



Lifetime Lockdown

How Isolation Conditions Impact
Prisoner Reentry

August 2012



**American Friends
Service Committee**

The American Friends Service Committee (AFSC) is a Quaker organization that includes people of various faiths who are committed to social justice, peace, and humanitarian service. Our work is based on the principles of the Religious Society of Friends, the belief in the worth of every person, and faith in the power of love to overcome violence and injustice. AFSC was founded in 1917 by Quakers to provide conscientious objectors with an opportunity to aid civilian war victims. The Arizona office of AFSC was established in 1980 and focuses on criminal justice reform.

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EXECUTIVE SUMMARY

Imagine living completely alone 23 hours a day for several months or years, then being placed in a three-person cell in an overcrowded, noisy dormitory, or worse, released directly into society with no chance to adjust. This is the reality faced by many people in Arizona state prisons.

In recent years, prisoner reentry has emerged as an area of concern for social service agencies, prisoner advocates, religious congregations, neighborhoods, and advocacy organizations across the country. Much of the discourse about prisoner reentry and recidivism has focused on what are referred to as “collateral consequences”: the structural barriers erected by institutions that bar people with criminal convictions from voting, housing, employment, welfare assistance, and other factors critical to ensuring success upon release. Rarely is there discussion of the direct impact that prison conditions have on a person’s cognitive, emotional, social, and behavioral functioning and therefore, on that person’s ability to function as a member of society post-incarceration.

Yet, a growing body of research clearly demonstrates the deleterious mental health impacts of incarceration in super maximum-security—or “supermax”—environments, commonly referred to as “lockdown,” the “SHU,” or “Ad-Seg.” While there is some variation, these units generally employ long-term solitary confinement—prisoners are housed alone in small cells for 23-24 hours per day with no activities with other inmates (meals, recreation, etc.), for years at a time. These conditions amount to sensory deprivation and have been widely documented to produce a set of mental health symptoms that can be extremely debilitating to prisoners, including visual and auditory hallucinations, hypersensitivity to noise and touch, paranoia, uncontrollable feelings of rage and fear, and massive distortions of time and perception. Studies have found that supermax confinement increases the risk of prisoner suicides, and this research is borne out here in Arizona. A recent investigation found that Arizona’s official prison-suicide rate is 60 percent higher than the national average, and that the majority of suicides took place in supermax units.¹

Combining these crippling symptoms with the extensive legal and structural barriers to successful reentry is a recipe for failure. Prisoners in supermax are deeply traumatized and essentially socially disabled. When their sentence ends, they are given little or no

¹ Ortega, Bob. June 2, 2012. “Critics: ‘Maximum security’ a factor in prison suicide rate.” *The Arizona Republic*. www.azcentral.com/news/articles/2012/06/02/20120602arizona-prison-suicide-rate.html.

preparation for release, and then return to their communities where they are expected to obtain housing and employment.

This report represents the first effort to directly link conditions in Arizona's supermax prisons with the state's high recidivism rate. Because the statistical evidence of this link is already available, the basis of this report is qualitative research conducted by an anthropologist, Dr. Brackette F. Williams. Dr. Williams interviewed newly released individuals who had spent a significant portion of their time in prison in supermax facilities. This research demonstrates the "why" and "how" of this causal relationship, illustrating the impacts of long-term solitary confinement on actual re-entry experiences.

The findings are a wake-up call to corrections officials, state leaders, and social service agencies, who are often completely unaware of the prison experiences of their clients or how to assist them in this transition. The American Friends Service Committee hopes that this research will add to the growing body of evidence that the practice of long-term solitary confinement in supermax units creates more problems than it is purported to solve and should be abolished.

KEY FINDINGS

1. Lengthy or repeated exposure to long-term solitary confinement reduces former prisoners' prospects for successful reentry and contributes to Arizona's high recidivism rate.
2. The Arizona Department of Corrections (ADC) does not adequately prepare prisoners who have been held in supermax during their incarceration for reentry to the community.
3. ADC policies limiting visitation and prohibiting maximum-security prisoners from participation in education, treatment, and employment have a negative impact on these prisoners' reentry prospects.
4. Many prisoners who have been held in isolation do not receive adequate reentry assistance. Many "slip through the cracks," while others self-isolate and deliberately avoid social service agencies.
5. Social service agencies are largely unaware of, and unprepared to address, the special needs of this population.

RECOMMENDATIONS

1. Eliminate the use of long-term solitary confinement in the ADC.
2. The ADC should collect and release annual statistics on recidivism rates of prisoners who have been held in maximum security or supermax units as compared to the general prisoner population, including those released directly from solitary confinement.
3. Reinstate maximum-security prisoners' access to correspondence classes and distance learning programs.
4. Design appropriate options for education, substance abuse treatment, mental health treatment, and other rehabilitative programming for maximum-security prisoners.
5. Provide a step-down program for all prisoners to transition from supermax to general population units.
6. Provide mandatory step-down and reentry programming to all prisoners in supermax units within one year prior to their release date.
7. Require all social service agencies in Arizona to inquire about incarceration history at intake and develop appropriate intervention and programming to assist people who may have been traumatized by their experiences in prison.
8. Ensure adequate funding for social service agencies that support formerly incarcerated people.

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LIFETIME LOCKDOWN

How Isolation Conditions Impact Prisoner Reentry

What are the added difficulties of prisoner re-entry when years spent in solitary confinement are factored in? What are the wider societal impacts of an increased reliance by officials on extreme forms of punishment such as solitary confinement, considering that 97 percent of all prisoners are one day released from Arizona prisons?

This report demonstrates that the prison environment itself—specifically the isolated environments of supermax, solitary confinement, and lockdown—is a crucial factor in re-entry and recidivism, and has broad implications on the individual, family, community, and statewide levels. We illustrate this using the most extreme examples, but the findings are relevant and applicable to conditions that exist throughout almost every correctional environment.

In 2007, the American Friends Service Committee’s office in Arizona published *Buried Alive: Solitary Confinement in Arizona’s Prisons and Jails*. The report detailed the conditions, policies, practices, and impacts of three correctional agencies in the state that regularly employ the use of solitary confinement: the Arizona Department of Corrections (ADC), the Arizona Department of Juvenile Corrections, and the Maricopa County jail system. While each of these agencies uses solitary confinement in varying ways and under different names, the reliance on this extreme form of punishment—too often resulting in detrimental mental and physical health of the prisoner—was the unifying factor for the report.

Buried Alive was the first effort to document the extent to which solitary confinement is used in a particular state and its jurisdictional agencies. In all three of the agencies that were identified, the report revealed neglect, abuse, and a torturous environment that resulted in long-lasting negative effects on the isolated prisoner.

The report contained three major findings. First, it revealed that people with mental illnesses are concentrated in supermax facilities. At the time of publication, according to ADC statistics, 26 percent of all persons held in the Arizona supermax facilities were mentally ill, compared to only 16.8 percent of the overall Arizona prison population. The report found that this was due to the higher likelihood of prisoners with untreated mental illness receiving disciplinary write-ups for behaviors associated with their symptoms. After a prisoner gets enough tickets, his or her security score is increased, resulting in placement in isolation. In addition, the conditions of extreme isolation and sensory deprivation in these units can exacerbate problems with existing mental illnesses and even create symptoms in otherwise healthy people.

A second key finding had to do with the length of time prisoners spend in these conditions. According to national reporting², as well as AFSC's survey of more than 70 individuals³, once placed in supermax prison facilities, the average total time spent in conditions of solitary confinement was five years.

Finally, the report indicated the links between long-term solitary confinement and recidivism. Due to the extreme length of some stays in isolation and the difficulty in obtaining a transfer to a lower-security yard, many of the people placed in solitary confinement are released directly to the streets with little to no transition time.

This report is a follow-up to *Buried Alive* and the findings related to reentry and recidivism. Its focus is on the process of transition to life after being held in isolation for years at a time and the ability of individuals to survive, let alone succeed, in society. This report builds upon the findings in the original report, particularly the fact that solitary confinement and similar forms of isolation cause and exacerbate mental illness in prisoners.

There is considerable research exploring the challenges faced by people being discharged from prison, but the discourse around prisoner reentry tends to focus on legal and institutional barriers: Federal policies barring drug offenders from receiving public assistance, background checks, and discrimination in employment and housing decisions. The discussion does not include how conditions of confinement impact the ability of individuals to function upon release. Even the limited discussions of prisoner rehabilitation are concentrated on the availability and effectiveness of in-prison programming, such as drug treatment, mental and medical health care, and educational programs. Rarely is there an acknowledgement, let alone critique, of the fact that the way people are treated on a day-to-day basis during their incarceration can have profound and lasting effects on their ability to reintegrate into society after their prison term is served.

This project focuses on the everyday experience of re-entry as it relates to the experience of long-term solitary confinement. How does spending years alone with little meaningful interaction with others influence the possibilities for successful social reintegration? To whom can released prisoners appeal as they move from the isolation of solitary confinement to outside life? What knowledge do most prisoners have about the Arizona communities into which they will settle upon release? These questions and others were the backbone for this collaborative project.

² Sullivan, Laura. "In US Prisons Thousands Spend Years in Isolation." *National Public Radio*. November 13, 2006. <http://www.npr.org/templates/story/story.php?storyId=5582144>.

³ Isaacs, Caroline and Matthew Lowen. 2007. *Buried Alive: Solitary Confinement in Arizona's Prisons and Jails*. Tucson, AZ: American Friends Service Committee.

Project Homecoming

Project Homecoming was made possible by a Soros Senior Justice Fellowship. Dr. Brackette F. Williams, Associate Professor of Anthropology at the University of Arizona, received this Fellowship and together with AFSC staff developed a plan of research that addressed the impact of solitary confinement on prisoner re-entry. Building on the findings of *Buried Alive*, Dr. Williams set out to examine the lived experiences of prisoners in Arizona's supermax facilities and other forms of isolation, paying specific attention to the impact of those experiences on their lives following release. The goals were to put faces on those experiences, and to illuminate our understanding of conditions in prison and of individuals' experiences as they move in and out of isolation and general population conditions and ultimately back to the streets.

Dr. Williams interviewed people who had been recently released from Arizona state prisons who had spent some portion of their time in some form of isolation. Given the confidentiality issues, Dr. Williams was not able to identify potential participants through the Arizona Department of Corrections (ADC). Instead, she worked through social service agencies, primarily homeless programs, advertising the project through fliers and word of mouth. Interested participants contacted Dr. Williams and AFSC staff in Tucson and were screened by phone or in person before participating in the interviews.

The criteria for participation required that individuals had spent at least 12 consecutive months in one of Arizona's supermax prison facilities – the Special Management Unit I (SMU I) or the Browning Unit (formerly named SMU II) at the Eyman Complex or Lumley SMA for women – or in other similar conditions of isolation. Through methodological research using a schedule of questions for basic background information, open ended interviews, and participant observation, detailed information was compiled creating outlines of a person's life before, during, and after solitary confinement.

This report explores the experiences of 41 men and three women, all of whom were interviewed after being released from Arizona prisons in 2008 or 2009. Roughly half were living in Phoenix and half in Tucson. Each participated in three separate interviews; the first explored their lives prior to incarceration, the second their experiences while in prison, and the third focused on re-entry and their lives outside.

The oldest participants (ages 40 to 60), spent decades moving in and out of prison with as much as 80 percent of their total time in prison spent in isolation, with only brief periods of each sentence spent in general population. These individuals were living makeshift lives as

they contended with the consequences of long periods in isolation. For some, these periods of intense sensory deprivation were interspersed with periods of intense stimulation in overcrowded lockdown cells, equally overcrowded dormitories in general population, or release directly to the streets in communities about which they had little knowledge and sparse or no personal support networks. Many of the younger participants (ages 25-39), who began their sentences in isolation, also spent little or no time in general population and were among those most often released directly from isolation.

Project Homecoming Participants

Race (Self-Identified)	Tucson	Phoenix	Female	Male	TOTAL
African American	3	9	0	12	12
African American/Hispanic	0	1	0	1	1
Native American	2	1	0	3	3
Native American/Hispanic	2	2	0	4	4
Native American/White	2	0	0	2	2
Hispanic American	4	1	1	4	5
White American	7	10	2	15	17
TOTALS	20	24	3	41	44

Beyond basic demographic data from ADC and other outside sources, this report does not offer statistical analysis. It is intended as a qualitative analysis, designed to illuminate and explore the stories behind the quantitative data that already exists, which demonstrates higher rates of recidivism among prisoners in isolation.⁴ The information gleaned through interviews with recently released prisoners paints a complex picture of a difficult and multi-faceted problem. Only by understanding the many factors behind these issues can we hope to devise solutions and policies that can actually address them.

Defining Forms of Isolation and Lockdown

The most widespread and easily identifiable form of solitary confinement in Arizona prisons—indeed, throughout the country—is through placement in super maximum-security prisons, also known as supermax prisons. The Arizona Department of Corrections (ADC) currently has three supermax facilities in two different prison complexes: Secure Management Unit (SMU) I and Browning Unit in the Eyman Complex for men, and the

⁴ Lovell, David and Clark Johnson, *Felony and Violent Recidivism Among Supermax Prison Inmates in Washington State: A Pilot Study*. University of Washington. April, 2004

Lumley SMA in the Perryville Complex for women. These units house a total of 2,076 prisoners.⁵

Throughout the country, supermax facilities take on different names such as the SHU, the box, lockdown, administrative segregation or “adseg” to name a few. Supermax units are specifically designed for long-term confinement and are reserved for prisoners who have been designated for segregation from the general prison population through an administrative classification process. These units are not to be confused with those used for the short-term punishment of disciplinary infractions.

Prisoners are placed in supermax facilities by virtue of their security classification or score. The designation is in large part determined by a point system, and is based on several factors including the nature of the crime for which they have been sentenced, their being identified as member of a security threat group or prison gang, an accumulation of citations while in prison, and other criteria. In addition, a portion of the supermax cells are reserved for prisoners in protective custody. They are ostensibly placed in isolation for their protection from other prisoners, not due to any of their own rule-breaking behavior.

While supermax units are the most extreme example, there are other prison environments with conditions that mirror the isolation of a supermax facility, some for a much shorter time period than others. In Arizona, each prison complex has a Complex Detention Unit that is used for shorter-term disciplinary isolation. ADC policy states that a person can be placed in these units for a maximum of three months. However, it is common for stays in the complex detention units to extend beyond the 90-day limit proscribed in policy due to administrative delays, a shortage of available cells in general population, or even clerical oversights.⁶ Similarly, according to prisoner testimony, it is common practice for separate stays in “the hole” – as the complex detention unit is often called – to be broken up by only one or a few days in general population.

With such an insignificant time between periods of isolation, repeated stays are essentially turned into one long stint of continued isolation. Prisoners who have experienced these conditions report some of the same psychological and other impacts as those who have spent years in a supermax prison unit. In fact, data from Project Homecoming research suggests that the experience of being bounced back and forth between similar isolating

⁵ The capacities of each unit are as follows: SMU I (1,056), Browning Unit (888), and SMA (132). Source: ADC Institutional Capacity Committed Population statistics for June 6, 2012, www.azcorrections.gov/adc/PDF/count/06062012%20count%20sheet.pdf.

⁶ ADC Departmental Order 804.1.5

conditions but in different locations has even more deleterious impacts than an unbroken stay in lockdown due to the unpredictability.

In addition, individual prison units of various security levels throughout the prison system are occasionally placed on temporary lockdown, during which prisoners are not allowed to leave their cell for most or all of the day for days or weeks at a time. During these lockdowns, prisoners may be double- or triple-bunked in their cells. This may be due to an incident such as a fight or riot, or a medical emergency. But prisoners also report it is increasingly being used when there are staffing shortages and not enough guards to manage common areas or recreation yards.

In an interesting development, recent reports indicate that solitary confinement is becoming less solitary. Due to the overcrowding of certain maximum-security units or inability to move prisoners from one unit to another in a specific time frame, prisoners have reported being double-bunked in the supermax cells, which were designed for a single inhabitant, for 23+ hours per day for months and years at a time. While isolation and sensory deprivation is very difficult to cope with, being forced to share such close quarters with another person invites an additional set of mental, physical, and emotional challenges.

While it is important to recognize the varying forms of isolation and how they are used, the simple fact remains that there are numerous practices that result in the extended isolation of prisoners. Often, Project Homecoming participants used the term “lockdown” to describe any and all of the above-described situations. This reflects the fact that these varying conditions are experienced by prisoners in largely the same ways. However, for the purposes of this report we will define *detention*, *lockdown*, *solitary confinement*, and *supermax* in the following ways:

- **Detention:** A disciplinary unit where prisoners are removed from general population, and placed for shorter-term periods in conditions of solitary confinement as punishment for an infraction.
- **Lockdown:** The condition of being held for 23 or more hours in any type of cell. This can be single-, double-, or triple-bunked, and for short or long periods of time.
- **Solitary confinement:** The condition of isolated, single-cell lockdown.
- **Supermax:** A maximum-security unit that holds prisoners in conditions of lockdown and solitary confinement for extended periods of time based on their administrative classification.

Use of Solitary Confinement and Lockdown Increase Over Time

The older Project Homecoming participants reported the increasing and arbitrary use of isolation over decades of moving in and out of Arizona prisons. Some of this can be attributed to some Project Homecoming participants have carceral histories dating back to before the construction and use of Arizona's supermax facilities. However these experiences refer not only to the use of the supermax facilities, but also to the use of full unit lockdowns, isolation through use of the Complex Detention Units, as well as overall length of time that prisoners were subjected to all of these forms of isolation. Increased reliance on extreme prisoner isolation had notable impacts on many of the older participants, as this was one of the only ways that they were able to comment on the lasting impacts of their isolation while in prison.

Who is Held in Lockdown in Arizona Prisons?

It is commonly believed that supermax prisons, solitary confinement, and lockdown conditions are necessary for the safety and security of society, prison staff, and the general prison population. Couched within this accepted correctional creed is an assumption that only the most violent prisoners—"the worst of the worst"—are held in such extreme isolation, and that due to the extreme danger of each of these prisoners, such conditions are therefore prudent and acceptable. These two assumptions are false.

Not all maximum-security prisoners have been convicted of violent crimes and not all have had major disciplinary problems while incarcerated. In Arizona prisons, 35 percent of the prisoners held in maximum-security units were convicted of non-violent crimes. Many people end up with a maximum-security classification and in various states of isolation for disruptive behavior (that is often not violent) or minor rules violations.⁷ All death row prisoners are automatically housed in supermax units, even if they have never committed a single infraction while incarcerated. It is generally accepted that people on death row are often some of the most well behaved members of the prison population.

Portions of Arizona's supermax units are exclusively reserved for prisoners in protective custody, meaning they are separated from the general population due to threats, assaults, or potential violence from other prisoners. This can include prisoners labeled as snitches, those who are targeted by prison gangs, and those believed to be child molesters. These prisoners

⁷ Ortega, Bob. June 2, 2012. "Critics: 'Maximum security' a factor in prison suicide rate." *The Arizona Republic*. Source: www.azcentral.com/news/articles/2012/06/02/20120602arizona-prison-suicide-rate.html

are subjected to the same harsh conditions—based on the belief that if they are isolated in a cell by themselves, it will be harder for other prisoners to harm them.

Prisoners of color are placed in supermax facilities at much higher rates than white prisoners. This is due in part to the greater rate at which prisoners of color are validated as members of a Security Threat Group, or a prison gang, as designated by ADC. Supermax facilities in Arizona have become the repository for any prisoner labeled as a validated Security Threat Group member. This practice has contributed to a disproportionate placement of prisoners of color in the Arizona supermax facilities. This calls into question the policies and decision-making processes of ADC staff as it relates to racial identification of the prisoners and what security classification they receive.

Prisoners in Protective Segregation

Presently there are 270 male prisoners in protective segregation held in the SMU I facility within Arizona State Prison Complex Eyman.⁸ These 270 prisoners represent 14.4 percent of the total population held in the male supermax facilities in Arizona. It is standard practice for prisoners who request or require protective segregation to be placed in a supermax facility, in order to ensure their safety from other prisoners. It is a tragic irony that, in order to seek safety from the general prison environment, individuals are subjected to the long-term isolation that causes mental illness, physical deterioration, and emotional and social stress, further distancing one from his family and loved ones.

Prisoners of Color

There is an unmistakable pattern in Arizona where prisoners of color are nearly always placed in supermax facilities and other conditions of isolation at significantly higher rates than white prisoners. This is an especially disturbing trend considering that people of color are already incarcerated at extraordinarily higher rates than white Arizonians. Given that there is no evidence that race can even remotely be tied to prison violence or rule violations, this suggests an inherent bias on the part of the ADC and staff who are responsible for the classification of prisoners, and the application of repeated disciplinary actions that can result in placement in isolation.

The two supermax facilities for men, SMU I and Browning Unit, have a combined operating capacity of 1,944 and as of April 2012 held 1,874 prisoners.⁹ Within these two facilities alone, this demographic inconsistency is most pronounced for Latino and Native American

⁸ ADC Institutional Capacity Committed Population statistics for June 6, 2012, Source: www.azcorrections.gov/adc/PDF/count/06062012%20count%20sheet.pdf.

⁹ ADC Institutional Capacity Committed Population statistics for June 6, 2012, Source: www.azcorrections.gov/adc/PDF/count/06062012%20count%20sheet.pdf.

prisoners. Fifty-one percent of the supermax prisoners are Latino¹⁰ compared with 41 percent of the general prison population in Arizona. In some supermax units these percentages are especially high. For instance, when one considers the Browning Unit population aside from death row (a designation that is decided judicially and not by the discretion of the ADC administration), the Latino population jumps to over 59 percent.

There is an 80 percent increase of Native American male prisoners between the general prison population (less than 5 percent) to supermax prisons (9 percent). This reality is mirrored in the Lumley SMA facility where Native American female prisoners make up nearly 14 percent of the population and less than 8 percent of the general prison population, while in Arizona the Native American population is only 4.8 percent.

Among African American prisoners, there remains little statistical difference between the general population and the supermax population. In fact, for male prisoners the numbers drop slightly, from 13 percent overall to 11 percent held in supermax. It bears mentioning that African Americans only make up 4 percent of the total state population of Arizona, yet are found in prison at a rate over three times that of the state population. Therefore, regardless of the lack of difference between the general prison population and the supermax population, African Americans in Arizona are grossly overrepresented in prison and in supermax at extraordinary rates.

All of these statistics are of course made more outrageous by the glaring fact that the white male prisoner population in supermax facilities is dramatically lower, only 25 percent, than in the general prison population, where it is 39 percent. For white female prisoners it is even more disparate, with the drop from 52 percent in the general prison population to 29 percent in Lumley SMA. Meanwhile, whites make up 73 percent of the Arizona state population. Put simply, persons of color are consistently placed in conditions of isolation at much higher rates than their white prisoner counterparts. Thus the negative impacts of supermax while incarcerated and upon re-entry are disproportionately levied against populations of color in Arizona.

Security Threat Groups

ADC classifies some prisoners as being part of Security Threat Groups, and will place members of those groups into isolation. ADC officials disproportionately classify people of color as being members of these groups. As recent as July 2011, “there were around 260 validated Security Threat Group members in SMU...with others held in SMU while being

¹⁰ Here, and throughout the report, “Latino” designates either Mexican American or Mexican National as identified by Arizona Department of Corrections statistics.

investigated.”¹¹ The validation process uses a highly subjective point system and includes factors such as tattoos, use of symbolism, and association with other identified gang members. But the fundamental identifying characteristic of every Security Threat Group is race. Security Threat Groups currently identified by the Arizona Department of Corrections include the Aryan Brotherhood (Caucasian), the Mexican Mafia (Mexican-American), the Mau Mau (African-American), and the Warrior Society (Native American).¹²

Prison administrators label people of color as members of prison gangs as a method of control, and labels often do not represent any real threat of violence or risk to security. Instead they provide a mechanism of division among the prison population.¹³ All of these racially disparate numbers raise important questions about how prisoners are assigned to supermax facilities, as well as suggest problems with the validation process and assignment of the Security Threat Group label to prisoners.

¹¹ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International’s concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications.

¹² Arizona Department of Corrections, Security Threat Group Unit, <http://www.azcorrections.gov/adc/STG/STG.aspx#stg>

¹³ Kamel, Rachael, and Bonnie Kerness. 2003. *The Prison Inside the Prison: Control Units, Supermax Prisons, and Devices of Torture*. Philadelphia, PA: American Friends Service Committee.

Conditions, Policies, and Practices of Isolation

Limited to No Social Interaction

Prisoners in supermax facilities face an extreme social and spatial isolation. Male prisoners are forced to remain in their cells nearly all day for years at a time. The cell doors are constructed in a way that further limits vision outside of the cell. In the women's facility, Lumley SMA, prisoners generally are kept in their cells for at least 22 hours per day. However, even those few hours per week out of one's cell can be denied due to short staffing, emergency lockdown status, or other administrative reasons.

All meals are eaten alone in the cell, and there are no congregate activities such as recreation, religious services, or addiction treatment programs. Maximum-security prisoners are forbidden from holding jobs or participating in educational programs.¹⁴ Male prisoners are prescribed a total of six potential hours per week of exercise that takes place alone in a 20 by 30 foot space with 20-foot high concrete walls and chain link over the top, with no exercise or sports equipment. Following exercise, the prisoner is, according to policy, allowed a shower.¹⁵

“Recreation in this place is a misnomer—for “recreation” is just an empty concrete enclosure with an area approximately four times a cell’s size, twenty foot high walls, and an open space above covered with steel mesh. Even animals in the zoo are provided with at least some rudimentary equipment. And rarely does one ever receive any direct sunlight because recreation is usually only offered in the morning or later in the evening (when the sunlight can’t reach down into the rec-pen). Thus a small segment of sky with its occasional passing bird, cloud formation, or distant streaking airplane has become the locked-down prisoner’s only cherished glimpse of nature’s beauty in this unnatural concrete world so devoid of life and color.”

—Prisoner in Browning Unit

In order to leave the cell, each person is strip-searched, handcuffed, and shackled. Often the cell is searched as well, leaving the cell and the prisoner's possessions in shambles to be cleaned up by the prisoner upon return. As a result of this harassment, or due to

¹⁴ ADC Departmental Orders 903.04, 1.1.1 and 910.04, 1.2

¹⁵ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International’s concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications.

depression or other mental health symptoms, many prisoners choose to forgo this solo exercise time and the shower, resulting in full 24-hour isolation, and no opportunity to physically move outside the 8' by 10' windowless cell. All of these factors contribute to an increased experience of extreme social and spatial isolation that on their own would be sufficient to cause severe stress upon the return to any social atmosphere of general population in prison, and especially the world outside the prison walls.

Conditions in Arizona's supermax prisons are so dire that they prompted Amnesty International to publish a scathing report, *USA: Cruel Isolation – Amnesty International's concerns about conditions in Arizona maximum-security prisons*.¹⁶ Amnesty International's decision to focus the reporting exclusively upon supermax prisons in Arizona demonstrates how grave the present situation is for prisoners. Their report highlights many of the same mental health and medical concerns raised in a class action lawsuit that has been filed by the American Civil Liberties Union, and more importantly points to a continued worsening of conditions in the harshest of Arizona prison facilities. The report notes multiple violations of international human rights standards in Arizona's supermax prisons, including,

*In its General Comment on Article 10, the Human Rights Committee (the treaty monitoring body) observes that "No penitentiary system should be only retributory; it should essentially seek the reformation and social rehabilitation of the prisoner". Other relevant standards also emphasize that prisoners should be given access to social, educational and other programs to prepare individuals for their eventual return to society.*¹⁷

High Concentrations of Mentally Ill Prisoners

It is well-established that prisons and jails have become de-facto mental institutions, as the decline of public psychiatric hospitals and community treatment options has resulted in illnesses remaining undiagnosed or untreated until a serious incident or psychotic break brings the individual into contact with law enforcement. Likewise, mental illness and poverty have forced more and more of the mentally ill population to the streets, where minor offenses such as public urination and trespassing can result in multiple jail stays. These prior convictions can easily result in longer prison stays for subsequent offenses.

The influx of mentally ill prisoners in jails and prisons is hardly new information. However, it has repeatedly been demonstrated in studies and throughout state, local, and federal

¹⁶ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International's concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications.

¹⁷ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International's concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications.

systems that the mentally ill are placed in isolation at much greater rates than non-mentally ill prisoners. In 2007, *Buried Alive* documented statistics released by ADC showing that 26 percent of male prisoners in supermax facilities were found to be mentally ill, compared to 16.8 percent of the general prison population. Since then, these numbers have risen.

As of March 2011, Amnesty International reported that 30.2 percent of the prisoners in SMU I and Browning Units were mentally ill. Amnesty International noted regular underreporting of mental illness in the facilities.¹⁸ The frequent underreporting of symptoms of mental illness for fear of stigma, coupled with the default assumption by prison staff that prisoners are malingering, suggests that both of these numbers grossly underestimate the reality of mentally ill prisoners, especially in the stressful, harmful conditions of isolation. Psychologist Dr. Terry Kupers puts the numbers of mentally ill prisoners in solitary confinement across the country at 50 percent or higher.¹⁹

This high concentration is due in part to the fact that people with mental illness have a difficult time conforming to rigid structures and following rules, which are hallmarks of any prison environment. At the same time, many symptoms and behaviors related to mental illnesses are frequently misinterpreted by undertrained staff as insubordination. As a result, mentally ill prisoners tend to rack up disciplinary infractions until ultimately, their security score is increased to maximum.

Not only are mentally ill prisoners placed in supermax facilities at a greater rate than other prisoners; once there, the extreme and prolonged isolation exacerbates pre-existing conditions and *causes* mental illness in persons who were not previously ill.

Research has shown that extended stays in solitary confinement cause a very specific set of mental illness symptoms that are physically harmful and psychologically devastating to persons. Stuart Grassian, a leading researcher in this field, coined the term “SHU syndrome” (named for Special Housing Units) to describe a cluster of symptoms including: hyperresponsivity to external stimuli; perceptual distortions, illusions, and hallucinations; panic attacks; difficulties with thinking, concentration, and memory; intrusive obsessional

¹⁸ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International’s concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications. – Amnesty International cites ADC numbers stating that 387 prisoners (36%) of SMU I, and 194 prisoners (24%) in Browning are currently receiving mental health treatment. The inside combined population of SMU I and Browning as of March 31, 2011 was 1,911.

¹⁹ Kupers, Terry. 2008. “What To Do With the Survivors? Coping with the long-term effects of isolated confinement.” *Criminal Justice and Behavior*. 35(8): 1005-1016.

thoughts; and overt paranoia.²⁰ Grassian points out that this is a discrete set of unique symptoms, found virtually nowhere else.

Violent and uncontrollable outbursts, hallucinations, hearing voices, throwing of bodily fluids at prison staff, self-mutilation, and suicidal ideations are all common symptoms for prisoners in Arizona supermax facilities.

High Suicide Rates

Nationally, the rates of suicides and attempted suicides have always been higher for prisoners held in supermax facilities, solitary confinement, and other forms of isolation.²¹ Often these attempted suicides are associated with mental illness, and further exacerbated by lack of or poor mental health care and attention during incarceration. Over the course of the last two years, the suicide rate among all Arizona prisoners was found to be 60 percent above that of the national average in prisons. Specifically the last two years have seen the highest recorded rates of suicide for several years.²²

As Bob Ortega of the *Arizona Republic* reported recently, the majority of these suicides were by maximum-security prisoners and took place while in solitary confinement, where the supervision and suicide prevention is meant to be at its highest level.^{23 24} In the first 11 months of the 2012 fiscal year, there were 470 incidents of attempted suicide and self-harm, already surpassing the previous year's total of 449.²⁵

Ortega further illuminates the importance of how each incident of death and self-harm is classified. As of the June 2, 2012 publishing of his exposé, there remained 10 deaths still under investigation, and another eight considered accidental but that were self-inflicted, suggesting that the numbers are actually already higher than being reported.

Physical Impacts of Confinement

For Project Homecoming participants, maintaining their physical health while in solitary confinement or other forms of lockdown depended greatly on the amount of space in the

²⁰ Grassian, Stuart. 2006. "Psychiatric Effects of Solitary Confinement," *Journal of Law & Policy*. 22: 335-6.

²¹ Kupers, Terry. 2008. "What To Do With the Survivors? Coping with the long-term effects of isolated confinement." *Criminal Justice and Behavior*. 35(8): 1005-1016.

²² Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International's concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications.

²³ Ortega, Bob. June 2, 2012. "Critics: 'Maximum security' a factor in prison suicide rate." *The Arizona Republic*. www.azcentral.com/news/articles/2012/06/02/20120602arizona-prison-suicide-rate.html

²⁴ ADC Departmental Order 807

²⁵ Ortega, Bob. June 2, 2012. "Critics: 'Maximum security' a factor in prison suicide rate." *The Arizona Republic*. www.azcentral.com/news/articles/2012/06/02/20120602arizona-prison-suicide-rate.html

cell. It was harder to have daily exercise while in lockdown with many cellmates than while in solitary. Therefore many expressed a preference for solitary over lockdown if given the choice. Back, knee, and other joint pains are among the ongoing negative physical consequences reported as direct outcomes of their longest periods in all forms of isolation as well as non-solitary lockdown.

These physical consequences, though potentially more likely to be exacerbated by an extended stay in isolation, were not necessarily less common in the general population. The older participants were more likely to report these problems as evidence of the increasing indifference to medical care for prisoners they have seen develop over the decades they moved in and out of Arizona prisons.

ACLU Sues Arizona DOC Over Poor Medical and Mental Health Care

Since 2007, when AFSC leveled its initial critique against the use of long-term solitary confinement in ADC facilities with the publication of *Buried Alive*, conditions have drastically deteriorated. The lack of adequate and legally mandated care has been so shocking that it has moved remaining mental health staff to speak out about the conditions and the absence of necessary staff to address the numerous issues.

As early as the fall of 2009, the then-deputy medical director for psychiatry at Arizona State Prison Complex Eyman wrote ADC Director Charles Ryan regarding psychiatric care: “We are out of compliance with our own policies regarding minimum frequency of contact with a provider, as well as community standards for adequate care. The lack of treatment represents an escalating danger to the community, the staff and the inmates.”²⁶

This reality has been consistently reflected in letters and correspondence to AFSC from prisoners both in supermax facilities and in the general population. In particular AFSC noted an upswing in prisoner deaths, requests for prisoner advocacy on issues of medical and mental health care, and requests for assistance with grievances since ADC Director Ryan was appointed in January 2009. This upswing has also led the American Civil Liberties Union of Arizona (ACLUAZ) and the ACLU’s National Prison Project to file a class action lawsuit against the ADC and Director Ryan. The lawsuit charges that the ADC officials:

...are well aware of several system-wide deficiencies that have caused and continue to cause significant harm to the prisoners in their custody, yet they have failed to take reasonable measures to abate the impermissible risk of harm. In recent years, [ADC]

²⁶ *Parsons v Ryan*, Case 2:213-cv-00601-NVW--MEA

*ignored repeated warnings of the inadequacies of the health care system and the dangerous conditions in their isolation units that they received from inmate grievances, reports from outside groups, and complaints from prison personnel, including their own staff.*²⁷

The lawsuit further states that ADC staff and administration “are deliberately indifferent to the fact that the systemic failure to [provide adequate health care] results in significant injury and a substantial risk of serious harm.” David Fathi of the ACLU’s National Prison Project stated, “The indifference to the needs of desperately ill people is shocking. And the gratuitous cruelty we see in Arizona’s SMUs (special management units, or solitary confinement) is unlike anything we’ve ever seen even in other states’ Supermax prisons.”²⁸

One crucial reoccurring issue that was prevalent in many of the statements included in the lawsuit from prisoners in supermax facilities was the failure of staff to respond to prisoner Health Needs Request (HNR) forms that were repeatedly submitted. Not only was there repeated failure to respond, there was active hindering of prisoners helping one another to correctly fill out the HNR forms. In some of these cases the prisoner seeking help suffers from medical and mental health issues that limit their ability to fill out these forms, thus further extending the amount of time before they are able to receive treatment.

Even when HNRs were properly submitted, plaintiffs reported wholly inadequate responses such as failure to provide needed care, extended waiting periods to see doctors that often resulted in the worsening of ailments, or in other cases being told to learn to live with pain and discomfort. Consistently there were gaps and delays in the proper medical supplies and necessary medications for already diagnosed medical issues.²⁹ Such failures in medical care and response time cause further deterioration in the health of prisoners who have no ability to seek care on their own. This all serves to exacerbate the experience of profound isolation and feelings of despair and helplessness.

The plaintiffs had been diagnosed with bi-polar disorder, serious mental illness (SMI), depression, paranoid schizophrenia, and borderline personality disorder, among others. Coupled with a dangerous lack of staffing, these diagnosed issues have gone largely untreated in any timely fashion, with many prisoners reporting waiting over a year to see a

²⁷ *Parsons v. Ryan*, Case 2:213-cv-00601-NVW--MEA

²⁸ Ortega, Bob. March 6, 2012. “Arizona inmates denied adequate medical care, lawsuit says.” *Arizona Republic*, <http://www.azcentral.com/arizonarepublic/news/articles/2012/03/06/20120306arizona-inmates-denied-adequate-medical-care-lawsuit-says.html>.

²⁹ *Parsons v. Ryan*, Case 2:213-cv-00601-NVW--MEA

psychologist. When prisoners are seen by mental health staff, it takes place in front of their cell, through the door, providing no privacy or confidentiality. The filing of this class action lawsuit highlights the ongoing dire conditions for maximum-security prisoners in Arizona prisons.

Rehabilitative Programming Eliminated

Beyond the conditions of isolation, in some cases it is the administrative policies and procedures of ADC that negatively impact the chances of success when prisoners are released. While undoubtedly based on security concerns and designed to punish prisoners for infractions, the net result of these policies is higher recidivism.

According to ADC policy, maximum-security prisoners in Arizona “are not eligible for enrollment in any education program.”³⁰ This prohibition was recently expanded, via statute, to include even correspondence or distance-learning programs, which the prisoners themselves pay for, require no staffing, and which prisoners in isolation can complete while in their cells alone. It is hard to see the logic to such a prohibition.

As noted previously, prisoners in maximum-security facilities are also prohibited from holding jobs. They have no opportunity to develop the critical vocational skills needed when they exit prison.

Even for prisoners in lower security units, educational programming options are limited. Though educational programs for prisoners in Arizona have been intentionally eliminated over the years, historically there have been some options even for prisoners in supermax.

Many of the older participants who spent several periods in isolation reported that over the years, opportunities to continue their education decreased and limitations became more capricious or arbitrary. This often depended on staff numbers and individual attitudes. As one could expect, participants reported few opportunities for employment while in long-term solitary and non-solitary lockdown that could provide them with new skills or enable them to maintain skills with which they entered prison. Less than 15 percent of participants increased their formal education levels or gained technical skills that would be of use to them on release.

Participation in educational programming while in prison has been linked to lower recidivism rates upon release. A 2001 study of over 3,000 released prisoners in Maryland,

³⁰ ADC Departmental Order 910.04, 1.2

Minnesota, and Ohio documents the reduced recidivism and higher employment rates of prisoners who participated in educational programming.³¹ It states,

*The analysis of the data indicates that inmates who participated in education programs while incarcerated showed lower rates of recidivism after three years. For each state the three measures of recidivism, re-arrest, re-conviction and re-incarceration were significantly lower. The employment data shows that in every year, for the three years that the study participants were followed, the wages reported to the state labor departments were higher for the education participants compared to the non-participants.*³²

The ADC's own data corroborates this finding. A 2005 recidivism study found a 25 percent reduction in recidivism by inmates who participated in educational, vocational, and substance abuse programs.³³ Prisoners in maximum custody are barred from every one of these programs.

Tragically, the prisoners likely to be most in need of such programming are the least likely to get it. Prison policies prohibiting maximum-security inmates from participating in these programs add another obstacle in front of these prisoners in their efforts to successfully reintegrate upon release. And chances of working their way down to a lower security level that does allow programming are out of reach for many prisoners.

This issue was raised in the recent report by Amnesty International. The report states,

*Amnesty International is concerned by the lack of educational or rehabilitation programmes in SMU, particularly in view of the fact that prisoners may spend years in the SMU, some for persistent behavioural problems. Apart from a small step-down program for former Security Threat Group (STG) members, there is no level system in SMU where prisoners can earn their way into a progressively less restrictive environment through their behaviour; Amnesty International was told that most prisoners are kept in same harsh conditions from day one until the day they are released from the unit.*³⁴

³¹ Steuerer, Stephen J et al, "OCE/CEA Three-State Recidivism Survey." Office of Correctional Education, US Department of Education. September 30, 2001.

³² Steuerer, Stephen J et al, "OCE/CEA Three-State Recidivism Survey." Office of Correctional Education, US Department of Education. September 30, 2001.

³³ "Arizona Inmate Recidivism Study," Arizona Department of Corrections, May 2005. http://www.azcorrections.gov/adcc/reports/recidivism_2005.pdf.

³⁴ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International's concerns about conditions in Arizona maximum-security prisons*. London, UK: Amnesty International Publications.

Fewer Visitation Rights

The process of visiting family members and loved ones in prison is both onerous and often degrading. Family members visiting must now pay a fee of \$25 for a background check simply to apply for visitation rights.³⁵ Visitors are only allowed to be on one prisoner's approved visitation list at a time, unless they are considered immediate family to more than one prisoner.³⁶ Given the evolving nature of family structures, especially when considering the tumult surrounding familial incarceration, this regulation has the potential for further limiting the availability of family visits, if visitors do not meet the immediate family requirement but have multiple family members who are incarcerated. The majority of prisons in Arizona are located in rural areas, far from major metropolitan areas, making it difficult for many families to visit incarcerated loved ones. Upon arrival at the prison complex, visitors must submit to strict scrutiny of their person, including clothing, and personal items.^{37 38} Any vehicle that is parked at an ADC prison complex is subject to search that can result in denied visitation into the facility, even if the item(s) that are responsible for the denied entry were never intended to be taken into the prison. When a person is refused entry for prison visitation due to potential contraband discovered in a personal vehicle or for a violation of standards of behavior, this results in a minimum of three months of blocked visitation rights and a half-year of non-contact visits.³⁹

Visitation rights for prisoners in held in maximum-security units are much more restrictive than for prisoners in general population, are non-contact, and take place through a plexiglass wall via a telephone.⁴⁰ In contrast to prisoners with lower security scores, prisoners held in maximum-security units are ineligible for extended or multiple blocks of visitations as outlined by ADC's Earned Incentive Program Phase. Maximum-security prisoners are afforded one two-hour visit per week and must be made by appointment only, rather than regular weekend visiting hours and special holidays as all other prisoners are allowed.⁴¹

The ramifications of being limited to non-contact visits extend beyond mere inconvenience. Non-contact visits mean that children do not get to hug their parents and that conversations take place through a telephone in half-standing positions that are uncomfortable and limit

³⁵ ADC Departmental Order 911.04, 1.2

³⁶ ADC Departmental Order 911.04, 1.3.9

³⁷ ADC Departmental Order 911.04, 1.14

³⁸ ADC Departmental Order 911.04, 1.12

³⁹ ADC Departmental Order 911.06, 1.2.2

⁴⁰ ADC Departmental Order 911.04, 1.6

⁴¹ ADC Departmental Order 911.08

group conversations. Simple, but crucial pieces of visitation such as family photographs are not possible during non-contact visits.⁴²

It is not uncommon for prisoners to urge family members and loved ones not to visit due to mental illness, reluctance to have family members endure the invasive security screenings, or even shame of family seeing them deteriorate. Phone calls and letters are similarly limited, and are considered a privilege that can be taken away as punishment. The end results are fractured families, lack of a support network, and further slipping into a social withdrawal that Craig Haney describes as receding “even more deeply into themselves than the sheer physical isolation of supermax has imposed on them.”⁴³ This void of familial connection and support is especially detrimental upon release from prison.

Following incarceration many people return home to their families, at least initially. As social service budgets are slashed and waiting lists for transitional housing get longer, many prisoners have no hope of early release without a family residence to go to.⁴⁴ These family members become the front line of reentry by providing housing, food, clothing, employment prospects, financial support, and encouragement in staying sober or avoiding criminal behavior.⁴⁵

Indeed, one study of prisoners returning home to Cleveland, Ohio, reported that after release, 78 percent of former prisoners received support from families and 80 percent lived with a relative.⁴⁶ Family support was identified as the most important thing that kept them from returning to prison. Research also indicates that providing services to the families of

⁴² ADC Departmental Order 911.05, 1.10.2

⁴³ Haney, Craig. 2003. “Mental Health Issues in Long-Term Solitary and ‘Supermax’ Confinement.” *Crime and Delinquency*. 48(1): 124-156.

⁴⁴ Under Arizona’s Truth in Sentencing statute, prisoners are eligible for release after serving 85 percent of their sentence. But housing must be inspected and approved. If early release is denied, prisoners must then wait until they “max out,” or serve their full sentence. At that point, they are released with no supervision or assistance from ADC.

⁴⁵ Bobbitt, M. and Nelson, M. 2004. “The Front Line: Building Programs that Recognize Families’ Role in Reentry.” Issues in Brief, Vera Institute of Justice. Viewed March 10 at http://www.dvinstitute.org/current/pdfs/249_476.pdf; and Naser, R. and La Vigne, N. 2006. “Family Support in the Prisoner Reentry Process: Expectations and Realities.” *Journal of Offender Rehabilitation*. 43(1):93-106.

⁴⁶ Visher, C. and Courtney, S. 2006. Cleveland Prisoners’ Experiences Returning Home. Urban Institute: Justice Policy Center. Viewed March 10, 2008 at http://www.urban.org/UploadedPDF/311359_cleveland_prisoners.pdf.

recently released prisoners lowers rates of physical, mental, and emotional problems; drug use, and recidivism.⁴⁷

Once again, ADC policies deny the most at-risk prisoners the opportunity to maintain the family ties so critical to their success upon release.

Critical to the discussion of conditions and prisoner care during incarceration is the question of the long lasting impacts of extended stays in isolation.

⁴⁷ Sullivan, E.; Mino, M.; Nelson, K.; Pope, J. 2002. Families as a Resource in Recovery from Drug Abuse: An Evaluation of La Bodega de la Familia. Vera Institute of Justice. Viewed March 10, 2008 at http://www.vera.org/publications/publications_5.asp?publication_id=163. r t

THE LASTING EFFECTS OF LOCKDOWN

It is imperative that the lasting effects of isolation be better understood and addressed at a policy and social service level. Dr. Williams' research for Project Homecoming suggests that the hyper-isolated conditions of ADC facilities add layers of physical, mental, social, and economic barriers to those already present for the average prisoner upon release.

Project Homecoming's research demonstrates that the most notable difference in how individuals responded to their time spent in isolation derives from a difference in age. The younger participants reported an expectation that they would inevitably spend periods of their incarceration in long-term isolation of one form or another. Interestingly enough, they thought they had managed to endure isolation without adverse mental or physical consequences. In contrast, the older participants described an increased use of isolation as a disturbing trend over the years that became difficult for them to adjust to, and were likewise more willing and able to describe the negative impacts upon their mental and physical states. The younger participants simply saw the use of isolation as regular prison practice and therefore to be expected during their incarceration.

While the perception of the impacts of isolation varies, based on participant testimony it is clear that there was a common overestimation of the extent to which individuals were unscathed by the experiences of isolation. These younger individuals appear simply to take for granted that "being reduced to behaving like wild animals" – as one participant described their conduct – was normal under the circumstances and only a temporary condition with no lasting effects. The assumption was that they would easily revert to normal human conduct when released from prison and returned to the community.

With no clinical records for any of the participants, it is difficult to account for their prior mental health conditions. Despite claims to the contrary, their stories reveal more mental and physical damage than they directly reported as products of their experience in isolation. Similarly, the fact that recently released Project Homecoming participants were unable or unwilling to identify the impacts of long-term isolation on themselves even when it was glaringly obvious to interviewers suggests a number of key issues that require addressing. First, it suggests the need for much better mental health care both in and out of prison. Second, it points to why mental health and behavioral health care providers need to be asking about prisoners' specific carceral experiences while in prison. Finally, it illuminates why the use of isolation in the form of supermax, solitary confinement, or lockdown must be eliminated as a practice in Arizona.

One particular participant who had been in and out of prison over the past 20 years clearly exhibited this pattern of behavior. On short-term interactions with him, he appeared relatively stable. However during subsequent interviews, he resorted to continual repetition of the same stories and analyses of them, almost verbatim. His pattern of communication suggests he suffered from severe mental disabilities, which made his assignment to a mental-illness unit a theoretically appropriate location for him. But to suggest that isolation is appropriate for anyone in need of psychiatric care is to ignore the well-established fact that such conditions have been proven to exacerbate already existing mental health concerns. Likewise, the account of his experiences in that unit for mentally ill prisoners indicated that proper psychiatric care was not provided. This research reinforces the experiences of AFSC staff that such care is limited at best, and that more often than not ADC is unable or unwilling to provide what is necessary and appropriate to mentally ill prisoners.

The oldest of the 44 participants is also the only one to be officially diagnosed with Post Traumatic Stress Disorder (PTSD); he was diagnosed with PTSD by the Veteran's Administration (VA). Notably, he reported that the VA doctor based the PTSD diagnosis on his prison experiences rather than experiences stemming from his military service. His time in prison was punctuated by multiple short and several long periods (three to five or more years) in solitary and non-solitary lockdown. At the time of the interview he was taking prescribed drugs for PTSD and other mental illnesses.

Life on the Outside

As long as there have been prisons, reentry has always posed a challenge to former prisoners, their families, communities, and the programs that struggle to help them succeed. But today, with high unemployment, prison populations at unprecedented levels, and state budgets stretched to the breaking point, the picture is particularly bleak.

At the end of 2010, U.S. federal and state correctional facilities held over 1.6 million prisoners—one in every 201 U.S. residents.⁴⁸ At least 95 percent of prisoners will one day be released,⁴⁹ and trends suggest that these releases may come sooner rather than later, as states move to roll back some of the “tough on crime” legislation of the 1990's in favor of early releases to ease state budget crises. The number of people released from state and

⁴⁸ Guerino, P.M., et al. *Prisoners in 2010*. US Department of Justice, Bureau of Justice Statistics, 2011

⁴⁹ Hughes, T & DJ Wilson. *Reentry Trends in the United States*. US Department of Justice, Bureau of Justice Statistics, 2002

federal prisons increased 20 percent between 2000 and 2010.⁵⁰ Currently, it is estimated that 700,000 formerly incarcerated people are released each year.⁵¹

The odds of these prisoners remaining in the community are not good. A 40-state recidivism survey conducted by the Pew Center on the States found that four out of every ten (45.4 percent of people released from prison in 1999 and 43.3 percent of those released in 2004) were re-incarcerated within three years, either for committing a new crime or for violating the terms of their release.⁵²

The reasons for these discouraging statistics are complex. Researchers cite the multitude of personal, social, and economic problems that people often enter prison with—mental illness, low levels of education, limited employment histories, unstable home lives, “socially disorganized” communities, physical health problems from inadequate medical care, etc. Many people get into legal troubles precisely because they lack certain social advantages, skills, stability, and support systems. A stint in prison does not improve poor social and economic prospects.

Added to this are what are commonly referred to as “collateral consequences”: the structural barriers to successful reentry imposed by institutions, such as laws and policies that restrict people with criminal records from employment, welfare assistance, housing, voting, and student loans for higher education.⁵³

In some cases the barriers are the result of federal laws, such as the ban on people with drug convictions from receiving food stamps or Pell Grants. But perhaps more insidious are the thousands of administrative policies and procedures that in many cases are entirely discretionary. For example, Tucson’s Crime Free Multi-housing Association instructs landlords specifically to deny applications from people with criminal convictions. Tenants are also required to sign a “Crime Free Lease Addendum,” which stipulates that they can be immediately evicted if they, or even their visitors, are arrested, even if the charges are later dropped or they are found innocent.

⁵⁰ Guerino, P.M., et al. *Prisoners in 2010*. US Department of Justice, Bureau of Justice Statistics, 2011

⁵¹ Miller, Sean J.. “US prison inmates returning to society: How will they be received?” *Christian Science Monitor*, May 20, 2012.

⁵² Pew Center on the States, *State of Recidivism: The Revolving Door of America’s Prisons*, Pew Charitable Trusts, 2011.

⁵³ Many people are surprised to learn that institutionalized discrimination against people based on their criminal history is entirely legal. Only issues of race, gender, ethnicity, disability, and, in some cases, sexual orientation, are considered “protected classes” prohibiting such discrimination.

A study by law students at the University of Arizona found that the most significant barriers to employment for released prisoners are statutorily required background checks that require disclosure of criminal convictions.⁵⁴ These requirements are buried in the state Administrative Code. The report states,

*...pursuant to A.R.S. § 13-904(E), a person **may be denied employment** by the state or any of its agencies or political subdivisions or a person who has had his civil rights restored may be denied a license, permit or certificate to engage in an occupation by reason of the prior conviction of a felony or misdemeanor **if the offense has a reasonable relationship to the functions of the employment or occupation for which the license, permit or certificate is sought.** Consequently, state licensing agencies have enormous discretion to deny ex-offenders from obtaining licenses.⁵⁵ (Emphasis added).*

Given the immense hurdles placed in front of the average person returning from prison, the additional burden of decreased emotional, psychological, and social functioning that results from long-term isolation cannot be understated. Many prisoners report difficulty adjusting to a regular *prison* yard after long periods in isolation; the prospect of adjusting to life *outside* a prison environment can feel utterly impossible. Yet very few prisoners are provided with any assistance in their adjustment from the Corrections Department.

In its recent report, Amnesty International described a common prison release scenario,

During its visit to Arizona in July 2011, Amnesty International's delegates were informed that the psychologist at SMU I/Browning was also the release planner but that this was no longer a full-time position so there were fewer resources for this: in practice prisoners were being taken from near 24 hour cellular confinement to be released into the community with \$50 and an ID card.⁵⁶

Re-entry and the Effects of Prolonged Isolation

Psychologist Dr. Terry Kupers makes the comparison between prisoners who have just been released from solitary confinement in a supermax facility and persons who were recently on suicide watch. The most likely and dangerous time for violence, acting out, or another crisis to occur is immediately after one is released. Dr. Kupers says, "Whether a prisoner leaves

⁵⁴ Adamson, Kate et al. "Collateral Consequences of Criminal Conviction in Arizona." The Law, Criminal Justice and Security Program, University of Arizona. 2005. Preliminary Discussion Draft.

⁵⁶ Amnesty International. 2012. *USA: Cruel Isolation – Amnesty International's concerns about conditions in Arizona maximum-security prisons.* London, UK: Amnesty International Publications.

the isolation unit and gets into trouble on the yard or ‘maxes out...’ and gets into trouble in the community, we are seeing a new population of prisoners who, on account of lengthy stints in isolation units, are not well prepared to return to a social milieu.”⁵⁷ This is an institutional and systemic problem that is created by the conditions of incarceration.

Forms of continued supervision – parole, community supervision, conditional release, and half-way houses –can at times provide a certain level of helpful transition especially when recently released persons have no familial support to lean on. AFSC recognizes these forms of state supervision are problematic, given their institutional tendency to return persons to prison at such high numbers because they fail to provide the support and attention required to be helpful in a transition. It is important to recognize that in many cases, parole and community supervision offices are the only form of support that recently released prisoners have available. Thus the minimally funded community supervision and parole offices, limited-availability social service agencies, and state budget cuts have all contributed to an enormous gap in the transitional services available to any person leaving prison in Arizona.

More startling is the fact that the many of the participants of Project Homecoming elected to serve out their time in prison – even if it meant being held in isolation – in order that they would no longer be under state supervision upon release. The result is a complete lack of available transition services, however sparse and problematic they may be. Given the previously mentioned distance from family and loved ones and high rates of mental illness, this poses a number of crucial problems that can have very serious consequences in the time period immediately following release.

The participants reported that they would often avoid the areas where the few available social service agencies, transitional homes, and homeless shelters are located, because these are areas where they made poor choices previously. Likewise, available shelters offer very little in the way of privacy, are always crowded, and difficult to get into. For prisoners who have spent years in isolation, such an environment would be the last place they would want to turn. While deciding to avoid problem locations would usually be considered wise, the reality is complex--in these cases, it renders the individuals even more isolated and lacking any support networks or services. Here, the self-inflicted social isolation that was created by the extreme isolation in prison is most noticeably debilitating.

In describing his life on the outside, one participant who avoided old neighborhoods and contacts said that “life is way harder out here for me than it is in there.” He is not alone in

⁵⁷ Kupers, Terry. 2008. “What To Do With the Survivors? Coping with the long-term effects of isolated confinement.” *Criminal Justice and Behavior*. 35(8): 1005-1016.

this nostalgia for prison life and for the isolation of the supermax cell. A female participant, also homeless and barely getting by at the time of the interview, said almost ashamedly, “The worst thing that I can honestly say about trying to get back into society is I miss my cage more and more everyday. I just can’t function out here.” When asked, “Do you want to the small cage back or the big cage?” she replied, “The smaller the better. I can control everything in it.” They make repeated efforts to avoid people, for example moving to the edge of the city or living alone in a tunnel. It is strikingly reminiscent of the social withdrawal that Craig Haney describes as endemic to persons held in isolation for long periods, except now they are outside the supermax cell, in the great wide open of supposed freedom, which terrifies them.⁵⁸

Thoughts of suicide permeated many of the participants’ interviews, especially when the conversation turned toward plans for the future. At least 10 of the male participants (50 percent) from Pima County had considered suicide between their release from prison and their first interview. Each participant who reported suicidal thoughts mentioned them in more than one of their interviews. Strikingly, some of these men had been out of prison less than one week when the first interview took place. They reported the inability to see a viable way to remain out of prison, yet at the same time could not imagine doing more prison time. By their final interview, three of these men stated that they considered suicide on a daily basis, but had yet to act on these considerations. A few also considered committing some crime that would land them back in prison and allow for more time to devise a better strategy for handling life on the outside.

Anyone leaving prison is faced with an unwelcoming social landscape. The simultaneous necessity and absence of housing and work are experienced immediately. The freedom of release is truncated by limited housing options, partially as a result of neighborhood bans on people with felony convictions, and a job market that has very little inclination or incentive to hire former prisoners. Add to this reality significantly higher rates of mental illness; tendencies toward social withdrawal; lack of support networks or family to rely on due to the added social distance of a supermax prison; and no transition services after spending years in the most extreme isolation, and the experience of a former supermax prisoner begins to take shape. More notably it begins to demonstrate the compounded effects of supermax confinement and the additional limitations once released. In the same way, one prisoner’s perceived ease of life in prison compared to his experiences of life on

⁵⁸ Haney, Craig. 2003. “Mental Health Issues in Long-Term Solitary and ‘Supermax’ Confinement.” *Crime and Delinquency*. 48(1): 124-156.

the outside, as well as another's longing for a space she can control even if it is a cage, demonstrates precisely the extra layer of difficulties created by prolonged isolation.

Seeking Housing and Employment

The two most pressing issues for all prisoners facing release are securing a job and shelter. These two factors are crucial to self-confidence and act as a foundation from which to build social relations and re-engage with the outside world. Also, the ability to secure both a job and housing are key factors in their ability to remain out of prison. Unsurprisingly, it is incredibly difficult to obtain one of these without the other, which also makes them as a pair nearly impossible to come by for recently released prisoners.

Of the Project Homecoming participants, the vast majority – 38 of the men and two of the women – were homeless at the time of their interviews. Except for intermittent time in programs for homeless people, they generally lived in makeshift shelters they constructed in alleys, parks, the desert, and – during the dry seasons – drainage tunnels. Whether living in a formal shelter or in makeshift arrangements, they ate meals provided by shelters and other programs that served the homeless.

For the majority of participants, relying on family support was out of the question. Many reported that they had long ago lost contact with their families. They also noted their families' disapproval of substance abuse or crime, the long distance and financial costs of visits and phone calls, and mental illness as contributing factors. Many expressed reluctance to attempting to reestablish contact, often out of shame and embarrassment. Some said that they were waiting until they got back on their feet because they didn't want their family members to think they were only looking for charity. Some also reported owing financial debts to family members and concern about their inability to repay them.

Finding and maintaining stable and safe living situations proved difficult for both psychological reasons and reasons of individual choice. Some participants reported that they *voluntarily* chose to live outside due to psychological trauma from their time in lockdown. They felt claustrophobic in enclosed spaces and reported feeling paranoid and unable to relax in crowded shelters. Others stated that the homeless shelters were all located in "bad parts of town" surrounded by drugs, gangs, and other criminal activity. For some participants, these represented their past lives, and they knew if they did not avoid these areas, they might be pulled back into relationships or activities that were unhealthy for them. Still others cited the fact that none of the housing available to them could pass muster with probation or community supervision (formerly called parole) guidelines, due to policies prohibiting released prisoners from associating with certain people, living within a certain distance of a school, or other requirements.

All participants lacked basic skills such as using a computer, understanding how to apply for an apartment lease, and other tasks, such as turning on utilities. Thus, while they were also nearly all unemployed, save for the few who were able to find temporary day jobs, a lack of income was not the only factor that influenced their ability to attain a stabilized life outside prison.

Project Homecoming participants reported that once they were released from parole, those who were unemployed became dependent on day labor opportunities, did not qualify for social security disability payments, and lacked funds for housing. Those that were employed, had funds from intermittent day labor, or qualified for social security disability payments sometimes rented a motel room for a few days or weeks.

When participants had money, food stamps, or had acquired groceries by other means, they cooked meals, alone or with other homeless people, on equipment they devised in the makeshift shelters. They also relied on service programs for opportunities to shower, usually once a week. They also generally obtained clothes and shoes for these programs as well, though participants indicated that the use of the shower was more crucial than getting free clothing. This meant that they showered and then dressed in their dirty clothes and worn-out shoes.

Lack of Support Services Upon Release

Availability of support services upon release from prison in Arizona is far below the demand. What few services exist are limited in the numbers they can accommodate and unable to admit many individuals based on their specific felony conviction, and many have been significantly defunded by the state or simply have not had funding increased enough to meet the demand for service. For many residents of Arizona who do not have a felony on their record, finding appropriate and affordable social, medical, and mental health services is extremely difficult. For people with the added stigma and felony-imposed limitations, obtaining the necessary services can be next to impossible, especially when coupled with the difficulty of job and housing security.

Given Arizona's harsh sentencing-laws mandate that people must serve at minimum 85 percent of their sentence regardless of their behavior while in prison, the number of people being released under community supervision has been dramatically reduced. This contributes to a greater number of people transitioning into life after imprisonment with limited or no access to social, medical, or mental health services.

There is another phenomenon that contributes to the inaccessibility of services upon release from prison that was prominent in the participants of Project Homecoming – that of

“maxing out.” This refers to when, legally, a person cannot be incarcerated any longer because the maximum length of his or her sentence has expired. These individuals are then released without any supervision from either the ADC or probation system.

There are two primary ways maxing out occurs, and these situations are sometimes tied to each other. First, if someone continues to commit infractions while incarcerated that result in a maximum security assignment such as SMU I, Browning Unit, or Lumley SMA, it is impossible to earn the limited goodtime that is required in order to be released from prison after 85 percent of one’s sentence. The second way is true of the overwhelming majority of Project Homecoming participants who were released without supervision; it is they chose to complete their sentence, even when it meant remaining in isolation. This decision is greatly influenced by the belief that freedom from state supervision allows for a better chance to succeed in remaining outside.

Given that 30 percent of new admissions to people entering state prisons in Arizona are returning after revocation of probation or parole, this appears to in fact be a rational decision.⁵⁹ People on community supervision can be prohibited from drinking alcohol, associating with certain people (including family members), or from being in certain places. They are required take random drug tests, to meet regularly with a probation officer, and to have a job – often within 30 days of release. Some are required to attend anger management, substance abuse, or other therapy sessions. They must pay for their own supervision, drug testing, and any therapy groups out of their own pocket, in addition to any outstanding restitution or fees. This presents yet another significant obstacle on the road to successful re-entry into the community, one that need not be as insurmountable as it is.

Repeatedly, participants reported significant difficulties immediately upon release from prison. If not released on supervision, some received transportation to the nearest bus station, while others hitchhiked. A few with family or friends who they were able to contact got a ride home, which usually meant the Tucson or Phoenix metropolitan areas. Those released on supervision sometimes but not always received state transportation to the outside facility—a halfway house or shelter—to which they were assigned. Others paid to take a bus with part of their release funds, or they hitchhiked if they wanted to save funds or did not have enough for a ticket to the required destination.

AFSC has found that even for those recently released prisoners who manage to obtain services, many agencies are not prepared to recognize or address the particular impacts of

⁵⁹ Arizona Department of Corrections, “Corrections at a Glance.” April 2012.

isolation. AFSC staff and Dr. Brackette F. Williams presented preliminary findings from Project Homecoming at a continuing education workshop for social service and behavioral health practitioners in Tucson. The goal of the workshop was to highlight the complexity of life after incarceration, particularly for those people who have been held in isolation. By identifying symptoms resulting from long-term isolation and encouraging practitioners to ask questions about a potential client's experiences in prison, our hope was to provide useful tools for mental and behavioral health support outside of prison when services are available. Nearly 100 practitioners attended the workshop, and practically all of them professed a lack of knowledge surrounding the conditions of confinement and the lasting impacts upon prisoners. The majority reported that their agencies do not inquire as to whether or not a client has been incarcerated, much less in what conditions. Clearly, there is a huge unmet need for more education and training for the social service agencies assisting individuals upon release from prison.

Recidivism

ADC does not keep or compile statistical data on prisoners by prison unit or security classification. Yet research in Washington state demonstrates a relationship between recidivism rates and mental illness for people who were held in isolation.⁶⁰ Recidivism studies are one of the best ways to demonstrate the success and failures of incarceration, and the lack of this analysis by ADC stands in contrast to their charge to rehabilitate offenders and enhance public safety.

With few exceptions, Project Homecoming participants had been in prison multiple times, either in Arizona or another state. Among the participants who had been to prison multiple times, all experienced isolation during more than one of their periods of incarceration. Also, each of the participants who had been to prison multiple times (recidivated) had spent significant amounts of time in isolation during his or her most recent incarceration. These periods ranged from three months to a year or more for each separate period of incarceration.

When asked about their chances of remaining out of prison at the time of their interviews, most participants thought there was just as much a chance that they would return to prison as remain free. There was some optimism to their outlooks for the future, even while recognizing the enormous difficulties that they faced, such as finding housing, securing a

⁶⁰ Lovell, David, and Clark Johnson. "Felony and Violent Recidivism Among Supermax Prison Inmates in Washington State: A Pilot Study." <http://www.son.washington.edu/faculty/fac-page-files/Lovell-SupermaxRecidivism-4-19-04.pdf>

job, paying off state-imposed debt, and steering clear of alcohol and drug addiction. However, day-to-day life often proved challenging, many considered making choices to return to prison, and many reported practices of self-isolation.

The scope of Project Homecoming does not allow for a statistical analysis of participant recidivism. AFSC is aware that not long after the final interviews, there were several individuals who had already been re-incarcerated. Even in between the first and the third interview, there was concern that based on behavior and stories that were shared with the interviewer, certain participants would not make it through the full series of interviews. The threats of missteps and re-incarceration were always hanging over the head of each Project Homecoming participant.

Conclusion

It is unacceptable to assume that what goes on in prison remains in prison. Nor are the conditions of isolation and trauma that have been described in this report acceptable. If this research demonstrates anything, it is that the prevalent use of isolation in the Arizona prison system does real social harm long after prisoners are released.

It is well understood that people released from prison face a multitude of hardships. Economic, housing, and social stability are elusive and infrequent, support and transition services are too few, and familial networks are fractured and often non-existent. These common realities contribute to high recidivism rates and mark a continued failure of the ADC to effectively provide for any meaningful and successful reintegration into the community.

With the addition of frequent use of prisoner isolation to an already unfriendly re-entry environment, ADC is actively contributing to a recipe for disaster. Isolation during incarceration adds enormous barriers to the already difficult task of successful prisoner re-entry. It restricts prisoner access to loved ones and support networks, eliminates any meaningful human contact with staff or other prisoners, and causes severe psychological harm.

The research of Project Homecoming suggests that there are long-lasting social and psychological impacts on people who are kept in isolation, even after they are released. These impacts have tangible outcomes that further limit one's ability to succeed once released from prison. The purposeful placement of people in isolation directly contributes to the failure of prisoner re-entry, and ADC bears responsibility for this reality.

At the time of publishing this report, Arizona is poised to build another 500 supermax prison cells at a cost of \$50 million⁶¹ even as the Arizona state prison population has effectively plateaued in the past three years. This unnecessary expansion of maximum-security beds is a move toward a broader use of the non-rehabilitative techniques of isolation.

The sustaining societal and economic consequences of solitary confinement, supermax prisons, and prisoner lockdown are detrimental to families, our communities, and the economy, and need not be expanded, but rather reduced and eventually halted all together.

⁶¹ Ortega, Bob. "Critics: 'Maximum-Security' a factor in prison suicide rate." *The Arizona Republic*. June 2, 2012. <http://www.azcentral.com/news/articles/2012/06/02/20120602arizona-prison-suicide-rate.html>

Lifetime Lockdown: The Story of Mike

The oldest participant in Project Homecoming (the research project behind the new AFSC report on solitary confinement's impact on prisoner re-entry), was "Mike" (not his real name). He spent 40 years in and out of Arizona prisons and jails. Given the length and number of his periods of incarceration, his experiences demonstrate both the personal impacts of forced isolation and the shifts that took place in the Arizona Department of Corrections over several decades.

The following vignette was originally compiled in a longer form by Dr. Brackette F. Williams and has been adjusted with permission for the purposes of this report.

Mike's story reads like a recent history of the Arizona Department of Corrections (ADC), spanning over 40 years and the advent of supermax prisons. He first entered prison after being honorably discharged from the armed services. Mike was one of the first people to enter SMU I, the state's first supermax unit, and one of the first in SMU II (now Browning), as well. He characterized those first years in supermax as some of the most violent prison environments he had experienced.

Mike was also among the first group of prisoners classified for supermax incarceration under the Security Threat Group (STG) policy for his affiliation with a prison gang – he asserts that he was not actively involved in a gang, but was assigned this status based primarily on his race.

When he was first placed in supermax, he had already spent a couple of decades going in and out of prison; life in a cell was not new to Mike. However, the increased use of prolonged isolation was something to which he could never adjust. By a conservative estimate, Mike spent more than 80 percent of his incarceration in isolation, including short periods of four to six months and longer periods of one and a half to three and a half years. His longest stay in supermax lasted nearly five years.

Over the course of four decades, Mike never managed more than a few years of freedom at a time, and usually less. He often returned to prison within a few days or months. Even when he was released, he was usually under state supervision, and had trouble meeting the conditions of his parole.

On one occasion, he deliberately violated parole. He was struggling to follow the daily plans required as a condition of his parole, and the schizophrenia medication he was taking made him feel "too high to make it worthwhile to be out of prison," he said.

Perhaps from an outside perspective, Mike fits the stereotype of someone who accepted his role as a “repeat offender.” But a closer examination reveals a cycle of dysfunction and missed opportunities. His failure to remain out of prison weighed heavily on him and only increased the anger he felt with himself. Characteristic of PTSD, he displaced his self-anger primarily onto prison staff, but also onto any other prisoner who tried to exert “any sort of control” over him. His label as a member of a prison gang ensured that his misbehavior was viewed as deliberate trouble-making rather than as symptoms of mental illness or PTSD. As a result, Mike continued to spend long and frequent stints in isolation. He described the conditions and their impact on him:

Isolation was 24-7 locked down; just like SMU II, just like the hole over there in [the Tucson unit where he had previously been held in isolation]. They took us to the shower, handcuffed, from behind. [They] let us shower for five minutes, and then, took us back to our cell. They would let us out for an hour a day to, uh, clean out the cell and the pod. And well, they let us shower three times a week, but they let us out for an hour every other day to [exercise], so that every other day thing was when you did your one hour out of the cell. Most of the time you [would be] locked down. So you're locked down more than just 24-7. They added a little bit more onto it for those that were, [STG] associated, you know. [By added on, he meant that STG prisoners in isolation often went for two or more weeks with no release time for showers and exercise.] Yeah it was very, uh, [very long pause, with his eyes closed and head down] Oh man...

On June 1, 2008, Mike finished his parole, had no outstanding warrants, and for only the second time in his life since he was first incarcerated, was finally free of all forms of state supervision. He was 60 years old at the time. He moved in with one of his two sisters. He stayed out of trouble until he was arrested late in 2008 for driving under the influence. He had turned to alcohol largely to manage chronic pain in a body that he said was merely showing the consequences of four decades of prison conditions.

Mike entered prison with a high school education and by the 1990s he had earned a college certificate in counseling. He said during one of the interviews, “I’m no dummy...I would like to work, but I can’t find something I can do.” Suffering from a range of health ailments, he had little time to look for employment, seek independent housing, or think about civil rights restoration. Still, given his long prison record, he said that even if he were healthy, he expects he would have difficulty finding living-wage employment.

At the time of his Project Homecoming interviews, Mike was taking medications to help him manage schizophrenia, paranoia, PTSD, and stage-four cancer (diagnosed after his

release from prison). He indicated that he wanted to try to make a life for himself out of prison and “find someone to love.” He was supporting himself and managing his medical and mental health issues on the \$985 per month he received as disability payment from the Veteran Administration. Looking five years into the future, Mike had this to say:

Well, five years from now I'm hoping to be...comfortably remarried...able to love somebody again, because I haven't really been able to experience love. Every woman I've been with, she ends up having to deal with my...attitude, [not] like [my] present attitude. And, my violent actions; like I've been locked up, you know what I mean. Being locked up in isolation had a real effect on me.

Mike pauses for a long time, perhaps looking for the right words to capture so many varied experiences. He resumes,

“[Isolation] made me really hate and wanna kill. Seriously...it was real, not imagined.”

Postscript: Since participating in Project Homecoming and prior to the publication of *Lifetime Lockdown*, Mike passed away.