In order to lay the groundwork for an effective Stop Solitary Campaign it is important to gather as much information regarding the solitary confinement policies and practices in your jurisdiction as possible. This is especially important because isolation units and supermax facilities tend to be the institutions in a correctional system that are most closed to the public and hence the most hidden from public scrutiny. Although at least 44 states and the federal government have built supermax facilities over the last thirty years, the goals of these institutions and the outcomes they produce remain largely unquestioned and subject to scant review. Similarly, segregation units are unstudied and unmonitored.

By possessing the hard data and the facts, you will position your campaign more strategically, ensure the development of better solutions to the problems of solitary confinement in your community, and deal with an opposition that is most likely to rely on anecdotal stories and unsubstantiated claims about the need to isolate “the worst of the worst” without asking the basic question of why and to what end?

Below is a list of the types of information you should seek to support your advocacy work and suggestions for how to obtain it.

**Step 1: Identify Where Solitary Confinement Happens, Who is Confined There, and How They Are Conained.**

Solitary confinement goes by many names whether it occurs in a so-called “supermax prison” or in a separate unit within a regular prison. These separate units are often called disciplinary segregation, administrative segregation, control units, security housing units (SHU), special management units (SMU), or simply “the hole”.

Do you have a supermax prison in your jurisdiction or are prisoners held in special segregation units within other prisons? How many prisoners are subject to such incarceration? This type of information may be publicly available on the Department of Correction’s website or other government website, or in state regulations. Much of this
information, however, will only be obtained through a formal public information request. Please note that if you make a public records request, you will need to carefully define the meaning of “solitary confinement” in order to ensure that your data is accurate. The first bullet below is an example of such a definition.

These are samples of the type of information requests that can be made to collect necessary data:

- What is the total number of prisoners in the state who are confined for a minimum of 22 hours a day in a single cell for more than 30 days (including solitary confinement settings, supermax prisons, administrative segregation, special housing units, etc.)?
- What is the type and location of the facilities where prisoners are held in solitary confinement, e.g. supermax facilities, separate segregation units?
- How many prisoners are held in solitary confinement in each institution?
- What is the mean and median length of stay in solitary confinement in each facility where prisoners are so confined?
- What is the mean and median age of prisoners held in solitary confinement?
- Identify the number of prisoners held in solitary confinement who are under the age of 21.
- Identify the number of prisoners held in solitary confinement who are under the age of 18.
- Identify the gender of prisoners held in solitary confinement, i.e. the number of male prisoners vs. female prisoners.
- Identify the racial and ethnic make-up of prisoners held in solitary confinement, including the number of Caucasians, African Americans, Latinos, Asians, Native Americans, etc.
- How many prisoners are held in solitary confinement whose primary language is not English?
- How many prisoners held in solitary confinement were prescribed medications to treat a DSM-IV Axis I and/or Axis II mental disorders in the last 12 months?
- How many prisoners held in solitary confinement have had a DSM-IV Axis I and/or Axis II mental health diagnosis in the last 24 months?
- How many prisoners held in solitary confinement have a mental retardation diagnosis?
How many prisoners held in solitary confinement were transferred to a mental health hospital [insert the name of the mental health unit in your jurisdiction if one exists] or other forms of in-patient care in the last 24 months?

List the reason for placement/classification to solitary confinement for each prisoner held in solitary confinement as of [Date].

For prisoners held in solitary confinement for disciplinary reasons, indicate the nature of the infraction that caused the placement.

Indicate the number of four-point restraints of prisoners held in solitary confinement in the last 24 months, indicating the starting date and ending date of each restraint.

Indicate the number of in-cell restraints of prisoners held in solitary confinement in the last 24 months, indicating the starting date and ending date of each restraint.

How many suicides of prisoners held in solitary confinement occurred in the last 24 months?

How many incidents of self-harm were documented in the last 24 months for prisoners held in solitary confinement?

How many prisoners in solitary confinement have been placed on suicide watch during the past 24 months?

How many cell extractions were performed on prisoners held in solitary confinement in the last 24 months?

How many prisoners held in solitary confinement went on hunger strikes in the last 24 months?

How many prisoners held in solitary confinement were subject to forced feeding in the last 24 months?

How many individual counseling sessions were provided to each prisoner held in solitary confinement in the last 24 months?

What training do correctional officers receive who work in solitary confinement units?

What mental health training do correctional officers receive who work in general population units? Solitary confinement units?

Produce any reports, audits, investigations or reviews by DOC, any other government unit, or outside persons or entities concerning the delivery of mental health or medical services to prisoners held in solitary confinement.
Produce any written complaints from [enter time period of about 2-3 years] submitted by any DOC staff member, including medical and mental health personnel, about the delivery of mental health services or the level of mental health staffing at any of the facilities where prisoners are held in solitary confinement, and include any written response by a DOC administrator, including medical and mental health personnel.

Produce any reports, audits, investigations or reviews by DOC, any other government unit, or outside persons or entities concerning excessive use of force against prisoners held in solitary confinement.

Produce any written complaints from [enter time period of about 2-3 years] submitted by any DOC staff member about excessive use of force at any of the facilities where prisoners are held in solitary confinement, and include any written response by a DOC administrator.

Step 2: Research the Policies that Govern Supermax/Solitary Confinement in Your Community

You will need to understand the policies that govern supermax or solitary confinement in your jurisdiction. These are the types of general policies to look for when researching the operation of solitary confinement in your jurisdiction:

- Discipline policies
- Administrative segregation policies
- Protective Custody policies
- General segregation policies
- Supermax operations
- Classification Plans or Classification Systems
- Visitation policies
- Phone call policies
- Mental Health programs and policies
- Death row policies

By reviewing these policies, you may be able to learn answers to important questions such as those listed below. Of course, some policies will be unclear, vague or non-existent and answering these questions may require formal information requests, interviews of correctional officials, communications with prisoners and advocates or a combination thereof. The first place to look for policies, however, is the Department’s
website. Most Corrections Departments now place some of their policies and/or regulations on the web.

The following are questions that can often be answered by a review of prison/jail policies and regulations:

- What are the reasons prisoners are placed in solitary confinement?
  - What are the criteria used for placement in solitary confinement?
  - Is solitary confinement limited to individuals who have committed violent acts? Tried to escape?
  - What is the system’s classification policy?
- Are individuals held in solitary confinement because they are considered too vulnerable to be placed in general population?
  - Youth prisoners
  - LGBT prisoners
  - Elderly prisoners
  - Gang renouncers, i.e. individuals who have renounced their gang affiliation and/or possibly given law enforcement information on gang activities.
  - Sex offenders
- Is there an age limit placed on who can be kept in solitary confinement? Is there any special provision to protect youth age 18 or younger from the impact of isolation on their social/psychological development?
- What due process is available to prisoners prior to being placed in solitary confinement? Are these processes adequate? Are they followed? (Note: this will have to be ascertained anecdotally or through document review)
- Is there a limit to how long a prisoner can be held in solitary confinement conditions?
- How often is a prisoner’s placement in solitary confinement reviewed and by whom?
- How do prisoners get out of supermaxes/solitary confinement units and back to a general population prison?
- What access to rehabilitation programs do prisoners have in solitary confinement?
- What type of visitation with friends and loved ones is available to prisoners held in supermax/solitary confinement?
- What types of property, such as TVs, radios, and books, are prisoners in supermax/solitary confinement allowed to have in their cells?
- Is there a minimum amount of out-of-cell time or recreation time listed for prisoners held in solitary confinement in the policies?
• Are prisoners released directly to the community from supermax prisons/solitary confinement units or are they reintegrated back into general population housing before release?
• Are any types of “resocialization” programs available for prisoners being released from solitary confinement – either in the prison or the community?
• Is there a mental health screening process prior to placement in solitary confinement housing? Are individuals identified as mentally ill excluded from solitary confinement? If so, where do they go?
• Is there a mental health step-down unit for prisoners diverted from solitary confinement? What is the nature of that program?
• Are prisoners adequately monitored for mental health impacts caused by solitary confinement?
  o How are they monitored?
  o How often does this monitoring take place?
  o Who does it?
  o How is it documented?
  o Is such monitoring held in a confidential setting or where other prisoners and correctional officers can hear, for example, at cell-front? (Note: this may not be clear from simply looking at the policy; discussions with prisoners, correctional officers, and mental health staff may be necessary.)

Step 3: Develop a Qualitative Description of Solitary Confinement in your Community

It is important to understand the lived experience of individuals subject to supermax/solitary confinement in your jurisdiction. All too often official policies are simply not followed in practice and some aspects of life in solitary confinement will not be obvious from the paperwork. Information about daily life in solitary confinement is therefore best obtained by talking to or corresponding with prisoners incarcerated in those units, and if possible, by touring the facility and asking questions of prison officials (see the Checklist for a Supermax Prison Visit for guidance on collecting the most useful information during your visit), and by speaking with staff, such as prison chaplains.

Here are some examples of information to gather in this area:

• How many hours a day is the person held alone in his/her cell, i.e. what is the level of isolation?
• What is the size of each person’s cell? Is it roughly the same size as a regular bathroom, for instance?
- Are prisoners able to engage in social interaction with one another? Any other human beings?
- Can prisoners even see other human beings?
- What is the lighting like in the cell? Is it on 24-hours a day? Is it bright enough to read by?
- What type of door is on the cell? Is it solid steel? Is there a window in the door that allows a prisoner to look out or a correctional officer to view inside?
- Is there a window in the cell that allows the prisoner to look outside? How big is the window? Is there any opportunity to see sky? Grass? Flowers? People?
- What is the temperature like on the unit? Is it comfortable to wear street clothes? Sweater? T-shirt?
- Is there a call box or intercom in the cells so prisoners can contact correctional officers in an emergency? If not, what happens in an emergency? For instance, if a prisoner is having a heart attack?
- What types of possessions can a prisoner keep in his/her cell? TVs, radios, reading materials, pictures of loved ones?
- What types of programs, if any, does a prisoner in solitary confinement have access to? Education? Art? Therapy?
- Are the prisoners allowed visits with friends and family? How often do these occur? What times/days are available for visits?
- If a prisoner receives a visit from his/her family, can s/he touch family members or children? Are the visits conducted in-person or behind glass?
- Do prisoners in the solitary confinement units have access to clergy?
- What is the type, frequency and length of recreation allowed in the unit?
- What happens if a prisoner needs psychiatric care?
  - Do prisoners have access to counseling?
  - Does a prisoner have to ask a correctional officer if s/he needs a psychiatrist to visit him/her?
  - Where does the counseling occur? Is it in a private room or does it take place at cell front where others can hear?
  - What happens to a prisoner if s/he has a mental breakdown while in the supermax? Will s/he be sent to a hospital? If s/he recovers, will s/he be returned to solitary confinement?
- What happens if a prisoner needs medical care?
  - What happens in an emergency?
  - How can a prisoner access medical care in solitary confinement?
  - Does a prisoner have to ask a correctional officer if s/he needs medical care?
Step 4: Find Out How Much Solitary Confinement Costs in your Community & What Outcomes it Produces

Once you’ve developed a basic understanding of the nature and operation of solitary confinement practices in your community, you should also research the costs and outcomes of using solitary confinement. Although the human costs of solitary confinement have long been recognized, many critics now also point to the enormous fiscal costs associated with solitary confinement. For example, supermax institutions typically cost two or three times more to build and operate than even traditional maximum-security prisons. But despite the significant costs associated with such institutions almost no research has been done on the outcomes produced by the increased use of solitary confinement or supermax prisons.

In the research that has been conducted there is little empirical evidence to suggest that the use of solitary confinement makes prisons safer. Indeed, emerging research suggests that supermax prisons actually have a negative impact on public safety. But despite these concerns, states and the federal government continue to invest scarce taxpayer dollars in constructing supermax prisons and enforcing solitary confinement conditions. In your campaign it will be helpful to try to find as much data as possible regarding the true costs of solitary confinement and its ultimate impact on public safety.

What is the difference between general population and supermax prison costs?

In order to estimate the true fiscal costs of supermax institutions, compare the following data between a general population prison and a supermax prison:

- Equipment and technology costs
- Staff-to-prisoner ratios
- Construction costs
- Per prisoner cost of supermax bed vs. general population bed
- Per prisoner cost of supermax bed vs. maximum security bed
- Operation costs of a supermax prison vs. a general population prison
- Operation costs of a supermax prison vs. a maximum security prison

It would also be helpful to request any government reports or evaluations of the cost and efficacy of using solitary confinement (although it is quite possible that none have actually been done):

- Produce any reports, audits, investigations or reviews by DOC, any other government unit, or entities or persons outside the government concerning the costs of incarcerating prisoners in solitary confinement.
• Produce any reports, audits, investigations or reviews by DOC, any other government unit, or entities or persons outside the government concerning the impact of solitary confinement on any of the following:
  - rates of inmate-on-inmate violence;
  - inmate-on-staff violence;
  - prison riots;
  - prison lock-downs;
  - overall prison safety;
  - recidivism;
  - additional stress for correctional officers;
  - weakened parent-child relationships between prisoners and their children due to reduced visits, contact, etc.; and
  - the ability for prisoners to reintegrate into society successfully, including evaluations of any programs that assist prisoners in making the transition back to the community from solitary confinement.

Special consideration should be paid to public safety impacts of subjecting individuals to long-term solitary confinement. In order to determine these outcomes, research and/or request the following data:

• The percentage of prisoners released from solitary confinement directly to the community
  - The percentage released on parole
  - The percentage released as a result of discharging their sentence
• If a prisoner is released back to the community from supermax confinement, what programs are available to help that transition?
• What are the recidivism rates of prisoners who were released directly from solitary confinement to the streets?
• What are the recidivism rates for prisoners who were transitioned from solitary confinement into the general population before community re-entry?
• What are the recidivism rates for general population prisoners in the system?
• For prisoners returning to prison after serving time in solitary confinement, what percentage return to prison for violent offenses? How does that compare to individuals returning to prison who were not subject to solitary confinement?

Does supermax/solitary confinement actually improve prison order and control?

One key question to ask is whether supermax prisons and solitary confinement actually accomplish their stated goal of improving prison safety. For example, in communities where supermax prisons have been built, it would be helpful to gather and compare the following data and also ask if there’s been a percentage change in any of this data since a supermax or solitary confinement wing opened:
• Data from the supermax/solitary confinement units
  o Number of staff victimizations
  o Number of prisoner victimizations
  o Number of hospitalizations resulting from assault
  o Number of weapons confiscated
  o Number of lock downs
  o Number of cell extractions
  o Number of escapes
  o Rate of staff turnover
  o Degree to which prisoners and staff feel safe
  o Number of infractions of prison rules

• Data in the general population
  o Number of staff victimizations
  o Number of prisoner victimizations
  o Number of hospitalizations resulting from assault
  o Number of weapons confiscated
  o Number of lock downs
  o Number of cell extractions
  o Number of escapes
  o Rate of staff turnover
  o Degree to which prisoners and staff feel safe
  o Number of infractions of prison rules

Typically very little analysis has been done on the efficacy of supermax institutions, but if such data is available, it can be useful. And if no such data is available, it raises the question whether the monetary cost of using solitary confinement, coupled with the human cost of increased physiological and psychological suffering, far outweighs any purported benefits.