

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2010/08/11/solitary-confinement-is-a-challenge-for-medical-ethics/>

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by [Jean Casella and James Ridgeway](#) | August 11, 2010

Anyone interested in solitary confinement should be aware of this article in the most recent issue of the *Journal of the American Academy of Psychiatry and the Law*: [Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics](#), by Jeffrey L. Metzner, MD and Jamie Fellner, Esq. Metzner is a respected forensic psychiatrist and professor at the University of Colorado School of Medicine; Fellner is senior counsel in the U.S. Program of Human Rights Watch.

Several professional organizations and activist groups made up of medical and mental health practitioners have [condemned the treatment](#) of detainees at Guantanamo and elsewhere in the so-called war on terror. In particular, they have [denounced](#) the idea that members of [their professions](#) should play any role in that treatment. But as Metzner and Fellner point out, there has been scant professional or academic attention to the unique ethics-related quandary of physicians and other health-care professionals when prisons isolate inmates with mental illness. This despite the fact that for some prisoners, isolation can be as clinically distressing as physical torture.

The authors provide an overview of the use of extended solitary confinement, both on prisoners in general and on those who suffer from mental illness. As we've written before, prisons and jails are now the nation's [largest institutions for the mentally ill](#), and solitary confinement cells in particular serve as [our new asylums](#). Yet very few physicians in the APA [American Psychiatric Association] and AMA [American Medical Association] have experience or knowledge regarding correctional mental health care, let alone correctional environments in general, write Metzner and Fellner. Administrative segregation, supermax, rules infractions, mental health rounds, and kites are terms most noncorrectional physicians do not understand. A serious educational effort is needed, they argue, so that mental health practitioners understand such practices as the isolation of seriously ill patients for months, even years, that would never be condoned in a noncorrectional mental health setting.

Metzner and Fellner end by urging these professionals to take an ethical stand, and to use their institutional authority to challenge the torturous practices.

The professional organizations should acknowledge that it is not ethically defensible for health care professionals to acquiesce silently to conditions of confinement that inflict mental harm and violate human rights. They should affirm that practitioners are ethically obligated, not only to treat segregated inmates with mental illness, but also to strive to change harmful segregation policies and practices. Finally, the organizations should not be content with clarifying the ethics-related responsibilities of individual practitioners in these circumstances. They should actively support practitioners who work for changed segregation policies, and they should use their institutional authority to press for a nationwide rethinking of the use of isolation. The medical professions' commitment to ethics and human rights would be well served by such steps.

What follows is the abstract of the article. The full piece, which is accessible to readers with no background in medicine or the law, is [available online](#).

In recent years, prison officials have increasingly turned to solitary confinement as a way to manage difficult or dangerous prisoners. Many of the prisoners subjected to isolation, which can extend for years, have serious mental illness, and the conditions of solitary confinement can exacerbate their symptoms or provoke recurrence. Prison rules for isolated prisoners, however, greatly restrict the nature and quantity of mental health services that they can receive. In this article, we describe the use of isolation (called segregation by prison officials) to confine prisoners with serious mental illness, the psychological consequences of such confinement, and the response of U.S. courts and human rights experts. We then address the challenges and human rights responsibilities of physicians confronting this prison practice. We conclude by urging professional organizations to adopt formal positions against the prolonged isolation of prisoners with serious mental illness.

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James Ridgeway (1936-2021) was the founder and co-director of Solitary Watch. An investigative journalist for over 60 years, he served as Washington Correspondent for the Village Voice and Mother Jones, reporting domestically on subjects ranging from electoral politics

to corporate malfeasance to the rise of the racist far-right, and abroad from Central America, Northern Ireland, Eastern Europe, Haiti, and the former Yugoslavia. Earlier, he wrote for The New Republic and Ramparts, and his work appeared in dozens of other publications. He was the co-director of two films and author of 20 books, including a forthcoming posthumous edition of his groundbreaking 1991 work on the far right, Blood in the Face. Jean Casella is the director of Solitary Watch. She has also published work in The Guardian, The Nation, and Mother Jones, and is co-editor of the book Hell Is a Very Small Place: Voices from Solitary Confinement. She has received a Soros Justice Media Fellowship and an Alicia Patterson Fellowship. She tweets @solitarywatch.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

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<http://www.hrw.org/en/reports/2003/10/21/ill-equipped-0>

Ill-Equipped

U.S. Prisons and Offenders with Mental Illness

October 21, 2003

Mentally ill offenders face mistreatment and neglect in many U.S. prisons.

One in six U.S. prisoners is mentally ill. Many of them suffer from serious illnesses such as schizophrenia, bipolar disorder, and major depression.

There are three times as many men and women with mental illness in U.S. prisons as in mental health hospitals.

The rate of mental illness in the prison population is three times higher than in the general population.

This 215-page report examines how prisons are dangerous and damaging places for mentally ill people.

Other prisoners victimize and exploit them.

Prison staff often punishes mentally ill offenders for symptoms of their illness, such as being noisy or refusing orders, or even self-mutilation and attempted suicide.

Mentally ill prisoners are more likely than others to end up housed in especially harsh conditions, such as isolation, that can push them over the edge into acute psychosis.

Woefully deficient mental health services in many prisons leave prisoners under-treated or not treated at all.

Across the country, prisoners cannot get appropriate care because of a shortage of qualified staff, lack of facilities, and prison rules that interfere with treatment.

The report is based on more than two years of research and hundreds of interviews with prisoners, corrections officials, mental health experts and attorneys and makes recommendations on services and regulations that would assist and protect mentally ill prisoners.

In recent years, prison officials have increasingly turned to solitary confinement (or segregation or supermaximum security confinement) as a way to manage prisoners deemed difficult or dangerous, including many with mental illness.

According to data provided to Human Rights Watch by prison officials in recent years, 25 percent of men in solitary confinement in Washington State have a serious mental illness; in Georgia 33 percent of men and 67 percent of women in solitary confinement have a serious mental illness, and in Colorado 30-35 percent of all prisoners have a serious mental illness.

The conditions of social isolation, high security controls, abnormal environmental stimulus, and extremely limited recreational or educational opportunities that characterize solitary confinement can exacerbate mental illness or prevent recovery.

Moreover, the rules governing such confinement typically limit the nature and quantity of mental health services that are provided,

further jeopardizing the mental health of inmates.

<http://sn130w.snt130.mail.live.com/default.aspx?wa=wsignin1.0>

Lobel, a Pittsburgh law professor acknowledges, People dont really want to hear about whats going on in prisons. We want to keep prisoners out of sight and out of mind. And so legislators, the elite, Congress, they just dont really want to hear about prisoners unless one has been murdered or something like that. But if a prisoners locked up for 10 years, I dont think anyone really wants to hear about how their mental health is being influenced by the prison system.

Walsh, strangely enough, offers a somewhat concurring thought. He began his career working for the state in mental health facilities outside DOCs jurisdiction.

I understand the importance of mental health, he says. But I realized very early on in my career that it was a shrinking field and that the Department of Corrections is always growing, always getting bigger. I knew there were opportunities for advancement here. You just dont have that when youre working in mental health care.

And this direct from an inmate held in solitary the longest in a Federal prison, Tommy Silverstein.

Mentally ill:

Ive slept in some of the worst pens in America has to offer but Ive never seen so many guys gone stir crazy as Ive witnessed here at ADX! Its daunting to see people lose their mind and knowing its inevitable. Everything they do here is designed to literally break us! All their security mumbo jumbo is whitewash used to conceal their real covert mission.

And the just plain ill:

Speaking of the ADX staff Silverstein says; I believe its their duty to walk each tier daily and address any issues that we have. But they just walk right by and you have to scream, because otherwise they act like they cant hear you. If you do get them to stop, they often roll their eyes, wearing a pinched lip smirk, causing me to wish I wouldnt have called them. So sometimes I just say never mind because I can tell that theyll just blow me off anyway, so why bother.

The Prison Authorities mostly male nurses are the worst, and theyre the ones who are supposed to help us the most! And to add insult to injury, they charge us \$2 just to talk to them so unless its serious, most guys just cant afford to get their ailments checked.

Is all this about justice or is this just revenge? How will the other prisoners that are finally released, and many will be, look upon all of us that allowed this abuse?

The article referenced in your post states; Publically exposing and urging change in harmful prison practices is difficult and, needless to say, can threaten job security.

This reminded me of Howard Zinns take on this dilemma in his book A Peoples History of the United States.

Chapter 24: The Coming Revolt of the Guards

<http://www.historyisaweapon.com/defcon1/zinncomrev24.html>

In a system of intimidation and control, people do not show how much they know, how deeply they feel, until their practical sense informs them they can do so without being destroyed.

In every period of history, people have found ways to help one another-even in the midst of a culture of competition and violence-if only for brief periods, to find joy in work, struggle, companionship, nature.

The prospect is for times of turmoil, struggle, but also inspiration. There is a chance that such a movement could succeed in doing what the system itself has never done-bring about great change with little violence..

The elites weapons, money, control of information would be useless in the face of a determined population. The servants of the system would refuse to work to continue the old, deadly order, and would begin using their time, their space-the very things given them by the system to keep them quiet-to dismantle that system while creating a new one.

The prisoners of the system will continue to rebel, as before, in ways that cannot be foreseen, at times that cannot be predicted. The new fact of our era is the chance that they may be joined by the guards.

The article in your post goes on to state.

No doubt some correctional mental health clinicians will not agree with us. They may believe the isolation of volatile mentally ill prisoners is necessary for security reasons. They may believe they are guests in the house of corrections who have no business addressing custody policies, or they may have become so accustomed to the extended use of isolation that they have lost sight of its potential to cause psychological harm.

As I stated in my first guest post prison is indeed a cruel gauntlet, with guards on one side and prisoners on the other. Punishment is meted out by truly evil people on both sides of its dividing line. These two adversarial groups consciously or unconsciously collude together to administer societys punishment. This collusion may take the overt form of a trusty or the more covert form of placing a prisoner in an untenable position near rivals.

Also there is the despicable practice of placing a vulnerable inmate into a cell of a troublesome inmate as some sort of sacrificial lamb in

order to bribe the trouble maker.

Here is one possible recent example in the news.

<http://www.chron.com/dispatch/story.mpl/metropolitan/7137956.html>

Ex-judge says prison unfair, cruel to him
Kent alleges inhumane treatment and asks his sentence be shortened
By LISE OLSEN
HOUSTON CHRONICLE
Aug. 3, 2010, 10:18PM

Kent spent the next 16 days in solitary, where he claims the first night he helplessly listened to the continuous screams of a man being violently raped in the next cell and was horrified to observe that the guards ignored the mans screams and only came to remove the man from the cell after the attack had finally ended.

All too often, as this case illustrates, the result is an increase in prisoner on prisoner violence which, in the end, also endangers the guards own safety.

As more of the guards and the prisoners see their common interest, the more likely the guards themselves are to rebel against the system. This was the case in California recently when the Corrections Officer Union finally supported the need to reduce the prison population. Of course this was not out of their concern for the prisoners safety but rather for their own but the TWO ARE INEXTRICABLY LINKED! Now the guards consciousness must be elevated so they can be made to understand this important point.

i have ben telling everyone to stand up for years now bout time you have my suport to end this sick use of solitary you must be fast with in the state of CO at the start of nexst mouth they are to open a new supermax you have lital time to act so do so now is the time take the day and use it to fight them with everything you have to stall or stop this prisons opening and yes i mean 300 more solitary cells if no one of you acts to stop them stand now or be sorry you didnt later take the fight to them csp2 must not happen solitary must end

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