they ask if you are good and leave. If you tell them you have a problem, the psychological staff say they will refer you for an appointments weeks from when you asking to have a problem.

The conditions of the cells in segregation are awful. I am forced to sleep on the ground because there is only one bunk for two inmates. This forces me to place my badly worn mat on the hard cement; the walls leak so there is mold & mildew and rust on the cement... I get paint chips from the wall and floor in my bed along with dust, dirt, and hair. When the toilet sweats, it causes the water and urine splashes to drip to the floor, in puddles less than a foot from my mat. Also, there are many bugs that crawl in through cracks in the window... I have found ants, mites, and spiders on cement around my mat. There also is no working intercom/panic button in any cell at C.C.I. What if you or another inmate have a medical emergency, like a seizure or heart attack? What if there is a fight in the cell? By the time a C/O did a round someone could die. Speaking of time, the clocks are all set to the wrong time or not working, this leaves me to have to predict the time. It is disorientating; everything feels like one big day blurred. For this being my first time in prison or being exposed to the criminal element. I fear I will have PTSD among other issues when I leave here in 13 years. Don't people out there want us to be fixed when we come back to society? Or do they prefer us worse? So far, it couldn't be any worse of a start. " (Signed) *Tyler Bartelt*



Chapter Two: International Consensus

ISOLATION / NO TOUCH TORTURE:

Evolving standards of Jurisprudence internationally and in the U.S.

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

Solitary Confinement Over 15 Days IS Torture

CAT :CONVENTION AGAINST TORTURE AND OTHER CRUEL AND INHUMAN, OR DEGRADING TREATMENT OR PUNISHMENT ²

Article 1 of CAT defines torture as:

“any act by which severe pain or suffering whether physical or mental is intentionally inflicted on a person for such purpose as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.”

United Nations Convention against Torture

Description: CAT

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is an international human rights treaty, under the review of the United Nations, that aims to prevent torture and other acts of cruel, inhuman, or degrading treatment or punishment around the world.

Signatories: 83; **Condition:** 20 ratifications

Effective: 26 June 1987

Depositary: [UN Secretary-General](#)

Languages: Arabic, [Chinese](#), English, [French](#), [Russian](#) and [Spanish](#)

Location: New York **Signed:** 4 February 1985

2. U.N Covenant on Treatment of Prisoners:

Standard Minimum Rules for the Treatment of Prisoners UN Standard Minimum Rules for the Treatment of Prisoners. The (SMRs) were initially adopted by the UN Congress on the Prevention of Crime and the Treatment of Offenders in 1955 and approved by the UN Economic and Social Council in 1957. Revised as Mandela rules in 2018.³

² CAT : <https://casesprison.files.wordpress.com/2020/01/cat-inpdf-form-3.pdf> or <https://www.ohchr.org/en/professionalinterest/pages/cat.aspx>

³ **Nelson Mandela Rules:** *UN Standard Minimum Rules for the Treatment of Prisoners. The (SMRs) were initially adopted by the UN Congress on the Prevention of Crime and the Treatment of Offenders in 1955 and approved by the UN Economic and Social Council in 1957. Revised as Mandela rules in 2018#6 We include a summary of those rules done by a non profit stationed in the Netherlands:Applying the Nelson Mandela Rules from admission to release(8pages)* <https://ffupstuff.files.wordpress.com/2018/06/10nelson-mandela-rules-summed.pdf>

Rule 30

- 1. No prisoner shall be punished except in accordance with the terms of such law or regulation, and never twice for the same offence.*
- 2. No prisoner shall be punished unless he has been informed of the offence alleged against him and given a proper opportunity of presenting his defense. The competent authority shall conduct a thorough examination of the case.*

Rule 31 *Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences*

Rule 32

- 1. Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.*
- 2. The same shall apply to any other punishment that may be prejudicial to the physical or mental health of a prisoner. In no case may such punishment be contrary to or depart from the principle stated in rule 31.*
- 3. The medical officer shall visit daily prisoners undergoing such punishments and shall advise the director if he considers the termination or alteration of the punishment necessary on grounds of physical or mental health.*

Rule 33

Instruments of restraint, such as handcuffs, chains, irons and straitjacket, shall never be applied as punishment. Furthermore, chains or irons shall not be used as restraints. Other instruments of restraint shall not be used except in the following circumstances: As a precaution against escape during a transfer, provided that they shall be removed when the prisoner appears before a judicial or administrative authority.

Principle 7 *Efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged.*

1 Animal in a cage by DarRen Morris, 236425 GBCI

European bodies have taken a particularly progressive

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

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

2) Growing Consensus that Solitary Confinement Over 15 days for ANYONE is torture

COLORADO BANS SOLITARY OVER 15 DAYS

In October 2017 Colorado banned solitary confinement for more than 15 days: “Long-term isolation costs too much, does nothing to rehabilitate prisoners, and exacerbates mental illness – or even causes it in prisoners who were healthy when they entered solitary,” spokesman John

Krieger said. “Since more than 95 percent of prisoners will return to our communities, the smart approach for public safety is to focus on rehabilitation.”⁴

In his October 2016 final report on solitary, Special Rapporteur Juan Mendez⁵ showed optimism about the general trend, though not without exception, toward reform in the United States. He listed the Federal Government efforts that chipped away at solitary confinement use including President Obama’s announcement that juveniles in the federal prison system will no longer be held in solitary confinement. He also listed state level reforms, such as Colorado policy to reserve the use of isolation for “only the most violent and dangerous offense types,” pending legislation in Colorado and Pennsylvania to lessen the use of solitary confinement, and further reform efforts at more local levels— including New York City’s ban on solitary confinement of those who are under 21 years of age, are seriously mentally ill, or are physically disabled.⁵ and further reform efforts at more local levels—including New York City’s ban on solitary confinement of those who are under 21 years of age, are seriously mentally ill, or are physically disabled.⁵

In November 2017, **Stanford University** came out with a report on how prisoners who endured long term solitary were doing after release. It cites the devastating effects solitary confinement has on anyone- whether they go into prison mentally ill or not. The realization that long term solitary confinement actually causes mental illness and a diminished capacity for success **AFTER** release is also growing in this country. (“**Mental Health Consequences Following Release from Long-Term Solitary Confinement in California**” Consultative Report Prepared for the Center for Constitutional Rights).⁶

Long term solitary for anyone blasted by Supreme Court Justice Kennedy:

In March 2015, **Supreme Court Justice Anthony Kennedy** was testifying before the House Appropriations Subcommittee when he received a question on prison overcrowding. He responded with a sweeping condemnation of the American prison system and particularly of solitary confinement. He invoked solitary confinement as not just another potentially harmful prison practice but as a **violation of human dignity: “[t]he human toll wrought” “exact a terrible price” on all people; and how solitary can bring all people “to the edge of madness, perhaps to madness itself.”** Here he is saying that prolonged solitary confinement is **unconstitutional, not only when applied to people who are particularly vulnerable or sympathetic, but to everyone.** Justice Kennedy seemed eager to consider whether prolonged solitary confinement is unconstitutional.

⁴ Colorado Bans solitary of more than 15 days: <https://ffupstuff.files.wordpress.com/2018/06/7colorado-bans-solitary-confinement-for-longer-than-15-days.pdf>

⁵ October 2016 final report on solitary, Special Rapporteur Juan Mendez
: <https://ffupstuff.files.wordpress.com/2018/06/9special-rapporteur-two-reports-on-solitary.pdf> or
<http://solitarywatch.com/2016/10/28/un-report-compares-solitary-confinement-practices-around-the-world/>

⁶ In November 2017, Stanford University came out with a report citing devastating long-term effects of solitary confinement:
<https://casesprison.files.wordpress.com/2020/01/stanford-report-on-sol-long-term-effects.pdf>

⁷ In November 2017, Long term solitary for anyone blasted by Supreme Court Justice Kennedy:
<https://ffupstuff.files.wordpress.com/2018/06/8justice-kennedy-denounces-solitary-confinement.pdf>

If faced According to onlookers, with a lawsuit raising this issue, he wrote, the courts may have to decide “whether workable alternative systems for long -term confinement exist, and, if so, whether a correctional system should be required to adopt them.” In other words, he was saying, bring us a case.⁷



Justice Kennedy Denounces Solitary Confinement Invoking Kalief Browder, the justice urged courts to scrutinize prolonged isolation more closely.

Testimonies on effect of solitary

1) Testimony of Former WI DOC Secretary

Rick Raemisch after his night in solitary . At the time this was written, Rick Raemisch was the executive director of the Colorado Department of Corrections. Significantly, he was a key player in the dramatic changes that allowed CO to ban long term solitary. One of the turning events in his career, was his night spent in solitary: <https://ffupstuff.files.wordpress.com/2018/06/6raemisch-my-night-in-solitary-2014.pdf>⁸ from opinion pages OP-ED of NY TIMES

MY NIGHT IN SOLITARY By Rick Raemisch, Feb 20, 2014

COLORADO SPRINGS - AT 6:45 p.m. on Jan. 23, I was delivered to a Colorado state penitentiary, where I was issued an inmate uniform and a mesh bag with my toiletries and bedding. My arms were handcuffed behind my back, my legs were shackled and I was deposited in Administrative Segregation - solitary confinement.

I hadn't committed a crime. Instead, as the new head of the state's corrections department, I wanted to learn more about what we call Ad Seg.

Most states now agree that solitary confinement is overused, and many - like New York, which just agreed to a powerful set of reforms this week - are beginning to act. When I was appointed, Gov. John Hickenlooper charged me with three goals: limiting or eliminating the use of solitary confinement for mentally ill inmates; addressing the needs of those who have been in solitary for long periods; and reducing the number of offenders released directly from solitary back into their communities. If I was going to accomplish these, I needed a better sense of what solitary confinement was like, and what it did to the prisoners who were housed there, sometimes for years.

My cell, No. 22, was on the second floor, at the end of what seemed like a very long walk. At the cell, the officers removed my shackles. The door closed and the feed tray door opened. I was told to put my hands through it so the cuffs could be removed. And then I was alone - classified as an R.F.P., or "Removed From Population."

⁸ Testimony of Former WI DOC Secretary after his night in solitary (2 pages)

<https://ffupstuff.files.wordpress.com/2018/06/6raemisch-my-night-in-solitary-2014.pdf>

Colorado and WI compared: <https://ffupstuff.files.wordpress.com/2017/01/a-tale-of-two-states-dee-hall.pdf>

In regular Ad Seg, inmates can have books or TVs. But in R.F.P. Ad Seg, no personal property is allowed. The room is about 7 by 13 feet. What little there is inside - bed, toilet, sink - is steel and screwed to the floor.

First thing you notice is that it's anything but quiet. You're immersed in a drone of garbled noise - other inmates' blaring TVs, distant conversations, shouted arguments. I couldn't make sense of any of it, and was left feeling twitchy and paranoid. I kept waiting for the lights to turn off, to signal the end of the day. But the lights did not shut off. I began to count the small holes carved in the walls. Tiny grooves made by inmates who'd chipped away at the cell as the cell chipped away at them.

For a sound mind, those are daunting circumstances. But every prison in America has become a dumping ground for the mentally ill, and often the "worst of the worst" - some of society's most unsound minds - are dumped in Ad Seg. If an inmate acts up, we slam a steel door on him. Ad Seg allows a prison to run more efficiently for a period of time, but by placing a difficult offender in isolation you have not solved the problem - only delayed or more likely exacerbated it, not only for the prison, but ultimately for the public. Our job in corrections is to protect the community, not to release people who are worse than they were when they came in.

Terry Kupers, a psychiatrist and expert on confinement, described in a paper published last year the many psychological effects of solitary. Inmates reported nightmares, heart palpitations and "fear of impending nervous breakdowns." He pointed to research from the 1980s that found that a third of those studied had experienced "paranoia, aggressive fantasies, and impulse control problems ... In almost all instances the prisoners had not previously experienced any of these psychiatric reactions." Too often, these prisoners are "maxed out," meaning they are released from solitary directly into society. In Colorado, in 2012, 140 people were released into the public from Ad Seg; last year, 70; so far in 2014, two.

The main light in my cellblock eventually turned off, and I fell into a fitful sleep, awakening every time a toilet flushed or an officer yanked on the doors to determine they were secure. Then there were the counts. According to the Ad Seg rules, within every 24-hour period there are five scheduled counts and at least two random ones. They are announced over the intercom and prisoners must stand with their feet visible to the officer as he looks through the door's small window. As executive director, I praise the dedication, but as someone trying to sleep and rest my mind -forget it. I learned later that a number of inmates make earplugs out of toilet paper. When 6:15 a.m. and breakfast finally came, I brushed my teeth, washed my face, did two sets of push-ups, and made my bed. I looked out my small window, saw that it was still dark outside, and thought, now what? I would spend a total of 20 hours in that cell. Which, compared with the typical stay, is practically a blink.

On average, inmates who are sent to solitary in Colorado spend an average of 23 months there. Some spend 20 years. Eventually, I broke a promise to myself and asked an officer what time it was. 11:10 a.m. I felt as if I'd been there for days. I sat with my mind. How long would it take before Ad Seg chipped that away? I don't know, but I'm confident that it would be a battle I would lose.

Inmates in Ad Seg have, of course, committed serious crimes. But I don't believe that justifies the use of solitary confinement. My predecessor, Tom Clements, who was as courageous a reformer as they come, felt the same way. Mr. Clements had already gone a long way to reining in the overuse of solitary confinement in Colorado. In little more than two years, he and his staff cut it by more than half: from 1,505 inmates (among the highest rates in the country) to 726. As of January, the number was down to 593. (We have also gotten the number

of severely mentally ill inmates in Ad Seg down to the single digits.)But Mr. Clements had barely begun his work when he was assassinated last March. In a tragic irony, he was murdered in his home by a gang member who had been recently released directly from Ad Seg. This former inmate murdered a pizza delivery person, allegedly for the purpose of wearing his uniform to lure Mr. Clements to open his front door. A few days later, the man was killed in a shootout with the Texas police after he had shot an officer during a traffic stop.

Whatever solitary confinement did to that former inmate and murderer, it was not for the better. When I finally left my cell at 3 p.m., I felt even more urgency for reform. If we can't eliminate solitary confinement, at least we can strive to greatly reduce its use. Knowing that 97 percent of inmates are ultimately returned to their communities, doing anything less would be both counterproductive and inhumane.

2)This description was sent to us in 2017 and describes at end also his transition to general.

Testimony of Gerald Easterling 564618

WCI; PO Box 351; Waupun, WI 53963

“ From Within and beyond this 8” by 14” square foot steel deprivation cell that is designed for my mental and physical and social dehumanization, I bring to you this letter of concern regarding the adverse effects of long-term segregation sensory deprivation. After spending 3 years in intensive solitary confinement ,deprived of human contact, I had become super-sensitive to the 5 basic human senses. This deliberate and intentional stripping of the cell down to A isolation cell, then the stripping of the individual down to The basic necessities and even down to the personal effects



Gerald Easterling

- then locked within this cell 24 hours a day with barely the bare essentials and where even this wall-mounted stainless-steel mirror in the segregation cell is removed from the walls so that even the sight of one’s own image is denied.

And no matter how strong a person is, sensory deprivation is depravity at its worst. All 5 basic human sense-sight, sound, smell, touch, and taste-are severely suppressed-when one is slowly but surely and very subtly stripped of all common sentiments of humanity. So once again, I am force to adapt to a Fucked of situation. Under these adverse conditions of confinement one tends to crave a change of scenery and location, and atmosphere, and environment just so s/he can see new sight instead of the same old everyday mind-deadening routine and faceless faces..hear new and different sounds other than the quiet and indescribable silence that seems to speak louder than noise, smell different scents besides the foul stale and contemptible odor so common to everyday existence in this bottomless pit..one seeks to touch base with and feel and embrace another human in an intimate and sensitive and humane and compassionate and personal way as opposed to the impersonal and inhumane and insensitive and degrading manner..one develops a strong, intense desire to taste various foods besides the same old tasteless and non-variety and everyday, recycled meals. One is served just enough good to have a bowel movement and just enough to say alive. Where even one’s sense of taste and appetite, and taste buds is denied and deprived- torture chambers where absent various forms of social stimuli , the human mind can become so debased and so dehumanized , and sink so low that if one isn’t so careful , there is a tendency to adjust and conform and accustom oneself to a standard of living that is lower than that which exists within the animal

kingdom.

After spending over three years in the intensive solitary confinement, I was transferred back to general population .I have not received, encouraged nor welcomed any outside contact by way of visits and emotional and spiritual and financial support from family members, loved ones or friends in the past 6 years. The most pain is knowing, the feeling of helplessness. The dark corner doesn't lend much comfort-often the walls are closing in. It's still dark and cloudy in the midst of the hell they call "the kingdom, of darkness" but with a little love and support, you can supply the sunshine I need to get me through this stormy weather when all else fails."

3)Joshua described symptoms common among solitary prisoners and gives a warning

Testimony of Joshua Scolman

My name is Joshua Scolman. I'm 32 years old and have been incarcerated for 10 years. I have been placed in solitary confinement on numerous occasions

for from 3 months to a year, and am now serving a year of solitary time, at which point I will be placed on administrative confinement for defending myself against the abuse and conduct of staff. Each time I come to seg; I lose myself a little more. I have my religious freedoms completely denied, I'm subject to psychological torture, which leads to continual deterioration of my mental faculties. I am denied human contact, which leads me to further anti-social behavior, which in turn causes me more problems. It is a slippery slope. I am currently held in a cell with a window facing a brick wall, no view of nature, the sky, sun or outside life. My

religion of Odinism is a nature religion, and it's through the outdoors I see my Gods so, I am deprived of this as well. I have contracted many psychological "ticks" such as OCD, communication problems, and PTSD. I'm continually stressed out over insignificant things. And it's only getting worse. The mass hysteria these seg units infects men with is real, and very public safe serious. The public needs to be aware of the damage being done to so many prisoners across the state, and nationwide, and to act to correct the problem of long term segregation sentences.



1) Below is an essay by the now longest serving solitary prisoner, on administrative confinement for 22 years.

The House of Burning Souls

Ras Uhuru

12/03/2012

- 1) This poisonous house that is built around me is a place of steel and concrete. And here I sit, surrounded by people yet isolated and all alone.
- 2) As I hear the constant and repetitive refrain of the cruel cling of metal doors and the anti Xmas jingle of keys, the ones that lock in my humanity and dehumanize my humble existence, as they turn, my heart turns to steel, making the world indifferent to my needs and me indifferent to those who have abandoned me in my time of need, from you.
- 3) Yeah, I can hear the scrapes of another fate, of feet on the concrete, of guards and prisoners, as each conceal hatred for the other, and the silence and laughter of madness of the ones who's spirits and minds have been broken and now lie dead in seg cells and whose souls are full of dread. In the midst of this, yelling, bawling, and banging, sings the ghetto fortune teller of the fate of many men ... "Gotta get the fuck out of here, dying in prison is my secret fear. I no longer know how it feels to be free."
- 4) Another day, another night, which one of us will die tonight? Which one of us has not a last fight? For now is all I have to look forward to. The future has been stolen and frozen. Molded and moded to their vision and plan. A place of broken dreams and snake bites with the same routines. Yet, I count my blessings because I can still feel and I know it is real ... that with love anything can be changed.

5) During the day you see the eyes and the reflections of slaves. In the light I can smell the aches and pain of the fallen behind enemy lines. I can taste the inhumanity and insanity. You see, this is a holocaust of a new and improved/approved kind. One that leaves the body static but alive as it bums and melts the hopes and dreams and incinerates the mind and spoils the soul.

6) And out of history, like an eerie ghost story, the indelible scene lasts forever, as the detachment card is played. "I'm just doing my job and following orders" is what they say to turn their conscious off like the night switch, but can't you feel the heat of the flames? You want to yell to the people of the world to cause attention to the dehumanization and wanton degradation and calm the rage eating you alive. "Look at what they are doing to us!"

Chapter Three: Two Main Types of Solitary Confinement

There are myriad ways the DOC labels its solitary units. We have learned to use the umbrella term “solitary confinement.” Here are the descriptions and examples of the main two types:Administrative Confinement (AC) and Disciplinary Segregations (DS).

1)Administrative Confinement (AC) :*This is an opened ended confinement because the prisoner is perceived as some kind of threat, not because of a specific event but due to other criteria. Before the Boscobel Supermax opened, there were 12 people on AC. In order to fill the 500 beds with the “worst of the worst”, the AC rules were changed:⁹*

RULES BEFORE and AFTER THE SUPERMAX OPENED

In 1990, The Administrative confinement rules (308.04) were changed to make it possible to fill the new Supermax in Boscobel. With these changes, the number of people on long term segregation went from around 12# to nearly 500. (#this is according to a talk given by Walter Dickey former DOC secretary shortly after SUPERMAX opened)

2(a)Before Supermax: the inmate can be placed on AC if he/she "presents a substantial risk as evidenced by recent homicidal, assaultive or other violent behavior.

After Supermax opened: The inmate can be placed on AC if he/she presents "a substantial risk to another person, self, or institution security as evidenced by a behavior or a history of homicidal or other violent behavior or by an attempt or threat to cause that harm"

Now people like LARON McKinley (on strike,litigator, wrote one set of proposals herein) can spend 27 years on AC BECAUSE OF THE CRIME he was convicted of, not behavior in prison. Also self harming mentally ill find themselves on AC because of this rule change

2(d)Before Supermax: The inmates has identified him or herself' as a gang leader or there is reason to believe he/she is a gang leader and continued presence in general population would result in riot or disturbance (gives statute defining these terms)

⁹ *Administrative Confinement rules changed at opening of Boscobel Supermax- before and after compared:* <https://casesprison.files.wordpress.com/2020/01/admin308-old-and-new.docx>

After Supermax: " the inmate has been identified as having an active affiliation with and inmate gang or street gang and there is reason to believe that his her continued presence in general population will result in riot or disturbance". This targets inmates coming from places like Milwaukee, where every many young Black males are gang members as a survival tactic. The prison uses confidential informants (CIs) widely to claim that affiliation is still active whether or not the inmate has contact with former gang. The inmates believe most of these CIs are made up or otherwise bogus as they cannot confront the witness or see the evidence.

12 b This rule change is perhaps the most painful: before the rules were changed AC inmates got the same property as those in general population as this was to be non- punitive status. Now they get property "that is consistent with their assigned area" which is the segregation unit, which means they get almost nothing.

It is our conclusion that here on AC, in each prison, are the political prisoners, mostly litigators and natural leaders, overwhelmingly minorities and some of our mentally ill who consistently engage in self harm. We are told and have seen through documents that there's virtually no due process in putting people on AC. There may be some inmates on AC that are truly dangerous, but we have not come across them. In AC, the inmate stays for years- no end in sight.

Two Examples of AC

AFTER 27 years on solitary in WI, Laron McKinley is now in general population in CO.

Laron McKinley spent over 27 years on AC (administrative confinement), mostly at the Boscobel Supermax, (later called WSPF). He was considered incurably dangerous and told he would never get off AC. FFUP volunteer visited him often and bought him a drawing book that he could use with the only tool allowed - a pen nib. He would spend days on one drawing and assured us that the concentration helped him stay sane. But he did finally lose perspective and became certain that hewas the special target of the whole WI DOC.

He had been kept on AC with use of the rule change cited above when the Supermax opened: Whereas before 2000 RECENT violent act was needed for AC assignment; now all that was needed was a HISTORY of violence.

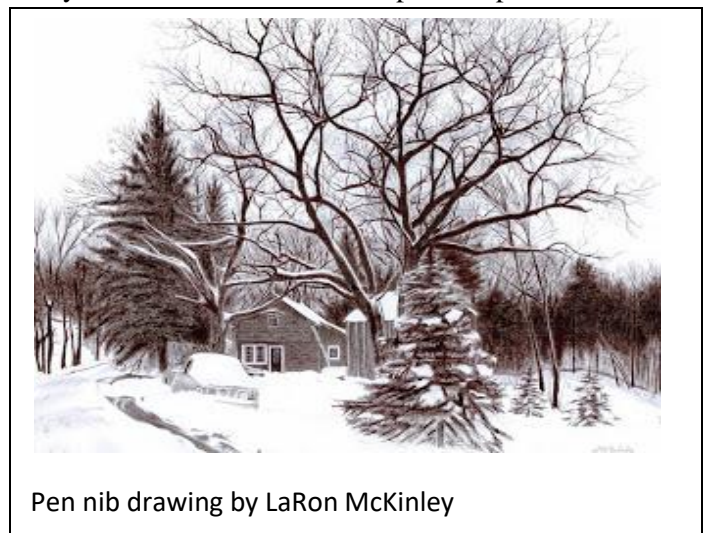
Although no one was killed in his crime, he was violent as a youth and had a violent escape attempt. It was that event 27 years ago that kept LaRon trapped.

LaRon was never violent during the years FFUP visited and wrote him but as he became more convinced of a conspiracy concerning him and made more complaints, he was transferred to WCI. He went on a protracted hunger strike in 2016 as did several others. Although no general improvements were made, LaRon was transferred to Colorado, where he is now. He was put on a transition unit where he did well, and is now in full general population, drawing again.

We tell this story to show that the how exaggerated the WI DOC claims of dangerousness are. There have been very few inmate on inmate deaths in our prisons compared to some other states and the uprising now in assaults is largely because of conditions and may well



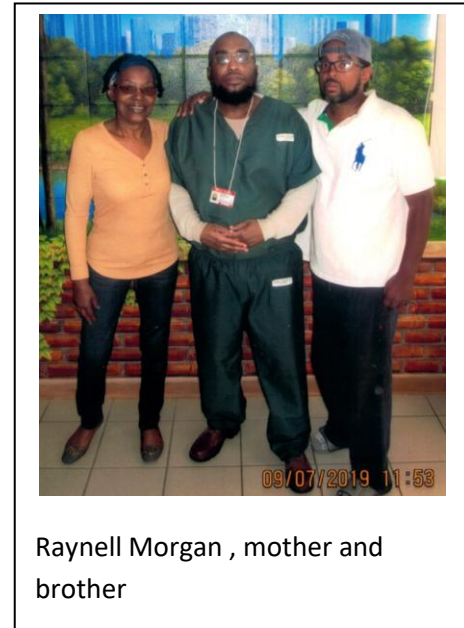
LaRon McKinley, 27 years in WI solitary, now in general in CO.



Pen nib drawing by LaRon McKinley

get worse as conditions worsen. LaRon was cured of his pathology by a move to a more human prison system. Period. We can do the same with all solitary prisoners.¹⁰

Raynell Morgan-(Kamau) - forever tortured by his experiences on AC Kamau was incarcerated as a juvenile and has served 25 years, 14 of which were in solitary. I started visiting this man (by tv) while he was in the then Supermax and watched with alarm as he became more desperate, feeling insects crawling on him and hearing what he called “snap crackle pop” in his head. He washed himself so many times each day he bled. I did my usual advocacy- calling, writing, but there was nothing done for years. It is hard to describe the torture this man has been through- the care since he left the Supermax has been uneven – he has been called a malingerer and has had all meds abruptly stopped. But he has also had bouts of good care. In the end his symptoms do not let up and he has learned to concentrate on language learning and studying- this gives him a sense of purpose and takes his mind of the sounds in his head and crawling feelings at least part of the time. He hears voices in his head now, though, which brings new anxieties.



Raynell Morgan , mother and brother

He also gets sick when he eats prison food- and he is sure they are trying to poison him. He only eats food he buys from canteen. While at WRC they wrapped his food in foil and sent it straight from kitchen and that he could eat, however the DOC will not do this for him. So, it is always a struggle for him to get enough money to buy on canteen and there is little healthy food there to purchase.

Raynell is an example of someone who came to the prison in relatively good mental health- he was at least functional and has since deteriorated immensely. The parole people are now saying he should not be released because he has become a danger due to his mental health deterioration- ironically the deterioration THAT THEY CAUSED. Raynell is completely nonviolent and has the support of his family and will live with them. He badly needs the outdoors and peace and nurturing contact he will receive once home.

Our collective learning of the effects of long-term solitary was advanced a great deal with the expert reports in the solitary confinement suit that ended CA overuse in Asker v. Brown.

Summation:

According to the experts, prisoners subjected to prolonged solitary experience a form of “social death” that is not cured upon release, but rather lingers as a “post-SHU syndrome” characterized by social withdrawal, isolation, and anxiety. The profound impact of solitary is not just psychological; plaintiffs' experts also uncovered evidence that SHU prisoners experience unusually heightened levels of hypertension, placing them at risk for serious health consequences. The international and domestic experts agree that such prolonged isolation is not only unnecessary for prison security, but actually counter-productive, as well as a violation of international law. Finally, plaintiffs’ experts demonstrate that

10) links to some articles done by the WI Journal for Investigative Journalism

1)sum: LaRon McKinley talks about what it is like being 27 plus years in solitary interview during hunger strike/
<http://wisconsinwatch.org/2017/04/nearly-30-years-in-isolation-an-inmate-reflects-on-time-in-solitary/>

. 2) Wisconsin watch hunger strike articles (2016) this gives full view of hunger strike:

<https://ffupstuff.files.wordpress.com/2019/11/hunger-strike-2016-wiwatchorg.pdf>

social interaction and physical touch are basic and fundamental human needs, the deprivation of which has serious and irreversible impacts. These reports provide valuable new evidence for prisoners and advocates fighting to end solitary confinement across the country¹¹.

11) For links to all the expert reports see <http://ccrjustice.org/expert-reports-ashker-v-brown>

Ashker v. Governor of California: <https://ccrjustice.org/home/what-we-do/our-cases/ashker-v-brown>

Center for constitutional Rights summation of /current status: The case reached settlement on September 1, 2015, ending indeterminate solitary confinement in California. In January 2019, the court ruled that constitutional violations continue and ordered an additional year of monitoring.

Recently received letter below from prisoner being placed on AC

Luis Ramirez; GBCI; PO Box 19033; Green Bay, WI 54307 BD 6-12-75

After years in solitary, Luis was put into general population without transition or treatment and was okay for a while when he was harassed, got scared, blacked out and attacked someone and then faced new charges.

Throughout our work with him he was denied treatment programming because he was on AC, and then told he would not be parole because he did not do programming. His behavior was part of his mental illness and his blacking out was well known by staff. In the past he helped FFUP understand Segregation conditions. Luis Ramirez here outlines well what mentally ill prisoners go through in prison.



“First, I’m sorry for the errors, I’m Dyslexic and can’t follow directions too well. I’m bipolar and learning disabled but they want me to learn their rules I’ve been in segregation for 9 years because I get a conduct report and I get mad because they gave me so much time I cuss them all out then I get more conduct reports then I get mad about these new conduct report’s that I catch more conduct reports.

This becomes a never-ending cycle but now I’m being placed on A.C. I was on A.C. in Waupun Correctional Institution. I get transferred to CCI and I was told that they would let me go in in CCI but CCI keeps me on A.C. I did 18 months and I just got fed up and I went off so now the cycle of catching C.R. has started back up sometimes I get so mad I want to just kill myself just to get out of this segregation. I’m tired of always walking around in handcuff’s I just need one try one chance and I’ll prove that I can behave but they won’t give it to me.

This same thing 12 other mentally unstable inmates are going through. Can you please help me because I’m only a day away from killing myself I can’t take this anymore. Can you please help us?” Respectfully Luis Ramirez

SUBTERFUGES USED TO HIDE EXTENT OF SOLITARY USE

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

- 2) Any conduct report incurred while on the WSPF HROP program sends the inmate back to the beginning. The irony is that we are told the only “program” is on paper and that is done quickly and only once.
- 3) Another camouflage is terminology shifts between AC and DS (administrative Confinement and Disciplinary segregation). Most prisons often give conduct reports to inmates on AC and assign them to “disciplinary segregation” (DS) which further confuses the activists and public’s attempts to monitor what is really going on. Generally, the conditions are the same with the two kinds of solitary and the prisoner is seamlessly transitioned back to AC after his DS time is over.
- 4) There are many of such confusing labeling and subterfuges we feel are attempting to camouflage the true extent of use of solitary. Inmates are put into solitary for minor infractions despite new rules to the contrary and lengths of stays in solitary are often much longer than rules allow through various renamings and subterfuges as well as plain disregard of rules.

1) Disciplinary Separation (DS)

often becomes long term solitary because of a series of conduct reports

Once incarcerated, a prisoner is required to abide by a set of rules set out in the Wisconsin Administrative Code covering the Department of Corrections, Chapter 303. The 64 listed offenses (DOC 303.01 through 303.64) and the 25 listed Disciplinary Procedures and Penalties (DOC 303.65 through 303.90)¹²

If a prisoner breaks one of the 303 rules, he is ‘written up’ on a Conduct Report [a ‘ticket’]. There then follows a hearing where his guilt (usually) or innocence (rarely) is confirmed and he or she is then assigned a certain length of time in disciplinary segregation [‘the hole’]. The nature of the 303 rules is such that Correctional Officers have a very wide degree of latitude, personal judgment, opinion, or discretion about what constitutes an ‘offense.’ Here is but ONE example of a 303 rule, namely 303.28 which defines “Disrespect.”

Any inmate who shows disrespect to any person is guilty of disrespect, whether or not the subject of the disrespect is present and even if the expression of disrespect is in writing. Disrespect includes derogatory or profane writing, remarks or gestures, name calling, yelling, and other acts which are made outside the formal complaint process, which are expressions of disrespect, and which have a reasonable potential to negatively affect institution security, safety, order, or inmate discipline.

12) Rules that if broken, sends you to Disciplinary Segregation. (DOC 303.65 through 303.90)
https://docs.legis.wisconsin.gov/code/admin_code/doc/303

Prisoners who repeatedly break rules outlined in the DOC 303 face an accumulation of violations resulting in solitary confinement. Most of these inmates are mentally ill and have poor impulse control and thrash out when feeling threatened; some resort to self-harm.

Here are two examples of what our prisons have to deal with from present cases. We give you some detail, so you see it is the system as much as the people that is wrong headed.

Shawn Murphy (401263 WCI) is learning disabled and has other mental health issues which we are not yet privy to. He has major prostate and abdominal problems and incredible pain. Due to lack of staff and general malaise throughout the system, the recommendations of the UW hospital are not followed or are intermittently followed. Mandatory UAs caused him to be perpetually given Conduct reports because he could not urinate into a cup, he had been given a waiver, to be cathetered but this was disregarded. His condition has worsened, and he now has a permanent catheter. Pain meds are



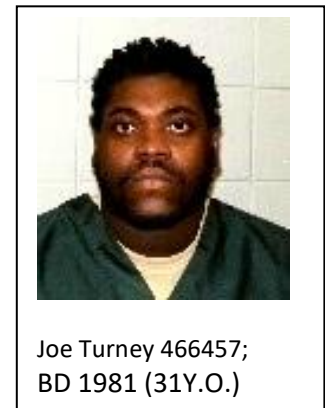
Shawn Murphy age 54

not consistent he goes into withdrawal and much misery when they are arbitrarily discontinued. HE SAYS BEFORE COMING HERE HE WAS A MEEK MAN- NOW HE IS VIOLENT.

“You’re not going to believe this-I try so hard to cope with these people, Now I have a major problem, I left RHU (hole) at noon on 12 9 19, got my noon meds- it’s now 2:22 a.m. on 12 11 and I have been given no pain meds or my psychological. Without my pain meds the pain’s so bad I can’t think straight, having no got my psych meds. It’s a big problem, venlafaxine (meds?) is big problem. to just stop the med brings on psychological problems, I go manic and flop out. I have filed ICEs a before went the Venlafaxine is just stopped. I become unstable. I won the ICE.

Sorry to say at bed med pass with no med I flipped out and was defiant to staff, they did not come to get me, they learned to suit up and get me when I’m nuts has a cost. It saddens me to tell that I let(?) these people because of all the harm the done to me. I’m not sure If I keep fighting, I might not see outside and the sad thing I was a meek man before prison, Now I have become a violent men I fight like no one you seen, I have batteries on staff, I can(not?) help it , they are harmed me so many times, they will not charge me with battery in court because they would have to explain 7 hours of torture on 3 14 18 was recorded, broken hand, and nerve damage in both wrists. I know they’re not done with me sooner or later they will come for me and I will flip. I can’t take man touching me, never could. Sucks I only have 16 months left, think they could just let me be m not as long as I defy them. But I can’t help it, they just will not stop keep inmates locked with no rights. I have even with my visual memory problems having to copy every word because I can’t hold them in my memory. “

Joe Turney (466457CCI) is another prisoner we are working with dealing with at this writing. We have a video of the incident he describes below. As of this writing he is on hunger strike. His arm and shoulder are injured, and he is requesting to be treated and claims he cannot put his arms behind his back to allow the applying of handcuffs at transfer- they need to be in front. He also describes one guard playing with his food, taunting and generally terrifying him. He requests either he or the guard be moved out of range of each other. Below is his general introduction.



My Introduction from Being Up in Solitary So Long

My name is Joe Turney 466457. “ I’m housed at CCI and anyone is okay to write me. Everything I am about to tell you readers are things that I myself been through or witness with my own two eyes but before I go any further let me say this “if we the people let the DOC tell it, all the inmates are either over- exaggerating or lying”

I been in prison since 9 25-2013 and since I been locked down, I been in solitary for at least five years. A lot of this has to do with my mentally ill issue. For years I have been a “MH-2A inmate” and for those of you that don’t know what that is, it means my mental health code is very high and I need treatment. And out of nowhere just a few months ago CCI just drop everyone MH- code down to a “MH-1” so that the DOC-CCI can benefit from it. I was sent from WCI to CCI in 2017 and since I been here, I been in solitary 22 months... I have been beaten by staff ... dragged down the hallway naked.been refused meds and refused mental health treatment. I been thrown in control because I told staff I wanted to kill myself! I have been put in a room for days, weeks, without any clothes until I told staff I wasn’t going to try to kill

myself. Were being refused phone calls to our family with nothing we can do about it! OH, and please don't let me talk to you people about the inmate complaint system they have here at CCI. Just let me say this it's no winning with these people.

One thing I have learned here about CCI it's not such a thing as a cry for help! because they don't give a damn about you! Thank you for reading this may you all be blessed!"

Joe Turney 466457, CCI

Note, we are currently advocating for Mr. Turney and have obtain a video where he was after we received this report: "ON 2 11 19 officers took me out my room because I had something that I didn't supposed to while on "obs" so I came out my room and while I was walking to the shower cage the Lt said were doing it not him and once in the shower area staff went into my mouth with their hands and next open both of my booty chicks and went into my butt with two fingers at this point I yelled yall can't do this what's going on? I'm calling PREA complaint. At this point the Lt said give me your PREA complaint. I said now why would I do that and its against you and your officers. So when I was time to take me back to my room, staff grab me by my head and neck and dragged me up the stairs ass naked and down the hallway the whole time I was yelling "my neck yall breaking my neck". They said you had a chance. Once at my cell door staff slam my head in the center of the door 4 to 6 times and once the door close they had my arms out the trap kept pulling it causing me great pain, and so you know all of this is on tape so I can't make this up. Also, I call PREA and wrote ICES on this issue." He is currently on hunger strike asking 1) certain guards who he says taunt and scare him not be allowed to deal with him 2) his arm and shoulder was injured and he cannot be hand cuffed behind his back- the guards will not honor this so Mr. Turney is refusing to come out of his cell."

(Note: as of February 25th2020, Joe Turney is off Hunger strike, is getting his meds and has been told he will get the needed surgery.)

DIAGNOSES CHANGED- FOR CONVENIENCE? CURE BY DIAGNOSIS?

Mr. Turney's testimony above points out one of the ways The DOC maintains the teetering ship: changing of seriousness of diagnoses from serious (2MH) to non- serious (1MH). Medicines are cut as are other treatments and severely mentally ill people, now often labeled as "malingering", sit in long term solitary without recourse to any treatment and are punished with more solitary, abusive restraints etc for self-harm.

Here is an article done by the WI center of Investigative Journalism about a psychologist who quit after finding these diagnosis changes:

"When he returned from a medical leave in early 2016, psychologist Bradley Boivin discovered a troubling pattern among Waupun Correctional Institution inmates who had been held in solitary confinement. Thirteen of his patients' mental health classifications had been changed without Boivin's knowledge — and in his opinion, without proper assessment. The re-evaluations came after a July 2015 memo from Deputy Secretary Cathy Jess to psychological staff to reassess the mental health classification of the most seriously mentally ill inmates in solitary confinement, according to a memo provided by Boivin to the Wisconsin Center for Investigative Journalism. Boivin resigned from Waupun in 2016 because of a "difficult environment" at the prison after he expressed strong disagreement with prison officials over several issues, including the treatment of inmates, especially those

with mental illnesses. Boivin said some of the conditions for inmates in solitary confinement are “beyond unacceptable” and “inhumane.”

“Does it (solitary) cause mental illness? Those sorts of things are debated,” Boivin said.

“But the reality is you see a lot of mental illness and you see things exacerbated in that environment, and you don’t have to be a rocket scientist, a psychologist, to understand that when you put someone in that kind of an environment — very loud, everywhere you go if you move even to see your therapist you’re shackled — it’s just a very vulgar environment. I refer to it as a very toxic environment.”¹³

¹³)<http://wisconsinwatch.org/2017/04/wisconsin-prison-officials-quietly-changed-mental-health-status-of-inmates-in-solitary-psychologist-says/or>
<https://ffupstuff.files.wordpress.com/2018/06/2wi-watch-boivin-article.pdf>

There needs to be open records requests to find out the extent of this practice but we know that prisoners are easily punished with having their solitary time extended when they self harm, and are put in abusive observation circumstances. No one should be punished for behavior resulting from mental health issues but that is a main occurrence in our prisons. and, as we are trying to show- it is the overall conditions that cause most staff and prisoners to go to their lowest behavior level- all forget their common humanity.

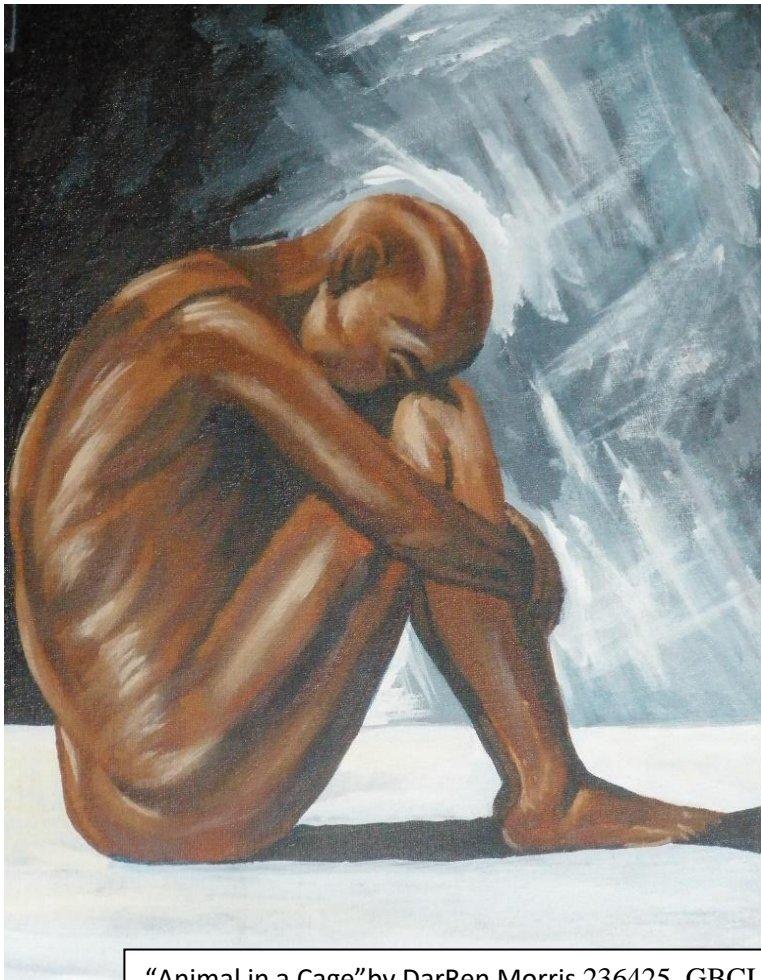
In appendix is copy of full July 2015 memo authorizing mental health classification changes.

Here are the most important sections:

” As a starting point, we would like to ensure that all MH-2A and MH-28 codes are accurate and current **Please direct your psychology staff to review all inmates in your facility with MI-I-2A, MH-2B or ID codes by November 15, 2015, with respect to accuracy of the codes.**

Since inmates with these codes should already be monitored at a minimum of three-month intervals, for the most part this review can be completed as part of the routine clinical monitoring schedule. No additional documentation is required. To be clear, we are not necessarily looking for numbers of MH-2A, MH-2B or ID inmates to decrease. Rather, we would like to ensure that we are working with an accurate data set as we move forward with new initiatives.”

We believe this 2015 action started a cascade of policies that have allowed the WIDOC to increase the use of solitary confinement and punishment for prisoners who need treatment. We are researching this and will be putting out another report documenting the cutting off of psych meds, the mental and physical torment and suicides that have resulted from this policy and other policies that makes it look smooth on paper but is unconscionable.



“Animal in a Cage” by DarRen Morris 236425, GBCI

Chapter Four: Conditions of Confinement

Below: Often Punished for Self-Harm: We believe changing diagnoses and the general confusion encourages this practice.

TESTIMONY OF TIMOTHY SIDNEY written shortly before his release.

He was found dead in Milwaukee on the 3000 block of North 13th Street on November 16, 2019/ his death is under investigation.

5 23 19 Letter 5 10 17: “ I write in regard to mental health, my mental health! I been incarcerated a little over 7 years and I’m worst! Long story short 2011 until 2012 I had not one scar on my body, now my body will tell you 7 years’ worth of cruel unusual acts in scars!

From 2012 until 2015 I was housed in segregation from Waupun, to Boscobel, to Green Bay, to WRC, back to Waupun! As I write you this letter, I’m currently housed in Waupun seg unit on strike, Cause I’m subject to all type of cruelty, aged trays, Impartial Hearing, Excessive force, dirty cell guards, no mental health treatment for my PTSD, So, I cut a lot for grounding, COs (correctional officers) here in their seg building are putting razor blades, unprescribed pills in my cells even in my observation cell before being placed on suicide watch and I’m sending

Timothy Sidney was found dead in Nov 2019, in Milwaukee after 7 years in prison, much in seg. No one knows what happened, but where would he be now if he had had treatment in prison and support when out.

proof enclosed in this letter some people want a way, some want lawsuits, some want revenge, but I just want help, treatment because I go home soon and I don't want to go home like this, so please reach out because I'm to the point of no return!" This plaintiff is being incited to self-harm by guards known for their history of prisoner abuse.

Another thing I thing you should know is I was housed in seg from 2012 to 2015 off ticket for overdosing and cutting and my records speak for theyself this is no lie your reading. The charges was either misuse of medication or disfigurement. All I ask is that you reach, because I need to be touched."

"WI DOC is much more dangerous than meets the eye"

Michael Pietila 377076 WCI

Michael is another inmate with poor impulse control, mentally ill, who often finds himself in solitary. He is another who was also revoked as is back. (will leave out names) He gives a detailed analysis of how it works in Waupun solitary units.

It is "common Knowledge" that throughout numerous DOC systems in the US that the Wisconsin DOC system is one of the, if not "the" safest system. In my personal estimation I disagree, although all I have to compare it to us a brief stay in the Harris county Juvenile detention center in Houston, TX, as a juvenile in the mid to late 90's.

I do not necessarily mean in the violent manner, although we do have our fair share of violent behavior. I mean more along the lines of psychological torture, mind games, "behavior modification" tactics and such.

I just witnessed (inspiring this blog entry) such an issue. A Muslim brother who happened to be standing up for our rights, due to numerous inmates being denied showers, was taken to seg for getting loud about it. But here's the thing: A few "common violators" ([REDACTED]) purposely antagonized the excited inmate leading to his known excitedness amongst DOC employees until he got to the point of snapping out about the situation and losing control. Thus two COS and few more like them ([REDACTED]) are "Throw backs "to the "old School ways" of the original "Behavior modification" employees trained under the Reagan administration and such. I can say [REDACTED] all here at WCI purposely antagonize people and continually seek out ways to get inmates to snap. If you do not believe me, google their names and notice how many lawsuits you can link their names to, As well as [REDACTED]

But it is not the ones of us who fight for our rights in court with lawsuits who always suffer the [REDACTED]

[REDACTED] seems to enjoy calling people 'Nigger" then physically assaulting them afterwards; CO Grover enjoys giving unlawful commends(telling inmates they can't look at female cos); ~~CO Kramer~~ purposely antagonizes people with abrasive personality and Sgt York purposely causes mail to disappear both incoming and outgoing, allows property to be regularly lost or broken , and they all in general are used as "enforcers" as if it's ok.



From the United Nations Basic Principles for the Treatment of Prisoners:
Adopted and proclaimed by General Assembly, resolution 45/111 of December 14, 1990:

Principle 1: All prisoners shall be treated with the respect due to their inherent dignity and value as human beings.

Principle 5: Except for those limitations that are demonstrably necessitated by the fact of incarceration, all prisoners shall retain the human rights and fundamental freedoms set out in the Universal Declaration of Human Rights.¹⁴

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Article 10

1. Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.

2. Each state Party shall include this prohibition in the rules or instructions issued in regard to the duties and functions of any such person.

Article 11

Each State Party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangement for the custody and treatment of persons subjected to any proclaimed by General Assembly, resolution 45/111 of December 14, 1990 form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.¹¹

Nelson Mandela Rules:

122 Rules of the [Standard Minimum Rules for the Treatment of Prisoners](#) which were *revised* by the UN in 2015.

Applying the Nelson Mandela Rules from admission to release:

The 122 Rules cover all aspects of prison management and outline the agreed minimum standards for the treatment of prisoners – whether pre-trial or convicted.

Basic principles Rules 1-5 provide the following basic principles:

- Prisoners must be treated with respect for their inherent dignity and value as human beings.
- Torture or other ill-treatment is prohibited.
- Prisoners should be treated according to their needs, without discrimination.
- The purpose of prison is to protect society and reduce reoffending.
- The safety of prisoners, staff, service providers and visitors at all times is paramount.¹⁵

¹⁴

https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf *From the United Nations Basic Principles for the Treatment of Prisoners, adopted and proclaimed by General Assembly, resolution 45/111 of December 14, 1990 form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.*¹¹

¹⁵ *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)*
:<https://casesprison.files.wordpress.com/2020/01/cat-inpdf-form-3.pdf>
<https://ffupstuff.files.wordpress.com/2018/06/10nelson-mandela-rules-summed.pdf>

Back to Wisconsin

Media spotlight and New Rules Not Followed WISCONSIN Watch 2014 Abuse articles summed and a few pictures.

In Wisconsin, the actions around solitary confinement have taken a rocky road and the outcome is still uncertain.

A major force was In 2014, when the Center for Investigative Journalism (CIJ hereafter) did a series of three articles on the alleged abuses by guards of prisoners at the Waupun Correctional Institution (WCI) segregation unit. Guards were named and the actual complaints and were made available. This created a firestorm of letters and petitions and discussion in the public. These alleged assaults and the general high level of violence in WI seg units are important because it is the most vulnerable, i.e. the mentally ill, who are usually the victims of assault or lack enough self control to navigate the difficult hostile environment and are assaultive themselves¹².

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

However only one prison, GBCI (Green Bay Correctional Institution), followed the guidelines reducing seg times and as soon as public attention waned, rotation and camera wearing at WCI was abandoned as were all efforts at reforming in the other prisons. Also now the main guards named in the CIJ articles for the most complaints of abuse are dominating the solitary units in WCI. Joseph Beahm example, who was named in most of the inmate assault complaints, heads the unit at time of this writing. We are told that some staff wear cameras, but it is not enforced and arbitrary, allowing removal when convenient.

Then the Madison Central office of the Department of Corrections enacted several new policies call **DAI Policies** which were aimed at remedying the violations of the 8th amendment against cruel and unusual treatment. These new policies, also, are largely ignored and not enforced.¹³

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

NOTE: we have reports of fewer outright violent Assaults like those depicted in the 2014 articles cited above but partly because of fear of retaliation and the sometimes use of cameras . We do have growing reports of rampant psychological abuse, excessive body searches and excessive force used during procedures. SEE Michael Pietila's essay at beginning of this chapter: "WI DOC is much more dangerous than meets the eye"

¹⁶ *Center for Investigative journalism does series on abuse by guards at WCI -2014 - sparks a few short-lived reforms*

1)<https://www.wisconsinwatch.org/2014/07/waupun-prison-guards-accused-of-abusing-dozens-of-inmates/>

2)<https://ffupstuff.files.wordpress.com/2019/07/wci-data-4.pdf>

Dealing with self harm issues: OBSERVATION VS CONTROL STATUS

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

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

In many prisons that (Observation)status is often dropped and “Control status” is used, which has little monitoring and no professional staff visits. Suicide attempts are often met with more isolation and often with conduct reports. Again, we believe the changing of mental health statuses of prisoners from serious to no serious facilitates this and makes all look normal. The word we most often see in documents to describe these prisoners is “malingering.”

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

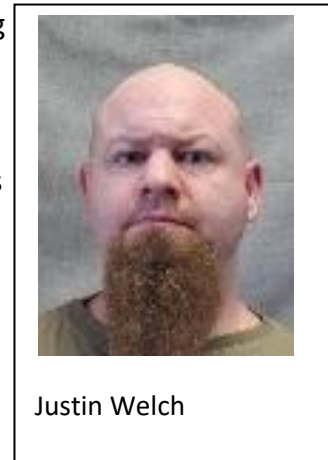
Mentally ill inmates in solitary are often punished with more solitary time for self harm behaviors. Self-harm, usually cutting, is so pervasive in these segs at all of the max institutions that it occurs on a daily basis, sometimes multiply times in one day.

These two examples show the level of moral in our solitary units- it appears to us, that when real treatment or positive interactions are promoted, “group think” takes over and sadism reigns. In this case- the prisoners are often no considered human.

Below: A graphic description of restraints from two years ago, we have got some descriptions since but do not know how wide- spread this practice is. We are told in some cases diapers are used. What is consistent is unnecessarily tight restraints and the endless hours.10 13 17

“After thinking I thought it best to tell you no after how humiliating it is. I didn’t even tell Daniel Lewis with DVR and they might of helped me if they knew about the whole strap down thing here at WCI. This is how it starts, First I told then I’m not going to hurt myself and its been 24 hours after I cut and just need rest and sleep because of loss of blood. So they strap me down anyway and the cos put strap on so tight I cannot feel my hands or feet. Now after about 4 hours I have to pee so they will not let me up so I have to pee all over myself and by there in there for many, many hours and the same goes for it, I have to go number 2 also. You will set or lay in your waste until they unstrap you from the block. They you need to wait until the next shower day which could be 3 or 4 days away. So no telling how long your waste will be on you. This is nasty and very humiliating to talk about but when they strap us down that’s what we go through.

I have seen men strapped down for 36 hours before and DRW does not want to help me. How would they like to be strapped down for 29 hours like me and Glen Conroy. Peeing all over yourself and crapping also. Note this all happens will after we cut, like over 24 hours, so there is no need to strap us down anyways because we just need some rest and till then we are not going to do anything but lay down. They make the plan before we get back from the hospital to strap us down and that is not right because we are not acting out of control or anything. I’m really shocked at the DRW. Imagine going 4 days with your waste on your body. I just received a letter for Lena Taylor office and boy are they so lost about prison and what goes on here. Somebody has been lying to them big time. They said talk to somebody. Why? So I can



get strapped down for no telling how long? And pee all over myself and have the cos walk by laughing at me why I lay there crying because of the pain by the straps. Nobody truly has any idea how bad this strap down thing is until you get strapped down like we do in here..."

Tyler L Milton 596157 WCI PO Box 35T1, Waupun, WI 53963; BD1998; 20 "yo, I am writing to let you know that I had a failed suicide attempt. The stress is getting to me. Multiple correctional officers have been telling me a lot of messed up things. Some examples of what they have been saying include: "just kill yourself already" "you have nothing to live for" I've been gone two days, why are you still alive?" "I'm going to poison your food" "I hope you die in your sleep tonight. That way you can die peacefully, and I won't have to put up with you ever again. That's a win win situation, it can't get better than that." "Next time you cut yourself, cut deeper. Hit a vein -You won't feel a thing." "Oh, your back? I was hoping you wouldn't make it through surgery."



Please consider adding me to your team of Plaintiffs. If it's not for money it's for justice. I am a seriously mentally ill inmate with at least 4 suicide attempts in the last 5 months. WCI psychological department keeps telling me that I am harming myself and trying to commit suicide for attention when in fact, I really want to die. Psychological services telling I try to kill myself to get attention gets more focused on trying to die. WCI is horrible. 3 inmates have been beaten in three days, this week already. I have been in RHU since 9 /8 2018. A Correctional officer brought me: a nine volt battery, a metal melding rod, 2 cigarettes, electrical writing and more things. I swallowed the battery, requiring surgery, 10 days later after I swallowed the battery, they decided to have it removed. Correctional officers have been retaliating against me and many other fellow inmates.

Here is a listing of conditions often reported:

General conditions in Solitary and Outside Support Discouraged

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

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

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

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

Plaintiffs believe that family support is generally discouraged. WI DOC has made it very difficult for the families and friends to stay in contact with and help their imprisoned loved one

and this is particularly of concern with those in solitary. For example, property allowances need to be revisited and rules for incoming books need to be changed to reflect our internet world and what is done in other more progressive correctional systems:

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

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

Hygiene is also very important to many inmates and is important to anyone's feeling of well being yet the basics are unavailable to the neediest inmates and families have no way to help since products like soap and deodorant and shampoo are not available at the only vendors families can buy from. The family's ability to buy through vendors is made more important by the WIDOC's unique interpretation of Statute 355 passed by WI legislature in 2015. Often all or most of money earned by inmates or sent in by families is taken by the DOC to pay for prisoner debts before the prisoner get any.

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

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

Medical care to long term solitary inmates

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

MISCELLANEOUS TESTIMONIES by prisoners reaching out for help

Ryan Long 00659120 WCI BD 2000, 19 years old;
OUT DATE 4 21

Ryan Long: 'I don't understand why the doc doesn't have policies sending MH2B (mental health code) inmates like myself and many others who have disabilities and mental issues to adult institutions where staff shut my water off for 19 hours and the harassment and threats from staff are an everyday thing. I was at RYOCF in Racine, they sent me to WCI because of some not true words put into conduct reports (tickets). I have wide support from PSU and most staff. However, there were staff who saw other staff being kind to me and wrote false tickets. I'm scared, I'm hurt and I'm very very tired of how they treat me.



Ryan Long, age 19

I'm so depressed and alone. I'm considering putting an end to myself. I miss RYOFC so much. I have a best friend, my only friend who I may never get to see ever again. I'm sorry for writing all this and I know this probably won't go out because staff tamper with my mail because I told them I will file a lawsuit. Even if you get this you won't want to write back. I understand, no one does. All I'm asking if you would be willing to, could you contact federal law enforcement and let them know there are many abuses going on in RHU at WCI and have them come talk to me. The officers have threatened lives and safety, shut off water for long periods of time, call us names, stolen property, tampered with mail. They won't even let me call my dying mother who had a liver transport and is not recovering well. Please don't do it for me, do it for helping inmates who staff make suffer emotionally and physically. Please I am asking with all my heart. I may not last long. "

(note we have reports of more inmates being transferred to Max prisons from the Racine Youth prison RYOC, and from Lincoln Hills. Are investigating as we can.)

Anonymous from 9 2 17

"Yesterday CCI staff let my good friend DEVIN KATZFY hang himself and committed suicide and it could have been prevented. I'm very upset and sad, I really don't know what to do right now. Peg. I've trying my best to not hurt myself or others. These thoughts and feeling are so hard to deal with, even with my meds. I just pray his family is coping alright. This is painful. Peg, he did it here in seg. In July he swallows dozens of pills and the SAME staff let him kill himself?

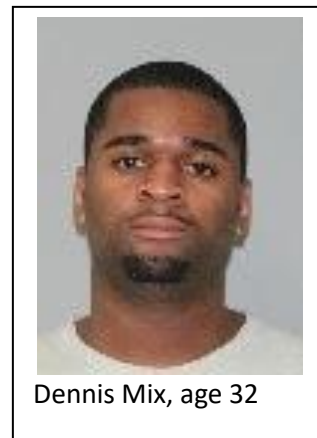
My seg out date is next month, but I doubt I'll get out- I don't feel safe here, cos have threatened me along with a Capt and Sgt and I'm afraid of hurting someone and never getting out. I just feel useless and hopeless-in way I don't know how to feel. There was several suicide attempts yesterday and today as well. I can't stop thinking of all the bad things. They turned off the air in seg and I feel like I'm suffocating. This prison is dangerous. We've been begging for air and they keep playing games. ...I was told I would be in the next DBT groups and now all of a sudden. I won't be and that pisses me off."

Dennis Mix 499033 CCI, bd1987, 32yo in CCI out 2024

Dennis hung himself in Solitary- settled his case on deliberate indifference and was put back in similar situation. FFUP first made contact with him because of a concerned letter from a neighbor. His case #2 14-cv-01172 WCG was concluded in 2017 which was settled because, according to Mr Mix, the DOC tampered with a key witness "which made me afraid and I settled."

"I have 6 years until my release 2-13-24. I fear I will kill myself before that. They moved us to unit 7B where upstairs is housed all AC prisoners when it overflows downstairs where all their MH seg prisoners are. I don't know if I should be downstairs or upstairs. They wake up screaming in middle of the night and it makes my issues worst. It's rough. If you complain about this, they will write a CR and say you threatened them. This keeps complaints to a minimum".

WIDOC often places severely mentally ill prisoners in solitary as a control tool though this only worsens their conditions and makes it impossible to get treatment."



Dennis Mix, age 32

Damien Huff 551050 GBCI 25 y.o. bd 1994

“You asked me to tell you what life is like here. Well, I tell you this is not what I would want anybody to endure. It’s torture, Hell, it’s like living in a dungeon tied to a bed with nowhere to go. Never any sleep around here, you barely get any privacy; when they search your cell they mess everything all up and throw all your stuff any and everywhere and leave it for you to fix back up. They just simply don’t care. You go to the hole, they do your pack up, they lose your things and tell you” well, order it again.” **We don’t come out of our cells like that. Its 23 in 1 Cold showers, which you have only 5 minutes to take.**

Glad to say I got only 34 months left to go. I’m tired. I don’t know how much more I can take of this. I tell you when I get out I promise you I’m not coming back to this, I promise you I’m not.”



Damien Huff, age 25

Timmy Johnson 616546 WCI (bd 1988, 31 yo)

“I’m currently in segregation for alleged” staff assault on a guard who called me a “boy”, pushed me and told me to not” monkey” around”. Not only was there a racial slur but I feel I acted in self defense. Upon being in seg staff broke my tv, radio, tablet, clothes ripped. I file a complaint but because they’re all in the same circle I don’t get far. the only thing I was re-funded for was my radio and that only because I prove their statements were inconsistent. They even took restitution out of that and they by law

are not supposed to. I’ve challenged this but they won’t respond. I seriously fear for my life here, I feel like these people are almost untouchable, I’ve written DHS, local police, FBI, Governor’s office, warden, security director, the only thing the Governor’s office and DHS did was send the prison a copy of my letter. The other people I wrote did nothing at all. NO response. I even went on a hunger strike – no food or water for nearly three weeks, they got a court order to force feed me, at my court hearing I told the judge I fear for my life, nothing happened. I’ve been skipped for medications, meals, etc. I went from 268 to 197 pounds in 2 months. The officer I had the incidence with even serves my food. It’s weird. I also have serious mental health issues and I go proof of the psych workers not seeing me on time. I know if I don’t get help soon, I will eventually kill myself and I’ve told everyone this.”



Timmy Johnson, age 31

Jovan Williams 575056 WCI (bd1993, 24yo)

Jovan Williams was incarcerated at age 19 and has been in prison in restrictive Status housing for more than 2 years, approximately January 2016 until now. He believes he was originally put in restrictive housing Status for disobeying orders and was given 90 days. He is still there. “I never thought I will have all of these scars on my body and mental but look at the result of what I have gone through being incarcerated in these settings. I don’t know if I will be able to function in the community without help. I have reached out more than several times for help to get back to reality but get nothing. This setting is full of boredom, hostile ways from people. This is dangerous-which leads me to self destructive ways, suicidal thoughts, self harm and suicidal attempts which only make my psychological state worse than it was at the beginning.

His history of self harm is extensive. He asks to be properly diagnosed at WRC and



Jovan Williams, age 24

to be sent to WRC for programs /groups for his diagnosis. He says there is one word for his environment: “Unbearable!”

Davin Rollins 278690 GBCI (BD 1979 38 y.o.) - Davin is manic depressive (bi-polar) and sends long illegible letters when manic which belie his true abilities. His condition is exasperated by his lack of meaningful things to do. His mother is engaged in helping him and knows he is very bright and would do well with a real opportunity. He is vulnerable to abuse and has no tools to cope with life in this system. For example, 6 21 18- Advocate got a call from his mother that Davin is not receiving his meds, was taken to a part of the cell hall with no cameras and was sexually assaulted; is often not receiving his food or it is thrown on the floor or foreign substance are put in it. (he says urine).



Terrance Grissom 193184 CCI (BD 1970, 48 yo)
Advocate has had letters from concerned inmates about him. We are told he is either drugged to a stupor or loud and assaultive. Gets a lot of cases and easily “snaps out” in the present situation and is often targeted for just that we are told. His mother, in another state, wants him there. Both states have refused- no interstate agreement they say. Needs concerted effort to transfer him out of WI.



Chapter FIVE: The Big Lie or Finally, THE BIG IRONY

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

The BIG LIE: TIS “kids” released are without treatment while seasoned old law prisoners languish.

Today we see Wisconsin saddled with stuffed prisons in which the mission to rehabilitate prisoners and keep the public safe has been largely lost. Conditions for staff have deteriorated to the point there is a severe shortage of staff at all levels from professional health care staff to guards and many prisons are on almost permanent lockdown.

The wise solution is to incarcerate only those people who need to be in prison. And treat and train- rehabilitate those we do lock up. Instead we have the most obscene irony:

While most old law prisoners (OL), are told at their parole hearings that they will not be released because they “have not served enough time for punishment” and/or releasing them would the “pose an undue risk to the public”, the DOC releases the Truth in Sentencing (TIS) inmates regularly as the law demands often without treatment or training and virtually no support and often straight from years in solitary.

The Old Law prisoners, entombed for decade after decade, have had the training and treatment that was available in the years before TIS was enacted, and many got college degrees through Pell Grants then offered. They are truly ready for society in the main; yet the prison

proponents try to whip the public into hysteria over “murderers” and “Rapists” while in truth, people change and these people have had long years of learning and want to give back.

At the same time our resources are wasted on keeping Old law prisoners because, we are told, they are “Dangerous”, very little training or treatment is available to TIS inmates, (those incarcerated after 2000). Most are under thirty and have not learned yet the lessons on self control the years teach.

Many are mentally ill and wind up in solitary where suicides and suicide attempts are daily occurrences. Many TIS inmates beg for treatment at Wisconsin Resource Center (WRC, the one treatment center available to the system)- before release and many are not given a referral. Each prison’s social workers are tasked with referring disabled prisoners **of their choice** to an organization that prepares SSI benefits before release but that does not happen for most mentally ill prisoners and they are released little hope of success. They are given a state issues ID, food stamps and a curfew. A letter from one inmate writing one month before release sums up the situation:

“I get released in a month back to the same neighborhood where I was before prison. I have had no treatment and no training and am drug addicted. I have no support and the DOC offers almost none. What do you think I will end up doing? “

– We need a commitment to real treatment and a mental health treatment center for long term treatment, coupled with a drastic reduction of population. Solitary confinement overuse and abuse is how this system deals with overcrowding and understaffing. This is a terrible place to work for many people and will be until the DOC reclaims its mission. Increasing Wages cannot solve the core problem alone and We demand that the WIDOC renew its commitment to its mission- to rehabilitate prisoners and keep the public safe.

So many people are stuck in isolation as it is the only room the DOC has and the only way it can deal with the lack of staff. A final listing is here and it is hard to choose—there are so many that need to be heard. The first 2people are examples of the many who need transfer to WRC(Wisconsin Resource Center, the one treatment center available to mail inmates) NOW- they will be released soon, after long term solitary abuse and no treatment. They beg for a chance to make it on the outside and need real treatment. Right now that is only offered at WRC. And the WIDOC has refused to refer these people. The third and fourth)persons are two of 5 or 6 prisoners we work with who were out for short time and are now back. . From what we have experience, truth in sentencing prisoners are released with very little support and the POs(parole officers) we have encountered in the prisoner ‘s words “are not trying to help us.” Of course, there are exceptions but attempts to connect these newly released prisoners to people and organizations that can help them connect with community services and friends of prisoners are met with resistance by the parole agent and many times have to be dropped. A letter from one inmate writing one month before release sums up the situation: “I get released in a month back to the same neighborhood where I was before prison. I have had no treatment and no training and am drug addicted. I have no support and the DOC offers almost none. What do you think I will end up doing?”

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

Testimonies: two of many requesting treatment at WRC before release

Fredrick Andrew Morris 579941 GBCI; (born 1992 25YO)

Background: grew up in Chicago with gangs, many in his family in prison.
Eloquently puts situation:

“ I have mental issues but PSU here in GBCI sums my mental issues up with three words: ‘antisocial personality disorder’ but I think of people who grew up in Chicago, Minneapolis. Studies show that people who grew up like I did have mental issues of people in the third world war-torn countries.

I didn’t choose the streets like most people do, I was born in the streets. That is why I have nightmares, hear voices, see things, feel things, because I am really unstable. Just because I don’t hack chunks out of my body GBCI sees my mental health issues as nothing but if do something, hurt someone everyone says **“why did he snap like that?” I need meds for my mental issues. I need a PSU who will help me, not go tell people of what I tell them, so others look at me some kind of way.”**

my Pain runs deep/so deep I wish the forever sleep/where I don’t hear a peep/ my eyes dry no time to weep/shot fired but no blood I leak/cause I’m away from it all at peace I sleep.

–Fredrick Morris



Fredrick Morris

Jordan Cosby 501015; WCI, PO Box 351, Waupun, WI 53963

age 27 BD, 1991/requesting treatment at WRC/**release date 4 27 20/**

“I am strictly asking for an immediate transfer to WRC for mental health treatment in general population on unit 17 specifically long term treatment due to the need of individual treatment and also a diagnosis examination for MH2A paranoia, PTSD, Schizophrenia and a restraining order against WCI and WCI staff! 9 12 18 They been fucking with me so much that I can’t take this shit no more. just writing you for your help. I have been in segregation since 6 7 17 for a self-defense physical altercation where it was a group fight. They are oppressing me and using corporal punishment which is prohibited. they are retaliating against me due to them violating my constitutional rights by using excessive force by knocking my teeth out by slamming me and lying about and they settled the claim is there charged me facing 171/2 imprisonment and fail to transfer me to another institution or county because they are going to railroad me. 27 years young black in a generation of Black Lives Matter and police brutality is at its high and I’m a victim of it with mental health problems. I need to get out of this prison and this county.



Jordan Cosby

I placed myself in observation after another inmate name Harris. He’s a white man, did not get his name- he was in a cell A-202 RHU and has been literally cutting and ripping his ear and they not doing nothing about it. He’s been to the ER 3 times in Madison and it was a flash back trigger for me and I severely cut myself and they did nothing so I write you and Cristal and my mother before I faint. So, for intentionally keeping myself in OBS until Madison comes talk to me. I wrote Jim Schwochert DAI administrator to come talk to me or they transfer me. Dr Van Buran has been abusing her authority just placing people in obs for no reason and since she been here in WCI 2015 numerous inmates committed suicide. Just recently in July.”

TWO Prisoners who were on supervised release for a short time and are now back in solitary-

1) Bobby Coil Back in Prison after being set up for failure/Bobby coil 518792 WCI
“Hey, my name is Bobby Coil 518792, I’m a single white and Native guy, 30 years old, looking for awoman to write me possibly spark a connection. I love rock music and staying fit working out. I’m athletically built, handsome, an aspiring singer, song writer looking to start a career and change my life. I get out in 15 months. It would be nice to hear from you. I would be so thankful to get mail- it is very lonely in here.”

**Bobby Coil, 518792 CCI (born 1988) Spent many years in solitary no treatment,
released with no support, then revoked.**

Bobby was in solitary for years without treatment before being released with no support. Now he is back, revoked. One of his ailments is ADHD and he does serious self harm. He is friendly and open and would do well with wise guidance. Bobby’s letter describes horrendous conditions ends with: “They push you to committing suicide under current supervisor Dr Torria Van Burren, 5 or 6 inmates have died, overdoses, hangings, cutting. Just last month my friend (RIP) slit his throat. They found him hours later. We need help from people. Inmate’s lives matter too.”

Bobby was never given a chance. his statement:

"I am an inmate here at WCI , Waupun Correctional Institution
In Wisconsin, Doing revocation 2 yrs, 4 ½ months I have had several serious suicide attempts with numerous stitches , the mental torture here is extreme. Staff hate working here, psychologists get paid for nothing or they would rather us kill ourselves than give us treatment. Proof of this is when you go on suicide watch they treat you like garbage, leave the lights on 24-7, leave you naked in a gown, make you sleep on a rubber-hard cowmat; they make you kneel to get your food and if you don’t, they will not give you your food, C/o mock you as do psychologists, and no one cares. They just want to spray you with chemicals or taze you, they push you to committing suicide. Under the current supervisor, Dr Torria Van Buren, five or six inmates have died; cuttings, overdoses, hangings. Just last month my friend, May he rest in peace. (R.I.P.) slit his throat, They found him hours later, We need outside help from people.”



Bobby Coil

#INMATE LIVES MATTER TOO."

Bobby Coil Continued: from letter 12 6 19: reports on death of Larry Bracey

“So to start this I have some terrible news: While back here in CCI RHU building on Tuesday @ 11 AM old school Larry Bracey died in seg! I was in WSPF with him. May he R.I.P. He was yelling to a sergeant Grander about his inhaler and Grander ignored him. After they did a count at 11:15 PM they noticed he was laying on his bed unresponsive, they took 15 minutes to enter his cell with a Lt named Sana They tried to perform CPR on Mt Bracey for 1 hour, the EMS took 25 minutes to get here. They proceeded to cover our cell windows with towels and tape. He was

dead for 3 hours. They brought the medical examiner and took him out in a body bag! Peg, he only had one year left after 29 years! WE'RE still on lock down till January 1st. I think. There are no emergency buttons to press for help! Staff are negligent and don't care. WE need to publicize this asap. "

(Note: we received many reports on this death and the general crisis in CCI and are taking pushing for change as we can)

2)All my family is gone so when these correctional officers do things to me I just try to keep my cool. But trying to do that all the time is not easy that's why I be segregation so much because I don't let nobody disrespect at all. _Michael Pugh 615180 GBCI

**Michael Pugh 615180 GBCI ;bd 1995, 23
released on supervision, 9 2019 back in prison 10 19**

Describes prison conditions below:

"These CO's is doing us wrong. I got placed in the hole because cellmate got caught with porn. One of the COs asked me to pat search me and I let him while I was talking to CO Wickman another person came from behind and grabbed me by the shoulder roughly. I turned around and got in a fighting stance because I thought that it was a inmate that grabbed me like that. All the correctional officers rushed me to the all and hand cuffed me, and I didn't do nothing wrong.



And in the rule book correctional officers don't supposed to put they hands on an inmate unless they say it's okay. The white shirt here gave me a 60 DS (*disciplinary segregation*) time in the hole with no half time and I didn't do nothing wrong.

Not only that but in seg us over here don't even get rec or go to the law library. They always make excuses that they busy but don't none of these correctional officers even try to make sure we get what we got coming.

And what's so crazy we get oatmeal bread and peanut butters damner all the time for breakfast. They can't even feed us inmates enough to keep us full until lunch time. Ever since this warden came here everything been going downhill. They've given us a 60 for 3 Ds and 3 Ds ain't nothing but cell confinement or loss of rec. They don't even give us face towels when its shower time in segregation. They don't even have cameras in the hallways or they don't even do 30 minute rounds and come and check up on us inmates and make sure we're alive.

One time I didn't have my inhaler so I had to kick me door and I was kicking for four hours before they came and seen what I wanted. I try to ICE (*file with Inmate complaint examiner*) these things but I know my mail is being messed with because I wait months and months before I have to just write another one. But I got so tired of the B.S. I just stop writing them altogether.

I really do appreciate the stamps because I'm all by myself in here and don't have nobody doing nothing for me. It be very hard at times for me to get hygiene because I don't have no money. Other inmates be having to give me things. All my family is gone so when these correctional officers do things to me I just try to keep my cool. But trying to do that all the time is not easy that's why I be segregation so much because I don't let nobody disrespect at all. Sometimes I feel like giving up on life because I don't have nobody who love me and it's very hard in here, but Allah knows I'm trying so hard. I don't have a tv or radio so that's why I just stay in segregation. I just wish I had a family who loved me and would do things for me when I need it most.

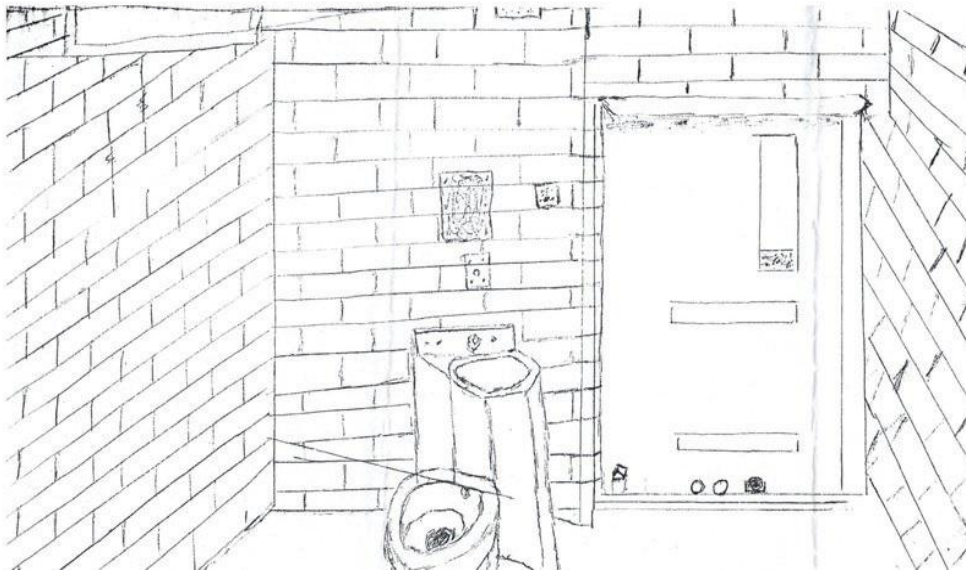
PRISONERS FFUP has or is working with who were released without treatment or training, were revoked for rule violations in the last few months and are now back IN THE SAME ABUSIVE SOLITARY CONDITIONS:

REVOKED: Michael Pugh, Bobby Coil, Louis Keys, Michael Pietila, Tommy Carter
absconded: Christopher Goodvine and Jermel Jones;
Timothy Sidney died after release in Milwaukee, unknown causes, under investigation

We will be working on a report discussing ways to safely and effectively end the present policy of revoking for minor rule violations. BUT IT ALL STARTS WITH EFFECTIVE TREATMENT WHILE IN PRISON.

Prisoners who get support generally succeed

Drawing of a cell by Talib Akbar, doing well in the community after ;20 years in solitary, helped in transition by the DOES program



4 Success Stories

1) Talib Akbar got out a few years ago after 20 years in solitary. He was put on the DOES program which helps inmates get SSI shortly after release. He is now a main leader of EXPO- and group of ex-prisoners helping others. A member of WISDOM And EXPO, he has crafted a model solitary cell EXPO takes around the state. they use the cell and perform plays about solitary to educate the public about the horror of long-term solitary confinement.

2) Scott Brown Doing well at his family's home

Scott Brown 567501 233, Black River Falls, WI 54615 release date 11 5 19

BD 1990, 28y.o.; out date 11 5 19 -Had many instances of self-harm- which is a way they relieve tension, and ironically, verify that they are alive. He had asked repeated to go to WRC for treatment but is told no because "he has been there already." WRC benefits tend to be short lived because inmates come back after a short time to the same bad conditions in the DOC and there is no follow up. WRC just before release as Scott needs, would be invaluable. He repeatedly got conduct reports for self-harm and more time. This is possible, we believe, because, although seriously mentally ill inmates cannot get conduct reports for behavior due to their mental illness, because of change in health status m, as described above, these prisoners are not longer seriously ill. This we Call: "Cured" by diagnosis.

We recently received a call from the now free Scott Brown, He lives with his family and is doing well.



Scott Brown, at home now with family

3) Juan Xarine Berchar-

When FFUP first started working with Juan, he was in solitary and non communicative, from Cuba from the infamous Mariel boat lift. He was traumatized and would not leave his cell or go to general population. In slow stages he finally did go to general pop and in general population, got a lot of help from the DOC psychiatrist Dr Baird. He was referred to the nonprofit program OARS and last FFUP heard was receiving much support from them and was doing well.

Juan Xarine- Berchar has the support of the OARS program which helps with housing and other needs. The DOC Must recommend the prisoners to qualify this limits the organization as prisoners in solitary, in our experience, are not generally recommended.



Juan Xarine Berchar

4) Timothy Crowley 243754 GBCI

(BD1976, 42 y.o.) - deaf, going blind/mentally ill/ came to prison with few years - now has over 20 years in- always in some kind of seg for acting out-easy target and does strike out getting more charges. FFUP worked hard to get him Braille lessons which finally came but there was no one to help him with it and the project failed. Many suicide attempts. He is now with his family and reports he is doing fine.



Timothy Crowley at home with family

PRISONERS SHOULD HAVE BETTER ACCESS TO AVAILABLE RESOURCES

There are Organizations working in partnership with the DOC and nonprofits programs that are slated to help prisoners at release and while in prison. But we find access for prisoners in solitary is difficult if not impossible.

With programs like DOES and OARS- referral Must come from the Social worker and that seldom happens . Like with the problem Solitary prisoners have of getting to WRC before release and at times of crises, social worker must be trained to refer these people, or the prisoners need to be able to apply directly for help and not go through the social worker.

Likewise, Non-Profits Like EXPO and Project Return are set up to help returning prisoners yet are discouraged from actively engaging with them by parole agents, FFUP Finds, and when these groups reach out, they are greeted with open hostility. Often the simple friendship and “hand up” that these groups can give- for example, in showing the newly arrived ex prisoner the available resource and inviting him or her to groups, can make all the difference between success and revocation.

Here are two programs that are seldom offered to prisoners in solitary- they must be referred by the social worker who must be trained to do so.

OARS: A PROGRAM OFFERED BY THE WI DEPARTMENT OF CORRECTION IN PARTNERSHIP WITH THE WI DEPARTMENT OF HEALTH SERVICES

OARS Program Completion

OARS program participants may be enrolled for up to two years after release from the institution. Successful program completion criteria include:

- Participant is maintaining stable housing independently.
- Participant is living without reliance on alcohol or illegal drugs.
- Participant is actively engaged in his/her treatment and has transitioned to locally based services in his/her county of residence.
- Participant is financially able to maintain their treatment, housing, and basic needs without assistance from OARS.
- Participant is making healthy decisions regarding recovery and mental health stability.



DOES PROJECT DISABLED OFFENDERS ECONOMIC SECURITY

*A program offered by the
Wisconsin Department of Corrections
in partnership with the
Wisconsin Department of Health Services*

DOES Benefit Specialists are lawyers who work with social workers, health services staff and psychological services staff in DOC institutions, community corrections agents, and other community providers to ensure that disabled offenders receive and keep all benefits for which they are eligible. These programs include: SSI and SSDI, health insurance, Food Share, housing assistance, and W-2 or other employment training programs, such as Division of Vocational Rehabilitation (DVR) or Workforce Investment Act (WIA).

Two inexpensive grant ideas that could help reduce recidivism dramatically

1) POPS PROGRAM –MODEL FOR WISCONSIN OLD LAW PRISONERS

Project for Older Prisoners (POPS) is a program started by law professor Jonathan Turley in The George Washington University Law in which law students work with prisoners to ascertain FFUP talked with suitability for release and then help those ready find stable living situations BEFORE release. FFUP has done some of this and has been successful however there does need to be a paid coordinator and funds for expenses of volunteers. FFUP talked with LAIP several years ago and - they said it would be very cheap- one teacher and materials. We could use citizen volunteers also.

2) Transport to the prisons. There used to be regular free bussing for families to the prisons. This all stopped when the Boscobel Supermax opened. There have been private Van services available and one has persisted, dedicated to helping families stay together while making a living. Using this company as kernel, we proposed to the owner that with a coordinator who could keep this van and other vans filled, costs could come down to where most families could afford. Added to this a grant for a coordinator's salary would be a small seed grant for helping those families in most need could take the van. We believe this service is much needed and would expand and stand on its own in short order.

*Finally a most radical proposal by **Norman Green 228971**, who most people call "Uhuru" and who is the person in WI who has spent the longest time in solitary(AC)- 22 years plus. He is painted as a dangerous gang leader but there is no evidence of this .There is evidence that he is an inveterate fighter for justice. His tools are the law. His idea is called "Common Ground", a way to resolve conflicts within the prison and between administration and prisoner by simple respect and setting up a space where each party listens to the other. Below is the proposal:*

Common Ground (CGS)

Logline: *Transitioning Prisoners from AC and Longtime Seg.*

Goals: *Addressing conflict resolutions that prisoners in AC/longtime segregation have with prison staff and/or among themselves, resulting in the hopeful transitioning and release from AC/long time seg.*

Premise of Program: *CGS begins with the premise that if a prisoner has been placed and held in AC/long seg. status there has to be an existence of some kind of conflict between either staff or the prisoner and other prisoners that has led to this long-time segregation placement.*

Unique Approach: *Instead of placing blame or approaching the conflict from a subjective point of view, CGS is designed to not take a particular position in the conflict, but equalize the concerns voiced by both the prisoners/staff conflict or prisoner/prisoner conflict that led to the AC/long seg. placement, and focus on resolutions without placement of blame. This unique approach is effective because, as in any conflict, resolution and all points of view must be aired and respected as part of the resolution discussion. No problem has ever been solved by one party in a given conflict being burdened with blame, while the other takes on a superiority complex.*

Objective: *The objective is to find common grounds that everyone can respect each other's security and classification concerns without placing blame and the use of inferiority labels that makes one party feel the need to be defensive, which is what most prisoners who are held in AC/long seg. feel. This defensiveness has been the main reason no previous administration/ clinical programs have successfully led to the prisoners transitioning and eventual release from AC/long seg.*

Designed: *This is what makes CGS unique and effective. It was designed specifically with AC/long seg. prisoners in mind. After careful review of complaints, court cases, and other viewpoints of prisoners held in these statuses. The CGS think tank recognized the fault lines that kept the prison official's security claims and goals from registering with the prisoners and the prisoner's views being considered by the prison officials. Both sides took a "my way or the highway" approach. Resulting in the stalemate with the prisoner stuck in AC/long seg. for indefinite years and the prison officials having to pay the cost of these prisoners becoming more defensive and in the more extreme cases, psychologically damaged beyond the objective penological goal of the status. And a psychologically damaged prisoner is not in anyone's best interest. It is certainly not in the best interests of society, where some, if not most, of the prisoners will be freed to; nor the tax payers, who now have to pay extra to staff special housing units to police segregated mental units that are in fact disciplinary segregation units, which only exacerbate the original conflict.*

Workshops: *The CGS is organized in six workshop sessions:*

Session One: *Begins with both the prison official and prisoner reducing to written word what each feels is the contributory problems.*

CGS freedom of expression: in order for the workshops to be effective

there has to be a certain level of free expression. CGS believes all participants must be allowed to state their views free of punishment. Free expression does not entitle abusive language used to provoke or disrespect the other participants or create more problems.

Session Two: *begins with the prison official recitation of the prisoner's point of view and the prisoner recitation of the prison officials. Or, in case of prisoner/prisoner, each would recite the other's views. The participant must defend each other's viewpoint as if it was their original view to examine and experience the difference in each other's views.*

Session Three: *begins with each participant putting forth prospective resolutions to the conflict, with discussion.*

Session Four: *begins with the mediator of CGS - a neutral and independent person - putting forth resolutions that participants should consider. The participants can accept or alter these resolutions and stipulate.*

Session Five: *begins with the participants pointing out what issues of concern that the other one has. They can agree these are ones to be dealt with and agreements to resolve them.*

Session Six: *begins with all participants putting forth future resolution commitments to prevent and stop future problems and incidents.*

Completion of CGS: *Upon completion of CGS, which is a six-week session workshop, the prisoner participant should be placed in a transition housing to be phased back to general prison population.*

Homework Assignments: *After each workshop the participant should take a story of real-life conflict (past and present, over the span of the workshops) and write a report stating how both sides to that real-life conflict could resolve the matter. Also, what might be the fault line problems preventing the current resolutions. The reports should also point out valid points that each side has that should be taken more seriously by the other side.*

Final Report: *At the completion of CGS, the participant should write a one-hundred-word essay on how the examination of the report conflicts has impacted their opinion, and if so, made a change in viewpoint.*

Disclaimer: The reports written should be permitted some freedom of expression and not be used to continue AC/Seg. placement, nor future placement. The reports will be either read at sessions or by the mediator who will return them to the participant.

Rights: CGS was created by FFUP in house pro se legal consult, R. U. and FFUP reserves all rights. FFUP waives the rights to WI DOC to use CGS as part of the prisoner AC/long time seg. remedy. FFUP/R. U.

RECOMMENDATIONS

We hope we have made it clear that ending solitary torture in Wisconsin is a complex issue. Solitary confinement overuse and resultant abuse IS THE WAY the WI DOC is coping with overpopulation, understaffing and our prisons' ever worsening living and working conditions. Prison population must be reduced, long term solitary ended, and true treatment and rehabilitation reinstated.

Here are some of the steps we recommend:

1) The WI DOC needs to embrace again its mission to “rehabilitate offenders and Keep the public safe”. This will take real leadership and retraining of all staff. All need to learn that prisoners are not their crime and that people change. Respect and humane treatment of all prisoners will be the springboard that inspires healthy changes that will bring the prison back in to balance. The WIDOC will find that qualified people will apply for jobs at the DOC for the work with be rewarding. Most people want jobs they feel help our society... IT is much more than money.

2) All government branches need to acknowledge the fact that “ WI Corrections” is not correcting and is in fact making our streets less safe by not rehabilitating , by psychologically and physically harming many under its charge and by decimating family structure in many poorer areas of our state by over incarcerating minorities. Using 2010 census data the Employment and Training Institute of the university of WI – Milwaukee found that WI has the highest incarceration rate of Black men ages 18 to 64 in the nation. (see chart and link to study below and in appendix). There is strong evidence that the lack of fathers-i.e. male role models in the most affected areas (over incarceration and targeting of black males) is one of the causes of crime.¹⁴

3)Both Tommy Thompson and Bill Clinton have publically regretted their part in making us “incarceration Nation” and state but we still suffer from that decision- to put it dramatically, the soul of the WI DOC was traded for that money. And as this report tries to show, the environment in our prisons has devolved dramatically since.

GENERAL START

A) Treatment, real treatment and changes in solitary

¹⁸ *The Employment and Training Institute of the university of WI – Milwaukee found that WI has the highest incarceration rate of Black men ages*

18 to 64 in the nation. <https://ffupstuff.files.wordpress.com/2013/08/black-imprisonment-study-summary-1.pdf>: summary in pdf form <http://ffupstuff.files.wordpress.com/2013/08/blackimprisonment-1.pdf> whole study

1) **Mental Health Treatment Center**

We ask the Legislature and WI DOC work closely together to fund and build a Mental Health Treatment Center Modeled after the Treatment center lawsuit mandated for the women's prison in Fond du Lac (TCI -Taychedah) .See The PowerPoint WI DOC presentation here and in appendix is shorter squinched word version. The rule and policy changes are also important and show that Wisconsin knows what is needed. ¹⁹⁾²⁰⁾

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

Remember, society has reneged on its responsibility to treat effectively the mentally ill and many end in prison- the task is in the WIDOC hands and we must help accomplish it

2) **Along with the center, the rules and policy changes that were enacted for the TCI center should be studied and adapted for use in the treatment center and throughout the male prisons likewise, the rules and policies used by CO to end solitary confinement for longer than 15 days should be seriously studied.** CO rules and more on their web: <https://www.colorado.gov/cdoc/CODOC.com> ¹⁹

- 1) Get advice from the former WI DOC Director of Health Service James Greer as he was instrumental in setting up the TCI mental health center and its rules and also in retraining staff at WSPF (lawsuit demanded) and will know what works
- 2) **Set up and independent investigatory body to go through the records of all prisoners on Administrative confinement looking at the process used to put them on AC**, if anonymous tips were used, etc, what actions caused the removal from population. Discuss with the AC prisoner what he needs to safely transition to general population. Work as quickly and safely as possible to transition these people to general population and end AC. The CO system does have a program for those it deems not ready for general, this should be studied.
- 3) **Set up an Independent Reevaluation of all prisoners in who have been in long term segregation status- evaluate for mental illness and re-evaluate for MH level. Ask each if they wish to go to WCR for treatment and sent up a schedule with the DOC AND WRC TO allow all to get there. Medication and treatment needs should all be reevaluated.**
- 4) **Important:** All inmates soon to be released who have been in long term solitary should be able to apply to WRC for treatment if they want. WRC should be able to evaluate appropriateness. As it is now, prisoners in solitary rarely get to WRC before release and get out untreated and unsupported; Because the DOC can revoke for the most minor rule violations, most released prisoners are just cycled right back in.
- 5) ALL through the prison the emphasis should go from Punishment only to an environment that nurtures the growth of self-awareness and sense of responsibility. Prisoners need to know there is some continuity and structure that is designed to help them. As it is too often now, many prisoners learn NOTHING they do matters- they are despised. They do not get any rewards when doing well but are bludgeoned for all errors.

Some of the important rule changes needed are:

- 1) Only Nurses pass meds
- 2) Psychological staff have determining power over security except in the most drastic cases
- 3) Extended periods out of cell, much treatment and sessions with therapists-
- 4) and a very significant change- prisoners are not punished for behavior due to their mental illness.

Some Others rule /procedure changes that are needed:

Property allowances in solitary: AC is slated as non-punitive and its residents were allowed all property until Supermax opened and rules were changed in 2000. Allow AC/ RHU prisoners ALL general population property where a valid security concern cannot be demonstrated.

- 1) Make Hygiene products available on vendors so the families can help their loved ones acquire what they need. (see appendix#3for life size soap packet indigent prisoners get that must last for several days)
- 2) Allow Internet receipts for Books bought off internet. This would be a huge benefit for it is VERY difficult to get books into prisons when a (#20) and as word transcription in appendix) paper receipt is required. Books are much rarer and more expensive that way.
- 3) Guards need to be rotated out of segregation at 3-month intervals. That way there will be enough guards moved at each rotation so that the incoming guards are not just learning bad habits from long time guards.
- 4) Mandate the wearing of cameras on forehead in all seg, RHU and AC units. Post cameras and preserve recordings in all areas presently consider the main assault areas by prisoners. Make Videos available to inmates and advocates who request them.
- 5) The punishment should be the confinement, these men have lost everything and often watch their children grow up without them. That endless time in prison is punishment enough. Instead of punishing them more, we need to change our attitude to one of “how can we help?”

B) Reduce Prison Population Safely and start immediately : Nothing will work without reducing population and this can be done safely and effectively simply by going back and doing honestly what we did before the prison boom in 1994. MAKE PAROLE WORK LIKE IT USED TO- Look at FFUP parole guidelines and rule changes (link below). Work with the DOC to get the guidelines enacted and legislation won't be needed. IT was unpromulgated rules and guidelines that got parole stuck, it should not be difficult to unstick it if the will is there. Alternatively, the rules we propose and similar one proposed by others, will allow those ready for release to be released. We have submitted parole rule and parole guideline changes to the Parole commission and the DOC using Statute 227 which allows citizens to petition for rule changes, We hope these proposals will be seriously considered.

Parole guidelines in appendix, and <https://casesprison.files.wordpress.com/2020/01/rule-proposal-alone.doc>²¹

C) DID YOU KNOW THAT OVER HALF OF WI DOC admissions are for people who violated supervision rules and have no committed no new crimes?

End Revocations Without Felonies: Seriously study ways to end revocations without felonies using for guidance other states' experience and the many erudite prisoners who have studied this carefully and know what needs to be done. One basic one is to ensure that Parole agents honor the Evidenced Based Guidelines (EBR) when dealing with their charges. As it is now, a simple phone call can throw all that out the window. Another big one is that now, if a prisoner is revoked, his time on supervision is not counted as time served. The time he spends on supervision should be deducted from prison time still to serve. That would reduce a lot of overcrowding in itself ²²

From DOC records, types of offenses are listed below for 2013 -14. Second to last on left is

APPENDIX VII

Type of Most Serious Offenses for Inmates Admitted to Prison, 2013-14

Males		
Offense	Number	Percent
Sexual Offenses*	457	18.7%
Operating While Intoxicated*	333	13.6
Assaults++	271	11.1
Robbery*	216	8.8
Drug Offenses--Manufacturing and Delivery	187	7.7
Drug Offenses--Possession with Intent to Deliver	186	7.6
Burglary*	154	6.3
Theft*	129	5.3
Murder/Homicide*	121	5.0
Battery	117	4.8
Drug Offenses--Possession	117	4.8
Other	64	2.6
Bail Jumping/Escape	37	1.5
Kidnapping/False Imprisonment	17	0.7
Forgery	10	0.4
Arson	10	0.4
Drug Offenses--Other	10	0.4
Fraud/Extortion*	8	0.3
→ Revocation No New Sentence**	3,652	
No Data/Unsentenced***	<u>975</u>	
	7,071	100.0%

revocations- reincarcerations for non felonies, over half of the admissions: 3,652 of 7,071.

END STATEMENT

We do not need to be scared of our prisoners. We have witnessed in many prisoners an intense need to give back to society, a reservoir of love that has little outlet in there. Many have gone so low that they have had to find their deepest selves in order to survive. Many started their incarceration in more compassionate times and have college degrees and many skills through programs once offered. These guys are needed out here, for they have rare understanding. Others, “the kids”- those that were incarcerated after 2000(TIS), who get nearly nothing in there but abuse, need our help badly- not more punishment.

Right now, our prisons are warehouses for the mentally ill for we no longer have affordable mental hospitals . Treatment must come first and we did the right thing when we built a new treatment Center and adopted new policies and rules at the women’s prison in Fond du Lac . This was court ordered but we can do the same for the men because we know it is the right thing to do.

As our report tries to show, No one is helped by current system. While we keep old law prisoners entombed as long as we legally can in what they call “Dead Time”, those prisoners who were convicted after 2000, TIS prisoners, are released by law at a certain date, most of them without treatment or training while in prison and no support when out. Yet this is where our taxpayer money goes while our children reel under their college loans because we got addicted to prison as the cure all for every ill.

We DO need to take up the responsibility that has been laid on us by default by our society. But we need to make treatment, training and rehabilitation a priority - not warehousing. Treatment, training and population reduction are the three things that need to go together. Treatment is the top need but that cannot be implemented when our prisons are stuffed and understaffed. Key to this is reinstating parole and stopping revocations for rule violations. Nonprofits and the WIDOC need to partner up for grants for programs that get buses to prisons so families can reconnect with their loved ones and grants are needed for programs that see that prisoners are supported when they get out. These are basic steps in healing.

IN sum, we must end solitary confinement over 15 days and that goal needs to be met in tandem with changing the conditions which cause and necessitate solitary confinement overuse and abuse. They go together. Those conditions are overpopulation, understaffing and loss of mission. This report has attempted to show the interconnectedness of all these factors and that we can have a truly just, healthy and wise system if we show the political will.

20) Power Point Close look at the mental health treatment center built for TCI, the women’s prison, as part of the lawsuit: Flynn Vs Doyle, 06-C-0537. <https://ffupstuff.files.wordpress.com/2018/06/3what-doesnt-kill-you-makes-you-stronger.pdf>

WORD transcription of powerpoint report on Mental health Center at TCI: <https://casesprison.files.wordpress.com/2020/01/tci-mh-clinic-overview.pdf> / Flynn Doyle Settlement Agreement: <https://casesprison.files.wordpress.com/2020/01/flynn-vs-doyle-settlement-agreement.pdf>

21) Parole guidelines in appendix, and <https://casesprison.files.wordpress.com/2020/01/rule-proposal-alone.doc>²¹

22) **EBR, Evidence-Based Response to Violations** can help end revocations without felonies: (effective 10/03/16): <https://casesprison.files.wordpress.com/2020/01/ebr-and-revocations.pdf>- these are guideline now and are mostly not followed



"From Monkey Bars to Prison Bars" by DarRen Morris 236425 ,GBCI

APPENDIX

Pages A1-A5: Center for Investigative Journalism: *Mental health statuses quietly changed, psychologist quits*

Page A6: July 2015: *memo by DAI Administrator Cathy Jess authorizing mental health status changes for some prisoners in solitary*

Pages A6 – A 12: Center for Investigative Journalism: *Solitary Practices of CO and WI compared. Former WIDOC head supervises reform of CO solitary*

Pages A13 -A21: a tour of the Mental Health Center for TCI women's prison in Fond du Lac. *It lists sweeping policy and rule changes. Published in a Powerpoint Document by WIDOC when the center was first opened, this is a squinched version transcribed to word.*

Page A 22: approx. life sized scan of soap packet: *3 of these have to last indigent solitary prisoners for days.*

Pages 22A – 23A: Footnote Links



Produced by the **Wisconsin Center for Investigative Journalism**

By **Alexandra Arriaga** and **Dee J. Hall** April 15, 2017

CRUEL AND UNUSUAL?

Wisconsin prison officials quietly changed mental health status of inmates in solitary, psychologist says



Former Waupun Correctional Institution prison psychologist Bradley Boivin left his job at the prison in 2016 after he expressed strong disagreement with prison officials over several issues, including the treatment of inmates, especially those with mental illness.

When he returned from a medical leave in early 2016, psychologist Bradley Boivin discovered a troubling pattern among Waupun Correctional Institution inmates who had been held in solitary confinement. Thirteen of his patients' mental health classifications had been changed without Boivin's knowledge — and in his opinion, without proper assessment.

The re-evaluations came after a July 2015 memo from Deputy Secretary Cathy Jess to psychological staff to reassess the mental health classification of the most seriously mentally ill inmates in solitary confinement, according to a memo provided by Boivin to the Wisconsin Center for Investigative Journalism.

Boivin resigned from Waupun in 2016 because of a “difficult environment” at the prison after he expressed strong disagreement with prison officials over several issues, including the treatment of inmates, especially those with mental illnesses. Boivin said some of the conditions for inmates in solitary confinement are “beyond unacceptable” and “inhumane.”

The mental health reassessment ordered by Jess is part of a push by the administration of Gov. Scott Walker to limit the use of solitary for inmates with serious mental illnesses and to improve conditions for inmates there.

Former Waupun Correctional Institution prison psychologist Bradley Boivin said some of the conditions for inmates in solitary confinement are “beyond unacceptable” and “inhumane.”

APPENDIX: Including Models for a way forward

page A1-A2 **Center for Investigative Journalism:** Mental health statuses of prisoners quietly changed, Psychologist quits.

Page A3 **july 2015 memo by DAI administrator**

page A4-A9 **Center for Investigative Journalism:** Solitary Practices of CO and WI compared. Former WIDOC head supervises reform of CO solitary

Pages A10-A21 **WIDOC powerpoint document on TCI mental health center** transcribe to word. A tour of the Mental and health center for TCI, women's prisoner in Fond du Lac. Listing of rule and policy changes.

Pg A22 **approx life size scan of soap packet**, 3 of which have to last for days.



In its 2017-19 budget request, the Department of Corrections acknowledged that the “overall psychological effects” of solitary confinement are “negative” for inmates already suffering from mental illness and include “increased depression or anxiety, worsening of trauma-related symptoms, insomnia, worsening of psychosis, paranoia, emergence of self-harm behavior, suicide attempts or aggression.”

Boivin agreed that inmates with mental health problems can get worse in solitary.

“Does it (solitary) cause mental illness? Those sorts of things are debated,” Boivin said. “But the reality is you see a lot of mental illness and you see things exacerbated in that environment, and you don’t have to be a rocket scientist, a psychologist, to understand that when you put someone in that kind of an environment — very loud, everywhere you go if you move even to see your therapist you’re shackled — it’s just a very vulgar environment. I refer to it as a very toxic environment.”

” ... Everywhere you go if you move even to see your therapist you’re shackled — it’s just a very vulgar environment,” said former prison psychologist Bradly Boivin. Legislative efforts to curb the use of solitary have been unsuccessful. Assembly Bill 1001, introduced in 2016, would have required the state DOC to “develop evidence-based criteria for confining a prison inmate in a solitary cell” and an audit by the Legislative Audit Bureau on the state’s use of solitary confinement. Senate Bill 803 would have prohibited the use of solitary for any offender under age 18. Both bills, proposed by Democrats, died without a hearing.



In March, Democratic lawmakers led by Sen. LaTonya Johnson of Milwaukee proposed restricting solitary confinement for any inmate with a serious mental illness to no more than 10 days.

DOC spokesman Tristan Cook said the agency already has made some changes. The number of inmates with serious mental illnesses in solitary dropped from 155 inmates to 91 inmates between April 2015 and April 2016, and the number of inmates in administrative confinement with serious mental illnesses has decreased from 11 to 10 inmates,

Mental health status questioned

The Wisconsin Center for Investigative Journalism last year sent surveys to more than 100 inmates held in administrative confinement, a form of solitary in which the length of confinement can go on for years, even decades.

Some inmates said in response to the Center’s survey that the severity of mental illness among some prisoners in administrative confinement had been downgraded recently by prison officials.

Rayshun Woods, a 30-year-old inmate who spent three years in administrative confinement at Waupun, said he heard from others that their mental health status had been changed to make it appear there were low levels of serious mental illness among inmates in solitary confinement.

According to DOC policy, MH-2 is the highest classification of inmates with serious mental illnesses. It is those inmates, Cook said, that the agency is seeking to move out of restrictive housing. “About the mental health classification,” Woods wrote, “it came out that inmates with MH-2 are not fit to be in solitary confinement or (administrative confinement), so what they did was drop a lot of inmates’ classification (down) just so they will not have to release them from (solitary confinement).”

Boivin said in his professional opinion, the DOC’s mental health classification system is “arbitrary.” He noted that the agency does not classify antisocial personality disorder — in lay terms often referred to as psychopathy or sociopathy — as serious mental illness because “so many inmates are diagnosed with it.”



Rayshun Woods said he heard from other inmates at Waupun Correction Institution that their mental health status had been changed to make it appear there were low levels of serious mental illness among those in solitary.

Scott Walker
Governor

Edward F. Wall
Secretary



State of Wisconsin
Department of Corrections

Mailing Address

3099 E. Washington Ave.
Post Office Box 7925
Madison, WI 53707-7925
Telephone (608) 240-5000
Fax (608) 240-3300

DATE: July 22, 2015
TO: DAI Wardens
FROM: Cathy A Jess, Administrator
Division of Adult Institutions
SUBJECT: MH-2 Code Review

In our Restrictive Housing workgroup, we are making changes to several policies that will lead us to pay closer attention to inmates with MH-2 or Intellectually Disabled (ID) mental health codes who are in the disciplinary process or are in Restrictive Housing (RH). For example, we have finalized policies that require.

- Security director consultation with psychology staff when an MH-2A, MH-2B, or ID inmate is placed in TLU.
- Completion of form DOC-3509 (Psychology Input for Security Decisions) for all MH-2A, MH-2B, or ID inmates who receive a major conduct report.

We are also in the process of creating a Behavior Management Plan policy, which will require completion of a multi-disciplinary Behavior Management Plan within 10 days of an MH-2A, MH-2B, or ID inmate receiving an RH disposition of 60 days or more.

Clearly these initiatives will require that we realign our resources, priorities and practices. As a starting point, we would like to ensure that all MH-2A and MH-2B codes are accurate and current **Please direct your psychology staff to review all inmates in your facility with MH-2A, MH-2B or ID codes by November 15, 2015, with respect to accuracy of the codes.**

Since inmates with these codes should already be monitored at a minimum of three-month intervals, for the most part this review can be completed as part of the routine clinical monitoring schedule. No additional documentation is required. To be clear, we are not necessarily looking for numbers of MH-2A, MH-2B or ID inmates to decrease. Rather, we would like to ensure that we are working with an accurate data set as we move forward with new initiatives.

Thank you for your attention to this matter and to our new initiatives as we go forward.

cc: John Paquin, DAI Assistant Administrator
Jim Schwochert, DAI Assistant Administrator
Jim Greer, BHS Director
Kevin Kallas, BHS Mental Health Director
Gary Ankarlo, BHS Psychology Director

Tale of two solitary confinement practices: WI and COLORADO

By Dee Hall center for Investigative Journalism; www.wisconsinwatch.org June 12, 2016

Former Wisconsin Department of Corrections chief Rick Raemisch is leading the push in Colorado to reduce isolation, which many believe is torture .

CAÑON CITY, Colo. — Rick Raemisch sits on the concrete bed in a cell, one of 948 empty rooms in the shuttered Centennial South Correctional Facility. He is recalling the day — actually just 20 hours — that he spent in solitary confinement at the state prison next door.

As he looks around the white-walled room, Raemisch declares it fairly similar to the 7-foot by 13-foot cell where in 2014, as head of Colorado's corrections system, he had himself locked up.

In this cell, he notes the tiny window looking out toward a gravel yard and a concrete wall. There is a stainless steel sink, toilet and a mirror made of metal. The solid purple door has a narrow slot that looks out to a common area. "The problem with this cell, there's nothing to count," Raemisch says, noting the smooth walls. "There's no chips. There's no scrapes. There's no dents. You got nothing to count in here."

Raemisch found himself pacing, losing track of time and counting nicks in the wall to occupy his mind. And he was there for just 20 hours — not the 20-plus years some Colorado inmates had endured before the state eliminated indefinite use of solitary confinement. The reason this cell at Centennial South remains relatively unmarked is that, except for about two years from 2010 to 2012, it has not been used. Colorado's rapid shift away from solitary confinement — from 1,500 prisoners in 2011 down to 185 as of May — has left the state with a \$200 million empty all-solitary prison in City.

Rick Raemisch is the executive director of the Colorado Department of Corrections . He was Secretary of the Wisconsin Department of Corrections from 2007 [until Gov. Scott Walker](#) took office in 2011. A Republican, Raemisch was an assistant district attorney and sheriff in Dane County and a federal prosecutor before taking Wisconsin's top corrections post.

Says Raemisch: "I'll tell you right now, segregation doesn't work — at all."

Colorado's decision to curtail the use of solitary confinement — which the state of Wisconsin has begun to do — offers lessons for the Badger State that Raemisch is uniquely positioned to offer.

Before the changes, Colorado held some violent or hard-to-manage inmates in isolation for more than 24 years. The state eliminated the use of such long-term, indefinite solitary confinement in 2014; inmates now serve no more than one year in that status, formerly known as administrative segregation and now called restrictive housing-maximum security.

In Colorado, prisoners confined for disciplinary infractions within the institutions now serve a maximum of 30 days at a time, with just a few exceptions. During those stints, inmates are allowed at least four hours a day out of their cells along with other inmates.

Colorado also has banned the use of seclusion for any inmate with a serious mental illness.

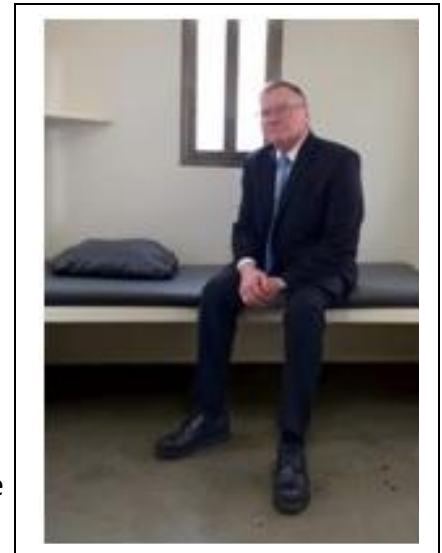
Earlier this year, Raemisch took a Wisconsin Center for Investigative Journalism reporter on a tour of three Colorado prisons, allowing access to staff and prisoners.

By contrast, requests by the Center for access to a so-called restrictive housing unit in one of Wisconsin's prisons, to interview an inmate in solitary or to discuss the state's solitary confinement policy with an agency official were all rejected. A DOC spokesman cited security concerns and a rule that bans media interviews with prisoners in solitary.

Wisconsin Department of Corrections

Inmates can spend years, even decades, in a cell like this one at Waupun Correctional Institution under so-called administrative confinement. Colorado and California have eliminated the use of such indefinite solitary confinement. That is not the only difference between the two states. Colorado has several factors that helped it make major changes to its 20,000 -inmate system that Wisconsin lacks, including:

A bipartisan commitment by top political leaders from Democratic Gov. John



Hickenlooper on down to reduce solitary confinement; A vigorous prisoner advocacy community that meets regularly with Raemisch; and

Transparency about the treatment of inmates and safety within the prisons, including annual [reports to the Legislature](#) and a constituent services office that handles complaints.

In Wisconsin, the number of prisoners in solitary also has dropped, a reduction of nearly 300 to 827 as of late March. Officials say it is due to reduced terms implemented in 2015 for disciplinary infractions.

In addition, 116 inmates are in indefinite administrative confinement for prison safety reasons. Prisoners at Waupun Correctional Institution were set to begin a hunger strike June 10 in an effort to eliminate such long-term solitary confinement.

The conditions in administrative confinement in Wisconsin — which are similar to solitary and include 23 hours or more per day in a cell with little human contact or access to natural light — can last for years. In April, Waupun Correctional Institution inmate LaRon McKinley Bey [sued the Wisconsin DOC](#) over what he charges is mental torture and physical deprivation during more than 25 years of administrative confinement.

Colorado is not superior to Wisconsin on every measure. Between 2001 and 2013, [19 inmates were killed by other inmates in Colorado state prisons](#), according to the U.S. Bureau of Justice Statistics. By contrast, Wisconsin prisons had no homicides during that time.

And in Colorado, there are now occasional inmate fights in restrictive housing as prisoners are allowed to congregate in common areas instead of being completely isolated from one another. “There’s scuffles. There’s fights,” Raemisch said. “When you put people together, that’s going to happen. But the majority have not been serious.” And agency figures show assaults on corrections staff are down sharply.

Stir crazy in solitary

As he planned his own stint in solitary back in 2014, Raemisch imagined it would be a good time to catch up on sleep.

Instead, Raemisch found himself counting nicks in the wall. He paced. He lost track of time. He craned his neck to catch a glimpse of sky, and he strained to hear a nearby inmate’s TV. The yelling and glare of lights kept him awake for all but a few minutes at a time. At 11 a.m. the next day, he broke his own rule and asked what time it was. Still four hours to go.

The experience, which he also recounted in a [New York Times column](#), left Raemisch shaken — and more determined than ever to finish the job his late predecessor, Tom Clements, had started: to end solitary confinement in Colorado’s prisons.

This \$200 million prison in Cañon City, Colorado was opened in 2010 exclusively to house prisoners in solitary confinement. It is now vacant because of the Colorado Department of Corrections’ decision to severely curtail use of isolation. Officials are considering turning the 948-bed facility into a reentry center to help inmates prepare for life after prison.

Speaking perhaps as much for himself as for the [estimated 100,000 U.S. prisoners a year](#) who endure a form of isolation, Raemisch said, “If we put you in there for 23 hours a day, you’re going to come out tattered.” “I’ll tell you right now,” he added, “segregation doesn’t work — at all.”

Raemisch’s experiment reinforced his opinion that use of solitary can exacerbate violence and mental illness among prisoners. Colorado’s overuse of solitary confinement was “sending people out worse than when they came in.” “You can’t put someone with a mental illness in a 7-by-13 cell for 23 hours a day and let the demons chase them around,” he said. “So those who were severely mentally ill in the past, that’s oftentimes where they ended up — sometimes for years.”



Waupun cell



LaRon McKinley Bey was transferred to CO after a hunger strike settlement. he spent 27 years in Solitary in WI and is now in general population in CO.



In 2014, after hundreds of prisoners were returned to less-restrictive settings, inmate-on-inmate violence rose, according to the most recent eight years of data provided by the Colorado DOC. From fiscal year 2008 through fiscal year 2015, the average annual number of inmate-on-inmate assaults was 432; in 2015 it was 520. And there were 723 fights in 2015 — the highest in eight years.

But assaults on staff decreased significantly. Between 2008 and 2013, there were an average of 262 assaults on staff per year. But those numbers dropped to 188 in 2014 and 160 in 2015.

Murder sparks leadership change

Raemisch became the executive director of the Colorado prison system [in 2013](#) after the well-liked Clements was gunned down on his front doorstep by an inmate [released directly to the streets](#) after seven years in solitary confinement. Colorado has officially ended this practice for public safety reasons.

The murder was sadly ironic: It was Clements, at the direction of Hickenlooper and following pressure from advocacy groups and the Legislature, who spearheaded the push to severely curtail the use of isolation in Colorado prisons.

Speaking in the corrections headquarters conference room with a view of Pikes Peak in Colorado Springs, Raemisch recounted the rapid reduction in the state’s solitary confinement population: 1,500 prisoners in 2011, about 700 in 2013 and around 170 as of January. That number was back up to 185 as of May, Colorado DOC spokeswoman Laurie Kilpatrick said.

Raemisch’s goal is zero.

When Rick Raemisch left Wisconsin to take over leadership of the Colorado prison system, Democratic Gov. John Hickenlooper gave him a mandate: Reduce solitary confinement. Today, fewer than 200 prisoners are confined in 22-hour-a-day isolation in Colorado state prisons compared to 1,500 in 2011.

During the interview, Raemisch addresses the allegation that the Colorado prison system was [overstating the success of his reforms](#), including whether such prisoners were continuing to be released directly from solitary. In December, without acknowledging any wrongdoing, the department agreed to pay its former statistician Maureen O’Keefe \$280,000 to settle her whistleblower complaint.

Raemisch disputes the claim that his department has “cooked the books.” “We’ve had people question our numbers. I stand by our numbers 100 percent. There’s no question. I always have and I always will,” Raemisch said, adding that his agency has been “transparent” about its operations.



Rebecca Wallace ACLU

Rebecca Wallace, staff attorney for the American Civil Liberties Union of Colorado, says Rick Raemisch has helped to make reducing solitary confinement “palatable” for other corrections leaders. Rebecca Wallace, staff attorney for the American Civil Liberties Union in Colorado, said she cannot verify every statistic, but she credits Raemisch and his predecessor for the agency’s “remarkable” data collection and transparency.

“Compared to what’s happening around the country, you can just go onto the DOC’s website and you’ll see a level of information that you’re going to see very few other places,” Wallace said.

Wallace was part of an ACLU team that examined the department’s data to determine whether the reported gains were real. While identifying several shortcomings, [the ACLU report](#) told Raemisch that his reforms have improved public safety and “the humanity of Colorado’s prisons.”

“We recognize that because of policy changes under your administration, hundreds of men and women have been freed from long-term isolation and no doubt hundreds more will never endure it,” the report concluded. “Your work and public advocacy are not just affecting prisoners in Colorado, but are having positive ripple effects across the country and abroad.”



Other prisoner advocates told the Center that the shift away from solitary in Colorado is real.

Christie Donner, executive director of the Colorado Criminal Justice Reform Coalition, has been fighting overincarceration and the use of solitary confinement for more than 20 years. This 1995 photo is from a protest of the state's first "supermax" prison, the Colorado State Penitentiary. Inmates at the formerly all-solitary-confinement prison are now allowed to socialize with one another and interact with staff outside of their cells for four to six hours a day.

Among them is Christie Donner, executive director of the Denver-based Colorado Criminal Justice Reform Coalition. Beginning in the mid-1990s, Donner led the opposition against solitary confinement, including protests against the prison that now stands vacant in the high desert 115 miles south of Denver.

Donner said solitary was a "popular" solution to make prisons safer for staff and inmates. "They always talk about gangs and murderers and sociopaths and really didn't have any acknowledgement at all — zero — that there could be any mental health risk, either for somebody who didn't have a mental health issue prior to going in, let alone for somebody that did have a mental illness when they went in," she said.

Donner said Colorado is leading the way in shifting corrections away from solitary. "It is not just policy and practice change. ... It's an actual attitudinal, cultural change within corrections as a profession," she said.

In Wisconsin, under a policy enacted in June 2015, the DOC has sharply reduced the maximum time in segregation for prisoners who violate prison rules, from 360 days to 90 days, with longer stints possible under some circumstances. But in practice, the Center revealed earlier this year that [some inmates were not aware of the changes](#) and had agreed to longer-than-maximum stints in isolation.

By comparison, Colorado currently has a maximum stay in restrictive housing of 30 days for most in-prison offenses. The exceptions are 60 days for murder and 45 days for manslaughter or kidnapping.

"When you start questioning everything, which is what we've done, does 30 days make any more difference than 15 days? The fact of the matter is, in our minds, it doesn't," Raemisch said. "So, 15 days is going to be the maximum number. We're moving toward that. We will get to that."

In the past, Colorado also confined some prisoners indefinitely for safety reasons; now the maximum for such administrative confinement is one year, Raemisch said.

"We are the only state that, when someone goes into restrictive housing, they know when they're going to come out, and the absolute maximum — absolute maximum — is a year," Raemisch said.

Less time in isolation

In fiscal year 2015, there were an average of 158 inmates serving [up to one year in restrictive housing-maximum security](#) in Colorado, spending up to 22 hours a day in their cells. The average length of confinement has dropped from 28 months in fiscal 2013 to eight months in fiscal 2015, according to agency figures.

For those with serious mental illness, isolation is banned. Now, such inmates must be offered a minimum of 10 hours a week outside their cells for therapy and 10 hours a week for other activities.

However, the ACLU was critical of a mass reclassification of mental health status launched in 2013 before Raemisch came on board that cut the percentage of prisoners listed as seriously mentally ill from 17 percent to 10 percent.

The report also found an "extremely high" number of prisoners were refusing at least part of the 10 hours a week of out-of-cell therapy, particularly group therapy. It recommended more mental health staff to provide individual counseling.

Raemisch said some prisoners are uncomfortable interacting with others after lengthy isolation. Clinicians coax them out using rewards such as extra canteen items or therapy dogs, he said.

Congregating for the first time

At Colorado State Penitentiary, where Raemisch served his solitary stint, Warden Travis Trani conducts a tour. Prisoners being confined for violating prison rules talk and play board games at tables in glassed-in common areas as



Christie Donner, executive director of the Colorado Criminal Justice Reform Coalition

the doors to their single cells stand open. These inmates are outside of their cells for between four and six hours a day in groups of between eight and 16, Trani said.

In the past, every prisoner was in his cell at least 23 hours a day. “They would come out one hour a day — or I should say one hour five times a week — and they would recreate in that area,” Trani said, pointing to an empty cell. “They’d be there for an hour, they’d be allowed to shower, then they would go back to their cell. One offender at a time ... The offenders never came out to congregate in these areas.”

In the gym, which had been closed to inmate use for 20 years until 2014, prisoners play basketball. When they leave the gym, they pass through a metal detector unrestrained.

A lawsuit by a mentally ill inmate forced construction of an outdoor recreation facility at the Colorado State Penitentiary seen here.

Until the facility is completed later in 2016, prisoners will continue to have recreation time indoors. Plaintiff Troy Anderson had sued after spending 11 years confined at the prison with no outdoor recreation.

A fenced-in outdoor recreation area also is being added to the prison, which will offer inmates access to sunshine for the first time. The project is the result of a [lawsuit](#) filed by Troy Anderson, a mentally ill inmate who had spent 11 years in solitary confinement there. Ruling in 2012, a federal judge described the prison’s conditions as “a paradigm of inhumane treatment.”

Laura Rovner, a University of Denver associate law professor who teaches in the school’s Civil Rights Clinic, says the Colorado Department of Corrections has shown “enormous progress” in reducing solitary confinement in recent years. “We won on the issue of the need for people to be able to go outside, and that it was a violation of the Constitution that they couldn’t,” said Laura Rovner, a University of Denver associate law professor who teaches in the school’s Civil Rights Clinic, which handled the case.

Rovner recalled one prisoner who had spent 20 years in isolation at the prison; she said his skin was “translucent” from lack of exposure to the sun. Rovner confirmed that the Colorado corrections system has shown “enormous progress” in reducing solitary confinement in recent years. “Certainly this is a very different universe than the one we were in four or five years ago,” she said.

Trani said the changes have been positive, but they have created some new security problems. “Right now we’ve averaged around 10 fights, assaults a month,” he said. “They’ve increased, obviously, because offenders are now coming out together — for the first time.”

In Wisconsin, inmates in solitary are allowed some out-of-cell time, but it is much shorter and, usually, it is alone. Corrections spokeswoman Joy Staab said in an email that each inmate in restrictive housing is offered at least four hours a week of out-of-cell recreation plus time for showers and medical appointments — nearly identical to the program Colorado has abandoned. Some inmates also receive out-of-cell time for meals, programming or additional recreation, she said.

Conditions improve for inmates

Colorado State Penitentiary inmate Elijah Beatty says there is more freedom but more potential for friction between rival gangs under changes to solitary confinement enacted in Colorado. Elijah Beatty is serving a 76-year sentence at Colorado State Penitentiary for a 1999 case in which he shot at a car in Colorado Springs with a father, mother and child inside. Beatty and the father had had a run-in earlier at a grocery store. Beatty, whose heavily muscled arms are covered with tattoos, agreed to an impromptu interview during a tour of the prison. Asked to compare his former stints in solitary confinement with his current status, Beatty said he now attends class with a teacher rather than having a book slid to him through a slot in the door. “We’re actually interacting with people,” Beatty said. “And we’re able to speak or we’re able to reflect, when before we were just stuck in a cell back then and we had nothing to reflect on. ... We just had our moods and got pissed off.” In the past, “We didn’t have nothin.” Now, he said, “We’re able to run around and play some basketball. So I can be fair and say recreation-wise, we’re able to do more now than we were able to do back then.”



Building of an outside recreation area per lawsuit mandate

But there are downsides. Beatty, 35, who is a member of the Crips, said the new approach can lead to clashes between rival gangs making “the penitentiary very unpredictable and a tad more dangerous.”

The reduction in solitary confinement also means Colorado now has a vacant prison in Cañon City costing taxpayers about \$20 million a year. Several ideas — including converting it to a pre-release center for inmates — have been floated.

Raemisch acknowledged that dismantling solitary confinement in Colorado has not been entirely smooth. But, he added, “There’s no question, at least in my mind and from our data, that the less you use segregation, the safer your facilities are.”

Reporting for this story was supported by the Solutions Journalism Network, the Center on Media, Crime and Justice and the Vital Projects Fund. The nonprofit Wisconsin Center for Investigative Journalism (www.WisconsinWatch.org) collaborates with Wisconsin Public Radio, Wisconsin Public Television, other news media and the University of Wisconsin-Madison School of Journalism and Mass Communication. All works created, published, posted or disseminated by the Center do not necessarily reflect the views or opinions of UW-Madison or any of its affiliates.

CO related material on FFUP site: www.prisonforum.org:

- 1) Rick Raemisch “My Night in Solitary:” <https://ffupstuff.files.wordpress.com/2017/02/my-night-in-solitary.pdf>
- 2) Policies and procedures of the Colorado DOC are to be found on FFUP site or CO website <https://www.colorado.gov/pacific/cdoc/policies-> or www.colorado.gov or on www.prisonforum.org
the policy for mental health interventions is one of these: AR-700-29 and is complete and provide a wise direction to for staff use when prisoner with mental health problems is in crises.
CO DOC health Intake process
CO DOC mental health assessment process
CO DOC grievance process

WWRC- WISCONSIN WOMEN'S RESOURCE CENTER

Model for Men's Prisons?

Mental Health Treatment Center, Rule and Policy Changes

Mandated through Lawsuit for the
Women's Prison in Fond du Lac ,WI

from Powerpoint Document published By the DOC

WHAT DOESN'T KILL YOU MAKES YOU STRONGER

Thriving Amidst Mental health Litigation

James Greer, RN, MSN- Bureau Health Services
Director

Michelle Harris- PsyD -TCI Psychology Manager

David Tarr- TCI Security Director

INITIAL INVESTIGATION BY US DOJ:TCI

MEDICAL/MENTAL HEALTH CARE FALLS SHORT OF CONSTITUTIONAL STANDARDS IN 6 DOMAINS

FAILING DOMAINS

1. Psychiatric Treatment
 - a. Psychiatric caseload exceeds maximum acceptable size
 - b. Inadequate support staff
 - c. Unreasonable delays in initial & follow-up appointments
 - d. Correctional officers distributing medications
- 2 Mental Health Programming
 - a Insufficient staff for timely screening and evaluation
 - b. No psychiatric inpatient facility
 - c. MSMU inmates unoccupied with little programming
 - d. Segregation inmates inconsistent access to psychiatry
 - e. No specialized training for MSMU staff
 - f. Lack of non-pharmacological treatments for Self-injurious Behaviors
3. Inappropriate Use of Observation and Segregation
 - a Punishing inmates for behaviors they lack control over
 - b. Lack of step down process to earn way out of segregation
 - c. Segregation/observation used to control dangerous behaviors C.
- 4 Mental Health and Medical Records
 - a Separate charts for PSU & HSU I
 - b. Important PSU data consistently unavailable.
 - c. Unacceptable delays getting records into charts
 - d Errors and Omissions on MARS
 - e No quality assurance mechanisms
- 5 Medication Administration & Lab Delays
 - a. Significant time between order and time of administration
 - b. Orders not consistently removed from charts in timely manner•
 - c. Delays in processing prescriptions at central pharmacy



photo tour inside

- d. Orders for labs not drawn in timely manner and unclear if performed
- e Lack of notification for medication refusals

6. Continuous Quality Improvement (CQI)

- a. Lack of quality assurance/improvement system
- b. Inadequate data system
- c. Monitoring prescribing requires hand count
- d. Lack of notes related to medication changes

B TCI'S RESPONSE TO INVESTIGATION REPORT -

What WI DOC DID IN RESPONSE TO Department of Justice report

1. Hiring Dr. Jeffrey Metzner as a consultant

- a) Initial review and recommendations

2. Staffing Requests

- a. Hiring
- b. Loan Forgiveness NHSC HPSA

3. Project Requests (WWRC, TREATMENT Annex, Segregation Addition)

- a) Construction costs for WWRC \$15,900,000
- b) Construction cost for TCI Treatment Annex and Segregation Addition \$8,256,000

Negotiating for Memorandum of Agreement (MOA)

- a) Consultant instead of court monitor.
- b) Content of MOA

CONTENT OF MOA MEMORANDUM OF AGREEMENT

TCI Standards

1. Serious Mental Health Needs: The State agrees to provide services to address the serious mental health needs of all inmates
2. The state shall retain sufficient psychiatrists to enable TCI to address the mental health needs of inmates with serious mental illness. The state shall ensure that inmates who are being treated with psychotropic medications are seen regularly by a physician or other licensed prescriber to monitor responses and potential reactions to those medications
3. Administration of Mental Health Medications: The state shall develop and implement policies, procedures and practices to ensure that psychotropic medications are prescribed, distributed and monitored properly and safely
4. Serious mental illness training: The state shall conduct initial and periodic training for all security staff on how to recognize symptoms of serious mental illness and respond appropriately.
5. Mental Health Screening: The state shall develop and implement policies, procedures and practices to ensure that all inmates receive adequate initial mental health screening by appropriately trained staff
6. Mental Health Assessment and Referral: The state shall develop and implement policies, procedures, and practices to ensure mental health assessments by qualified mental health professionals for those inmates whose mental health histories or whose responses to initial screening questions indicate a need for such an assessment. The

state shall ensure treatment for inmates with a serious mental illness, including for specialty care and regularly scheduled visits with qualified mental health professionals.

7. Mental Health Treatment plans The state shall ensure that a qualified mental health professional prepares and updates an individual mental health treatment plan for each inmate who requires mental health services The state shall also ensure that the plan is implemented Implementation of any changes to the plan shall be documented in the inmate's medical/mental health record

8. Crisis Services The state shall ensure an array of crisis services to manage the psychiatric emergencies that occur among TCI inmates. Inmates in segregation or observation status shall have access to the array of crisis services which are available to other inmates. Inmate shall have access to inpatient psychiatric care when clinically appropriate.

9. Treatment for inmates with a serious mental illness: The state shall ensure therapy, counseling, and other mental health programs for all inmates with a serious mental illness..

10. Review of disciplinary charges for inmates with a serious mental illness The state shall ensure that disciplinary charges against inmates with a serious mental illness are reviewed by a qualified mental health professional (a) to determine the extent to which the charge is related to a serious mental illness (b) to ensure that inmates who commit infractions resulting from a serious mental illness are not punished for behavior caused by the serious mental illness, and (c) to ensure that an inmate's serious mental illness is used as a mitigating factor, as appropriate when punishment is imposed on inmates with a serious mental illness

11. Procedure for inmates with a serious mental illness who are in segregation or observation status the state shall implement policies/procedures, and practices to ensure that inmates with a serious mental illness who are in segregation receive treatment.

New Standard of Care

1. Psychiatric Treatment

- a. Increased providers
- b. Full-time support staff
- c. Standardized timeframes
- d. Nurses distribute medications

2. Mental Health Programming

- a. Intakes seen within 2 business days/no more than 72 hours
- b. WWRC Built
- c. 10+ hours of out-of-cell programming per week
- d. Segregation psychiatric appointments scheduled
- e. Annual mental health training
- f. DBT

3. Inappropriate Use of Observation and Segregation

- a. psychological input into disciplinary process
- b. transition and step system
- c. GP inmates not placed in observation cells, no restraints during escort
- d. out-of-cell programming space and programs

4. Mental Health and Medical Records -
 - a. PSU chart provided at psychiatric appointment
 - b. Additional support staff for PSU
 - c. Transcription service
 - d. Documentation the MRs in will include a clear and consistent indication of whether the inmate received, refused or otherwise missed any doses of medication

5. Medication Administration & Lab Delays
 - a. Routine psychotropic medication orders processed and signed-off by nursing staff within twenty four (24) hours of being written.
 - b. Routine laboratory orders processed and signed-off within twenty four (24) hours of being written Specimens obtained within the time frame specified by the prescriber. -
 - c. Nonadherence Training
 - d. Medication pass times, sleepers at 7PM
 - e. Pharmacy delivery system

6. Continuous Quality Improvement (CQI)
 - a. Established CQI Committee, monthly meetings
 - b. Routine Audits
 - c. Inmate Complaints-Medical and Psychiatry

WWRC dayroom



WWRC dayroom



TCI FY 08-FY 09 Additional Positions - 2007 Act 20

Unit Summary & Position Summary

Prepared on: 6-20-2007

Unit Summary

<u>Monarch Unit/Segregation</u>	FY 09 FTE	Date
Psychologist Licensed - Phase 1	1.00	Oct-07
Psychologist Licensed - Phase 1	1.00	Oct-07
Psychological Assoc. A/B - Phase 1	1.50	Oct-07
Psychological Assoc. A/B - Phase 4	1.25	Jun-09
Licensed Practical Nurse - Phase 1	7.00	Oct-07
Total	11.75	

Mental Health Services - PSU

Psychiatrist Supervisor	1.00	Jun-09
Psychologist Supervisor - Phase 3	1.00	Apr-09
Psychologist Supervisor - Phase 4	0.50	Jun-09
Office Operations Associate- Phase 1	0.50	Oct-07
Office Operations Associate- Phase 3	1.00	Apr-09
Psychological Assoc. A/B - Phase 3	1.00	Apr-09
Psychological Assoc. A/B - Phase 4	1.50	Jun-09
Total	6.50	

A&E

Nurse Practitioner - Phase 1	0.50	Oct-07
Nurse Practitioner - Phase 4	0.50	Jun-09

Primary Care HSU

Nurse Clinician 2 - Phase 1	2.00	Oct-07
Nurse Clinician 2 - Phase 2	1.00	Jul-06
Nurse Clinician 2 - Phase 4	1.50	Jun-09
Licensed Practical Nurse - Phase 1	2.50	Oct-07
Medical Assistant 2 - Phase 1	2.00	Oct-07
Medical Assistant 2 - Phase 3	1.50	Apr-09
Medical Program Assistant Assoc-Phase1	2.50	Oct-07
Medical Program Assistant Assoc-Phase3	1.00	Apr-09
Total	15.00	

Totals 33.25

Position Summary

<u>Mental Health Positions</u>	Total FTE
Psychologist Licensed	2.00
Psychological Assoc. A/B	5.25
Psychologist Supervisor	1.50
Office Operations Associate	1.50
Psychiatrist Supervisor	1.00
Total	11.25

Health Care Positions

Nurse Practitioner	1.00
Nurse Clinician 2	4.50
Licensed Practical Nurse	9.50
Medical Assistant 2	3.50
Medical Program Assistant Assoc	3.50
Total	22.00

Totals 33.25

WWRC hallway



WWRC classroom



WWRC outside dayspace



# of positions	CLASSIFICATION
1	CLINICAL COORDINATOR
1	COOK 1
4	CORRECTIONS FOOD SERVICE LEADER 2
1	DIETETIC TECHNICIAN-CLINICAL
1	DOCUMENT PRODUCTION ASST
1	ELECTRONICS TECH AGENCY
10	FOOD SERVICE ASSISTANT 2
1	FOOD SERVICE MANAGER
1	FOOD SERVICE SUPERVISOR
1	HVAC/REFRIGERATION SPEC-ADVANCED
1	INSTITUTION COMPLAINT EXAMINER
1	INSTITUTION UNIT SUPERVISOR
1	LIBRARY SERVICES ASSISTANT
1	MEDICAL PROGRAM ASSISTANT-ASSOC
10	NURSE CLINICIAN 2
1	NURSING SUPERVISOR
2	OFFICE OPERATIONS ASSOCIATE
1	PAYROLL & BENEFITS SPECIALIST 2
1	PHARMACIST
1	PHYSICIAN
5	PSYCHIATRIC CARE SUPERVISOR
55	PSYCHIATRIC CARE TECHNICIAN
2	PSYCHIATRIST
2	PSYCHOLOGICAL ASSOCIATE(B)
1	PSYCHOLOGIST-LICENSED
2	RECREATION LEADER (A)
2	SOCIAL WORKER
1	SOCIAL WORKER-CLINICAL
2	TEACHER
1	THERAPIST-SENIOR
1	TRAINING SUPERVISOR

WWRC calming room



WWRC gym



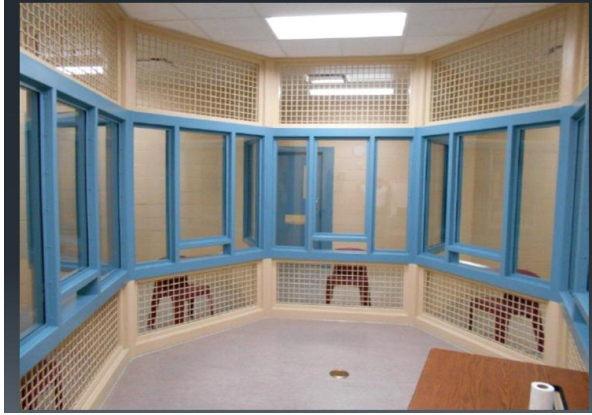
WWRC gym



WWRC inside cell



TCI Segregation Annex Pods



WWRC hallway



WWRC cell exterior



WWRC calming room



WWRC security core



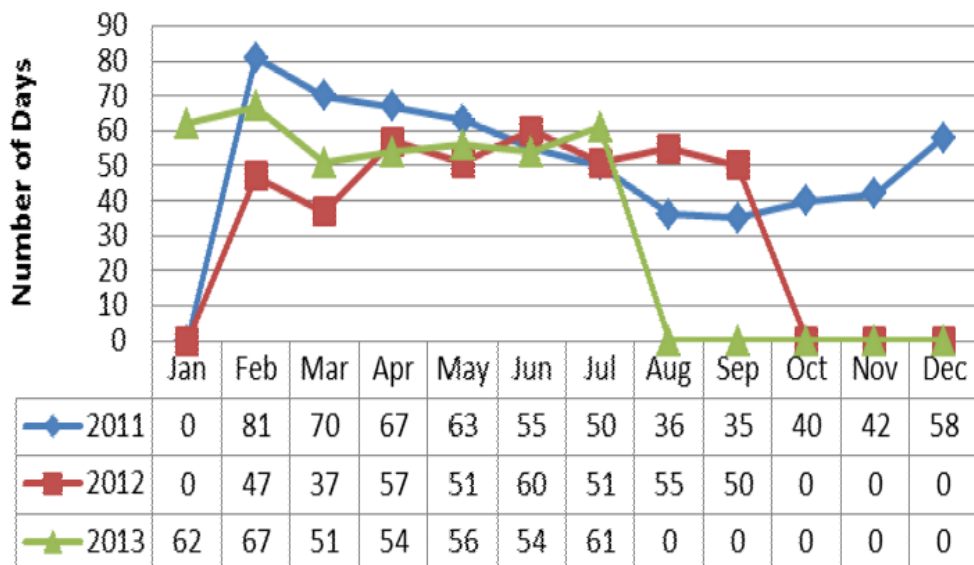
observation placements:

3509 Psychology Input into Disciplinary Process

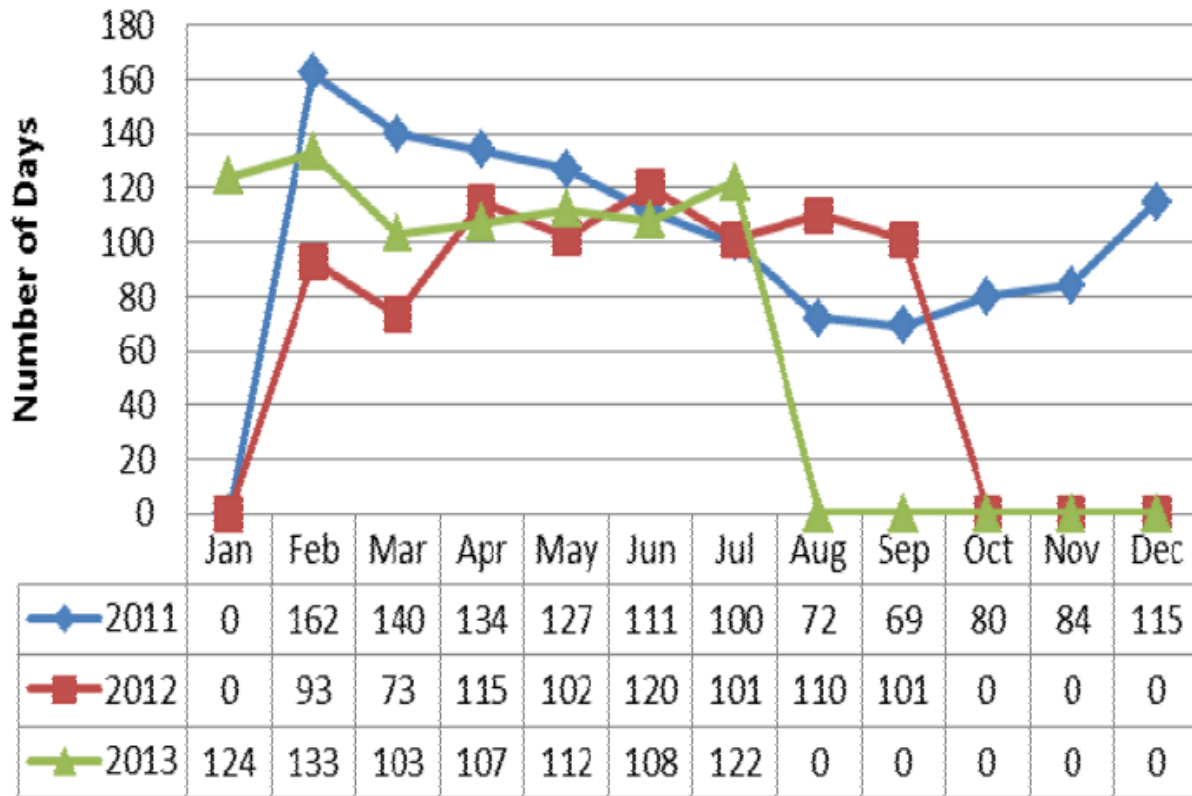
	2010	2011	2012	2013**
Number of DOC-3509 written	275*	391	421	229
Recommended mitigation	21	77	88	28
Reduced duration of DS	10	27	28	10
DS reduced to lesser discipline	4	12	12	3
Reduced duration of Room Confinement	1	9	7	0
Room Confinement reduced to lesser discipline	1	1	7	1
Did not use progressive discipline	1	3	1	0
No change in discipline	1	7	8	3
Reprimand	0	3	8	1
Dismissed	2	4	8	2
Not processed/Inmate Released	0	3	0	1
No outcome entered	0	8	9	7
Not Guilty	1	0	0	0

*Combination of old and new form
 **January through July

1/2 Time Average Number of Days in Seg



Average Number of Days in Seg



TCI Segregation Annex Pods



Observation Placements

Year	# of Placements	Average Duration
2007	207	Data unavailable
2008	215	4.55
2009	164	4.07
2010	145	4.48
2011	179	3.80
2012	184	2.64
2013 (to date)	87	2.02

TCI AVERAGE MONTHLY SEGREGATION COUNT
2004-July 2013

Housing Unit Count = 68

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
2004	58	49	51	54	48	47	54	55	54	48	44	61
2005	N/A	61	57	59	65	58	54	63	63	59	67	62
2006	N/A	58	62	60	65	60	52	56	57	65	62	63
2007	65	63	57	64	56	62	65	62	59	66	61	60
2008	65	58	61	62	55	60	55	62	63	52	64	63
2009	62	64	53	53	46	48	53	47	42	57	58	55
2010	58	55	66	56	65	47	59	59	45	54	63	54
2011	N/A	44	45	34	28	40	35	25	30	32	30	34
2012	36	40	41	42	34	41	48	35	35	49	40	52
2013	48	42	32	47	37	40	46	n/a	n/a	n/a	n/a	n/a

nearly Actual size of soap packet handed to indigent prisoners in solitary- not really enough for one wash up yet has to last for days. A major concern and one easily remedied. Hygiene needs to be available through vendors so families and friends can help and more soap needs to be made available on request for those without outside help.

INTERVIEW / INFORMATION REQUEST
SOLICITUD PARA INFORMACION / ENTREVISTA

I Request This Interview Information
Solicito esta Entrevista Información

Reason Razón:
I am requesting more than one tiny bar of state soap. GBCI is taking 100% of my state pay, therefore I can't even buy one bar of soap per month. One tiny bar per week is not enough.

Name/Nombre Erick Peterson
Number/Número 553835

Assignment/Asignación
freshscent

Information Requested/Información que solicita
one of these per week?

You should be issued up to three bars of soap bi-weekly. Please let me know if this is not happening

You will be interviewed Signed Carmen Scott
Será entrevistado Firmado
Will not be interviewed Dept.
No será entrevistado
Tao Green

Footnotes: Links to sources for Torture in Wisconsin Prisons OR

GO to www.prisonforum.org and go to pages at top for “LINKPAGE” or
put this link into your browser: <http://www.prisonforum.org/2020/01/links.html>

foot note links

#1(pg5) 1994 Full memo Governor Thompson to DOC Secretary Sullivan which had the effect of slowing paroles to a trickle:
<https://casesprison.files.wordpress.com/2020/01/a-thompson-sullivan-94-memo-2.pdf>

#2(pg9) CAT(CONVENTION AGAINST TORTURE AND OTHER CRUEL AND INHUMAN ,OR DEGRADING TREATMENT OR PUNISHMENT: in pdf Form:<https://casesprison.files.wordpress.com/2020/01/cat-inpdf-form-3.pdf> on web:<https://www.ohchr.org/en/professionalinterest/pages/cat.aspx>

#3(pg 10) *UN Standard Minimum Rules for the Treatment of Prisoners .The (SMRs) were initially adopted by the 1955, and approved by the UN Economic and Social Council in 1957.* Here are original 122 Rules :
https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf
Revised as Mandela rules in 2016 : summary: <https://ffupstuff.files.wordpress.com/2018/06/10nelson-mandela-rules-summed.pdf>

#4(pg 11)COLORADO BANS SOLITARY OVER 15 DAYS: /Denver press 10 12 17 (2 pages)
<https://ffupstuff.files.wordpress.com/2018/06/7colorado-bans-solitary-confinement-for-longer-than-15-days.pdf>

#5 (pg 11) October 2016 final report on solitary, Special Rapporteur Juan Mendez:
<https://ffupstuff.files.wordpress.com/2018/06/9special-rapporteur-two-reports-on-solitary.pdf>
web:<http://solitarywatch.com/2016/10/28/un-report-compares-solitary-confinement-practices-around-the-world/>

#6 (pg12) In November 2017 , Stanford University came out with a report citing devastating long term effects of solitary confinement: <https://casesprison.files.wordpress.com/2020/01/stanford-report-on-sol-long-term-effects.pdf>

#7 (pg12) In November 2017 , Long term solitary for anyone blasted by Supreme Court Justice Kennedy :)
<https://ffupstuff.files.wordpress.com/2018/06/8justice-kennedy-denounces-solitary-confinment.pdf>

#8(pg 13) Testimony of Former WI DOC Secretary after his night in solitary:)
<https://ffupstuff.files.wordpress.com/2018/06/6raemisch-my-night-in-solitary-2014.pdf>

#9(pg16) Administrative Confinement rules changed at opening of Boscobel Supermax- before and after compared.: <https://casesprison.files.wordpress.com/2020/01/admin308-old-and-new.docx>

#10 (page 18) links to 2 articles done by the WI Journal for Investigative Journalism :

- 1)sum: LaRon McKinley talks about what it is like being 27 plus years in solitary interview during hunger strike/<http://wisconsinwatch.org/2017/04/nearly-30-years-in-isolation-an-inmate-reflects-on-time-in-solitary/>)
- 2)Wisconsin watch hunger strike articles (2016) <https://ffupstuff.files.wordpress.com/2019/11/hunger-strike-2016-wiwatchorg.pdf>

#11 (pg19) EXPERT REPORTS FROM CA LAWSUIT AGAiNST Overuse and abuse of solitary-ASKER VS BROWN
Our collective learning of the effects of long term solitary was advanced a great deal with the expert reports in the solitary confinement suit that ended CA overuse in Asker V. Brown: <http://ccrjustice.org/expert-reports-ashker-v-brown>“Together, these reports provide an unprecedented and holistic analysis of the impact of prolonged solitary confinement, and document severe physical and psychological harm among California SHU prisoners as a result of their isolation.”

- [Collins Expert Report.pdf](#)
- [Mendez Expert Report.pdf](#)
- [Redacted Kupers Expert Report.pdf](#)
- [Coyle Expert Report.pdf](#)
- [Redacted Austin Expert Report.pdf](#)
- [Sparkman Expert Report.pdf](#)
- [Hawkley Expert Report.pdf](#)
- [Redacted Haney Expert Report.pdf](#)
- [Keltner Expert Report.pdf](#)
- [Lieberman Expert Report.pdf](#)

#12 (pg 23) rules that if broken, sends you to Disciplinary Segregation.(DOC 303.65 through 303.90)

https://docs.legis.wisconsin.gov/code/admin_code/doc/303

#13(pg25) diagnoses/mental health statuses changed- for convenience? cure by diagnosis? WI center fo Investigative Journalism about a psychologist who quit after finding these changes:<http://wisconsinwatch.org/2017/04/wisconsin-prison-officials-quietly-changed-mental-health-status-of-inmates-in-solitary-psychologist-says/>

t
#14 (pg 25) *From the United Nations Basic Principles for the Treatment of Prisoners, Adopted and proclaimed by General Assembly, resolution 45/111 of December 14, 1990:* .
<https://www.penalreform.org/issues/prison-conditions/standard-minimum-rules/>

#15 (pg 25)*Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)*
<https://casesprison.files.wordpress.com/2020/01/cat-inpdf-form-3.pdf/> or
web:<https://www.ohchr.org/en/professionalinterest/pages/cat.aspx>

#16 (pg 26) 122 Rules of the [Standard Minimum Rules for the Treatment of Prisoners](#) which were **revised** by the UN in 2015.

#17 (Pg26)Center for Investigative journalism does series on abuse by guards at WCI -2014 - sparks a few short lived reforms

1)<https://www.wisconsinwatch.org/2014/07/waupun-prison-guards-accused-of-abusing-dozens-of-inmates/>
2)<https://ffupstuff.files.wordpress.com/2019/07/wci-data-4.pdf>

#18 (pg 42)Then the Madison Central office of the Department of Corrections enacted several new policies call **DAI Policies** which were aimed at remedying the violations of the 8th amendment against cruel and unusual treatment . These new policies, also, are largely ignored and not enforced. **TWO EXAMPLES:**

<https://casesprison.files.wordpress.com/2020/01/dai-rh-policies-not-done-sum.docx>
<https://casesprison.files.wordpress.com/2020/01/dai-policies-not-followed-notes-2017.docx>

#19(pg 42)the Employment and Training Institute of the university of WI – Milwaukee found that WI has the highest incarceration rate of Black men ages 18 to 64 in the nation.(see chart and link to study in appendix

<https://ffupstuff.files.wordpress.com/2013/08/black-imprisonment-study-summary-1.pdf>summary in pdf form
<http://ffupstuff.files.wordpress.com/2013/08/blackimprisonment-1.pdf> whole study

#20(pg43) mental health treatment center in Fondu Lac WI.. home of Women’s prison TCI (Taychedah Correctional Institution), model for Men’s Prisons? word transcription in appendix) Power Point Close look at the mental health treatment center built for TCI, the women’s prison, as part of the lawsuit: Flynn Vs Doyle,06-C-

0537.<https://ffupstuff.files.wordpress.com/2018/06/3what-doesnt-kill-you-makes-you-stronger.pdf>
WORD transcription of powerpoint report on Mental health Center at TCI
<https://casesprison.files.wordpress.com/2020/01/tci-mh-clinic-overview.pdf>

#21 (pg 43 CO rules and more on their web: <https://www.colorado.gov/cdoc/CODOC.com>

#22 FFUP submitted parole guidelines and rules proposals that would reduce the population of release ready OL law prisoners safely and effectively. The guideline would need no legislation:

<https://casesprison.files.wordpress.com/2020/01/rule-proposal-alone.doc> parole rules and guidelines

#23 **EBR, Evidence-Based Response to Violations** can help end revocations without felonies: (effective 10/03/16):
<https://casesprison.files.wordpress.com/2020/01/eb-and-revocations.pdf>- these are guideline now and are mostly not followed