



SOLITARY CONFINEMENT

INHUMANE, INEFFECTIVE, AND WASTEFUL

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EXECUTIVE SUMMARY

Around the world and increasingly in the United States, there's a growing consensus that solitary confinement of incarcerated persons is, at best, an ineffective and inhumane practice with little or no carceral benefit and, at worst, outright torture.

Yet, on any given day, the Florida Department of Corrections (FDC) holds approximately 10,000 people – more than 10 percent of its population – in solitary. The nationwide average was 4.5 percent in 2018.¹

Numerous studies have shown that solitary confinement harms a person's mental and physical health, as well as the community to which the person eventually returns. People in solitary, in fact, attempt suicide at a much higher rate than those in the general population. What's more, solitary is disproportionately used for people with mental illnesses, people of color, and people with disabilities.

In the late 1990s, the FDC was sued by a statewide class of incarcerated people because of its dangerous and inhumane solitary confinement practices.² That lawsuit, *Osterback v. Moore*, resulted in limited reforms. Unfortunately, after the *Osterback* settlement, solitary confinement in Florida's prisons did not end, it merely evolved.

The FDC's failure is compounded by the fact that Florida keeps far too many people in prison in the first place. With one of the highest incarceration rates in the country,

the state spends more than \$2.4 billion a year to imprison more than 96,000 people. That's the third-largest state prison population in the United States.³

Although the number of people admitted to Florida prisons has trended downward over the last decade, the overall prison population has not decreased at a proportionate rate because of increases in sentence length and rules restricting early release.⁴ In addition, the state cut substance abuse and mental health programs for incarcerated people in 2018.⁵ The prison system also has experienced chronic staffing shortages.⁶ This environment only heightens the prospect that an incarcerated person will be placed in solitary; because the system is strained, prison officials too readily resort to solitary for discipline – or in the case of overcrowded facilities – for housing.

Solitary confinement does not improve public safety. Studies show that when people who have been in solitary return to their communities, they are more likely to commit crimes than those who were not subjected to it. Other states have recognized the wasteful and destructive nature of solitary confinement and have adopted more humane and less costly alternatives.

It's time for Florida to recognize that solitary confinement is not the answer; rather, it is part of the problem.



WHAT IS SOLITARY CONFINEMENT?

Solitary confinement is commonly understood as the physical isolation of people confined to their cells for 22 to 24 hours a day.⁷ In solitary confinement, a person rarely has any contact with other people.

In Florida, it is known by a variety of names. While there are technical differences between the categories of solitary, they share multiple inhumane aspects. People in solitary confinement are detained and have limited contact with other human beings. They also face strict regulation of when they can leave their cells or even shower.

The less restrictive forms of solitary confinement mandate that an individual only be allowed outside access for two hours, three days a week. The most restrictive form prohibits any outdoor access until after 30 days in confinement, and then only for two hours twice during a 30-day period. The United Nations considers solitary confinement for more than 15 consecutive days – a period often far exceeded in Florida’s prisons – to be torture.⁸

People subject to solitary confinement for any notable amount of time experience increased instances of mental health episodes, such as anxiety, depression, and even psychosis.⁹ These consequences are not limited to individuals with existing mental health issues; people who are otherwise mentally healthy are at an increased risk of developing mental health problems once in solitary confinement.¹⁰ Tellingly, individuals in solitary confinement attempt and die by suicide at a much higher rate than those in the general prison population.¹¹

In light of such findings, it shouldn’t be surprising that many jurisdictions have voluntarily reduced their solitary confinement populations. A nationwide survey shows that the overall solitary population went from approximately 100,000 in 2015 down to 68,000 in 2016.¹² But Florida has not been part of the downward trend. A whopping 10 percent of Florida’s prison population is relegated to solitary confinement, whereas the nationwide average was 4.5 percent in 2018.¹³



SOLITARY CONFINEMENT IN FLORIDA

Forms of solitary confinement in Florida

Solitary confinement in Florida takes four different forms: maximum management, close management, disciplinary confinement, and administrative confinement.

Maximum Management

Maximum management, for people prison officials deem to be an extreme security risk, is used at the maximum security Florida State Prison. It is the most extreme form of solitary confinement in Florida. Individuals are kept in single-person isolation cells, locked in a cage within the cell, with no natural light. People in maximum management are never allowed personal visits or phone calls. Reading materials are limited solely to a religious text, and out-of-cell time is extremely limited.

As of Dec. 7, 2018, there were 12 people in maximum management. As many as 18 people were placed in maximum management at one time in 2018. There are a limited number of maximum management cells available and a complicated procedure to place people there. While the numbers may seem small, the effect of this type of confinement is profound. Once in maximum management, the SPLC has found that, on average, a person spends six months there. What's more, as this report outlines, there are thousands more placed in other forms of solitary confinement that are still highly restrictive and pose a danger to mental health.

Close Management

According to the FDC, close management is indefinite housing for people who have shown that they cannot live in the general population without "abusing the rights and privileges of others."

There are three forms of close management: Close Management I (CM I), Close Management II (CM II), and Close Management III (CM III), from most to least restrictive. In CM I, people are confined to a tiny cell, some as small as 60 square feet, alone for 22 to 24 hours a day. In CM II and III, individuals may be confined with cellmates and are allowed more out-of-cell time.

While solitary confinement can include a cellmate, such confinement can still inflict similar negative psychological effects. An individual in confinement with a cellmate is simultaneously confined in a small space with another person with whom he or she may be incompatible, isolated from everyone else in the prison and deprived of normal social interaction. While CM II and III appear to offer more out-of-cell time, in practice, people in CM II and III are regularly denied these privileges, making their experience akin to those in CM I.

People on CM status often spend months in other types of solitary confinement, with fewer privileges than in CM, waiting to be transferred to one of a handful of prisons with CM units. There is no maximum time limit for individuals to remain in CM, although most are there for one to three years, the FDC reports, and a number for significantly longer. People can transition from CM I to CM II and CM III. As of Dec. 7, 2018, there were 3,831 people in CM I, II or III.

Disciplinary Confinement

Disciplinary confinement is a punitive and ostensibly temporary form of solitary confinement for individuals found to have violated FDC rules. Incarcerated persons are confined for a specified time period



– usually 30 or 60 days – to an individual cell based on penalties for specific kinds of misconduct. People in disciplinary confinement are confined solely to their cell for the first 30 days. They are not allowed personal visits or phone calls without the warden’s permission. In comparison, people in CM II can have noncontact visits every 14 days, and people in CM III can have contact visits every 14 days.

While disciplinary confinement is presented as short-term solitary, individuals are routinely held in extended confinement based on multiple disciplinary charges that stack a series of 60-day terms. It’s also worth noting that one incident can result in multiple charges. For example, one incident could result in 20 days for disrespecting an officer, 30 days for disobeying an order and another 60 days for destroying property. Consequently, people may languish in disciplinary confinement for months or years. As of Dec. 7, 2018, there were 3,619 people in disciplinary confinement in Florida.

Administrative Confinement

Administrative confinement is the temporary removal of an incarcerated person from the general prison population to provide for security and safety until prison officials can create a more permanent housing classification for the person. While administrative confinement is not meant to be punitive, the effect can still be the same.

Administrative confinement, which has the same terms for visits, phone calls and exercise as disciplinary confinement, is supposed to be limited to a maximum of 90 days, although the FDC sometimes holds people in this status for much longer. As of Dec. 7, 2018, there were 3,946 people in administrative confinement in Florida.

Inequitable use of solitary confinement in Florida

Racial disparities are widespread in solitary confinement in Florida. In general, black people in prison are not only overrepresented in the general prison population, but in solitary confinement when compared to white people.¹⁴ While 16.9 percent of Floridians are black,¹⁵ 47 percent of people in Florida’s prisons are black,¹⁶ and over 60 percent of people in solitary confinement are black.¹⁷ The comparable numbers for white people are 77.4 percent of Floridians, 40.1 percent of people in prison, and 34.5 percent of people in solitary confinement.

Individuals are placed in solitary confinement without regard to age, developmental disability, or mental illness despite growing recognition that solitary confinement is especially harmful for these categories of individuals. Nearly half of the incarcerated people in Florida in solitary confinement suffer from mental illness.¹⁸ Florida allows children and young adults in state prison to be placed in solitary confinement, where they may endure long periods without exercise, education, contact with their families or rehabilitative programs or services.¹⁹



NEGATIVE EFFECTS OF SOLITARY CONFINEMENT

Solitary confinement harms mental health

People placed in solitary confinement are at a greater risk of developing mental illnesses due to their isolation,²⁰ and the practice can worsen the mental health of those individuals already battling these issues. In a recent SPLC lawsuit²¹ against the Alabama Department of Corrections (ADOC), the court noted in a June 2017 ruling that “long-term isolation resulting from segregation, or solitary confinement, has crippling consequences for mental health” and acknowledged that in solitary, “even mentally healthy prisoners can develop mental illness such as depression, psychosis and anxiety.”²²

Many incarcerated people who are subjected to isolation, which can extend for years, have serious mental illness. The conditions of solitary confinement can exacerbate their symptoms or provoke recurrence of their illnesses, yet, perversely, people in solitary are denied adequate access to mental health services because prison rules defining and governing the practice greatly restrict the mental health services people held in solitary confinement may receive.²³

The central issue, psychiatrists say, is the lack of external stimulation through

contact with other people, and the lack of audio or visual stimulation.²⁴ Some people can generate their own ideas and can channel those thoughts into positive activities. But others may become obsessed with negative actions, including self-mutilation. People in solitary confinement may suffer from restlessness, hallucinations, and incoherence of thought and speech.²⁵ Others may develop post-traumatic stress disorder, according to mental health experts.²⁶

Even more chilling is the increased rate of suicide by individuals kept in solitary confinement. A national study of 401 jail suicides in 1986 found that two-thirds of all jail suicides were attempted by someone being held in solitary confinement.²⁷

Mental health experts also note that individuals placed in solitary confinement are often sent there because they do not follow rules – but they may be unable to do so because of their illnesses.²⁸ A vicious cycle emerges in which individuals who are unable to conform to behavioral expectations due to their mental illnesses are placed in solitary confinement, which contributes to a further deterioration of their mental state, which

Neuroscientist Richard Smeyne speaks at the Society for Neuroscience’s 2018 conference in San Diego about the psychological effects of solitary confinement. He is flanked by panelists, including Robert King, who was placed in solitary confinement for 29 years at the Louisiana State Penitentiary before being released in 2001.

PHOTOGRAPHY BY
Joe Shymanski



Palm Beach County Sheriff Ric Bradshaw's office settled a lawsuit over its use of solitary confinement for some juveniles charged as adults.

causes them to be relegated to solitary confinement for an even longer period of time.

But even those individuals who enter solitary confinement as otherwise mentally healthy are at greater risk of developing issues such as anxiety, panic, rage, loss of control, paranoia, hallucinations, self-mutilation, sleep disturbances, lethargy, constant headaches and “a complete break-

down or disintegration of the identity of the isolated individual.”²⁹

In the Alabama prison case, the judge noted “ADOC’s segregation practices perpetuate a vicious cycle of isolation, inadequate treatment and decompensation.”³⁰ Psychiatrists and psychologists use the term “decompensation” to describe the inability of a person with mental illness to maintain



normal or appropriate psychological defenses when faced with stress, which can result in depression, anxiety or delusions.³¹

Mental health is already a crisis in state prisons. According to a 2017 report, while half of people in state prisons had either current “serious psychological distress” or a history of mental health problems, only about one-third of them currently receive mental health treatment.³² In Florida last year, approximately 18,000 people in the prison system had a diagnosed mental illness that requires mental health treatment.³³

Solitary confinement serves to compound the mental health crisis in the prison system. Whatever the label used by Florida prisons, any form of solitary confinement significantly increases the risk of exacerbating mental illness for those already afflicted. It also puts those without mental health issues at risk of developing them.

Solitary confinement harms incarcerated youth

Research has shown that juveniles are less equipped to handle the stresses associated with solitary confinement than adults, putting them at greater risk of severe psychological damage. Placing juveniles in solitary confinement has been widely condemned by human rights organizations for this reason.³⁴

Because young people are still developing both mentally and psychologically, traumatic experiences like solitary confinement can have profound impacts on their ability to rehabilitate. During adolescence and into a person’s mid-20s, the part of the brain responsible for cognitive processing is still developing.³⁵ Isolation can damage these crucial developmental processes.³⁶

An investigation by the U.S. Department of Justice found that incarcerated youth who had been subject to isolation for even short periods of time experienced symptoms of paranoia, anxiety and depression.³⁷ A national study found that among incar-

cerated youth who die by suicide, half were in isolation when they took their own lives, and 62 percent had been in solitary confinement at some point.³⁸ Nevertheless, the practice continues in some states,³⁹ with Florida among the worst offenders since it has more juveniles – over 100 – incarcerated in its adult prisons than any other state in the country.

The Palm Beach County sheriff was recently sued over the constitutionality of solitary confinement practices for children held in the adult county jail. The lawsuit, *H.C. v. Bradshaw*, highlighted the inhumane way the Palm Beach County Sheriff’s Office treated juveniles in its custody, with children spending upwards of 23 hours per day in isolation and having scant human contact for months – and even years – at a time.⁴⁰ Conditions were so deplorable that the U.S. Department of Justice weighed in by filing a statement of interest in the case, which the sheriff’s office ultimately settled.⁴¹

Solitary confinement is damaging to people with disabilities

Across the country, people with physical disabilities in prison make up 32 percent of the prison population.⁴² Research shows that the number of incarcerated persons living with physical disabilities will increase as the prison population ages as well.

This population is among the most vulnerable in prison.⁴³ In other states, individuals with disabilities in prison routinely rely on corrections staff for assistance in taking showers, getting dressed, and receiving medication. In Florida prisons, however, these tasks fall to other incarcerated people who are designated as assistants. Sometimes they are housed in different dorms; sometimes they’re not trained.

Despite the needs of individuals with disabilities, they may still endure solitary confinement where there are no assistants or staff available to help them with their

daily activities. The cells are so small that there is not enough room for people to safely use and store their walkers and wheelchairs inside. There is no regard for whether their needs can be met in these conditions.

The FDC, however, should be evaluating individuals for needed accommodations, services, and assistive devices, per the settlement agreement for *Disability Rights Florida v. Jones*.⁴⁴ The case challenged the FDC's unlawful treatment of incarcerated individuals with physical disabilities, including restrictions and even bans on the use of assistive devices in cells. Such bans are problematic since roughly one in five people incarcerated in the FDC use such devices.⁴⁵

Solitary confinement also can exacerbate disabilities, as individuals with physical disabilities typically have unique health care needs but may be denied regular access to medical care when in solitary confinement.⁴⁶ Conditions of solitary confinement are especially harmful for people with sensory disabilities. Deaf and hard of hearing people make up a substantial portion of the state prison population – 13 to 20 percent of people in prison experience significant hearing loss.⁴⁷

Such individuals might experience profound and heightened isolation in solitary confinement due not only to the sensory and social deprivation in solitary, but also because of their disabilities. Those who are deaf or hard of hearing may not be able to have even the informal conversations that others in solitary confinement may engage in by yelling. They also may have impaired language processing that can further diminish their access to adequate health care and other services which are already harder to access in solitary.⁴⁸

Solitary confinement punishes sexual and gender nonconforming minorities

Solitary confinement is too often used to separate LGBT people from the general prison population.⁴⁹ This separation is prison officials' response to



the vulnerability of LGBT people – effectively punishing them for being potential victims. In 2011-12, for example, the Bureau of Justice Statistics found that 28 percent of lesbian, gay, and bisexual individuals in prison were placed in solitary confinement, compared to 18 percent of heterosexual individuals.⁵⁰

The Department of Justice's Prison Rape Elimination Act (PREA) regulations recognize the risk of solitary for LGBT individuals by instructing prison officials to use such "protective custody" only as a last resort.⁵¹ Segregation of LGBT individuals based on their LGBT status is stigmatizing and harmful despite any purported good intentions. For example, untreated gender dysphoria and denial of medically necessary care for transgender people often result in depression and suicidal ideation, among other symptoms.⁵² These symptoms are made significantly worse by forced segregation and isolation.



DOES SOLITARY CONFINEMENT WORK?

Solitary confinement simply does not work. In fact, solitary confinement may lead to even more problems for the prison population and the communities to which incarcerated persons return upon completion of their sentences.

Solitary confinement does not lead to safer prisons

Some prison officials believe solitary confinement is necessary to ensure safety. But there is little evidence to support the belief that it increases the safety of a prison or that, without it, more violence would occur.⁵³

In Colorado, for example, the state has reduced its use of solitary by 85 percent, and assaults on staff are at their lowest point since 2006.⁵⁴ Colorado reduced its use of solitary confinement by narrowing the criteria for solitary placement, and by reducing the time that people spend in solitary. The state

also implemented a program that allows people who demonstrate improved behavior to return to the general population.

In addition, other states, including Illinois, Maine, New Mexico and Washington, have reduced their use of solitary confinement, opting to use alternative strategies. Evidence to date suggests there has been little or no increase in prison violence as a result.⁵⁵

Solitary confinement does not lead to safer communities

Studies show that incarcerated people who have been placed in solitary confinement are more likely to commit crimes after their release than those who were not in solitary.

In 2015, the American Civil Liberties Union of Texas and the Houston branch of the Texas Civil Rights Project reported that people released from solitary confinement are more likely to be arrested than those in

the general prison population.⁵⁶ Of all those who were released from Texas prisons in 2006, 48.8 percent were re-arrested within three years. For those who were released from isolation units, 60.8 percent were re-arrested during that period.⁵⁷

Likewise, a 2007 study in Washington state found higher felony recidivism rates among people released directly from supermax units – long-term, segregated housing designed to hold the highest security risk individuals – compared to those in the general population.⁵⁸ Additionally, a 2006 report by the Commission on Safety and Abuse in America’s Prisons found that solitary confinement was related to higher-than-average recidivism rates, especially when people are released into the community directly from solitary.⁵⁹

Finally, research suggests that not only does the use of solitary confinement increase recidivism generally, but it may well lead to more violent crime. A 2009 study that examined data from Florida prisons found “evidence that supermax incarceration may increase violent recidivism.”⁶⁰

Solitary confinement wastes taxpayer dollars

Solitary confinement is much more expensive than housing people in the general population.⁶¹ This is due to the costs of con-

structing and operating single-cell confinement units, enhanced security technology, and additional corrections staff to handle escorts, searches and individualized services – not to mention the increased health care costs from significant medical and mental health symptoms that develop and worsen in solitary confinement as well as expensive hospitalizations for incidents of self-harm.

In 2013, for example, the estimated daily cost per inmate at a federal administrative maximum (supermax) facility was \$216.12, compared to \$85.74 to house people in the general prison population.⁶² At the state level, in Texas, it costs 45 percent more to hold someone in solitary confinement than in the general population.⁶³

Some states that have reduced their populations in solitary and restrictive confinement have reaped financial benefits. In 2010, for example, Mississippi heightened the criteria for placing individuals in administrative segregation, significantly reducing its overall population in solitary confinement and the associated costs.⁶⁴ It was able to close a unit that once held up to 1,000 people in isolation, saving \$8 million a year.⁶⁵



THE HUMAN COST OF SOLITARY CONFINEMENT

While research shows clearly that solitary confinement is harmful to those who experience it, the personal stories of those who have been held in solitary demonstrate in stark terms the human cost of this practice – and not only for the confined. The effects of solitary confinement reach beyond cell walls to family and friends, who bear wit-

ness to its devastating effects: the cycle of isolation, the erosion of mental health and even the loss of life.

Here are the stories of three people who experienced solitary confinement in Florida's prisons – stories that demonstrate the need to end a practice that has exacted a high cost from the state's most vulnerable residents.

Phyllis Johnson-Mabery's son died by suicide in prison. He spent nearly four years in solitary confinement.

PHOTOGRAPHY BY
Octavian Cantilli



Phyllis Johnson-Mabery watched her son's mental condition deteriorate in solitary confinement before his suicide.

PHOTOGRAPHY BY
Octavian Cantilli

MICHAEL CUEBAS

'I knew his mind was breaking'

Phyllis Johnson-Mabery first noticed her son's break from reality in 2017 when he was in solitary confinement.

A year later, he would die by suicide at a prison on the Florida Panhandle.

"He didn't believe he was going to make it home," she said. "He believed he was going to be killed in there. And he said before he would let them do it, meaning staff, he would do it himself."

Her son, 34-year-old Michael Cuebas, had by then spent nearly four years in sol-

itary confinement in Florida's prisons. During that time, she watched his mental condition deteriorate.

First incarcerated in 2009, Michael stabbed another prisoner with a pen in 2012. The episode led to his placement in Close Management I (CM I), a very restrictive form of solitary confinement, where individuals are held alone and prohibited from most out-of-cell activity.

For this report, Phyllis shared with the SPLC letters Michael wrote to her. In one letter, which he wrote from CM I on June 6, 2017, he said: "This crap is getting very old and it isn't for me. I've always been looking forward to the times we would all spend together and enjoy life with my family. ... I appreciate the prayers. I could always use them. I'll try to do the same."

It was a letter like many others he'd sent.

But the next month, Michael wrote with a far more paranoid tone. In that letter, written one year to the day before his death, he wrote: "I'm tired of hiding the truth from you. ... I'm having issues with these [correctional officers] and other people that work for D.O.C. They keep threatening my life."

He also wrote about a time he attempted suicide in 2016, a year he spent mostly in CM I.

"The time I hung [sic] myself, I really did hang myself because the [correctional officers] were telling me they were going to kill me and I thought they were serious," he wrote. He also said "they had an inmate poison and drug my food ... most of the death threats came from [Florida State Prison], but they tell me that I can't run from them that they'll get me no matter where I go."

Michael's lack of reasoning alarmed his mother. It appeared to her that the danger was actually within Michael's mind, which she described as "broken" by paranoia.

"I don't know if he was hallucinating or hearing voices, but he believed he was going to be killed in there," she said.



A 15-year sentence

When Michael was sent to prison, he left behind his mother, who works for a Christian nonprofit organization in Casselberry, Florida, and a daughter who was born just before he began his sentence.

He had at least one confrontation with police before 2009, when he was arrested for punching an officer, according to the arrest report. Michael's mother said his addiction to painkillers after an accident, alcoholism and other circumstances led to the incident.

"He lost his job. He was devastated," she wrote to the judge in her son's case shortly before sentencing. "Michael has become depressed, sad and upset. ... I am not saying Michael does not deserve to be punished for the crime he committed, I am only asking that he gets the help he needs and can return to his daughter's life one day and be a good father."

A jury found Michael guilty and the judge sentenced him to 15 years in state prison. The judge did not identify any mitigating factors that could have shortened the sentence, like "a mental disorder that is unrelated to substance abuse or addiction," according to court records.

Three years into his sentence, he would stab the prisoner at Taylor Correctional Institution. Michael was transferred to Florida State Prison, where "on CM status, everything changed," according to his mother.

Six months after the stabbing, an official noted that Michael "has not received any [disciplinary referrals] during his review period," but nonetheless recommended he stay on CM I "for a further period of observation based on his recent history of [aggravated] battery attempt on another inmate with a weapon causing serious injury."

'Everybody needs sunshine'

Michael stayed on CM I until Aug. 21, 2014, when he was placed on CM III, a less restrictive setting, records show.

But the reprieve didn't last.

On Feb. 15, 2016, he was sent back to CM I. He had shown an "inability to adjust," according to prison officials. The main reason was Michael had allegedly threatened to "head-butt" a doctor from inside his cell.

Michael's side of the story is unknown. The only available information about the incident comes from a prison report. An SPLC review of similar reports indicates that prison officials sometimes exaggerate such incidents to justify solitary confinement.

Later that year, Michael made his first suicide attempt.

His mother tried to buoy his spirits and ease his mind by sending pictures from the outside, including photos of his daughter. "He just kept going farther and farther and farther in, deeper, in that dark area," she said. "Everybody needs sunshine. Everybody needs contact, human contact. It breaks the mind, it eventually breaks the spirit, and then they're left with no hope."

Communication with his mother became sporadic when he ran out of pens, envelopes and stamps, which can be difficult to come by in solitary confinement.

"I appreciate the stamps and envelopes, because I didn't have anything to respond back with, but that's how it is so far being on level one," he wrote in June 2017.

Later that month, Michael's mental health led to his placement in a transitional care unit, where his CM I classification was suspended. But then came the letter that struck his mother as paranoid and concerning.

"He stopped eating. He believed he was being poisoned," she said. "He believed he heard voices in the cell. He was seeing things that weren't there."

Phyllis spoke to her son for the last time in the fall of 2017. He sounded lethargic on the phone, barely able to process questions or form sentences.

On Feb. 5, 2018, Michael was back in solitary confinement, this time at Santa Rosa

Correctional Institution, a prison at the tip of Florida's panhandle. There, officials again extended his time on CM I.

"During this review period, he has not received any discipline and receives overall satisfactory ratings," an official wrote, but "it is recommended he remain a CM I for further observation and evaluation."

Months later, on July 27, 2018, correctional officers took Michael out of his cell for a shower. At 8:23 p.m., an officer noticed Michael appeared to be kneeling alone in the shower. Though it wasn't clear to the guard, he was attempting suicide.

A minute later, it became apparent to the guards what was happening. The incident command team was called. Despite the team administering 19 cycles of CPR to Michael, the medical examiner would later pronounce him dead by suicide.

Less than a year after the loss of her son, Phyllis is still trying to come to terms with his death. "I knew his mind was breaking," she said. "I knew, but I never thought he was never coming out."

HERBERT FULLER

'It's like everything is closing in'

Herbert Fuller has tried to stop licking his lips.

The habit began as a reaction to the medication he received to cope with the psychological effects of solitary confinement in Florida's prisons. Even after he was released in October 2018 and was no longer taking the medication, the habit stuck around.

As he goes through his workday at an enormous chicken house in Georgia, where he catches thousands of chickens a day, the lip-licking habit serves as a reminder of his time in solitary confinement.

During his nearly two decades of incarceration, Herbert experienced different types of solitary confinement, including all levels of Close Management. Maximum management, the strictest form of solitary confinement, was "the worst," the 42-year-old said.

"You're in the cell by yourself. And you can't do anything. You're in this cell, and you only get a Bible," he said. "I've read the Bible two or three times. ... I need to talk to somebody, you know."

Herbert acknowledged that a prisoner might withstand three months in solitary but as the months grind on, "the mental health part of it kicks in."

"I started hallucinating," he said of his worst experience in maximum management. "It plays with your mind after you've done four, five or six months. Now you know you're really trapped there." Herbert described the hallucinations as "visions on the wall." He wondered whether holidays had come and gone, and he thought about his family.

He saw people go to extremes to leave their cells, even resorting to self-harm.

Hallucinations and stress might drive prisoners to declare "psychological emergencies," or tell a correctional officer they're feeling suicidal, which sparks a chain reaction that can result in a short time outside of the solitary cell, he said. There's also the possibility of a stint in a Transitional Care Unit, where CM status is suspended.

'No turning back'

"When you first call a psychological emergency, as soon as you call it, there's no turning back. Right then, they put you in handcuffs," he said. "They take you to the shower, since you're already saying you're going to kill yourself."

There, a guard might stand at the door with pepper spray at the ready. If the person tries to inflict self-harm, "they could gas you right there and that's going to stop everything - with the spray, you won't have enough wind to do anything. That's how they're supposed to prevent it."

A mental health counselor then comes to examine the person in the shower, he said. "No matter what the consequences are, you've got to [self-harm] because you're



Herbert Fuller experienced various types of solitary confinement during nearly 20 years in prison.

PHOTOGRAPHY BY
Robin Henson

tired of this CM thing, because the cell’s started spinning, it’s like everything is closing in,” he said.

Herbert believes mental health issues are pervasive for people in solitary confinement – a belief backed by the Florida Department of Corrections’ own records, which show most people in Close Management suffer from mental illness.

Four walls, medication and a Bible

But the cycle that begins with a psychological emergency frequently ends with the individual back in solitary confinement – and medicated.

Herbert acknowledged that he tried to hurt himself while in confinement in 2013 and 2014. He has been diagnosed with depression and paranoid schizophrenia. For years, he was on medication for “hearing voices and having hallucinations and depression.”

“What people do is they get on CM and they get on this medication, and they’ll be so high on this medication that the [correctional officers] know they don’t have to worry about them,” he said.

Using medication to cope with solitary confinement, however, can have long-term effects.

“The mental health medications that we use to cope with conditions of confinement





... directly affect our mental state causing us to rely on more medication to go through the term of being punished,” Herbert wrote in a letter to the SPLC just before his release from prison. “Therefore we suffer in the long run because once your body has adjusted to the medications it’s hard to be without them even when oneself is released from confinement.”

After his experiences, one thing is clear to Herbert: People are not meant to be isolated. To illustrate his point, he referred back to the Bible he said he read so many times.

In Genesis, Adam was alone at the beginning, Herbert said. Then, “God said, ‘OK, I’ll tell you what – I’m going to go ahead and put you to sleep, take a rib from you and make woman, so you’ll have a companion,’” he said.

For Herbert, it’s a lesson about the need for human interaction for everyone – including people in prison.

HAKEEM DRANE

‘Destroying my mental stability’

During the afternoon of Sept. 5, 2018, Hakeem Drane was asleep in his disciplinary confinement cell at Lake Correctional Institution – one of the few ways to pass the time in confinement.

But the 22-year-old would be stirred from his sleep by correctional officers who had arrived at his cell to take him to see the nurse. What happened next, Hakeem said, would leave him with injuries that would require surgery and lingering psychological effects – an experience that illustrates how people, particularly young people, are vulnerable in confinement.

As Hakeem shook off his sleep, he was handcuffed and shackled by the officers. He hadn’t even asked to see the nurse, but he didn’t feel he had a choice in the matter. Then, he said officers pushed him to the ground and kicked his face until he blacked out. He denies doing anything to provoke the alleged attack,

which he said left him hospitalized with injuries to his head, nose and jaw.

Afterward, Hakeem felt he had to stand up for himself.

“I wrote it up,” Hakeem said of the incident. “I filed a grievance on it.”

In the document, Hakeem alleged: “I was attacked and suffered head trauma, nose trauma [and] trauma to the upper jaw fixture and [was] falsely accused and criticized for actions that I never committed,” he wrote.

Hakeem said his injuries, however, weren’t just physical.

“This is just subconsciously destroying my mental stability, making me question myself ... I feel that I am experiencing psychological [symptoms], am having nightmares and paranoia,” he wrote.

Even before the attack, Hakeem had suffered from the effects of confinement, which can be especially pronounced among the young. He once harmed himself and called a psychological emergency, according to letters he sent to the SPLC. Hakeem is not the only young person enduring confinement. In December 2018, the last full month he was in prison, more than 1,000 people age 22 or younger were in some form of solitary.

An official response

Eight days after filing his grievance, prison officials responded to Hakeem’s complaint.

“I have put in a Mental Health Referral on your behalf however I do not understand the content of your grievance,” an official wrote. “Your care has been equal to or above community standards ... your request for administrative remedy is denied.”

The response offered Hakeem little comfort. In disciplinary confinement again, his symptoms after the attack only worsened. He says he’s still struggling after his release from prison.

“Right now I’m traumatized; I can barely sleep at night. I still think about the in-

During his three-year sentence, Hakeem Drane spent a total of 16 months in a disciplinary confinement cell.

PHOTOGRAPHY BY
Sonya Revell

cident – it’s all just horrible,” Hakeem said two days after his release from prison in January. “My body is not responding right and I feel it’s because of the incident and the stress and the depression.”

The atmosphere in confinement, he said, “was very aggressive. It’s just a lot of

physical and mental abuse that occurs.” All told, over his three-year sentence, Hakeem said he spent a total of 16 months in a disciplinary confinement cell.

“I just want to tell people [confinement] is a horrible place,” he said.

RECOMMENDATIONS FOR FLORIDA

The serious consequences of solitary confinement have been well documented. The following steps should be taken to stop the damage caused by this inhumane and ineffective practice.

➤ *Prohibit* solitary confinement – the practice of isolating people for 22 or more hours a day in an individual cell – in whatever form and under whatever name.

➤ *Restrict* confinement for 20 or more hours a day to specific and narrowly defined circumstances and for limited duration.

➤ *Presumptively ban* confinement for 20 or more hours a day for vulnerable populations, including individuals with severe mental illness, individuals with mental or physical disabilities, people younger than 21, and LGBT individuals when the placement is based on their LGBT status.

➤ *Enact* sentencing reforms that reduce overall prison populations so that there are sufficient FDC staff to provide adequate out-of-cell time, mental health treatment, and programming for those in confinement.

➤ *Employ* a variety of effective alternatives to solitary confinement that can be used to maintain order in Florida prisons. Many states have adopted other approaches – including a range of sanctions for minor disciplinary violations, rewarding good behavior, de-escalation techniques to resolve conflict, and improving prison conditions – rather than resorting to solitary confinement at the level and duration found in Florida.

Endnotes

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