

# Solitary Confinement in Texas: A Crisis with No End

#### **Written by**

Texas Civil Rights Project and
The University of Texas School of Law Civil Rights Clinic,
with data provided by Texas Justice Initiative and
The UCLA School of Law Behind Bars Data Project



### **Acknowledgements**

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### **About Texas Civil Rights Project**

We are Texas Lawyers for Texas Communities. The Texas Civil Rights Project believes in a Texas where everyone can live with dignity and justice, and without fear. Since its founding in 1990, TCRP has brought thousands of strategic lawsuits and spearheaded countless advocacy campaigns to protect and expand voting rights, challenge injustices in our broken criminal legal system, and advance racial and economic justice for historically marginalized communities on the border and throughout the state. TCRP's Criminal Injustice team partners with impacted communities in an effort to challenge injustices at the front and back ends of the criminal legal system, from overcriminalization to conditions of confinement.

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#### I. Introduction

In January 2023, at least 300 men in Texas prisons began a hunger strike to protest the egregious conditions of solitary confinement across the state.1 Their protest was for good reason: Texas is a national leader in solitary confinement, also known as restrictive housing. With a solitary confinement population of almost 4,500 as of December 2022,2 only Florida keeps even half as many people in solitary confinement.3 Texas is even more of an outlier in long-term restrictive housing. The Texas Department of Criminal Justice ("TDCJ") holds more people in restrictive housing for three years or more than every other state and the federal government combined.<sup>4</sup> At least three quarters of the people in restrictive housing in Texas stay for more than six months.5 And yet Texas prisons are no safer than any others. This overuse of solitary confinement, especially prolonged isolation, serves no one. Given this state of affairs, we request that the United States Department of Justice ("DOJ") open an investigation under the Civil Rights of Institutionalized Persons Act into solitary confinement in Texas.

Solitary confinement is generally recognized to refer to isolation in a cell for at least twenty-two hours per day.<sup>6</sup> In 2017, TDCJ officially ended the practice of solitary confinement as punishment.<sup>7</sup> However, the change was one in name only: thousands remain in the same form of restrictive housing. Indeed, TDCJ released only 76 people from punitive solitary confinement following the policy change.<sup>8</sup> TDCJ maintains administrative segregation as its highest security classification.<sup>9</sup> For our purposes, we consider all forms of isolation in TDCJ, whether administrative segregation, protective custody, security detention, pre-hearing isolation, isolation pending an offender protection investigation, or state jail special management. We refer to all these types of confinement as restrictive housing or solitary confinement.

Texas Civil Rights Project ("TCRP") and its allies have monitored solitary confinement in the state for nearly a decade. In 2015, TCRP and the ACLU released a report documenting the rampant human rights abuses in this system. <sup>10</sup> TCRP released a subsequent report in 2019. <sup>11</sup> That work culminated on October 20, 2021 in a letter to the Department of Justice <sup>12</sup> requesting that they open an investigation under the Civil Rights of Institutionalized Persons Act.

In the nearly two years since TCRP called on DOJ to open an investigation, people have continued to suffer

in solitary with no change in sight. This report, compiled in collaboration with the Civil Rights Clinic at the University of Texas Law School (the "UT Clinic"), provides updated information, illustrating that conditions have not improved in Texas prisons. New data summarized by the Behind Bars Data Project at the University of California Los Angeles School of Law, with data provided in part by Texas Justice Initiative, provides a more accurate picture of the magnitude of the crisis. As the series of letters and publications should make clear to any observer, the devastating human and civil rights failures persist, and are unlikely to change absent a strong intervention. It is more apparent than ever that DOJ's intervention is warranted and necessary.

We have chosen to focus on two prisons where the injustices of solitary confinement are particularly egregious—in the size of the solitary population, the extent of understaffing, and anecdotal evidence of conditions there. Those facilities are the H.H. Coffield Unit ("Coffield") and the Mark W. Michael Unit ("Michael"). Not insignificant is the fact that these two prisons are located side by side, a mere four-minute drive apart. Both are located in Tennessee Colony, Texas. We urge DOJ to begin an inquiry at these two facilities.

During the winter and spring of 2023, TCRP and the UT Clinic conducted research and interviews, reviewed data obtained from TDCJ through Public Information Act requests, and visited these two prisons to speak with the people incarcerated there. The following report illustrates that the problems we have repeatedly identified have not resolved—indeed, in some cases, they have continued to grow. Across the system as a whole, and at Coffield and Michael in particular, hundreds upon hundreds of individuals languish in conditions that in any other setting would be considered torture. TCRP and the UT clinic request that DOJ immediately open an investigation into the practice of solitary confinement at Coffield and Michael prisons.

A note on names. Most of the names in this report have been removed for the safety of the individuals. We have heard numerous, consistent reports of retaliation by staff at all levels against individuals who speak up about the conditions in which they live. The few names we have included are of people who understand the risks and have given consent.



"You start to think everything is negative. I'm hopeless, I can't talk to family, I'm depressed all the time. You want to hug family when you go through things. I don't feel like getting up."

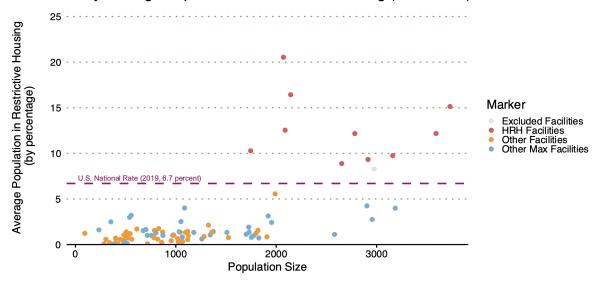
-Daniel Dillard, Michael Prisoner, 4.5 years in solitary, 2023

### II. By the Numbers

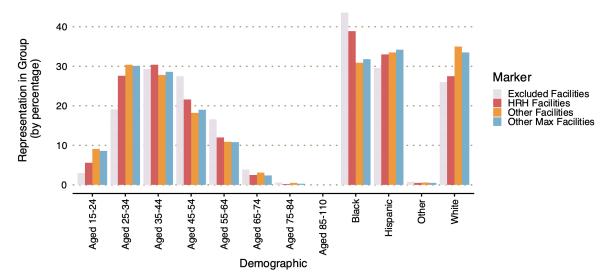
We obtained data from TDCJ documenting the number of people in solitary confinement, broken down by facility, for each month from December 2020 through December 2022. The number of people in solitary confinement in each unit fluctuates over time, but some facilities stand out from the rest in the sheer number of people they hold in isolation.

The Behind Bars Data Project at the UCLA School of Law summarized the data from these facilities and TDCJ as a whole. Their summary data found eleven Texas facilities use restrictive housing at higher rates than the national average for U.S. prisons (6.7 percent in 2019).<sup>13</sup> We identified ten of these facilities as "High Restrictive Housing" ("HRH") facilities and compared them with other maximum-security TDCJ facilities and all other TDCJ facilities combined.<sup>14</sup> This descriptive analysis is limited: it only assesses associations, and does not assess causality.\* The summary data does not contain information on whether deaths occurred among individuals in restrictive housing, only on whether deaths occurred within HRH facilities. Additionally, comparative national estimates for U.S. prisons, particularly for suicide and staffing rates, are only currently available up to 2019. Despite these limitations, the relationship among high rates of restrictive housing, high rates of mortality, and low rates of staffing in the TDCJ system is apparent and concerning.

#### TDCJ Facility Average Population in Restrictive Housing (2020-2022)

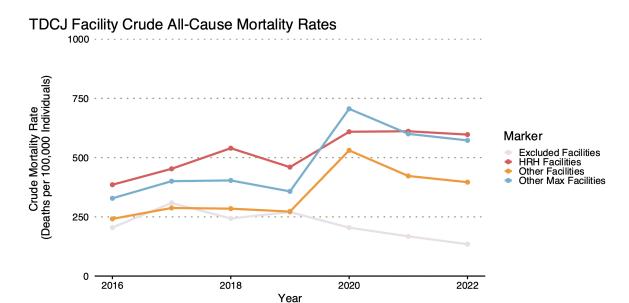


#### TDCJ Facility Demographics (2020-2022)



<sup>\*</sup>The partners involved in this report are currently carrying out a more robust statistical analysis of this data with tests of significance.

The demographics of HRH facilities show that solitary confinement may be applied unequally. HRH facilities, as a group, have greater proportions of non-White incarcerated people aged 35-64 than other maximum-security facilities and all other TDCJ facilities. These facilities also generally have higher mortality rates than other TDCJ facilities. Indeed, HRH facilities, as a group, had greater average crude mortality rates for all combined causes of death than all other maximum-security facilities and all other TDCJ facilities for every year from 2016 to 2022 except for 2020, at the height of the COVID-19 pandemic. This means higher death rates in HRH facilities than others. Although the depth of analysis was limited, our reviews suggest a troubling reality of dangerous and potentially unequal placements in solitary confinement.



66 99 "I'll go to work, I'll work the fields, anything to make my day go faster. I want to stay busy. If you try to better yourself, it doesn't matter, you're just gonna stay in a box. We grow up in here. I'm not the same 26-year-old man that walked in here."

-Michael Prisoner, 2023

## III. Solitary Confinement Is Mental and Emotional Torture

It is no secret that solitary confinement wreaks havoc on the mind. The isolation and monotony can cause psychiatric disorders and exacerbate preexisting mental health conditions. The people we spoke with had spent anywhere from several months to decades—in one case, 33 years—in isolation. To make matters worse, there is little to no access to mental healthcare for people in solitary confinement, and the care they do get is unreliable and inadequate. Solitary confinement is psychic torture, and leaves mental scars that last long after release.



"Being in seg like this is very depressing, and after time goes by you experience hearing things and schizophrenia, start thinking people out to get you."

- Coffield Prisoner, 2.5 years in solitary, 2018

Even if someone does not enter solitary confinement with mental health concerns, the debilitating conditions can cause them to develop serious psychiatric symptoms. For decades, experts have documented these symptoms, including anger, boredom, stress, loss of a sense of reality, suicidal ideation, trouble sleeping, lethargy, impaired concentration, confusion, memory loss, paranoia, panic attacks, hallucination, delirium, and depression. Physiological symptoms are also common, including headaches, heart palpitations, sensitivity to noise, muscle pain, problems with digestion, loss of appetite, and dizziness. These symptoms can set in after only a few days in isolation, and may persist after release. Mental health experts have even identified the effects of solitary confinement as a specific psychiatric syndrome.



"It's messed up. A lot of us get depression, it's hard to sleep because of all the noise going on and the laws making a lot of noise. I've been in Seg for 5 years, so my eyes are sensitive to the sun. We don't go outside, so my eyes hurt when I see the sun. You can look it up, and see how many people killed themselves being depressed in this unit alone."

- Coffield Prisoner, 5 years in solitary, 2020

One person we spoke with compared the experience to isolation during the COVID-19 pandemic—psychologically devastating to many—but at an exponentially greater magnitude. In light of the research and a newfound understanding of the effects of isolation, it is unsurprising that some people must resort to measures like setting fires in or flooding their cells, self-harm, and even suicide. Others scream, throw feces, or refuse to eat. The specific reasons behind these actions vary, but such behavior may be the only way to get anyone to pay attention to one's needs. Some people cut themselves in an attempt to get off of the unit. Sometimes staff respond so slowly that it is too late. Even when people cannot see or hear the incidents, they see blood running on the floor from cells into the dayroom.



"You would like to think it doesn't [affect your mental health] but it does. You notice in the free world, [you] don't feel comfortable being around people, [you] can't be inside. [You get] used to talking to people without looking at them and can't hold eye contact. You get frustrated easily back here [and] need patience. You get screwed over a lot on everything, things you're supposed to have by law."

- Joshua Sweeting, Coffield Prisoner, 2023

When people in solitary confinement do receive mental healthcare, it is usually superficial and unreliable. TDCJ policy requires staff to conduct mental health checks for people in solitary confinement at least every week.<sup>20</sup> But these checks amount to little more than a cursory "how are you?" or "are you okay?" without any follow up or care. If someone says no, they are not okay, the medical staff just keep walking. Some people reported staff skipping mental health checks on a regular basis. In addition, at least one person at Coffield reported that other incarcerated people had started conducting mental health checks instead of staff. This troubling delegation of responsibility destroys any semblance of confidentiality.



"Evaluation? They periodically come by my cell ask if I'm OK and that's it. If you say you have a problem they tell you that you have to send an I-60."

- Coffield Prisoner, 21 years in solitary, 2020

Even when staff perform mental health checks, they are cursory at best. For more in-depth 60-day checks, staff check off questions pro forma, with no inquiry into a person's actual mental health needs. This lack of services may be unavoidable, as a single mental health provider simply cannot keep up with the volume of checks required. Even spending a minute with each person becomes infeasible when one staff member must check nine wings in a morning, and complete a four-page form for each person. If someone happens to be in the shower during these cursory checks, they get skipped and must wait another two months. Further, in these circumstances, doctor patient confidentiality is nonexistent. In fact, one person we spoke with walks to medical for each of his 60-day checks rather than have his mental health evaluated in the open in front of his peers. He stated that he is the only person who does this—every other person who undergoes a routine mental health check gives up their privacy as a part of the process.

People who need regular psychiatric care outside of mental health checks cannot depend on prison staff to properly provide their medication. One man reported that although he is supposed to receive psychiatric medication twice a day, he had not received his evening medications for several weeks at the time of our visit. When he informed medical staff in the morning, they told him they could not help because "they don't know what the nightshift does." This treatment reflects an inability to care for people in solitary and a cruel indifference as to their wellbeing.

Tragically, people who do not receive mental healthcare sometimes take their own lives as a result of their suffering. This is especially true in solitary confinement, where, on the whole, people are more likely to engage in self-harm or suicide.<sup>21</sup> According to the Prison Policy Initiative, "even though people in solitary confinement comprise only 6%-8% of the total prison population, they account for approximately half of those who die by suicide."<sup>22</sup> In Texas, the number of people who die by suicide in custody has been increasing since 2005.<sup>23</sup>



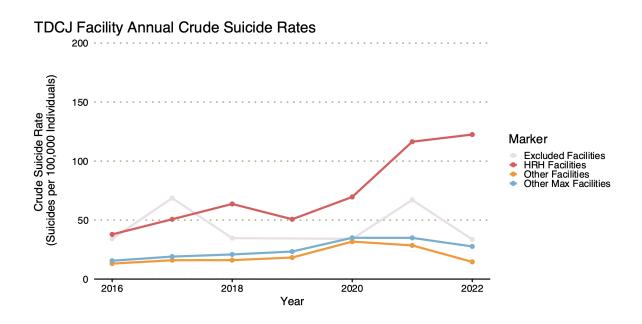
"There are more suicides and attempted suicides in ad seg. I have feelings of hopelessness. We only get to go outside rec about once every 3 months and its so early that we barely get my sun."

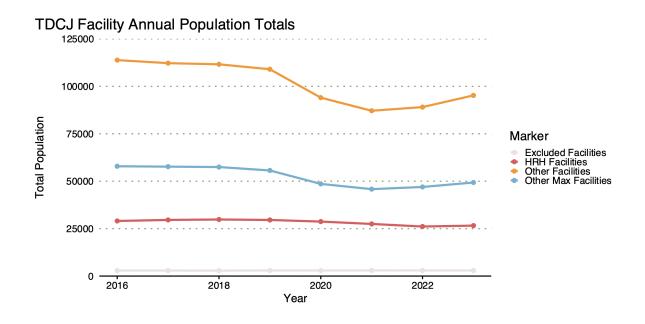
- Coffield Prisoner, 38 months in solitary, 2017

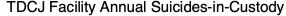
The data analysis underscores the personal accounts of psychological torture, culminating all too often in suicide. Both the rates and raw numbers of suicide in TDCJ facilities appear to be at an all-time high.<sup>24</sup> Between 2020 and 2022, there were an average of 52 suicides per year in TDCJ facilities, or **one suicide per week**. This appears to be the greatest number of annual suicides ever recorded in the TDCJ system. Nationally, only one other state prison system appears to have ever reached comenserate numbers of reported annual suicides. In 2006, California recorded 42 suicides in California Department of Corrections and Rehabilitation (CDCR) facilities, prompting a scathing rebuke by the U.S. Supreme Court.<sup>25,26</sup>

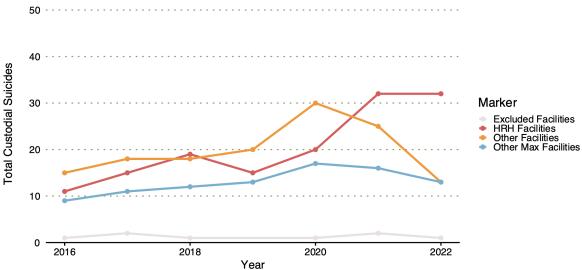
The average crude suicide rate in TDCJ from 2020 to 2022 was **86 percent greater** than the the average for U.S. prisons in 2019, the most recent available year of available federal data.<sup>27</sup> It is unknown to what extent suicides in U.S. prisons have changed since 2019 or the effect on suicide rates of the COVID pandemic. This difference may therefore be smaller when looking at more recent data. Still the sheer number of recent suicides in the TDCJ system is concerning.

HRH facilities are a key driver of TDCJ's record number of suicides. There were more suicides in both HRH and non-HRH facilities in 2020 compared to 2019. However, since 2020, annual suicides in non-HRH facilities have declined to a six-year low, while annual suicides in HRH facilities have reached a six-year high. Over the last three years, **54 percent** (or 84 of 156) of the suicides in the TDCJ system have occurred in HRH facilities even though these facilities incarcerated only **30 percent** of the total TDCJ population. These numbers reflect only people who have died from suicide—they do not account for the many attempts or other instances of self-harm.









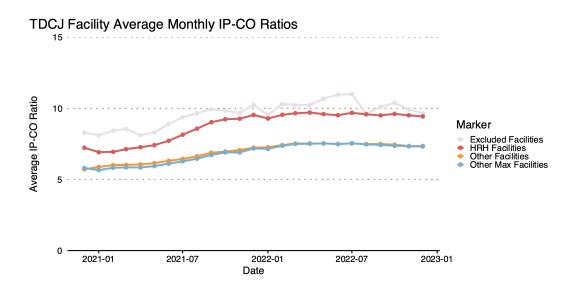
Everyone we spoke to at Coffield and Michael told us they had seen people pushed to their mental and emotional limits, and had either seen people attempt suicide or contemplated suicide themselves. One man at Michael saw two people hang themselves within hours of each other. Joshua Sweeting told us about a man who was frustrated that the voice recognition required to operate his tablet was not working. When he said he was suicidal, an officer laughed at him. He then cut himself, and it took the officer 30 minutes to respond. Edwin Schneider told us about a 29-year-old who he was close to—the man called him uncle—who hung himself when he had only two years left on his sentence. Mr. Schneider told us, "What really hurts me is all my fellow inmates I've seen lose their minds in here."

Experts agree that solitary confinement is psychologically devastating, and amounts to torture that can lead people to harm themselves or others. Yet, TDCJ uses it as a catch-all solution to security threats, overcrowding, and disciplinary concerns. This practice endangers the people involved and amounts to cruel, unusual, torturous punishment, which drives people to psychotic breaks and even, sometimes, to take their own life. **DOJ should investigate the mental health impacts of solitary confinement at Coffield and Michael.** 

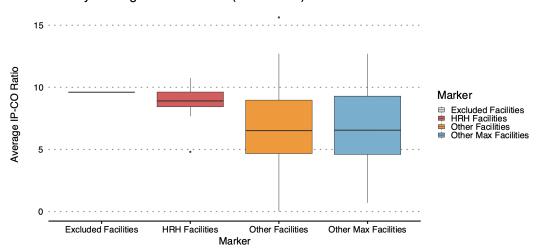
## IV. Staffing Shortages Force Officers to Cut Corners and Endanger Incarcerated People

TDCJ has struggled with an extreme staffing shortage for years, leading to deadly consequences for officers and incarcerated people alike.<sup>28</sup> Even the positions that are essential for security are not consistently filled, despite requirements to the contrary. While the vacancy rates are plainly unacceptable, they still may understate the problem. Reporting is not standardized across regions and prisons, and a former TDCJ employee told us that some facilities artificially inflate their staffing numbers. For instance, when employees work overtime for half a shift, facilities may record that position being filled for the entire shift. It is also possible that certain facilities do not include non-critical positions, that are nonetheless important to a prison's operation, when reporting staffing levels and vacancies to TDCJ headquarters.

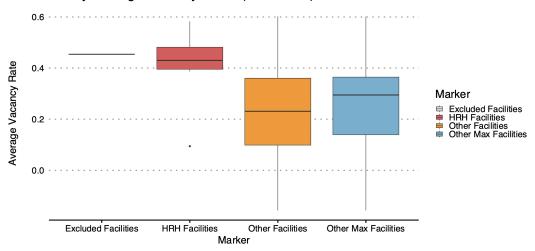
HRH facilities have even more serious staffing issues than elsewhere in the system. HRH facilities, as a group, had greater average staff vacancy rates and incarcerated-people-to-correctional-officer ("IP-CO") ratios than other maximum-security facilities and all other TDCJ facilities. HRH facilities first surpassed an average IP-CO ratio greater than 9 to 1 in September 2021. This ratio was **34 percent higher** than other maximum-security TDCJ facilities (6.7 to 1) and all other TDCJ facilities (6.8 to 1) during the same period. While national data is not available past 2019, these estimates for HRH facilities are greater than the most recently available average IP-CO ratios for U.S. prisons (5 to 1 for prisons of similar population size and 4 to 1 for maximum-security prisons). Staffing vacancies in U.S. prisons have likely increased nationally since 2019, as in Texas, because of the COVID pandemic.







#### TDCJ Facility Average Vacancy Rates (2020-2022)



Holding people in solitary confinement requires more staff than other types of incarceration. This is due in part to the heightened security measures imposed on people in solitary. Incarcerated people depend on staff for things like access to showers and toilet paper—which are readily accessible to people with lower security classifications. At some security levels, two guards must escort a person whenever they leave their cell. This is a question of priorities: prisons allocate staff for five-person teams for cell searches while depriving people of basic necessities like time outdoors when the few available officers are assigned elsewhere.

66 99 "Ad seg inmates are not taken seriously to be taken to medical due to unit proclaims of short of staff or nobody's available at the time to escort ad seg.... [G]uards are assigned to help out to favor general population inmates."

- Coffield Prisoner, 2 years 5 months in solitary, 2017

It is common for one officer to be assigned to three wings—responsible for approximately 180 people alone. Sometimes people go fifteen hours without seeing a single officer. This means it is logistically impossible for people to leave their cells with any reasonable frequency. One person noted that officers "can only do what they can do—we get cut on the short end." Almost every individual we spoke with reported frequently missing recreation and/or shower time due to lack of staff. Staff also used the hunger strike as an excuse to shut down recreation and leave people in their cells. While officers in general population prisons can facilitate recreation or dayroom time for many people at once, security protocols for people in solitary dictate that only two people can be in the dayroom at once, and they must be chained to opposite sides of the room so that they cannot interact. One person told us they are lucky to get out of their cells two days a week.

There are rarely enough staff to allow multiple rounds of people to have recreation on a given shift. As a result, people are left chained in the dayroom or recreation cages for six or seven hours because officers' attention is needed elsewhere. Similarly, people may not get out of their cells to shower for days, or have to choose between showering and the poor excuse for recreation that is available to them. Outdoor recreation is nonexistent at Coffield and other units because there are not enough officers to facilitate it. Multiple people told us that being let out of their cells depends entirely on which officers are working. When certain officers are working, they know they will not be allowed to leave for the entire four-day shift. Short staffing can also mean people do not get to see family when they visit, if staff do not want to escort them.

As a consequence of these staffing shortages, some officers task incarcerated people with jobs that should be performed by staff. Individuals we interviewed have witnessed other incarcerated people doing count and security checks, passing out mail, and, as discussed, performing mental health checks on some units. As one man described, this "lets inmates dictate what others can have." He does not send letters when staff let incarcerated people run mail. He commented that Michael has essentially brought back the outlawed "building tender" system of prisoners running the prison—"it's whatever the inmate decides to give you." Not only does this clearly invade people's privacy, but it also creates potentially dangerous power dynamics between residents of a unit. Several people told us that trusties and

Level 1 prisoners are the only people who do any work, but they still require staff escorts, leading to delays. While TDCJ policy requires staff to do rounds every 30 minutes, it is not unusual to go all day without seeing an officer. Incarcerated people also commonly, crudely joke that staffing shortages are so bad, "if you die in your cell, you probably won't even be found until shift change."

Short staffing can put a strain on relations between incarcerated people and staff. Most people described staff as lazy—one person said "they check in their 'give-a-damn' before they go to work." Others described some as hostile and prone to retaliation. One person told us an officer called him the n-word. Officers are known to retaliate against people who advocate for themselves, including through the hunger strike. Joshua Sweeting had a friend come to visit him at Coffield all the way from Houston. Officers told the friend Mr. Sweeting refused the visit, but no one told Mr. Sweeting he had a visitor, and no one was told to pull him out from segregation, so he missed the visit.

Several people told us about frequent random shakedowns. Recently at Coffield, these shakedowns have been happening around 3 a.m. One person described having his cell tossed every month because he is on the "high profile list." Daniel Dillard described having his cell "destroyed," with his family pictures thrown everywhere, and baby powder sprinkled over his possessions. One person expected to have his cell shaken down the night of our visit.



Edwin Schneider has been in solitary continuously for 12 years—and for 8 years before that. He explained to us that in solitary, people only get one of everything—one cup, one bar of soap, and so on. This makes some people obsess over where everything goes, and having everything in its place. In this state of mind, it is especially upsetting when staff come in and toss your cell. Mr. Schneider told us his cell was recently tossed, his legal materials scattered everywhere, and his paperwork and family photos taken, some ending up in the toilet. He told us, "It drives me crazy when they mess things up, scatter everything, step on it." He has filed grievances to no avail.

Staffing shortages also have negative consequences for employees. Incarcerated individuals have remarked that "they're burning out the staff, and it heightens tensions." For instance, TDCJ regularly requires staff to work mandatory overtime, sometimes in facilities other than the ones they are assigned to, to compensate for understaffing.<sup>33</sup> Notwithstanding these heightened requirements, officers are punished when there are not enough staff to run operations according to policy—a state of affairs entirely out of their control. Disciplining individual employees for systemic failures is unfair and does nothing to remedy the underlying issues affecting people's lives. The bleak work environment also leads to staff suicides. One incarcerated individual we spoke with described how she personally knew two officers who took their own lives.

The staffing shortages in solitary help no one—neither the incarcerated people nor the staff. They only exacerbate existing injustices, leaving everyone worse off. **We request that DOJ look into the effects of understaffing for those in solitary confinement.** 

## V. Solitary Confinement Imposes Unique Burdens on Women

The experience of solitary confinement for women in Texas is similar to the experience of men in many respects. Women are put in the same bare-bones cells and subjected to the same mental and physical deprivations. However, women face additional obstacles on top of inhuman conditions of solitary for anyone who experiences it. Four out of five women in Texas state prisons are mothers,<sup>34</sup> and most are the primary caretakers of their children<sup>35</sup> At some security levels in solitary, people are only allowed one visit per month, always non-contact.<sup>36</sup> Women and their families both suffer from this isolation. Women are not allowed to bring menstrual products with them when they are transferred between facilities, meaning in solitary confinement they must rely on overworked, inattentive staff for their most basic needs.

Once a woman is in solitary, it is very difficult to get out. People in solitary confinement for serious disciplinary cases—such as spitting at or attacking an officer—are assessed every six months. On paper, these reviews should offer a path out of solitary, but anecdotally, if a person has any disciplinary cases on their record, the review board will not release them from solitary. As one woman told us, "The problem with this is that when you're in that [solitary] room, in that environment, you already have no voice. Your patience is pushed to the limit. The only way you feel like you can be heard is yelling out the door and yelling profanities, and now you have a disciplinary case that they'll point to when you go to the board [and which will prevent you from being moved to general population]." Women in protective custody, women with mental health conditions, and women who are between placements, can also be housed in solitary indefinitely. **DOJ should investigate the impacts of solitary confinement on women in Texas**.

Marci Marie Simmons, who was incarcerated from 2011-2021, was placed in solitary confinement for disciplinary reasons multiple times during her incarceration. She shared her experience with us:



"I saw an older lady crying during mail call and hugged her shoulders. Within 20 minutes, I heard keys jingling and saw something like a SWAT team. I knew someone was in trouble. Then they came for me. They saw me give that woman a hug, and since contact is prohibited they put me in solitary. I was in solitary for 34 days—17 days for investigation and another 15 for punishment.

When they take you to solitary, they strip you, take your clothes, and give you a gown. No bra or underwear. It's incredibly hot. The cell was about nine by nine feet. Lots of graffiti, some stuff written in blood, prayers. People have been suffering there so that's very apparent on the messaging. You're in that small space, you're getting fed through a tray slot. If you want chow [food], you need to get on your knees at the back of the cell and face the wall. It's so humiliating to have to get on the floor to be able to eat. You will skip meals so you don't have to do that.

I had a visit during that time. I had to strip. They gave me a jumpsuit to wear, but the only one available was XXXL. I didn't have a bra on, I didn't have a commissary purchased T-shirt because I didn't have dorm property. I was trying to keep myself from hanging out of that. Then I had to strip again before they took me to a box. My grandmother was on the other side of the glass. My grandmother could see the officers escorting me. It was almost enough to say never mind, because I didn't realize my grandmother would see everything. When they put me in the box, I had to go on my knees and put my hands through a slot for them to uncuff me. When I sat down I picked up the phone and my grandmother said, 'what did you do that they're doing that?' It sounded so crazy to say 'I hugged somebody.'"

## VI. People Are Placed in Solitary for Arbitrary Reasons and Without a Path Out

Arbitrary rules surrounding solitary confinement allow TDCJ to punish people for normal human reactions to difficult situations. When officers use solitary as punishment in an inconsistent manner, the result is often disproportionately harsh discipline for small infractions. Marci Marie Simmons was first placed in solitary because she comforted a friend in distress with a hug. Daniel Dillard was initially placed in solitary because he refused to take of his shoes during a strip search in an unsanitary shower. He has now been in solitary for four and a half years. Such an extreme punishment for these infractions is unfair, unnecessary, and detrimental to the rehabilitation process.

Once in solitary, it is nearly impossible to get out. According to TDCJ policy, administrative segregation placements must be reviewed by the State Classification Committee ("SCC") after seven days, then 60 days later, and then every 180 days, except that placements based on STG status are reviewed annually.<sup>37</sup> After the first 7-day and 60-day reviews, people in solitary are, by policy, allowed (though not required) to attend review hearings, and to present a statement, written statements from witnesses, and evidence to support their release to general population.<sup>38</sup> In practice, these procedural safeguards are nowhere to be found. During the decade that he has spent in solitary, one person at Michael said that he has never been notified about a review hearing. Several people we spoke with have resigned themselves to never getting back to general population. With parole dates approaching, they will be released directly into the community after spending years in solitary.

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"I have had to watch fellow inmates try to kill themselves, watched many lose their wives, kids, and family support because we are denied parole-year after year for the same reason. STG[.] We have no access to media coverage other than radio bought off commissary, no TV, no contact visits, no school, church, no physical contact for years or forever. [N]o sunlight meaningful reviews . . . . We eat cold food alone. We have no hope for a better tomorrow."

Coffield Prisoner, 9 years 6 months in solitary, 2021

Daniel Dillard has filed numerous grievances about his solitary placement. His Unit Classification Committee ("UCC") and SCC paperwork have a blank line where there should be a reason for the administrative segregation placement. His grievances are never answered; instead, he has received a series of manufactured excuses, including that his case has already been reviewed by the UCC or that he was unable to sign a form. He has provided five program certificates to support his release, but the UCC will not look at them. All of the responses are pro forma—the paperwork looks the same no matter what he says. Moreover, no one has told him what he needs to do to get out of solitary or how long he will be there. Regardless, he does not have access to educational or group programming that could help his case. He worries that any mental health programs would force him to go on medication that would make it more difficult to get parole. Without access to education and other programs, Mr. Dillard and others cannot meet the requirements of the parole board.

One common reason people are placed in solitary is being identified as a member of a Security Threat Group (STG). TDCJ defines an STG as "any group of inmates TDCJ reasonably believes poses a threat to the physical safety of other inmates and staff due to the very nature of said Security Threat Group."<sup>39</sup> However, the STG designation is based on a vague and unnecessary policy that sweeps in countless individuals for no demonstrated reason. Even giving a tattoo or displaying a gang sign is enough for TDCJ to brand someone as part of an STG and imprison them in solitary for decades.<sup>40</sup> Sometimes incarcerated individuals are never told why they are labeled STG members. On the other hand, there are many people affiliated with gangs who remain in general population. Staff reportedly prefer to work on the STG wings, where things run more smoothly, drawing into question the justification for indefinite security precautions.

The STG designation is applied based solely on the discretion of prison officials, and is a tool they can use with no oversight to control individuals they wish to punish for any reason. One incarcerated individual we spoke with was branded an STG member and placed in solitary merely for sending and receiving mail from a confirmed member of an STG. Despite the fact that nothing he did threatened the safety or security of TDCJ units, staff, incarcerated people,

or the public, this person's parole was denied for years because of his arbitrary STG classification. Another incarcerated individual was deemed a security threat and given STG status just because of his purportedly gang-related tattoo. Mailing letters and having tattoos are not conduct that cause physical harm or threaten the any person's wellbeing. Yet people are routinely sent to solitary for these innocuous behaviors.

For people in solitary based on STG status, the only way out is through the Gang Renouncement and Disassociation Process ("GRAD"), a time-intensive program that includes requirements of a clean disciplinary record, official gang renunciation, and providing information on the gang and its members to prison authorities. Many people decline to participate in GRAD, even if they have been wrongly labeled STG members. People understand that participating in the program signifies to others that a person has informed on a gang, a dangerous position to be in whether or not it is true. Others do not want to admit to something they are not a part of. Some STG members consider the group their family and do not wish to publicly renounce it. These decisions have no bearing on whether someone is a danger to others, and should not be reason to keep them in solitary confinement. One person tried to file a grievance to challenge his STG status and was told he would have to go to the SCC to challenge it; the SCC told him he would have to file a grievance. He has been in segregation ever since.

Joshua Sweeting, who is in solitary for his STG affiliation (based on his tattoos), has had no gang-related disciplinary history in 22 years in prison. Despite this record, he has no way out of solitary. As he explained, "They give you this label and you get stuck back here. They force you to snitch to go to [general] population. You have to lay your affiliation down [and] slide back from what you are. This is my family." **We request that DOJ investigate procedures for placement in and release from solitary in Texas.** 

## VII. The Grotesque Conditions of Solitary Confinement Cells Violate Human Decency

Solitary confinement cells are designed to be harsh and unforgiving, and many are in a state of total disrepair. Several people we spoke to said their cells are "even worse than the pictures you see in the media." Cells are about 6 by 10 feet—as one person described, 7 steps down, 8 back; 3 steps across, 4 back. Some have no windows, and people go years without seeing sunlight. In many cells, the paint is chipped and the bunks are rusted. There are no pillows on the beds, and the mattresses are lumpy and uncomfortable. One person said he has to stack books on one side of his bed just to keep it from leaning over.

Perhaps the worst parts are the marks left by prior residents. Entire walls are caked with human excrement, and the cells often reek of urine and feces. Many cells are stained with blood. It is apparent from the messages on the walls, some of them written in blood, that people have suffered there. The first thing people in solitary do—"if they haven't lost their minds yet"—is try to get cleaning supplies to scrub their cells.

In solitary, there is little temperature difference between the inside and the outside. Individuals in solitary "cook in the summer and freeze in the winter." Air conditioning in Texas prisons has been the subject of protracted litigation, but as of August 2022, more than two-thirds of prisons in Texas, including Coffield and Michael, do not have air conditioning in most living areas. Summer temperatures regularly break 100 degrees in Texas, which can translate to over 110 degrees in poorly-ventilated prisons. In solitary, people are trapped in their cells without even the ability to shower for some relief from the heat.

All types of wildlife find their way into solitary cells. Many cells are crawling with insects, cockroaches, mosquitos, and rats. It is not uncommon for people to find cockroaches in their food, as well. While some of the people in solitary confinement welcome visits from cats and raccoons (one person we talked to said that these animals were "therapeutic" for people denied human contact), other animals are not so welcome. One solitary guard reportedly picked up a snake from the ground only to discover he was holding a copperhead in his hands. Incarcerated individuals have experienced ant and black widow infestations. Even when pesticide crews come into the cells, infestations quickly return because the cells are insufficiently insulated to keep the bugs out.

Daniel Dillard told us that the physical conditions at Michael are the worst he has ever seen. His cell is next to the dayroom toilet, which constantly smells and attracts rats and cockroaches. The toilet has not worked the entire time he has been there. Cockroaches also crawl out from behind the toilet in his cell. In his cell and many others, the vents are broken, making it difficult to breathe. To get any ventilation on hot days, they have to pop open their tray slots open because there is plastic covering the windows in the cell doors. But popping their tray slots is against policy and could lead to disciplinary action. Ventilation is especially important when people set fires on the unit, a common occurrence. Another person agreed, adding that the cells and walls flood when it rains, the mattresses have ants in them in the summer, it "stinks like nothing but rats," and is generally "unlivable."

The cells in most solitary units do not have showers, and the in-cell sinks and toilets are rife with plumbing issues. In some cells, the occupant must flush the toilet ten or more times before it starts working, and some people have no control over the water temperature in the sinks. Maintenance virtually never comes. We heard from some people that the hot water is always broken, and when it does work it is impossible to turn off—a particularly dangerous issue for people without air conditioning who rely on water to keep cool in the summer. These inhumane conditions do not help people become healthy, productive members of society. Instead, people in solitary are treated worse than animals; the unlivable conditions destroy the human body, mind, and spirit. **TCRP and the UT Clinic request DOJ look into the inhumane conditions of solitary at Coffield and Michael.** 

## VIII. Texas Deprives People in Solitary Confinement of Their Most Basic Needs

People in solitary confinement in Texas face an uphill battle getting even their most basic hygienic and nutritional needs met. We heard consistently that people were rarely allowed to leave their cells. Many regularly went more than a week at a time without the opportunity to shower, or were forced to choose between exercising and showering on the rare occasions that they were permitted out of their cells.

Multiple people at Michael and Coffield reported going for long periods of time without being able to shower. Because of staffing shortages, there are rarely enough officers to escort everyone in solitary confinement to the showers on a regular basis. One person told us the longest he has gone without showering was ten days, because prison staff were not facilitating showers for the people on his block.

Even when there are enough staff, some people avoid showering because it can be an uncomfortable, unpredictable, and even traumatic experience. The showers are metal boxes about 3 feet wide and 6 feet tall, no larger than a porta-potty. One person we spoke to likened showering to being locked in a coffin. Officers can come at the crack of dawn (as early as 4:00 a.m.) to get people to shower. If someone is asleep, they may not get another chance to shower for several days. Early in the morning, the water can be very cold. In the middle of the day, especially during the summer, it can be suffocatingly hot. People are escorted to the showers in restraints and locked in until a staff member lets them out. This could be minutes or hours later, especially when prisons are understaffed. In the showers, they are left in the hot, poorly ventilated boxes to bake. At Coffield, the showers are filthy because there are no cleaning crews assigned to them. Instead of braving the showers, some people resort to "bird bathing," or washing themselves in the small sinks in their cells.

Understaffing alone cannot explain, nor excuse, all of the deprivations. People in solitary may go years without seeing the sun. One person we spoke with at Coffield in March said he was outside most recently last Cinco de Mayo; another said he had been outside five to six times total since 2019; a third said it had had not been outside in nearly three years. Without outdoor space, exercise is limited to the two small and unsanitary recreation cages, outfitted only with a pullup bar, or pacing around one's cell. People can access outdoor recreation at Michael, but even there, they get outside only about once a month and only if people make a fuss about it. If they do go outside, they are greeted with an unsanitary environment: the outdoor urinal is infested with insects, rats, and mold, and floods when it rains. Some people forego outside recreation entirely to avoid this situation. Staff at times put people outside with other prisoners who are known to be difficult to discourage them from leaving their cells.

As Joshua Sweeting pointed out, TDCJ has an easy fix available—simply give people in solitary group recreation. Instead, people in solitary confinement are needlessly subjected to these conditions for years at a time, at the expense of their health, sanity, and humanity.

On top of the lack of hygiene and exercise, several of the people we spoke to in solitary confinement said they never get enough food during meals, and the food they do get is cold, unappetizing, and lacks nutritional value. Many people rely on commissary for food because the meals they are served in solitary confinement are so unsavory. But not everyone can afford commissary, and others have their commissary access restricted based on their security level. One person told us he is only allowed to purchase hygiene products through commissary because of his security level. Another person who has been in solitary confinement since 2013 told us, "If you don't have commissary, you're going to starve."

In addition, people who are prescribed specific diets for medical reasons have trouble getting food that meets their nutritional requirements. According to TDCJ policy, "therapeutic diets are provided at all facilities for patients who dietary management as ordered by a qualified health care provider." Yet one person told us that if you don't speak up to get the food you need, you don't get it. He is on a special high Vitamin D diet, but his meals rarely come with the dairy products he is supposed to receive. He told us that people only get their full meals at the proper times when outsiders com into the prison, because prison staff are on their best behavior. Indeed, while we were speaking with Joshua Sweeting, an officer came up and assured him he would get the lunch he missed during the interview. Mr. Sweeting told us that would never have happened if visitors were not present—he would simply have missed a meal. In addition, people are unable to get the religious meal accommodations they need. A Muslim man who was observing Ramadan told us the prison would not accommodate the meal schedule required for his religious fasts.



"I once found a roach in my food. I filed a grievance form and attached the roach. When the grievance was returned, they said [they couldn't process it because it] had an 'inappropriate attachment.' So I tried to submit it again without the roach, but this time they said there wasn't enough evidence to substantiate the claim. They didn't do anything about it."

-Michael Prisoner, 2023

People are also denied food by officers as a means of punishment. TDCJ actually endorses deprivation of food in response to certain forms of misconduct, such as attempting to save food from a meal to eat later.<sup>44</sup> Since dinner is usually served around 4:00 p.m., many people try to save bread or other food items to eat in the twelve hours until breakfast. But in doing so, they risk losing future meals altogether. One person told us staff will mark down that people "verbally refuse" a meal even when they are never offered food. The same happens for showers and recreation.



"Unit proclaimed water isn't drinkable and water has to be boiled: How can inmates boil water if the prisoner not only don't have a pot but TDCJ hot pots don't boil and bleach water can't be boiled drinkable, indigent prisoners don't have hotpots nor furnished with hot pots."

- Coffield Prisoner, 2 years 5 months in solitary, 2020

Finally, medical care in general is inaccessible. People are often left in their cells, unable to get the care they need. People flood their cells or set fires to get a response from staff, and still are not always successful. We heard multiple times that people have to be on the floor passed out to get medical care, and even then, others have to bang on their doors for a "man down" to get officers' attention.

The week we visited Michael, a man "fell out" and started making noise in his cell. Officers did not call the Incident Command System ("ICS"), the proper emergency response, even when alerted that he was on the floor. It took a sergeant 20 minutes to come see him, and then took ICS another 45 minutes to arrive. The month before, another person went "man down." After people banged on their doors, it took staff two or three hours to arrive—by then, he was dead. The next day, the wing got recreation, showers, and a hot meal, in an attempt by Michael to stave off complaints.

We also learned of multiple people who have trouble accessing the insulin they require multiple times a day to live. Daniel Dillard has developed a fist-sized hernia in solitary. He refused medical one time because a he had a legal deadline pending and was afraid he would not get back to his cell in time based on the usual delays. He put in I-60s again to request treatment, but staff told him that officers could take him because of understaffing. He, like others, told us you have to pretend to be unresponsive to get medical care. One person at Michael told us he has been waiting for months or years to receive responses to several different medical requests, including lab results for a lump on his neck. While we were speaking with him, he asked a nurse about the status of his requests. The nurse did not know the status of the requests, who he should contact, or how he could get answers.

Basic necessities like food, hygiene, exercise, and medical care should not be considered luxuries. But for people in solitary confinement in Texas, it is not unusual to go days or weeks without a good meal, shower, exercise, or necessary medical care. This constant deprivation is cruel, inhumane, and serves no legitimate penological function—but it is the norm for people locked up in solitary confinement. We request DOJ investigate the basic deprivations people are forced to endure in solitary at Coffield and Michael.

## IX. "Super Seg" Takes Solitary Confinement to the Extreme

In addition to traditional administrative segregation, Coffield is also home to the Administrative Lock-Up ("ALU"), known to people there as "super seg" or "separate seg." The ALU is an unofficial, extreme form of solitary confinement, where isolation is maximized, and people have no contact with those in other solitary units. Its twelve cells are filled with people deemed particular threats to security, often associated with escape attempts—even if those occurred decades ago. There are no programs other than a very limited selection of (mostly Christian) applications on electronic tablets. The whole of ALU is forced to change cells every week, and have their property searched when they do.

The ALU has even fewer procedural protections than traditional administrative segregation. There is no review process, and no formal way out. People spend decades there, trying to get back even to administrative segregation. Grievances go nowhere. Russell Kerr spent 23 years in the ALU, and was released to administrative segregation earlier this year. When one person gets out, another arrives to replace them—the cells are always full.

Many people in the ALU have high mental health needs and "it's tense, one thing could set everything off." People put feces on their walls and flood their toilets, and no one cleans the cells between occupants. Like traditional segregation, it is difficult to get medical or mental health care. The prison must shut down all of medical for one person in the ALU to come in and receive care while confined to a cage. Because of this hassle, sometimes staff will not pull people out for medical care even when they have chest pains and dizziness. When people put in sick call requests, staff do not always process them. Like elsewhere in solitary, people have to go "man down" to be seen by medical. When we visited, eight people in the ALU were on medications, but medical had not been back to the ALU in three weeks. According to one person, the best nurse had recently quit because "they told her she was caring too much about inmates."

Willie Sauls, who has been in the ALU for about a decade, describes it as "like being in a dead time, a ghost time." Before he was placed there, he had never heard of the ALU, as is the case with many people in solitary. Mr. Sauls is not allowed to leave his cell unless he is placed in handcuffs with a "black box" around them. He considers himself lucky, as some people are put in leg irons as well. He usually gets to shower twice a week, although he has gone weeks without being allowed to shower. ALU prisoners usually get recreation twice a week, but he had not been outside in two years when we spoke. One person had just gotten a mattress after living two months without one. Mr. Sauls told us it is "hard to explain, the mental anguish you go through. People try[] to do harm to themselves and others, trying to get shipped away from here." For a period of time the ALU seemed to be getting better, with fewer people and fewer restrictions, but in the six or seven months before our visit, it had gotten much worse and was again full. Mr. Sauls described, "the energy, how isolated it is, the mental pressure that individuals go through, it's like we're hidden away back there." We request that DOJ look into the specific conditions of the ALU at Coffield.

#### X. Conclusion

Solitary confinement in Texas is a humanitarian crisis that cannot be allowed to continue. TDCJ has failed to protect those in its care, and state legislators have neglected their duty to step in. In the last legislative session, which concluded in May 2023, four bills were introduced addressing solitary confinement. House Bill ("HB") 480 and HB 812 would have limited placements in administrative segregation based on STG affiliation. HB 813 and Senate Bill ("SB") 1312 called for studies on the impact of administrative segregation on people confined there by TDCJ. None of these bills advanced beyond a committee hearing. A bill similar to HB 812 also failed to advance in the previous legislative session. The appears to be little hope of a legislative remedy to this humanitarian crisis.

TDCJ officials have the power to change policies to ensure the individuals in their care are treated with basic human dignity, yet they have refused to act. TDCJ could take on the mantle of failed legislation (HB 813 and SB 1312) and launch its own study commission to identify areas of highest need where it can improve its own practices absent legislative or judicial involvement. It could also make more fundamental changes to its approach to solitary confinement, as have prisons in several other states. For example, researchers at the University of California San Francisco School of Medicine have developed programs in North Dakota,<sup>45</sup> Oregon,<sup>46</sup> and other states to phase out solitary confinement with no increase in violence or security concerns.<sup>47</sup> Such a program in Texas could improve the lives of incarcerated people and staff alike.

We urge TDCJ to 1) conduct and make public its own study of the problems, effects, and potential areas for change related to solitary confinement, and 2) implement a pilot program under the UCSF Prison Culture Change Initiative to phase out solitary at Coffield and/or Michael.

Two years ago, we requested that DOJ launch an investigation, a request that has only become more urgent. Now more than ever, it is imperative that DOJ step in. The Department of Justice is uniquely placed to stand up to these abuses and ensure that Texas does not continue to act with impunity. DOJ involvement will make clear that the current abuses can no longer continue, and highlight to TDCJ the need to take action itself. Coffield, Michael, and the system as a whole are ripe for federal investigation, and we request that DOJ use its authority to investigate the use of solitary confinement in these prisons immediately.

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- 3 Correctional Leaders Association & Arthur Liman Center for Public Interest Law at Yale Law School, *TIME-IN-CELL: A 2021 SNAPSHOT OF RESTRICTIVE HOUSING 11* (Aug. 2022) (hereinafter "Time-in-Cell 2021"). <a href="https://law.yale.edu/sites/default/files/area/center/liman/document/time\_in\_cell\_2021.pdf">https://law.yale.edu/sites/default/files/area/center/liman/document/time\_in\_cell\_2021.pdf</a>; Southern Poverty Law Center, *SOLITARY CONFINEMENT: INHUMANE, INEFFECTIVE, AND WASTEFUL* (2019), <a href="https://www.splcenter.org/sites/default/files/com\_solitary\_confinement\_0.pdf">https://www.splcenter.org/sites/default/files/com\_solitary\_confinement\_0.pdf</a>
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- 5 ld.
- 6 See Time-in-Cell 2021, at vii.
- 7 Trey Shaar, Texas Ends Solitary Confinement As Punishment, But Still Keeps Thousands Alone In Cells, KUT 90.5 (Sept. 22, 2017), <a href="https://www.kut.org/texas/2017-09-22/texas-ends-solitary-confinement-as-punishment-but-still-keeps-thousands-alone-in-cells">https://www.kut.org/texas/2017-09-22/texas-ends-solitary-confinement-as-punishment-but-still-keeps-thousands-alone-in-cells</a>.
- 8 Matt Clarke, Texas Prisons Stop Using Solitary Confinement as Punishment, but Thousands Kept in Administrative Segregation, PRISON LEGAL NEWS (July 6, 2018), <a href="https://www.prisonlegalnews.org/news/2018/jul/6/texas-prisons-stop-using-solitary-confinement-punishment-thousands-kept-administrative-segregation/">https://www.prisonlegalnews.org/news/2018/jul/6/texas-prisons-stop-using-solitary-confinement-punishment-thousands-kept-administrative-segregation/</a>
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- 11 Meagan Harding & Peter Steffensen, Torture By Another Name: Solitary Confinement in Texas, Texas Civil Rights Project (2019), <a href="https://www.txcivilrights.org/files/ugd/aab911\_99107cf94dac404c9b076e72ec5f92c8.pdf">https://www.txcivilrights.org/files/ugd/aab911\_99107cf94dac404c9b076e72ec5f92c8.pdf</a>
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- 13 Census of State and Federal Adult Correctional Facilities in 2019, Bureau of Justice Statistics, (2021), <a href="https://bjs.ojp.gov/content/pub/pdf/csfacf19st.pdf">https://bjs.ojp.gov/content/pub/pdf/csfacf19st.pdf</a>
- 14 These facilities were: Ferguson Unit (20.5 percent), Eastham / Wainwright Unit (16.4 percent), Coffield Unit (15.1 percent), Telford Unit (12.5 percent), Allred Unit (12.2 percent), McConnell Unit (12.2 percent), Darrington / Memorial Unit (10.3 percent), Clements Unit (9.8 percent), Robertson Unit (9.3 percent), Michael Unit (8.9 percent), and Polunsky Unit (8.3 percent). Polunsky Unit was excluded from this group, despite having an average RH rate greater than 8 percent, because it holds TDCJ's death row. Death row prisoners are held in solitary confinement, but the issues they face introduce complexities beyond the scope of this report. Litigation is currently underway challenging the automatic solitary confinement of people on death row. See Robertson v. Collier, 4:23-cv-00283 (S.D. Tex., 2023). 'All other TDCJ facilities' contains other maximum-security facilities. Facility information for deaths in custody was obtained via address information in Texas Office of the Attorney General custodial death reports. Since not all addresses corresponded or could be identified with a facility, some deaths were not included in these facility-level and aggregate summaries. There therefore may be slight differences in total numbers of deaths when compared to other Texas Justice Initiative or Behind Bars Data Project data.
- 15 National Commission on Correctional Health Care, Position Statement: Solitary Confinement (Isolation) (2016), <a href="https://www.ncchc.org/wp-content/uploads/Solitary-Confinement-Isolation.pdf">https://www.ncchc.org/wp-content/uploads/Solitary-Confinement-Isolation.pdf</a>
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- 21 Homer Venters et al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, 104 AM. J. PUB. HEALTH 442 (Mar. 2014), <a href="https://nicic.gov/solitary-confinement-and-risk-self-harm-among-jail-inmates">https://nicic.gov/solitary-confinement-and-risk-self-harm-among-jail-inmates</a>
- 22 Herring, The research is clear, at 17.
- 23 Texas Justice Initiative, DEATHS IN CUSTODY (Apr. 2023) <a href="https://texasjusticeinitiative.org/datasets/custodial-deaths">https://texasjusticeinitiative.org/datasets/custodial-deaths</a>
  Although suicides have declined year-over-year in several individual years, overall, the number has trended up in this time period.
- 24 According to data obtained and provided by Texas Justice Initiative. Texas Justice Initiative, DEATHS IN CUSTODY (Apr. 2023) <a href="https://texasjusticeinitiative.org/datasets/custodial-deaths">https://texasjusticeinitiative.org/datasets/custodial-deaths</a>
- 25 CDCR incarcerated a prison population of approximately 30,000 fewer incarcered individuals at that time compared to TDCJ from 2020-2022.
- 26 Justice Anthony Kennedy expressed concern at CDCR's 2006 suicide rate in a 2011 decision: "Because of a shortage of treatment beds, suicidal inmates may be held for prolonged periods in telephone-booth sized cages without toilets.... Other inmates awaiting care may be held for months in administrative segregation, where they endure harsh and isolated conditions and receive only limited mental health services.... In 2006, the suicide rate in California's prisons was nearly 80% higher than the national average for prison populations; and a court-appointed Special Master found that 72.1% of suicides involved 'some measure of inadequate assessment, treatment, or intervention, and were therefore most probably foreseeable and/or preventable." *Brown v. Plata*, 563 U.S. 493, 504 (2011).
- 27 We used national data from 2019, the last year the U.S. Department of Justice released standardized information, including information on suicide in U.S. prisons. Suicide in Local Jails and State and Federal Prisons, 2000-2019, Bureau of Justice Statistics, (2021), <a href="https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/sljsfp0019st.pdf">https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/sljsfp0019st.pdf</a>; Census of State and Federal Adult Correctional Facilities in 2019, Bureau of Justice Statistics, (2021), <a href="https://bjs.ojp.gov/content/pub/pdf/csfacf19st.pdf">https://bjs.ojp.gov/content/pub/pdf/csfacf19st.pdf</a>.
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