

# Allard K. Lowenstein International Human Rights Clinic

YALE LAW SCHOOL

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VIA ELECTRONIC MAIL SUBMISSION

Nils Melzer  
Special Rapporteur on Torture  
c/o Office of the High Commissioner for Human Rights  
United Nations Office at Geneva  
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Dear Special Rapporteur Melzer:

The Allard K. Lowenstein International Human Rights Clinic (“Lowenstein Clinic”) at Yale Law School<sup>1</sup> respectfully submits this letter alleging that the Connecticut Department of Correction (“the DOC”) systematically engages in the psychological and physical torture of persons incarcerated at Northern Correctional Institution (“Northern”) and other Connecticut prisons. The DOC routinely resorts to prolonged isolation to punish and to control incarcerated individuals. Once subjected to the social and sensory deprivation of Northern, many individuals’ mental health and behavior deteriorate, and they may engage in desperate and self-destructive acts. Rather than responding with clinically appropriate care, the DOC chains such persons for hours and even days in direct retribution for the very behavior that the DOC has itself precipitated. These practices constitute, at a minimum, cruel, inhuman and degrading treatment and, in many cases, torture.

Connecticut has consistently failed to adequately fund and oversee its correctional health system, particularly mental health.<sup>2</sup> Without well-developed alternatives to provide mental healthcare, DOC employees resort to the repressive measures that the DOC has sanctioned to handle serious mental illness and behavioral issues, thereby furthering a vicious and downward cycle for both incarcerated people and DOC staff.<sup>3</sup>

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<sup>1</sup> This submission reflects the efforts and views of the Lowenstein Clinic and does not necessarily represent the position of Yale Law School, which is listed here for identification purposes only.

<sup>2</sup> The DOC has consistently drawn scrutiny for providing inadequate medical and mental health treatment. In 2017, for example, a study by Pew Charitable Trusts and the Vera Institute of Justice found that Connecticut has one of the worst prison health care quality monitoring systems in the United States. Pew Charitable Trusts, *Prison Health Care: Costs and Quality* (Oct. 2017), [http://www.pewtrusts.org/~media/assets/2017/10/sfh\\_prison\\_health\\_care\\_costs\\_and\\_quality\\_final.pdf](http://www.pewtrusts.org/~media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf).

<sup>3</sup> Scholars and policy-makers have begun to study the effects of prison environments on staff. A 2018 report done by researchers at UC Berkeley’s Goldman School of Public Policy found that the violence and work-related stress

As a result of efforts by current and formerly incarcerated people to draw attention to these ongoing violations, the DOC enacted a series of reforms starting in 2012 and leading to a considerable decline in the population of isolated prisoners<sup>4</sup> at Northern.<sup>5</sup> As of January 2019, the DOC kept 75<sup>6</sup> people in isolation at Northern.<sup>7</sup> The reduction in absolute numbers of people isolated at Northern, particularly in Administrative Segregation, is commendable.<sup>8</sup>

Unfortunately, the reforms to date are grossly incomplete. The DOC was able to reduce the isolated population by tightening criteria for entry, but the DOC has refused to codify those changes into binding policy. The DOC has also refused to revisit its policies on mental health or restraints. To this day, DOC policies authorize the following grave violations:

- The use of solitary confinement for essentially punitive purposes;
- Imposing solitary confinement for *minimum* terms of ten months to two years and for *indefinite* duration;

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experienced by correctional officers (“COs”) can have profoundly negative consequences for their health. Of the 8,000 COs surveyed, 1 in 3 reported experiencing at least one symptom of post-traumatic stress disorder (PTSD); 10 percent of active COs and 1 in 7 retired COs reported suicidal thoughts. Public Affairs, UC Berkeley, *Correctional officers at high risk for depression, PTSD, suicide, survey finds* (Aug. 23, 2018), <https://news.berkeley.edu/2018/08/23/california-correctional-officers-at-high-risk-for-depression-ptsd-and-suicide-new-survey-finds/>.

<sup>4</sup> This letter refers alternatively to “solitary confinement” or “isolation.” Under the Mandela Rules, solitary confinement is “the confinement of prisoners for 22 hours or more a day without meaningful human contact.” The Rules also define prolonged solitary confinement as “solitary confinement for a time period in excess of 15 consecutive days.” *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)*, U.N. OFF. ON DRUGS & CRIME 13 (Rule 43) (GA Res. 70/175, annex, adopted Dec. 17, 2015), [https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E\\_ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf). As explained below, most but not all sentenced prisoners at Northern are in solitary confinement; some are “double-celled,” meaning that they are locked in their cells for 22 or more hours per day with a cellmate. When referring to the sentenced population as a whole at Northern, this letter uses the term “isolation.” Many experts have concluded that double-celling does not alleviate the detrimental effects of solitary confinement. Rather, double-celling increases the risk of inmate-on-inmate violence, as individuals develop paranoia, rage, etc. when they are confined with another. In his expert report in *Johnson v. Wetzel*, Psychologist Craig Haney testified that double-celled prisoners “may nonetheless suffer many of the negative psychological effects that are described in the paragraphs below. In fact, in some ways, prisoners who are double-celled in an isolation unit have the worst of both worlds: they are ‘crowded’ in and confined with another person inside a small cell but—and this is the crux of their ‘isolation’—simultaneously isolated from the rest of the mainstream prisoner population, deprived of even minimal freedom of movement, prohibited from access to meaningful prison programs, and denied opportunities for any semblance of ‘normal’ social interaction.” See Declaration of Professor Craig Haney, J.D., Ph.D, at 18, *Johnson v. Wetzel*, 1:15-cv-00863-CCC-MCC (M.D. Pa. 2016). The news media has also reported on the negative effects of double-celling, including reduced movement, increased paranoia, and homicide. See Christie Thompson and Joe Shapiro, *The Deadly Consequences of Solitary with a Cellmate*, MARSHALL PROJECT (Mar. 24, 2016) (describing homicides in prisons as a result of double-celling, and federal lawsuits against prisons that rely on the practice), <https://www.themarshallproject.org/2016/03/24/the-deadly-consequences-of-solitary-with-a-cellmate>.

<sup>5</sup> The population reached a high in the late-2000s. As of December 2009, the number of people incarcerated at Northern was 380 people. “Connecticut Department of Correction Research Unit: Average Confined Inmate Population and Legal Status” 1 (2010), <https://portal.ct.gov/-/media/DOC/Pdf/MonthlyStat/Stat201001.pdf?pla=en>.

<sup>6</sup> Connecticut Department of Correction, *Report to the Criminal Justice Policy and Planning Division Pursuant to Public Act No. 17-239 238* (2019) [hereinafter DOC 2019 Report], attached as Appendix B-12.

<sup>7</sup> As of January 2019, there were 271 people incarcerated at Northern overall. This number includes pre-trial prisoners. “Northern Correctional Institution,” Connecticut Department of Correction, <https://portal.ct.gov/-/media/DOC/Pdf/MonthlyStat/Stat201901.pdf?pla=en>.

<sup>8</sup> As of December 2018, there were 29 individuals on Administrative Segregation Status. As the DOC explained in its January 2019 report to the Connecticut legislature, “A historical review of data related to offenders on [Administrative Segregation] status shows a significant decrease in utilization over the years with the figures hovering between 150-250 between 2003 and 2010.” See DOC 2019 Report.

- “In-cell restraints,” or the placement a person into chains within a locked cell for a default of 24 hours and up to 72 hours or longer as a sanction for unwanted behavior; and
- “Behavior Observation Status,” or the subjection of a person to additional isolation and deprivations “to extinguish maladaptive behaviors.”<sup>9</sup>

Together, these policies grant DOC staff broad and virtually unreviewable discretion to punish prisoners with tools of both psychological and physical torture. Unsurprisingly, the most vulnerable and the most hated prisoners receive the worst treatment.

This report spotlights Northern as an exemplar of the DOC’s reliance on isolation and restraints. Men who have been incarcerated at Northern report that the day-to-day conditions of confinement at that facility are singularly oppressive and that the use of in-cell restraints to punish and control is most pervasive and routine at Northern. It is important to underline, however, that the punitive use of isolation and in-cell restraints is not confined to Northern. On the contrary, the DOC’s policies on in-cell restraints and the isolation of men and women on restrictive housing statuses<sup>10</sup> apply across the DOC system.<sup>11</sup> By providing the maximum discretion and the minimum restrictions in its policies on the use of state force – solitary confinement and chaining – the DOC condones actions that amount to torture. The narratives in this letter illustrate how that torture occurs.

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<sup>9</sup> CONNECTICUT DEPARTMENT OF CORRECTION, ADMINISTRATIVE DIRECTIVE 9.4 (2016) [hereinafter ADMINISTRATIVE DIRECTIVE 9.4], <https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad0904pdf.pdf?la=en>, attached as Appendix B-4.

<sup>10</sup> These include Administrative Segregation, Security Risk Group and Special Needs, which are further described in this letter. At York Correctional Institution, Connecticut’s women’s prison, the DOC also classifies individuals to the Administrative Segregation, Security Risk Group and Special Needs statuses. *See* DOC 2019 Report. It is beyond the scope of this letter to provide further details on the experiences of women at York Correctional Institution.

<sup>11</sup> This letter does not address two restrictive statuses that impose isolation for a nominally short time period, namely administrative detention and punitive segregation. Administrative detention imposes isolation during a disciplinary hearing or investigation and punitive segregation imposes isolation on persons who have been found guilty of violating the “Code of Penal Discipline.” ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8. These statuses warrant further investigation for the punitive use of isolation. The Clinic has interacted with individuals whose experiences at Manson Youth Institution, which houses male offenders aged 15 to 21, illustrate how short-term isolation can turn into isolation for weeks and months. Legislation passed in June 2017 prohibits the DOC from putting youth under the age of 18 in AS. In the statute, “administrative segregation status” is defined as the “practice of placing an inmate on restrictive housing status following a determination that such inmate can no longer be safely managed within the general inmate population of the correctional facility.” CONN. GEN. STAT. § 18-96b (2018), attached as Appendix B-9. MYI also houses a group of men aged 18 to 21; the facility regularly isolates individuals as part of punitive sanctions or pending transfer to longer-term isolation statuses, such as SRG. Under DOC policy, these statuses – punitive and administrative detention – are supposed to last no longer than 30 days. In practice, however, individuals often stay isolated for far longer periods; as at Northern, when individuals’ mental health declines, they may engage in disruptive or self-destructive behavior, which then becomes the basis for continued isolation. Placements for 60 days or longer are reportedly common. The conditions for isolated prisoners at MYI are in many ways harsher even than at Northern. Multiple prisoners reported being confined to their cells for 24 hours per day; the unit does not have any facilities for recreation and staff routinely deny showers. While isolated, prisoners are not allowed access to visits or social communication; they are allowed to read their mail but are only allowed to keep five letters at a time in their cell. ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8. Nearly every facility in the state holds at least some prisoners in administrative detention and punitive segregation; we do not know whether those facilities are as prone to abuse as MYI, but the policies are the same and thus ripe for abuse.

The Lowenstein Clinic is a clinical program of Yale Law School. Since 2010, the Lowenstein Clinic has represented currently and formerly incarcerated persons in Connecticut. The allegations contained in this letter are informed by years of observation, communications with scores of people who have been incarcerated at Northern, examination of public records, discussions with DOC staff and leadership, and interviews with dozens of incarcerated individuals, illustrated by the enclosed personal accounts from 15 incarcerated or formerly incarcerated individuals who have spent time at Northern as well as at other institutions.<sup>12</sup> All of these individuals chose to use their real names, despite the knowledge that they face a risk of retaliation by corrections officials and social stigma. Reliving these experiences was painful and often done from within the confines of a prison cell amidst ongoing trauma and without psychological or other supports. Even so, each participant chose to share his story in the hope that doing so will contribute to reducing the suffering of people incarcerated in Connecticut, now and in the future.

## **I. The DOC systematically subjects prisoners to prolonged solitary confinement.**

*“The way that Northern is built is designed to break you down . . . to make you feel worthless, unwanted, and scattered in that building like unwanted remains. It’s a dump for humans – you can do whatever you want with them. That’s where they dispose what they consider to be trash for the state.” – Mr. Kezlyn Mendez<sup>13</sup>*

Northern is Connecticut’s sole “supermax” prison, purpose-built to isolate prisoners.<sup>14</sup> Six housing units extend off a long, windowless hallway, designed to give the impression of walking underground. Inside the units, it is difficult for individuals to get bearings on their surroundings, because of the disorienting, kaleidoscopic arrangement of mirrored windows and concrete walls. Sentenced prisoners at Northern spend at least 22 hours per day, and often more, in a concrete cell. A narrow, four-inch-wide window does not enable them to receive proper daylight or see the outdoors.<sup>15</sup> The cell doors are solid steel; each contains a small slit or “trap” through which correctional officers feed prisoners or handcuff them before they can leave their cells.

Since Northern opened in 1995, the DOC has justified the prison’s immense costs – financial and human – as a necessary safety measure to contain the “worst of the worst.”<sup>16</sup> In practice, however, Northern’s primary purpose is decidedly not to address immediate and serious security threats. Nor is Northern’s function to reform or to rehabilitate. Rather, the purpose is punishment.

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<sup>12</sup> The letters are attached to this submission as Appendix A.

<sup>13</sup> Letter from Kezlyn Mendez to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-7.

<sup>14</sup> A “supermax” prison is the highest level of maximum security in the United States. *See generally*, Sharon Shalev, *A sourcebook on solitary confinement* (2008), [http://solitaryconfinement.org/uploads/sourcebook\\_web.pdf](http://solitaryconfinement.org/uploads/sourcebook_web.pdf).

<sup>15</sup> ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8.

<sup>16</sup> Yale Visual Law Project, “The Worst of the Worst: Portrait of a Supermax” (2012) (interview with former Commissioner of DOC Leo Arnone), <https://vimeo.com/54826024>.

## A. DOC policies license the indefinite and punitive use of solitary confinement.

*“That’s the only way you know how to describe Solitary Confinement: a never ending [sic] cesspool of destruction, despair, hopelessness, filth, constant noise, visual disruptions, mazelike atmosphere, violence, hate, death, loneliness, dehumanization, boredom, mental health breakdowns, humiliation....”*

– Mr. Leighton Johnson<sup>17</sup>

Northern houses sentenced prisoners within three “restrictive statuses” that are nominally administrative and time-limited but effectively punitive and indefinite.<sup>18</sup> Individuals are classified to these statuses through a formal process that includes notice and a hearing. Administrative Segregation (“AS”) applies to individuals if their “behavior or management factors pose a threat to the security of the facility...staff or other inmates” and if they “can no longer be safely managed in general population.”<sup>19</sup> Security Risk Group (“SRG”)<sup>20</sup> is the classification for individuals allegedly affiliated with a gang.<sup>21</sup> Special Needs Management (“Special Needs”) refers to individuals who have “demonstrated behavioral qualities either through the serious nature of their crime, behavior, or through reasonable belief that they pose a threat to the safety and security of staff, other inmates, themselves, or the public.”<sup>22</sup>

These three statuses are formally separate from the DOC’s disciplinary regime, which includes a code of conduct and set of punishments, including punitive segregation.<sup>23</sup> In practice, however, these three statuses are punitive in all but name,<sup>24</sup> as evidenced by the rationales for

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<sup>17</sup> Letter from Leighton Johnson to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-2.

<sup>18</sup> Northern also currently houses high-bond, pre-trial detainees. The conditions for those individuals are less isolative than for sentenced prisoners, and thus are not addressed here.

<sup>19</sup> ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8, at 8.

<sup>20</sup> Connecticut Department of Correction, *Northern Correctional Institution: Inmate Handbook 2017 5* (2017) [hereinafter “NORTHERN HANDBOOK”], attached as Appendix B-7.

<sup>21</sup> While the DOC does not explicitly use the term “gang” in its classification policies, in practice SRG is a status for people with an alleged gang affiliation. The formal definition of SRG in Administrative Directive 6.14 is “A group of inmates, designated by the Commissioner, possessing common characteristics, which serve to distinguish them from other inmates or groups of inmates and which as a discrete entity, jeopardizes the safety of the public, staff, or other inmate(s) and/or the security and order of the facility.” CONNECTICUT DEPARTMENT OF CORRECTION, ADMINISTRATIVE DIRECTIVE 6.14 1-2 (2013) <https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad0614pdf.pdf?pla=en> [hereinafter ADMINISTRATIVE DIRECTIVE 6.14]. The DOC’s website states, “The Security Risk Group/Gang Management Unit is responsible for proactively collecting, evaluating and disseminating security related gang intelligence on the 13 designated Security Risk Groups that exist among the offender population.” “Security Risk Group / Gang Management Unit,” Connecticut Department of Correction, <https://portal.ct.gov/DOC/Org/Security-Risk-Groups-Unit> (last visited May 14, 2019).

<sup>22</sup> People assigned to Special Needs are deemed to “pose a significant threat to themselves or others if held at a different facility.” NORTHERN HANDBOOK, *supra* n. 16 at 5.

<sup>23</sup> ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8.

<sup>24</sup> The circular language and logic of the DOC’s restrictive statuses traces to the formalisms of U.S. law. In 1974, the U.S. Supreme Court mandated that authorities provide procedural protections within the disciplinary process: *Wolff v. McDonnell*, 418 U.S. 539 (1974). In response, corrections departments developed complex “classification” systems that were purportedly for “administrative” or “management” – not punitive – purposes. *See generally* Keramet Reiter, 23/7 PELICAN BAY PRISON AND THE RISE OF LONG-TERM SOLITARY CONFINEMENT (Yale Univ. Press 2017). Since the high-water mark of prisoners’ rights in the 1970s, U.S. courts have largely deferred to these new hybrid disciplinary-management schemes, unless they impose “an atypical and significant hardship on the inmate in relation to the ordinary incidents of prison life.” *Sandin v. Conner*, 515 U.S. 472, 483-84 (1995). *See also* *Wilkinson v. Austin*, 545 U.S. 209 (2005)

classification – which turn on an individual’s criminal and disciplinary histories and the DOC’s judgment that an individual is likely to reoffend<sup>25</sup> – and the consequences of being sent to Northern,<sup>26</sup> which is, in the words of one high-level policymaker, “the ultimate sanction.”<sup>27</sup> The punitive purpose of Northern is etched into its very walls and design.<sup>28</sup>

A fourth restrictive status, “Special Circumstances” is expressly punitive. When the Connecticut legislature repealed the death penalty in 2012, it mandated that all individuals convicted of formerly death-eligible crimes be subjected what amounts to a life sentence of solitary confinement.<sup>29</sup> Special Circumstances is imposed as a matter of retribution for a person’s crime; there is no way to reduce or modify the restrictions. A person on Special Circumstances will die in solitary confinement.

All people in the AS, SRG or Special Needs statuses face prolonged, indefinite, and up to a lifetime of isolation. The Special Needs policy is, on its face, “indefinite,”<sup>30</sup> and individuals in Special

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(finding that placement in supermax prison constituted “atypical and significant hardship” but that Ohio’s minimal procedural protections were sufficient).

<sup>25</sup> ADMINISTRATIVE DIRECTIVE 9.2, *supra* n. 8.

<sup>26</sup> The deprivations inherent to AS, SRG and Special Needs are essentially intensified disciplinary sanctions. As a consequence of conviction for a violation of the Penal Code of Conduct, the DOC may impose two primary sanctions: (1) loss of “good time” or Risk Reduction Credits; and (2) harsh limits on a prisoner’s communication, movement, education and other programing, and access to personal property (including legal materials), for up to 30 days per offense. CONNECTICUT DEPARTMENT OF CORRECTION, ADMINISTRATIVE DIRECTIVE 9.5 (2016) <https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad0905pdf.pdf?la=en>, attached as Appendix B-5. Administrative Directive 9.5(c). Individuals in AS, SRG and Special Needs are automatically ineligible for earning “good time” or Risk Reduction Credits. Conditions in AS, SRG and Special Needs are virtually identical as for punitive segregation, except that individuals in AS, SRG and Special Needs have access to personal property. CONNECTICUT DEPARTMENT OF CORRECTION, RESTRICTIVE HOUSING STATUS—PROVISIONS AND MANAGEMENT STANDARDS(2016) [hereinafter RESTRICTIVE HOUSING STATUS MATRIX], <https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad0904attbpdf.pdf?la=en>, attached as Appendix B-4. The DOC has historically disavowed any punitive purpose by describing AS, SRG and Special Needs as “programs” that have some measure of therapeutic or rehabilitative content. As explained here and below, those claims are not borne out by the facts. What the DOC commonly refers to as “programming” at Northern amounts to a self-help workbook passed out to prisoners by staff through the cell door. Prisoners are left to themselves to answer highly sensitive and personal questions with no provisos for confidentiality. Individuals who completed the workbook reported not knowing if anyone ever read them, as they did not receive feedback; others were too afraid to complete the workbook or could not do so for lack of literacy or English proficiency. People who have returned to Northern multiple times reported receiving the same workbook multiple times over a decade. Any “programming” is perfunctory at best.

<sup>27</sup> Yale Visual Law Project, “The Worst of the Worst: Portrait of a Supermax” (2012) (interview with Michael P. Lawlor, who served as Undersecretary for Criminal Justice Policy and Planning from 2011-2018).

<sup>28</sup> The architect of Northern the building’s subterranean landscape of concrete, mirrors and razor wire as a reflection of the DOC’s instruction to make Northern “hard.” The Worst of the Worst: Portrait of a Supermax” (2012) (interview with James Kessler, architect of Northern). “When we were designing [Northern],” Kessler said, “there was a desire that their first experience would make an impression – the limited environment, the lack of stimulus...” *Id.*

<sup>29</sup> The statute imposes conditions “which shall include, but not be limited to, conditions that require: (i) that the inmate’s movements be escorted or monitored, (ii) movement of the inmate to a new cell at least every ninety days, (iii) at least two searches of the inmate’s cell each week, (iv) that no contact be permitted during the inmate’s social visits, (v) that the inmate be assigned to work assignments that are within the assigned housing unit, and (vi) that the inmate be allowed no more than two hours of recreational activity per day.” CONN. GEN. STAT. § 18-10b (2018). Compounding these conditions is the extraordinary length of time that individuals spend under these conditions. For example, Richard Reynolds has been at Northern for 23 years; in that time, he has spent approximately 184,690 hours in his 7 foot-by-12-foot cell. He has never spent time outside, except to have “recreation” in a concrete cage. *See Am. Compl., Reynolds v. Arnone et al.*, 3:13-cv-01465-SRU (D. Conn. June 29, 2017), attached as Appendix B-10.

<sup>30</sup> RESTRICTIVE HOUSING STATUS—PROVISIONS AND MANAGEMENT STANDARDS(2016), <https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad0904attbpdf.pdf?la=en>. The “authorized length of confinement” for Special Needs status is

Needs have typically spent years – and in some cases, decades – in various forms of isolation without access to significant programming or other resources to address their underlying mental health and other needs.<sup>31</sup> The DOC insists that AS and SRG are time-limited,<sup>32</sup> but in practice they are indefinite. Each status has “phases” through which individuals must “progress” before they can complete the status. Individuals in Phase I of AS and SRG must spend a minimum of 4 or 6 months at Northern, respectively, before they can be reviewed to progress to Phase II, and thereby be eligible to leave Northern.<sup>33</sup> So long as an individual is still “in the program” – a minimum of 10 months for AS and two years for SRG – they are at constant risk of being returned to Phase I and to Northern. Causes for return to Phase I of AS include receiving disciplinary reports or displaying a “poor attitude” or a “lack of motivation.”<sup>34</sup> Individuals in SRG have reported being sent back to Phase I for minor disciplinary infractions or for actions that, according to the DOC, implicate them with gang activity.<sup>35</sup> Thus, it is not uncommon for someone to have nearly reached the end of one of these statuses and to return to Phase I, to begin all over again.<sup>36</sup> Most of the individuals who have

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“indefinite.” Approval for releasing an individual from Special Needs is made by the “Director of Offender Classification and Population Management in consultation with the Deputy Commissioner of Operations or designee and the DOC Director of Psychiatric Services.” *Id.*

<sup>31</sup> According to their policy, the DOC is meant to develop an “individualized facility management plan” for each inmate on Special Needs, which “shall include recommendations to assist the inmate in achieving removal from Special Needs Management status” ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8, at 10. The Northern Inmate Handbook expands on this requirement: “Each inmate shall have both a Custody and Mental Health Behavior Management Plan that shall identify goals that need to be reached; specific items and privileges allowed as well as specific items being restricted and reason why.” NORTHERN HANDBOOK, *supra* n. 16 at 6. Special Needs plans are to be reviewed every 45 days and inmates are meant to have a classification hearing every six months. But according to several individuals on Special Needs, including Mr. Kenyon Joseph Pellot-Castellano, who was held in solitary confinement at Northern from 2003 to 2012 and was on Special Needs status in 2013 and again from 2015 to 2018, before being transferred to a facility in Oregon, inmates on Special Needs status are not given any genuine programming and are repeatedly denied permission to progress out of Special Needs status without explanation of the reasons behind the denial. Appendix A.3.

<sup>32</sup> In a recent report to the Connecticut legislature, the DOC said, “Unlike other states, Connecticut does not place offenders on this status indefinitely and the goal is always to correct behavior and return to general population as soon as can be safely done.” *See* DOC 2019 Report. DOC Commissioner Rollin Cook repeated this language in testimony he gave to the Connecticut Senate Judiciary Committee in March 2019.

<sup>33</sup> Phases II and III of Administrative Segregation are completed at MacDougall-Walker Correctional Institution; Phase II of SRG is housed at MacDougall-Walker Correctional Institution, and Phases III through V are housed at Corrigan-Radgowski Correctional Center. NORTHERN HANDBOOK, *supra* n. 16 at 6.

<sup>34</sup> Connecticut Department of Correction, *Northern CI’s Administrative Segregation Program 4*, <https://portal.ct.gov/-/media/DOC/Pdf/NorthernASCCpdf.pdf?la=en>. Individuals who are re-affiliated with a gang and forced to repeat the SRG status must spend two years in SRG, even if they do not catch a single disciplinary ticket: “On the occurrence of a second designation, the inmate shall complete all programs and remain discipline free for a period not less than two years cumulative incarcerated time after the last disciplinary report or designation hearing prior to being reviewed for consideration for removal.” ADMINISTRATIVE DIRECTIVE 6.14, *supra* n.21, at 9.

<sup>35</sup> Mr. Yasser Cruz described this practice in the testimony he gave in support of HB 7302, An Act Concerning Isolated Confinement and Correctional Staff Training and Wellness. He said, “I was placed in administrative segregation after a picture of my uncle and me was found on Facebook and I was then marked as gang affiliated...The prison system often affiliates you with gangs. You can’t have friends in New Haven and not get affiliated. A picture on Facebook can get you ‘affiliated.’” *Public Hearing of the Joint Committee on the Judiciary on H.B. 7302, An Act Concerning Isolated Confinement and Correctional Staff Training and Wellness*, 2017 Session of the Connecticut Legislature (2017) (statement of Mr. Yasser Cruz), <https://www.cga.ct.gov/2017/JUDdata/Tmy/2017HB-07302-R000327-Cruz,%20Yasser-TMY.PDF>.

<sup>36</sup> For instance, Mr. Luis Pagan, who is currently incarcerated at Northern and has contributed a statement in support of this letter, recalls being sent back to Phase I of the SRG status approximately 20 times in his first few years in the DOC system. Most times, he says he was sent back for committing a minor infraction.

given statements in support of this letter are or were formerly designated as AS or SRG, and many of them have been sent back to Northern multiple times during their incarceration.

Even once the DOC transfers people from Northern, the department keeps them in isolation so long as they remain in AS, SRG, and Special Needs. For example, individuals in Phases II and III of AS at MacDougall-Walker Correctional Institution are housed with one other person, or “double-celled.”<sup>37</sup> Double-celled inmates remain isolated from the rest of the prison: in some instances, they may spend up to 23 hours per day in their cell (with a minimum of one hour of recreation five days per week) and are served all meals inside the cell.<sup>38</sup>

Another area of concern is the DOC’s use of retaliatory isolation against individuals who have challenged DOC policies and practices or the authority of DOC staff, without regard to whether these individuals pose a present and real threat. High-profile “jailhouse lawyers” have aggravated the DOC by training themselves and others to use litigation to secure their rights; some DOC staff, including high-ranking officers, refer to such individuals as “paper terrorists,”<sup>39</sup> and many jailhouse lawyers face daily acts of retribution, small and large,<sup>40</sup> including isolation.<sup>41</sup> Others facing retribution include prisoners who have resorted to hunger-striking or other non-violent means of protest; adherents of religions and ideologies that the DOC considers dangerous, regardless of those individuals’ actual behavior;<sup>42</sup> and individuals who committed violent crimes in prison many years ago, making them object of hatred among DOC staff. Many individuals in this circumstance have the lowest violence rating the DOC assigns and have gone months or years without even minor disciplinary violations. In all instances, these people – the most notorious, the

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<sup>37</sup> Connecticut Department of Correction, *Northern CI’s Administrative Segregation Program 2-3*, <https://portal.ct.gov/-/media/DOC/Pdf/NorthernASCCpdf.pdf?la=en>. At the time that this document was written, the latter phases of AS were housed at Cheshire Correctional Institution, but the same conditions apply at MacDougall-Walker Correctional Institution.

<sup>38</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n. 22.

<sup>39</sup> *See infra*, note 37.

<sup>40</sup> Mr. Kyle Lamar Paschal-Barros, who has submitted a statement in support of this letter, observed that “once people start litigating, you see them getting targeted.” Mr. Paschal-Barros has filed many grievances and several lawsuits and reports that certain DOC staff have singled him out, for example, by “trashing” his cell, tearing up family photos, and sending food trays that have been spat in or are simply empty.

<sup>41</sup> Mr. Ira Alston provides a particularly vivid example. Mr. Alston has trained himself to be an accomplished litigator against the DOC, despite having spent the near entirety of his sentence in isolation. In November 2016, the DOC transferred Mr. Alston hundreds of miles to Virginia. Through a public records request, the Clinic obtained DOC documents explaining the reasons for Mr. Alston’s transfer; unredacted portions of the documents referred to Mr. Alston’s litigation activities and his assistance to others in filing lawsuits. At the public records hearing, the DOC’s then-director of intelligence testified under oath that he and others at DOC referred to Mr. Alston and other prisoner-litigators as “paper terrorists.” Mr. Alston, who spent seven months in Virginia with no disciplinary sanctions, is back at Northern as of this writing.

<sup>42</sup> Mr. Victor Velasco, whose letter is attached, professes a belief in Kingism, a set of spiritual beliefs that draws on Christianity, liberation theology and indigenous Latin American traditions. *See, e.g.*, Luis Barrios, “*Gangs and Spirituality of Liberation*,” in *GANGS IN THE GLOBAL CITY: ALTERNATIVE APPROACHES TO TRADITIONAL CRIMINOLOGY* Ch. 9 (Indiana Univ. Press, 2007) (describing spiritual beliefs of Kingism); David C. Brotherton & Luis Barrios, *THE ALMIGHTY LATIN KING AND QUEEN NATION: STREET POLITICS AND THE TRANSFORMATION OF A NEW YORK CITY GANG* (Columbia Univ. Press, 2004). Because Kingism is identified with the Almighty Latin King and Queen Nation, adherents are labeled as gang members and subjected to the SRG status. Individuals, like Mr. Velasco, who refuse to disavow their beliefs, are kept indefinitely in SRG. That is the case even when they have not engaged in acts of violence and even when they have avoided minor disciplinary infractions for many years. Letter from Victor Velasco to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-14.

most hated – have been branded by the DOC and can effectively do nothing to “earn” their way out.

**B. The DOC subjects sentenced prisoners at Northern and within “restrictive statuses” at other facilities to solitary confinement.**

*“My life consisted of being in a cell Monday thru Friday for 23 hours & 1 at recreation in a cage while chained up with leg irons, handcuffs & a tether chain locked with a pad lock. Saturday and Sunday was a complete 24 hours of keep lock in a cell...I was subjected to a strip search every day I left the cell even though I had no contact with other prisoners, was always escorted chained up every time out of the cell...”*  
- Mr. Luis Pagan<sup>43</sup>

Most sentenced individuals at Northern spend at least 22 hours a day in their cell.<sup>44</sup> Individuals receive their meals through the trap door and have 20 minutes to eat meals in their cells.<sup>45</sup> They may shower three times per week.<sup>46</sup> Prisoners may leave their cells to receive medical care, attend professional visits and calls, or to go to court,<sup>47</sup> but such occurrences are rare. According to DOC policies, individuals in Phase I of AS and SRG at Northern may take one hour of recreation five days per week.<sup>48</sup> Recreation takes place in a steel cage surrounded by high concrete walls, where the only view is the sky.

Prisoners at Northern may not leave their cells without submitting to an invasive strip search.<sup>49</sup> This search is at minimum a pat search and typically a full strip search, in which a person must strip naked, squat and cough to expose the testicles and anus. An officer systematically visually inspects the naked individual’s hair, ears, nose, mouth, underarms, soles of feet and cavities between toes, rectum and genitalia.<sup>50</sup> DOC policy mandates strip searches when individuals go to/from the exercise cage, but many individuals report that they are subjected to a full strip search every time they leave and return to their cell and that the intensity of the strip search depends on the officer conducting the search. Given their inherently invasive nature and the broad discretion afforded officers, strip searches provide a site for potential harassment of prisoners by staff. Such intrusive searches can be particularly difficult for individuals who have experienced sexual assault and may aggravate existing mental health conditions, such as post-traumatic stress disorder. DOC policies require that individuals in AS and SRG be restrained with handcuffs, leg irons, and a tether chain to

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<sup>43</sup> Letter from Luis Pagan to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-9.

<sup>44</sup> Individuals classified to Special Needs may have jobs on the tier that get them out of their cell for several hours a day; individuals in Special Circumstances are allowed to eat their meals together in the dayroom. NORTHERN HANDBOOK, *supra* n. 16 at 12. Individuals classified to Administrative Segregation and SRG do not have jobs on the tier.

<sup>45</sup> *Id.*

<sup>46</sup> *Id.* at 37, 39.

<sup>47</sup> *Id.* at 26.

<sup>48</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n.22. See also ADMINISTRATIVE DIRECTIVE 6.14, *supra* n.17, at 7-8. Numerous individuals have informed the Clinic that on the days when they do not have recreation, they typically spend 24 hours locked in their cells.

<sup>49</sup> NORTHERN HANDBOOK, *supra* n. 16 at 20.

<sup>50</sup> *Id.*; see also CONNECTICUT DEPARTMENT OF CORRECTION, ADMINISTRATIVE DIRECTIVE 6.7 2 (2018), attached as Appendix B-2.

move throughout the housing unit, and chains follow them everywhere they go. When showering, individuals are shackled at their ankles. When placed in the “recreation” cage, they must wear shackles at their wrists, unless they are on “rec alone” status, which means they are in the cage by themselves and deprived of further social contact.<sup>51</sup> Prisoners in AS take “recreation” by themselves. In the SRG status, an individual may join several others in the recreation cage, but his hands will be shackled behind his back, rendering the value of any such “recreation” entirely unclear. Faced with the prospect of strip searches and a steel cage, many people choose not to leave their cells except for urgent reasons, such as medical care or court appearances. The men’s social world is reduced to conversations held through sink drains and air vents.

Interactions with the outside world are also extremely limited. DOC policies provide individuals in AS and SRG with one thirty-minute social visit per week; visits are non-contact and occur via phone through a thick, Plexiglas barrier, and individuals must be in full restraints (wrists, ankles, tether chain).<sup>52</sup> Calls and even correspondence are similarly restrictive.<sup>53</sup> The DOC forbids individuals in AS and SRG from having calls or visits with anyone outside their “immediate family,”<sup>54</sup> an arbitrary designation that bars contact with loved ones who do not happen to be related by blood. The DOC also routinely bars visitors with any criminal histories, regardless of how remote or minor. Over the years, the Clinic has encountered many individuals who do not have a single, eligible visitor as a result of these policies.<sup>55</sup> And because the DOC denies all contact visits within restrictive statuses, the Clinic has interviewed individuals who have gone for years and even decades without so much as touching hands with a loved one. During legal visits, which are typically the only opportunity an individual has to speak in person with someone from the outside world, the DOC insists on shackling the prisoner at the hands and feet and chaining them to the floor. This set of restraints interferes with the attorney-client relationship and is deeply dehumanizing for lawyers and clients alike.

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<sup>51</sup> NORTHERN HANDBOOK, *supra* n. 16 at 39.

<sup>52</sup> *Id.* at 11. Mr. Luis Pagan reports that this policy of chaining individuals during calls and visits makes it very difficult to interact with their loved ones. “You have to strain your back to reach the phone to your ear, which hurts a lot,” he told the Clinic. “You don’t want your family members to hear the sounds of your chains in the background.” Letter from Luis Pagan to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-9.

<sup>53</sup> *Id.* at 28. SRG individuals can make three social phone calls per week; AS individuals get one fifteen-minute social call per week. *Id.* Further, the DOC limits the number of “social correspondences” (letters) that a person in AS or SRG can keep in their cell to five ADMINISTRATIVE DIRECTIVE 9.4, *supra* n. 8, at 8. *g.* Further, because the DOC routinely imposes loss of visits or calls as a disciplinary sanction, many people at Northern have lost phone or visit “privileges” for years or decades.

<sup>54</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n. 22. *See also* ADMINISTRATIVE DIRECTIVE 6.14, *supra* n.21, at 7.

<sup>55</sup> For many unmarried prisoners, this rule prevents them from being able to see their romantic partners, and even their children, if immediate family members are unable to bring their children to visit. DOC policy prohibits individuals in SRG from getting married while they are incarcerated, which makes it even more difficult to get visits from their loved ones. According to DOC Administrative Directive 10.9, “Inmates who are classified as security risk group members under the provisions of Administrative Directive 6.14, Security Risk Groups and 9.2, Offender Classification shall not be approved for marriage/entry into a civil union.” CONNECTICUT DEPARTMENT OF CORRECTION, ADMINISTRATIVE DIRECTIVE 10.9 2 (2006), <https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad1009pdf.pdf?la=en>, attached as Appendix B-6.

## II. The DOC routinely chains people under inhumane and degrading conditions.

*“I was on in-cell restraints a bunch of times. I had to eat, sleep and use the bathroom while on in-cells. The experience was the worst and most horrifying experience I’ve ever been through. Overall, I feel as if I lost a piece of myself.” – Mr. Rasheim Lewis<sup>56</sup>*

DOC policies authorize “in-cell restraints” to be used on a person if they are disrupting “normal operations of the facility, exhibiting imminent self-injury actions, [j]eopardizing the safety of staff or other inmates” or if they pose “a serious threat to the security or orderly running of the institution.”<sup>57</sup> These imprecise criteria give DOC staff a broad mandate to decide what behavior disrupts normal operations or seriously threatens the institution’s orderly running. DOC policies explicitly state that in-cell restraints are not to be used punitively, but in practice, the DOC relies heavily on chaining individuals inside locked cells as a means of control and punishment, as evidenced by the fact that individuals are kept in in-cell restraints for far longer than is necessary to ensure safety and security, and that DOC staff frequently place incarcerated individuals in in-cell restraints for minor infractions, such as covering up their cell window or light with paper, which many individuals resort to as a desperate effort to seek the staff’s attention.

Before putting individuals in in-cell restraints, DOC policies require staff to attempt to use “verbal intervention” when they judge that “there is no immediate threat to staff, the inmate, others or the other or the safety and security of the facility”<sup>58</sup>; the policies also specify that mental health treatment staff should “attempt to verbally counsel the inmate” before force is initiated.<sup>59</sup> If staff determine that force is necessary to subdue a prisoner, they are permitted to do a cell extraction, meaning they may use physical force to force them out of their cell and into an observation cell, where they are then restrained.<sup>60</sup> Staff routinely use chemical agents during cell extractions and the effects can be felt throughout the unit. Several individuals with asthma or other respiratory issues report that COs have sprayed them without hesitation. Many others have reported that staff have sprayed them when they were compliant and posed no threat. Others report that they are often put in in-cell restraints without being allowed to wash off the residue of chemical agents, and that COs use so much spray that the walls of their cells remain coated in chemical agents, even after they return from in-cell restraints.

In-cell restraint status presumptively applies for 24 hours. DOC policies mandate that in-cells are reviewed every 24 hours with a further level of review after 72 hours.<sup>61</sup> The DOC’s own policies

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<sup>56</sup> Letter from Rasheim Lewis to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-5.

<sup>57</sup> Administrative Directive 6.5 states, “In-Cell Restraints shall not be used as punishment, as a substitute for less restrictive interventions or for convenience of the staff.” CONNECTICUT DEPARTMENT OF CORRECTION, ADMINISTRATIVE DIRECTIVE 6.5, ATTACHMENT A, AUTHORIZED ARMORY ITEMS DURING USE OF FORCE 4 (2018), attached as Appendix B-1.

<sup>58</sup> *Id.*

<sup>59</sup> *Id.* at 3.

<sup>60</sup> *Id.* DOC policies note that officers should avoid using chemical agents on individuals who have respiratory or other medical issues, and if they do deploy chemical agents, they should immediately decontaminate the individual.

<sup>61</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n.22.

permit indefinite restraint status, until it is “no longer necessary.”<sup>62</sup> In practice, Northern staff commonly chain incarcerated individuals for a minimum of 72 hours, even if they are nonviolent, cooperative, and unobtrusive.<sup>63</sup> Many individuals report having been in in-cells for days and up to a week at a time, and the Clinic has documented numerous such instances.

The DOC imposes “in-cell restraints” with varying degrees of severity. The most common form entails shackling a person’s legs and wrists, binding the hands to the feet with a tether chain, and fastening a belly chain around the person’s waist, even while the person is already locked inside a prison cell. The DOC may also employ a “black box,” a device used to fasten the tether and belly chain together, which prevents the individual from having any range of motion with his hands.<sup>64</sup> Custody staff are also authorized to subject incarcerated individuals to full stationary (four-point) restraints if the person is deemed to be “exhibiting imminent self-injury actions; jeopardizing the safety of staff or other inmates” and “pos[ing] a serious threat to the security or orderly running of the institution.”<sup>65</sup> Staff place incarcerated individuals in four-point restraints by restraining their arms and legs to the four corners of a bed or another stationary surface with cloth straps; if the individual gets out of the cloth straps, they are handcuffed down. The beds are so narrow that the restraints shift off to the side of the bed, which pulls the person’s hands farther back than their shoulders, causing excruciating pain.

Northern staff place people in in-cell restraints in concrete observation cells, colloquially known as “strip cells,” which are often filthy and freezing. “[The] cells we are housed in to be placed on ‘in-cells’ are unsanitized, contaminated with feces and urine, an odor that reeks constantly lingers,” describes Mr. Luis Pagan, who entered Northern when he was 17 years old and has been in and out ever since (he is now 33). He adds: “Hygiene supplies are not allowed, not even to wash our hands after we use the bathroom. Fecal matter gets on our hands from trying to wipe while in chains. We are subjected to eat[ing] out of bag meals with our filthy unsanitized hands.”

The practice of placing people in in-cell restraints is dangerous, painful, and injurious. Mr. Pagan reported that “many of us have permanent scarring on our ankles and wrists from the constant use of in-cell restraints, even nerve damage from officials purposely applying the restraints tight to cause pain and discomfort.”

Individuals classified to SRG and AS report that in-cell restraints are used at facilities other than Northern: several of the individuals whose statements are enclosed in this letter report being placed in in-cell restraints and four-point restraints at MacDougall-Walker Correctional Institution, Garner Correctional Institution, and Cheshire Correctional Institution.<sup>66</sup> For individuals in the latter

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<sup>62</sup> “An inmate may remain on in-cell restraint status until the Shift Commander or designee determines that the use of in-cell restraints is no longer necessary to assure the safety of staff, the inmate and others and that the inmate’s behavior no longer presents an increased risk of interference with facility operations. ADMINISTRATIVE DIRECTIVE 6.5, ATTACHMENT A, *supra* n.51.

<sup>63</sup> Individuals who submitted statements in support of this letter report that Northern staff purport to perform the required 15-minute checks but will do so perfunctorily and often note down that an inmate is being disruptive, even if they are cooperating with staff.

<sup>64</sup> ADMINISTRATIVE DIRECTIVE 6.5.2, *supra* n.51.

<sup>65</sup> ADMINISTRATIVE DIRECTIVE 6.5.2, ATTACHMENT A, *supra* n.51.

<sup>66</sup> Individuals interviewed said that in these other facilities, in-cells generally lasted for less time than at Northern and that the cells in which they were placed in in-cells were slightly more sanitary than at Northern. For instance, at Garner

phases of AS and SRG, officers hold the same powers for use of in-cell restraints that apply in Phase I, including the presumptive period of 24 hours with review beyond 72 hours.<sup>67</sup>

### III. The DOC uses harsh, isolative conditions to control individuals with mental illness while failing to address their underlying medical needs at Northern and other institutions.

*“I am a mentally ill inmate and my mental health problems [have worsened], and created new mental health disorders due to my conditions of confinement such as paranoia disorder, oppositional defiance disorder, and intermittent explosive disorder due to stress... While at Northern I been allowed to bang my head on hard surfaces for years and currently still do and from such actions my forehead and side of right-head is deformed” – Mr. Jerome Riddick<sup>68</sup>*

As discussed, the DOC has repeatedly drawn scrutiny for providing inadequate medical and mental health treatment. In 2017, state auditors expressed serious concern that the insufficient monitoring of inmate health care “denies DOC the assurance that health needs are being met efficiently, economically, and effectively to prevent worsening and more costly complications; ensure the general health and well-being of the inmate community; ensure the release of inmates to the general population in a sustainable condition; and mitigate the risk of litigation from allegations of medical malfeasance.”<sup>69</sup> A Pew Charitable Trusts and Vera Institute of Justice survey from October 2017 found that Connecticut has one of the worst prison health care quality monitoring systems in the nation.<sup>70</sup> None of the DOC’s adult prisons are accredited by either the American Correctional Association or the National Commission on Correctional Health Care.<sup>71</sup> As a result of consistent underfunding and poor monitoring, DOC staff lack the proper resources to adequately respond to the needs of individuals with mental illness.

DOC policies require that individuals receive a mental health evaluation prior to or upon transfer to Administrative Segregation.<sup>72</sup> The policy does not bar the transfer to Northern of people with serious mental illness, but advises *only* that “contraindication to placements [in AS] *may include*

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Correctional Institution and MacDougall-Walker Correctional Institution, individuals in in-cell restraints were given their meals on trays, rather than in Styrofoam cups, which is the practice at Northern.

<sup>67</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n. 22.

<sup>68</sup> Letter from Jerome Riddick to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-11.

<sup>69</sup> Conn. Auditors of Public Accounts, *Auditors’ Report, Department of Correction Fiscal Years Ended June 30, 2012 and 2013* (May 10, 2017).

<sup>70</sup> Pew Charitable Trusts, *Prison Health Care: Costs and Quality*, *supra* n.1.

<sup>71</sup> Jacqueline Rabe Thomas, *Dwindling Oversight Heightens Concern over Medical, Mental Health Care for Inmates*, CONN. MIRROR (Mar. 6, 2018), [https://ctmirror.org/2018/03/06/\\_trashed-2/](https://ctmirror.org/2018/03/06/_trashed-2/).

<sup>72</sup> Connecticut Department of Correction, Health Services Unit Policy: E3.02, *Transfer/Care of Inmate to Northern CI Administrative Segregation* (revised May 1, 2018) (“If a comprehensive Mental Health Assessment is not completed by the sending facility, it will be completed by the mental health clinician at Northern CI.”); RESTRICTIVE HOUSING STATUS MATRIX, *supra* n. 22 (“Each inmate shall be assessed by health services staff prior to placement in a Restrictive Housing Unit in order to determine housing suitability.”). DOC procedures require a psychologist, psychiatrist, or psychiatric APRN to determine whether inmates have any contraindications for placement in AS that would prevent them from being placed in these restrictive statuses. These contraindications include psychotic disorders, psychological disorders, behavioral disorders, and cognitive impairments. *Id.*

serious mental illness. . . .”<sup>73</sup> The current policy dates back to a lawsuit brought against the DOC in 2003. A subsequent settlement agreement, in effect from 2005 through 2008, required independent mental health assessments of all individuals in AS and resulted in the transfer of many individuals out of Northern. When the Agreement’s judicial monitoring and compliance period expired in 2008, the DOC quickly reverted to past violations. The final independent audit carried out pursuant to the Agreement found the DOC to be in substantial non-compliance, including for failure to remove prisoners with serious mental illness from Northern. Those violations unfortunately remain routine to this day. Based on interviews and our investigation, as reflected in the attached letters, the DOC continues to isolate people who have histories of mental illness, have been diagnosed and/or treated with medication for serious mental illness, and/or have been acknowledged to be seriously mentally ill by the DOC.<sup>74</sup>

Individuals at Northern are not provided with adequate mental health care or other programming to prepare them to return to society or to general population. Individuals classified to AS and SRG are limited to “in-cell” programming, which consists of staff distributing pamphlets to prisoners on topics such as anger management.<sup>75</sup> DOC policies state that if an individual is kept on restrictive housing status for more than 30 days, they should be interviewed by a psychologist or psychiatrist every three months.<sup>76</sup> Individuals have reported to the Clinic that these interviews and other interactions with mental health staff are often cursory and/or take place in non-confidential settings. A typical interaction with a mental health worker happens through the locked cell door; the person seeking help much crouch down to the trap in the door and shout to be heard. If an individual does see a clinician outside of his cell, a correctional officer – who is not subject to patient-clinician confidentiality – is typically present. Under these circumstances, many individuals are unwilling to share their mental health concerns, for fear that they will be overheard and stigmatized.

Individuals with existing or a history of mental illness may suffer serious deterioration in their mental health due to the harsh conditions of confinement at Northern; other incarcerated individuals may become mentally ill because of these conditions. Their deteriorating mental health causes individuals at Northern to “act out” in various ways, including by banging their heads against the wall, engaging in other forms self-harm, or covering their cell windows to seek the attention of prison staff.

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<sup>73</sup> *Id.* (emphasis added).

<sup>74</sup> For example, in one pending lawsuit, Mr. Christopher Shand alleges that the DOC has isolated him despite consistent mental illness diagnoses, including by the DOC’s own clinicians. In August 2017, the DOC filed a verified motion in Connecticut Superior Court for a permanent injunction to permit CDOC to force-feed Mr. Shand, who was protesting the DOC’s refusal to provide food that comports with his Rastafarian faith. In support of its motion, CDOC asserted that Mr. Shand “has a history of hearing voices for which antipsychotic medications have been prescribed.” Despite its own recognition of Mr. Shand’s serious mental illness and its own role in exacerbating his symptoms by denying a religiously appropriate diet, the DOC has denied Mr. Shand treatment, instead subjecting him to lengthy periods of isolation and other abuses at Northern CI. Cumulatively, Mr. Shand has spent thirty-eight of the last forty-nine months confined at Northern CI. See Amended Complaint, *Shand v. Semple et al.*, No. 3:18-cv-00010 (KAD) (Sept. 17, 2018), attached as Appendix B-11.

<sup>75</sup> Individuals in SRG have to go four months without receiving a disciplinary ticket to even receive “in-cell programming.” NORTHERN HANDBOOK, *supra* n. 16 at 39.

<sup>76</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n. 22.

If individuals do report suicidal ideations or other mental health issues, they are often ignored or accused of attempting to manipulate staff for better treatment. If they do attempt self-harm or suicide, the standard response from Northern staff is not to provide individuals with the psychiatric crisis intervention they need, but to subject them to chains and further deprivations. As described by Mr. Pagan, when incarcerated individuals “lose our control and act up,” the “first immediate response to help the ‘sick prisoner’ is to place him on ‘in-cell restraints’ or four-point restraints. There is no counseling. Punishment is first.”

Even when mental health professionals are involved, mentally ill individuals are still subjected to intense deprivations in lieu of clinically-appropriate treatment. Mental health professionals are authorized to place individuals on “Behavioral Observation Status” (“BOS”) in order to “extinguish maladaptive behaviors while maintaining safety and security of the inmate.”<sup>77</sup> The Clinic has heard numerous reports from individuals who were placed on BOS – sometimes for weeks on end – after they threatened or engaged in self-harm, which the DOC deems “maladaptive behavior.” Individuals on BOS are required to wear a sleeveless, quilted gown and flip flops instead of their normal clothing and are denied access to basic hygiene. They are also denied access to their property, social visits and calls, and even legal calls. While on BOS, they may be shuttled back and forth among their own cells, the medical unit, and observation cells on the tier, and are placed intermittently in in-cell restraints.

Mr. Tyrone Spence’s narrative reveals the DOC’s reliance on the isolative, restrictive nature of Northern to handle the behavioral issues of individuals with mental illness while failing to address their underlying medical needs. Mr. Spence was 19 when he first entered Northern, in 2010. Since then, he has been in and out of the facility three times and has cumulatively spent around six years in Northern. Mr. Spence has suffered from post-traumatic stress disorder, anxiety, and other serious mental illnesses since his childhood. After he came to Northern as a teenager, he began engaging in self-harm and had frequent panic attacks. On numerous occasions when he harmed himself or covered his cell window in an attempt to attract the attention of mental health staff, DOC staff placed Mr. Spence in in-cell or four-point restraints, sometimes for days at a time. In 2015, Mr. Spence was abruptly transferred into generation population at another Connecticut prison. There, he writes, “I struggled very very hard to adapt to being around people. At this time I was 24 years old and I had not been around more than 6 people at one time without being in hand cuffs and leg shackles for more than 5 years.”<sup>78</sup> The isolation and maltreatment he had endured at Northern exacerbated Mr. Spence’s PTSD and anxiety, causing him to experience constant paranoia.

Many individuals report that they hear voices and have suicidal thoughts as a result of the conditions of confinement; others smear feces around their cells or have verbal outbursts. Others, like Mr. Spence, engage in dangerous acts of self-harm and attempt suicide.<sup>79</sup> They swallow razors

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<sup>77</sup> RESTRICTIVE HOUSING STATUS MATRIX, *supra* n. 22. The directive states, “For inmates who are using maladaptive behaviors, such as threatening self-harm without intent or destroying property to avoid compliance with custody requirements such as housing or disciplinary actions, Behavioral Observation Status shall be initiated. Behavioral Observation Status shall be utilized in areas other than an infirmary/hospital Unit but shall be limited to housing areas in which custody staff routinely conduct 15-minute tours.”

<sup>78</sup> Letter from Tyrone Spence to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-12.

<sup>79</sup> There is at least one documented instance of an individual committing suicide during their incarceration at Northern. In October 2014, Sonny Rivera, a 27-year-old man serving a four-and-a-half-year sentence at Northern, killed himself in

and other objects, smash their heads into the wall, compulsively cut their flesh, attempt suicide by drug overdose, or by attempting to hang themselves. As recently as May 2018, Mr. Spence swallowed battery acid and overdosed on pills, after having asked multiple times for treatment for his suicidal ideations.

The suicide watch facilities at Northern offer no meaningful treatment. In 2011, Mr. Spence attempted suicide while at Northern. In response, DOC staff stripped him naked and kept him in an isolation cell in the prison's medical unit for three days. The next year, after an incident in which Mr. Spence carved and bit holes into his arm, DOC staff placed him on BOS and kept him in an isolation cell in the medical unit for two months. During that time, Mr. Spence was repeatedly tied down on four-point restraints, repeatedly injected with sedatives, forced to spend long periods of time naked, forced to eat Nutraloaf,<sup>80</sup> and had his hair cut against his will. "I cried and begged them not to do it," said Mr. Spence, "but I was told by the [Northern] psychologist who ordered it done that 'people who misbehave can't have the things they like.'"<sup>81</sup>

Mr. Spence is among many mentally ill individuals who have received disciplinary charges for behavior that is symptomatic of their mental illness, such as attempts at self-harm. The more severe a person's mental illness, the more likely he is to become stuck at Northern, where the harsh and degrading treatment aggravates a person's psychological distress and makes him more prone to suicide, self-harm, and even harming others. The treatment also reduces the chance that he will report suicidal feelings in the future.

#### **IV. The DOC's use of isolation and chaining causes devastating mental and bodily harm.**

*"The isolation is a constant pressure... You will end up pacing like all caged creatures do and at first not notice it. It's crazy how much this place changes you. This corrupted institution has numbed me to social life, at time[s] literally prevented me to sleep to the point I hallucinate. I feel more cold and dark in emotions. [T]hat isn't who I was but is now who I've become" – Mr. Kyle Lamar Paschal-Barros<sup>82</sup>*

Solitary confinement has been shown to exacerbate psychiatric disabilities and lead to cognitive deterioration and psychotic symptoms, including paranoia, hallucinations, and self-harming behaviors.<sup>83</sup> On top of this, the lack of adequate mental health care and overreliance on excessive

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his cell. Associated Press, *Death of Connecticut inmate, 27, ruled a suicide*, NEW HAVEN REGISTER (Oct. 20, 2014), <https://www.nhregister.com/connecticut/article/Death-of-Connecticut-inmate-27-ruled-a-suicide-11377057.php>.

<sup>80</sup> Nutraloaf, sometimes called "disciplinary loaf," is a bland mixture of meat, vegetables and grains that is similar to meatloaf in texture. Eliza Barclay, *Food as Punishment: Giving U.S. Prison Inmates 'the Loaf' Persists*, NATIONAL PUBLIC RADIO (Jan. 2014), <https://www.npr.org/sections/thesalt/2014/01/02/256605441/punishing-inmates-with-the-loaf-persists-in-the-u-s>.

<sup>81</sup> Letter from Tyrone Spence to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-12.

<sup>82</sup> Letter from Kyle Lamar-Paschal-Barros to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-10.

<sup>83</sup> See Sharon Shalev, *A sourcebook on solitary confinement* (2008), [http://solitaryconfinement.org/uploads/sourcebook\\_web.pdf](http://solitaryconfinement.org/uploads/sourcebook_web.pdf). See also Human Rights in Trauma Mental Health Lab, Stanford University, *Mental Health Consequences Following Release from Long-Term Solitary Confinement in California* (2017); Craig Haney, *Mental Health Issues in Long-Term Solitary and "Supermax" Confinement*, CRIME & DELINQUENCY 124 (Jan. 2003); Stuart Grassian and Nancy Friedman, *Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement* 8

force place individuals incarcerated at Northern at a substantial risk of serious harm. Taken together, these conditions threaten the physical and mental health and wellbeing of prisoners and staff at Northern.

The conditions of confinement at Northern also make it very difficult for individuals who have been incarcerated there to adjust when they are transferred to general population or when they return home. Mr. Pagan experienced similar effects as Mr. Spence when he was placed in general population. Mr. Pagan is scheduled to be released from prison in 2020, but he worries that the anxiety and paranoia he has developed during his incarceration at Northern will make it difficult for him to trust others, spend time around other people, and to otherwise adjust to normal life again.

Survivors have found strength in spite of, not because of, the treatment they received while in DOC custody. Mr. Spence and Mr. Pagan are among many incarcerated individuals who have derived meaning from their suffering by speaking out to help others avoid what they have experienced. Says Mr. Spence, “No one should have to go through [the things I went through] especially not a 19-year-old kid, and that’s why I tell my story to anyone who may be able to achieve change in the way Connecticut treats its prisoners.” Despite everything Mr. Pagan has gone through, he is looking forward to dedicating himself to his family, his education, to finding a job, and to advocating with other survivors of solitary confinement to end abuse and neglect in Connecticut prisons once he is released.

Mr. Leighton Johnson is championing the rights of those in solitary confinement from the outside. During Mr. Johnson’s incarceration at Northern from 2008 to 2012, he had several violent encounters with correctional officers, including one incident in which his wrist was broken. He endured many in-cell restraints placements, including one in which officers restrained his hands with the “black box” for three days and forced him to use a blanket and mattress smeared with feces and blood. Mr. Johnson received little treatment for his mental illness and was frustrated by the failure of many mental health staff to take individuals’ concerns seriously or perform consultations in confidential settings. Mr. Johnson was released to New Haven in May 2018. The effects of the long-term solitary confinement and abuse that he endured at Northern have followed him home. He deals with anxiety and depression and regular flashbacks to his time at Northern. Yet Mr. Johnson refuses to let his past define him: he has already shared his story in performances and advocacy events, and he is continuing to advocate for those who are still imprisoned in solitary confinement.

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INTL. J. OF LAW & PSYCH. 49 (1986); Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 J. L. AND POLICY 325 (2006); Kristin G. Cloyes et al., *Assessment of psychological impairment in a supermaximum security sample*, 33 CRIM. JUSTICE AND BEHAVIOR 760 (2006).

**V. The DOC's practices constitute torture under international law and violate domestic standards.**

**A. The DOC's use of prolonged isolation constitutes torture.**

*"The continued extreme solitary confinement and abuse I endured...left me with as much humanity as a rabid dog and only served to increase the level of abuse I endured as [Northern] prison officials tried to break me not realizing I was already mentally broken." – Mr. Tyrone Spence*

Numerous international instruments, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the Convention Against Torture, clearly prohibit torture.<sup>84</sup> These documents make clear that the right to be free from torture is absolute; "no exceptional circumstances, whether a state of war or a threat of war, internal political instability or any other public emergency may be invoked as a justification of torture."<sup>85</sup>

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ("CAT" or "the Convention") prohibits all forms of torture or cruel, inhuman, or degrading treatment. CAT defines "torture," in relevant part, as:

[A]ny act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as . . . punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.<sup>86</sup>

There are four prongs to a torture claim under CAT: (1) severe pain or suffering, (2) intentionally inflicted, (3) for some purpose, (4) by (or with the acquiescence of) a public official. Extracting a confession, obtaining information, punishment, intimidation, and discrimination are all considered "purposes" that meet the definition.<sup>87</sup> In addition to condemning torture, CAT makes clear that states are also prohibited from engaging in cruel, inhuman or degrading treatment or punishment ("CIDT"). Acts that do not meet the definition of torture because they are committed without the requisite intent or purpose may amount to CIDT.<sup>88</sup>

In addition to the prohibition on torture, the United Nations General Assembly in 2015 adopted a revised version of the United Nations Standard Minimum Rules for the Treatment of Prisoners. These rules are known as "the Mandela Rules" in honor of Nelson Mandela. The Mandela

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<sup>84</sup> See INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS art. 7, Dec. 16, 1966 999 U.N.T.S. 171 ("No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."); G.A. Res. 217 (III) A, UNIVERSAL DECLARATION OF HUMAN RIGHTS art 15 (Dec. 10, 1948).

<sup>85</sup> CONVENTION AGAINST TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT art. 2, 16, Dec. 10, 1984, 1465 U.N.T.S. 85 [hereinafter Convention against Torture].

<sup>86</sup> CONVENTION AGAINST TORTURE, *supra* n. 74, art. 1 (emphasis added).

<sup>87</sup> Manfred Nowak (Special Rapporteur on the question of torture), *Civil and Political Rights, Including the Questions of Torture and Detention* ¶ 35 U.N. Doc. E/CN.4/2006/6 (Dec. 23, 2005).

<sup>88</sup> *Id.*

Rules outline minimum standards for accommodation, guidelines for treatment during discipline, and the boundaries of permissible punishment. They are regarded by all countries as setting universal minimum standards for the treatment of prisoners. The Mandela Rules explicitly prohibit “[i]ndefinite solitary confinement” and “[p]rolonged solitary confinement.”<sup>89</sup> If solitary confinement is employed, it must be “used only in exceptional cases as a last resort, for as short a time as possible and subject to independent review.”<sup>90</sup> In addition, the Mandela Rules also explicitly prohibit the imposition of isolation for punishment.<sup>91</sup> Finally, the Mandela Rules prohibit the imposition of isolation “in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures.”<sup>92</sup>

The use of isolation by the DOC constitutes torture, as it regularly meets each of the four criteria outlined in Article I of the Convention Against Torture. The use of isolation (1) causes severe pain or suffering, and is (2) intentionally inflicted, (3) for some purpose, (4) by (or with the acquiescence of) a public official.

First, isolation causes severe pain and suffering. It exacerbates psychiatric disabilities and can lead to cognitive deterioration and heightened stress-related symptoms. As mental health professionals and past Special Rapporteurs have noted, isolation can cause “sleep disturbances, depression, anxiety, phobias, emotional dependence, confusion, impaired memory and concentration long after the release from isolation,” as well as lasting personality changes.<sup>93</sup> This pain and suffering is particularly acute for individuals with mental illness.<sup>94</sup> Second, isolation is intentionally inflicted. In fact, in the DOC system, it is required under written policy. The three designations discussed in detail in Part I above – AS, SRG, and Special Needs – require that inmates be kept in isolation; in AS and SRG, such isolation is imposed for a minimum of 4 to 6 months. Third, isolation is imposed in order to punish inmates for their behavior within the prison system. As described above, DOC policy imposes “statuses” based on an individual’s behaviors, alleged gang affiliations, or past actions. As discussed, individuals in Phase I of AS and SRG must spend a minimum of 4 or 6 months at Northern in isolation, respectively, before they can be reviewed to

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<sup>89</sup> G.A. Res. 70/175, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) ¶ 43 (Dec. 17, 2015) [hereinafter Mandela Rules].

<sup>90</sup> *Id.* ¶ 45.

<sup>91</sup> *Id.* ¶ 43.

<sup>92</sup> *Id.* ¶ 45.

<sup>93</sup> See Juan E. Méndez (Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, ¶ 65, U.N. Doc. A/66/268 (Aug. 5, 2011).

<sup>94</sup> Since 2008, Special Rapporteurs have expressed specific concern about the imposition of solitary confinement on individuals with mental illness. Special Rapporteur Nowak highlighted the need for protection of persons with disabilities against torture, explaining his specific worry that such individuals were “often segregated from society in institutions, including prisons,” where they were “subjected to unspeakable indignities, neglect, severe forms of restraint and seclusion.” “Solitary confinement” of persons with disabilities, he wrote, “cannot be justified for therapeutic reasons, or as a form of punishment.” He noted that “prolonged solitary confinement and seclusion of persons may constitute torture or ill-treatment.” Manfred Nowak (Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, ¶¶ 38, 56, U.N. Doc. A/63/175, (July 28, 2008).

progress to Phase II.<sup>95</sup> So long as an individual is still “in the program” – a minimum of 10 months for AS and two years for SRG – they remain confined to their cells and are at constant risk of being returned to Phase I and to isolation at Northern. Individuals report being returned to Northern as punishment for receiving disciplinary reports, displaying a “poor attitude” or a “lack of motivation,”<sup>96</sup> or actions that, according to the DOC, implicate them with gang activity. Overall, the DOC routinely uses Northern to punish individuals incarcerated in other prisons who are deemed disruptive, dangerous or undesirable.<sup>97</sup> Finally, all employees of Northern, including correctional officers, the prison warden, and medical staff, are public officials. Thus, the use of isolation in Connecticut meets each of the four criteria of torture.

In the alternative, the use of isolation at Northern clearly constitutes cruel, inhuman or degrading treatment. The key difference between torture and CIDT is that intent and purpose are required elements of torture, but not CIDT. Because the practice of isolation, imposed by the government of Connecticut, causes extreme emotional and physical harm, it also meets the definition of CIDT.

The use of isolation in Connecticut also violates the Mandela Rules. First, isolation in Connecticut clearly violates the prohibition on the imposition of solitary confinement for more than 15 days. All three of the DOC classifications discussed in Part I above (AS, SRG and Special Needs) impose prolonged isolation. The AS and SRG Programs require individuals to spend a minimum of 4 or 6 months at Northern in Phase I, before they can be reviewed to progress to Phase II outside of Northern. For example, individuals in AS will remain in isolation for the duration of the status and are at constant risk of being returned to Phase I at Northern.<sup>98</sup> Special Needs is indefinite and many individuals in Special Needs have spent years in isolation at Northern. In addition, as has been noted throughout this report, the DOC regularly places individuals with mental illness at Northern, violating Rule 45. Finally, as has been discussed, the DOC relies on the imposition of isolation to punish inmates for their misbehavior in the prison system.

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<sup>95</sup> Phases II and III of Administrative Segregation are completed at MacDougall-Walker Correctional Institution; Phase II of SRG is housed at MacDougall-Walker Correctional Institution, and Phases III through V are housed at Corrigan-Radgowski Correctional Center. NORTHERN HANDBOOK, *supra* n. 16 at 6.

<sup>96</sup> Connecticut Department of Correction, *Northern CI's Administrative Segregation Program 4*, <https://portal.ct.gov/-/media/DOC/Pdf/NorthernASCCpdf.pdf?la=en>. Individuals who are re-affiliated with a gang and forced to repeat SRG must spend two years in SRG, even if they do not catch a single disciplinary ticket: “On the occurrence of a second designation, the inmate shall complete all programs and remain discipline free for a period not less than two years cumulative incarcerated time after the last disciplinary report or designation hearing prior to being reviewed for consideration for removal” ADMINISTRATIVE DIRECTIVE 6.14, *supra* n. 21, at 9.

<sup>97</sup> For example, Mr. Pagan writes that if he “act[s] up,” he “end[s] up getting placed at Northern again.” Letter from Luis Pagan to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-9. Previous Special Rapporteurs have found that “solitary confinement, when used for the purpose of punishment,” “constitutes” torture or CIDT, even where “solitary confinement is imposed as a result of a breach of prison discipline.” See Méndez, *supra* n. 83, ¶ 72.

<sup>98</sup> Connecticut Department of Correction, *Northern CI's Administrative Segregation Program 4*, <https://portal.ct.gov/-/media/DOC/Pdf/NorthernASCCpdf.pdf?la=en>. Numerous individuals with whom the Clinic has worked have been incarcerated in solitary confinement for years. Mr. Mendez spent four years at Northern between 2007 and 2011, rotating between Administrative Segregation or Security Risk Group status. Most recently, Mr. Spence spent six months in Administrative Segregation at Northern in 2018; he was previously incarcerated at Northern from 2010-2014. Other incarcerated individuals who have submitted statements have also been isolated at Northern for years: Mr. Chaz Gulley spent four years in Administrative Segregation between 2008 and 2012. These individuals are a few of many examples of prolonged isolation in Connecticut.

For a decade, Special Rapporteurs on Torture have reiterated that if solitary confinement is employed, it must be “used in very exceptional cases, for as short a time as possible, and only as a last resort.”<sup>99</sup> In Connecticut, solitary confinement is used indiscriminately to control and punish its prisoners. The restrictive statuses impose solitary confinement for extended periods of time: often indefinitely and always in excess of 15 days. The imposition of isolation at Northern and throughout Connecticut constitutes torture under the Convention, or, in the alternative, CIDT. In addition, as is discussed below, the imposition of isolation depends on the use of in-cell restraints. Isolation has extremely negative impact on inmates’ mental health. Their deteriorating mental health leads individuals to “act out” in various ways, including by engaging in self-harm or covering their cell windows to seek the attention of prison staff. Rather than providing these individuals with mental health services or transferring them to less restrictive conditions, the DOC punishes these individuals by placing them in in-cell restraints. If the DOC could not turn to in-cell restraints, it would be forced to provide mental health care for those suffering the effects of isolation and to acknowledge impact of isolation. Thus, in-cell restraints, as the next section will discuss, are not only methods of torture in their own right, but also a critical tool for the continued use of isolation in Connecticut.

## **B. The use of in-cell restraints at Northern violates the Mandela Rules and the Convention Against Torture.**

*“In-cell restraints are so unnecessary for issues that can have/or be resolved. This is to show control and domination. They are willing to chain up a person 72 hours even if he is calm for punishment/discipline. This is abuse. We are already in isolation using our mind to fight boredom.” – Mr. Chaz Gulley<sup>100</sup>*

*“Many of us have permanent scarring on our ankles and wrists from the constant use of in-cell restraints, even nerve damage from officials purposely applying the restraints tight to cause pain and discomfort.” – Mr. Luis Pagan<sup>101</sup>*

The use of in-cell restraints at Northern violates the Mandela Rules and the Convention Against Torture. At a minimum, the use of in-cell restraints constitutes CIDT. Further, Northern often uses these restraints to punish persons imprisoned at Northern. Where they are used as punishment, the use of in-cell restraints constitutes torture under the Convention Against Torture.

The use of in-cell restraints at Northern and other Connecticut prisons violates the Mandela Rules. The Mandela Rules prohibit “[t]he use of chains, irons or other instruments of restraint which are inherently degrading or painful” and restrict the use of other forms of restraint.<sup>102</sup> The Rules

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<sup>99</sup> Nowak, *supra* n. 94, ¶ 83.

<sup>100</sup> Letter from Chaz Gulley to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-1.

<sup>101</sup> Letter from Luis Pagan to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-9.

<sup>102</sup> Mandela Rules, *supra* n. 89, ¶ 47; *see also* Theo van Boven (Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment), *Report of the Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment, in accordance with Assembly resolution 57/200 of 18 December 2002*, ¶ 51, U.N. Doc. A/58/120 (July 3, 2003) (while “the restraint of violent or agitated inmates may be necessary in some circumstances, . . . this should always be conducted in accordance with the [Basic Principles for the Treatment of Prisoners]”).

specify that “[i]nstruments of restraint shall never be applied as a sanction for disciplinary offenses.”<sup>103</sup> Even when the use of restraints is authorized, restraints are to be used only when “no lesser form of control would be effective to address the risks posed by unrestricted movement” and must be the “least intrusive method that is necessary and reasonably available.”<sup>104</sup> Further, the Rules provide that “[i]nstruments of restraint shall be imposed only for the time period required, and they are to be removed as soon as possible after the risks posed by unrestricted movement are no longer present.”<sup>105</sup> If these rules are ignored, and if “restraint techniques and/or instruments” are “applied in a degrading and painful manner,” the use of restraints “may amount to torture or another form of ill-treatment.”<sup>106</sup> As this section will discuss, the use of in-cell restraints in Connecticut violates each of these provisions.

The use of in-cell restraints in Connecticut, at minimum, amounts to CIDT. First, it is clear that the use of in-cell restraints causes severe pain and suffering. As has previously been described, people are routinely shackled using restraints which include chaining the hands and ankles and looping a tether chain between them, often in such a way that the person is unable to stand upright, lie down in a fully extended position, properly eat, or use the bathroom. Such “short-chaining” forces the restrained individual into a crouching position and causes significant pain. People are routinely left in this condition for upwards of 72 hours.

In addition, in determining whether a particular event or behavior is severe enough to constitute torture, “factors such as age, gender, or other status, like disability—as well as the environment and the cumulative effect of different factors, should be taken into account to determine whether a particular case amounts to torture.”<sup>107</sup> Special Rapporteurs have emphasized that the vulnerability of the victim, including disability status, should be taken into account when making determinations of torture.<sup>108</sup> Since 2008, the Special Rapporteur on Torture has stressed the need to protect individuals with mental health issues specifically, from the torturous use of restraints. During his tenure as Special Rapporteur, Manfred Nowak wrote that “prolonged use of restraint can lead to muscle atrophy, life-threatening deformities and even organ failure” and exacerbates psychological damage, noting that there can be no therapeutic justification for the prolonged use of restraints.<sup>109</sup>

Special Rapporteur Juan Méndez affirmed these conclusions: in 2013, he wrote that in the context of psychiatric settings,

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<sup>103</sup> Mandela Rules, *supra* n. 89, ¶ 43.

<sup>104</sup> *Id.* ¶ 48.

<sup>105</sup> *Id.*

<sup>106</sup> Theo van Boven (Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment), *Torture and other cruel, inhuman or degrading treatment or punishment: Report of the Special Rapporteur, Theo van Boven*, ¶ 45, U.N. Doc E/CN.4/2004/56 (Dec. 23, 2003).

<sup>107</sup> Juan E. Méndez & Andra Nicolescu, *Evolving Standards for Torture in International Law*, in *TORTURE AND ITS DEFINITION IN INTERNATIONAL LAW* 215, 222 (Metin Başoğlu ed., 2007).

<sup>108</sup> *Id.*

<sup>109</sup> Manfred Nowak (Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, ¶ 55 U.N. DOC. A/63/175 (July 28, 2008) (quoting MDRI, *Torment not treatment: Serbia's segregation and abuse of children and adults with disabilities* 19, 47, 49 (2004)).

[A]ny restraint on people with mental disabilities for even a short period of time may constitute torture and ill-treatment. It is essential that an absolute ban on all coercive and non-consensual measures, including restraint and solitary confinement of people with psychological or intellectual disabilities, should apply in all places of deprivation of liberty...<sup>110</sup>

Méndez cited to Nowak's explanation that "there can be no therapeutic justification for the prolonged use of restraints," and concluded that in the case of persons with psychosocial disabilities, all states should "[i]mpose an absolute ban on all forced and non-consensual medical interventions... including... the use of restraint and solitary confinement, for both long- and short-term application."<sup>111</sup> Throughout Connecticut, many individuals subjected to in-cell restraints also suffer from mental illness. As such, they are particularly vulnerable to the mental and psychological damage imposed by the use of restrictive restraints. As indicated above, they are also held in prolonged isolation. Cumulatively, these factors result in severe pain and suffering for the people subjected to restraints.

In addition, the Convention requires that CIDT be "inflicted by or at the instigation of or with the consent or acquiescence of a public official or person acting in an official capacity." Correctional officers at Northern and in other prisons in Connecticut apply in-cell restraints. Such officers are public officials. Thus, the use of in-cell restraints in Connecticut, which causes severe mental and physical suffering as a result of the actions of public officials, constitutes CIDT.

As articulated above, the key difference between torture and CIDT is the purposive element. Special Rapporteurs have long emphasized that, despite "the necessity of guaranteeing discipline and order in places of detention... security measures and restrictions shall remain under any circumstances *proportionate* to their aim."<sup>112</sup> Proportionality requires that the imposition of force not exceed the level required to achieve a legitimate penological goal. The use of in-cell restraints at Northern often involves an impermissible and excessive use of force, which clearly amounts to CIDT. "Inherent in the concept of CIDT is the disproportionate exercise of police powers."<sup>113</sup> Whether the use of force is to be qualified as lawful or excessive "depends on the proportionality of the force applied in a particular situation."<sup>114</sup> Generally, the use of force by law enforcement officers is governed by four principles: legality, necessity, proportionality, and precaution. In order for the use of force by State agents to be lawful, full adherence to these principles is required.<sup>115</sup> In addition, Principle 15 of the UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials states, "Law enforcement officials, in their relations with persons in custody or detention,

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<sup>110</sup> Juan E. Méndez (Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, ¶ 63, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013) (footnote omitted).

<sup>111</sup> *Id.* ¶¶ 63, 89.

<sup>112</sup> van Boven, *supra* n. 106, ¶ 44 (emphasis added).

<sup>113</sup> Nowak, *supra* n. 87, ¶ 38.

<sup>114</sup> *Id.*

<sup>115</sup> Nils Melzer (Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), *Extra-custodial use of force and the prohibition of torture and other cruel, inhuman or degrading treatment or punishment: Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, ¶ 6, U.N. Doc. A/72/178 (July 20, 2017).

shall not use force, except when strictly necessary for the maintenance of security and order within the institution, or when personal safety is threatened.”<sup>116</sup>

The use of in-cell restraints in Connecticut routinely violates the principles governing the use of force. The principle of necessity requires that any use of force be “unavoidable,” in the sense that non-violent or other less harmful means “remain ineffective or without any promise of achieving the intended result.”<sup>117</sup> Additionally, the principle of necessity requires that use of force be unavoidable in that *particular moment*.<sup>118</sup> As discussed in Part I, in-cell restraints are often imposed for minor infractions. For example, incarcerated individuals report being placed on in-cell restraints for covering up their cell window with paper, which many individuals do in a desperate effort to seek the staff’s attention. In such situations, the individual poses no security threat to himself or others, and the use of force is not “unavoidable.” Although policies formally require COs to attempt to use “verbal intervention,” COs often engage in only cursory intervention and quickly turn to physical force and chemical agents to force the individual out of their cell and into restraints.<sup>119</sup> Several individuals with asthma or other respiratory issues report that COs have still sprayed them without hesitation and even when they are compliant with COs’ demands. In such cases, where the individual is compliant with the demands of the officer, the use of force is not necessary to achieve the officer’s purpose and is disproportionate. In addition, in-cell restraint status presumptively applies for 24 hours, which means that in *every* case, the use of in-cell restraints continues for far longer than is necessary to subdue the individual.<sup>120</sup> In practice, Northern staff commonly chain incarcerated individuals for a minimum of 72 hours, even if they are nonviolent, cooperative, and unobtrusive.<sup>121</sup> In such cases, the continued use of restraints is not necessary to achieving a legal purpose, is disproportionate to the achievement of a legal purpose, and is certainly not “unavoidable.” Even if the use of restraints is required for a short period of time, such prolonged use clearly violates the Principles on Excessive Force. It is disproportionate to the DOC’s correctional aim, and thus constitutes CIDT. In addition, in-cell restraints are often imposed on mentally ill individuals, which, as Special Rapporteur Mendez has noted, constitutes CIDT or torture.

Finally, where in-cell restraints are imposed as punishment, their use amounts to torture under Article 1 of the Convention Against Torture. In-cell restraints are applied intentionally. Under the Convention, intent is an objective element which “may be restated as the perpetrator’s

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<sup>116</sup> Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, *Basic Principles on the Use of Force and Firearms by Law Enforcement Officials*, UN Basic Principles on the Use of Force and Firearms, ¶ 15 (Sept. 7, 1990).

<sup>117</sup> *Id.* ¶ 4.

<sup>118</sup> Melzer, *supra* n. 103, ¶ 9 (“[I]n temporal terms, the use of force is unlawful if, *at the moment of its application*, it is not yet or no longer unavoidable to achieve the desired lawful purpose.”) (emphasis added).

<sup>119</sup> DOC policies note that officers should avoid using chemical agents on individuals who have respiratory or other medical issues, and if they do deploy chemical agents, they should decontaminate the individual as soon as practical ADMINISTRATIVE DIRECTIVE 6.5, ATTACHMENT A.

<sup>120</sup> RESTRICTIVE HOUSING STATUS MATRIX (2016), *supra* n. 22.

<sup>121</sup> Individuals who submitted statements in support of this letter report that Northern staff purport to perform the required 15-minute checks but will do so perfunctorily and often note down that an inmate is being disruptive, even if they are cooperating with staff.

voluntarily engaging in conduct that makes ‘severe pain or suffering objectively foreseeable.’”<sup>122</sup> The intent to torture per se is not necessary.<sup>123</sup> Correctional officers in Connecticut apply restraints intentionally, with the knowledge of the psychological and physical impact of these restraints on individuals.

Most importantly, in-cell restraints are used for the purpose of punishment. Incarcerated individuals are placed in in-cell restraints to punish them for minor infractions, such as covering the window of their cell, a behavior that many engage in as a last resort to seek attention from Northern staff, rather than to prevent risk of imminent harm. Additionally, individuals are often shackled in in-cell restraints for far longer than is necessary for safety and security. The duration is punitive.

The use of in-cell restraints at Northern meets each of the four criteria for torture under the Convention. The designation torture is not a set list of certain acts but rather “a legal qualification of an event or behavior, based on the comprehensive assessment of this event or behavior.”<sup>124</sup> The United Nations Committee Against Torture has, in its jurisprudence, routinely recognized new methods of torture, in addition to certain acts that are “undisputed, uncontroversial, and well established.”<sup>125</sup> The use of in-cell restraints, as applied at Northern, constitute one such example of torture. In-cell restraints not only constitute torture on their own, but also serve to support a deeply inhumane system of mass isolation by providing a torturous response to individuals deemed disruptive. The use of in-cells as punishment must be stopped.

**VI. The Lowenstein Clinic respectfully requests the Special Rapporteur to declare that the use of in-cell restraints and prolonged isolative confinement in Connecticut constitutes torture and violates international law.**

*“The practice of in-cells and the mistreatment of people with serious mental health issues is still strong in Connecticut...the issue doesn’t go away until the people who it affects the most put a huge spotlight on it and don’t let up on it being in the minds and faces of the people whom it doesn’t really affect but are unaware about it or not forced to do something about it.” – Mr. Leighton Johnson<sup>126</sup>*

The DOC subjects individuals incarcerated at Northern and throughout Connecticut to egregious, degrading conditions that destroy their physical and mental wellbeing. At Northern, its only “supermax” facility, the DOC regularly relies on prolonged isolation and the use of in-cell restraints as forms of punishment. These practices constitute torture. Because of the conditions of isolation, individuals incarcerated at Northern suffer a variety of physical and mental harms, including scarring, self-harm, and deteriorating mental health.

The use of in-cell restraints, on its own, constitutes torture, or, in the alternative, cruel, inhuman, or degrading treatment. In addition, in-cell restraints are one of the lynchpins of Connecticut’s system of isolation. Isolation has extremely negative impact on inmates’ mental health.

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<sup>122</sup> Méndez & Nicolescu, *supra* n. 107, at 224.

<sup>123</sup> *Id.*

<sup>124</sup> *Id.* at 221.

<sup>125</sup> *Id.*

<sup>126</sup> Letter from Leighton Johnson to U.N. Special Rapporteur Nils Melzer, attached as Appendix A-2.

Rather than provide individuals with serious mental illness, including those who resort to serious self-harm, or transfer them to less restrictive conditions, the DOC turns to in-cell restraints. The DOC punishes mentally ill individuals for “acting out,” and in doing so ensures that they will spend even more time at Northern. This is a vicious cycle. If the DOC could not turn to in-cell restraints, it would be forced to provide mental health care for those suffering the effects of isolation. It would be forced to reckon with the devastating impact of isolation at Northern.

The Lowenstein Clinic urges the Special Rapporteur to declare that:

1. Prolonged isolation as required by Connecticut Department of Correction’s Administrative Segregation, Security Risk Group, and Special Needs Management statuses constitutes torture under international law.
2. Lifetime isolation as a consequence of conviction for individuals who were formerly sentenced to death is in itself torture under international law.
3. Any isolation for persons with mental illness constitutes torture under international law.
4. The use of in-cell restraints to punish persons imprisoned by the Connecticut Department of Correction constitutes torture under international law.
5. The Connecticut Department of Correction should take steps to end the use of isolation and replace it with humane alternatives.
6. The Connecticut Department of Correction should not apply in-cell restraints except as a last resort for the shortest duration necessary to address immediate risks.
7. The legislature of Connecticut should end the use of prolonged isolative confinement and in-cell restraints by implementing legislation that would prohibit the practices.
8. The Connecticut Department of Correction should require education and training for all correctional officers on non-violent de-escalation and working with individuals with mental illness.

\* \* \*

On behalf of the fifteen men whose letters are attached and the many others who have survived the ordeal described in these pages, we sincerely thank you for your time and attention.

Respectfully submitted,

Faith Barksdale  
Taylor Burgess  
Charlotte Finegold  
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## **Appendices to Allegation Letter to UN Special Rapporteur on Torture, submitted by the Lowenstein International Human Rights Clinic on May 14, 2019**

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3/4/19

To: Special Rapporteur of the U.N.  
and for whom it may concern

When I first came to Northern C.I. I was 19 years old (This was back in 2004) The circumstances of my placement in A.S. was because of a fight between me and a correction officer (who actually started it!) I had a history, and me being a "inmate" didn't do me any favors. Upon admittance into this new world of confinement for me (Northern C.I.) I was grabbed by two officers out of the transportation van a white paper with my inmate number slapped on my chest, and then escorted to A/P room cell to be strip searched - controlled - usually by officers bigger than me. They used shears/scissors to cut off all my clothes and then placed Northern issue clothes on me. I was then placed on in-cell restraints usually applied tight - to walk down a long gray hallway. By the time I was placed in the housing unit my ankles were already bleeding. In my opinion this is what you call "Shock treatment". The colors of the unit which is light blue or gray didn't help my shock. It just depress me further. At the time I looked around for a familiar face but seen none. Every inmate I met on this new tier was new to me. My mentality has always been by any means necessary survive

So I was internally fighting the emotions that would be considered weak in the eyes of my captors and fellow captives. My social skills weren't at the level to fight with words and win, my charm might of worked in some instances in society, but not here. I was marked, I was cursed to experience the "very bottom of Connecticut's Society" Somehow, some way I had to get out of here. As the days went by my young mind was corrupted and shocked on a continuous basis by the violence, the actions of the debilitating mental health inmates, the exhibitionism by the inmates (which I considered weird at the time) The disrespect, the sexual relationships between staff and inmates, inmates and inmates, but most of all experiencing seeing C/O's abuse their authority in the worst ways was beyond comprehension. It's even more depressing when some of these officers look like me. Same color, same rough background, same struggles. I quickly started learning how to read people better and the way a racist society works. Most correction officers that worked at NCI were racist and waited on the opportunity to beat on a black person. I took so many beatings thinking I could fight seven to eight oversized officers in shields and helmets. At the time this <sup>was</sup> a way to show the C/O's and inmates that you're a fighter. It's like a sign "to leave me alone".

of course respect is earned and not expected in environments like this. We got nothing for we was abused if we didn't act like animals. As we got colder and harder the clo's got colder and harder. It became a war.

Now of course there are staff and inmates who were more humble, more intuitive, more disciplined more manipulative, more dangerous. I use to hear them tell me all the time "learn how to fight with your pen" at the time this made no sense. When they put me on in-cell restraints I got angrier.

4 point restraints I got even angrier. Personal property lost or damaged I became heart broken and more vengeful. Food trays spit in by clo's I got enraged. This place changed my life forever.

I've been abused so many times they will say

"I enjoy pain" but what I was saying is

"please kill me because I'm not going to do it"

After a while through outside intervention (O.A.P)

mental health plans were utilized to help me "progress"

to general population. And once I made it I

was treated like a celebrity by other prisoners who

heard the stories of Northern C.I. and its inmates.

Little did they know my spirit was torn, bruised

and weary. I survived so I definitely became

stronger because of it, but I lost something of

myself in the process. At the time I became so consumed by the environment, emulating all the behaviors of the individuals around me that I really felt as if I became an animal. I've been sexually abused by female clo's and male clo's. Showing my penis to every female regardless if they was attractive or not to prove I didn't care and that I loved myself and only me (narcissistic I know) I have hurt myself to get the necessary attention. When I was done with my 4 year sentence I went home trying my best to act normal, to be strong in the face of many, but Northern C.I. haunted me. It was always there, and when I came across people that did time at Northern out in Society we shook our heads in disgust, but there is an understanding of Society, and our place, and what that place was suppose to do to us. It damaged us but we tried not to show it.

I didn't last a year before I got into more trouble. I tried my best to overcome obstacles but here I was locked up again. I made a lot of friends that wanted to support me, visit me, but because I discharged from Northern C.I. I had to go back, "instead of doing my time like every other individual that gets locked up." This was the policy at the time.

now I'm compounded with legal problems and  
I get to do this all over again. Because of  
the "immediate Family only policy" friendships didn't last  
long. At this time I needed all the love and support  
I can get but it seemed Northern C.I. was  
set up to do or deter the very thing that motivates  
us. It's nothing I'm proud of because I would love  
to be legendary in other aspects of life but I realized  
I became a "Northern legend" so many people  
have died, broken down mentally, because of that  
war. I fight with my pen better than most  
nowadays. If I get beat up I get paid for it  
now. In-cell restraints are so unnecessary for  
issues that can have / or be resolved. This is  
to show control and domination. They are willing  
to chain up a person 72 hours even if he is calm  
for punishment/discipline. This is abuse.  
We are already in isolation using our mind to fight  
boredom. You either become worse or better  
depending on your strength. The public has  
no idea of the internal battle we deal with  
daily, a 24/7 battle of loneliness, depression  
and pain. Nobody here are Serial Killers but  
the people on Death Row probably. Most of the  
people/prisoners placed on A.S Status or S.R.G  
Status are dealing with cultural issues, they are  
as American as you, but from poverty levels

Forced or driven by negative ways to handle issues.  
There really is no need for a Northern C.I.  
As the "Constitution State" of America, Connecticut  
should change the methods of management in  
regards to housing inmates with history of  
mental illness, and there should always be  
alternative routes before placement in isolation or  
in-cell restraints. A higher standard  
It's so easy to place an inmate at Northern C.I.  
all it takes is extreme or even more exaggeration  
of an "inmates history" to get approved for placement  
in isolation, with no thought really about the public  
when it comes to how isolation affects society  
when inmates are released from NCI into  
their community. If the public could just walk  
through for a tour once a week, first, what  
they will notice is that 98 percent of us are of  
color. 2nd, it gets loud because their tour is  
probably the most exciting thing we will see for  
the whole year. They will get or hear disrespect  
and respect - it will ~~vary~~ vary. The environment  
is very bipolar, and I hope they will not be  
dissuaded by their first or 2nd tour.  
Things could change for the better if somebody just  
really tried and of course we need the Public.

Sincerely



**Statement by Leighton Johnson**

In 2008, after seven months of being in prison, I was sent to Northern C.I. because of a fight I had in Walker CI with another inmate. I had caught three tickets prior to this fighting ticket for nonviolent miscellaneous offenses. However, having four tickets within the period of a few months constituted enough grounds for me to be sent to a Supermax facility with the “worst of the worst prisoners.”

My first day at Northern was supposed to be a 12-month phase program where I would go through phase one, two, and three, with each phase having a lesser degree of restraint. That 12-month period ended up being 18 months of hard time. It was the worst thing I had ever experienced in my entire life. Just imagine being suddenly taken away from society as you know it (which is kinda an ironic situation in itself because I had already been taken away from “society” as I knew it – population had become my new world), and dumped off into a world of chaos. That’s the only way you know how to describe Solitary Confinement: a never ending cesspool of destruction, despair, hopelessness, filth, constant noise, visual disruptions, mazelike atmosphere, violence, hate, death, loneliness, dehumanization, boredom, mental health breakdowns, humiliation, and so on and so forth.

Every possible soul-crushing human emotion is tested to its furthest limit and literally only the Strong survive. Mentally and physically strong is how you must be in order to come out of that place somewhat still sane and ready to successfully reintegrate back into “normal” society. Whether that’s back into prison culture society, which is population, or the free world’s society, which is home back to life again.

Besides the people that actually physically die in Northern from either self-inflicted injuries or from the hand of another inmate or correctional officer or from health related issues, Northern is the place they send people to DIE at. Every day in that hellhole it feels like a little bit of your soul is dying. And what’s crazy is the architects who built Northern made it where no matter where you are housed in that building you are never no more than a stone’s throw away from 1 West (Death Row). So that lingers in the air and in the minds of whoever dwells or works in that building as well, at all times whether consciously or unconsciously.

I was released back to population in December of 2009 after successfully completing the Administrative Segregation phase program (meaning I effectively made it through phases 1, 2, and 3). I was in population for a little over four months, close to five, when I was involved in a fight with another inmate which ultimately resulted in a CO getting “pushed” (off me because I had gotten sprayed without warning and was blinded and still in fight mode, so I pushed whoever it was grabbing me of my arm) and me being charged with Assault on DOC. Myself and the gentleman I was fighting were also charged with fighting one another. We had in-house disciplinary infractions to deal with, as well as being put through the demeaning and exhausting process of going through the court system.

I was sent back to Northern because I was said to be the Aggressor and also because I was charged with the Assault on staff. My whole world was turned upside down and inside out all over again. Not only did I have to deal with the embarrassment on behalf of the fact that I was back in the pit of hell once again, but I had to also deal with the court being hard on me for being in Northern and looking guilty for that pure fact alone.

Once again I had to deal with the extractions on a daily (with the CERT team or ‘Turtles’ as they’re called because of their helmets and riot gear), the unending screaming yelling arguing banging rapping singing crying laughing talking through the vents or through the plumbing system in our sinks, the gang wars, the disrespect on all levels from staff and also from other inmates who you cannot even get to because you are isolated from everyone, the “loss” of mail on a consistent and ultimately expected basis, the “loss” of grievances you file when you’ve had enough of the violations of your rights so you seek redress only to be disappointed when they find that you have no basis or grounds to stand on for your “allegations” based on blah blah blah, the in-cell trips and the flooded tiers with feces and urine pouring into your cell at will, the constant shakedowns and lockdowns sometimes for weeks at a time, the shackles and the handcuffs and tether chain everywhere I went, even in the shower, the freezing cold in the winter and the hot air in the summer due to “technical difficulties,” the monotonous routine day in and day out, the feeling of being trapped on an island of throwaways and misfits that no one cared to even check up on to see if we were being treated like humans (until I met Hope), the degrading visits chained up and in a bright yellow jumpsuit talking on the phone through glass inside a locked room the size of half a closet, the mental health staff who could care less about you or your situation but only comes around on “tour” because they are required to do their rounds like a quota and take cursory glances in cells to “make sure” no one has hung up or cut themselves, therefore making their job hard because then they’d actually have to do some work, the slop food that we were given on a consistent basis that was questionable to say the least and damn right inedible.

I could go on and on and on about the injustice and the inhumane conditions and treatment in Northern in general and in solitary confinement on a whole. The U.S. put sanctions on other countries for torture and mistreating people. However right here in the U.S. they are being hypocritical, because the same things that they condemn others for they do to us – their own citizens. The work that I’ve done with Hope in the past was instrumental in changing Northern’s structure and some policies. But the practice of in-cells and the mistreatment of people with serious mental health issues is still strong in Connecticut. Once people stop talking about a subject it starts to fade in the minds of the people until it’s not even an issue anymore. And that’s because out of sight out of mind not only applies to people and objects – it applies to social conditions and policies and practices as well. But the issue doesn’t go away until the people who it affects the most put a huge spotlight on it and don’t let up on it being in the minds and faces of the people whom it doesn’t really affect but are unaware about it or not forced to do something about it.

I am a champion for the cause to stop this inhumane treatment. I am a before and after picture of the effects of Northern and solitary confinement, because it has had lasting effects on me but I do not succumb to it or let it define me or my future. I am stronger than solitary confinement but there are people who are not and who are still going through what I've been through and maybe even worse. So I will be a voice on this side of the wall to advocate for the voiceless and confirm the truth about Solitary Confinement and its detrimental effects.

Please help me help us all who are all adversely affected by the mistreatment of others whether we know it or not. Thank you and may God bless you.

## **A-3-Letter from Kenyon Joseph Pellot-Castellano**

### **Statement by Kenyon Joseph Pellot-Castellano**

It all started back in 1997 when I first went to Northern. I was 21 years old, and Northern had just opened. It was the most violent experience ever. As soon as I walked into the facility, they had the welcome committee: because I had an assault on DOC in the past, right off the bat, the COs beat the hell out of me and threw me in the cell. Ever since that time, I was in the cell – 23 hours a day – except for that one hour of rec. That went on for six months till they sent me back to the street. There was no acclimation back to the community. They just shoved me out. And I didn't realize how badly Northern had affected me psychologically just in that short amount of time.

So I got in trouble very quickly. I was only home a week or two, before I came back, straight to Northern...I was at Northern, on solitary confinement, from 2003 to 2012 (except for 8 days out). Through that whole time, I watched prisoners kill themselves, cut themselves – I saw one guy sit on floor and cut open his testicles and take them out and play with them, one guy sew his lips closed...that's not mentioning numerous times I saw guys take handfuls of pills. I've seen fights and deaths. They had one kid that was in the cell underneath mine, who was asking for mental health assistance and threatening to commit suicide. One mental health staff person came around and said, "Go ahead, kill yourself," and he did. That's what we were dealing with. I've seen guys go in with no mental illness whatsoever and after 9 months, I've seen them doing some of the weirdest shit. I've seen a guy take the metal from his glasses and stick it into his spine. It's still crazy to know that the mind can collapse that much from being in isolation. I might have issues, but I thank God that I didn't come out that bad.

I was physically and mentally tortured and abused by guards throughout that whole period. I've been jumped on them so many times I lost count. I've been in in-cells several times with black box. In in-cells, you're short-chained, you can't use the bathroom or nothing. I had mace all over my body from head to toe. They know due to my mental illness that when I get angry, I don't feel the mace – that's their excuse to keep spraying me. They ended up covering me with it and throwing me in the cell.

The conditions on in-cells...fecal matter, blood, urine – all of those are constants inside those cells. As a tierman, I took it upon myself to clean and bleach the walls with another inmate. If we didn't do it, they didn't care about getting it done. They'd put you in there, chained up, with the chains pushing up against your waist, in a full jumpsuit, all of which prevented you from accessing yourself when you had to use the bathroom. Your hands are filthy – often still covered in mace. And then they'll come in and say, 'Here's your food – eat.' It was only after I wrote them up multiple times that they started bringing paper spoons. They come and do the restraint check and, it's comedic – even when the restraints are too tight, the nurse just says they're good. The COs are meant to document in-cells with cameras, but often they don't bring them round. They bring you to the brink of 72 hours (when they'd have to notify the Commissioner), then take you off in-cells. With the mentally ill guys, oftentimes they take you off only to put you back on again right after. I've dealt with that a couple times – they'd play ping pong with me.

I was on isolation for 10 years at Northern on a combo of AS and SRG. I would never get past Phase I of SRG. I had a couple violent incidents in other facilities, before getting put on Special Needs and going

through another two and a half years of isolation. The system for Special Needs is arbitrary and capricious. The hearing process doesn't give you any information. You're supposed to have a hearing every 6 months to see whether you can leave Special Needs. But they don't talk about anything – you're not present for it, you only know what happens after the fact. And you're not notified beforehand about what you need to do to improve and achieve in order to be released, even though that's what's in the directive. They don't do that. They just say you're 'denied' in your six-month review. When I got classified as Special Needs a couple years ago, I started challenging whole process – notification, review – on every level. They're not giving any programming. They're pretty much doing the same things they've been doing since 1995, like just giving you pamphlets on anger management. If they do pull you out, it's not in a confidential space, so you don't feel comfortable talking about your issues.

On Special Needs, you get your property, you get 2 hours of recreation out of the cell, 6 days a week. The rest of the time, you're pretty much locked in your cell, unless you can get them to give you a job. You're by yourself...to talk to someone, you've got to talk through vent or blow water through pipe or scream your head off and hope that they can hear you. If you get on that shit list, they put you on that three-man tier – completely by yourself and isolated from all human contact. They did that to me several times because they were sick and tired of me helping other guys file lawsuits for them because of treatment they were suffering at hands of DOC. They would isolate me, shake my cell down, throw my property out, my legal work and pictures. It's crazy.

I never resorted to self-harm in the way many others did. I just became angrier at my captors. I felt like they were my oppressors. I had that fighting instinct. I starting fighting through the legal system and physically. It's unfortunate, but that's how solitary affected me. I was reading a survey by a psychologist who said that that's one thing that happens to people in solitary. Instead of harming yourself, you look at them as problem and start attacking them by any means necessary. That made my bipolar disorder worse and made me that much more manic. When I'm in my right state and not having that bipolar roller coaster, I'll come at them on the legal level.

I don't think people understand what solitary does to you psychologically and personally. The only reason I didn't lose my mind is because it was always instilled in me that I should overcome things and keep pushing forward. But the experience still devastated me. Ten years straight of isolation has an effect on your nervous system. Now, in Oregon, I'm in chow with 399 people. I still feel funny when I talk to people. It's hard to even make eye contact. Solitary makes your social skills virtually non-existent. I have to force myself to socialize. In your mind, you don't know what other people near you are thinking. You've been away from people so long that it's hard to communicate. Your mind goes into so many modes because out there it's no violent. Your mind doesn't how to distinguish what the right move is to make.

JOSE JUSINO 320660  
WALKER C.I.  
1153 EAST STREET SOUTH  
SUFFIELD, CT. 06078  
NOVEMBER 5, 2018

TO WHOM IT MAY CONCERN;

MY NAME IS JOSE JUSINO I'VE BEEN DIAGNOSED WITH MULTIPLE PSYCHOLOGICAL DISABILITY AND TRAITS AND ABNORMAL BRAIN STRUCTURE AND FUNCTION.

I WAS SENT TO NORTHERN CORE INST IN MAY, 2007 WHERE I SPEND MY TIME IN RESTRICTED HOUSING UNIT UNTIL 2018 WHICH I AM CURRENTLY STILL HOUSED AS A RESTRICTED HOUSING STATUS BUT AT ANOTHER FACILITY. THE CONDITIONS AT NORTHERN C.I. AND THE INADEQUATE MENTAL HEALTH SERVICES HAVE CAUSED SERIOUS AND SOMETIMES CATASTROPHIC DETERIORATION IN MY MENTAL HEALTH, THE CONDITIONS HAVE CAUSED ME TO FEEL MORE HOPELESS AND WORTHLESS TO THE POINT WHERE I'VE BECOME OBSESSED WITH SUICIDAL THOUGHTS, SMASH MY HEAD & FISTS TO THE WALL, BROKEN PROPERTY, COMPULSIVELY CUT MY FLESH, ATTEMPTED SUICIDE BY DRUG OVERDOSE, HANG MYSELF, OTHERWISE ATTEMPT TO HARM OR KILL MYSELF.

AT NORTHERN I WAS HOUSED AROUND PRISONERS WITH NO MENTAL HEALTH / ILLNESS WHERE I WAS SUBJECTED TO CRITICISM AND PROVOKED FOR THE ENTERTAINMENT OF OTHERS INCLUDING STAFF.

MENTAL HEALTH SERVICE AT NORTHERN C.I. ARE SYSTEMICALLY INADEQUATE, THERE IS INSUFFICIENT STAFFING AND AS A RESULT BOTH MONITORING AND TREATMENT OF MENTAL ILL ARE INADEQUATE, WHEN I REFUSE TO SPEAK TO MENTAL HEALTH STAFF AT MY CELL DOOR WITHIN EARSHOT OF OTHERS I WOULD BE CONSIDERED REFUSING TREATMENT.

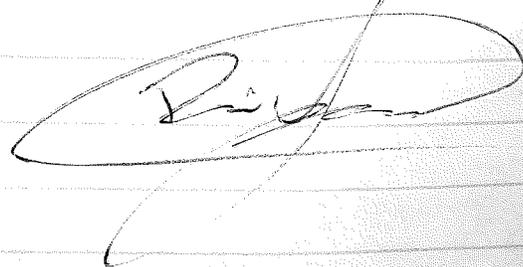
DURING CRISIS I WOULD BE THREATENED WITH OBSERVATION STATUS OR IN-CELL RESTRAINTS BY MENTAL HEALTH STAFF AND CUSTODY. WHICH FACTS WOULD SHOW THAT THE CONDITIONS OF OBSERVATION STATUS AND IN-CELL RESTRAINTS HAVE MADE ME MORE PRONE TO SUICIDE, PARANOID, HALLUCINATION, ANXIETY, OBSESSION, NEGATIVE / AGGRESSIVE WHILE THEY JUSTIFY THE PUNISHMENT AS A SAFETY AND SECURITY EXCUSE I HAVE HURT MYSELF MULTIPLE TIMES UNDER OBSERVATION STATUS AND IN-CELL RESTRAINTS WHILE OTHERS HAVE KILLED THEMSELVES.

THE RECREATION FOR ME SINCE 2007 HAS BEEN IN A CAGE LIKE AN ANIMAL, THE CAGES ARE FILTHY AND NEVER GET'S CLEAN WHICH MADE ME MORE DEPRESSED AND SUBJECTED ME TO BULYING MYSELF IN MY CELL 24/7

Respectfully Submitted  
JOSE JUSINO

Hi, My name is Rasheim Lewis, 11-21-18  
 I was sent to A.S. at Northern C.I on March 17<sup>th</sup> 2014  
 Where I was subjected to mental and physical abuse. The  
 conditions there are really bad. Like in the winter time the  
 heat constantly is turned off and the A.C. is turned on. We  
 spend 23 hours a day in our cell's Mon-Fri and on the  
 weekends were in our cell's 24 hours a day. I was always  
 sent back to Northern as a punishment. I was in Northern  
 from March 2014 until I left in 2016. Being there has made  
 me up mentally because now I don't like being around people  
 and I've forgotten how to have a regular conversation.

I've been on 15-cell restraints for a minimum of three  
 days. I've been maled while on 15-cell between Sept 7<sup>th</sup>  
 2015 and September 9<sup>th</sup> 2015 multiple times. I was put on  
 15-cell for retaliation and a L.T. ordered it. I was 15-cell  
 restrained ~~a~~ <sup>a</sup> bunch of times. I had to eat, sleep and use  
 the bathroom while on 15-cells. The experience was the  
 worst and most horrifying experience I've ever ~~been~~  
 through. Not knowing if I was about to be assaulted by the  
 G's was scary. Overall, I ~~was~~ feel as if I lost a piece  
 of myself. While there my aunt and father died. I  
 hope my story will make a difference. There is also  
 video of me getting maled.



Page  
#1

April 1<sup>st</sup>, 2019

My name is Treizy Treizon Lopez (prisoner #304399), I am a 22 year old prisoner who was confined within Manson Youth Institution. My I is Connecticut's only youth prison and it holds youth from age 14 to 21. I am writing this letter because I am trying to expose the inhumane conditions of confinement that I recently was forced to endure back in June, 2018 until July, 2018, at My I. On June 26<sup>th</sup>, 2018 I was brought to the B-unit B-wing area of My I and placed in segregation on Restraint Housing (Administrative detention ~ punitive segregation status. while being housed in segregation I was (as well as all other prisoners in seg) under 24 Hour Lockdowns 24/7 and never afforded any form of Exercise/recreation being that I was housed in an adult facility prior to being housed in My I I explained to correctional staff how the adult facility's segregation was ran and questioned "why doesn't My I give us rec but the adults up the way get an hour rec Mon-Fri?" many times, and they would say things such as "This is how we punish the bad kids who break our rules" and "don't like it then don't come to seg". Correctional staff would frequently harass us prisoners and say things such as "you like eating your food cold? Well guess what, your in seg so you don't deserve to eat a hot meal" when passing out our food trays through the cell trap door. while being housed in seg we were deprived of any outside communication and held incommunicado. As if all the above was not enough, we were also forced to live in insect infested cells where spiders crawl and roam everywhere as well as bite us, beetles fly around and are as common as carpenter ants, & bugs known as "silverfish" crawl all over our cells and our person as well as unknown insects that live in the housing cells and roam freely. while being housed in seg prisoners are forced to wear the same dirty clothes, underwear, and jumpsuit everyday. None of us prisoners takes showers because the showers are extremely dirty as for they are never cleaned, also because the shower water temperature is absolutely freezing cold to torture us. The metal bunk beds, toilet/sinks, and the window screens in seg's housing cells are rusted, molded (black and green) and

Some areas are a mixture of mold and feces. Seg has no "cell clean up" day or time so we have no way to sanitize our cells. Also we were forced to live in extremely cold cells that were so cold that our toes would lose feeling and go numb. Just to keep our bodies warm we would do push-ups, jumping jacks, and run in place. However, the warmth from minor exercises only kept us warm for short periods. Prisoners in Seg are not afforded any form of "school time" or educational courses/classes. While in Seg I was denied my inhaler for my asthma, my glasses (that I need to see clearly), and any medical treatment unless it was a "life or death emergency" so my days in Seg were extremely uncomfortable. I had trouble breathing without my inhaler, intense headaches from not having my eye glasses, and I also had "jock-itch" which made me scratch my genitals and the surround area until my skin opened up and bled. Thoughts of suicide were frequent, the only reason I didn't attempt to hang myself was simply because I had nothing to hang myself with or anywhere to hang myself from. Myself as well as many others in Seg frequently begged Correctional staff to call mental health however, we were frequently told to "Go ahead!", "Kill yourself!", and to "stop bitching and crying". There were many torture techniques that Correctional staff used to deprive us of our sleep such as frustrating the greyhound dogs (that live in a closet inside B-unit as part of a "dog program") by kicking the closet door during 3<sup>rd</sup> shift which awakes them and makes them bark all night leaving us incapable of getting any sleep. Another technique used to torture us is leaving our cell lights on during 3<sup>rd</sup> shift and leaving our toilets backed up with urine & feces. Our cell light switch is on the wall outside of the cell, so is the button to flush the toilet which makes it impossible for us to flush our toilets or turn our lights off. Being that we would be incapable of going to sleep, we would talk to one another by screaming through the-

cracks in our doors. As if being deprived of our sleep wasn't enough, correctional staff would turn on this huge fan (that's supposed to be used to dry the floors) which would drown out our voices and make it impossible for us to communicate.

Since we would be incapable of communicating with each other we would begin to scream, yell, bang, cry, and kick our doors making noise causing a disturbance until breakfast comes in the morning or until we would become exhausted and pass out. In addition, there were plenty of days that we would have to withstand cruel conditions such as our toilets being unflushed for many hours or days (even though they would be full of urine & feces) due to us not being on good terms with correctional staff from many arguments with them or simply because who ever conducted tours of seg for that day (or days) just wanted to harass and bully us. Another cruel condition is that we were forced to eat our meals in the insect infested, rusted, molded, unsanitized, feces & urine contaminated cells while the fumes and odor of the mold and the molded feces/urine lingers around us as if it was our shadow. We were also deprived of our daily fruit & juices because it was "possible for us to clog our toilets with fruit", the juice was not provided as a punishment for landing in seg. In my overall there is a lot of excessive force (both physical & chemical) us prisoners in myI would see various incidents where correctional staff would physically beat prisoners when they "resisted". Correctional staff would also spray us prisoners with pepper spray simply because we were in the same "wing" area where some prisoners either engaged in a fight or because there was a "signal 11" code called and we were in the same area it was called at. Lastly, prisoners in seg never receive any hygiene products, paper, "flex pens", state issued envelopes, inmate administrative remedy forms, inmate request forms, or any appeal forms which deprives us of medical/mental health services, writing any grievance, or filing a disciplinary appeal. I experienced the above

conditions of solitary confinement just 10 months ago (June 26<sup>th</sup>, 2018 until July 24<sup>th</sup>, 2018) for 28 days straight. ALL THE ABOVE mentioned throughout this entire statement have been customs and practices of MYI since at least the year of 2011, which ~~was~~ my first time in MYI and my first time hearing about, seeing, and experiencing such abusive torture.

In conclusion, ALL THE ABOVE are intentionally inflicted acts of torture, abuse, and negligence that are swept under the rug and excused as "deterrents." I hope that my testimony is heard and shines the brightest light on the dark trenches of Manson Youth Institution and their inhumane conditions of confinement that ~~has~~ been practiced for many years upon youth after youth. Everything mentioned throughout my entire testimony is based off both personal experience and off of the fact that I witnessed (what I experienced) the same happen to many other youth. please help me end this madness! Thank you for taking the time to hear my testimony.

Sincerely

Trey L

Treisy Lopez # 384377

**Statement by Kezlyn Mendez**

The way that Northern is built is designed to break you down. I've been in in-cells multiple times. They're designed to make you weak mentally – the unsanitary environment, chains, sleeping in the cold air, not be able to wipe yourself after using the bathroom – weak to the point that you bend to the officers and say that whatever they say goes, even if they're wrong. That's not how prisons should be.

Being secluded and closed off from everyone and everything, other than the people that are on your tier, it makes a person anti-social. You deal with COs' personalities and stress of other prisoners who are on the same side of the wall as you and are undergoing the same treatment. That means that there are always going to be personality clash between prisoners – there's hostility, anger, and emotions run high, not because we're mad at each other, but because we're shut off from the world. You get one phone a week to a loved one, you can only have 5 correspondence letters coming into your cell, and then you have to throw them out or put them in storage to get new mail. That's torture.

There's no hot water, you can't properly cook the meals you get off commissary. You're eating cold soups. You're showering in shackles and you have to walk to shower in small towel, and for person like me who's 6' 4'' and 230 pounds, the little state towel doesn't cover me. So I have to destroy a pair of boxers so I'm able to get them off in the shower. Even using the phone, you have to wear shackles – handcuffed and shackled to walk outside to the rec yard, to see medical...it's bad.

COs talk down to you like you're the scum of the earth. Northern shouldn't be standing at all. People who go in there come out with mental health issues and end up worse than they were when they go in there. You can turn a humble person into someone who hates everything and everyone for no reason. After going through torment at Northern and the isolation, when you're placed back in population, you have a hard time living with someone, socializing with COs, because you think they're going to treat you the same way Northern officers did (with disrespect and playing with your food and stuff like that) – your anxiety and paranoia is always high. It's like a hyper awareness. When you go to Northern and come out, because of all the torment you went through, your awareness is so high that it becomes a paranoia and you're looked at as hyper vigilant and as a person who's manic – now you feel like you have the opportunity to put your hands on someone when they disrespect you. You can't do that at Northern, where every time you step out of your cell, you're shackled.

Northern is not a place for anybody.

There's one in-cells incident that I remember most and still really bothers me. That night, I cried because I felt like I was violated to a whole other level. I was placed on in-cells because the CO in the bubble was threatening to spit in my food and other stuff, and I kept pressing my button. He called the lieutenant, they came down, maced me up, put me in cell 211 in 1 West. Upon going to in-cells, they did a forced stripped search and left me with just a jumper – no boxers, no socks – inside cell that had feces on the wall and inside the toilet. They refused to flush it, so I had to urinate in my sink after a while. The cell started smelling like straight up ammonia. When

they came in to check my restraints, the lieutenant (his name is Casey – he’s now retired) smacked me in my face. One CO had my left arm and one had the other. As they were checking my shackles, he said, “I could be watching football right now, but instead I’m down here checking my restraints.” Another officer punched me in stomach and grabbed my balls and twisted them. They told me, “This is what we do to those bitch motherfuckers who think they’re tough.” I was in so much pain afterwards. I sat down on my bunk and cried.

When you lock someone up and chain them like a dog, you can take a humble person and turn them into a vicious killer. That’s what Northern does. Even if you come to jail for something small, punishment in Northern is so crazy for smallest, most minor infraction, when you go home, your mental state is not intact – you’re in defense mode for everything. You have to defend yourself against anything, good or bad, which leads to situations being blown out of proportion and people committing more crimes that they wouldn’t do if they had the proper mental health counseling or treatment. I’m not a killer. I’ve been through so much – before and during my incarceration – I’ve never been through nothing like I went through at Northern. It’s hard to explain to someone who didn’t go through it because of how many different personalities you’re dealing with. Some officers come to their job to get their 8 hours, others thrive off infuriating prisoners to get a reaction out of them – chaining us up, messing up our property, doing stuff to our food...it’s not right. We are human beings at the end of the day, we have rights and we deserve to have the respect no matter what crime we committed. We’re still entitled to be treated like human beings. You are not a human being in Northern – you are an animal of the state.

But that’s not what it says on my ID card, it says Kezlyn Mendez, and it says I’m incarcerated for this duration of time. You broke the law, you got to pay your dues to society. But I wasn’t sentenced to cruel and unusual punishment by CTDOC employees.

It’s bad because they tell you, ‘Write this up, the pen mightier than the sword,’ but the pen is only so powerful because they handle all your correspondence. So how can you report the problem if you have someone intercepting the problem?

It’s hard to do something right, so it forces your back against the wall. If you look at me as an animal, any animal in a corner is going to bite its way out. That’s what happens to us prisoners – we’re going to lash out sometimes. Then people get assaulted and it makes it worse – we feel like the only way to go is to proceed with violence.

For a person to overcome the torture that they endure at Northern or to not let it affect you, you have to be a person who is emotionless. You have to have no feeling – you have to be numb to the pain of the world. And I don’t know no human being who is that numb. You cannot go in Northern and come out and say that you’re fine or normal, because you’d be telling yourself the biggest lie in the world. That building is designed – the grey walls, the coloring – it’s all designed to mentally and emotionally break you down. Over time working there, the officers become mentally incompetent. They deal with the same thing the whole time – it bothers them when they’re not there. Only way they think they can function is to work overtime, stay away from their families – it’s the only way some of them can function. It’s bad when the only way

you can function is in a harsh environment. The COs stick together whether they're right or wrong, and there's no way to overpower them. There's so much fear instilled in prisoners that they accept that.

Not just the officers – even some of the inmates have been so brutalized that they're content to stay in Northern. Some people can't function in population – that's why they go back to Northern because they're comfortable there. They've been traumatized for so long and so much that they feel weak and the only way they feel comfortable is to be in that environment. It's bad when you feel comfortable at your weakest.

Northern is literally hell on earth. You can't see left or right – you can only see five feet out from your window. The window is about a foot and a half deep into the wall, so you're looking at just the sky and the fence. You can't see nothing else. I used to try and stay away from my window as much as possible because it makes you think about things you can't control and brings emotions out of you that you try and keep tucked away because you fear what they'll do. You start having suicidal ideations and think that you might as well kill yourself because then you wouldn't feel something. It's bad when you're isolated so much that you contemplate suicide. That's what Northern is designed to do – to make you feel worthless, unwanted, and scattered in that building like unwanted remains. It's a dump for humans – you can do whatever you want with them. That's where they dispose what they consider to be trash for the state. People contemplate killing themselves because they think they're worthless, and the ones who suffer aren't COs or medical, but our loved ones.

**Statement by Raudell Mercado**

I first got to Northern in September 2015. I'd just turned 20. They put me on BOS as soon as I got there. They said they were doing it because I said I wanted to harm myself, but I never said that. They put me in there out of retaliation. In my first two weeks at Northern, the whole A/S block was denied rec. To protest, we covered our windows, we got chained up, they four-pointed us and kept putting us in cells that had chemical agents all of them. They put me in belly chains that were so tight, it was cruel.

On December 3, 2015, one of the lieutenants and some other COs went in my cell and trashed it. I covered the window, I got sprayed up, but I was compliant and put my hands up so they could strip search me and get the chains on. One of the COs was trying to take me down and a lieutenant sprayed himself and another lieutenant came in and made me stay on the ground. I don't remember doing this, but I bit a CO – somebody was trying to suffocate me and they kept on trying to gouge my eyes with their fingers. I got up and asked them what they did that for. They sprayed me, banged my head on the wall. Then they left four-pointed me and then put me on in-cell restraints for 3 days straight. For all that, I received outside charges and had to do 15 months.

I got over 50 in-cell restraint placements and four-point restraint placements while I was at Northern. The cells they put you in are full of dirt, grime, and they got feces all over. They hardly ever clean them. The chains don't get clean either – they have mace and rust on them. When I was in in-cells, my back hurt, I didn't sleep at all. It made me want to self-harm.

Before I got to Northern, I never banged my head, never swallowed batteries. But once I got back, I started doing all that self-harming – I cut my legs, I tried to do surgery on myself for my gynecomastia. The COs were constantly antagonizing me about my bond and calling me a “dog.” The wardens and lieutenants at Northern were all COs once; there is always retaliation occurring. If you have too many infraction tickets, it's your word against the CO. The COs are constantly getting on people who are mentally ill and denying them stuff. These people need to find out that we're human, just like them.

I did two years, day for day, in solitary confinement. Being in solitary, it drains your energy. It's exactly what the building is designed for – to break you mentally. Northern gives you thoughts of suicide. It gives some people homicidal thoughts. I stopped working out and doing the things I used to do. Excuse my language, but I stopped giving a fuck. I once watched a CO fall out of a chair and laughed – I wouldn't normally do that, but that was the same CO who denies people tissue and makes fun of them. The building is designed to make you deteriorate completely, in every way. Prisoners don't know their rights. Some prisoners don't even know what time of day it is. Some people at Northern – you can talk to them one month and they're all right, but the

next month he's doing anything. The place takes a toll. Look at Sonny Rivera, who killed himself.

Since I got out, I've been watching videos about prisons in other countries. This is the United States – how do we have more people in jail here than in other countries?

I'm feeling Northern now. Sometimes I have this anger in me. I have to go walk away or talk on the phone or do something – before I do unthoughtful things. I feel like I'm still locked up. I don't sleep at all. I have trust for not too many people. My mind shoots blank sometimes, and I think that's because of solitary confinement – I'll try to get to something and then I'll forget what I was trying to get to. I already have ADD and I lost more focus.

I want justice done. This is not going to stop with me – it's going to keep going. That's why I get in contact with lawyers and people who can go about it legally. I'm motivated to try and change things the right way. I want to tell the COs to stop messing with people who don't know any better, who are mentally ill. They're human too.

# A-9-Letter from Luis Pagan

1

my name is Luis A. Pagan #299585 a prisoner at Northern Corr. Inst. in Somers, Connecticut. I am 32 years old. This statement clearly explains my history & experiences here at Northern Corr. Inst.

my first time getting transferred to the state of Connecticut's super max facility (Northern Corr. Inst.) & placed in administrative segregation was in the mid of 2003. I was only 17 years old! I was transferred to N.C.I. straight from Manson youth institution in cheshire, Connecticut. at the time I was a known serious mentally ill prisoner & highly medicated. I wasn't receiving any mental health counseling & for any forms of program services. my life consisted of being in a cell Monday thru - Friday for 23 hours & 7 at recreation in a cage while chained up with leg irons, handcuffs & a leather chain locked with a pad lock. Saturday & Sunday was a complete 24 hours of keep lock in a cell. The property allowed in my cell was limited. I was subjected to a strip search every day I left the cell even though I had no contact with other prisoners, was always escorted chained up every time out the cell up to until I get to my destination. if I did any thing wrong or acted up I was placed on a status that is known as "in-cell restrained", a status which allows officials to chain me up in a cell for up to 72 hours. while in chains it is difficult to stand straight up. The cells we are housed in to be placed on "in-cells" are unsanitized, contaminated with feces & urine. an odor that reeks constantly lingers. Hygiene supplies are not allowed, not even to wash our hands after we used the bathroom. fecal matter get on our hands from trying to wipe while in chains. we are subjected to eat out of bag meals with our filthy unsanitized hands. I recall becoming sick with a disease (bacterial virus) known as H. Pylori that went untreated & going on about a year. such virus was caused by the conditions of in-cell restraints.

SEE back 26 →

OFFICERS would constantly harass prisoners. Bang the chains on the walls or on prisoners' cell door while conducting their routine tours of the tier. We would jump out of our sleep scared to death. Although noise is constant on the tiers whether it's the chains banging, doors sliding or being kicked, prisoners' crying or yelling for help in their cells or because some form of excessive force is being used, or because prisoners are arguing with one another thru cell doors due to boredom, stress, depression or some form of psychological effect. The sense of paranoia begins to grow on us, to a point where I become my own worst enemy. I began to believe that everybody is out to get me, that my food is being tampered with, that my cell is being zapped thru the inter com speaker affixed in every cell, the thought of suicide comes & goes, I trust less & eventually my friends or loved ones become my enemies as well. Even though the mental health staff is aware that all the above goes on, when US prisoners lose our control & set up the first immediate response to help the "sick prisoner" is to place him or "in cell restraints" or four point restraints. There is no counseling. Punishment is first. I recall being placed on four points & while tied down to a bunk, a Captain sprayed my genitals with chemical agent (pepper spray), punched me in the face & walked out laughing. This sort of thing happened to me alot & it still goes on here at Northern Corr. Inst. in 2018. Nothing has changed. Many of us have permanent scarring on our ankles & wrists from the constant use of in-cell restraints even nerve damage from officials purposely applying the restraints tight to cause pain & discomfort. These are the marks that the slaves were branded with by the restraints used on them in the old ages. There are NO differences! & the power to cause all this - placing prisoners on chains is given to lieutenants whom are the first supervisors to respond to any form of code or incident within Northern Corr. Inst. . Just for covering my windows or cell light I'll be punished & placed on chains for up to 72 hours.

In any other facility I would only be placed in segregation with a minor intrusion for covering my window or light with paper. Prisoners in other facilities have never heard of in-cell restraints until they come here to Northern C.I. where it is frequently practiced & used on prisoners.

BECAUSE OF THE EXTREME ISOLATION IT BECOMES DIFFICULT FOR ME TO ADJUST IN A GENERAL POPULATION ENVIRONMENT EVEN IN THE REAL WORLD. ANXIETY KICKS IN, I PANIC & BECOME PARANOID THINKING THAT MY LIFE IS IN DANGER, PEOPLE TALKING ABOUT ME, LAUGHING AT ME OR PLOTTING TO HARM ME. UNTIL I ACT UP AS A REACTION & END UP GETTING PLACED AT NORTHERN AGAIN. I'VE BECOME INSTITUTIONALIZED & ACCUSTOMED TO THE EXTREME ISOLATION WHERE I THINK IS NORMAL & BELIEVE THAT I AM SAFE. THE LONGER I AM HERE MY MENTAL HEALTH DETERIORATES BUT I WON'T REALIZE IT UNTIL IT IS TOO LATE, ONCE HERE, THIS FACILITY & ITS ALLEGED "PROGRAMMING" THAT DOESN'T EXIST IS MADE TO MAKE IT HARD TO GET OUT OF THIS FACILITY. I HAVE BEEN BACK TO NORTHERN C.I. NOW GOING ON 2 YEARS. & I DON'T SEE NO HOPE OF MAKING IT OUT OF NORTHERN UNTIL I AM RELEASED FROM THE DEPT. OF CORRECTIONS.

ANOTHER FORM THAT WE PRISONERS AT NORTHERN ARE TORTURED WITH IS THE INTER-COM AFFIXED IN OUR CELLS. OFFICERS THAT WORK IN THE UNID CONTROL ROOM WOULD TURN ON THE INTER-COM & PLAY AN ANNOYING, IRRITATING NOISE THAT HAS A RYTHM LIKE "DING DONG DING DONG" IN A SLOW PATTERN. THIS NOISE WOULD BE PLAYED FOR ABOUT AN HOUR AT TIMES LESS. PRISONERS SUBJECTED TO HEAR IT WOULD BECOME ANNOYED & AGITATED THEN BANG ON THEIR CELL DOORS, COVER THEIR CELL DOOR WINDOW OR BECOME SUICIDAL. I AM AWARE THAT SIMILAR FORMS OF NOISE WAS USED TO TORTURE PRISONERS AT THE MILITARY PRISON GUANTANAMO BAY.

EVERY THING I WROTE IN THIS LETTER I HAVE EXPERIENCED & WAS A VICTIM OF. I PRAY THAT MY VOICE IS HEARD THROUGH THIS LETTER. CHANGES ARE NEEDED TO BE MADE. THANK YOU FOR YOUR TIME & PATIENCE.

may you be blessed! 28 Luis Pagan #299585

Nov. 8, 2018

Dear Ms. Hope Metcalf Lowenstein Clinic and  
United Nations Special Rapporteur on Torture,

I freely write this letter to you to inform you of my own nightmarish experiences at Northern Correctional Institution (not correctional because nothing is correct here). I was sent to this corruption Institution on January 13 2017 a day that I didn't know at the time will be the beginning of a chapter of my life that will torment me for the rest of my life. Insofar as what are the conditions at this Realm of Chaos well... At first let me explain conditions on all levels. When you first see Northern its appearance has this horrid aura that you can just sense the torture infused into these walls. Similar to that Greek myth of the Sword of Damocles is forever above this place. If you ever read Dante's Inferno well... lets just say I know his emotions. AS you first pass through the case like doors to the prisoner's entrance that Sword Drops Shattering reality and the chaos Deepens. Each electronically controlled door you are overwhelmed with the continuous reminder of being more and more alienated from any possibility of freedom. I believe this building was constructed specifically to eat at your mind. After a few moments its instantly obvious nothing happens correct here. Correctional officers provoke you from the very beginning by taunting with excessive Pressure. They will verbally abuse us and smile in our face. They spread false rumors on the tier to get fellow prisoners to turn away and berate each other. There is rarely a moment of

Peace and when that warrant comes -- Bam! Something corrupt went down I tried to fight this Ghost of torture only to lose. Corruption officers are unpredictable and have literal murderous intent. I witnessed officers enter another Prisoner's medical cell knock him to the bunk bending his head over the hard plastic and threaten to kill him. Come to find out that Corruption officer is that Prisoner's Defendant in a lawsuit for officer beating him while having a seizure. Various points I witness him seize and hear medical tell custody the Prisoner was faking. Another time I seen another Prisoner walk out his cell covered in blood because he was purposely harassed with another Prisoner who has mental instabilities that caused him to snap and cut up his cell mates. Crazy Part is there was court declaration he shouldn't have cell mates. Whether one likes it or not your taught to be helpless and dependant on hell's Demons. How you may ask? Well -- there are the in cell restraints that they use to punish us and its for a minimum of Twenty-four hours if your lucky to have an alright Supervisor but in reality its always seventy-two hours chained up. Can't use the bathroom unless you have been fortunate enough to be constantly punished. I've slipped and fell on chains hitting my head and knocked out for a long while. Why not tell medical? you ask remember they said that man had no seizures when he was clearly having a seizure. Would you trust them who want to see you dead? The isolation is a constant pressure of being trapped. You will end up

Pacing like all caged creatures do and at first not notice it. Its crazy how much this place changes you. I've been out of Northern briefly but was sent back because the Administrative Segregation found my coping skills and purposely stole them and I wasn't on any medication to help with my mental Health which led to incidents that my mental Health overwhelmed. But its designed to keep you trapped if you not strong. It took me over sixteen months to progress to the next stage of hell and 3 times less to come back. When they have you feeling helpless you cannot help but feel angry, sad and hopeless. Especially when on in cell restraints. This Corruption Institution has numbed to to social life, at time literally prevented me to sleep to the point I hallucinate, I feel more cold and dark in emotions and that isnt who I was but is now who I've become. Let me take a moment to apologize for such a long letter but I havent had a voice for a while so I have a lot to share. The sad truth is Northern is just part of it. You see even if Northern is outlawed Solitary Confinement will just be move somewhere else. I forgot to mention Hell is portable. We here have very little environmental stimulation locked in a room for twenty three ours with one hour in a small cage like dogs. This place makes you agitated, self-destructive, and overall heartless. On know on paper its alleged for the safety of this that and the third but in reality its to ensure business. This place breeds people to become a part of the Perpetual Incarceration Machine. They claim this is aversive conditioning but I ensure Indeterminate or Prolonged Solitary confinement is anything but that. I know this Corruption officers have to be trained in torture. You'll never

understand unless you witness it. Your eyes grow tired of the scene and shadows appear around your eye sight. You will become dissociative, confused, impulsive and at times have distorted thoughts. This black hood is on you and you can't take it off.

I can feel the pain of those who suffered at Alcatraz.

My memory is less than what it was. It's hard to concentrate. I feel hostility and don't quite know why.

I've lost interest in a lot of things. I'm becoming intolerant to social contact cause I haven't been heard nor quite remember how to interact with people. Never did I fear reentering society until I came here. I've become paranoid toward people. But I can keep going but I don't want to keep on forever. Even I know a voice can be ignored if it goes on and on. All I ask is you to share this with everyone uncensored. WE NEED A VOICE!!! Northern and Solitary Confinement I can guarantee you is more the torture. It is hell.

Thanks and Thank You for your time

Helplessly Grateful

*Kyle Lamar Paschal - Barnes*

Kyle Lamar Paschal - Barnes

Lost Soul number 390410

A-11-Letter from Jerome Riddick

Jerome Riddick # 295006

Northern CI

287 Bilton Rd

Somers, CT 06071

12-10-18

Dear Hope (and team)

I'm sorry to be tardy with this letter but I was transferred back to NCI on or about 11-29-18 and been in segregation/isolation w/o my legal property since 12-4-18. I just recently got some pen & paper so this letter ensues. I did start the letter you asked me to do while at Walker CI but its gone or lost with alot of my other legal papers. So I will have to start over from scratch but make it more briefer so it goes out in tonight's mail.

While I been at Northern CI, I been subjected to isolation and segregation, and in-cell restraint placements and while in-cell restraint placements sprayed with chemical agents that burned my skin and would intermittently burn my skin for several days. These type of responses was because I received disciplinary reports. With respect to me I am a mentally ill inmate and my mental health problems has worsen, and created new mental health disorders due to my conditions of confinement such as paranoia disorder, oppositional defiance disorder, and intermittent explosive disorder due to stress. While at Northern I been allowed to bang my head on hard surfaces for years and currently still do and from such actions my forehead and side of right-heel is deformed. At norther CI, during the winter time and other cold seasons the cells are in ice-box and for long periods of time inmates like me go without heat in the cell. The facility has two different ventilating systems - one for inmates and one for staff - during the winter the staff ventilation is

normally warm. The staff ventilation usually consists of areas in the facility that are not cells. So when a staff opens an inmate cell you can feel the cold draft that comes from within the cells and knows there's a major difference in air temperatures. At Northern for certain inmates like me all recreation is outside even during inclement weather. There is no mental health services on weekends. And often staff provokes me and other inmates into acting out by destroying pictures and social correspondences and other property.

Janine Bidebele

My Name is Tyrone Spence, I am a prisoner in the Connecticut department of corrections. I have been incarcerated since the age of 19 (I am now 27). I am a prisoner with a very long history of mental health illnesses (PTSD/Bipolar/Borderline personality Disorder).

Due to the treatment I was forced to endure from 2011-2015 and again in 2018 while in Northern Correctional institution my issues with mental health have been exacerbated. I am writing this letter as an abused prisoner seeking change, Not as a Bitter prisoner seeking revenge. I Hope my story (Below) will in some way start a conversation that will bring about change in the way the Connecticut Department of corrections treats its mental health prisoners and prisoners as a whole.

-This is my story-

In 2011 at the age of 19 I was sent to Northern correctional institution and subjected to extreme solitary confinement. I was forced to stay in my cell 23 hours a day Monday through Friday and 24 hours a day on the weekends. I was only allowed 3 sets of clothing (ie socks Boxers T-shirts) 2 Books, 2 magazines and a Radio if I could afford it. I had a very small window that looked out at a wall and the environment of the unit I was in was not conducive to sleep there was constant yelling and banging and these conditions caused me to mentally deteriorate.

Soon after arriving at Northern correctional institution (NCI) I ended up Breaking down and "Covering my window" in an attempt

To seek help and for this action I was placed on Incell Restraints as a punishment. (In-cell Restraints is a status where prisoners are handcuffed and shackled with a chain that connects the hands to the feet often times the chain is put so short you are forced to bend over or crouch down.)

I was placed on in cell Restraints and placed in a cell that was filthy and smelled of urine and feces. I was not allowed any form of hygiene products, toilet paper or change of clothing for 72 hours and I was fed cold sandwiches for breakfast, lunch and dinner. I was threatened and antagonized by officers and lieutenants and physically abused by them during restraint checks. For weeks I was on and off in cell restraints status because all of the extreme conditions of confinement were causing me to mentally deteriorate so much so that I ended up attempting suicide and needing to be hospitalized for over a week.

When I returned to NCI from the hospital I was stripped naked and placed in a cell for 3 days with constant light, no water, and a vent that blew air so violently I couldn't hear anything outside of my cell. The only window (on my cell door) faced another isolation cell that contained another inmate who was also in the nude and being subjected to the same punishment. I can say now that by the end of all as a 20 year old in solitary confinement I was mentally reduced to the thinking of a cave man who hated himself and responded to discomfort with aggression or self destruction.

In 2017 I had been so completely dehumanized by the extreme solitary confinement in NCI that I had begun cutting and biting holes in myself and inserting my fingers and foreign objects into the wounds. This only led to NCI staff increasing the level of abuse

and inhumane treatment they subjected me too. I was Beaten By officers held down and given a haircut against my will (my hair was long) while I cried and Begged them not to do it and was told by the NCI psychologist who orderd it donk that 'people who misbehave cant have the things they like'. (This was a common form of punishment At NCI. Inmates who acted out and had long hair where Tied down and given hair cuts) On top of that I was placed on a disciplinary diet called prison loaf which consisted of mushed Bread, Vegetables, Apple sauce, Raisins and Ketchup Baked into a loaf and served with water for Breakfast lunch and Dinner. While I was being subjected to this treatment, for two months I was kept in the Nude with a Gown in the same isolation cell as the one I was held in in 2011. For that entire 2 months I was not allowed to shower or given adequate medical care for the wounds I had inflicted on myself and ended up with an infection that almost made amputation necessary. I was repeatedly placed on 4 point and in cell Restraint status for doing no more then yelling at the psychologist or warden who would order the placements. When this happened I would be told when I "learned to obey staff I could come off". The continued extreme solitary confinement and abuse I endured in 2012 left me with as much humanity as a Rabid dog and only served to increase the level of abuse I endured as NCI prison officials tried to Break me Not Realizing I was already mentally broken.

In 2013 The confinement units were moved to Chesler correctional institution (CCI) and Walker correctional institution (WCI). While the abuse decreased by a very miniscule degree the treatment and abuse was still dehumanizing. I was Released from the solitary units in 2015 and sent Back To general population where I struggled very very hard

To adapt to being around people. At this time I was 24 years old and had not been around more than 6 people at one time without being in hand cuffs and leg shackles for almost 5 years.

I had to re learn how to interact with people positively I was constantly paranoid and the sounds of keys and Hand cuffs or just being around correctional officers caused me to panic and go into flight or fight mode. I needed constant mental health interventions initially then by 2016 I was just barely able to be in the general population. I had placed myself on a self imposed isolation status I could not bring myself to eat meals with the other prisoners or go to recreation with them and when I would try to force myself to do so I would experience an almost debilitating sense of anxiety.

Though I struggled to adapt to the amount of people I was suddenly around I was no longer destroying myself because I had coping skills not allowed to me in NCI or WCI. I had very little issues until 2017 when another prisoner tried to throw two pots of boiling hot water on me and I was forced to defend myself which resulted in my re-placement into NCI where I was again subjected to extreme solitary confinement in 2018 and began to mentally deteriorate. I was placed on 4 points after covering my window over a property issue where officers had poured Shampoo all over my property. months later I ended up self mutilating and needing to be sent to the outside hospital (Before this it had been 3 years since my last self mutilation incident) when I returned to NCI I was placed in an isolation cell for 2 weeks the same isolation cells from 2011-12 under the same conditions. The level of mental regression I endured prompted my transfer to Garner correctional institution (GCI) The Connecticut D.O.C.s mental health facility. I was given treatment and was deemed stable after a month and a half and sent back to

Solitary confinement stripped of all privileges & property. Now in Walker Correctional institution (WCI) under the same conditions as Northern CI. I am again beginning to mentally regress I have been sent to the emergency room and back to The Correctional mental health facility where I was again given mental health treatment to return me to stability only to be sent back to solitary confinement.

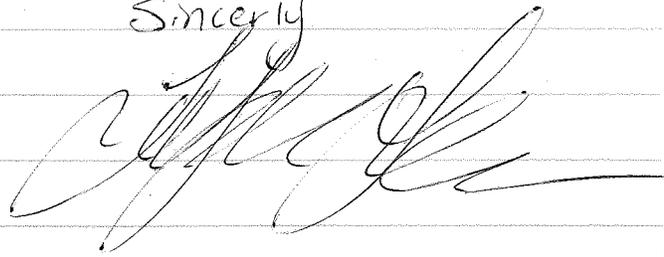
The current commissioner of corrections Scott Semple has adopted the practices of abuse performed on prisoners at NCI and in the department of corrections as a whole and continues to make revisions to the Administrative directives that give wardens and their subordinates permission to use in-cell restraints and excessive force as punishments. This was made clear by the latest revision to the 6.5 Administrative directives for the 'use of force' which went from being 14 pages to 6 pages and resulted in the complete removal of what little criteria needed to be met before force (i.e. restraints & chemical agent) was utilized now it only says that supervisors and staff can do whatever they deem necessary to gain compliance.

Because of my experiences at Northern CI my mental health issues have been compounded and exacerbated to a level that makes me a constant danger to my self and others not because I want to hurt anyone or myself but because I am in a constant state of fight or flight worrying about what will happen the next time I need mental health intervention or the next time I do some thing corrections officials don't like. The things I went through no one should have to go through

Especially not a 19 year old kid and that's why I tell my story to  
any one who may be able to achieve change in the way connecticut  
treats its prisoners.

Thank you for taking the time to read my story.

Sincerely

A handwritten signature in cursive script, appearing to be 'C. J. ...', written in black ink.

12/5/18

DEAR-Hope METCALF,

my Journey in Connecticut's only Level 5 Supermax started on July 21<sup>st</sup> 2016 after I was sent there for an assault on my cellmate.

ON July, 21 2016 after getting settled in in A medical cell in Northern Supermax C.I. while being put on Behavioral observation status I was put in A cell where the cell light stays on 24/7.

ON I was taken off of BOS I was taken to 1-EAST cell-121. All cells in Northern Supermax are All concrete in which after A while takes A toll on your vision and mental state.

ON October 10<sup>th</sup> 2016 Me and (15) other inmates went on A peaceful Hunger strike do to conditions in Northern Supermax. The conditions were, food coming in filthy food carts, cold food, filthy showers, No winter attire, No insulated clothing, forced out for Recreation in All weather conditions. AS these were the conditions we were retaliated against Correctional officers. The cell searches conducted by the % left my property destroyed, Ripped up legal materials.

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ON January 10<sup>th</sup> 2017 after numerous Request filed with warden William Mulligan, unit manager Gregorio Robles at Northern Supermax about the conditions of Northern and the issue of having no heat for over two (2) weeks as New England was at it's coldest temperatures reaching 30° degrees during the day and at night 2° to 3° degrees we were denied extra blankets for two weeks. ON January 10 2017 I along with numerous inmates covered our windows so that some one will bring us blankets but we were only issued class A Disciplinary Reports. I on the other hand was mased and put into incell with less than what I already had. In-cell in Northern Supermax is the coldest cells in the facility all year around. I was forced into incell with extremely small cloth one sheet and A Half of blanket.

The conditions of the in-cell in lowest cell 102 was the filthiest cell I have ever been in. Not only was I had cuffed, shackled, with A Tether chain and A Black Box, But I was also short chained so that it would be difficult for me to use the toilet and to Rinse off all the mase that was left on me after being mased.

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The conditions of Cell 102 in I-west Northern Supermax were inhumane. The cell walls, Door, Food trap, Bed Bunk, were all smeared with feces. Toilet was clogged with someone else's body waste. The toilet seat had blood on it, There was old food all over the cell floor, Rice and carrots. The Rice was so old and had been on that floor for so long that when stepped on it felt like stepping on Nails. I say that because in in-cell you don't get any shoes, slippers or sneakers only socks if your lucky. Being in in-cell was the worst thing that could of happened to me at Northern Supermax. I am a - severe cleaner and I am extremely OCD. So being placed in in-cell 102 in I-west on January 10<sup>th</sup> 2017 was traumatizing. Not only because I was put into a cell that was filled with someone else's body fluids but because your not given any cleaner or anything to clean it with AT All.

These cells in-cells at Northern Supermax are made to break and dehumanize inmates. your denied the most basic human needs most of the time but in in-cell all the time.

On May, 5<sup>th</sup> 2017 I was placed on Special Needs status at Northern Supermax I-west housing unit.

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I was on this status for a year until I was taken off on May 9<sup>th</sup> 2018 for writing numerous grievances about not receiving any programming to — achieve release from special needs status. EVERY one on special needs status has a facility treatment management plan that gives you goals and programs that you must achieve in order to get released from this status. Inmates on special needs status were not getting that at all. Anger management was one of the programs that I needed in order to achieve release from special needs. I went to (2) two classes and was then taken off the list for programming and kicked out to population on 5/10/2018 to garner C.I.

I was not prepared to go back out to population. Since I was released from Northern Supermax I have received (6) six Bad Disciplinary Reports and Two (2) outside charges of assault and attempted assault. I am now in MacDougall C.I. where I feel that this facility is not that bad but in order for me to get through I will need an extremely lot of help from mental health.

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Peter Tarasco # 349079  
MacDougall C.I.  
1153 East Street South  
Suffield, CT 06080

In Re: Human Torture

From: Victor José Velasco #213065  
Northern Correctional Institution  
2817 Bilton Road  
Somers, CT 06071  
United States

November 15, 2018

Dear Reader and Listener:

Thank you sincerely for taking an interest in the conditions of abuse and systemic atrocities of torture that plagues true advancement in criminal justice, criminal reform, advancement towards a unified people and world peace.

I hereby authorize my full name and pertinent information to be disclosed in the name of transparency and candidness as disclosed in this letter. The risk of retaliation, although great, pales in comparison to the dangers of unchecked State sanctioned torture. I herein acknowledge the chance or possibility of danger, loss, injury, or other adverse consequences for this divulgement of information as it is detailed and explicit as well as revealing. But most importantly, it is all verifiable.

I am not a doctor, psychologist, lawyer or otherwise qualified member of any of the sciences. I have not studied in any institution of higher academia. I have not been permitted to study scholastically throughout my incarceration. In short, I am no expert in any field except, perhaps, in being a prisoner.

Incarcerated since 1996, I have been to many prisons, having been transferred repeatedly.

Since 2016, the Connecticut Department of Correction and Governor of the State of Connecticut have deemed me to pose a "safety and security" risk to prison staff and inmates by engaging in "Security Risk Group" activity. Only, exactly how I pose this threat is never revealed. I'm sure that my political and humanitarian activities is the real problem and this designation as a Security Risk Group participant is a means to subject me and others like me to punishment under the guise of prison discipline.

I am a member of a religion entitled "Kingism." My religion instills in me a National self respect, a desire to educate myself and to serve and assist my Fellow man out of oppression. Through my religion I have become a better man in every sense. One of the purposes of Kingism is to educate others in current Forms of oppression in order to protect the next man or woman From Falling victim to it.

Connecticut's "Security Risk Group Member Program" has it's "Phase One" portion of a Five phase voluntary program at Northern Correctional Institution. Phase One is the harshest punishment in the entire State of Connecticut.

In Phase One, prisoners are never allowed to exercise out of their cells. Those who do not volunteer are Forever denied the right to exercise. Prisoners are placed in handcuff's (manacle's) and their hands bound behind their backs and placed

in a concrete yard to fight each other eight at a time. Prison guards set these attacks up under their own perverse desires or under orders from superiors.

I have never volunteered for participation in this program, yet I was forced to participate regardless. On 2.10.17 I was taken to a restrictive housing unit for making a complaint under the Federal Prison Rape Elimination Act law. I was immediately punished and my complaint was quickly covered up by prison authorities.

Against all prison rules and regulations, I was thus transferred, through deceit and manipulation of prison policy, to the Phase One portion of the Security Risk Group Program. Since then, I have been subject to several disciplinary infraction sanctions (I have since overturned all of these accusations of disciplinary needs as fraudulent). I have also managed to curb several abuses.

However, the use of in cell restraints is one of the most wanton and cruel abuses that remains prevalent in the Phase One portion of this "program". Yes, I'm writing from Phase One.

I have witnessed many prisoners placed on these "in cell" restraints for up to four days and after these restraint conditions are removed, prisoners attempt to commit suicide. There are so called "mental health" personnel hired by the state, but they do not follow up with prisoners after the restraints are removed. The damage is psychologically as well as physically inflicted.

On 7-13-2017, after I received a disciplinary infraction report for not signing a voluntary program participation document, it was determined that I did not have to sign if I didn't want to according to law. As a result, I was transferred out of the Phase One Facility (Northern Correctional Institution, a supermaximum prison) to a lesser restricted prison. After seven days at the latter prison, the Security Risk Group program co-ordinator, John Aldi, and several other officials conspired to transfer me back to the supermaximum prison on the basis that I would not sign their document voluntarily. On 8-23-2017 I was returned to the supermaximum prison under the guise that I did not comply with programming, even though I never agreed to volunteer for such programming in the first place.

Back at the supermaximum prison, on 9-28-2017, the prison guards executed a plan to force me to sign by placing my life in danger. Of eight prisoners to be placed into an outside yard for an hour with handcuffs on behind the back, the guards left the restraints loose and unlocked on a prisoner whom they instructed to take me out claiming that I was an informant. The prisoner used the unlocked steel restraints to attack me and cause serious injury as guards left their posts.

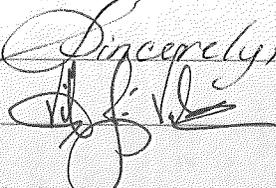
The enclosed photographs are evidence which are available from the Department of Correction. The video of the attack can be requested as they have been preserved by the Department of Correction. The enclosed documents show the

steps to the attack.

The use of restraints to torture and attack other prisoners who cannot defend themselves does not speak to reform. It is blatantly cruel and unjust, particularly on prisoners who are expected to be released as rehabilitated. These punishments for crimes are not a detriment to criminal psychoactiveness, albeit it promotes a firm belief that rights to torture are bestowed on one with power of authority. Criminals are less likely to let victims of crimes such as robbery, rape and kidnapping live, knowing that these people will ultimately identify such criminals and the consequences will be years of physical and emotional torture. Petty criminals will most likely, as statistics show, commit homicide in Connecticut rather than be identified, given the choice to let a victim simply walk away.

Torture in Connecticut is real and it is the prison industry under Command of the Governor that programs prisoners to return to prison by creating and placing insurmountable obstacles that make reformation in the lives of criminals and reintegration into society impossible. The torture of prisoners is not how the justice system is supposed to function.

I believe most people are good. I also hope I don't get murdered because of my religious beliefs and the wicked intentions of the prison industry. Thank you for reading this short letter from a prisoner.

Sincerely,  


Under the pain and penalty of perjury I state that the following is true and correct to the best of my knowledge. I was a prisoner at Northern CI from 1995-2012. During this period I was subjected to in-cell restraints 30 to 35 times for reporting suicidal plans. Because the middle chain was short I could not fully extend my back. This caused me great pain and prevented me from sleeping for 72 hours. There was another prisoner's feces on the walls. I had no property, no visit from family, no attorney visit, no phone calls, no shower, no soap, no toothpaste, meals came cold in a bag, no spoon or fork. The isolation caused me to feel like I was dead, cut off from the world. This is my second letter to Attorney Hope Metcalf. My first letter, similar to this one, was stolen from the U.S. Mail.

Respectfully Yours,

Steven J. Waterman

12-20-18