



# National Religious Campaign Against Torture

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Special Rapporteur on Torture  
c/o Office of the High Commissioner for Human Rights  
United Nations Office at Geneva  
CH-1211 Geneva 10  
Switzerland  
email: [urgent-action@ohchr.org](mailto:urgent-action@ohchr.org)

Dear Sir:

The National Religious Campaign Against Torture (NRCAT) is a membership organization of religious organizations committed to ending torture that is sponsored or enabled by the United States. Since its formation on January 16, 2006, more than 300 religious organizations have joined and over 57,000 individual people of faith have participated in our activities. Members include representatives from the Baha'i, Buddhist, Catholic, evangelical Christian, Hindu, Jewish, Muslim, Orthodox Christian, mainline Protestant, Quaker, Sikh and Unitarian Universalist communities. Members include national denominations and faith groups, regional organizations and congregations.

NRCAT respectfully requests that the U.N. Special Rapporteur on Torture investigate the widespread use of long-term isolation for prisoners in the United States in what are known as "supermax prisons." NRCAT believes that the use of extreme isolation in these facilities is cruel, inhuman and degrading treatment that frequently rises to the level of torture. It has been estimated that between 20,000 and 25,000 individuals are being held in isolation in the United States at the present time.<sup>1</sup> The situation is particularly heinous for mentally ill prisoners who are held in isolation.

### ***Background on the Use of Solitary Confinement***

Over the last twenty years, long-term solitary confinement has become an integral part of correctional program in the United States. Often called "supermax," "administrative segregation," "SHU (Secured Housing Unit)," "SMU (Special Management Unit)," or simply "the hole," this practice generally consists of locking a prisoner alone in a cell for 23 hours or more a day, under conditions of extreme social isolation, enforced idleness, and deprivation of virtually all meaningful environmental stimulation.<sup>2</sup>

Prisons in the United States have always had solitary confinement cells where prisoners were sent for violating prison rules. However, the use of solitary confinement as a long-term management strategy rather than short-term punishment for misconduct is a relatively recent development. Moreover, technological advances, such as the development of intercoms and video surveillance cameras, have made possible a level of social isolation that was simply unthinkable in earlier times.

A federal court described conditions in Wisconsin's supermax prison as follows:

Inmates on Level One at the State of Wisconsin's Supermax Correctional Institution in Boscobel, Wisconsin spend all but four hours a week confined to a cell. The 'boxcar' style door on the cell is solid except for a shutter and a trap door that opens into the dead space of a vestibule through which a guard may transfer items to the inmate without interacting with him. The cells are illuminated 24 hours a day. Inmates receive no outdoor exercise. Their personal possessions are severely restricted: one religious text, one box of legal materials and 25 personal letters. They are permitted no clocks, radios, watches, cassette players or televisions. The temperature fluctuates wildly, reaching extremely high and low temperatures depending on the season. A video camera rather than a human eye monitors the inmate's movements. Visits other than with lawyers are conducted through video screens.<sup>3</sup>

By one count, more than thirty states, as well as the Federal Bureau of Prisons, were operating a supermax facility or unit by 1999.<sup>4</sup> Prisoners are typically placed in solitary confinement for indefinite periods, and may remain there for years and in some cases decades. A recent investigation of Tamms Correctional Center, a supermax prison in Illinois, revealed that 54 prisoners had been in continuous solitary confinement for more than 10 years.<sup>5</sup> There are numerous examples of even longer periods of solitary confinement.<sup>6</sup>

### ***Harmful Effects of Solitary Confinement***

There is a broad consensus among mental health experts that long-term solitary confinement is psychologically harmful.<sup>7</sup> Indeed, the damaging effects of solitary confinement, even on persons with no prior history of mental illness, have long been well known. Over a century ago, the United States Supreme Court described the effect of solitary confinement as practiced in the nation's early days:

A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still, committed suicide; while those who stood the ordeal better were generally not reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.<sup>8</sup>

A California prison psychiatrist told Human Rights Watch in a 2002 interview: "It's a standard psychiatric concept, if you put people in isolation, they will go insane. . . . Most people in isolation will fall apart."<sup>9</sup>

Prisoners exhibit a variety of negative physiological and psychological reactions to solitary confinement, including: (1) hypersensitivity to external stimuli;<sup>10</sup> (2) perceptual distortions and hallucinations;<sup>11</sup> (3) increased anxiety and nervousness;<sup>12</sup> (4) revenge fantasies, rage, and irrational anger;<sup>13</sup> (5) fears of persecution;<sup>14</sup> (6) lack of impulse control;<sup>15</sup> (7) claustrophobia;<sup>16</sup> (8) severe and chronic depression;<sup>17</sup> (9) appetite loss and weight loss;<sup>18</sup> (10) heart palpitations;<sup>19</sup>

(11) withdrawal;<sup>20</sup> (12) blunting of affect and apathy;<sup>21</sup> (13) talking to oneself;<sup>22</sup> (14) headaches;<sup>23</sup> (15) problems sleeping;<sup>24</sup> (16) confusing thought processes;<sup>25</sup> (17) nightmares;<sup>26</sup> (18) dizziness;<sup>27</sup> (19) self-mutilation;<sup>28</sup> and (20) lower levels of brain function, including a decline in EEG activity.<sup>29</sup> EEG changes were observed after only seven days of solitary confinement.<sup>30</sup>

### ***Solitary Confinement and the Mentally Ill***

Prisoners with mental illness are significantly overrepresented in supermax prisons and similar solitary confinement facilities. Most experts estimate that approximately 10 to 20 percent of all prisoners in United States prisons suffer from a mental illness.<sup>31</sup> In supermax facilities, however, the number is far higher. For example, in Indiana's supermax -- the Secured Housing Unit (SHU) at the Wabash Valley Correctional Facility -- prison officials stated that "well over half" of the prisoners were mentally ill.<sup>32</sup>

Once subjected to the extreme social and sensory deprivations of solitary confinement, many mentally ill prisoners deteriorate dramatically. Some engage in extreme acts of self-mutilation and even suicide. In the Wabash Valley SHU, a 21 year old mentally ill prisoner set himself on fire in his cell; he died from his burns. Another prisoner in the same unit choked himself to death with a washcloth.<sup>33</sup> It is not unusual to find mentally ill prisoners in solitary confinement who swallow razors and other objects, smash their heads into the wall, compulsively cut their flesh, try to hang themselves, and otherwise attempt to harm or kill themselves.<sup>34</sup>

A federal appellate court described the experience of a prisoner with schizophrenia in Wisconsin's supermax prison:

The constant illumination of the cells disturbs psychotics. And without audiotapes or a radio or any other source of sound Scarver could not still the voices in his head. He attempted suicide twice, once by taking an overdose of his antipsychotic pills and the other time by swallowing a large number of Tylenol tablets. On several occasions he banged his head against the cell wall for protracted periods, telling a prison psychologist that he wanted to break his head open so that the voices could escape. He also cut his head with a razor in an effort to cut out whomever or whatever was talking and moving around inside his head. On another occasion he cut his wrists.<sup>35</sup>

### ***Solitary Confinement and Physical Abuse***

Prisoners in solitary confinement are more likely to be subject to the use of excessive force and other forms of physical abuse.<sup>36</sup> Correctional officers often misuse physical restraints, chemical agents, and stun guns, particularly when extracting prisoners from their cells.<sup>37</sup> The fact that the solitary confinement cells are isolated makes it more difficult to detect abuse.<sup>38</sup> Additionally, the idea that "the worst of the worst" are placed in solitary confinement makes it more likely that administrators will be apathetic or turn a blind eye to abuses.<sup>39</sup>

Mentally ill prisoners are at particular risk of abuse. These prisoners may have difficulty controlling their behavior and obeying staff instructions, and the symptoms of their illness may be misinterpreted by untrained staff as willful defiance.

### ***Request***

The National Religious Campaign Against Torture, therefore, requests that the Special Rapporteur investigate what we believe is a systematic pattern of torture with respect to the use of long-term isolation or solitary confinement in U.S. “supermax prisons.” Given the number of people involved and the extent of the isolation, we ask that this **investigation** be given the highest priority.

Most respectfully,



Linda Gustitus, President



Rev. Richard L. Killmer, Executive Director

<sup>1</sup> Alexandra Naday, Joshua D. Freilich and Jeff Mellow, *The Elusive Data on Supermax Confinement*, 88 *The Prison Journal* 69 (2008).

<sup>2</sup> See, e.g., Eric Lanes, *The Association of Administrative Segregation Placement on Other Risk Factors with the Self-Injury-Free Time of Male Prisoners*, 48 *Journal of Offender Rehabilitation* 529, 532 (2009); Leena Kurki and Norval Morris, *The Purposes, Practices, and Problems of Supermax Prisons*, 28 *Crime and Justice* 385, 388 (2001).

<sup>3</sup> *Jones' El v. Berge*, 164 F.Supp.2d 1096, 1098 (W.D. Wis. 2001).

<sup>4</sup> Chase Riveland, U.S. Dept. of Justice, *Supermax Prisons: Overview and General Considerations* 5 (1999).

<sup>5</sup> George Pawlaczyk and Beth Hunsdorfer, *Trapped in Tamms: In Illinois' only supermax facility, inmates are in cells 23 hours a day*, *Belleville News-Democrat*, August 2, 2009.

<sup>6</sup> See, e.g., *Wilkerson v. Stalder*, 639 F.Supp.2d 654 (M.D. La. 2007) (three prisoners held in solitary confinement for periods ranging from 28 to 35 years); *Silverstein v. Federal Bureau Of Prisons*, 704 F.Supp.2d 1077 (D. Colo. 2010) (27 years); *Georgacarakos v. Wiley*, No. 07-cv-01712-MSK-MEH, 2010 WL 1291833 (D. Colo. Mar. 30, 2010) (14).

<sup>7</sup> See, e.g., Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 *American Journal of Psychiatry* 1450 (1983); R. Korn, *The Effects of Confinement in the High Security Unit at Lexington*, 15 *Social Justice* 8 (1988); S.L. Brodsky and F.R. Scogin, *Inmates in Protective Custody: First Data on Emotional Effects*, 1 *Forensic Reports* 267 (1988); Craig Haney, *Mental Health Issues in Long-Term Solitary and "Supermax" Confinement*, 49 *Crime & Delinquency* 124 (2003); H. Miller and G. Young, *Prison Segregation: Administrative Detention Remedy or Mental Health Problem?*, 7 *Criminal Behaviour and Mental Health* 85 (1997); H. Toch, *Mosaic of Despair: Human Breakdown in Prison*, Washington DC: American Psychological Association (1992).

<sup>8</sup> *In re Medley*, 134 U.S. 160, 168 (1890).

<sup>9</sup> Human Rights Watch, *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness* 149 n. 513 (New York: Human Rights Watch, 2003).

<sup>10</sup> Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 *American Journal of Psychiatry* 1450, 1452 (1983).

- <sup>11</sup> *Id.*; R. Korn, *The Effects of Confinement in the High Security Unit at Lexington*, 15 *Social Justice* 8 (1988); S.L. Brodsky and F.R. Scogin, *Inmates in Protective Custody: First Data on Emotional Effects*, 1 *Forensic Reports* 267 (1988); Craig Haney, *Mental Health Issues in Long-Term Solitary and "Supermax" Confinement*, 49 *Crime & Delinquency* 124, 130 (2003).
- <sup>12</sup> See Grassian, *supra* note 10, at 1452; Korn, *supra* note 11, at 8; Brodsky and Scogin, *supra* note 11, at 267; Haney, *supra* note 11, at 130; Holly A. Miller, *Reexamining Psychological Distress in the Current Conditions of Segregation*, 1 *Journal of Correctional Healthcare* 39, 48 (1994).
- <sup>13</sup> See Grassian, *supra* note 10, at 1450, 1453; Korn, *supra* note 11, at 8; Brodsky and Scogin, *supra* note 11, at 267; Haney, *supra* note 11, at 124, 130; Miller and Young, *supra* note 7, at 85; H. Toch, *Mosaic of Despair: Human Breakdown in Prison*, Washington DC: American Psychological Association (1992).
- <sup>14</sup> See Grassian, *supra* note 10, at 1450, 1453.
- <sup>15</sup> See Grassian, *supra* note 10, at 1450, 1453; Miller and Young, *supra* note 7, at 85; Toch, *supra* note 13.
- <sup>16</sup> Korn, *supra* note 11, at 8.
- <sup>17</sup> Korn, *supra* note 11, at 8; Haney, *supra* note 11, at 124, 131.
- <sup>18</sup> Korn, *supra* note 11, at 8.
- <sup>19</sup> Korn, *supra* note 11, at 8; Haney, *supra* note 11, at 124, 133.
- <sup>20</sup> Korn, *supra* note 11, at 8; Miller and Young, *supra* note 7, at 85.
- <sup>21</sup> Korn, *supra* note 11, at 8; Miller and Young, *supra* note 7, at 85.
- <sup>22</sup> Brodsky and Scogin, *supra* note 11, at 267.
- <sup>23</sup> Brodsky and Scogin, *supra* note 11, at 267; Haney, *supra* note 11, at 124, 133.
- <sup>24</sup> Brodsky and Scogin, *supra* note 11, at 267; Haney, *supra* note 11, at 124, 133.
- <sup>25</sup> Brodsky and Scogin, *supra* note 11, at 267; Haney, *supra* note 11, at 124, 137.
- <sup>26</sup> Haney, *supra* note 11, at 124, 133.
- <sup>27</sup> *Id.*
- <sup>28</sup> See Grassian, *supra* note 10, at 1450, 1453; Eric Lanes, *The Association of Administrative Segregation Placement and Other Risk Factors with the Self-Injury-Free Time of Male Prisoners*, 48 *Journal of Offender Rehabilitation* 529, 539-40 (2009).
- <sup>29</sup> Paul Gendreau, N.L. Freedman, and G.J.S. Wilde, *Changes in EEG Alpha Frequency and Evoked Response Latency During Solitary Confinement*, 79 *Journal of Abnormal Psychology* 54, 57-58 (1972).
- <sup>30</sup> *Id.*
- <sup>31</sup> Kupers, *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It* 11 (Jossey-Bass 1999).
- <sup>32</sup> Howard Greninger, *Suit targets Carlisle Prison*, *Terre Haute Tribune-Star*, Feb. 4, 2005.
- <sup>33</sup> Karin Grunden, *Man found hanging in cell at Wabash Valley Correctional Facility*, *Terre Haute Tribune-Star*, October 1, 2003.
- <sup>34</sup> See generally Metzner and Fellner, *Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics*, *J. Am. Acad. Psychiatry Law* 38:1:104-108 (2010).
- <sup>35</sup> *Scarver v. Litscher*, 434 F.3d 972, 974 -75 (7<sup>th</sup> Cir. 2006). The court ruled that prison officials were not liable for the harm Scarver suffered, because they had not acted with a sufficiently culpable state of mind.
- <sup>36</sup> Leena Kurki and Norval Morris, *The Purposes, Practices, and Problems of Supermax Prisons*, 28 *Crime and Justice* 385, 409 (2001).
- <sup>37</sup> Caroline Isaacs and Matthew Lowen, *Buried Alive: Solitary Confinement in Arizona's Prisons and Jails* 14 (2007).
- <sup>38</sup> *Id.* at 16.
- <sup>39</sup> *Id.*; see also Maureen L. O'Keefe, *Administrative Segregation From Within: A Corrections Perspective*, 88 *The Prison Journal* 123, 126 (2008).