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Criminal Justice Issues and Prisoners' Rights

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by Sal Rodriguez | January 17, 2013



On September 20, 2011, at 10:55 pm in the Psychiatric Services Unit of California State Prison, Sacramento, a guard was completing his rounds checking on patients in the unit. Locked in solitary confinement, but allowed 10 hours of recreation a week as well as some group activities, prisoners held in these units have been diagnosed with a litany of severe mental health problems. In cell number 104, Armando Cruz, 28, was found facing toward the opposite side of the door window[a] rope from his neck to the ceilinghis tongue protruding. His face was purple and there was no pulse. At 11:35 pm, he was pronounced dead.

On a dozen Post-It notes he scribbled his final words, telling his family he loved them. His final message was **REMEMBER ME!**

The death of Armando Cruzwas the culmination of years suffering from hallucinations, engaging in self-harm and escalating problems. It also exemplifies what can and does happen to people with severe mental health problems when they are locked into the prison system.

Entering the California prison system on February 25, 2003 following three years of legal wrangling, he would spend at least four years in solitary confinement units, including the final year of his life. Housed alone, his hallucinations and delusions would fester as he ruminated in cells no larger than a bathroom to the point where, in the final months of his life, he invented a family that lived with him. For a vulnerable young man with a fear of being alone in a cell, the protracted isolation amounted to psychological torture. Ultimately, he became one of 33 California prisoners who would commit suicide in 2011.

In order to understand Armando Cruzs death, it is important to understand the tumultuous life that he led.

Troubled Youth

Armando Emmanuel Cruz, Jr. was born on April 23, 1983 to Armando and Yolanda Cruz in Fontana, California. He was a relatively quiet child who enjoyed playing sports, participated in karate, and was well liked by his peers. He was a decent student in elementary school.

Says his mother, Yolanda, of her son, What I wantthe broken system to know and the Stateof California is, that Armandowas a sensitive son who worried about the less fortunate and the injustices in our world.

Things began to change when he entered adolescence. When he was thirteen, he began to use marijuana and methamphetamine and engaged in inhalant abuse (huffing). He began experimenting with cocaine and LSD and also began to drink alcohol, which he reportedly did to the point of losing consciousness.

In August 1997 at the age of 14, he was arrested for possessing marijuana at school. The following month he was arrested for burglary. He had stolen several thousand dollars worth of tools.

In 1998, he began to exhibit early psychotic symptoms, yelling at his mother that he was feeling forgetful, that he felt out of place and that he was losing his language.

In January 1998, according to legal documents, he was examined at County Mental Health and diagnosed as suffering from Inhalant Dependency. Two months later, [Cruz] had a juvenile forensic evaluation and was diagnosed as suffering from a psychotic disorder,

probably a hallucinogen induced psychosis, and also suffering from Borderline Intellectual Functioning.

Though he was placed in various diversionary programs to keep him out of juvenile detention facilities, his problems continued to escalate.

Friends commented that they felt that the various psychiatric drug combinations Cruz was on made him slower, made him seem more dazed and that it felt like Cruz was getting farther away.

In July 1999, records indicate that he threatened: Ill kill a cop and cut off his hand while in a mental health facility for young people and was seen by a psychiatrist. One doctor thought that he suffered from a psychotic disorder, while another thought that he suffered from a paranoid schizophrenia. Others still claimed it was schizophrenic form disorder.

In January 2000, a drunken Cruz got into a yelling and shoving match with his mother. At the time, he was medicated with Zyprexa, Welbutrin and Tenax. He told officers he doesnt have anything to live for and he wanted to die.

The Attack on the CHP Officer

On April 30, 2000, California Highway Patrol Officer was conducting a routine traffic stop in Lakeside, California, an unincorporated area of San Diego County. Suddenly, an individual wearing only underwear ran behind the officer and with a large knife, sliced the throat of the officer and ran away.

Cruz, medicated withZyprexa, Guanfacine, Wellbutrin, and also drinking alcohol that night stated that he recalled the lead up of events as follows: I was in my houselistening to a song by Sublime about the riots in LA which suggested committing 187 (Murder) on a cop. I was depressed; I looked across the street and saw the CHP officer writing a ticket. I wanted to save the world. I went across the street and hid behind a stop sign. I sliced the guys throat with a kitchen knife. I just wanted to be a demonI felt dead on the inside.

Neither the officer who sustained a superficial injury required tape stitches, nor were there witnesses in either the stopped vehicle or the surrounding area able to immediately identify the suspect. However, in the subsequent weeks Cruz began to speak about his actions to a friend, who told his father, who notified the police about what Cruz had said. Cruz was arrested on May 24, 2000 and quickly admitted to the attack on the officer.

Legal Wrangling

Nearly three years of legal wrangling would be a very difficult time for Cruz.

Following his arrest, he would be held at a University of California San Diego psychiatric unit for evaluation. He is noted to have jumped off a balcony in an apparent suicide attempt. Upon being transferred to another psychiatric unit, an examining psychiatrist would tell his mother: Armandos schizophrenia has gotten worse.

In the next years, his father would die of a terminal illness that had ailed him for many years. Cruz, then being held in the county jail was allowed to attend a service for his father. He wasbrought in arm and leg restraints and was constantly under guard and was not allowed to embrace family.

He would be incarcerated at the San Diego County jail from April 2001 until being sentenced in 2003. At some point in this period he would attempt suicide by hanging at the jail, something that only came to his mothers attention after his death.

While in jail he was kept in segregation for periods of time for his own protection. He had reported being taken advantage of by inmates who, as his mother said, took advantage of his kindness and navet.

The legal battle that culminated with his pleading guilty in January 2003 and being sentenced to life in prison with the possibility of parole after eight years for the Attempted Murder of a Police Officer.

Says Cruzs mother of the legal proceedings, The system took complete advantage of a young, naive, scared, incompetent schizophrenic teenager, who in hismind was trying to protect himself and his family. Starting from the sheriffs department that questionedhim without my permission in order to get a statement and confession from him in his mental incompetence. My son was declared at the 707 hearing as severely mentallyill suffering from schizophrenia. He was talked into a plea deal of 8 minimum to life which would after all the legal wrangling, send my nave son into a level 4 adult prison setting.

Cruz was among the first juveniles to be charged and sentenced as an adult under the overwhelmingly passed Proposition 21 in California, which had been approved by California voters just one month before the April 2000 attack on the CHP officer.

At this point, 17-year old Cruz would become one of the countless numbers of prisoners in the United States suffering from debilitating mental health problems.

Early Years in Prison (And Isolation)

Upon arriving at Richard J Donovan Correctional Center in San Diego, he was assigned a Classification Score of 62. In California a score of 52 or over results on one being placed in a Level IV facility, defined by California as facilities that have a secure perimeter with internal and external armed coverage and housing units or cell block housing with cells non-adjacent to exterior walls. Inmates in these facilities typically are incarcerated for crimes against persons. He was also assigned to the Enhanced Out Patient (EOP) level of care, which allows for interaction with mental health staff.

According to a 2003 Human Rights Watch <u>report</u>, between one-third and half of prisoners in solitary confinement are diagnosed with a psychiatric disorder. In 2011, Dr. Craig Haney <u>testified</u> that: In short, prisoners in these units complain of chronic and overwhelming feelings of sadness, hopelessness, and depression. Rates of suicide in the California lockup units are by far the highest in any prison

housing units anywhere in the country. Many SHU inmates become deeply and unshakably paranoid, and are profoundly anxious around and afraid of people (on those rare occasions when they are allowed contact with them). Some begin to lose their grasp on their sanity and badly decompensate.

In his already fragile state, Cruz would quickly enter this bleak feature of Californias prison system.

In April, Cruz would experience isolation in the Administrative Segregation Unit (ASU). Used throughout the California prison system, the ASU houses thousands of inmates in segregation, often in solitary confinement. Due to Cruzs mental health, he would always be held in solitary confinement while in the ASU.

Every time they put him in isolation he would decompensate, his mother says, Can you imagine being in one of those units, with all the noises echoes and clanking, banging about all around you, while being mentally ill?

On April 22, 2003 Cruz was placed in the ASU for exhibiting bizarre and threatening behavior. In this case, this involved looking at a prison guard in a manner that was perceived as threatening. Prison officials also decided that he would be placed on single-cell status and the walk-alone yard due to mental health concerns. In May, was retained in the ASU for having a high risk of victimization. He was also noted to be frequently attending to internal stimuli and only taking three showers in a three-week period of time.

His mother visited him at RJ Donovan. He had lost a lot of weighthe had gone from being 180 pounds to 150 pounds, she recalls. He was coherent, very coherent. He told me, Oh, Mom, dont cry Ill be home soon.

In June, he was transferred to California State Prison, Los Angeles County. He was initially held in a Level IV facility but ended up being placed in the ASU on August 21 for threatening to kill a peace officer. The incident involved Cruz screaming Let me out! and I want to murder somebody! Upon an officer coming near Cruzs cell, Cruz said to the officer: If I had a knife Id stick it up in you!

He was then transferred to Correctional Mens Colony-East (CMC-E) and placed in the ASU for EOP inmates. Upon his being discharged from services at CSP-LAC, mental health staff indicated he sometimes choked himself because he feels that it will get rid of the voices in his head. CMC mental health staff also noted that he was experiencing auditory and visual hallucinations.

Visiting him at CMC, his mother recalls that during his time at CMC, Cruz was visibly paranoid and agitated.

On September 4, 2003, his custody was established at MAX and he was retained in the ASU. The Institutional Classification Committee, however, noted that he is likely to decompensate if he remains in Ad Seg for a lengthy period In this context, to decompensate is to experience worsened symptoms. In Cruzs case, these symptoms increasingly meant more aggravating auditory and visual hallucinations.

He would remain in solitary confinement and the ASU until being transferred to Salinas Valley State Prison for placement at the Department of Mental Health Immediate Care Facility on January 5th, 2004. He was sent due to recent and continued decompensate since placement in ASU. He repeats increased [auditory hallucinations] and decreased ability to cope with the voices. Mood is depressed

I dont know whats wrongI have so many thoughts I cant tell whats real. I dont know who to trustIts like a scary dream, Cruz is reported to have said.

Improvement and Decline

At Salinas Valley, he was noted, according to a January 22, 2004 health document, as having fears of being alone in cell and paranoia of others wanting to inflict pain on him. And that, since incarceration, [he] states that he has been bored to death and losing his mind.

A month later he was determined to be a very high risk for suicide and self-mutilation behaviora deep seated dysphoric mood

Despite these issues, Cruz appears to have made an effort to adapt to his situation. Over the course of his custody, Cruz lived with three other inmates, and generally he seemed to have grown more comfortable and was deemed safe enough to house with other inmates. In June he completed a Survivor/Processing Group and a Coping Skills Group. In September, he completed a Big Brother Group.

However, Cruz continued to engage in auto-asphyxiation. He was noted to frequently have bruises on the back of his neck from squeezing himself so hard. Following one of these incidents, he was placed in a solitary confinement in October 2004.

On November 22, while an officer was in the process of handcuffing him through a slot in his cell door, he jerked forward, resulting in the officer sustaining an injury to one of his hands.

A mental health staff member, in evaluating Cruz following the incident, reported he continuously perseverates about choking to death, wanting to save the world, hallucinating, with flight of ideas and derailment.

Cruz explained that I was in shock at the time, I was hearing voices, everything was closing in, I pulled back and I heard he broke his finger.

Repeated Transfers

Cruz was charged for the Salinas Valley incident resulting in the guard injuring his hand. Upon his discharge from Salinas Valley, the Rehabilitation Discharge Summary reads: Identified Problem Areas: Hallucinations, Substance Abuse, and Suicidal Behavior.

Cruz was transferred back to CMC-E on December 17, 2004. A mental health worker reported that he was still hearing voices.

He would be transferred back and forth between CMC and Salinas Valley numerous between the December 17, 2004 transfer and July 2005. He was incarcerated at CMC from July 13, 2005 until December 28, 2006.

In August 2005, he was found guilty of Battery by Prisoner on Non-Prisoner. He was sentenced to four years consecutive with his life sentence.

During this period, his mother made a point of visiting him often. Every few months his mother made the 300-mile long drive from El Cajon to visit him. Records from the Department of Corrections indicate that his time at CMC, as part of the EOP program, Cruz would largely remain out of trouble.

In 2006, he was assigned as a porter in his unit, engaging in cleaning and other tasks. He was housed with other inmates and allowed to interact with others and participate in in-group activities during his term at CMC. He enrolled in a second Adult Basic Education class in June.

His mother recalls this time period as being the best for Armando. Allowed to have two-hour long contact visits, Cruz was able to maintain vital family relationships.

However, things began to change in the second half of 2006. In July, he was found with marijuana and paraphernalia. A clinician noted, Armando has a long history of paranoid and delusional thinking. When under pressure he makes wrong decisions. He is taking responsibility for his behavior.

On November 15, 2006 he reported to his therapist: I want to be unconscious, not living anymore. In December, he was admitted to the Inpatient Unit because he had expressed bizarre persecutory ideation. On December 14, he disrupted his classroom, saying: He keeps looking at me. Hes reading my mind. Hes in a parallel universe. No its the same universe

On December 28, he was transferred to California Medical Facility to be stabilized for return to CMC.

On January 29, 2007, he was ruled by the Office of Administrative Hearings to be a danger to self and said to suffer from a mental illness that, absent medication, renders him unable to control his violent and self-injurious behavior as well as unable to control hearing voices. He would begin involuntary medication.

He would be transferred back to CMC on April 18, 2007.

Escalating Problems and Return to Isolation

Back at CMC, Cruz was allowed to live with other inmates and had a relatively disciplinary free year until October. On October 28, 2007 Cruz got into a fight with a fellow inmate. The incident was deemed mutual combat and neither received significant punishment.

The following month, November, he was again found with marijuana paraphernalia.

On December 18, 2007 according to a Mental Health Services Delivery System document, he exhibited a poor attention span and was confused/disorientednervous, unable to follow basic verbal instructions.

The year 2008 would be a turning point, for the worst.

On January 18, 2008: Cruz began yelling loudly from inside his cell, and inciting other inmates on the tier to help him commit suicide. He also said [Officer M] cant do shit to me, reads an incident report dated January 29.

Prompted by these statements, Officer M approached Cruzs cell and it was decided to escort him for psychiatric evaluation. Cruz complied and was successfully cuffed and led out of his cell. However, he suddenly began to resist by moving side to side. Knocked to the floor and sprayed in the face by pepper spray, Cruz began kicking his legs and bit Officer Ms middle finger.

Cruz was immediately placed in the ASU and was to remain in the ASU pending his transfer to an alternate facility where his mental health and custody needs can be met.

Cruz, one week later, explained: Im very slow and that day I had been choking myself out. He told me to cuff upI wasnt thinking. My systems were bad. I was choking myself out, hearing things. I was in a different state of mind and wouldnt do that. Tell [Officer M] Im sorry.

On May 26, Cruz would be involved in another incident. While waiting outside the prison infirmary for an injection of medication, he suddenly bolted from the chair and ran down the hallway toward the stairwell. He was forced to the ground and placed in leg restraints in order to be injected with medication. A report indicates that he had abrasions/scratches to his facial area, the inside of his mouth, his right shoulder, left knee, ankles and was housed on suicide precaution and Administrative Segregation status. When asked about the incident, Cruz replied, Im just fed up man.

Cruz would spend nearly five months in the ASU before being transferred to California State Prison, Sacramento (CSP-SAC) to serve a Psychiatric Services Unit term on June 11, 2008. He was sentenced to an 18 month SHU term.

According to the California Code of Regulations, Title 15, Division 3, the PSU provides secure housing and care for inmates with diagnosed psychiatric disorders not requiring inpatient hospital care, but who require placement in housing equivalent to Security Housing Unit (SHU)

For the second, and final, part of this story, click <u>here</u>. Readers who would like to send their regards to the Cruz family may contact the author at sal solitaryw@yahoo.com.

Sal Rodriguez was Solitary Watchs first and most prolific intern. Based in Los Angeles, he served as an editorial writer and columnist for the Orange County Register and the Press-Enterprise, and is now the opinion editor for the Southern California News Group.

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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When I originally commented I clicked the Notify me when new comments are added checkbox and now each time a comment is added I get several emails with the same comment. Is there any way you can remove people from that service? Thanks!

There should be something at the bottom of those emails that allows you to unsubscribe. Were unable to do it from our end. Sorry!

I am so sorry for Armando for Yolanda but even more for the lack of compassion and the harden heart of people that have those feelingsArmando probably made the wrong choices but his mother suffering is undeserved Share This Link Share:

On your own timeline

Pecados contra el Espiritu Santo http://www.jesushabla.org/index.
Los Pecados contra el ESPIRITU SANTO

Friends

and all of you that feel so righteous behold you have brothers or will have children and hope you dont regret your cruel comments.

EVERYTHING he did was HIS choice alone. He fried his brain because he chose to and this was the consequence of him doing so. No sympathy here.

who the hell cares about this loser?

Things began to change when he entered adolescence. When he was thirteen, he began to use marijuana and methamphetamine and engaged in inhalant abuse (huffing). is not a cry for sympathy.

Yolanda would not give up until someone listened! Thank you Sal, for listening & sharing Armandos story! And the reality of what goes on in our prisons.. it makes you wonder how many more have suffered this same type of torment, how many more prisoners are buried alive trapped in thier own maddening thoughts. bored out of thier minds in a state of nothingness

Armando R.i.P

First of all I like to give my condolences to the family of Armando. I also similarly lost my younger non-violent brother in Salinas Valley in 2007

Coincidently I lived nearby his birth place for most of the 70s. It was not a bad area.

The article doesnt mention if he

- 1) Has any siblings.
- 2) Did any time in juvenile hall for the possession or the burglary charges?
- 3) If so was he sent to the County Mental Health facility from Juvenile Hall?
- 4) Was he later placed on probation?
- 5) If so was he being monitored by his P.O.?
- 6) With whom did he first get high?

All of this information is needed to understand how the system failed him.

Early intervention is the key. Huffing fries the brain I know Ive seen it. Ive also seen borderline people slip into madness over time using LSD.

Most kids get sucked into the drug scene by a friend or family with drug connections. Usually their connections are older or know

someone older that supplies them.

The best hope to have saved Armando was during those early years before he landed in prison.

You write he was taken advantage of in prison. Ive seen the devastating effects of the various forms of being taken advantage of.

I saw a boy hang himself after having his package from home raided. Ive seen another dive off the second floor in solitary. Ive seen the telltale signs of attempted suicides, i.e. slashed marks on their arms, on many a prisoner. But Im at a loss as what we can do about it once they are incarcerated. There are always hidden areas where such things occur and even mental hospitals use isolation units, shock treatment and physical abuse to control those in their care.

If you want to clear a log jam downstream stop them entering upstream.

Intervene early to prevent more case like this.

Money spent on intervention programs such as drug counseling will save money now spent on prisons and also lives.

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