

# Solitary Watch

## Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2013/06/10/u-s-doj-documents-torturous-treatment-of-prisoners-with-mental-illness-in-pennsylvania-solitary-confinement-unit/>

## Campaign and Advocacy

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by [Solitary Watch Guest Author](#) | June 10, 2013

*Editors Note: The following article is reprinted from a [special edition of the PA Prisons Report](#), a publication of the [Human Rights Coalition](#). HRC is a Pennsylvania-based group of prisoners families, ex-prisoners, and supporters which believes that the prison system reflects all inequalities in our society, and it does not work in its current incarnation. Among its activities is a [campaign to end solitary confinement](#) in Pennsylvanias prisons.*

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On Friday May 31, the United States Justice Department issued a report on its 18-month investigation of the Pennsylvania Department of Corrections (PADOC) prison in Cambria County, State Correctional Institution (SCI) Cresson, finding that the solitary confinement of people with serious mental illness and intellectual disabilities is in violation of both the U.S. Constitutions 8th Amendment and the Americans with Disabilities Act. The announcement came in a [findings letter](#) detailing the results of its investigation of SCI Cresson by attorneys with the Justice Departments Special Litigations Section of the Civil Rights Division, working in partnership with the U.S. Attorneys Office in the Western District of Pennsylvania. The letter also notified PA governor Corbett that both agencies are expanding their investigation to include all 28 prisons under the control of the PADOC.

The investigation, launched in December 2011, set out to find whether SCI Cresson was violating the constitutional rights of prisoners to be free from cruel and unusual punishment by subjecting mentally ill prisoners to the psychologically damaging conditions of long-term solitary confinement and depriving them of mental health care.

SCI Cresson, built in 1987, housed the PA Department of Corrections second-largest Secure Special Needs Unit (SSNU), a type of solitary confinement unit used for the isolation (and on paper, the treatment) of mentally ill prisoners. In January 2013, the PA DOC announced its intention to close the prison three months after members of the investigation team met with PA DOC leadership and Cresson Superintendent Kenneth Cameron to discuss concerns about information received during the investigation. As of April 2013, the SSNU had been emptied and the prison held less than 400 prisoners (down from approx. 1600).

### Warehousing the Mentally Ill

The Department of Justices (DOJ) letter, briefly summarized in a [press release](#), catalogs a long list of human rights violations that will be familiar to readers of the *Prison Report*, centering on conditions of extreme isolation coupled with additional cruel and degrading punishments inflicted by staff, presided over by a prison administration that not only ignored wrongdoing by prison staff, but also actively prevented seriously mentally ill prisoners from receiving treatment.

The DOJ found that Cresson routinely locks prisoners with serious mental illness in their cells for roughly 23 hours per day for months, even years, at a time. At Cresson, the prolonged isolation is all the harder for many prisoners with serious mental illness to endure because it involves harsh and punitive living conditions and, often, unnecessary staff- on-prisoner uses of force. The report noted that placement of mentally ill prisoners in the prisons solitary confinement units was intentional; not the consequence of a failure to identify those who are most vulnerable to such psychologically destructive conditions, but as a matter of systematic and deliberate practice.

The resulting harms have been catastrophic: Cressons practice of subjecting prisoners with serious mental illness to prolonged periods of isolation under the conditions described in this letter has resulted in harm, including trauma, bouts of hysteria and extreme paranoia, severe depression, psychosis, serious self-injury and mutilation, and suicide. Corroborating this conclusion is the fact that although less than 10% of the prisons total population is held in solitary confinement, during the previous year and-a-half, 2 of the 3 suicides and 14 of the 17 suicide attempts at SCI Cresson occurred in these units. Both of the suicides in the solitary units (which HRC reported on shortly after they happened) occurred after requests for mental health care were ignored by staff.

(Links to HRC reports on the 2 suicides in Cressons solitary units: [In Memory of Brandon Palakovic](#) and [Prison staff scramble to cover up circumstances of suicide at SCI Cresson.](#))

In one of the more graphic examples of self-harm described in the DOJ report, one prisoner was said to have tore open his scrotum with his fingernail while housed at the RHU after experiencing isolation and a lack of adequate treatment there for three months. In the three days preceding this incident, BB cut his arm with a staple, smeared feces on himself while complaining of hearing voices, and tore off a fingernail. After the incident involving BB injuring his scrotum, he told staff that mental health won't listen to me so I'm pulling my nuts out.'

A prisoner who has spent more than 7 of the last 12 years in solitary confinement in PADOX prisons told the DOJ that isolation makes me want to rip my face off. Emphasizing the seemingly endless duration of indefinite isolation, another prisoner stated that confinement in the SSNU feels like it will last the rest of [your] life.

### **Torment and Punishment**

Among the most disturbing of the investigations findings is the degree to which dehumanizing and harmful treatment of prisoners at Cresson was normalized and incorporated into the routine operations of the prison. Though the SSNU was supposedly intended for the treatment of seriously mentally ill prisoners, by policy and practice unit staff were encouraged to react to behavior symptomatic of severe mental illness with aversive measures intended to punish. Shouting, throwing feces, or banging one's head into the wall were consistently responded to with violence by prison staff. The routine use of full-body restraints for extensive periods of time (avg 10.5 hours), using tasers on prisoners who were already fully restrained, forcing prisoners to sleep on cold concrete without a mattress, denial of food, exercise, visits and reading materials, were all regular tools of SCI Cresson staff.

Readers of the *Prison Report*, former prisoners, and family members will recognize these as regular tools of staff at most or all PA DOC prisons. Punishment of those with mental health needs results in a predictable cycle of dysfunction wherein psychological decompensation is exacerbated by violent repression. This recurring cycle is a phenomenon that is noted in virtually every human rights report, academic or clinical study, court case, or government report assessing conditions of solitary confinement across the country during the past 30 years. The DOJ report described the cycle of dysfunction as follows:

At Cresson, prisoners with serious mental illness are often subjected to a toxic combination of conditions that include: prolonged isolation, harsh housing conditions, punitive behavior modification plans, and excessive uses of force. These conditions, intended to control these prisoners' behavior, serve only to exacerbate their mental illness. Frequently, these conditions combine to do serious harm in the following way: a prisoner with serious mental illness is placed in isolation with inadequate mental health care, causing him to decompensate and behave negatively; staff respond by subjecting the prisoner to harsher living conditions, denying him stimuli, and/or using excessive force against him; the prisoner's mental health continues to deteriorate, and he begins to engage in self-injurious conduct (e.g., banging his head hard and repeatedly against a concrete wall, ingesting objects, or hurling himself against the metal furnishings of his room) or attempts to kill himself; staff eventually respond by placing him in the MHU a unit where a limited amount of treatment is provided; as soon as the prisoner begins to stabilize, he is returned to isolation, and the prisoner's mental health again spirals downward.

Noting that Cresson views serious mental illness [as] intentional misbehavior that must be punished rather than treated, the DOJ found that prison staff responded to behaviors mostly or entirely derivative of mental illness by deprivations such as forcing the prisoner to sleep on cement slabs without a mattress; denying the prisoner access to warm food and instead giving him nothing but food loaf to eat; denying access to reading materials; denying the prisoner access to the caged, exercise pens; denying the prisoner access to showers; and restricting or eliminating the prisoner's already limited ability to make phone calls or engage in non-contact visits with loved ones or friends.

The culture of abuse on display at Cresson included taserings and pepper-spraying suicidal prisoners and leaving their arms and legs strapped to a concrete slab or bed for more than 10 hours at a time. In one incident, prison guards responded to an act of self-harm by placing the prisoner in four-point restraints, and taserings him with a handheld electronic body immobilization device when he requested that a mattress be placed on the metal bed prior to his being strapped down. He remained strapped down for nearly 15 hours. Another prisoner was placed in a restraint chair after slamming head first into his cell door, and was tasered seven times and pepper-sprayed in the face twice during the 24-hour period he was in the restraint chair.

In some instances prisoners were double-celled in the solitary confinement units with violent, predatory prisoners, including one case where a diagnosed schizophrenic poured boiling water on another prisoner, who was himself a diagnosed paranoid schizophrenic suffering from post-traumatic stress disorder and with an IQ of 48. The boiling water caused blistering of the skin.

The DOJ concluded that Cresson lacks a functioning residential treatment unit, and that the SSNU does not even resemble a treatment unit. When prisoners in the isolation units are provided out-of-cell therapy, the therapy is generally provided to the prisoner while he sits in a small cage roughly the size of a telephone booth. According to the DOJ, one of the major causal factors of these conditions are staffing shortages that make it impossible for mental health professionals to provide necessary care.

Instead of any semblance of the residential treatment unit or programming, the DOJ found a prison where the sick torture the sick, and the endless depths of isolation are punctuated only by guard violence, self-mutilation, suicide attempts, and death.

### **Whats Next?**

The impact that the release of the DOJ/US Attorneys Office investigation findings will have remains unclear. Because conditions at Cresson appear to be indicative of systemic patterns throughout the PA DOC, the DOJ has now taken the unprecedented move of expanding the investigation to include all solitary confinement units of the states prison system. However, the office of the DOJ tasked with the investigation the Special Litigations Section of the Civil Rights Division *does not have the power to prosecute*, and under the controlling statute the Civil Rights of Institutionalized Persons Act (CRIPA) the PA DOC is allowed the opportunity to voluntarily remedy the unconstitutional conditions found by the DOJ. Failure to do so means that the DOJ will be permitted but not required to file a lawsuit in federal court to enforce the Constitution.

At this time, it appears that all PA DOC staff complicit in the abuse, torture, and negligent treatment of severely mentally ill prisoners at SCI Cresson have not in any way been held accountable for their actions by either PA DOC or law enforcement agencies in fact, the

opposite has occurred: the prisons chief psychologist James Harrington, who presided over the atrocities in Cressons treatment units, was recently promoted to the newly created position of Regional Chief Psychologist, in charge of overseeing the mental health services of seven PA DOC prisons.

*Coming tomorrow: Statement by Renee Palakovic, mother of Brandon Palakovic, a young man who committed suicide while imprisoned at SCI Cresson in July 2012.*

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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Why in the hell would anyone put someone with mental problems in prison in the first place. That is ungodly . May God help us all. Power to the prisoners .

Please visit The Massachusetts Department of Corrections at the Supermax Souza-Baranowski Correctional Center in Shirley, MA. At the Department Disciplinary Unit (DDU) at SBCC there are prisoners who are no-violent with serious mental illness/substance abuse problems that are being subjected to cruel & inhuman long-term Solitary Confinement!. The Department Disciplinary Unit (DDU), the departments term for solitary confinement, original was meant to house the most violent prisoners, the so-called worst of the worst, to separate them from general population. In practice, it also has been used for gang leaders, convicts with gang affiliations the those who, for various reasons, are considered complaint inmates.

I ask for Justice

The issues are much the same in our prisons today as they were in the asylums of 1946 when these words were spoken in congress. Just exchange prison for hospital.

Excerpts from Life Magazines story Bedlam 1946:

Abuse and the punitive use of restraints, overcrowding, underfeeding and dilapidation might all be condoned if only these hospitals achieved a reasonable standard of treatment and cure. But the fact is that the vast majority of them fall far below the achievements of the far better hospitals and far, far below what could be achieved if cure rather than mere custody were the primary objective.

Given the facts the people of any state will rally, to put an end to concentration camps that masquerade as hospitals and to make cure rather than incarceration the goal of their mental institutions.

If you squeeze a balloon what happens? You displace the air but unless it breaks the volume remains the same.

As a direct result of Lifes expose the total number of mental health patients institutionalized in state hospitals went from 559,000 in 1955, to less than 80,000 by 1999 while not coincidentally the prison population ballooned.

The states hospital populations had declined by enough that the total number of institutionalized persons in the year 2000 had barely reached the peak level of 1955 when 640 persons per 100,000 adults over age 15 were held in asylums, mental hospitals, and state and federal prisons.

<http://www.law.uchicago.edu/files/files/institutionalized-final.pdf>

Imagine that! No wonder so many inmates in restricted housing entered prison mentally ill. Of course other factors have contributed to the rise of the prison population but the presence of so many mentally ill in our prisons is evidence that deinstitutionalization played a factor. Abusing them should not be anymore acceptable today than in 46 nor was driving more people mad in solitary the answer the congress had in mind in 1946.

This is shameful treatment of people with mental illness and intellectual disabilities. It is also disgraceful that the Pennsylvania DOJ has promoted the psychologist, James Harrington, to now oversee the mental health services of 7 other prisons.

shameful.

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