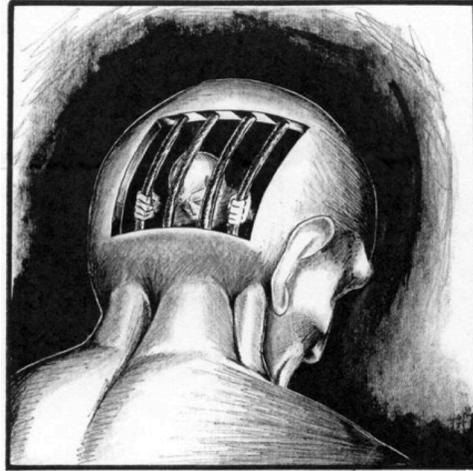


STILL BURIED ALIVE:



Captive, by Todd Tarselli

ARIZONA PRISONER TESTIMONIES ON ISOLATION IN MAXIMUM-SECURITY

Compiled by Matthew Lowen,
Testimonies by Prisoners in the Arizona
Department of Corrections

DECEMBER 2014

PUBLISHED BY
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**American Friends
Service Committee**

Quaker values in action

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Acknowledgements

This document is in honor of all the men and women in Arizona prisons who daily face the pain of incarceration and isolation. May their testimonies be heard beyond the prison walls and inspire long-lasting, powerful change.

Many thanks to the prisoners who took the time and energy to document their experiences of solitary confinement in Arizona prisons and share with AFSC. Thanks also to the interns who have contributed to this collection of testimonies: Victoria Perez and Alison Wood.

The cover image, *The Captive*, is an original work by Todd Tarselli, a prisoner in Pennsylvania. AFSC is extremely grateful to the artist and his willingness to have his work used in association with reporting on solitary confinement.

All other images contained in this report are publicly accessed photographs of the construction of the new maximum-security facility at ASPC Lewis.

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TABLE OF CONTENTS

I. INTRODUCTION	5
<i>A. Summary & Methodology</i>	7
II. YEARS OF ISOLATION	9
III. CONDITIONS OF CONFINEMENT	11
IV. IMPACTS OF ISOLATION	14
<i>A. Mental Health</i>	14
<i>B. Suicide</i>	16
<i>C. Physical Health</i>	17
V. PRISONER TESTIMONIES	21
VI. CONCLUSION	23
VII. RECOMMENDATIONS	24



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American Friends Service Committee, Arizona
December 2014

INTRODUCTION

*Nowhere in [the] Department of Corrections do we have solitary confinement.*¹

Arizona Department of Corrections (ADC) Director Charles Ryan made this claim on Wednesday, June 12, 2013, in front of the Joint Committee on Capital Review (JCCR). Director Ryan's dismissal of the fact that minimally some 2,000 ADC prisoners are confined to solitary confinement struck many as both bold and blatantly inaccurate. Same day articles in *The Arizona Capitol Times* and *The Arizona Republic* questioned this claim, as did human rights organizations including the American Friends Service Committee of Arizona (AFSC). For years AFSC has documented and criticized the use of solitary confinement and prisoner isolation in ADC facilities, specifically SMU I and Browning Unit, both located in Arizona State Prison Complex (ASPC) Eyman.

At the time, Director Ryan was presenting in front of the JCCR requesting approval for 500 new maximum-security prison beds at the Lewis Complex in Buckeye, Arizona. Director Ryan's above quoted statement was a response to a question by Senator Anna Tovar regarding how many of the proposed prison beds would be solitary confinement. These 500 maximum-security prison beds in ASPC Lewis will be modeled after existing facilities SMU I and Browning Units – which are exclusively designed for single cell long-term prisoner isolation. The additional beds are set to cost Arizona taxpayers an estimated \$50 million. Following Director Ryan's presentation to the JCCR, the funding was approved, and on December 1, 2014 the 500 beds are set to be available for holding prisoners.

In anticipation of the opening of the new maximum-security facility, ADC invited media representatives to view the nearly completed construction on November 7, 2014. The new unit is comprised of a total of 416 cells – 332 single cell and 84 cells that can hold two people – for a capacity of 500 prisoners. Craig Harris reporting for *The Arizona Republic* described the new cells like this:

¹ As quoted by Gary Grado in *The Arizona Capitol Times*, "Inmate advocates question claim that Arizona prison have no solitary confinement", June 12, 2013.

Each cell is about 12 by 8 feet, with a stainless steel toilet and sink. The bed is a concrete slab, which will have a mattress. At the head of each bed are electrical and cable outlets, which can be used for a television.²

As expected, these cells essentially mimic Arizona's supermax facilities, SMU I and Browning Unit in ASPC Eyman. When ADC opens the newly constructed maximum-security prison facility located in the Lewis Complex, it will be the first new state prison construction in years. This decision commits Arizona towards increased statewide incarceration rather than seeking cost-saving, evidence-based alternatives to incarceration as other states have recently begun exploring and implementing.



Director Ryan's statement that ADC does not use solitary confinement is critical to understanding the present day conditions of confinement for the 2,000 or more men and women held in long-term isolation, as well as those that might one day find themselves confined in in the new maximum-security facility. *The Arizona Republic* reported that Director Ryan does not consider their conditions to be solitary confinement "because inmates can easily communicate with other inmates", they "can also purchase televisions", and "have access to magazines and books."³ Based on years of reporting^{4 5} and monitoring, AFSC strongly rejects Director Ryan's obfuscation of the realities of prisoner isolation in the facilities he manages.

In response and in anticipation to the December 1, 2014 opening of the new 500 maximum-security prison beds, AFSC asked the men and women held in ADC facilities for their reaction. Specifically they were asked about Director Ryan's statement on solitary confinement compared to their own experiences of confinement. Their responses are overwhelming, poignant, and critical to the conversation about Arizona's imprisonment practices especially as the state commits to more restrictive forms of incarceration. Responses such as this:

*"The day to day conditions of confinement are horrendous. **For starters, Charles Ryan claims that we're only locked in our cells for 22 hours a day. Either this is another lie on his behalf or he just has no idea what's going on in his own facilities.** By policy, we're given two hours of "recreation in a small concrete box and a shower and every time we leave our cells we're strip searched and hand cuffed. These days are routinely canceled due to a "staff shortage" to conduct them. The other days of the week are 24-hour lockdown. The food they give us is*

² As quoted by Craig Harris, *The Arizona Republic*, "Critics question the need for new maximum-security prison near Buckeye", November 10, 2014.

³ As quoted by Craig Harris, *The Arizona Republic*, "\$50 million prison project advances", June 12, 2013.

⁴ AFSC Arizona, *Buried Alive: Solitary Confinement in Arizona's Prisons and Jails*, May 2007.

⁵ AFSC Arizona, *Lifetime Lockdown: How Isolation Conditions Impact Prisoner Reentry*, August 2012.

⁶ All bolding here and throughout this report of prisoner quotations has been added by AFSC for emphasis.

minimal and not enough to sustain weight. My mail takes up to two to three weeks to reach me. The “sanitation” of this place is deplorable. Cross contamination from staff is rampant and people regularly get sick as a result. Our “health care” is non-existent. It often takes up to one to three months to be pulled out and seen. The list goes on...” (R23)

Summary & Methodology

All of the testimony contained in this report was gathered by AFSC via mail communication with prisoners who were or are held in isolation conditions in the Arizona Department of Corrections (ADC). AFSC has long corresponded with thousands of prisoners over the years regarding prisoner resources, health issues, conditions of confinement, release information, and more. From AFSC’s database of prisoner contacts, 132 prisoners were identified as being held in SMU I, Browning Unit, or Perryville SMA. The men and women were mailed a simple questionnaire regarding the statements of Director Ryan and their experiences of confinement. The questions were as follows:

1. Time(s) Spent in Solitary Confinement/Lockdown/Isolation While in Arizona Prisons: (Briefly describe the amount of time and facility/unit where you were held in solitary confinement. Please include times that you were on lockdown but double or triple bunked as well. If there are multiple instances, feel free to list the various times.)
2. Is there anything about the conditions of your confinement while in solitary confinement/lockdown/isolation that you would like to share?
3. How has the time you have been held in solitary confinement while incarcerated in Arizona impacted you? Physically, mentally, or otherwise?
4. If you could say anything to Arizona Legislators, the Governor, or other policy makers in Arizona regarding the use of solitary confinement in prison, what would you say?

AFSC received responses from 41 individuals (39 men, and 2 women). They were at the time of their responses all held in SMU I, Browning Unit, or the Perryville women’s prison. Responses ranged from extremely succinct answers, to multi-page letters.⁷ The full transcription of the responses filled over 46 single-spaced pages and provided a powerful argument that the Arizona Department of Corrections does in fact use solitary confinement as a management tool. The selected quotes that will follow in this report are some of the most representative, powerful, and descriptive of the experiences of the men and women held in isolation in Arizona prisons. On one point every respondent was in agreement –

⁷ Nearly all of the respondents gave AFSC permission to publicly use his or her name in association with their written testimony, but not everyone. AFSC has made the decision to withhold the identities of the respondents, for reasons of individual safety. As such, each prisoner quote is referenced by the letter “R” and a number that simply indicates the order by which AFSC received and transcribed each response, such as R1. The intent of this anonymity is not to assign yet another numerical designation to prisoners, but rather to protect against the possibility of retribution for criticism of ADC and prison policy, as well as maintain a consistent reference point for each of the quotations.

solitary confinement exists in Arizona prisons and it is extremely damaging to every person who endures it. As one person wrote,

*“This is inhumane. I’ve seen many people mentally break down. I’ve seen the physical health of people deteriorate. Inmates that I know in here have committed suicide! The conditions are extremely poor. **Something has got to be done about this.** Why is the state being funded to destroy one’s mind? Why are the officials not being funded to repair one’s mind?” (R41)*

The primary goal of this report is to allow the voices of Arizona prisoners to be heard. Specifically those Arizona prisoners who have endured and continue to be held in conditions of solitary confinement and isolation, as they will be the people who are most directly impacted by the continued enthusiasm with which Director Ryan, the Arizona Legislature, and ADC employ the use of long-term isolation as a management tool.

Much has been written by AFSC, and elsewhere, regarding the horrific conditions of confinement⁸, the impacts of isolation⁹, and the dire lack of medical and mental health care provided to prisoners¹⁰. Indeed, the ADC just agreed to a settlement in the class-action lawsuit *Parsons v. Ryan*, which claimed that ADC had failed to provide adequate medical and mental health care to prisoners. The resulting settlement serves as a critical reminder of just how damaging solitary confinement in Arizona’s maximum-security prisons can be, and how powerful the voices of prisoners who experience that long-term isolation are when given an opportunity to be heard.

The following prisoner testimonies are necessary and needed voices to any conversation about prisons, criminal justice, sentencing reform, or responses to crime in Arizona. This report has been organized along the lines of the four original questions that AFSC asked of the prisoners. They correspond with the above listed questions (on page 7), and are titled: Years of Isolation, Conditions of Confinement, Impacts of Isolation, and Prisoner Testimonies. Largely these testimonies speak for themselves and AFSC has endeavored to allow them to do so, but the report also provides context and organization as needed.

The use of solitary confinement as a management tool in Arizona prisons is both real and tremendously damaging, contrary to what Director Ryan says. The opening of a new maximum-security prison in ASPC Lewis only means more prisoners will be held in isolation and more suffering as a result. This report, *Still Buried Alive*, is an extension of the previous reporting on solitary confinement in Arizona. It documents the experiences of the survivors of solitary and catalogues what they have to say about the impacts of their own confinement.

⁸ AFSC Arizona, *Buried Alive: Solitary Confinement in Arizona’s Prisons and Jails*, May 2007.

⁹ AFSC Arizona, *Lifetime Lockdown: How Isolation Conditions Impact Prisoner Reentry*, August 2012.

¹⁰ AFSC Arizona, *Death Yards: Continuing Problems With Arizona’s Correctional Health Care*, October 2013.

YEARS OF ISOLATION

Director Ryan's unwillingness to acknowledge the practice of solitary confinement in his facilities, let alone the conditions of confinement in the new 500 bed maximum-security unit in the Lewis Complex, is an affront to the men and women who have spent years in conditions of isolation. It is dangerous public policy and it is irresponsible as the Director of the Arizona Department of Corrections. The pages and pages of prisoner testimonies received by AFSC make it abundantly clear that the true experts on solitary confinement and long-term isolation in Arizona are in fact the people who have been surviving under these torturous conditions for years at a time.



Between the 39 respondents to AFSC's request for testimony¹¹, there is a combined total of 367 years and 7.5 months spent in solitary confinement. The average amount of time in isolation for each person quoted in this report is 9.4 years.¹² If anyone knows what it is like to spend time in SMU I, Browning Unit, the Perryville SMA, or any other lockdown conditions, it is the men and women who are quoted in this report. As such, these voices deserve to be heard, and their critiques of the ADC and its continued practice of solitary confinement in Arizona prisons.

*"I have spent about 9 years of my 21 years in prison in supermax lockdown. Too many to list by date. Several of those were at the Lewis prison being triple bunked in double bunk cells. **I was even placed into isolation cells at Lewis to where I had been in detention as a max custody inmate waiting to be moved to SMU I.**" (R3)*

*"I have been in solitary for about 5 different times. Every time I come back to the system I am brought back to solitary confinement, it doesn't matter what the crime is. I've probably done more time in solitary confinement than in general population. I know people tend to over exaggerate. I'm not that person. I will be straight. **This unit Browning and SMU I are lockdown units. Out of 168 hours per week we get 6 hours of rec.**" (R4)*

¹¹ Two of the 41 total respondents did not offer an answer to the amount of time spent in solitary confinement.

¹² Eight of the 39 respondents (who supplied information on number of years in solitary) are on Death Row. As Death Row prisoners inevitably spend a greater amount of time in prison – all of which is in solitary confinement – AFSC also ran the numbers excluding these individuals. Excluding Death Row prisoners, the total number of years in solitary confinement for the 31 remaining respondents added up to 216 years and 1.5 months, with an average of 6.97 years per person in isolation. Either way the math is done, there is an extraordinary amount of experience in these responses.

“It’s like locking yourself in your restroom at home for years. I will be here until 2017 or 2018. I have never had any real reason to put me here for this many years. Two drug cases.” (R4)

Repeatedly, the responses included references to being treated as, or worse than animals by being held for years in solitary confinement.

*“I have been locked up for 9.5 years – 7 years have been spent in lockdown. I have forgotten how to be around and deal with people. I am getting out in a year and a half and am a wreck. I’ve been kept in a cage on meds with no human contact, no programs, and am expected to get out and be normal. I’m well aware I broke the law and know why I’m in prison. I also know that most of us will be getting out. Why would you want to treat people like this, then set them free with no skills, not knowing how to deal with people, offering no programs, and wonder why so many return to prison for violent crimes. **[If] you treat humans like animals, they become animals. You’ll spend money on new prisons, but cut funding for everything that will help people stay out of prison.**” (R17)*

“So I’ve spent at least 10 years in isolation cells, including Pinal County jail, this makes me feel like a caged up animal! I’ll never ever put my dog on a chain again.” (R1)

*“Mentally this place is very noisy. Steel doors slamming. People talking over one another. People screaming all day. Toilets flushing. People banging at all hours of the day. You hear people talking to themselves. All the noisy noise bothers you. No way of blocking it out. It tends to take a toll on you. You can’t read because you get distracted. **Feel trapped like an animal in a cage.**” (R4)*

The frustration of prisoners is palpable as they confront the mere suggestion that the extreme conditions of their confinement are not in fact solitary confinement. Regardless of what Director Ryan chooses to label these conditions, they are decidedly inhumane.

*“**First I’d like to point out that Charles Ryan is either a straight liar, or he is so far out of touch with the daily operations of Arizona’s maximum custody facilities.** We are not locked in our cells 22 hours a day. We only come out of our cells three times a week, period. (And that is for an hour or two in a rec cell and then a shower.) ... I’m only permitted six hours out of my cell a week. So I don’t know what Charles Ryan is talking about.” (R18)*

CONDITIONS OF CONFINEMENT

Maximum-security prisoners held in SMU I and Browning Unit are according to policy allowed out of their cells three times per week for two hours at a time for recreation and a shower. Prisoner testimonies make it extremely clear that there is a distinct difference between ADC policy and implementation in these units. Even when policy is adhered to, the following descriptions in this section paint a devastating picture of what those conditions of confinement are like for a person.

*“I’ve essentially been locked-down since July 2009 and in my own experiences and personal observations I can attest to the fact that the conditions in this unit are not conducive to the physical, psychological, and spiritual well-being of those confined here – especially for those who are confined here indefinitely and/or are in solitary confinement. **Although these conditions may not appear overtly degrading to some outsiders, it is the subtle torture of the day-to-day month-to-month, and year-to-year passing of precious time under these oppressive, alienated conditions that truly makes confinement here such a dehumanizing experience.** Conditions such as these will always have a decaying and detrimental effect on human beings and society-at-large unless improved.” (R11)*

Of particular note, prisoners rejected any notion that the conditions of their confinement were anything short of solitary confinement. Even the stated policy that prisoners are kept for no more than 22 hours per day in their cells was roundly objected to in their descriptions of day-to-day practice.

“We are actually locked in our cells 24 hours a day. We do get recreation time six hours per week. So every other day we are allowed two hours out of our cells which then we are taken to (another solitary confined cell outside) and that is considered recreation time.” (R15)

*“Well first I would like to bring up something that was stated by ADC Director Charles Ryan to the hearing committee: that inmates spend 22 hours a day in their cells. **That is a direct lie.** Where I am at [Browning Unit] we are held in 24-hour lockdown, except for the following days and times: Monday, Thursday, and Saturday. Those days we get two hours recreation in an enclosed rec pen. In my case as well, he lies because I have “no” violent crimes keeping me in lockdown.” (R19)*

*“It doesn’t matter if a convict is locked in a cell with another convict as long as such convict is confined to a cell 24 hours a day. That is considered solitary confinement – **in my opinion it’s worse when there are two in a cell confined 24 hours a day** because it’s more frustrating seeing a stranger every day and dealing with his habits and attitudes.” (R15)*

Prevalent among many of the respondents were concerns over their treatment by staff as well as staffing levels and how that impacted the already limited amount of out-of-cell time prisoners receive. Many questioned how ADC could expect to maintain proper staffing levels in a new facility when existing units are already having trouble doing so.

“ADC can’t even properly staff to capacity SMU I and Browning Units. It’s constantly under-staffed which results in parts of the units and sometimes the whole unit being shut down – meaning no recreation and showers for that shift or even for the day. The shortage of staff (Corrections Officers) results in inmate frustrations causing harm to both inmates and officers.” (16)

“...the COs [Correctional Officers] treat us real bad compared to lower custody yards. They cuss at us, threaten us and ignore our issues. They do this because they say that we are “fuck ups”, inmates who don’t know how to behave themselves, so the only way we are going to learn is to be treated the way we treat others. I also believe they treat us this way because we are locked behind doors. They know that there is nothing we can do about their mistreatment and they can get away with it.” (R25)

*“The ADC is already short staffed and we lose rec[reation] and showers every month because of the short staff, rec & showers are never made up on another day. **How are they gonna pay to staff another supermax unit? They can’t staff this one properly.** How about ensuring that ADC follows the law properly and comply with the sentences given out. Following the law should not be that difficult for [the Arizona Department of Corrections]?” (R13)*



When one is locked in a cell all day, food and sustenance can become one of the only things to look forward to for prisoners. Over and over again, prisoners described the food as often being delivered cold and in far too small servings to fill one up.

“The food isn’t enough to fill up a 12 year old... The water tastes like chalk! ... It’s made me worse off than ever! Physically, I’m drained with no energy! Lack of food! 1 sack lunch for breakfast and lunch! It only contains enough food for one lunch! And then dinner is a joke. I’ve ate better in soup kitchens, than here!” (R1)

The pain of solitary confinement is overwhelmingly evident in the ways that prisoners catalogue the suffering of their daily isolated existence.

*“Isolation at Browning Unit is 24/7. Time spent in a shower is worse isolation than cells. Time spent at recreation in a 10’ by 20’ concrete box with 20’ high walls is still isolation. You see no one, there is no one to converse with. There is no activity except to stand, exercise, or walk in a circle. This is harsher than being in the cell. Most people do not have regular visits. This is still isolation, being locked in a box with glass between you and the visitor. Going to medical is usually associated with an illness. Plus, most people rarely go to medical. **We can talk to our neighbors, we cannot see them. There is no window. No together time.** We have to shout over the run and hearing is not easy. Browning is 24/7 isolation. We do not get one hour a day outside of a locked box. We leave one box and go to another box.” (R21)*

*“**It is a breeding ground for violent behavior** with no benefit for the inmate nor the public because 90 percent of all inmates leave the solitary confinement experience 10 times worse than when they got here.” (R2)*

IMPACTS OF ISOLATION

*“I am not sure anyone can answer this question. **It is not easy living in isolation. You can become a bit crazy I think, but how do you know? I know it has impacted me negatively.** I talk to myself more. I feel frustration a lot when I start to wonder why ADC wants to make prison so difficult. I’m a model prisoner, yet everyone here endures extra restrictions simply because we are here. What is worse, is that it is not required to be this difficult. ADC could add activity to the recreation box. ADC could let us come out of our cells into the pod for time out of cells. ADC could allow a better store menu. ADC could allow puzzles. ADC could turn off these bright cell lights for more than 6-7 hours a night.” (R21)*

Mental Health

The most commonly associated impacts of isolation are the impacts on a prisoner’s mental health. Even for periods of time as short as 15 days, isolation can have long-term consequences. It is widely documented that isolation exacerbates existing mental health problems, and can create new and dangerous symptoms of mental illness. Additionally, mentally ill prisoners are held in Arizona’s maximum-security facilities where isolation is employed at much higher rates than prisoners who have not been diagnosed with mental health issues. The resulting negative impacts of isolation on prisoners’ mental health have both immediate and long-lasting consequences.



In this selection of testimonies, these negative impacts on mental health are notable.

“Because the potential greatly exist to have health issues, diabetes, anxiety, depression, become less social etc... There is also absolutely no existing mental health treatment or programs available for inmates such as myself. Since the state of Arizona would much rather throw someone inside a cell and leave you to rot and fend for yourself. Because for the state it’s “too expensive” to cover the cost of programs for inmates who have to deal with mental health problems.” (R6)

*“Mentally, I’m breaking down each passing day! I have to put up four walls around me, to protect myself from all the screaming and crying – that you hear in here. It feels like hell is breaking loose. And it’s taken its toll on my life! I need meds just to cope. **I’m mentally unstable, insecure and I am anti-social. I never was like this before.**” (R1)*

“The impact has been distinctive, my memory is shot. I have a hard time remembering the short term/recent stuff.” (R13)

*“**Mentally it has caused me to want to end my appeals**, for numerous reasons. It has caused me to not be able to focus on the things that I do on a regular basis, to help pass the time. I am easily angered by what others say, even staff, and I have been trying to change that because that isn’t me.” (R10)*

Prolonged isolation is a serious health and safety risk. The impacts of isolation are more than simply dangerous for those prisoners who are already mentally ill upon arrival – isolation is causing mental illness, psychological deterioration, and leaving long-lasting emotional problems for people once they are released from prison. Many of the following quotes are full of anger and confusion at what each person is experiencing while isolated in maximum-security prisons, which sadly are extremely common symptoms of isolation.

*“Mentally it turns everyone into hateful individuals – **if you’ve never hated anyone before, go to solitary and start hating everyone**. Especially law enforcement and you will literally start plotting ways to kill people. Because one gets so lonely and deprived from human contact that your mind starts to entertain itself. It’s the worst. I’ve never ever hated anyone until I came to solitary and now it seems like it’s hard for me to get along with others. I would rather be in a cell by myself now because I’ve been in solitary so long. I can’t stand other people. It made me completely antisocial. **I’m getting close to being released, but I’m really scared because I don’t know what I’m going to do**. I’ve been in solitary so long I don’t know if I can function around normal civilians in the outside world.” (R15)*

*“**Indefinite solitary confinement has twisted my values**.” (R14)*

“It has made it very hard to be around people. I have gained weight, lost weight. I don’t want to leave my cell. I don’t like to leave even for visits. I have very depressing thoughts. I get mad and stressed for no reason. It is hard not to lash out at everything.” (R17)

*“I believe it has destroyed my ability to socially interact with people in the free world. I also believe it has severely destroyed my relationship with my family. **Also I believe that I was already psychologically impaired before I was placed in a “solitary confinement” setting, but being placed in it only magnified and compounded my issues**.” (R20)*

*“Mentally it’s hard to judge oneself. I have noticed that as the years go by I’m becoming increasingly withdrawn from people. The only face-to-face communication I have is when my family comes to visit me once or twice a year and even that is behind glass. When I do see them face-to-face it makes me anxious just because I’m not used to it and that’s with my own family. **I haven’t had contact with another person in almost 11 years**.” (R23)*

*“Being in solitary confinement [about 7 months total] made me so depressed I had to start taking medication for it and still take medication for depression today. **I believe that solitary confinement is cruel and unusual punishment to any inmate and it cause mental health problems in the future of anyone that has to go through it for any length of time. This should not be allowed anywhere.**” (R24)*

Suicide

One of the most common and most dangerous consequences of isolation is high rates of suicide and suicide attempts. Unfortunately in Arizona, the perils of isolation paired with the lack of adequate mental health care have resulted in a devastating increase in the number of suicides and prisoner deaths. During the first eight months of 2013 there were 8 deaths in the Eyman complex where SMU I and Browning Unit are located. Half of these deaths were suicides. Between 2011 and 2012, the suicide rate in Arizona prisons overall was found to be 60 percent higher than the rest of the country.¹³

“Being here in solitary confinement is not helping anyone mentally. Nor is it helping us to change our lives. What they are doing is breaking minds.” (R34)

Thoughts of suicide, severe depression, self-harm, and suicide attempts are all regularly reported by Arizona prisoners in letters to AFSC, and are among the common symptoms of prolonged isolation. Conditions of isolation in maximum-security facilities in Arizona are distressingly contrary to an environment where people can begin to find meaningful ways to cope with these serious suicidal ideations. The following quotes speak for themselves and the desperation is clear.

“This place will destroy one’s mind and one’s health. I’ve watched grown men break down and even kill themselves in here.” (R41)

“I’ve also seen inmates kill themselves, and go insane (behavior that was abnormal). And I’ve seen inmates treated beyond the scope of inhumane.” (R20)

“I almost committed suicide like other females are doing while locked down. I tried hanging myself and took a bunch of pills the second and third time.” (R8)

*“But it also stresses you out. It irritates your mind. That’s why my seizures have increased these past two years, especially this last year here in SMU I. **That’s why inmates are most likely to commit suicide in solitary than medium or minimum custody, and statistics prove that.**” (R21)*

¹³ AFSC Arizona, *Death Yards: Continuing Problems With Arizona’s Correctional Health Care*, October 2013.

*“The treatment and conditions I’ve been subjected to over the past 13+ months is something I wouldn’t wish on anybody. Nobody knows about it though. Inmates commit suicide because of it, but ADC denies that. Recently, I even heard a [Correctional Officer] tell a nurse not to tell anyone that an inmate who’d just killed himself had made suicidal threats just before his death. **We seem not to even be human to the guards.**” (R27)*

There is no reason that prisoners should be placed in conditions that create more harm. Maximum-security and isolation conditions in Arizona prisons are doing just that.

Physical Health

Often the physical toll of long-term isolation is overlooked and underestimated, yet can be just as long lasting as the mental and psychological impacts. The realities of isolation further the barriers between a prisoner and access to even a modicum of good health care in the best of circumstances.¹⁴ The physical confinement of isolation in a concrete cell where movement and individual exercise proves extremely damaging to the joints, muscles, and range of movement. Formerly incarcerated individuals often report chronic physical pain from years of isolation, as the body had deteriorated in ways that only being locked in a confined space for years at a time can do.¹⁵

Prisoners reported varied but consistent physical consequences of isolation. Repeatedly they raised issues of their formal Health Needs Requests (HNR) being ignored. Commonly prisoners went six months or more between doctor visits, meanwhile describing severe weight loss, hair loss, untreated medical ailments, and constant migraine headaches. Many of the reports were even graver.¹⁶

“It’s impacted me more than I probably realize. Physically we’re provided no room or equipment to exercise with. Our “recreation pen” is a small concrete box that’s roughly twice the size of our cell and there’s nothing in it except a handball. They leave bright fluorescent lights on in our cells for approximately 18 hours a day and I constantly have severe headaches as a result and am sure that it has damaged my eye-sight.” (R23)

“Physically it has caused me health issues with my lower back, legs, and other body parts due to medical problems of being seen on my chronic



¹⁴ AFSC Arizona, *Death Yards: Continuing Problems With Arizona’s Correctional Health Care*, October 2013.

¹⁵ AFSC Arizona, *Lifetime Lockdown: How Isolation Conditions Impact Prisoner Reentry*, August 2012.

¹⁶ For greater detail into the life-threatening examples of medical neglect in ADC facilities see *Death Yards: Continuing Problems With Arizona’s Correctional Health Care* (October 2013), and the class-action lawsuit, *Parsons v. Ryan*.

care. I have been waiting now for over 4 or 5 months to be seen on my diabetes checkup, and chronic care issues.” (R10)

*“I contracted MRSA in solitary confinement. **No medical was offered me by ADOC until I nearly died from septic shock from the MRSA.** I had my abdomen muscles amputated and have no belly button now, and my abdomen is held together by mesh in place of my muscles I lost.” (R28)*

“Currently it is directly placing my life in imminent danger of death! Due to SMU I only have like three nurses total on any shift. Back logs of patients I am not being seen for my stage 3 liver cancer. My HNR’s are not answered correctly, my attempts to take it to the FHA gets intercepted by the nurses and answered incorrectly. My pain goes unfixed. And knowing each day I sit in here I proceed closer to liver failure due to no medical attention. And I am at a custody level where I should be on an open yard not in max custody and would have better access to medical attention.” (R3)

Complaints about lack of recreation opportunities were frequent. Lack of exercise equipment, not enough time for exercise, and dramatic weight loss as a result were regular points of contention.

“We also don’t receive adequate exercise in here. Because our so-called recreation only consists of being placed in a 9 by 20 feet enclosure all by yourself and with only a racquet ball to play with or throw against the wall. We also are not allowed to physically interact with other inmates, people, nor family since all of our visits are conducted through an amplified glass window. We also are not permitted to either work, nor attend school, and although we are entitled of getting up to 6 hours of recreation a week. This recreation has to be used during your scheduled days for same time recreation and shower days 3 times per week, period!” (R6)

*“Physically – my weight was real low, without food or enough food to keep you full is a big strain on you. You can’t work out or do much because you burn the calories one dose try to maintain here, you feel tired, lazy, burnt out, and a person who doesn’t overcome the seclusion, loneliness, depression, isolation will snap or lose their mind. I know a hand full of people who committed suicide while here. People who are alright when they get here and later on are on pills for depression and if not they isolate themselves from others and break down. There’s a lot of anger that you build in this place. I wouldn’t have maintain “strong” if it wasn’t for my art, but even with that hobby, I find myself becoming a little off, distant, always upset, always thinking of food, lonely, not understood and unloved. **SMU is nothing but a human dog kennel, the only difference is a animal can get adopted, we can’t ... Some are just waiting to die, or to be put down like a dog...**” (R7)*

“During my first three years of lockdown here I rapidly lost weight and muscle mass due to the reduced diet, lack of any exercise equipment, limited recreation time,

and inability to afford commissary. I entered lockdown at a robust 205 pounds and briefly went back to a (general population yard at 162 pounds in 2012. I'm 6'3". I lost more than 40 pounds and had been experiencing fatigue, lethargy, and frequent dizzy spells. My starving body gained back 10 pounds during just the first week back on the yard, but now that I'm back in solitary confinement indefinitely my body and strength are suffering again." (R11)

*"Physically it's the worst because we can't move or walk or anything. We are in a small cell all day – what would you do? Sleep! All day and night and watch TV if you're lucky to have one. They don't let us work or do any programming at all. So while you we are in solitary one or two or three years it's all wasted time and physically it kills your muscles [and] turns most into either really skinny individuals because they don't have the money to buy food from expensive commissary. **So their body feeds of itself literally and those who do have money get fat and flabby.**" (R15)*

Concerns over under-staffing in ADC facilities, particularly of medical staff are especially concerning given the opening of a new 500 bed maximum-security facility in ASPC Lewis.

*"Yes, **the health unit here is horrendous, and this facility is severely understaffed.**... I've been diagnosed by this medical staff with "degenerative lumbar disease", and a heart murmur, and have been completely ignored. I've exhausted my administrative grievance process to no avail." (R20)*

*"I'm epileptic. I have had seizures since I was 15 due to brain damage and stress. But my seizures rarely occurred and were very minor up until I came to max. But even in max they were minor up to my second year in lockdown and all of the sudden I started having bad bad seizures. Going to the emergency room. Since 2011 I've been have gone to the hospital four times in two years. Solitary confinement for 23 hours a day is insane and doesn't help those who are trying to change their lives before their release date... **My seizures have gotten worse since I've been here in SMU I.** I've been to the ER in Florence two times. And that was only because the nurse just so happened to witness me black out and have a seizure twice. My seizures are getting worse and worse. Medical care in SMU I is understaffed. I've been waiting to be seen for over a month and have had back to back seizures at least three days a week." (R22)*

And regardless of these repeated complaints and overwhelmingly consistent criticisms, prisoners needs often go unheeded, ignored, or neglected:

"I did a grievance, last appealed to director Charles Ryan and won. He said I'd see medical within 30 days – well its been going on 2 months with no medical attention." (R35)

*“...For inmates who are older or have chronic illnesses things can be bad for them at times. I’ve seen many times where inmates complain of illnesses and medical would dismiss it as minor without conducting proper tests on them. When we complain that we have really bad headaches or cramps or breathing problems, **medical always just thinks we are over-exaggerating and will just tell us to drink more water.** There’s been many times when us inmates had to get together and cause a “disturbance” just so we could get attention and force medical to come see a fellow inmate.” (R25)*

PRISONER TESTIMONIES

There is a great deal of discussion over prisons and criminal justice in Arizona. Yet for all the decisions that are made and discourse surrounding these very important issues, the voices of the people most directly affected by laws, policies, and correctional spending remains absent from the conversation.

Prisoners are people, with families at home, and communities they've left behind – all of which they will almost certainly return to one day. Yet these prisoner voices are rarely sought out, and even more rarely listened to by policy makers. With the decision by the State of Arizona to spend \$50 million to build and open a new maximum-security prison, never once were the voices of prisoners who would be held in those future cells considered by Governor Brewer, Director Ryan, or the policy makers in the capital. For that reason, AFSC is giving them that chance with this report. Below are some final statements by maximum-security prisoners about their experiences in the most restrictive of confinements directed at those in the seats of power in Arizona.

*“On Wednesday June 12, 2013 ADC Director Charles Ryan claimed that solitary confinement does not exist in Arizona prisons. If a man is locked in a airtight naked cage alone for 23 hours each day, every day and they only take him out for a shower 3 times a week in a airtight cell or one hour recreation alone in a empty pin. **It is solitary no matter their double speak...** The Lewis Complex also has a CDU [Complex Detention Unit]. Each cell in the CDU [were] designed for one person. As usual, they manage to put inside the cell another bed. Inside the cell has no closet. Often, they put inside the cell four people. Two have to sleep with mattress on the floor and two have to sleep on their bunk. **This is only the beginning.**” (R39)*



*“I would say it doesn't work and does more harm than good. You can't expect an inmate to change just because you throw him in a cell for two or three years at a time and forget about him. You have to treat us, educate us, talk to us, offer us programs. When you throw us in solitary confinement and don't offer us any treatment we rot away, while at the same time becoming angry and bitter about being forgotten. You have to remember that most of us will be getting out again. So while you just lock us up and don't offer us treatment, you're not doing anything for us. **We remain untreated and just get kicked back out to society as the same people we were when we first came to prison.**” (R25)*

"I would implore anyone who has the power and authority to end the use of long-term, indefinite solitary confinement in any capacity to look beyond any myopic political motives in order to discern whether placing people under such torturous conditions serves the greater good of society or just some misguided agenda based on fear. I'd try to convince them to heed the findings of various scientific studies on the actual effects of solitary confinement." (R11)

*"I would say short of them showing up unannounced to walk through these facilities to talk to the inmates forced to live in these cells 23 to 24 hours a day and see for themselves how we live then they cannot trust in others who claim there is no solitary confinement in these prisons. I am proof, my DOC hard file and medical file prove all I have listed above! **No inmate in my current situation should be forced to sit in a max custody cell day in and day out begging for medical help for pain due to cancer and being ignored.** Then told this is not solitary confinement!" (R3)*

*"I would emphasize that they personally need to ask themselves: So what certain life expectations or productivity can an individual who's been placed decades in solitary confinement, segregation, etc...? **What can they look forward towards accomplishing if, or when they are released back into society?** And even more so if their mental illness has also gone untreated all those years without physical interaction with other people or with any structural rehabilitation." (R6)*

*"I would ask why they're continuing the practice of solitary confinement when it's statistically done nothing to lessen the amount of overall violence in prison which was its intended objective. I would ask why they're so intent on pursuing this failed objective. I would ask why they're so intent on pursuing this failed policy when all they have to do is look at such states as Mississippi to see how they've closed down their isolation units and added programs – excessively lowering their violence levels. I would ask them to stop rubber-stamping everything Charles Ryan says and look beneath the surface to uncover his lies and find that the vast majority of us do not deserve to be treated this way. **I would ask why they're treating us like animals and in a lot of cases turning us into animals when most of us will be re-entering these communities and neighborhoods. A healthier alternative for everybody would seem to be to keep us socially connected...give us jobs, programs, and opportunities...give us a chance!!!"** (R23)*

CONCLUSION

“Solitary confinement does not change us for the better. It makes us hate everyone and creates monsters within us. They make us who we are. I am speaking for the inmates that should not be in solitary when our classification points do not warrant our stay. We become aggressive and hostile towards people I don’t know.” (R35)

There is no evidence that solitary confinement has any benefits for the people who are held there, the staff that work there, or the community as a whole. To the contrary, the impacts on the men and women held in isolation are deeply damaging and long lasting. Yet Arizona has once again chosen to double down on solitary confinement with these 500 new maximum-security prison beds in the Lewis complex. Arizona is the only state in the country that is building and filling more maximum-security prison facilities, at a time that the ADC’s own statistics demonstrate vacancies and open beds. This \$50 million project will undoubtedly continue to cost the state in day-to-day management costs, upkeep, and higher staffing costs as all maximum-security facilities do. Arizonan’s will be paying the social and economic price of this new facility for decades to come.



*“Being in isolation is torture that **drives people crazy.**” (R32)*

Perhaps most critical, are voices such as those contained in this report that catalogue the human suffering that takes place daily and for years at a time while caged in isolation. These voices must be acknowledged and heeded from behind the prison walls if progress is to be made on issues such as public safety, mass incarceration, and sentencing reform. As the vast majority of prisoners one day return to the community, the experiences that they endure matter not just during their incarceration but for the rest of their lives.

*“Maximum facilities don’t need to be 24-hour lockdowns. But they should be monitored frequently with greater staff. SMU I is short staffed as it is! **And ADC is asking for money for another max facility?! That’s crazy.**” (R22)*

RECOMMENDATIONS

The Arizona Department of Corrections has decided to open the new \$50 million maximum-security facility in ASPC Lewis. While AFSC has strongly opposed this decision and use of public funds, and appealed to Governor Brewer to change her mind, unfortunately this facility is set to be filled with prisoners beginning December 1, 2014. However the manner in which these prisoners and other maximum-security prisoners are treated is still something that ADC Director Ryan and Governor Brewer have the ability and authority to dramatically alter.

The testimonies of maximum-security prisoners contained in this report offer a clear roadmap to changing the practice and impacts of long-term isolation in the Arizona Department of Corrections. Based on these testimonies, extensive prisoner communication, and years of monitoring the conditions of confinement in Arizona prisons, AFSC makes the following recommendations. They are straight forward, common sense, and necessary for increased public safety for everyone.

- 1. ADC must limit use of isolation for ALL maximum-security prisoners regardless of their mental health score.** Isolation is damaging to all people who are held in such conditions. In order to ensure that higher numbers of people do not develop Serious Mental Illness, there must be greater restrictions on the amount of in-cell time for all prisoners.
- 2. ADC should move towards full compliance with the *Parsons v. Ryan* Settlement Agreement as quickly as possible.** The Settlement Agreement in *Parsons* is a critical step in the right direction for Arizona. AFSC believes that ADC should take every possible step to meet and exceed the compliance benchmarks in the Settlement ahead of schedule.
- 3. ADC should improve access to out-of-cell medical and mental health care.** The conditions of one's confinement should in no way hinder the ability of prisoners to request and receive medical and mental health care. Yet repeatedly AFSC receives reports of Health Needs Requests being ignored and/or slow in response time. ADC needs to make medical and mental health a top priority in its management policies.
- 4. Increase the number of and access to educational programming, jobs, and group activities throughout the ADC.** One of the biggest shortcomings of maximum-security facilities according to prisoners who are held there is the lack of programs and out-of-cell activities. All manner of programs are critical to the eventual successful reentry of prisoners to society, and they should be expanded to include prisoner access regardless of their security status.



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