

ISSUE
01

SOLITARY

A critical look at solitary confinement
in American penitentiaries

TABLE OF CONTENTS



3 Introduction

Part 1: What is Solitary Confinement for?

- 5** Defining Solitary in Numbers
- 6** Uses of Solitary Confinement Throughout History
- 7** Timeline of the Use of Solitary Confinement
- 9** Overview of Justifications and Injustices of Solitary Confinement

Part 2: What is Solitary Confinement Like?

- 11** Interview with a Former Inmate Held in Solitary
- 16** What the Science Says - and Doesn't Say - About Solitary Confinement
- 20** OPINION: Solitary Confinement Intensifies the Criminalization of Mental Illness
- 21** A Look at Art and Activism in Relation to Solitary
- 22** OPINION: The Placement of Pregnant Women Within Solitary Confinement Violates the Rights of Both Mothers and Unborn Children

Part 3: What Could the Future of Solitary Confinement Look Like?

- 25** A Letter from the Editors
- 27** Spotlight: COVID-19 and solitary confinement
- 28** Critical Phenomenology and the Racialization of Incarceration
- 31** The Current State of Solitary Confinement Laws
- 32** Advocacy Groups and What They've Accomplished
- 33** Is Solitary Necessary? Alternatives to Solitary Confinement
- 34** Prison Abolition: The Frontiers of Solitary Confinement and the Carceral State

INTRODUCTION

Solitary magazine is a comprehensive assay of the scientific, sociological, and critical elements that compose much of the contemporary conversation on solitary confinement and the carceral state. As you will see, modern solitary confinement's earliest ancestor emerged in early American penitentiaries and psychological hospitals as a treatment tool or form of 'rehabilitative' therapy; through the decades, however, it has integrated itself into American carceral culture as one of the most important and widespread tools of prison securitization and prisoner domination. Through this magazine, we hope to uncover and discuss the most essential biomedical, ethical, and structural consequences of the practice: ranging from claims of solitary confinement-induced 'psychosis' and pathology, to historic legal battles and constitutional quandaries, to vital critical assessments of the penal tool in practice. We will discuss the vital ethical underpinnings of current arguments over the permissibility of solitary confinement, and consult first-hand accounts of the practice in use through memoirs, artistic reflections, and interviews--in an attempt to characterize the experience of solitary confinement as a convicted person. Through philosophical and critical analysis, we hope to shed some light on the mechanisms at work (both embodied and external) that make solitary confinement such a serious and potentially harmful practice. Finally, we hope to highlight the vital racial histories of American solitary confinement and incarceration that underscore the most essential purpose of the contemporary penitentiary. Prepare to go far behind the bars of America's most secure and militarized facilities and ask the questions: what is solitary confinement for? What is solitary confinement like? What could the future of solitary confinement look like?

The Editors.

Jason Sanchez, Kendall Chaffin, Lauren Trent, Ruby Lake, and Wes Hardin



PART 1

WHAT IS SOLITARY
CONFINEMENT FOR?

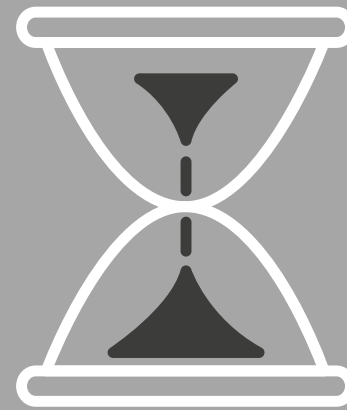
DEFINING SOLITARY

IN NUMBERS

22-24

HOURS

the amount of time
individuals in solitary
confinement spend in
complete isolation per day,



DAYS

15



"Solitary confinement"
refers to conditions of
prisoner isolation for a
minimum of 15 days

80,000

PEOPLE

the most recent number of
men & women housed in
solitary in the United States.



YEAR(S)

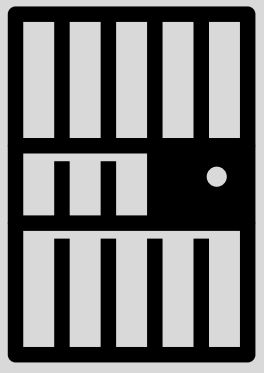
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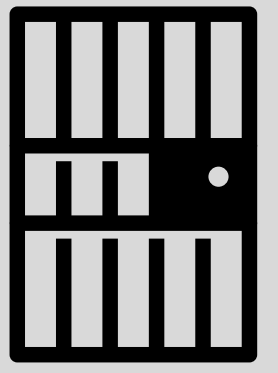
the percentage of
individuals in solitary who
spend at least 1 year in
extreme isolation

SOURCE:

Nolan, D., & Amico, C. (2017, April 18). Solitary by the Numbers.
Retrieved from <http://apps.frontline.org/solitary-by-the-numbers/>



THE DIFFERENT USES OF SOLITARY CONFINEMENT THROUGHOUT HISTORY



In Psychiatric Wards:

Forms of isolation are constantly practiced in psychiatric wards. Solitary confinement has been used as a “tool” in many psychiatric facilities to deal with patients that are dangerous, manic, or simply difficult to deal with. In the early 20th century, the eugenics movement was running in full steam. This movement played a contributing factor to the use of solitary confinement for people with mental illnesses.

The Eugenic movement brought across a stigma against patients with mental health illnesses that has contributed to psychiatric wards use of solitary confinement. Viewing individuals with mental impairments as undesirable and less fit made it easy for the workplace environment to forget about the patients. This meant that it was easier to lock up someone in solitary who you thought was less desirable than a healthy human. The motto seemed to be; who cares if we lock up these crazy people? This flawed way of thinking still is subtly present through the rates of solitary confinement in contemporary psychiatric institutions.

In a series of New Zealand studies, it was shown that as much as 16% of the in-patient population experiences social isolation. The reasons for placing the patients in this environment range from violence to disorganized behavior. Most of the instances of forced social isolation for the patients resulted because of threats of violence. In these cases, the form of solitary confinement they were exposed to was used as a security feature for the staff, not a form of treatment.

As a tool for torture:

Solitary confinement has been well documented as having abrasive conditions on people. Because solitary leads to detrimental effects to an individual's mental and physical well being, it is often used as a form of torture. In fact, there are many arguments claiming that solitary confinement violates the 14th amendment referring to the cruel or unusual punishment.

During times of war, prisoner isolation was used to break down an individual. In the Korean war, prisoners of war were secluded from everyone else. They were isolated for long periods of time to weaken their mental state. Then, interrogations would occur to get information out of the prisoners or brainwash them.

Many political prisoners of war would face solitary confinement. Nelson Mandela spoke about his time in solitary saying, “I found solitary confinement the most forbidding aspect of prison life. There was no end and no beginning; there is only one's own mind, which can begin to play tricks”. The intense psychological toll by merely isolating someone appeals to someone who wants to bring about harsh punishment with little intervention.

In Prisons:

The first experiments with solitary confinement in prisons started in 1829. At this time, religious reformers reshaped penitentiaries as a site of redemption through prolonged solitude, which was in accordance with Quaker ideals. However, many incarcerated individuals would go insane and the practice was abandoned in the following decades.

Today, the use of solitary confinement in American penitentiaries is no longer about rehabilitation, but about punishment and safety. Prison administrators isolate incarcerated individuals to control prison populations in ways that best suit the wardens, the prison employees, and the stakeholders. Solitary confinement is used as a tool to adapt the prisoner to the rules of prison itself and not to enable prisoners to adapt to a noncriminal life beyond prison.

However, there are instances in which individuals who are incarcerated are sent to solitary confinement even though they have not been cited for any misconduct. incarcerated individuals may be sent to solitary for their own protection, by request or at the discretion of prison staff. Additionally, individuals who are deemed too dangerous to house with others may be sent to solitary as a precautionary measure to quell future violence. Finally, some may be sent to solitary simply because there is no viable alternative placement; for example, those with mental illnesses or infectious diseases.

One might think that solitary confinement and supermax prisons house only the most dangerous criminals, when in reality a mix of all four categories (punishment, protection, precautionary measures, and in lue of a viable alternative) are sent there.

TIMELINE OF THE USE OF SOLITARY CONFINEMENT IN AMERICAN PENITENTIARIES

1790

Walnut Street Jail built by the Quakers in Philadelphia.



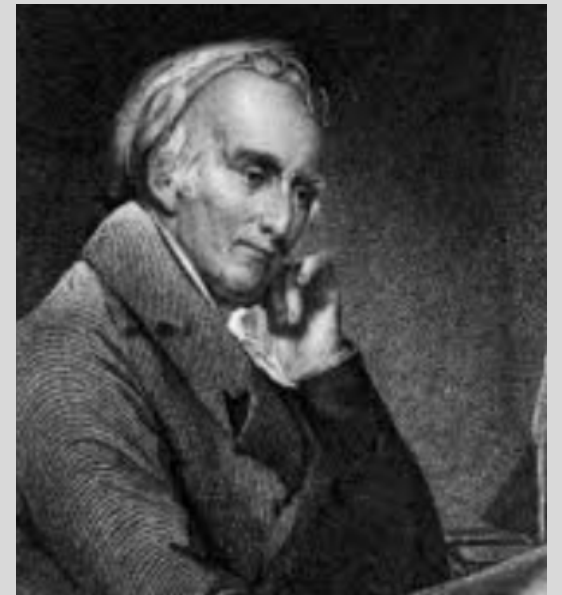
Walnut Street Jail was the first institution in the US designed to punish and rehabilitate criminals.

Each cell block had 16 one-man cells where incarcerated individuals would serve their entire sentences in isolation. Isolation was seen as not just a punishment but an opportunity to seek forgiveness from god. The idea that the penal method could be used to reform instead merely punish criminals was a revolutionary idea. Walnut Street Jail is considered the birthplace of the modern prison system.

EARLY 1800S

Dr. Benjamin Rush advocates for the use of Solitary Confinement in penitentiaries across America.

Dr. Rush believed that public punishment excited feelings of power and infamy in prisoners that ultimately influenced them to commit more crimes. He proposed instead for a type of private punishment that would compel feelings of shame therefore undermining their resistance from within and quenching their desire to transgress. Based on the New Testament Religion, Dr. Rush believed that human beings thrived when they were separated, autonomous individuals who could support themselves.



1829

Eastern State Penitentiary built by the Quakers and Anglicans expanded on the idea born at Walnut Street..



Eastern State Penitentiary pioneered solitary confinement holding incarcerated individuals in solitude for the majority of their sentence. The theory was that solitude would bring penitence, thus the language "penitentiary". As the practice came into question as it continually drove men mad,

Eastern State dropped the use of solitary confinement in 1913. By this time though, the blueprint of this penitentiary had been copied more than 300 times across the western world.

1890

In Re Medley case frames solitary as an unacceptable form of torture.

James Medley was sentenced to a 30 day stay in a county jail and subsequently death by hanging in 1889. Between his conviction and his sentence, Colorado Law changed and he was sentenced to spend 30 days in solitary confinement before his hanging. Medley petitioned the court on the grounds of the 8th amendment, claiming the addition of solitary confinement was inhumane and constituted cruel and unusual punishment. Supreme Court Justice Samuel Miller recognized the harmful effects of the practice claiming "A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others, still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be any subsequent service to the community" (In Re Medley). The court ordered Medley's immediate release from prison despite his conviction.

1934

Alcatraz opens with the famous "D block" segregation unit.



The D block was notorious as the "Treatment Block" and housed the most violent individuals. Here prisoners were kept in isolation, only allowed to leave their cells to shower twice a week. "The Hole" was located at the end of D block in cells 9-14 and was reserved for the worst offenders. Individuals were stripped naked and thrown into cells with nothing but a hole in the floor through which to use the bathroom. They were fed only bread and were limited to one shower per week.

1983

Marion Prison goes on permanent lockdown birthing the model for the supermax prison.

A prison riot at Marion medium security federal prison resulted in the murders of correctional officers Clutts and Hoffmann in 1983. The prison went on "lockdown" subjecting incarcerated individuals to solitary confinement for the next 23 years. Individuals were confined to their cells for 22 to 23 hours a day and were not allowed communal dining, exercising, or religious services. This subsequently drastically lowered prison violence. The Marion "lockdown" model was later the basis for ADX Florence, a supermax prison specifically designed to keep incarcerated individuals in isolation which opened in 1994.



1984

Allgood v Morris deems solitary confinement as a form of protection to be constitutional.

Richard Allgood requested a transfer to a different wing after he was attacked by a different inmate. He was told his only alternative option was solitary confinement, so he refused the offer. Allgood was stabbed later that year and was transferred to solitary confinement against his wishes after his hospital stay. He petitioned the US Court of Appeals claiming there must be an alternative to protective segregation and placement of someone who has not violated prison rules in solitary confinement was unconstitutional. The court disagreed on both grounds.

TIMELINE OF THE USE OF SOLITARY CONFINEMENT IN AMERICAN PENITENTIARIES

1989

Pelican Bay state prison built in California.



Pelican Bay prison built designed to house individuals solely in isolation; there is no yard, cafeteria, classrooms, or shops. Incarcerated individuals spend 22 1/2 hours a day inside an 8-by-10-foot cell. The other 1 1/2 hours are spent alone in a small concrete exercise pen. Considered to be the first Supermax facility in the country..

1990S

Building boom of "supermax" prisons.

Oregon, Mississippi, Indiana, Virginia, Ohio, Wisconsin and a dozen other states all build new, free-standing, isolation units.

1994

The U.S. Bureau of Prisons builds ADX Florence, the federal government's first and only Supermax facility.



Known popularly as the "Alcatraz of the Rockies" ADX Florence is the federal government's first and only Supermax facility.

1995

A federal judge says conditions at Pelican Bay "may well hover on the edge of what is humanly tolerable" (Madrid v. Gomez) but defer to the states about how best to incarcerate offenders.



1999

A report by the DOJ finds that more than 30 states are operating a Supermax-type facility.

2005

40 states operating Supermax prisons, which collectively hold more than 25,000 U.S. prisoners.

2014

Estimated 80,000-100,000 incarcerated individuals being held in solitary confinement.

Sources:

Biggs, B. S. (2009, March 3). Solitary Confinement: A Brief History. Retrieved from <https://www.motherjones.com/politics/2009/03/solitary-confinement-brief-natural-history>

Guenther, L. (2013). Solitary confinement: social death and its afterlives. Minneapolis: University Of Minnesota Press.

Sullivan, L. (2006, July 26).

Staff, N. P. R. (2013, March 10). Solitary Confinement: Punishment Or Cruelty? Retrieved from <https://www.npr.org/2013/03/10/173957675/solitary-confinement-punishment-or-cruelty>

Timeline: Solitary Confinement in U.S. Prisons. Retrieved from <https://www.npr.org/templates/story/story.php?storyId=5579901>

**COMMONLY USED
JUSTIFICATIONS FOR THE
USE OF SOLITARY
CONFINEMENT**

Protects the general prison public and prison staff from violent individuals.

Provides prison guards a means to discipline their prisoners.

Idea of reformation through self introspection.

Public satisfaction: some crimes warrant a worse punishment.

Provides prisoners protection from the general prison public.

**WHY SOLITARY
CONFINEMENT IS
UNACCEPTABLE**

Individuals are stripped of freedom, privacy, and basic human need for social interaction.

Historically cause people to develop personality and mental health disorders, or exacerbate pre-existing conditions.

Doesn't seem to help rehabilitate the incarcerated individual. May perpetuate 'criminal mindset' leading to increased rates of crime.

Loneliness may cause increased mortality.

Questionable constitutionality.

CONCLUSION:

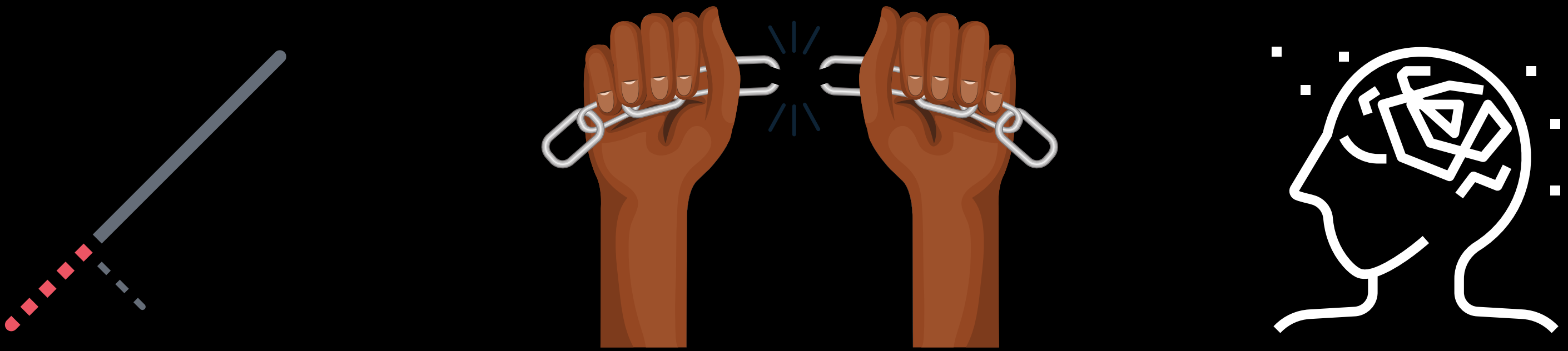
Assuming that the contemporary use of solitary confinement in American prisons and the decision of both federal and state courts to uphold the use of solitary confinement is sensitive to this form of evaluation (and not otherwise determined by capital interest, the inconvenience of structural change, etc.), one should infer that Americans presently believe the pros of solitary confinement outweigh its cons.



PART 2

WHAT IS SOLITARY
CONFINEMENT LIKE?

INTERVIEW WITH A FORMERLY INCARCERATED INDIVIDUAL HELD IN SOLITARY



Viewing solitary confinement through the eyes of a juvenile is a unique perspective that I did not expect to interact with. A close friend of mine agreed to an interview about his incarceration in a juvenile detention facility in which he experienced 20 days of solitary confinement. This interview gave a firsthand account of life in solitary confinement.

Interview was conducted with a 20 year old Latino male in higher education. His name and the institution he is studying at will be withheld for privacy. Throughout this interview transcript, he will be referred to as George.

Jason: To start it off, you said you experienced solitary confinement. At what age were you when you first got into solitary confinement?

George: 13 years old.

Jason: What was the-uh reason for solitary, for being in solitary?

George: So I was informed of three different reasons why they were putting me there. The first was, I would fight a lot inside the detention center. The second was they suspected and accused me of being gang-affiliated. And the third is that uhm, a guard felt very threatened by the way I looked at him sometimes. He said constantly, quote "George looks like he is going to attack me at any moment". And so, he feared for his life, allegedly, and so the solution was to put me in solitary until they could transfer him. Me and several other individuals.

Jason: Ok, so you mentioned because it was violence in the detention center, gang affiliation, and safety of a guard?

George: Mhmm

Jason: So you are saying beforehand you were already in the detention center?

George: Yes

Jason: What was that for?

George: That was for aggravated burglary

Jason: at the age of 13 right?

George: yes

As George continued describing the conditions of his time at solitary, an extreme sense of psychosis in regards to the isolation started to settle. I started to think this form of incarceration serves no humane purpose. It seems that only extreme psychological harm comes from this.

Jason: *Could you describe the conditions that were placed in solitary confinement? How much time did you have interactions with people? Were there specific times you were able to interact with people? How big your cell was. Things like that.*

George: *So I'll start off with the cell. The cell is probably a little bit smaller than a standard parking spot for a regular sized vehicle. Inside the cell you have a bed. A toilet right next to your bed and a sink. And there was one light bulb, I remember, in my cell. One lightbulb, no windows. And a solid door. So there really is 4 corners surrounding you. In terms of interaction, there really was no interaction, I wasn't allowed any phone calls, any family visits, no letters. Nothing. So... my only connection to the outside world was when a C.O., correctional officer, the one that works in the prison, would open the door to let me out. And you have an hour to shower and go into the yard, and in the yard they still put you in a cage. It's a cage, you probably get about 6 by 6, 6 feet by 6 feet. And there's nothing in the yard, it's just for you to go outside and get some sun or something. And it was about an hour and from what I remember it was around midday, after everybody was off the yard they just put you there. And sit there until your time was up... you get one hour outside 23 hours inside.*

Jason: *So when you were in the yard you were by yourself? No things to do physical activities with? It was just the 6 by 6 space?*

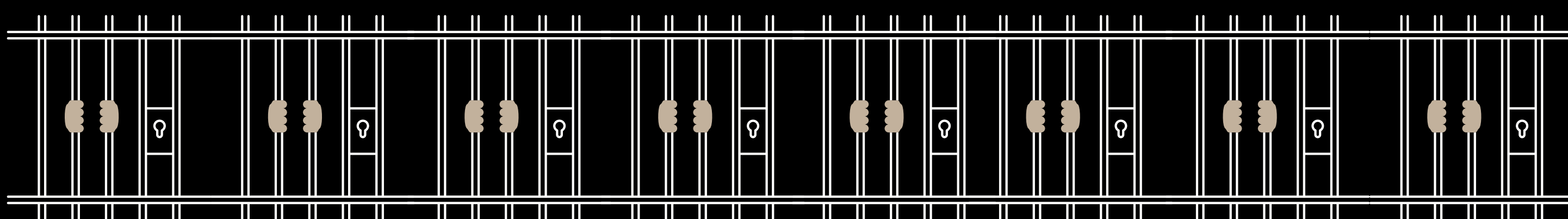
George: *yes, there was no weights, nothing*


Jason: *Were you allowed to talk to the C.O's when they would take you out of the cell to go shower or to go to the yard?*

George: *No, they told, instructed me to look at the ground and that's it. Don't look up and don't talk*

Jason: *When you were in solitary confinement for those 20 days, did you notice any changes to your physical or mental health?*

George: *Yes definitely, I became lethargic. Very lethargic. I just had no energy, I just wanted to sleep the whole time. I tried to work out but I didn't have the strength to. Uhm.. I lost my appetite for a while. They used to force me to eat my food because I wasn't eating and I lost a lot of weight because I just didn't want to. It was hard, very hard. The only connection I had to the outside world was a magazine or two, Some coloring sheets, a book. That's it. So it took a big toll on my mental health and even though it was only 20 days, I can't imagine how it's like for people that are there for months at a time.*





Complete deprivation of social contact 23 hours out of the day. The only time George saw another human being was when he was strictly transported to the showers in which he was instructed not to look at the guards or converse with them. Then, 1 hour at the courtyard completely by himself. He showered alone. He ate alone. He was always alone. No communication with his family, no letters or visitations. George was left with only his subconscious as his companion. The deterioration of George's mental state left a lasting impression. Though only left in solitary for 20 days, some of the effects still linger on.

Jason: *Now this is like the same question I have already asked a couple of minutes ago, when you got back to your home, were there any changes about your behaviour that weren't there before you were incarcerated?*

George: *I would say before I was a little bit paranoid but then going from being incarcerated for several months I would say I was extremely extremely paranoid at first. I couldn't walk down the street without looking over my shoulder overanalyzing everything. Walking through my home I made sure I wasn't being followed. It really screwed with my mind, It made me feel like there was somebody out to get me and uhm I would say based on the treatment from the C.O.'s in there, it made me very fearful of others like because I mean if you look at a C.O. the wrong way or if you say something they don't like, they'll beat you to a pulp. ..and that detention center has been in the news several times for C.O.s that are over aggressive, they abuse, they're in there. And transitioning back, whenever someone would make a sudden movement I would flinch pretty crazy. I would be very fearful of things...it was rough at first. Eating meals you know, inside, when you're incarcerated, you eat your meals very quickly because that's like gold in there. People would come up to you and steal your food all the time. I've seen people get punked for their food and when I got home I would eat the same. I would eat really fast. So fast to the point where I didnt even taste my food and like my mom would be like "what are you doing? Why are you eating like that? You're going to hurt yourself" and it was just hard to transition back. ..Because I go from, man I gotta look over my shoulder and make sure no one takes my stuff because this could be one of the only decent meals I have today, to going back home where nobody is going to take my stuff from me. I can have as much as I want...it's..yeah*

Jason: *How long do you think these changes lasted after you first were released?*

George: *I would say, I got released in October and I would say by the time Thanksgiving came around I was kinda back to my normal self. So I would say about a month*

Jason: Do you think that any of these changes still, I guess, do you still experience these changes today?

George: Definitely the paranoia. I'm still a paranoid person. I always feel like someone is out to get me. I'm always looking over my shoulder. I'm always observing those around me. Just because it kind of changed me... even though it was just a few months compared to those that have been in there for decades. It changes you fast and it made me observant of things, any type of behaviour at somebody, any type of look at somebody, everything. I'm still very very paranoid!

Jason: What do you attribute the paranoia to?

George: Uhm I would say a few things, When I would get phone calls from someone in my family uhm just sitting there on the phone you get so in deep to the conversation...people will sneak up on you. In there people will do stuff to you, just because, just because they are frustrated with their situation people are very violent...I remember one instance I was on the phone with my mom and some guy came behind me and grabbed my head and smashed it into the phone. And, I didn't even see it coming. And you know my mom heard it happen and I can hear her screaming on the phone and like that was one of the first instances. When I was eating somebody tried to come up with me and choke me out uhm.. The C.O.s when they escort us out into the yard, if they don't like the way you are walking or if you are not obeying their orders to their eternity they will swing and hit you with their stick in the back. ..I've seen someone get hit in the back of the head with that...and so that's definitely what I would attribute it to, just always having to be on edge...because you never know what's going to happen to you. Stuff happens in a split second. I've seen a simple argument turn into a fight with 25 people in it, in the blink of an eye honestly.

Jason: Do you think being placed in solitary confinement contributed a great amount to the present state of paranoia you are in? Or is it more the whole incarceration experience?

George: Honestly the whole incarceration experience made me very paranoid but solitary, specifically, it made me paranoid because I felt like I was always being watched. I always felt someone was watching every move I made. That at any moment someone could just burst through that door and attack me or you know, it really messed with my head. It did. I became very very paranoid in there when there was really no reason to because I was left alone. I was left alone all day long, nobody would talk to me, nobody came into my cell. When I would eat they would slide it under the door so there was no interaction but, being in solitary really messes with your mind because it puts stuff in your head, ... and I also feel the lack of eating would contribute as well because I wasn't getting the nutrition that I needed and I'm pretty sure that screws with your head you know.

It was an interesting take to interview a close friend about such a dark aspect of one's life. I'm grateful for his compliance and willingness to talk to me. This interview gave a damning but just view of what solitary does to an individual. And more importantly, it gave me an insight into a close friend. A better understanding of what someone should endure while incarcerated was reached. That is, solitary confinement is torture. I'll end with his closing remarks.

Jason: What do you think is the purpose of solitary confinement?

George: I honestly think the purpose of it is just to break you down as a person. It's to make you feel..you know... that you're nothing. I really do. There really is no good reason to have somebody locked away from people, no interaction, cant talk to their family, can't get letters, nothing. The purpose is to break you down and make you feel like nothing and I believe that's their way of, I guess, calming you down and making you the way they want you to be. They being the people who run the prisons, juvenile detention centers, camps.

Jason: Do you think solitary confinement is an acceptable practice?

George: No I don't. I do not...at all.

Jason: What do you think the institutional reform should be to address solitary confinement?

George: I feel the issue can be addressed by bringing proper professionals to these institutions, camps, prisons. Because often they put people in there because they are violent. People aren't violent for no reason. There is something making them violent, something wrong with their head, something around them that is making them angry and I feel that definitely mental health professionals should be incorporated into some form the prison system. Because I mean, I told you when I got out they made me do anger management and that helped so much, you know. I feel like if that was done before, there wouldn't be any need for me to go into solitary in my opinion. You know?... So definitely the mental health professionals would be big.

Jason: Alright that's pretty much all of the questions my group and I came up with. Do you have any closing remarks, I guess, or things that you want to be known? About your solitary confinement experience.

George: Ultimately if I had to sum it up in one word, and I would say is: Dehumanizing. You know you feel like you're an animal, you know? No human should be treated like that...ever. They think it helps people, it helps the prisons it does not at all. It does more hurt than it does help

Jason: Thank you, I appreciate it. You gave us a lot to work with.

Link to the full interview:

<https://docs.google.com/document/d/1FROCVQrgIXJ6zhxe7bdFQqFGhgGstYXuv6NeSccRxi4/edit?usp=sharing>

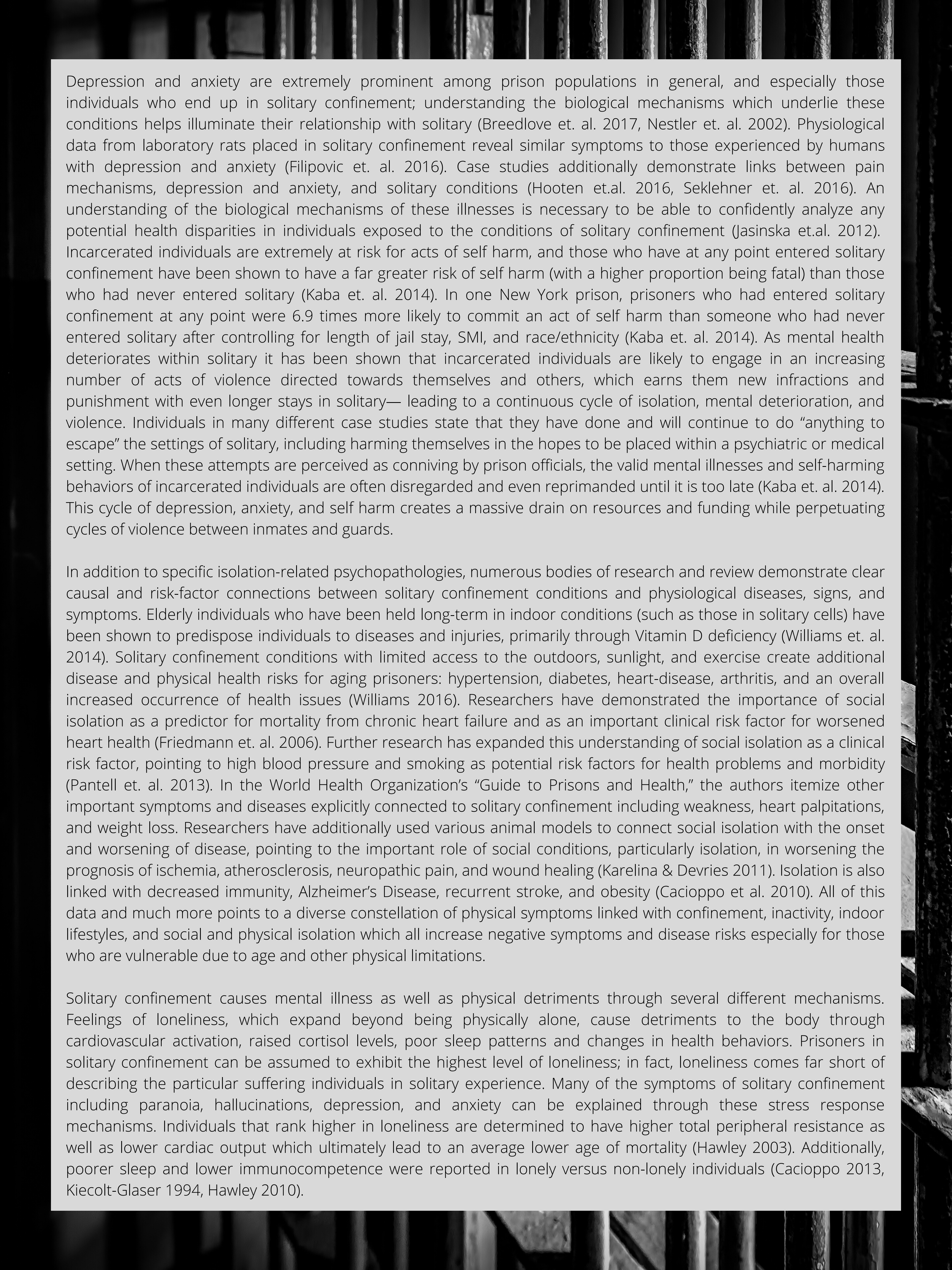


What the Science Says - and Doesn't Say - about Solitary Confinement

Knowledge within ethical, philosophical, and biological disciplines overwhelmingly demonstrates the negative individual and social consequences of solitary confinement-- making it incredibly difficult to comprehend how this practice is continuously used throughout the United States. Many individuals who have spent time in solitary are vocal about the torturous nature of their experiences, while almost all academics in related fields agree that this practice is both unethical and ineffective. Despite this reality, the use of solitary in the United States is widespread and minimally regulated. There are many reasons for this failure; a large one being our societal inclination to prioritize and trust only dominant forms of scientific knowledge production, and subsequently diminish and distrust the value of anecdotal experiences of incarcerated individuals. It is impossible to ethically mimic the conditions of solitary within a laboratory environment and experimental setup, and thus difficult to prove exact causal pathways and biological mechanisms which link mental and physical health conditions with the social isolation and sensory deprivation experienced in solitary. However, through the use of correlational studies, rat research, case studies, and careful human research, these links can become more clearly established to demonstrate cruel impacts of extreme isolation on psychopathology and physical health.

Overwhelming historical and current evidence from individuals in solitary confinement demonstrates a clear relationship between the conditions of extreme isolation and deprivation and the development of a set of symptoms which resemble a unique psychopathological syndrome (Reiter et al., 2020). The most common symptoms, described as "Shu Syndrome" in a largely cited report done by psychiatrist Stuart Grassian, include agitation, rage, paranoia, hallucinations, derealization, difficulty concentrating, amnesia, confusion, self harm, suicidal ideation, and more (Grassian and Friedman, 1986). For those in solitary for shorter periods of time, these symptoms can often disappear after being returned to the general prison population-- however it is a common experience for those who have stayed longer in solitary to remain paranoid and in a constant state of mental distress long after leaving confinement (Grassian and Friedman, 1986).

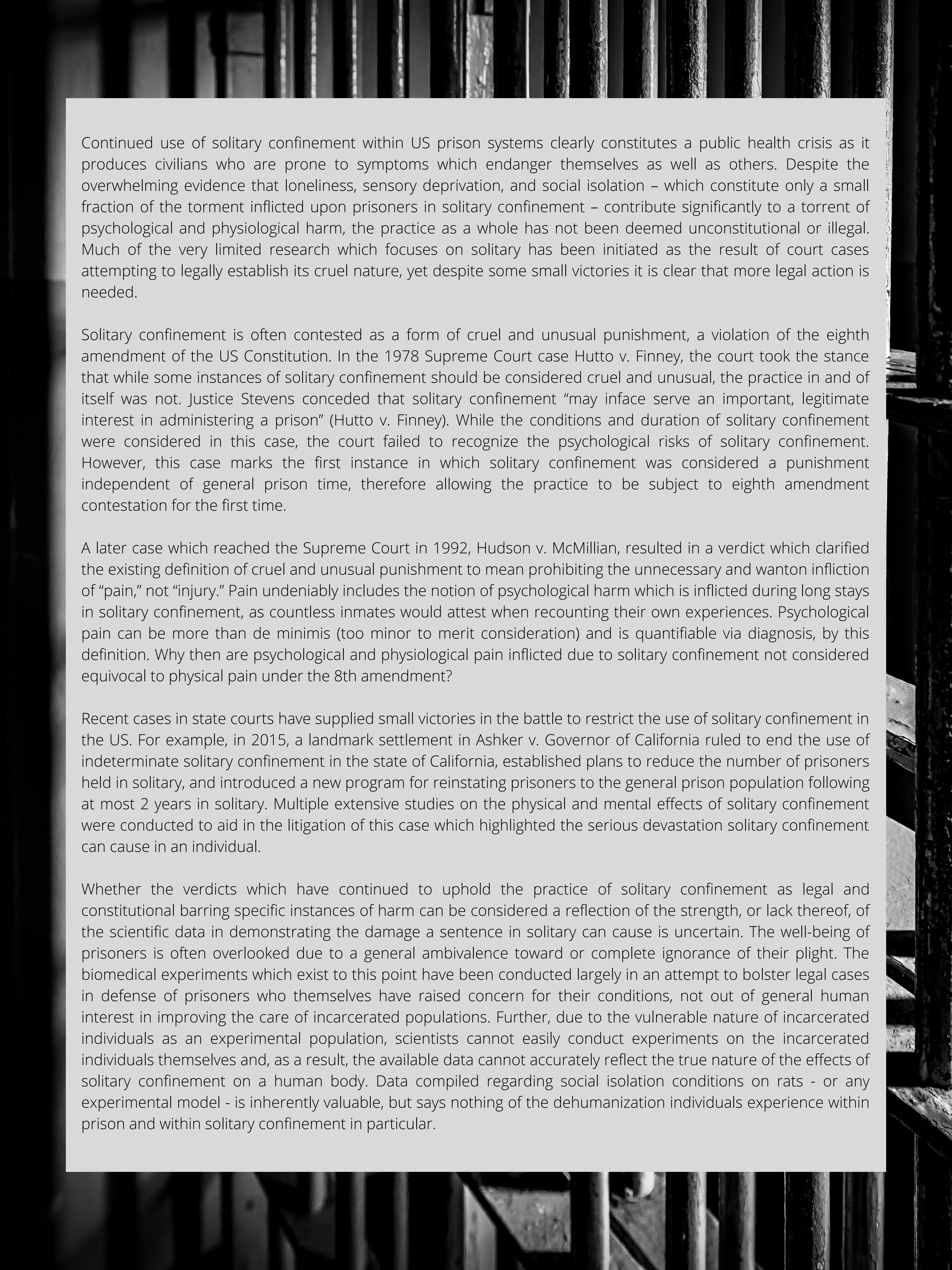
The biological mechanisms underlying these specific symptoms are areas of active research, however both animal models and human experiments provide substantial evidence for why such physical and psychological changes will disproportionately be triggered within solitary. Research has shown that a lack of external stimuli for rats can change the neural pathways within their hippocampus and negatively impact regions related to memory and spatial awareness; this information holds alarming implications for the states of amnesia and delirium experienced by those in solitary, suggesting that brain chemistry may be permanently altered in solitary (Milshtein-Parush et. Al, 2017). Very little research is done on incarcerated individuals' brains (especially those in solitary), however any future research within prison systems should include funding for brain scans to investigate this link further. Even relatively brief sensory deprivation in humans has been shown to alter self-perception as well as ability to process external environments-- with the additional effect of generating aberrant ideation, especially in those with a history of mental illness (Noel et al., 2018). Popular neurological and psychological theories surrounding phantom precepts (hallucinations) have demonstrated that environments of very little sensory input lead to prediction errors and conflicts between bottom-up and top-down neurological representations of an individual's environment, and that the brain will engage in maladaptive compensation for this sensory uncertainty through the generation of hallucinations (Mohan and Vanneste, 2017). Additionally, it has been demonstrated in both humans and animals that loss of certain sensory inputs can lead to elevated experience of alternative sensations, which could explain prisoner's hypersensitivity and paranoia regarding sudden sounds or smells within their cell (Mohan and Vanneste, 2017). The production of individuals who are paranoid, distrustful, hypersensitive, and amnesic only serves to increase their distrust and resentment towards prison officials-- increasing the risk of continued violent and unsafe behavior both when they are returned to the general population as well as if they are eventually released.



Depression and anxiety are extremely prominent among prison populations in general, and especially those individuals who end up in solitary confinement; understanding the biological mechanisms which underlie these conditions helps illuminate their relationship with solitary (Breedlove et. al. 2017, Nestler et. al. 2002). Physiological data from laboratory rats placed in solitary confinement reveal similar symptoms to those experienced by humans with depression and anxiety (Filipovic et. al. 2016). Case studies additionally demonstrate links between pain mechanisms, depression and anxiety, and solitary conditions (Hooten et.al. 2016, Seklehner et. al. 2016). An understanding of the biological mechanisms of these illnesses is necessary to be able to confidently analyze any potential health disparities in individuals exposed to the conditions of solitary confinement (Jasinska et.al. 2012). Incarcerated individuals are extremely at risk for acts of self harm, and those who have at any point entered solitary confinement have been shown to have a far greater risk of self harm (with a higher proportion being fatal) than those who had never entered solitary (Kaba et. al. 2014). In one New York prison, prisoners who had entered solitary confinement at any point were 6.9 times more likely to commit an act of self harm than someone who had never entered solitary after controlling for length of jail stay, SMI, and race/ethnicity (Kaba et. al. 2014). As mental health deteriorates within solitary it has been shown that incarcerated individuals are likely to engage in an increasing number of acts of violence directed towards themselves and others, which earns them new infractions and punishment with even longer stays in solitary— leading to a continuous cycle of isolation, mental deterioration, and violence. Individuals in many different case studies state that they have done and will continue to do “anything to escape” the settings of solitary, including harming themselves in the hopes to be placed within a psychiatric or medical setting. When these attempts are perceived as conniving by prison officials, the valid mental illnesses and self-harming behaviors of incarcerated individuals are often disregarded and even reprimanded until it is too late (Kaba et. al. 2014). This cycle of depression, anxiety, and self harm creates a massive drain on resources and funding while perpetuating cycles of violence between inmates and guards.

In addition to specific isolation-related psychopathologies, numerous bodies of research and review demonstrate clear causal and risk-factor connections between solitary confinement conditions and physiological diseases, signs, and symptoms. Elderly individuals who have been held long-term in indoor conditions (such as those in solitary cells) have been shown to predispose individuals to diseases and injuries, primarily through Vitamin D deficiency (Williams et. al. 2014). Solitary confinement conditions with limited access to the outdoors, sunlight, and exercise create additional disease and physical health risks for aging prisoners: hypertension, diabetes, heart-disease, arthritis, and an overall increased occurrence of health issues (Williams 2016). Researchers have demonstrated the importance of social isolation as a predictor for mortality from chronic heart failure and as an important clinical risk factor for worsened heart health (Friedmann et. al. 2006). Further research has expanded this understanding of social isolation as a clinical risk factor, pointing to high blood pressure and smoking as potential risk factors for health problems and morbidity (Pantell et. al. 2013). In the World Health Organization’s “Guide to Prisons and Health,” the authors itemize other important symptoms and diseases explicitly connected to solitary confinement including weakness, heart palpitations, and weight loss. Researchers have additionally used various animal models to connect social isolation with the onset and worsening of disease, pointing to the important role of social conditions, particularly isolation, in worsening the prognosis of ischemia, atherosclerosis, neuropathic pain, and wound healing (Karelina & Devries 2011). Isolation is also linked with decreased immunity, Alzheimer’s Disease, recurrent stroke, and obesity (Cacioppo et al. 2010). All of this data and much more points to a diverse constellation of physical symptoms linked with confinement, inactivity, indoor lifestyles, and social and physical isolation which all increase negative symptoms and disease risks especially for those who are vulnerable due to age and other physical limitations.

Solitary confinement causes mental illness as well as physical detriments through several different mechanisms. Feelings of loneliness, which expand beyond being physically alone, cause detriments to the body through cardiovascular activation, raised cortisol levels, poor sleep patterns and changes in health behaviors. Prisoners in solitary confinement can be assumed to exhibit the highest level of loneliness; in fact, loneliness comes far short of describing the particular suffering individuals in solitary experience. Many of the symptoms of solitary confinement including paranoia, hallucinations, depression, and anxiety can be explained through these stress response mechanisms. Individuals that rank higher in loneliness are determined to have higher total peripheral resistance as well as lower cardiac output which ultimately lead to an average lower age of mortality (Hawley 2003). Additionally, poorer sleep and lower immunocompetence were reported in lonely versus non-lonely individuals (Cacioppo 2013, Kiecolt-Glaser 1994, Hawley 2010).



Continued use of solitary confinement within US prison systems clearly constitutes a public health crisis as it produces civilians who are prone to symptoms which endanger themselves as well as others. Despite the overwhelming evidence that loneliness, sensory deprivation, and social isolation – which constitute only a small fraction of the torment inflicted upon prisoners in solitary confinement – contribute significantly to a torrent of psychological and physiological harm, the practice as a whole has not been deemed unconstitutional or illegal. Much of the very limited research which focuses on solitary has been initiated as the result of court cases attempting to legally establish its cruel nature, yet despite some small victories it is clear that more legal action is needed.

Solitary confinement is often contested as a form of cruel and unusual punishment, a violation of the eighth amendment of the US Constitution. In the 1978 Supreme Court case *Hutto v. Finney*, the court took the stance that while some instances of solitary confinement should be considered cruel and unusual, the practice in and of itself was not. Justice Stevens conceded that solitary confinement “may in fact serve an important, legitimate interest in administering a prison” (*Hutto v. Finney*). While the conditions and duration of solitary confinement were considered in this case, the court failed to recognize the psychological risks of solitary confinement. However, this case marks the first instance in which solitary confinement was considered a punishment independent of general prison time, therefore allowing the practice to be subject to eighth amendment contestation for the first time.

A later case which reached the Supreme Court in 1992, *Hudson v. McMillian*, resulted in a verdict which clarified the existing definition of cruel and unusual punishment to mean prohibiting the unnecessary and wanton infliction of “pain,” not “injury.” Pain undeniably includes the notion of psychological harm which is inflicted during long stays in solitary confinement, as countless inmates would attest when recounting their own experiences. Psychological pain can be more than *de minimis* (too minor to merit consideration) and is quantifiable via diagnosis, by this definition. Why then are psychological and physiological pain inflicted due to solitary confinement not considered equivocal to physical pain under the 8th amendment?

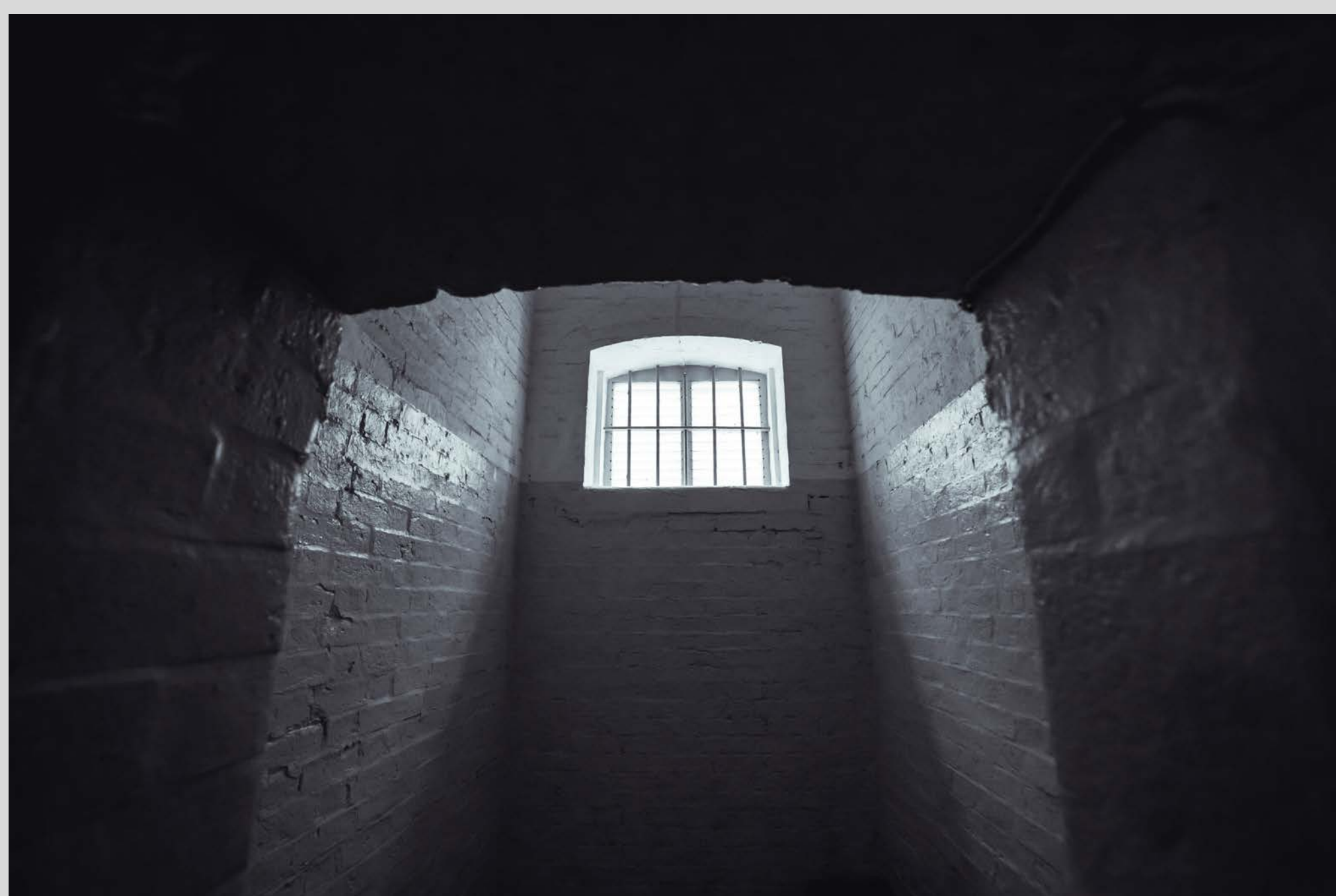
Recent cases in state courts have supplied small victories in the battle to restrict the use of solitary confinement in the US. For example, in 2015, a landmark settlement in *Ashker v. Governor of California* ruled to end the use of indeterminate solitary confinement in the state of California, established plans to reduce the number of prisoners held in solitary, and introduced a new program for reinstating prisoners to the general prison population following at most 2 years in solitary. Multiple extensive studies on the physical and mental effects of solitary confinement were conducted to aid in the litigation of this case which highlighted the serious devastation solitary confinement can cause in an individual.

Whether the verdicts which have continued to uphold the practice of solitary confinement as legal and constitutional barring specific instances of harm can be considered a reflection of the strength, or lack thereof, of the scientific data in demonstrating the damage a sentence in solitary can cause is uncertain. The well-being of prisoners is often overlooked due to a general ambivalence toward or complete ignorance of their plight. The biomedical experiments which exist to this point have been conducted largely in an attempt to bolster legal cases in defense of prisoners who themselves have raised concern for their conditions, not out of general human interest in improving the care of incarcerated populations. Further, due to the vulnerable nature of incarcerated individuals as an experimental population, scientists cannot easily conduct experiments on the incarcerated individuals themselves and, as a result, the available data cannot accurately reflect the true nature of the effects of solitary confinement on a human body. Data compiled regarding social isolation conditions on rats - or any experimental model - is inherently valuable, but says nothing of the dehumanization individuals experience within prison and within solitary confinement in particular.

Not only does the available research minimize the dehumanization which occurs, it fails to encompass the variation individual circumstances play in determining the effects of solitary confinement on an individual. Because prisoners can be placed in solitary for a variety of reasons ranging from protection to disciplinary purposes, the individuals in solitary represent a wide range of demographics and life histories which result in a wide range of experiences in solitary, something not easily replicable in clinical studies. An LGBTQ+ individual placed in solitary for their own protection is likely to have a different mental and physical tolerance for solitary confinement than a hostile individual placed in solitary as a punishment after attempting to fight a guard. Considering the effects of solitary confinement solely from a biological perspective and ignoring the myriad of potential social factors influencing an individual's experience of solitary confinement could not possibly present a complete picture of the effects of solitary; research provides valuable information but ultimately falls short in its ability to be applied to the reality of solitary confinement.

What is missing from the science is the essence of the human experience, something that cannot easily be captured in a data set or summarized succinctly in a research conclusion. However, the human aspect of solitary confinement is arguably what matters most when considering questions of its continued use over centuries despite anecdotal evidence of prisoners attesting to the cruel nature of the practice. This raises a critical point which is often easily ignored: prisoners are humans, with human rights. Despite having allegedly committed a crime, the individuals in solitary confinement are humans and should be treated humanely.

Whether the practice of solitary confinement qualifies as cruel and unusual punishment remains a contested argument to this day; regardless of its legality, its use in prisons remains morally questionable at best. Supreme Court Justice Sonia Sotomayor recently expressed a similar viewpoint in a statement written in response to a petition for certiorari in the case of *Apodaca v. Raemisch*, which concerned conditions of solitary confinement in a Colorado state prison. The Court denied the certiorari for technicality reasons. However, Justice Sotomayor used this opportunity to vividly express her moral disagreement with the continued use of solitary confinement; she opens the statement by stating that punishment without physical scars can still be cruel and unusual and concludes by stating that solitary confinement is nearly equivalent to "a penal tomb." Justice Sotomayor grasped what many courtrooms have thus far been unable to: the psychological and physiological damage of solitary confinement goes beyond what can be easily physically demonstrated or replicated and the continued use of solitary confinement demands careful, thoughtful consideration.



OPINION: SOLITARY CONFINEMENT INTENSIFIES THE CRIMINALIZATION OF MENTAL ILLNESS

Anthony Gay was arrested at the age of 18 for robbery, after stealing a hat and a one-dollar bill from a fellow teen. He was placed on probation, but soon after was caught driving without a license. Compounding these two offenses, he was sentenced to seven years in prison with the possibility of being released after serving 3.5 years with good behavior.

Gay was released from prison not at the age of 21, or even the age of 25, but at the age of 44. He spent 22 of his 26 years in prison housed in solitary confinement.

Soon after his incarceration, Anthony Gay engaged in a fight with another incarcerated individual. A second fight with the same individual soon followed, landing him in solitary for the first time. The isolation ate away at his mental state, causing him to repeatedly perform attention-seeking behaviors. He began by swallowing numerous pills at once, re-enacting an act that had garnered him panicked affection from his family at age 12. These behaviors quickly escalated; Gay threatened suicide with a noose in his cell and repeatedly mutilated himself, with one of his most dramatic acts being hanging one of his testicles from the door of his cell after severing it from his body.

Despite these obvious cries for help – and a clinical diagnosis of both antisocial personality disorder and narcissistic personality disorder with recommendations to place Gay inpatient in a mental health facility – Gay's actions merely extended his sentence in solitary confinement where he spent over 8,000 days.

Incarcerated individuals suffering from mental illness are often caught in a vicious cycle: the conditions of their incarceration breed feelings of hopelessness and anxiety, which in turn cause them to act out towards both themselves and prison staff, which then exacerbates the conditions of their internment as punishment for their actions. The exacerbation in poor treatment only invites further feelings of resentment, which renew the cycle of misbehavior and punishment with the stakes only becoming more dramatic.

Solitary confinement breeds the criminalization of mental illness; prison staff are quick to punish incarcerated individuals for actions which are merely manifestations of their mental illnesses due to the ease of disciplinary segregation. In Gay's case, his dramatic attention-seeking behaviors – which were repeatedly misconstrued as manipulative – were outcomes of his untreated narcissistic personality disorder and his prolonged isolation. Proper treatment of mental illnesses in prisons offers an opportunity to break the cycle in which incarcerated individuals and prison administration are caught.

Source:

Coen, J., & Clair, S. S. (2019, January 2). How solitary confinement drove a young inmate to the brink of insanity. Retrieved from <https://www.chicagotribune.com/news/ct-met-anthony-gay-solitary-confinement-suit-20181206-story.html>

A LOOK AT ART AND ACTIVISM

IN RELATION TO SOLITARY

MOLIERE DIMANCHE

DiManche is a Haitian-American artist sentenced in 2007 who created art pieces throughout his 8.5 year sentence in hopes to document the brutalities of isolation and confinement while providing himself an outlet for emotional expression. DiManche served time in Florida, one of the deadliest places to be imprisoned with a long history of rampant violence, torture, and abuse from prison offers. He used any contraband and materials he could find for canvases to tell the story of his grievances in prison and represent his fellow inmates struggles and strikes for humane treatment, fair paid labor and working conditions, and routes to receive assistance with human rights violations. He became a legal advocate from jail, reading and writing about rights violations as much as possible and as a result being placed in solitary confinement for longer and longer periods of time in an attempt to suppress his identity as a whistleblower. DiManche has been released, attends the Florida School of Arts with perfect grades and a full scholarship, and is continuing to produce activist artwork and writing which brings attention to the flaws of internal systems of prisons and the reality that many incarcerated individuals are abused and left unable to report due to suppression and widespread illiteracy.



KEVIN “RASHID” JOHNSON

Kevin Rashid Johnson is a writer, social activist, and founding member of the New Afrikan Black Panther Party. He maintains that he is innocent, but is actively serving life in prison in Indiana for a 1990 murder. In prison he maintained extremely active activism, organizing strikes and publishing anarchist and revolutionary work about the unfair working and living conditions within Texas prisons. In retaliation, he was held in solitary confinement for extended periods of time in an attempt to suppress his activism and prevent further organization. He spent a total of eighteen years in solitary, passing the time producing art and studying law so he can produce powerful activist writing and file lawsuits against the prison system. Through his art he clearly equates prison labor with modern slavery which has been deemed legal by the 13th amendment, as Black Americans are criminalized and then leased to the state and private corporations who benefit from their unpaid labor and exploitation. On his website he provides links to much of his writing and artwork, as well as an address at which you can write him.



HERMAN WALLACE

Herman Wallace was one of the Angola 3: three African American men who were wrongfully held for decades in solitary confinement in Louisiana's Angola Prison for the killing of a corrections officer. It is now more commonly suspected that they were framed for murder for their activity as members of the Black Panther Party (Amnesty International 2013). Each of their convictions have been overturned multiple times over, and they all maintained innocence throughout their time in prison while continuing to organize for better conditions for incarcerated individuals, racial solidarity, and an end to endemic rape and sexual slavery inside Angola. Wallace entered the “dungeon” (a solitary cell) for having a Black Panther pamphlet, and spent over 41 years there. Louisiana state officials fought to keep him inside prison due to his constant activism and advocacy, and he was only released a few days before his death from liver cancer. Wallace is an ongoing symbol of resistance to human rights abuses within the prison system. In collaboration with artist Jackie Sumell, he created “The House that Herman Built”; a public exhibit which contains books, correspondence from within solitary, his obituary and final statement, a life size depiction of his cell, and a 3D model of a house he designed for himself from within solitary. The exhibit portrays the physical and psychological constraints of solitary in a way which humanizes the experience and exposes the corruption of mass incarceration as a form of modern slavery.



OPINION: THE PLACEMENT OF PREGNANT WOMEN WITHIN SOLITARY CONFINEMENT VIOLATES THE RIGHTS OF BOTH MOTHERS AND UNBORN CHILDREN

After hours of agonizing contractions and irreversible physical and emotional trauma, Tammy Jackson gave birth in a solitary confinement cell entirely alone. She had begged for medical attention and been continuously ignored by guards, despite the fact that she was being held pre-trial in supposed “medical monitoring” due to her unique care needs as an expecting mother with a serious mental illness (Balaban 2019).

Tammy's story is horrifying yet not entirely shocking, as more and more reports continue to arise which demonstrate the extreme neglect commonly experienced by pregnant women within prison systems. The ongoing practice within the US prison system of holding expecting mothers within solitary confinement is a human rights violation of not only the mother, who receives inadequate care and torturous conditions for pregnancy, but also for her unborn child who has committed no crime.

Incarceration of women in the US has increased rapidly in recent years, with jails filling with disproportionately low income and homeless women who decompensate rapidly within harsh jail conditions-- especially given the reality that 70% of those detained in women's facilities have pre existing mental illnesses (Balaban & Kuhlik 2019). It is common for women to end up in isolated medical units or other forms of solitary, and only in recent years have some specific states begun to actively move away from this practice of separation (McCammon 2019). Due to widespread failures in monitoring and reporting, there are no exact numbers available for how many pregnant women are currently in isolation, however a sample survey in 2017 found that 1396 women were pregnant at intake (Hopkins Medicine 2019). Despite these high numbers, there are still no mandatory standards for prenatal and pregnancy care for women in prisons (Hopkins Medicine 2019). International standards set by the United Nations within the Bangkok Rules and the Nelson Mandela Rules prohibit the placement of pregnant, nursing, and postpartum women in solitary-- yet US prison systems continually place pregnant prisoners within solitary conditions (ACLU report 2019).

State by state variations in health outcomes exist, but there are definitively higher rates of miscarriage and pre-term birth in incarcerated women (Hopkins Medicine 2019). Reports from incarcerated individuals have detailed prison officials' refusals to provide prenatal care, abandonment of women to give birth alone in solitary confinement cells, ignorance to contractions and other physiological symptoms, high rates of infant deaths, refusals to provide psychiatric care to pregnant women, failure to monitor food and medication intake for pregnant women with mental illnesses, and much more poor treatment which assuredly goes unreported. Outdated “safekeeper” laws in some states, such as Tennessee, allow local jails to ship those with medical and behavioral issues (including pregnancy within these conditions) to be shipped to state prisons and held in isolation, even without disciplinary infraction (Arthur 2018). This policy attempts to relieve financial burdens for local jails, but ultimately results in vulnerable populations of women being shipped into isolation units an average of 117 miles from their home counties and support networks (Arthur 2018). Local judges often claim that they were unaware they were sending these vulnerable women to solitary confinement, yet most women remain there for extended periods of time (Arthur 2018).

Pregnant women need specific nutrients, and isolation threatens access to sufficient prenatal care services by preventing adequate food access, prohibiting visitations from specialist doctors, and making trips to medical appointments physically difficult and even impossible at some stages of pregnancy (Balaban & Kuhlik 2019). Within solitary women have been shown to experience depression, mood changes, hallucinations, and other forms of intense psychological and physiological distress (Arthur 2018). Pregnant women with mental illnesses in solitary have been reported to stop eating for extended periods of time and have high rates of self-harm (Arthur 2018). Psychological distress during pregnancy increases the chances of having a premature or low birth weight baby, worsens risks of birth complications for mothers, and creates long term persistent effects on the behavioral, physiological, and immunological functioning of the unborn child (Coussons-Read 2013). Animal and human studies substantiate the argument that placing a mother in extremely stressful physical and emotional environments impacts development, behavior, cognitive performance, stress reactivity, and emotional temperament of their offspring (Coussons-Read 2013).

Not only are women blocked from having access to prenatal care throughout their pregnancy, but as in the case of Tammy Jackson when it comes to the actual birth they are often unable to signal guards or receive attention in time as they are prevented from requesting emergency medical care, their pain is downplayed and denied, and officers often refuse to assist (ACLU 2019). The pain of these women is often downplayed or downright denied within these cases often because of their history with mental illness, drug use, and crime; and the officers and private prison companies responsible for these deaths have faced little punishment. Clearly, outdated safekeeping laws and failure of legal systems to enforce regulations surrounding pregnancy and solitary confinement take a large toll on the health of both mothers and their infants.

This outdated practice is largely an issue of private prisons such as Wellpath, which prioritize profit over human dignity and have a long history of evading lawsuits from women detailing extreme abuse and neglect often resulting in harm or death of their babies. Additionally it is an issue of the crisis of underfunded and understaffed local jails which lack the resources to support high risk and vulnerable populations, as well as the outdated policies and legal loopholes which allow them to transfer vulnerable individuals into solitary units (Arthur 2018). It is far past time to elevate the voices of incarcerated women, strictly enforce international codes on humane treatment of individuals who are pregnant and postpartum in prison systems, and hold judges accountable for the role they play in this practice. Women like Tammy Jackson should never again face the burdens of long pregnancies and birth within solitary, and those who allow this practice to continue must face sufficient punishment. This will only happen when the US makes policy changes to legally recognize solitary confinement as a form of violence against pregnant women as well as their unborn children.

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PART 3

WHAT COULD THE
FUTURE OF SOLITARY
CONFINEMENT LOOK
LIKE?

A Letter From The Editors

To the reader,

For making it this far in *Solitary*, the editors and I commend you for your persistence. More specifically, we hope that in the course reading this information—ranging from the scientific to the legal, artistic, and historical—you have come to notice some of the broader, more conceptual questions that determine whose knowledge we prioritize and how: the “questions before the questions.” Earlier in our discussions, we considered the value of scientific information in terms of what it can and cannot demonstrate. Remember, science is a discipline performed by experts, whose knowledge can be included and omitted into our ‘gap-filling’ model of understanding solitary confinement, and of understanding how to regulate it (or, more importantly, what to do about it). The other disciplines and types of information we include in our gap-filling model: historical essay, jurisprudence, political negotiation, art and organization each fall within and around this hierarchy of knowledge and prioritization. Ethics is a discipline which up until this point we have discussed only partially, and one which many people believe to be an important aspect of the discussion around issues like solitary confinement and their permissibility. In particular, readers often think of ethics as the discourse which most reliably defines an actionable justice: a concrete, tempered, and realistic approach to resolution/intervention.

Unfortunately, one would be remiss to imagine ethics and ethicists as fully devoid of political complicity. Consider Shalev’s discussion of the intersections between medical ethics and solitary confinement, where healthcare providers must navigate their status as both Hippocratically-obliged benefactor and state employee:

If the health professional, of their own volition and following their medical judgement rather than as ‘standard procedure’, was to chart the appearance of negative health effects [in a prisoner-patient in solitary confinement], and at a given point intervene to end a disciplinary sanction, then effectively they are acting as arbiter of how long particular individuals can withstand the punishment. Inevitably, they will then have to decide that some individuals must be removed from isolation, while others must remain isolated (while knowing that the latter may sooner or later develop psychological, psychiatric or physical disorders linked to the isolation). Monitoring the potential health consequences must, however, be distinguished from the right of all prisoners, irrespective of their status, location, or behaviour, to access healthcare (this will be discussed in more detail in the following section). Again, herein lies one of the key tensions of dual loyalty, since there is clearly a fine line between monitoring the punishment and providing needed clinical attention and care (Shalev 60).

Moreover, one would be remiss to imagine that ethics inevitably provides conclusive answers and satisfying imperatives. Sussman’s concluding thoughts on forms of ‘ordeal torture’ like solitary confinement fully defer the task of defining remediation, largely on account of things that we do not yet know:

Through the combination of captivity, restraint, and pain, the physical and social bases of rational agency are actively turned against such agency itself. In torture, Améry writes, “one’s fellow man was experienced as the antiman.” If so, then torture by ordeal should be objectionable in ways akin to torture that seeks some sort of response from its victim, insofar as both involve some sort

of response from its victim, insofar as both involve some sort of perversion of the most basic human relations. Whether such objections could ever be overcome by legitimate military or punitive interests is a question that upon more comprehensive understandings of the morality of punishment, warfare, and self-defense (Sussman 33, emphasis is our own).

In spite of the carefulness of these discourses and their practitioners, we the editors wish to remind the reader at this juncture that ethicists and philosophers, like lawyers, judges, scientists, and both domestic and international policymakers are experts whose powers stem from forms of institutional whiteness, and who possess important powers in terms of establishing parameters: determining the boundaries of issues, timelines of resolution, and thresholds of permissibility and minimum acceptability in spite of the histories, embodied experiences, and critiques of the people immediately affected by their decisions. In particular, institutional ethics and many forms of continental philosophy are structures without a great language for understanding the consequences of an issue in terms of personhood and embodied experience (i.e. understanding the ethical implications of being a person who experiences the transgressions and violences of issues, as opposed to only trying to understand the 'issue itself'). Thus, I wish to ask the following "question before a question," or rather the question before ethical questions like "is solitary confinement ethically permissible?"): are we, in our insufficient understanding of harm (the very least of which being that harm is likely irredeemable) so exceptionally tolerant of harm such that our baseline standard for the radical reevaluation of our actions is self-centered reflection? That is to say, such that when we understand ourselves to be causing harm, we give priority to questions of whether or not we are right in causing harm, as opposed to simply changing our behaviors to cause less or no harm? Additionally, is our language and way of understanding in traditional science and ethics robust enough to capture sufficiently the many complex elements of harm: as performable and communicable action, object of inquiry, and subject of experience? Finally, if the average person were intolerant of solitary confinement in the capacity described by Sussman, could she do anything?

The following section will pose many more questions, and answer very few of them.

Warmest,
The Editors



SCA SCA



Prisons, jails, and immigration detention centers are all incubators for the spread of COVID-19 — and this virus has a unique relationship with solitary confinement as its main form of prevention involves social isolation (Speri 2020). Many prisons have begun building an increasing number of solitary units and filling up pre-existing solitary cells in order to separate inmates and prevent the spread of disease (Williams 2020). Unfortunately, these cells are built for punishment and extreme sensory deprivation, and often involve far less supervision from prison guards— leaving occupants of solitary cells vulnerable to experiencing COVID-19 without proper medical support, nutrition, and hygiene resources (Carty & Barraza 2020). The symptoms of individuals in solitary confinement are often ignored, and in the case of 43 year old Tiffany Mofield who died alone after hours of begging to be let out of the shower she was locked in, this ignorance is fatal (Speri 2020).

Since the pandemic entered the US, inmates have described being funneled through different living situations with little information on the virus and ways that they can work to prevent acquiring it (Carty & Barraza 2020). This poses a public health risk for inmates, the staff working at facilities engaging in unsafe prevention practices, and anyone exposed to these staff members within the broader public. When the pandemic is over, the hastily constructed solitary cells which have been produced in the past few months will likely be utilized long term to increase the number of inmates who can be isolated for punitive reasons— backtracking previous state by state efforts to reduce the use of solitary.

Dr. Brie Williams from UCSF has written a guidance piece which explains that ethically viable medical isolation is not at all equivalent to solitary confinement, and that “turning to the punitive practice of solitary confinement in response to the COVID-19 crisis will only make things worse” (Williams 2020). As our previous research has shown, isolation in solitary drastically alters physical and psychological health, and if used for an increasing number of inmates under the justification that it “protects them” it will actually generate long term detriments to their health, will likely increase their risk of complications from COVID-19, and additionally will further normalize the widespread use of solitary confinement in the long-term. It is essential that in this time of international crisis, legal and medical experts pay close attention to the use of solitary confinement to ensure that incarcerated individuals are being medically isolated in locations that provide them more (rather than less) medical attention.

Critical Phenomenology and the Racialization of Incarceration

A Discussion of Geunther's *Solitary Confinement: Social Death and its Afterlives*

*Neither slavery nor involuntary servitude, **except as a punishment for crime whereof the party shall have been duly convicted**, shall exist within the United States, or any place subject to their jurisdiction.*

Section 1 of the 13th Amendment to the United States Constitution

Lisa Geunther's *Solitary Confinement: Social Death and Its Afterlives* presents a wide survey of the histories and philosophical critiques of solitary confinement in America, and attempts to demonstrate a way of understanding solitary confinement perhaps most similar to the prisoner interviews and memoirs discussed earlier in the magazine. In particular, Geunther seeks to offer a particular philosophical understanding--phenomenology-- as her tool for understanding what makes solitary confinement so especially harmful. Unlike the biomedical and legal accounts of solitary confinement and its consequences offered thus far, Geunther's 'phenomenological approach' stems from a philosophical tradition that prioritizes the first-person narrative 'voice' in literature and writing, in order to approach embodied experience, selfhood, and individual perspective as components of the 'real,' lived world that are worth exploring.

Here, I wish to offer two arguments from Geunther's book that are particularly relevant to this magazine: Geunther's 'thesis' concerning solitary confinement, and her account of the racial histories of embodied experience that underpin the American penal system. In the first section I will describe Geunther's 'outline' of the mechanisms that make solitary confinement so harmful to the individual, and in the second section I will discuss the racial history of prisons in America that connects the 'social death' of blackness under American slavery to the social death of criminality in the period of abolition and beyond.

Phenomenology is a form of philosophical essay and critical theory that prioritizes the first-person narrative in order to examine the world of embodied experience; in particular, the 'subjectivity' of experience. As opposed to other philosophical traditions that attempt to apply logic and rationality to more 'objective' aspects of the world (like politics, language, etc.), or even systems like the scientific method that only deal with aspects of the world that can be experimentally isolated (in physics, chemistry, medicine, etc.), phenomenology focuses on describing subjective and sometimes 'transcendental' components of experience which inform the ways in which we experience phenomena (trauma, emotions, autonomy, decision-making, death, etc.). However, Geunther modifies this idea by focusing more closely on the 'intersubjectivity' of experience: that is to say, ways in which the foundations of experience rely not only on the isolated 'inside' world of ourselves, but also on our relations to other people, and things beyond ourselves (group identification, inherited trauma, etc.).

Consider the following:

In the context of this inquiry, "becoming unhinged" is not just a colloquial expression; rather, it is a precise phenomenological description of what happens when the articulated joints of our embodied, interrelational subjectivity are broken apart. Solitary confinement deprives prisoners of the bodily presence of others, forcing them to rely on the isolated resources of their own subjectivity, with the effect of eroding or undermining that

subjectivity...[it] works by turning prisoners' constitutive relationality against themselves, turning their own capacities to feel, perceive, and relate to others in a meaningful world into instruments of their own undoing. This self-betrayal is only possible for beings who are complicated, whose subjectivity is not merely a point but a hinge, a self-relation that cannot be sustained in absolute solitude but only in relation to others.

Here, Geunther outlines her basic argument on how solitary confinement functions most efficiently to harm people. Among the various aspects of our 'intersubjectivity,' Geunther highlights what can be considered a 'world-building' function within most people--the drive to identify and interrelate with other people (friends, family, peers) and institutions (authority, group-association, allegiances), and to participate in that interrelated world (the emotional, political, relational world that stems from interpersonal relationship). Within the argument, the "isolated resources of [one's] own subjectivity" are things such as the 'world-building' function, which occurs within ourselves but are outward-facing, so as to engage with the world around us. Thus, the essence of the cognitive collapse that occurs during solitary confinement according to Geunther is the notion of "becoming unhinged," where the decontextualization of oneself in a social world dissolves or "erodes" the boundaries and foundations of the stable experience of self. Worded more simply, long-term solitary confinement extinguishes the relations to other people through which we establish self-relation (i.e. the ways in which the most basic aspects of our internal world and experience of self rest on contextual connections/relationships to the outside world). Geunther argues, therefore, that the phenomenon during solitary confinement where this finely-tuned system of external relating bounces off of itself (interpreting and responding to signals of its own creation) creates the subjective, cognitive conditions for harmful psychological and physiological effects.

Importantly, Geunther leverages her examination of the subjective experience of solitary confinement to discuss how the contemporary penal culture of conquering and 'neutralizing' prisoners, from which solitary confinement in Supermax prisons and elsewhere emerged, stems from the history of black chattel slavery and social death in America. The notion of social death originated, alongside 'civil death,' in medieval English common law through a legal concept known as attainder, which designated a criminal "positioned as dead in law...deprived not only of their property, income, and civil status but also of the right to pass down these goods as an inheritance" (Geunther xviii). While attainder is illegal according to the US Constitution, a number of southern law rulings of the mid-19th century seemingly affirmed the civil obliteration of black bodies in the eyes of the law. Social death is defined by scholar Orlando Peterson as "the permanent, violent domination of natally alienated and generally dishonored persons" (1982), and was most significantly entrenched in the American cultural sphere through the racial and penal legacy of black chattel slavery.

For black slaves in Antebellum America, social death constituted a fundamentally racial inheritance, preserved and embodied through the traumas of slavery and dehumanization, as well as through the physical histories of plantation torture and domination tactics. Labor commodification and the buying and selling of bodies sought to undermine and thwart the most basic of kinship ties among black slaves, the pursuit of which was additionally criminalized (i.e. slaves escaping to reunite with separated family members, or Toni Morrison's character Sethe in the novel *Beloved*, who murders her children rather than watch them endure a lifetime of subjugation and social death under slavery). In particular, legal proceeding of the time where black defendants were tried for crimes

demonstrated the specific ways in which criminality was constructed into blackness: black slaves could not themselves bring cases in courts and could not testify as witnesses, but in the scenario in which they were tried for crimes as a defendant, they were required to testify and be cross examined. As Geunther observes, the extent to which civic life was granted to black slaves occurred only within the auspices of their presumed criminality.

As introduced at the beginning of the article, the 13th Amendment is largely considered to have abolished slavery in America. The amendment was ratified on December 6th, 1865 on the heels of the close of the American Civil War. In the introduction to *Social Death and Its Afterlives*, Geunther offers Joy James' interpretation of the 13th Amendment, wherein the penal loophole-- "except as a punishment for crime"--failed to fully abolish slavery: "[The 13th amendment] resurrected social death as a permanent legal category in U.S. life, yet no longer registered death within the traditional racial markings." Rather, legal and extra-legal structures in American society emerged to fill this link in the criminalization of blackness. Shortly after the (failed) abolition of slavery in the United States, southern penitentiaries and prison farms opened on the sites of former plantations. In particular, the establishment and enforcement of black codes and Jim Crow laws immediately following 1865 created enormously disproportionate populations of black inmates in American prisons. Meanwhile, the practice of convict leasing returned the bodies of these primarily black convicts as cheap, forced, unlimited labor to plantations whose slave labor had just been 'freed.' Thus, the penal architecture of the American justice system which emerged from the symbolic eradication of slave economies sought to legally and physically neutralize some of the millions of freed blacks in America following abolition, as well as replenish the reserves of black slave labor prohibited by the 13th Amendment.

This aspect of American penology is what scholars like Geunther, James, and Patterson identify as the structure through which the encoding of social death in America transferred from 'black' to 'criminal.' Moreover, this system that established the social death of the American criminal introduced the fundamental rationale of the American penitentiary system: domination and neutralization. More specifically, in the period extending from post-emancipation Southern 'criminal justice' to solitary confinement in the ultra-secure Supermax facilities of the 1980's and today, prisons in America are used to 'defer' issues pertaining to America's socially dead (be they black, addicted, mentally ill, disabled, 'criminal,' etc.) by sequestering them within the penitentiary system and neutralizing them through domination tactics. These sequestration and domination tactics, not the least of which being the use of solitary confinement, include police terror, proxy criminalization, redlining, and other forms of state-sanctioned violence intended to subdue those for whom the American social, civic, and economic infrastructure is least inclined to serve.

As facilities like Guantanamo Bay, San Quentin, Pelican Bay, and other Supermax sites demonstrate, solitary confinement has risen to the forefront of domination tactics endorsed, normalized, and readily leveraged by the American carceral state. Perhaps owing to its unique capacity to weaponize "the most basic of human relations" (Sussman), and undoubtedly owing to the mutual histories of chattel slavery and American incarceration, solitary confinement is not only the most endorsed, normalized, and readily leveraged form of torture in the American penal system, but also likely the direct tactical inheritor of plantation torture and domination.

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THE CURRENT STATE OF SOLITARY CONFINEMENT LAWS

INTRODUCTION

Existing laws regarding placement in solitary confinement and the duration of solitary sentences available vary country by country and even state by state. Outlined below are a few examples of relevant legislation providing guidelines for solitary confinement. The brevity of this section is intended, in part, to highlight the stark under-regulation of solitary confinement; it would be impossible to present an extensive list of laws, simply because few exist.



US FEDERAL LAWS

- No nationwide laws are in effect
- The practice of solitary confinement has been upheld as constitutional
- Solitary confinement for juvenile prisoners and prisoners that have committed low level infractions is banned
- *Apodaca v. Raemisch* (2018): This case led to a statement from Supreme Court Justice Sotomayor regarding her moral opposition to the practices of solitary confinement. She concludes her statement by stating that solitary confinement is nearly equivalent to a “penal tomb.”

US STATE LAWS

CALIFORNIA LAW

- Prisoners can be held in solitary for a maximum of two years following a ruling in 2015 on *Ashker v. Governor of California*

COLORADO LAW

- Adheres to the UN Nelson Mandela Rules, limiting solitary confinement to at most 15 days

INTERNATIONAL LAWS

U.N. NELSON MANDELA RULES

- Adopted by the UN in December 2015, not in effect in the US
- Solitary confinement is established as “the confinement of prisoners for 22 hours or more a day without meaningful human contact”
- Solitary sentences in excess of 15 days are prohibited
- Solitary confinement should not be used as punishment for prisoners with mental or physical handicaps and should only be used as a last resort



Advocacy Groups and What They've Accomplished

Report and Recommendations Concerning Use of Restrictive Housing for DOJ

In 2015 President Barack Obama asked Attorney General Loretta Lynch to conduct a review of the use of the overuse of solitary confinement in American Prisons. Their report outlines the DOJ's analysis and recommendations. The report concludes that there are occasions in which solitary confinement is necessary, mainly when it is the only way to ensure the safety of inmates, staff, and the public. They do; however, believe that the practice should be "used rarely, applied fairly, and subjected to reasonable constraints". The report includes "guiding principles" that should be used to limit restrictive housing. In response to this report President Obama banned solitary confinement for juvenile prisoners and prisoners that have committed low level infractions. This report demonstrates the federal understanding of the misuse of solitary confinement and the possibility for reform. However, federal systems only hold about a tenth of incarcerated people so these reforms only affected a small number of people.

Vera's Safe Alternative Segregation Project

The Vera Institute of Justice has worked with a number of jurisdictions to change the practices of solitary confinement. The Vera's Safe Alternative Segregation project examines what we know about the misuse of solitary confinement and effective ways to reduce its unnecessary use in American prisons. This movement shines light on the experience prisoners have in prison and their success when reassimilating back into normal society. The Vera institute recommends that solitary confinement should never be used in vulnerable groups such as those under 18, pregnant, and those with mental illnesses or physical disabilities. Solitary confinement should rarely be used as discipline, only on violent offenders, and should not be used directly prior to releasing someone back into the community. Those in solitary confinement should also have access to medical and mental health care.

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IS SOLITARY TRULY NECESSARY?

ALTERNATIVES TO SOLITARY CONFINEMENT

Given all that is known regarding the mental and physical health effects of solitary confinement, it becomes easy to wonder why the practice still exists today. As highlighted on page 8, advocates for solitary would argue that some form of disciplinary framework must exist in prisons to keep the prisoners in line and without solitary confinement prison administrators would lose control of their prisons; solitary confinement is a *necessary* evil. Several prisons across the US demonstrate that this is not the case.

In Cook County, Illinois, one prison has done away with the use of solitary confinement and has instead introduced a Special Management Unit for disciplinary purposes. Run by staff members trained in conflict de-escalation and resolution, the Special Management Unit hosts prisoners in groups of up to 6-8 at a time; prisoners are never isolated. Inmates participate in group therapy sessions with mental health professionals weekly with session topics including anger management and conflict resolution, among others. The head of this prison reports widespread benefits of this novel system: assaults among prisoners and on prison staff have decreased dramatically since the implementation of the Special Management Unit in May 2016, leading to an overall improvement in prison conditions.

The state of Colorado banned solitary confinement for periods in excess of 15 days in 2017 and places inmates in solitary only in cases of extreme misbehavior. Colorado's super-max facility has been reconstructed to no longer utilize solitary confinement, illustrating the possibility of a future of incarceration which no longer relies on prisoner isolation and misguided attempts at rehabilitation. Based upon the belief that the mental health of prisoners needs to be considered and the knowledge that prisoners need to be prepared for re-entry to society, de-escalation cells are used for brief 'time-out' purposes in place of solitary confinement. Assaults have reportedly decreased 40% following the implementation of this disciplinary system, demonstrating the corrective potential inherent in systems beyond solitary itself.

In 2009, Alger Correctional Facility in Michigan implemented an incentivized program intended to transition inmates out of solitary based upon good behavior and completion of reflections on their behavior. Every solitary prisoner is automatically enrolled in the program and begins at stage 2 of 6, meant to de-incentivize behavioral violations by providing something to lose and encourage behavioral improvements by offering achievable rewards. Rather than being viewed as immutable criminals, inmates are viewed as capable of positive change; this shift in perspectives has improved relations among prisoners and staff members alike. As a result of the introduction of this step-down program, Alger Correctional Facility has eliminated one of its three segregation complexes after reducing the number of prisoners in solitary by 20% in five years. Additionally, violent incidents within the prison reduced 76% and minor violations decreased 88% since the incentive program began.

Prisons have abandoned solitary confinement entirely and have demonstrated improvements, rather than declines, in their rehabilitative potential. Conditions have been demonstrated to improve not only for the inmates themselves but for staff members as well. And while completely doing away with solitary confinement as a practice is an honorable and achievable goal, taking even the first step away from its use is a step in the right direction. Step-down programs sharing features with the one at Alger Correctional Facility now exist in 30 states nationwide and are proven to motivate rehabilitation. Discipline can exist in the absence of solitary confinement; solitary confinement is an evil which is by no means necessary.

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PRISON ABOLITION: THE FRONTIERS OF SOLITARY CONFINEMENT AND THE CARCERAL STATE

While obviously the future of solitary confinement is actively being written through pushback from advocacy groups and the potential for a Supreme Court decision on the classifiability of solitary confinement as a “cruel and unusual” form of punishment, an important question remains: what do we do about the larger carceral structure that facilitates the sequestration of America’s most marginalized and underserved populations, and that seeks to neutralize them through tactics like solitary confinement? A similar question takes form in the following: what do we do if we find solitary confinement to be additionally impermissible on the grounds that the system through which it is administered (the prison system) is itself impermissible?

Thus far, we have begun discussions around the true nature and ideological purpose of incarceration in America. Scholars like Lisa Geunther, Joy James, Orlando Peterson, and Angela Davis point to the prison system as an institution far divorced from any ends of justice, rehabilitation, or even punishment. As historian Adam Jay Hirsch observes:

One may perceive in the penitentiary many reflections of chattel slavery as it was practiced in the South. Both institutions subordinated their subjects to the will of others. Like Southern slaves, prison inmates followed a daily routine specified by their superiors. Both institutions reduced their subjects to dependence on others for the supply of basic human services such as food and shelter. Both isolated their subjects from the general population by confining them to a fixed habitat. And both frequently coerced their subjects to work, often for longer hours and for less compensation than free laborers.

Instead, it seems, penitentiaries since the abolition of slavery have served primarily to defer criminalized bodies into institutions of forcible suppression. Joy James asserts that penitentiaries following abolition “no longer registered [social and civil] death within the traditional racial markings,” pointing to the expansion of American social death to include the ‘criminal,’ and, within that figurehead, to include criminalized social and racial states (addiction, mental illness, disability, queerness, blackness, poverty, etc.). Describing the nature of the American penitentiary system as a fundamentally racial institution, Angela Davis argues, “racism surreptitiously defines social and economic structures in ways that are difficult to identify and thus are much more damaging. In some states, for example, more than one-third of black men have been labeled felons. In Alabama and Florida, once a felon, always a felon, which entails the loss of status as a rights-bearing citizen...”

In Allegra McLeod’s legal metaanalysis of prison abolitionist texts, the author presents the following as a current-day synopsis of the transgressions of incarceration:

Prisons and punitive policing produce tremendous brutality, violence, racial stratification, ideological rigidity, despair, and waste. Meanwhile, incarceration and prison-backed policing neither redress nor repair the very sorts of harms they are supposed to address—interpersonal violence, addiction, mental illness, and sexual abuse, among others. Yet despite persistent and increasing recognition of the deep problems that attend U.S. incarceration and prison-backed policing, criminal law scholarship has largely failed to consider how the goals of criminal law—principally deterrence, incapacitation, rehabilitation, and retributive justice—might be pursued by means entirely apart from criminal law enforcement.

Pulling from the writing of abolitionist authors such as Davis, Foucault, Kaba, and others, McLeod describes potential legal frameworks for introducing the “prison abolitionist ethic” as a material, actionable redress of the immense injustices of prison industries. But what exactly is prison abolition?

If abolition is understood to entail simply the immediate tearing down of all prison walls, then it is easy to dismiss abolition as unthinkable. But if abolition consists instead of an aspirational ethic and a framework of gradual decarceration, which entails a positive substitution of other regulatory forms for criminal regulation, then the inattention to abolition in criminal law scholarship and reformist discourse comes into focus as a more troubling absence. Although violent crime prevention and proportional punishment of wrongdoing purportedly justify imprisonment, this Article illuminates how the ends of criminal law might be accomplished in large measure through institutions aside from criminal law administration.

In order to imagine the processes and imperatives of a gradual decarceration of the American justice system, McLeod is particularly interested in two concepts: “non-reformist reforms,” and grounded, preventative justice. In the remainder of this concluding article, I wish to define these two concepts, and offer a highlight-list of McLeod’s suggested tactics for gradual decarceration.

The notion of a non-reformist reform stems largely from Michel Foucault’s historical essay of violent torture and punishment in English common law in *Discipline and Punish*: under the rule of common law in medieval and early imperial England, the first prison ‘reformers’ sought to do away with the barbaric burnings, flayings, and what-not of sentencing rules with more ‘humane’ forms of punishment. However, the end result of this project was to distill the same essential disenfranchisement and degradation of the convicted person within the auspices of a more tempered image of justice—to create an ethos and ‘optics’ of a tempered, just, and institutional carceral punishment while preserving the same fundamental contempt for the socially-maligned body. In a linguistic sense, there is something about the notion of a ‘reform’ that presumes the necessity, utility, or self-evidence of the institution we seek to change. When we discuss ‘prison reform,’ it seems that we stipulate the inevitability or essentialness of incarceration in our attempt to make it better, and that we make it more permissible, or less objectionable as a ‘reformed’ institution. Thus, a non-reformist reform seeks to make an unideal scenario better, without contributing to its overall sense of being acceptable, adequate, or ‘handled.’

Meanwhile, the notion of ‘grounded, preventative justice’ describes two things: a justice which prioritizes the prevention of violence/transgression as opposed to their adjudication after the fact, and a justice which is actionable and realizable through concrete legal frameworks. As you read this list of McLeod’s initial tasks for decarceration, look for the ways in which non-reformist reforms and grounded, preventative justice are incorporated into a possible American penal future. Moreover, notice how the maintenance of the American penal system is diametrically opposed to the direct address of America’s most substantive social ills.

"EXPANDING SOCIAL PROJECTS TO PREVENT THE NEED FOR CARCERAL RESPONSES."

- Defund American jails, prisons, and Supermax facilities.
- Reinvesting funds into organizations which address the broad sociological contributors to crime.
 - Increased funding to accessible, low-cost mental health services and clinics in America's most highly policed communities.
 - Increased funding to accessible, low-cost community health and addiction services, which treat addiction as an issue of public health.
 - Reinvest funds into POC advocacy groups, businesses, and community leadership organizations/representatives.
 - Reinvest funds into support centers for POC/queer/homeless/disabled youth and convicted peoples.

"DISPLACE CRIMINAL LAW ENFORCEMENT THROUGH MEANINGFUL JUSTICE REINVESTMENT TO STRENGTHEN THE SOCIAL ARM OF THE STATE AND IMPROVE HUMAN WELFARE."

- Defund American police departments, border-agents, deportation-personnel, and other forms of law enforcement.
- Defund American military and international interventionism.
 - Broaden options for socialized healthcare.
 - Reinvest in the continued creation of jobs, and of affordable and low-income housing in America's most highly policed communities.
 - Pursue more equitable tax-reforms that deconcentrate wealth from the fiscal elite and redistribute to POC, people beneath the poverty line, and people in America's most policed communities.

"...DECRIMINALIZING LESS SERIOUS INFRACTIONS, IMPROVING THE DESIGN OF SPACES AND PRODUCTS TO REDUCE OPPORTUNITIES FOR OFFENDING, REDEVELOPING AND "GREENING" URBAN SPACES, PROLIFERATING RESTORATIVE FORMS OF REDRESS, AND CREATING BOTH SAFE HARBORS FOR INDIVIDUALS AT RISK OF OR FLEEING VIOLENCE AND ALTERNATIVE LIVELIHOODS FOR PERSONS SUBJECT TO CRIMINAL LAW ENFORCEMENT."

- Decriminalizing many non-violent offenses, including all non-violent drug offenses, and those criminal laws and proxy-laws aimed at policing the homeless, POC, and the mentally ill (loitering, public indecency, public drunkenness, trespassing, etc.).
- Mandating more serious legal proceedings for white-collar crime.
- Reducing/overturing the convictions/sentences of non-violent convicted peoples, particularly peoples convicted on non-violent drug offenses (especially drug possession), and non-violent POC convicted peoples.
- Redirecting funds to eradicate food-deserts and environmental injustice, particularly those in America's most policed communities.
 - Ensuring clean drinking water and brownfield remediation in POC communities, low-income communities, and America's most policed communities.
 - Ensuring access to affordable, healthy food in these communities.
- Ending standardized testing, and dramatically reinvesting funds into K-12 education and affordable day-care in POC communities, low-income communities, and America's most policed communities.
 - Mandating tuition-caps for higher education.
 - Investing in scholarship funds and tuition-reduction options for POC, low-income people, people living in heavily policed communities, and convicted and accused peoples.
- Reinvesting in intermediary organizations and safe-harbors that use mediators and social workers to deescalate community conflict.
- Redesigning retail and public spaces to disincentivize/complicate crime (better lit public spaces, more secure retail displays, etc.)

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