A Price Illinois Cannot Afford:
Tamms and the Costs of Long-Term Isolation

About the John Howard Association of Illinois (JHA)

JHA is a non-partisan prison watchdog, and the only independent organization that monitors Illinois’ juvenile and adult correctional systems. Our mission is to achieve a fair, humane and cost-effective criminal justice system by promoting adult and juvenile prison reform, leading to successful re-integration and enhanced community safety. To learn more about JHA and to read our prison reports, visit our website: http://thejha.org
Executive Summary

On March 12, 2012, JHA visited Tamms Correctional Center (Tamms), in Tamms, Illinois, located about seven hours south of Chicago, and four hours south of Springfield. Tamms is the state’s only “supermax” prison. It consists of a 502-bed capacity closed maximum-security adult male unit, known as the “C-Max,” and a 202-bed capacity minimum-security adult male unit known as the “MSU.” Both units were below capacity at the time of JHA’s visit, and in combination housed less than 400 inmates.

JHA was conscious of Governor Quinn’s proposal to close Tamms at the time of our visit. This report sets out JHA’s findings with respect to conditions at C-Max, considerations regarding Tamms’ proposed closure, and the consequences of long-term isolation.

Key Findings

- It costs almost $65,000 per year to house an inmate at Tamms—the highest cost of any DOC facility.

- Most inmates spend 23 to 24 hours alone in their cells without social interaction, human contact, or sensory stimulation. This state of isolation can extend for months, years or indefinitely. Some Tamms inmates have spent more than a decade in this isolation.

- Approximately 18 percent of Tamms inmates are 50 years or older.

- While Tamms offers no re-entry programs, the majority of its inmates will be released and returned to the community.

- In observing, visiting, and communicating with Tamms inmates, JHA found evidence of inmates suffering deleterious effects to their mental and physical health related to long-term isolation.

- JHA found that Tamms’ staff are not given adequate training, strategies, resources, and professional support to assist them in managing and interacting with mentally ill and self-injuring inmates.

- At its peak, Tamms held 287 inmates in C-Max. At the start of 2010, it held 265 inmates. On November 9, 2010, the date of JHA’s last visit, Tamms held 207 inmates. At the time of JHA’s most recent visit, that number had dropped by almost 30, for a total of about 180 inmates.

- According to DOC Director Godinez’s Closure Recommendations, Tamms’ staff will be offered positions in nearby facilities that suffer from chronic understaffing, minimizing job loss.
Recommendations

• JHA believes that Tamms is unnecessary to protect the safety of inmates, staff, and the general public, and that it would be cost-prohibitive to repurpose the facility for other correctional purposes. JHA therefore supports the Governor’s proposal and DOC Director Godinez’s corresponding recommendations for closure.

• To ensure accountability, transparency, and the protection of inmates’ rights in the administrative decision-making process, JHA recommends that the Governor and Legislature, in conversation with the DOC, pursue creation of an independent oversight committee, comprised of individuals external to DOC, to review decisions to place inmates in long-term isolation.

• In line with the United Nations, the American Bar Association’s Criminal Justice Standards on the Treatment of Prisoners, and expert medical authorities, JHA recommends that use of indefinite long-term solitary confinement and use of long-term isolation for mentally-ill inmates should be banned altogether and a \textit{per se} prohibition placed on holding inmates at Tamms who have a history of mental illness.

• Based on high incidence of staff assaults and forced cell extractions, coupled with the high incidence of mental distress and mental illness JHA observed among Tamms’ population, JHA recommends that increased training and professional support should be provided to all staff on issues of mental illness, self-harming behaviors, and psychiatric symptoms associated with long-term isolation.

• While JHA commends DOC and Tamms’ administration for implementing GED programming, we recommend that educational programming be increased and provided to a greater number of inmates. We further recommend that some form of genuine communal activity be provided to all Tamms inmates on a regular basis, and that the congregate religious program be expanded and diversified to include both secular programs and religious programming for non-Christian inmates.

• JHA recommends that efforts be undertaken to: (1) organize, enlarge, and improve the quantity and quality of Tamms’ library’s holdings; and (2) facilitate inmates’ ability to access library materials by providing them with a list of titles, authors, and subjects included in the library’s holdings.

• JHA recommends that Tamms: (1) review its visitation procedures to determine whether they could be simplified and made more understandable, accessible, or flexible; (2) ensure that all visitation procedures are published on DOC’s website; and (3) consider increasing visitation for all Tamms inmates and whether modifications to visiting areas could be made to make them more inviting and comfortable without comprising security.

• JHA recommends implementing electronic medical records and data sharing among DOC facilities, county jails, and state and county medical and mental health providers, and encourages the Illinois Governor and Legislature to do the same. States like Rhode Island and Texas that have switched to electronic medical records in their correctional systems report better patient care and tremendous cost-savings. For instance, the creation of an integrated electronic medical records system in Texas increased the quality of inmate medical care and saved more than $1 billion in taxpayer funds.
Introduction

Among Illinois’ 27 correctional facilities, Tamms C-Max is unique. The facility opened in 1998 as the state’s only “supermax” prison in the Illinois Department of Corrections’ (DOC). It is dedicated to housing “the . . . most disruptive, violent and problematic offenders . . . who have demonstrated an inability or unwillingness to conform to the requirements of a general population facility.”

This mission comes at a high cost to taxpayers. According to DOC, Tamms’ operating budget in fiscal year 2012 was more than $26 million. This means that taxpayers spend almost $65 thousand a year to house an inmate at Tamms, which is three times as much as what it costs to house an inmate at one of Illinois’ maximum-security facilities.

The primary reason for Tamms’ high costs stems from the fact that the facility was built with the aim of eliminating inmate movement and providing all services in-cell, which requires much higher staffing levels than other prisons. In Tamms, inmates spend 23 to 24 hours a day alone in concrete cells behind perforated steel doors that severely restrict the ability to see or hear anything of the world outside. There are no vocational, educational, religious, leisure, or communal activities in any conventional sense. Exercise consists of an inmate being taken alone to an enclosed outdoor concrete pen to pace. A class consists of an inmate watching pre-recorded instructional tapes in his cell or filling out worksheets. The newly implemented congregate religious services consist of inmates being moved from their usual isolation cells to an identical set of isolation cells in a different wing where a pastor stands at the cell front to give a sermon. Inmates can be held in these conditions for months, years, or indefinitely in the broad discretion of administrators without oversight by any authority independent of DOC.

These conditions of confinement are not only expensive to sustain, but they also produce harmful effects that go beyond the legitimate purposes of punishment of incapacitation, deterrence, retribution, or reformation. When Tamms first opened in 1998 at the height of states’ enthusiasm for supermax prisons, less was known about the effects of long-time isolation on inmates’ physical and mental health and the impact on mentally ill inmates. Since that time, a compelling body of data, literature, study, and research has emerged establishing that long-term isolation can have severely detrimental effects on inmates’ physical and mental health, and is particularly hazardous for inmates with preexisting mental illness. Even the courts, which by nature are conservative bodies and usually last to acknowledge consensus on issues of empirical fact, now uniformly recognize that long-term isolation causes grave psychological and physical harm.

The accuracy of these findings was born out during JHA’s visit. In observing, visiting, and communicating with Tamms inmates, JHA found evidence of inmates suffering damaging effects to their mental and physical health related to long-term isolation. We found multiple instances of inmates decompensating mentally and physically and engaging in acts of auto-aggression and self-mutilation. We found seriously mentally ill inmates housed in long-term isolation convicted of lower-level offenses who would be more accurately described as the “sickest of the sick” rather than the “worst of the worst.”
In spite of these conditions, supporters of Tamms have argued that the facility is necessary to protect inmates and staff from the disorder and violence that typified the state’s correctional system in the 1980s and 1990s. During this period gangs controlled the prisons; inmates’ personal property was largely unregulated, leaving facilities rife with drugs, contraband, and weapons; and the movement of inmates was unstructured and uncontrolled.

However, these arguments to justify Tamms ignore the operative fact that independent of, and preceding, Tamms’ opening in 1998, numerous reforms were also put in place that restructured the Illinois correctional system and effectively re-vested power, order, and control in the hands of DOC administration and correctional staff. It was these comprehensive reforms that restored lasting order to the Illinois correctional system, causing the decline in prison violence. To date there is no evidence that Tamms or supermax prisons in general achieve the goal of reducing violence or improving system-wide order and safety. Indeed, there is evidence to the contrary that supermax prisons increase institutional violence and rates of violent recidivism. This latter fact is particularly troubling, given that the majority of Tamms inmates will be released and returned to the community.

Based on personal observations, data, and an overriding body of evidence in the fields of criminology, medicine, science, psychology, and sociology linking long-term isolation to the exacerbation and development of serious mental and physical illness, JHA believes a sea change in Tamms’ policies is required to reflect this consensus. At the same time, however, JHA is skeptical that the facility can be reformed. Tamms was specifically built to be a “supermax” prison. The facility is well-suited to holding inmates in long-term isolation, but little else. There are no social spaces that would allow for communal education, eating, activities, or exercise. The principal function of the facility’s architectural and technological design is to drastically limit staff and inmate interaction. Repurposing Tamms for other correctional ends is impractical because it would entail modifications that are cost-prohibitive, particularly in light of the fact that DOC has been asked to cut more than $110 million from its fiscal year 2013 budget, an almost 10 percent reduction from 2012.

JHA thus supports Governor Quinn’s proposal to close Tamms and DOC Director Godinez’s attendant recommendations to relocate C-Max inmates to maximum-security facilities and reassign Tamms’ staff to other nearby facilities where their assistance is badly needed. While the Governor’s proposal is supported by strong fiscal arguments, JHA believes that his decision is not just about cutting costs. By closing Tamms, Illinois will take a critical step toward reforming the state’s prison system to the benefit of public safety, security, and the state’s fiscal health.

This report covers the following issues: Screening and Placement of Inmates at Tamms; Housing and Living Conditions, including Physical Conditions, Activity, Educational Programming, Library & Legal Services, Visitation, and Congregate Religious Services; Observations and Interviews with C-Max Inmates, including Self-harming Behaviors Among C-Max Inmates and Experiences of C-Max Inmates; Mental Health Care; Medical, Dental & Eye Care; and Population Demographics.
Screening and Placement of Inmates at Tamms

At the time of JHA’s visit, Tamms’ housed roughly 184 inmates in C-Max, of which 70 inmates were in disciplinary segregation and 114 inmates were in administrative detention. While disciplinary segregation is, as its name suggests, punitive and related to specific instances of misconduct, administrative detention is deemed a “non-disciplinary status of confinement” under the Illinois Administrative Code and can be based on any “legitimate penological interests.”

Criteria used to send inmates to Tamms for disciplinary segregation and administrative detention are very broad and nebulous, and can be based on predictions of an inmate’s potential future misconduct. This appears at odds with the Department of Justice’s National Institute of Corrections’ (NIC) recommendation that the criteria for placing inmates in supermax facilities should be strictly defined to prevent abuse and overuse of supermax placement. The NIC further cautions that placing inmates in supermax facilities based on predictions of future misconduct is of questionable validity because “[a]ttempting to use predictive criteria based on subjective information has led historically to unsatisfactory and possibly indefensible results.”

JHA heard from multiple inmates confused and distressed by lack of particularity in Tamms’ placement criteria, as well as the seeming arbitrariness and capriciousness in decisions to place some inmates at Tamms, while leaving other similarly-situated inmates in the general population. Inmates also reported having no means to refute either the initial decision to place them at Tamms or the decision to reject inmates’ request for transfer because the reasons given to justify these decisions are inexplicably vague. Some inmates held in administrative detention for having influence with a Security Threat Group (STG) (i.e. a prison gang) find themselves in a particular Catch-22. Specifically, these inmates reported they have no viable means to challenge decisions to keep them at Tamms because they are prevented from knowing and confronting the specific evidence against them on grounds that it could jeopardize institutional security and gang intelligence sources.

An additional source of fear and frustration for Tamms inmates is the apparent lack of clarity surrounding projected lengths of stay at Tamms and the methods for earning transfers from Tamms to other facilities. Ostensibly, the 2009 Ten-Point-Plan was designed to address this issue by providing all inmates with: (1) meaningful periodic review of decisions to place and keep them at Tamms; (2) estimates of probable lengths of stay at Tamms; and (3) explanations of how, through good behavior, inmates could earn a transfer out of Tamms.

However, the reality, as expressed by Tamms inmates, is that: (1) the estimated lengths of stay provided are meaningless, unenforceable surplusage; (2) the methods for inmates to earn a transfer out of Tamms remain undefined; and (3) requests for transfer from Tamms are inevitably rejected by Tamms’ administration upon review, such that meaningful review and transfer consideration is only obtainable through direct intervention of DOC’s Director.

The lack of certainty provided to Tamms inmates regarding estimated lengths of stay and the manner to earn a transfer out of Tamms is a problem not only as a matter of due process, but also for practical reasons. Studies show that a crucial factor in inmates’ ability to endure solitary
confinement is prior knowledge of its duration. \(^{20}\) Whereas uncertainty to the duration of isolation promotes hostility, fear, aggression, and a sense of helplessness, finite sentences imposed for acknowledged acts are much “less prone to inspire panic.” \(^{21}\)

JHA believes that the lack of clarity, transparency, and predictability in the criteria and decision-making process for placing and transferring inmates to Tamms invites arbitrary and disparate treatment of inmates and abuse and overuse of supermax confinement, while needlessly fostering distrust, confusion, and anger among inmates. \(^{22}\) To ensure accountability, transparency, and the protection of inmates’ rights in the administrative decision-making process, JHA recommends that the Governor and Legislature, in conversation with the DOC, pursue creation of an independent oversight committee, comprised of individuals external to DOC, to review decisions to place inmates in long-term isolation. \(^{23}\)

To his credit, DOC’s Director Godinez has been proactive during his tenure in reviewing placement decisions and working to transfer a substantial number of inmates out of Tamms through the administrative detention step-down program. \(^{24}\) Indeed, the number of inmates at Tamms has fallen dramatically in recent years. At its peak, Tamms held 287 inmates in C-Max. At the start of 2010, it held 265 inmates. On November 9, 2010, the date of JHA’s last visit, Tamms held 207 inmates. At the time of JHA’s most recent visit, that number had dropped by almost 30, for a total of about 180 inmates.

Tamms’ administrators attributed this decline in the number of inmates to increased scrutiny on the part of corrections officials in placing inmates at Tamms. Administrators emphasized that that the decision to send an inmate to Tamms is “not taken lightly.”

JHA commends the administration in decreasing the number of inmates placed at Tamms, and in recognizing that the decision to place an inmate at Tamms is grave and requires the exercise of great caution and restraint. However, for the reasons previously stated, JHA believes that affording a mechanism of external review is necessary to increase transparency, accountability, and predictability in this administrative decision-making process.

The administration is also to be commended for providing increased mental health assessment of inmates being transferred to Tamms. Within 24 hours of an inmate’s arrival at Tamms, a mental health professional is required to perform a mental health screening. The only exception to this rule is where an inmate has been screened at the transferring facility, in which case a mental health screening must be performed at Tamms within 72 hours.

Given the well-documented deleterious effects long-term isolation has on inmates with preexisting mental illness, it is vital that Tamms inmates with mental illness be timely identified to facilitate proper treatment. \(^{25}\) The mental health screening protocols instituted at Tamms help to accomplish this end.

However, there remains no *per se* prohibition against sending or holding seriously mentally-ill inmates at Tamms. Likewise, there are no administrative rules establishing absolute limits on how long an individual with mental illness can be held in isolation. Although the Ten-Point-Plan
was intended to prohibit transferring severely mentally-ill inmates to Tamms, JHA found that seriously mentally-ill inmates, in fact, are being held in long-term isolation at Tamms.\textsuperscript{26}

These practices run contrary to the American Bar Association’s Criminal Justice Standards on the Treatment of Prisoners which provide that “no prisoner diagnosed with serious mental illness should be placed in long-term segregated housing.”\textsuperscript{27} Tamms’ use of indefinite long-term isolation also runs contrary to the standards and recommendations of the United Nations and expert medical authorities.\textsuperscript{28}

In line with these authorities, JHA believes that use of indefinite long-term solitary confinement and the use of long-term isolation for mentally-ill inmates should be banned altogether and a \textit{per se} prohibition placed on holding inmates at Tamms who have a history of mental illness.

\textbf{Housing and Living Conditions}

Tamms’ mission is categorically different from other DOC facilities in that its sole purpose is to “house” problematic offenders.\textsuperscript{29} By contrast, Stateville, Menard and Pontiac Correctional Centers’ missions include not only ensuring institutional and public safety, but also providing humane treatment and fostering rehabilitative relationship with inmates through the provision of services and treatment aimed at reintegrating them into the larger community.\textsuperscript{30}

The singularity of Tamms’ mission, to the exclusion of any goals of reintegration or rehabilitation, underscores an underlying weakness in the facility. Early on the National Institute of Corrections (NIC) recognized there is an inherent “potential for abuse” in supermax prisons, given that they prioritize “control of human beings, who by definition or in reality, are the ‘worst of the worst.’”\textsuperscript{31} The NIC cautioned that the ultra-control, rigidity, and lack of interaction between staff and inmates that typify supermax prisons can greatly magnify tension, hostility and stress and create a dangerous, dehumanizing “We/They syndrome” between inmates and staff.\textsuperscript{32}

To counteract these hazards, the NIC emphasized that supermax facilities should “clearly state” that their missions include “humane treatment, reduction of anger and violence, and reintegration into general population.”\textsuperscript{33} Such language is notably absent from Tamms’ mission statement. In visiting Tamms, JHA encountered an atmosphere marked by a high degree of suspicion and antagonism. While some of this heightened tension was likely due to Tamms’ proposed closing, the unusual level of hostility expressed by some staff and administrators regarding inmates was also suggestive of a “We/They” culture at work.

Significantly, JHA discovered that the number of staff assaults, forcible extractions of inmates from cells, and use of “meal loaf” as punishment have increased at Tamms for the last three years (2009, 2010, 2011), even as the number of inmates has dropped.\textsuperscript{34} We further learned that for 2011 and for 2012, the year to date, most inmate grievances have concerned staff conduct (constituting 28 percent of the total 947 grievances filed in 2011, and 28 percent of the total 170 grievances filed in 2012).
JHA is alarmed by these figures. A documented hazard of supermax facilities is their tendency to become increasingly harsh, cruel, and dehumanizing for inmates and staff over time. Lacking alternative approaches for dealing with inmates or the means to implement other approaches, correctional staff are left with no choice but to continually escalate the severity of punishment, even when this approach fails. The escalating brutality of treatment, in turn, engenders bitterness and “push back” from inmates, resulting in increased assaultive behaviors.

The high incidence of staff assaults and forced cell extractions, coupled with the high incidence of mental distress and mental illness JHA observed among Tamms’ population (as detailed below), leads JHA to believe that increased training and professional support should be provided to all staff on issues of mental illness, self-harming behaviors, and psychiatric symptoms associated with long-term isolation. As it stands, Tamms’ staff who are not designated members of the mental health “crisis team” receive training only in emergency mental health procedures.

Studies indicate that providing correctional staff with specific training, strategies, and professional support in their routine dealing with mentally ill and self-harming inmates greatly reduces incidents of use of force and inmate assaults on staff, and decreases the workplace stress and burnout frequently experienced by staff who work with these challenging populations.

**Physical Conditions**

Tamms is a fully automated facility, having unit and cell doors that open and close electronically and remotely. Essentially every part of the facility is under camera surveillance, and the facility is fully air-conditioned and temperature controlled. Steel-grid catwalks, similar to subway grates, line the ceilings of the corridors. While the facility itself is built above ground, its emptiness, bright fluorescence and lack of natural light, the lack of movement and activity in its corridors, and the at-once muffled and echoing sound created by its solid poured-concrete construction, built to withstand earthquakes, give it the feel of an underground bunker. JHA found the facility to be clean and well-maintained at the time of our visit. However, we also received prior reports of insects in one of the housing units and of showers being dirty and poorly maintained.

C-Max is organized around a nine-pod housing structure. Each self-contained unit or “pod” contains six housing wings, with the exception of the Special Treatment Unit (STU), which has two wings and houses C-Max inmates deemed to be severely mentally ill. A typical housing wing has two floors and can house five inmates apiece on the upper and lower floors. Each wing contains a shower where inmates are brought individually between one or five times a week depending on their disciplinary status/behavioral level.

Housing wings contain several crisis cells and “multi-purpose” rooms where individual inmates can be brought to receive therapy or religious services. An empty concrete exercise pen, about 15 by 20 feet wide with 30 feet high walls, is also attached to each wing. Because a ceiling covers two-thirds of the pen, only a part of the sky can be viewed from inside. Individual inmates are taken alone to the exercise pen between one and several times a week depending on their disciplinary status/behavioral level. However, yard time can be further restricted for an extended period of time as punishment.
Inmates’ cells are rectangular, about nine feet wide by 15 feet across, with nine feet high walls and fluorescent lighting. They contain a sink and a toilet, and concrete slabs adjoining the floor and cell walls function as a shelf and base for a mattress. Administration reported that in the elevated security cells, toilets are capable of being set on a timer to flush once every nine minutes to prevent the inmates from continuously flushing toilets and flooding their cells.

A narrow rectangular window is located high above the bed at the rear of each cell and admits some dim natural light. Standing on the concrete bed slab in the rear of a cell, most JHA staff and volunteers were able to see out the window. However, a shorter JHA volunteer was unable to see from this position. The window itself was dirty and blurry, allowing virtually no visibility of the world outside.

A typical cell door consists of a steel sheet perforated across its surface with small holes that are about the size of a quarter. The door has a small chuckhole that locks from the outside and can be opened to deliver and pick up inmates’ food trays. Standing inside or outside a cell, a person is unable to see through the door unless standing directly against it with one eye pressed to one of the holes. Inmates’ ability to see or have a conversation with persons outside is severely limited. To the extent that inmates can press themselves against their cell doors to see out, they are presented with a view of a monolithic concrete wall.

For inmates housed in elevated security wings, cell doors are additionally covered by a thick sheet of plexiglass to prevent them from throwing liquids through the holes or throwing out “fishing” lines to exchange items with other inmates. These plexiglass shields further distort and limit inmates’ ability to see or hear anything outside, as well as the ability of persons outside the cell to see, hear, and communicate with inmates inside the cells. For all practical purposes, the cells covered by plexiglass are virtually soundproof and communication with the inmates inside can only be achieved by shouting. A total of 20 inmates were housed in Tamms’ four elevated security wings at the time of JHA’s visit.

Inmates’ cells are “shaken down,” i.e., searched comprehensively, at least once a month. Inmates housed in the elevated security wings are searched more frequently. One inmate reported to JHA that cells were being searched two to three times a week.

The kind and quantity of property that inmates may possess is strictly circumscribed, and may be reduced to no property or only a few essential items for lengthy periods as a disciplinary measure. JHA heard reports from numerous inmates of having their property reduced for extended periods, leaving them in virtually empty cells for days, weeks, or months at a time.

Activity

Most inmates spend 23 to 24 hours alone in their cells without social interaction, human contact, or sensory stimulation. This state of isolation can extend for months, years or indefinitely. Some Tamms inmates have spent more than a decade in this isolation.

Tamms inmates eat all meals alone in their cells. Radio and television access is highly restricted
and limited to only a few inmates deemed to have reached the highest behavioral level or who have special approval. Access to commissary, personal visits, phone calls, and yard time are likewise strictly limited and allocated at the facility’s discretion and according to the inmate’s disciplinary status/behavioral level.\textsuperscript{40}

Inmates in disciplinary segregation are limited to one 10-minute phone call to immediate family per month. Inmates in administrative detention similarly are limited to between one and two personal phone calls of 10 to 15 minutes duration per month depending on their behavioral level. During phone calls, the telephone is brought to the inmate in his cell. All phone calls are subject to approval. A number of inmates reported that, apart from phone calls with their attorneys, personal calls are a rare occurrence.

Staff indicated that C-Max inmates can communicate with each other by yelling down the galleries or through pipes in the cells, and that inmates can even play chess by yelling out the positions of their chess pieces. While these examples were offered to show that Tamms inmates are not isolated, they instead illustrate that normative social interaction and communication are essentially non-existent.

For the severely mentally-ill inmates housed in the STU there are some greater opportunities for social interaction, as they receive increased mental health treatment and are allotted some additional activities. However, there are no communal social activities in any conventional sense at Tamms, and this applies to STU inmates as well.

Rather, group therapy and activities for STU inmates take place in a room lined with six individual steel and glass cages that resemble see-through phone booths or confessional boxes in a church. The cages are about one-fifth the width of a regular cell and roughly seven feet tall. They are composed of clear glass on the upper half and have perforated steel panels at the top and sides to allow for the transmission of sound. There is a lockable rectangular opening in the cage to facilitate cuffing inmates.

For purposes of group activities, STU inmates are transported from their cells and placed into these individual cages. From there, an inmate can see and speak to other inmates in their respective cages and to the mental health staff member who stands outside and supervises the activity or group therapy from the center of the room.

JHA staff and volunteers had the opportunity to go into one of the therapy cages with the door closed. The small space felt tightly confining and claustrophobic. While persons outside the cage can hear persons inside clearly, the sound quality within the cage is more limited, as the sound of one’s own voice is amplified by the surrounding glass.

The therapy cages may be reasonably well-suited for passive, non-interactive activities like inmates watching television together. However, group activities that involve genuine social interaction are rendered wholly unnatural and take on bizarre, dehumanizing aspects. For instance, a game of Monopoly must be played without inmates touching the game board, moving the game pieces or rolling the dice. A mental health worker must serve as a proxy for all the
inmates by standing outside the cages, rolling the dice, and moving all the game pieces.

An underlying defect in the supermax prison model is that the “[e]xtraordinary and unyielding security procedures that characterize these kinds of prisons often preclude meaningful and appropriate therapeutic contact,” which, in turn, sets up a vicious cycle. Namely, the tighter and more complete the controls and restrictions on inmates’ interactions, the more likely the inmate is to lose the ability to set limits for himself and control his own behavior through internal mechanisms, absent extreme external controls and physical restraint. While the arrangement devised by Tamms to afford STU inmates increased social interaction is well-meaning, it suffers from serious infirmities in that it is so prohibitively restrictive that it effectively prevents genuine, normalizing social interaction, and therapeutic connection.

(i) Educational Programming

Inmates classified at behavioral levels two and three, the least restrictive levels of administration detention, have the opportunity to receive GED instruction. At the time of JHA’s visit, 12 inmates were enrolled in the GED program and there was no waitlist to receive instruction. Staff informed JHA that nine inmates earned their GED in the past year, and that there was a 100 percent pass rate for Tamms inmates taking the GED test.

Tamms employs two full-time teachers (40 hours per week each) to provide GED instruction to C-Max inmates. This is an unusually high number of teachers for a facility of less than 200 inmates. By way of comparison, Lincoln Correctional Center, a medium-security adult female facility with a population of over 1,000 inmates, employed one GED teacher and had substantial backlogs of inmates awaiting GED instruction when JHA visited in 2012.

In providing GED testing at C-Max, administration is to be credited with successfully implementing one of the reforms proposed under the Ten-Point-Plan. Nevertheless, GED instruction at Tamms does not involve traditional classes or collectively taught lessons. Rather, eligible inmates watch GED instructional programming provided through Kentucky Educational Television on closed circuit television in their cells. Inmates complete GED booklets and worksheets, which, in turn, are graded by the GED teachers and returned to the inmates with feedback.

The same televised GED programming is repeated four times each week. A Tamms teacher opined that having the same GED instructional programs replayed each week is beneficial because inmates, “like children,” learn from constant repetition. However, inmates that JHA spoke with reported that the monotony of seeing the same unchanging educational GED program continually replayed is boring, frustrating, and “pointless” and they would welcome greater diversity in educational programming.

Despite the high level of educational staffing, Tamms does not offer Adult Basic Education instruction. Likewise, there are no literacy programs. A staff member reported that, with the exception of one low-functioning inmate housed in STU, all Tamms inmates are literate. However, this characterization is hard to reconcile with the Federal District Court’s observations in 2010 that “[a] large population of Tamms inmates are poorly educated, if not illiterate, and
therefore cannot beguile their time in isolation through activities like reading and letter-writing.”

An administrator explained that education is limited to only a select group of inmates because Tamms ‘is about behavior modification.’ Thus, inmates must earn to the right to educational programming and first demonstrate they are willing to be taught without engaging in disruptive behavior.

JHA commends DOC and Tamms’ administration for implementing GED programming. However, we strongly recommend that educational programming be increased and provided to a greater number of inmates. Given Tamms’ small inmate population, the high number of teaching staff, and the poor educational level of C-Max inmates, it seems feasible and constructive to provide inmates with a greater variety, quality, and quantity of educational programming. The NIC observed that “[t]he more [educational] programs available to the inmates, the less vulnerable the facility will be to legal challenge and the more likely that inmates’ negative reaction to isolation will be ameliorated.” In accordance with these ends, JHA recommends that efforts be made by administration to diversify and extend educational programming to all Tamms inmates.

(ii) Library & Legal Services

C-Max has a main library containing both recreational and legal reading materials. In addition, each housing pod contains two “satellite” law libraries, which consist of cells stocked with legal reference materials. At the time of JHA’s visit, a staff member was temporarily assigned to perform part-time library duties because the facility had lost its permanent librarian. A full-time paralegal was also employed five days a week to provide inmates with notary and legal services.

Library materials are generally brought to inmates in their cells. However, depending on an inmate’s disciplinary status/behavioral level, he may be permitted to spend up to two hours at a time in one of the satellite law libraries. Tamms’ main library is also outfitted with a computerized legal research engine. Inmates can request copies of specific cases or legal materials by sending a request slip to the paralegal, who then brings the legal materials to inmates in their cells.

With the exception of religious books, Tamms inmates are prohibited from possessing books with hardback covers. Further, books must be divided up into sections that are less than 1½ inches thick. Inmates can possess up to five books at a time from the main library.

JHA had the opportunity to visit the main library. It appeared small, cluttered, and disorganized and seemed to have substantially fewer books than other correctional facilities. In total, the library contained about 23 bookcases with six bookshelves apiece. Stacks of worn books appeared to be haphazardly piled on their sides on bookshelves.

A cursory inspection of the library’s holdings revealed little in the way of variety, quality, or selection. Popular paperback fiction predominated, interspersed with some outdated materials
such as a 2001 GRE testing manual. An inmate reported that books on self-improvement and general knowledge were hard to come by. JHA’s review of the library’s sparse holdings seemed to confirm this.

To access books, inmates must fill out a form specifying a book’s title or author, or otherwise indicate the general subject matter/genre of books that interests them (e.g., westerns, religion, etc.). Because inmates are not provided with a list of the book titles or authors carried in the library, their ability to identify specific books is very limited. While some of the library’s books are purchased through the inmate benefit fund, most books are donated. Staff reported they are unable to accept all book donations due to security issues. Further, publications must be carefully screened to ensure that they do not contain contraband or encoded messages.

JHA is cognizant of Tamms’ security concerns. However, we found conditions in the library to be substandard. For inmates in long-term isolation, ready access to quality reading materials is vital because reading is the principal if not exclusive means for them to engage their intellects and connect with a larger society and human community. This point was aptly made by Justice Thurgood Marshall in Procunier v. Martinez, 416 U.S. 396, 428 (1974), stating: “When the prison gates slam behind an inmate, he does not lose his human quality; his mind does not become closed to ideas; his intellect does not cease to feed on a free and open interchange of opinions; his yearning for self-respect does not end; nor is his quest for self-realization concluded. If anything, the needs for identity and self-respect are more compelling in the dehumanizing prison environment.”

JHA recommends that efforts be undertaken to: (1) organize, enlarge, and improve the quantity and quality of the library’s holdings; and (2) facilitate inmates’ ability to access library materials by providing them with a list of titles, authors, and subjects included in the library’s holdings. In view that Tamms is exceptionally well-staffed with clerical and administrative support personnel compared to other correctional facilities, it seems feasible that reorganizing and expanding the library could reasonably be accomplished.

(iii) Visitation

The number of personal visits allotted to inmates depends on their disciplinary status/behavioral level, but visitation is strictly circumscribed across the board. Inmates in disciplinary segregation and on behavioral levels 1 and 1A of administrative detention are allowed one visit per month; inmates in administrative detention on behavioral level 2 are permitted two monthly visits; and inmates on behavioral level three of administrative detention are allotted five visits per month. Visits are limited to four hours in length and all visits are non-contact. Thus, for the duration of inmates’ stay at Tamms, human contact is limited to that involved in the exercise of force by security or physical examination by medical staff.

A frequent complaint heard from Tamms inmates and their family members is that the rules, regulations, and procedures for scheduling visits are so burdensome, complicated, and exacting that they often frustrate visitation. A review of Tamms’ visitation procedures on DOC’s website reveals that the approval process is more involved and complex than at other facilities. Inmates
and family members also reported that tacit rules not set forth on the DOC’s website are sometimes invoked to prevent visitation.

Inmates and family members expressed that the complicated procedural hurdles to obtaining approval for visits, coupled with Tamms’ geographic location, have caused most inmates to lose touch with their family and friends. Some inmates and family members reported having abandoned visiting altogether because of the harsh visiting environment, where inmates and family members sit on cement stools, separated by a glass wall, and communicate through voice-activated speakers. JHA also heard reports from inmates that visits are summarily terminated if an inmate has to use the bathroom during the four-hour visiting window. An inmate admitted to having urinated on himself because he did not want a visit with family to be summarily terminated.

Administration responded that efforts are, in fact, made to accommodate visitors, as chairs with backs are routinely provided to visitors upon request, and they are not forced to sit on concrete stools. Administration further indicated that inmates are permitted to use the restroom and return to the visit as time permits, and that visits are not terminated if use of the restroom is requested.

JHA believes that additional efforts should be made to encourage and facilitate visiting at Tamms and all DOC facilities. Decades of research indicate that visits from family improve inmates’ institutional behavior and lower the likelihood of recidivism. Despite this, policies and impediments that unduly discourage visitation prevail at many facilities, including Tamms. As stated in prior reports, JHA believes that creating policies and environments that encourage visitation should be a correctional priority. Inmates’ families and friends, while routinely undervalued, are, in fact, correctional assets, as studies show that visitation and communication between inmates and loved ones during incarceration reduces institutional violence and increases rates of post release success.

Accordingly, JHA recommends that Tamms: (1) review its visitation procedures to determine whether they could be simplified and made more understandable, accessible, or flexible; (2) ensure that all visitation procedures are published on DOC’s website; and (3) consider increasing visitation for all Tamms inmates and whether modifications to visiting areas could be made to make them more inviting and comfortable without compromising security.

However, Tamms’ and DOC’s administration are to be commended for their initiative in providing video visitation to Tamms inmates who are in administrative detention at behavioral level 3. Video-visitation is conducted through the West Side Adult Transition center in Chicago. Visits are one hour in length and eligible inmates may receive up to five visits via video per month. Administrators indicated that the program has been very successful and that they are considering expanding the video visitation to provide access to more inmates. JHA encourages efforts to that effect. Due to Tamms’ geographic location and the time and cost associated with travel, many families do not have the option to arrange personal visits. Video visitation is an effective alternative means for these families to maintain relationships with loved ones incarcerated at Tamms.
(iv) Congregate Religious Services

For most Tamms inmates, religious services are limited to chaplaincy staff delivering religious materials and individual services to inmates at their cells. One reform proposed under the Ten-Point-Plan was to implement congregate religious services for C-Max inmates “exhibiting consistent positive adjustment behavior.” Tamms has endeavored to implement this reform. At the time of JHA’s visit, however, actual congregate religious services were not being offered because the services provided are not communal in a genuine sense.

Congregate religious services occur once a month and are available only to inmates in administrative detention at behavioral level 3. For purposes of the services, eligible inmates who request to participate are taken from their individual cells and separately placed in identical cells in a separate wing. There, a non-denominational Christian minister stands in the gallery and gives a sermon to the inmates, who remain in individual cells behind their perforated steel doors.

In short, the services are not congregate as inmates remain isolated and separated, and there is no communal assembly. Although the intent underlying the services is admirable, to label the services “congregate” is a misnomer, as inmates do not engage in normative, communal social interaction or shared religious practice in this setting.

A plan to implement a form of actual communal activity was in the works at the time JHA’s visit. Specifically, a non-denominational Christian prison ministry group was invited and planning to provide a religious weekend “retreat” in April to a total of five inmates in administrative detention, behavioral level 3. The five inmates were to be chosen randomly by lottery from the list of eligible inmates who requested to participate.

At the retreat, 12 volunteers from the Christian ministry group were to discuss religious themes with the five inmates over the course of four days. To facilitate the program, steel chairs and desks resembling school desks had been bolted to the floor in one of the housing wings the week before JHA’s visit. Administration reported that, depending on the religious volunteers’ comfort level and concerns about their personal safety, inmates could be either shackled to the desks during the retreat or placed in cells, at the discretion of the volunteers. Given the extreme control exercised over every other form of inmate movement at Tamms, JHA was surprised to hear that discretion was being left to volunteers to determine whether inmates would remain inside or outside their cells during the retreat.

JHA commends the administration’s efforts to implement a form of communal activity. However, we have reservations and concerns about several aspects of the congregate programming offered. First, the number of inmates allowed to participate in the program is exceedingly small. Only inmates in administrative detention at the highest behavioral level can participate in congregate religious services of any kind, and, among eligible inmates, participation in the communal “retreat” is limited to only five. Inmates in disciplinary segregation and those at lower behavioral levels in administrative detention have as great if not a greater need for communal activity given that continual isolation tends to exacerbate disruptive behaviors. JHA recommends that some form of congregate, communal activity be provided to
all Tamms inmates on a regular, recurring basis.

A second shortcoming in the existing program is that there is no diversity in the congregate religious services offered. Both the “congregate” services at the cell-fronts and the planned religious retreat weekend are Christian-based. No similar communal religious services are offered to inmates of non-Christian faiths; nor are any secular communal programs offered to inmates who are non-religious. The disparate treatment and benefits afforded to Christian inmates, to the exclusion of non-Christian inmates, raise significant civil liberty concerns which JHA urges Tamms to rectify through more diverse religious and secular programming.52

Observations and Interviews with C-Max Inmates

JHA staff and volunteers had the opportunity to communicate with numerous inmates in C-Max and C-Max’s elevated security wings.53 As previously noted, we found overriding evidence of inmates experiencing undue suffering and degenerating mentally and physically in isolation. We found inmates displaying overt symptoms of severe mental illness. We also met inmates with confirmed diagnoses of severe and enduring mental illnesses, like schizophrenia and major depressive disorder, housed in long-term isolation in elevated security wings.54

The weight of evidence obtained in inmate interviews, coupled with our own observations in speaking with inmates and staff, leads JHA to conclude that: (1) Tamms’ austere conditions of isolation cause inmates to deteriorate mentally and physically; (2) inmates with serious mental illness are being housed in C-Max, contrary to the minimum treatment standards promulgated by the ABA and the UN55; and (3) increased training and professional support should be provided to staff to assist them in managing inmates with mental illness, particularly those who engage in self-harming behaviors, and to help staff cope with the stress of working with this difficult population.56

Tamms inmates commonly refer to the elevated security wings as the “bug wings” because of the tendency of inmates there to “bug out” and engage in frantic behaviors like self-mutilation and throwing feces and urine. It is well documented that conditions of extreme isolation, like those at Tamms, commonly induce a psychopathological state known as “isolation panic” that is characterized by panic, terror, rage, loss of control, complete breakdown, or fragmentation of self identity.57 Most C-MAX inmates that JHA spoke with described experiencing symptoms of isolation panic.

The majority of C-Max inmates that JHA interviewed appeared in varying states of mental distress. Some appeared terrified and markedly disordered in their thought processes. JHA received multiple reports of inmates experiencing weight loss, fatigue, weakness, and memory loss. Multiple inmates reported spending two to three days at a time in catatonic-like states of half-sleep. A constant refrain heard from inmates was that they wanted to “hold on” but did not know how much longer they could take it. The vast majority of Tamms inmates JHA interviewed desperately wanted to transfer from the facility.

In conducting inmate interviews, JHA staff and volunteers stood at the cell-fronts.
Communicating with inmates, especially with inmates housed in the plexiglass-covered cells in elevated security, was difficult because of the cell-door design. To be understood, JHA staff and volunteers had to press against the cell doors, yell and repeat ourselves to be heard, as did the inmates inside the cells.

During interviews, Tamms’ staff and administrators positioned themselves very nearby and in one instance, an administrator interjected into an interview between a JHA volunteer and an inmate to contest and contradict an inmate’s statements. JHA found this level of oversight and scrutiny during interviews to be unusual. Although some of this may reasonably have been attributable to increased safety and security concerns in a supermax facility, it exemplifies the atmosphere of heightened tension and antagonism that JHA encountered on the visit.

In speaking with C-Max inmates and staff, JHA similarly noted unusually high levels of antipathy between these two groups, even as compared to segregation units in maximum-security facilities. C-Max inmates had a pronounced sense that correctional staff were not simply doing a job but personally “hated” them and wanted them to suffer. Staff and administrators likewise spoke of inmates as incorrigible, unrepentant, and driven solely by destructive motives. Staff and administrators largely discounted that inmates’ acts of self-mutilation might be genuine expressions of pain or mental distress, and broadly dismissed these as “malingering” or “manipulation,” precluding sympathetic response lest the behavior be encouraged. Inmates, in turn, described staff’s responses as infuriating and cruel. In sum, a dysfunctional dynamic of resentment and recrimination seemed evident in interactions between Tamms inmates and staff.

(i) Self-harming Behavior Among C-Max Inmates

JHA encountered a significant number of inmates with scars and wounds from acts of self-mutilation and self-harm. Indeed, at the time of the visit, JHA was unable to tour one of the elevated security wings because administration informed us that an inmate had threatened that he would begin cutting himself when JHA came through the wing. Staff reported that four inmates were actively engaged in cutting and self-harm behaviors, and that the number and frequency of inmates self-mutilating tends to wax and wane. Administration further reported that most inmates who regularly engage in self-mutilation are housed in the elevated security units in C-Max.

Inmates spoke of cutting and self-mutilation as ways to relieve a buildup of pressure and to feel “real” again. An inmate, who currently was not cutting but had deep scars from prior acts of self-mutilation, described to JHA that there was a vicious circle in that when he engaged in self-harm, his cell would be stripped of property, leaving him more deprived and causing the pressure to build again.

JHA also received numerous reports from inmates of being disciplined and penalized for acts of self-harm. Administration reported that acts of self-harm are not themselves penalized, but that any rules broken to effectuate acts of self-harm are penalized. For instance, an inmate who cut himself by using an eyeglass rim or a piece of concrete from his cell could receive a ticket and lose privileges for destruction of state property or possession of contraband. Inmates similarly
reported being disciplined for violating “sanitation” rules for engaging in self-mutilation.

JHA believes that attaching punitive sanctions to acts of self-harm and stigmatizing those who self-harm as “manipulative” is unreasonable and counterproductive where these behaviors are typically symptomatic of mental distress and mental illness brought on by long-term isolation. Self-harming behavior is extremely costly in terms of both the danger and damage to inmates and the facility resources required for intervention. However, it is a predictable and well-documented response to conditions of long-term isolation in supermax prisons.

In this environment, self-harm can serve as a morbid but effective form of self-help that brings inmates temporary relief from intense feelings of depersonalization, disassociation, rage, or fear brought on by extreme isolation. Self-mutilation and self-harm are also often symptoms of deep psychiatric illness and trauma. However, in the economy of the supermax prison, acts of self-harm can also be perversely rational because it is often only through such risky, extreme behaviors that inmates can credibly signal they have urgent, unmet needs, where “cheap” signals like crying or verbal requests for help are routinely discounted or ignored.

Staff noted that inmates sometimes spitefully wait until a shift-change to cut themselves in order to make staff members stay later. Commenting on the specific incident that occurred at the time of JHA’s visit, an administrator dismissively commented that the inmate was manipulative and seeking attention and wanted to “put on a show” for JHA. JHA found this administrator’s response troubling, but representative of many staff’s attitudes towards self-harm that we encountered on the visit.

Staff frustration with inmates who self-harm is understandable, as these inmates tax staff’s time and attention and demand a great deal of the facility’s resources. Feelings of frustration, distress, anger, anxiety, and a lack of empathy are common and normal reactions to individuals who frequently self-injure. It is critical, however, that staff “[n]ot lose sight of self-injury’s function as a response to stress.” To do so can “[l]ead to gaps in surveillance, with minor wounds being dismissed rather than being viewed as potential precursors to more severe self-injury.”

Staff cannot accomplish this on their own, but need training, strategies, resources, and professional support to assist them in both successfully managing and interacting with mentally ill and self-injuring inmates, and dealing with the tremendous workplace stress and burnout that frequently accompanies dealing with these populations. Absent such training and support, the negative emotions evoked by self-injury may become part of a cyclical pattern. Specifically, self-injuring behaviors tend to illicit negative cognitions and emotions in staff members (i.e., nurses, clinicians, correctional staff) which can lead to a negative interaction between the self-injuring inmate and staff. This interaction can lead to increased negative emotions and cognitions in the person who is at risk for further self-injury and may ultimately trigger another self-injury event.

As previously noted, studies indicate that providing staff with specific training on issues of mental illness, as well as professional and social support leads to much fewer incidents of violence and use of force, creating a safer environment for staff and inmates alike. JHA recommends that regular professional training on issues of mental illness and, specifically, issues
of self-injury, be provided to all DOC staff, and Tamms staff in particular. Dealing with chronic self-injuring behavior can be incredibly stressful for correctional staff, particularly for those who work long term with inmates who repeatedly display this behavior. Without an appropriate theoretical framework on self-injury from which to base interactions and interventions, staff working with self-injuring inmates can increasingly feel overwhelmed and ineffective in working with this population. This adds weight to the possibility of a cyclical interaction between self-injurious behavior and staff behaviors, as staff may unwittingly react in ways that enrage or overwhelm self-harming inmates.

Further, for the reasons already stated, JHA believes that in order to effectively and categorically reduce incidents of self-injury among inmates: (1) the use of long-term isolation should be prohibited with respect inmates who have a history of mental illness, including any history of self-injuring behavior; and (2) that the use of isolation should be strictly circumscribed across the board, and employed with caution, for minimal periods of time, and only when absolutely required to preserve inmates’ and staffs’ safety.

(ii) Experiences of C-Max Inmates

At the time of our visit, JHA requested that several Tamms inmates be brought to confidential areas to allow JHA to interview them privately. It is a routine monitoring practice for JHA to select and confidentially interview several inmates at the time of a visit, without pre-identifying the inmates to facility administrators ahead of time to prevent potential intimidation or interference with interviewees and ensure the integrity of the interview. JHA’s request to privately interview Tamms inmates in this manner was denied on the grounds that we did not seek pre-approval. With the exception of two inmates who were shackled and interviewed by JHA volunteers in multi-purposes rooms with the doors open, all Tamms inmates were interviewed from behind closed cell doors.

A sample of reports JHA received in inmate interviews follows and typifies the experiences of the C-Max inmates we spoke with.

An inmate in one of C-Max’s elevated security wing was presented with white bandages wrapped around his legs and arms at the time of JHA’s interview. He pressed on the bandages during the interview causing blood to soak through them. The inmate displayed deep scars all over his arms and legs from self-mutilation. He described going through cycles of dark depression where cutting himself was the only relief.

The inmate indicated that he received medical treatment when he cut himself, but that mental health conditions were “bad” in that staff looked for reasons not to provide inmates with mental health treatment. The inmate explained that staff sometimes mocked him and goaded him when he cut himself, telling him that he did not cut deeply enough. During the interview, the inmate’s affect verged on frantic at times, and he tended to repeat himself and lose track of his thoughts. When JHA staff explained they had to move on to speak to other inmates, the inmate became very anxious and pleaded that JHA staff stay longer.
Another inmate housed in elevated security described at length how long-term isolation had affected him. He stated: “I feel like I am disintegrating. The isolation has affected my mind. It is like your head is in a vice, with the pressure crushing you. You are isolated from everything that made you who you are. I’m coming apart. I can’t connect. It’s psychological torture. [Tamms] is worse than any other place I have been because of the depersonalization you go through. The sensory deprivation eats away at your soul. You are not able to interact with another human being. Even if you have a bad cellmate, you interact with another human being.” The inmate stated that he would “take Pontiac [Correctional Center] any day” over Tamms just to have “some contact.”

An inmate in elevated security, who was wearing a spit mask, shackled to a stool, and cuffed with his hands behind his back when JHA interviewed him, displayed symptoms of severe mental and physical distress. He appeared wide-eyed, terrified and extremely agitated during the interview. His body and neck were contorted into stiff, unnatural positions, and he writhed around and shook his head from side to side. He spoke in an extremely loud voice and seemed unable to modulate his volume, tone, or affect.

The inmate said he had been in Tamms “sensory deprivation experiment” for over a decade. He called the elevated security wings that “Elevated Security Experiment” and said that the wings were used to house outcast inmates from other facilities because of their psychiatric problems. He was fearful that staff were poisoning and putting bugs in his food. The inmate’s level of psychiatric symptoms and mental distress during the interview were so acute that they rendered communication very difficult. The inmate had to be removed from his cell to a multi-purpose room to speak with JHA because we could not enter his housing unit due to another inmate, previously mentioned, who had threatened to begin cutting himself.

Multiple inmates described Tamms as being a “separate world,” a “world within a world,” a “time warp,” or a “time trap.” An inmate in elevated security reported to JHA that some inmates howled and screamed all night long. While the inmate had tried to talk to other inmates on the wing, he had since given up because it was impossible to hear.

An inmate in administrative detention reflected that it was a struggle for inmates to remain strong and not lose a grip on reality. He explained that sensory deprivation was hard to withstand, and that he had seen many men “crack” under the pressure of Tamms. The inmate admitted that he had created bad situations and lashed out when he was a young inmate in DOC, but he had since grown up and his outlook as a middle-aged man had changed. The inmate expressed that the loneliness of Tamms was starting to get to him and had become increasingly hard to bear because he wanted to see his family “so badly.”

Another inmate noted that his memory had deteriorated over the years at Tamms, and he could no longer remember things or concentrate long enough to be able to read books. He said that mental health staff occasionally came by the cells to check on inmates and ask how they were doing. He explained that when inmates told staff they were disintegrating and going through “psychological torture,” staff would debate them and “think they are faking it.” The inmate felt extreme anger, depression, and hopelessness believing that he would never get out of Tamms.
JHA heard reports from some inmates of staff taunting and physically or verbally abusing inmates, particularly inmates in the elevated security units. An inmate explained that inmates in elevated security were especially hated by staff because they were “mental cases.” The inmate reflected that poor treatment had instilled inmates with hate and made everyone at Tamms angry and bitter.

An inmate diagnosed with schizophrenia expressed that he had been moved out of the STU because they “don’t like me there.” The inmate had a history of smearing feces and urine over his cell. During the interview, the inmate began giving a disjointed paranoid account of how he was being poisoned and produced a small piece of rolled-up paper from his mouth as evidence of this. He said that he felt better since leaving the STU because one of the police departments he had written to about his poisoning was finally “on the case.” The theme returned to over and over by the inmate was extreme loneliness. During the interview, he became dejected and repeatedly stated, “I’m just so lonely. I’m so lonely all the time.”

A large number of inmates made statements to JHA to the effect, “I feel like I am dying,” and “I just want to die.”

The overall impression JHA took away from interviews was of inmates subsisting in varying states of depression, fear, desperation, and extreme anxiety.

**Mental Health Care**

At the time of JHA’s visit, a total of 25 Tamms inmates were under psychiatric care, of whom 24 were receiving psychotropic medications. Two inmates were receiving medication involuntarily. C-Max is authorized to employ one part-time psychiatrist (eight hours per week), one full-time psychologist (40 hours per week), one full-time social worker (40 hours per week), and two additional full-time mental health professionals (for a total of 80 hours per week). The psychologist position was vacant when JHA visited. Accordingly, the psychiatrist was helping by working additional hours for a total of 16 hours per week. The facility also employed three full-time social workers. The average caseload for a mental health worker at Tamms is eight inmates, the lowest in all Illinois correctional facilities.

C-Max inmates who are found to be severely mentally ill are housed in the Special Treatment Unit (STU). As previously noted, however, the threshold standard of “serious mental illness” for placing inmates in STU excludes many categories of inmates with severe psychiatric dysfunction, as JHA found inmates who engaged in chronic self-mutilation or had histories of serious, enduring mental illnesses, like schizophrenia, housed in C-MAX. For the reasons already stated, JHA believes that consistent with the standards promulgated by the American Bar Association, the United Nations, and other expert legal and medical authorities, a per se prohibition should be enacted against placing and holding inmates who have any history of mental illness or self-harm in long-term isolation at Tamms.

The STU has the capacity to hold 12 inmates and housed eight inmates at the time of JHA’s visit. All eight STU inmates receive individual mental health therapy. These individual therapy
sessions take place in multi-purpose rooms adjoining the housing wings, usually last between a half hour to one hour, and occur one to several times a week or month depending on the inmate’s needs. During the individual sessions, the door is closed and a magnet is placed over the speaker to prevent housing unit control officers from listening and help protect the privacy of the inmate in discussing medical/mental health issues.

STU inmates also have the opportunity to participate in group therapy sessions five times a week. Group therapy programs include: co-occurring disorders, expressive therapy, psychosocial skills, and health management. These group sessions are conducted in the glass-and-steel cages previously described in the section of this report entitled “Housing and Living Conditions.” For the reasons previously stated, JHA finds this arrangement inadequate to provide STU inmates with normative social interaction and therapeutic contact.

Physically, the STU is virtually the same as the other housing units in Tamms, with the exception that it has even more crisis cells – six in total, compared to other housing wings that have between one and four crisis cells apiece. Apart from crisis cells in the housing units and STU, Tamms’ medical unit also has five additional crisis cells.

The extremely high number of crisis cells throughout the facility is testament to the frequency and high number of inmates that are in mental health crisis or on suicide watch. This is consistent with an overriding body of evidence indicating that conditions of long-term isolation like those at Tamms severely exacerbate pre-existing mental illness and induce serious mental illness and psychiatric symptoms in otherwise healthy persons.74

At the time of JHA’s visit, we observed an inmate under observation in a crisis cell in the medical unit. The room was devoid of property and lit by bright fluorescent light. The inmate was asleep on a thin mattress pad on the floor in the corner of the room and was covered entirely with a blanket. The window to the observation room had deep scratches in the interior glass and there appeared to be a spot of dried blood on the window. Staff reported to JHA that an additional inmate had been housed in a crisis cell in the medical unit for about two weeks, but had been moved back to his cell that morning. According to administration, the average length of stay for inmates in a crisis cell is one to two days.

Administration reported that all staff members are trained in emergency mental health procedures an annual basis. Further, staff members who are designated as members of the crisis team receive an additional 16 hours training on initially being appointed to the team, and one additional hour of training quarterly.

Given the high incidence of mental distress and mental illness observed among Tamms’ population, coupled with the high incidence of staff assaults and forced cell extractions, JHA believes that increased training for all correctional staff on mental illness and psychiatric symptoms associated with solitary confinement should be instituted. As previously noted, studies indicate that providing correctional staff with training, strategies and professional support for dealing with mentally ill inmates leads to greatly reduced incidents of use of force and inmate assaults on staff, and significantly workplace stress and staff burnout.75
At the same time, JHA commends some of the correctional staff we met on the visit who, cognizant of the mental health issues of the population in their custody, exercise patience and prudent discretion in issuing disciplinary tickets. To illustrate, a correctional officer that JHA spoke with in the healthcare unit indicated that, understanding that many of Tamms inmates are mentally ill, he would not write a ticket for insubordination if an inmate talked back or lashed out at him verbally so long as the inmate was not out of control.

JHA had the opportunity to visit the STU and speak with several inmates. Some STU inmates were satisfied and enthusiastic about the group therapy sessions. Others expressed frustration and disappointment with group therapy on the basis that it was repetitive and boring. As one one STU inmate expressed, “They just keep going over your medications over and over again. That is all we do in therapy. It’s pointless.”

STU inmates seemed overall grateful to be housed in STU rather than C-Max because of the increased mental health treatment. For instance, a STU inmate diagnosed with schizophrenia described having a breakdown in C-Max where he could not stop hearing voices and hallucinating, but indicated that his condition had improved greatly since his transfer to STU.

Despite greater access to mental health treatment, many STU inmates described being extremely lonely and wanting more out-of-cell time, activities, and human contact. One STU inmate related that he did not bother to go out to yard and instead stayed in bed because all he could do is pace back and forth alone. For the reasons already stated, JHA believes that, consistent with best medical and mental health practices, STU inmates should be provided with greater opportunities for social interaction, out-of-cell activities, and educational programming given the well-established, well-documented link between isolation and exacerbation of mental illness.

Several STU inmates also expressed anxiety about Tamms’ proposed closing because they feared they would not receive mental health treatment at another facility or would be victimized by other inmates. One STU inmate in particular expressed to JHA that Tamms should stay open to protect people from him. The inmate explained that he was afraid of Tamms closing because he would hurt and murder people if he got out and that he had murdered and “skinned people alive” in the past and would do so again. JHA learned that, in actuality the inmate was not convicted of a violent crime, but instead of property crimes and burglary, and was scheduled to be released on parole in 2014. In short, the inmate’s delusional belief that he had murdered people and would do so again was a tragic and painful symptom of his mental illness.

In the event of Tamms’ closure, minimum standards of medical care and treatment and established correctional practices dictate that inmates be provided with continuity of medical care and medication and protected from threats in the general population upon transfer to other correctional facilities. Given statements by administrators that some STU inmates are “acting out” because they are fearful of being denied mental health treatment if Tamms closes, JHA believes it would be prudent for Tamms’ administration to formally address these concerns by assuring STU inmates that proper correctional practices and continuity of mental health care will be adhered to in any facility transfer.
Tamms inmates who are not in STU and wish to consult with a mental health professional may do so by submitting a request slip. Staff may also make mental health referrals for inmates by submitting a slip. If the situation is non-emergent, the inmate will generally be seen by a mental health professional within 72 hours. On average, it takes between three to seven days from the time of the referral to the time mental health treatment is initiated.

No group therapy is offered to C-Max inmates. However, 11 C-Max inmates were receiving individual mental health treatment. For both STU and C-MAX inmates, specialized mental-health “clinics,” such as substance abuse treatment and anger management, are provided by mail through correspondence courses.

Mental health staff members make rounds to check on C-Max inmates once a week. However, a number of C-Max inmates described the mental health checks as an empty formality. Specifically, inmates reported that staff may give a “pep talk,” but seem generally resistant to acknowledging their mental health needs and interacting with them therapeutically. JHA also received repeated inmate reports of staff broadly dismissing their mental health issues and complaints as “malingering” or “manipulation.”

As previously noted, JHA was troubled by the overemphasis on malingering and manipulation encountered among some Tamms staff. Research confirms that fear of inmate malingering can often lead staff to undermedicate, underdiagnose, and undertreat pain and serious physical and mental illness, resulting in undue suffering and sometimes disastrous consequences. Research further confirms that the incidence of genuine and severe mental illness is extremely high among supermax prison populations. Indeed, at the time of JHA’s last visit to Tamms in 2010, Tamms staff estimated that 95 percent of Tamms inmates suffered from a diagnosable psychiatric condition, and that the severe mental illnesses, schizophrenia and bipolar disorder, predominate among Tamms population.

As previously stated, JHA observed overwhelming, overriding evidence of C-Max inmates with symptoms of severe psychiatric illness and acute mental distress and inmates routinely engaging in acts of auto-aggression and self-mutilation. This evidence compels us to conclude that the mental health services provided to Tamms inmates are inadequate.

For the reasons already set forth, we further believe that the mental health crisis among Tamms inmates cannot be effectively addressed without fundamentally changing Tamms’ policies on long-term isolation. There is a growing recognition across the country that the supermax prison model is proving to be of questionable efficacy, prohibitively expensive to maintain, and a source of continuous litigation. Thus, many states which, like Illinois, previously embraced the supermax prison model as the best means to control systemic violence have since abandoned it altogether in favor of less-restrictive alternatives. In so doing, they have found these alternatives to be both far more effective in controlling violence and far less costly, both in terms of money spent and the harm caused to inmates’ mental health by long-term isolation.
Medical, Dental & Eye Care

(i) Medical Care

Tamms’ medical care is provided by a mixture of state employees and private contract employees through Wexford Health Sources. At the time of JHA’s visit, the healthcare unit appeared clean and well-maintained. The unit has the capacity to house nine inmates. Inmates awaiting treatment are placed in holding cells. As previously described, one inmate was under observation and housed in a crisis cell in the healthcare unit on the date of JHA visit. An additional inmate was waiting to be seen for a medical issue concerning his foot. He declined to speak to JHA about medical care or Tamms because he did not feel comfortable in the presence of multiple security and medical staff.

Nursing care is provided 24 hours a day, seven days a week. Sick call occurs every day, and nurses deliver medications in individual doses to inmates several times a day to their cells. Security is always present during inmates’ medication interactions with nurses. Likewise, security escorts are always present when inmates are examined by a doctor or nurse in the health care unit. Administration reported that there, in fact, are no medical encounters with Tamms inmates without security staff present.

The National Commission on Correctional Health Care Standards emphasize: “Health care encounters are private, with a chaperon present when indicated, and are carried out in a manner designed to encourage the patients’ subsequent use of health services. Clinical encounters should be conducted in private and not observed by security personnel unless the inmate poses a probable risk to the safety of the health care provider.” Protecting patient confidentiality and privacy of Tamms inmates is extremely challenging if not impossible, however, because of the inherent tension between maintaining optimal security and maintaining confidentiality of inmate medical information.

Basic laboratory blood-work, as well as X-rays and EKG’s are performed on site at Tamms. C-Max inmates who are under 30 receive a physical every five years, inmates between 30 and 39 receive a physical every three years, and inmates over 40 receive a physical exam every two years.

On average, medical visits between a doctor and an inmate, and sick call visits between a nurse and an inmate last between 15 and 20 minutes. Two to four nurses perform sick call per shift. On average, between six and eight inmates are seen on sick call each day.

Comparatively speaking, JHA heard relatively few complaints from inmates regarding medical care at Tamms. A factor that likely contributes to this lower incidence is that Tamms healthcare unit is well-staffed compared to other facilities JHA has visited. Tamms is authorized and employs one part-time physician (30 hours per week). The facility additionally is authorized to employ nine full-time registered nurses and seven full-time licensed practical nurses for a total of 640 nursing hours per week. At the time of JHA’s visit, all the authorized nursing positions were fully staffed, with the exception of one vacancy for a full-time licensed practical nurse. By way
of comparison, Pontiac Correctional Center, which has an inmate population of over 1,700, had
three vacancies for full-time nursing positions and a total of only 480 nursing hours per week
when JHA visited in October 2011.

JHA received reports from some inmates praising Tamms’ medical staff as “good” and “decent.”
However, grievances regarding medical/mental health issues in general comprise a large portion
of the grievances filed by Tamms inmates – 13 percent of the total grievances filed in 2011, and
15 percent of the grievances filed in the year to date in 2012.

Further, although JHA did not hear multiple complaints regarding medical care, we did hear
multiple reports of inmates being in very poor health and experiencing fatigue, weight loss,
memory loss, or weakness. Apart from this, one inmate made a significant report of being
unable to access adequate healthcare. He displayed a growth on his head to JHA, and explained
that he had been experiencing ongoing headaches and pain since 2006, but received nothing but
Motrin as treatment. That JHA was unable to interview any inmates confidentially may also have
contributed to the relatively low number of reports we received from inmates regarding issues
with medical care.

Chronic care clinics are available to treat inmates with asthma, hypertension, diabetes,
HIV, and high-risk medical conditions, such as Hepatitis C, MS, and seizure disorders. Tamms
also provides a chronic care clinic for general medicine issues. Asthma, diabetes, hypertension
and seizure chronic care clinics occur every four months. General medicine, Hepatitis C, and MS
clinics occur every six months. Clinics for high-risk conditions occur every three months. Nursing
staff refer inmates to the clinics based on their medical needs and history.

| Number of Tamms Inmates Diagnosed with Chronic Illness |
|-----------------|---------|
| Asthma          | 15      |
| Cancer          | 0       |
| Diabetes        | 9       |
| Hepatitis C     | 16      |
| HIV             | 0       |
| Hypertension    | 33      |
| Tuberculosis    | 0       |
| Seizures        | 5       |

Tamms’ medical doctor refers inmates off-site for treatment by specialists as needed. At the time
of JHA’s visit, four inmates were regularly being seen by specialists off-site. Of these four
inmates, two were being seen for renal conditions, one was being seen for an eye disease, and
another was being seen for a diabetic ulcer. Telemedicine is not used at Tamms.

With respect to medical data, medical records are transferred in paper form to Tamms when an
inmate is transferred there and stored in the healthcare unit. Staff indicated that mental health and
medical caregivers must rely primarily on a cumbersome paper record system. They reported that
if an inmate reported a prior hospitalization they would look for the record, but “50 percent” of
the time old records could not be located.

Medical staff expressed that having an electronic medical data and information keeping system
would be helpful in the facility’s day-to-day operations, but that the utility of such a system
would be limited absent the ability to coordinate and share information with other DOC facilities
and state and county healthcare providers. Staff indicated that having a single, integrated data-
sharing system implemented state-wide would allow smoother transition of inmates between facilities and prevent sudden breaks and discontinuations in treatment and medications.

JHA strongly supports these staff’s recommendations. Studies indicate that use of electronic health records helps to reduce costs, make patient treatment more efficient, and increase patient safety. States, like Rhode Island and Texas, that have switched to electronic medical records in their correctional systems have reported increased productivity and efficiency, the elimination of the redundant medical re-testing, and reduced medical errors and increased accuracy in medical documentation helping to avert lawsuits. This has resulted in better patient care and tremendous cost-savings. For instance, in Texas the creation of an integrated telemedicine/electronic records keeping system has resulted in an increase in quality of medical care and saved more than $1 billion in taxpayer funds.

Pursuant to a new contract with the State of Illinois, Wexford Health Sources is slated to begin implementing an electronic medical records system in DOC facilities. JHA advocates implementing electronic medical records and data sharing among DOC facilities, county jails, and state and county medical and mental health providers, and encourages the Illinois Governor and Legislature to do the same. In monitoring healthcare in DOC facilities, JHA has found the lack of reliable medical data sharing and record keeping to be one of the single most influential factors that prevent inmates from receiving timely and appropriate medication and medical/mental health treatment. It is clear from the experiences of other states that the cost of implementing an electronic medical records system in the DOC is slight compared to the immediate and long-term savings to the state.

(ii) Dental Care

With respect to dental care, Tamms employs one dentist for eight hours per week. However, at time of JHA’s visit, the dentist had left the position and was only temporarily filling in until another dentist could take over. Like most Illinois correctional facilities, understaffing of dental personnel has created substantial backlogs in dental care at Tamms. Specifically, administration reported the following backlogs for non-emergency dental procedures: non-priority dental care - three months wait time; priority restorative dental care - four weeks wait time; teeth extractions - three months wait time; dentures - four months wait time; dental hygiene/cleaning - two years wait time.

JHA has found inadequate dental staffing and lack of timely access to dental care to be systemic problems throughout DOC. The United States Surgeon General reports that general health and oral health are linked, and that one cannot exist without the other. Apart from the negative impact oral disease itself has on health, well-being, and quality of life, oral infections can be the source of systemic infections in people with weakened immune systems, and chronic oral disease is linked to other serious health problems, including diabetes, strokes, and heart disease. ABA Standards on Minimum Treatment of Prisoners dictate that dental care be provided “to treat prisoners’ dental pain, eliminate dental pathology, and preserve and restore prisoners’ ability to chew” and routine preventive dental care and education about oral health care be provided to
those prisoners whose confinement may exceed one year. This standard cannot be met under current DOC dental staffing levels.

The absence of appropriate and timely dental care, including preventative care and cleaning, not only compromises inmate health and causes undue suffering, but multiplies costs by promoting health complications that require more expensive and time-consuming procedures. By timely redressing health problems within the prison system, including oral health issues, the burden on community health care services can be reduced, as successful prison-based interventions result in significant reductions in public healthcare costs long-term.

(iii) Eye Care

With respect to eye care, Tamms employs a part-time optometrist for eight hours per month to provide eye care. Inmates over 50 also receive glaucoma screening.

Administration reported no backlog of inmates waiting to receive eye care. This is heartening, as most Illinois’ facilities have substantial backlogs of inmates awaiting eye care. By way of comparison, Stateville Correctional Center, having a population of over 1,600, employed one part-time optometrist for eight hours per week, and had wait times of up to two years for inmates to receive eye care when JHA visited in July 2011.

Population Demographics

The average age of inmate at CMAX is 41 years old. Approximately 18 percent of CMAX’s population is 50 or older. The racial-ethnic makeup of C-MAX’s population is 56 percent African-American; 23 percent Hispanic; 20 percent White; and 1 percent American Indian. The percentage of C-Max inmates convicted in Cook County is 63 percent. The facility housed six inmates from out-of-state at the time of JHA’s visit.

The breakdown of C-Max inmates’ convictions by class of offense (in descending order of severity) is: Murder - 127 (70%); Class X Felony - 38 (21%); Class 1 felony - 14 (8%); Class 2 felony - 2 (1%); Class 3 felony - 0; Class 4 felony - 0; unclassified offenses - 0.

The average length of stay for an inmate at CMAX is 64 months, which amounts to roughly 5 years.

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Contributing to this report were citizen observers: Courtney Widuch, John Howard Association intern, Aviva Futorian, John Howard Association Board Member, Paddy McNamara, John Howard Association Board Member, and citizen volunteers Gwyneth Troyer, Scott Main, Jean Maclean Snyder, Laurie Jo Reynolds, Sandra Fernbach, and Lindsay Bostwick.

Since 1901, JHA has provided public oversight of Illinois’ juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

JHA’s work on healthcare in DOC is made possible through a generous grant by the Michael Reese Health Trust.
Documented physiological effects of long-term isolation include: gastro-intestinal, cardiovascular and genitourinary malfunctions; hypertension; migraine headaches; profound fatigue; heart palpitations; diaphoresis (sudden excessive sweating); insomnia; back and joint pain; deterioration of eyesight; weight loss; lethargy; weakness; diarrhea; tremors; and aggravation of preexisting medical conditions. Documented psychological effects include: anxiety; panic attacks; major depression; poor impulse control; outbursts of physical and verbal violence against others, self and objects; cognitive disturbances, memory loss, disorientation; perceptual distortions, hypsersensitivity to noises and smells; disorientation in time and space; depersonalization and derealisation; hallucinations affecting all five senses: visual, auditory, tactile, olfactory and gustatory (e.g. hallucinations of objects or people appearing in the cell, or hearing voices when no-one is actually speaking); paranoia; psychosis, persecutory ideation; psychotic episodes; and aggravation of preexisting mental illness. In addition, a direct link has been found between long-term isolation and self-harm, auto-aggression, self-mutilation, and suicide among inmates.


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2 The per capita cost of housing an inmate at Tamms is $64,805 per year, compared to the $21,405 average per year cost to house inmates at other Illinois correctional facilities. See *Tamms Correctional Center Closure Recommendation Submission* (March 22, 2012), available at: http://www.ilga.gov/commission/cgfa2006/upload/TammsCCRecommendationFromDOC.pdf. The average per year cost of housing an inmate at Menard is $19,492, while the average cost for Stateville, Menard, and Pontiac Correctional Centers is roughly $27,000. See *DOC Website, Correctional Facilities*, available at: http://www2.illinois.gov/idoc/facilities/Pages/correctionalfacilities.aspx


4 For instance, the U.S. Department of Justice’s 1999 report on supermax prisoners observed at that time:

“[L]ittle is known about the impact of locking an inmate in an isolated cell for an average of 23 hours per day with limited human interaction, little constructive activity, and an environment that assures maximum control over the individual. Are potential negative effects greater after an individual has been in such a facility for three months, one year, three years, five years, or more? Do extended isolation, absence of normal stimuli, and a controlling environment result in damage to an inmate’s psyche? Research in this area is sparse. *** [And] [v]ery little is known about the effect of these facilities on inmates with existing mental illnesses or developmental disabilities.” *See Ibid*, note 4, p. 8.

5 For instance, the U.S. Department of Justice’s 1999 report on supermax prisons observed at that time:

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6 See, e.g., McClary v. Kelly, 4 F.Supp.2d 195, 208 (1998) (“[the fact that] prolonged isolation from social and environmental stimulation increases the risk of developing mental illness does not strike this Court as rocket science.”); Davenport v. DeRobertis, 844 F.2d, 1310, 1313 (7th Cir. 1988) (“[T]he record shows, what anyway seems pretty obvious, that isolating a human being from other human beings year after year or even month after month can cause substantial psychological damage . . .”); Jones’El v. Burge, 164 F. Supp. 2d 1096, 1118 (2001) (“Confinement in a supermaximum security prison … is known to cause severe psychiatric morbidity, disability, suffering and mortality.”); Madrid v. Gomez, 889 F. Supp. 1146, 1265 (N.D. Cal. 1995) (observing that placing inmates who are mentally-ill, have borderline personality disorders, brain damage, mental retardation, impulse-ridden personalities, chronic depression or a history of prior psychiatric problems in supermax confinement is “[t]he mental equivalent of putting an asthmatic in a place with little air to breathe.”). See also Westefer v. Snyder, 725 F.Supp.2d 735, 748-50 (S.D. Ill. 2010); Comer v. Stewart, 215 F. 3d 910, 915 (2000); Koch v. Lewis, 216 F. Supp. 2d 994, 1001 (D. Arizona 2001) (all recognizing same).

7 These reforms included: instituting controlled line movement of inmates; searching and strictly limiting the amount and kind of personal property allowed; tightly regulating and closely supervising visitation, inmate communications and movement; penalizing the possession and display of any gang insignia; requiring uniforms and barring inmates from wearing personal clothing; thwarting and neutralizing gang activity by separating inmates belonging to the same gang and housing opposing gang members in the same cells; rigorously enforcing prison rules and punishing progressive violations with increased punishment and loss of privileges; screening and excluding inmates from certain industries and activities based on behavior and security threat level; and placing disruptive and violent inmates in segregation.


8 See Stephen F. Eisenman, The Reisistable Rise and Predictable Fall of the U.S. Supermax, The Monthly Review, Volume 61, Issue 06 (November, 2009), documenting that the researchers who in 2008 published the single study suggesting a causal relationship between Tamms’ opening and a decline in inmate-on-staff assaults have since clarified that the study is inconclusive as to the effectiveness of Tamms and other supermax facilities in reducing violence. See also Daniel P. Mears, Evaluating the Effectiveness of Supermax Prisons, Urban Institute Justice Police Center, 1-68, p. 49 (March, 2006), available at: http://www.urban.org/uploadedPDF/411326supermax_prisons.pdf.

In this latter study, researchers performed a comprehensive, non-partisan cost-benefit analysis of supermax prisons in several states, including Ohio and Texas, and came to the following conclusion:

“Supermax prisons may in fact prove to be an effective corrections management tool, one that is cost-effective and that achieves outcomes that no other approach can. The results of this study suggest otherwise, however. There is little research—including the present study’s analyses of interviews with correctional policymakers, executives, and practitioners, and a survey of state prison wardens—to suggest that supermax prisons effectively achieve any of a range of goals, including improving systemwide order and safety; however, much research, including the present study, suggests that these prisons are unlikely to be able to achieve these goals.”


11 For instance, in reviewing the projected parole dates of 175 Tamms inmates on DOC’s website, JHA found that 43 inmates (about 25 percent of population) are scheduled to be released in 10 years or less, and an additional 73 Tamms inmates (about 41 percent of the population) are scheduled to be released in 20 years or less (based on data obtained from DOC Website Offender Search, available at: http://www2.illinois.gov/idoc/Offender/Pages/InmateSearch.aspx)


13 Past efforts to reform Tamms, including the Ten-Point-Plan adopted by former DOC Director Randle in 2009, have largely proved to be superficial and unsuccessful. The Ten-Point-Plan included the following reform goals for Tamms: (1) Allow each inmate placed at Tamms CMAX to have a Transfer Review Hearing; (2) Each inmate will be informed of an estimated length of stay and how privileges can be earned to provide for eventual transfer from Tamms CMAX; (3) Promote the medical and mental health evaluation process conducted prior to and after placement, for each inmate sent to Tamms CMAX; (4) Increase inmate privileges throughout the Behavioral Level System to incentivize positive behavior at Tamms CMAX; (5) Begin offering General Educational Development (GED) testing at Tamms CMAX; (6) Implement congregate religious services for inmates at Tamms CMAX; (7) Recind some of the printed materials restrictions for inmates at Tamms CMAX; (8) Develop a plan for beginning a Reassignment Unit at Tamms CMAX to compliment the Administrative Detention Re-entry Management Program (ADRMP) operated at other step-down sites; (9) Plan a media, legislative, and public outreach strategy that includes hosting a day-long visit to Tamms; (10) Reexamine the cohort of inmates having served extensive time at Tamms CMAX for transfer eligibility. Most of these reforms were not implemented or were implemented only in part. For a detailed description of the reforms that were proposed under the Ten-Point-Plan, see Tamms Closed Maximum Security Unit: Ten-Point Plan Brief, 1-26, available at: http://www2.illinois.gov/idoc/facilities/Documents/TammsCMAXOverviewTenPointPlan.pdf.


15 See Ibid, note 14. Specifically, section 505.40 of the Illinois Administrative Code provides that “among other matters” an offender who is “engaging in a dangerous disturbance” or “who may be planning to engage in these activities” can be transferred to Tamms.

The grounds for precluding accused STG leaders from knowing the specific evidence against them is remarkably reminiscent of the controversial grounds used to justify suspending due process and precluding suspected terrorism detainees from hearing and confronting the evidence against them on the basis that it would compromise national security. See, e.g., Note: Secret Evidence in the War on Terror, Harvard Law Review, Vol. 118, No. 6, 1962-1984 (April, 2005).

See Ibid., note 3. See also Westefer v. Snyder, 725 F. Supp. 2d 735 (S.D. Ill. 2010), where the federal district court found violations of procedural due process in the lack of notice, review and definiteness provided to Tamms’s inmates regarding their placement and stay at Tamms, available at: http://www.ilsd.uscourts.gov/opinions/ilsd_live.3.0.cv.162.1470203.0.pdf#search=%22snyder%20earn%20tamms%22.


Notably, the president-elect of the American Correctional Association pointedly acknowledged that while prison officials may start out isolating inmates they are “scared of” in supermax prisons, they often end up sending many inmates they are simply “mad at” to these facilities. See Erica Goode, Prisons Rethink Isolation, Saving Money, Lives, Sanity, The New York Times (March 10, 2012), available at: http://www.nytimes.com/2012/03/11/us/rethinking-solitary-confinement.html?pagewanted=all.

For an in-depth discussion of the case and need for providing external review and oversight of supermax placement decisions see, Michele Deitch, Special Populations and the Importance of Prison Oversight, 37 Am. J. Crim. L. 291 (Summer, 2010).

The step-down program, also known as the Administrative Detention Re-entry Management Program or “ADRMP,” is a system that allows inmates to be transferred from Tamms to the segregation unit at Pontiac Correctional Center with the aim of gradually reintegrating them into the general population.

Menard Correctional Center’s stated mission is, “[t]o confine adult male offenders in a safe, secure and humane manner; preserve and promote individual rights and responsibilities; and in turn, ensure ultimate protection of
society. Inherent within this purpose is the offering of program activities for inmates housed within the institution. Inmates are afforded the opportunity to explore and participate in programs designated to assist them toward a successful reintegration into society.” Similarly, Pontiac Correctional Center’s stated mission is, “[t]o protect the general public through incarceration, supervision, programs and services designated to return offenders to the community with the skills to be useful and productive citizens.” Along the same lines, Stateville Correctional Center’s mission is “[t]o encourage and promote a climate of safe and secure conditions in which offenders and staff can develop positive attitudes and encourage work and program opportunities and experiences that guide offenders toward reintegration into the community.” See DOC website, Facility Data, available at: http://www2.illinois.gov/idoc/facilities/Pages/AllFacilities.aspx.

31 See U.S. Department of Justice, National Institute of Corrections, National Institute of Corrections, Supermax Prisons: Overview and General Considerations (January 1999), 1-44, p. 8, 14, 44, available at: http://static.nicic.gov/Library/014937.pdf. The development of a so-called “We/They” or “Us/ Them” syndrome is a well-documented phenomenon in closed insular environments like supermax prisons where issues of dominance and control are paramount and normative communication and non-punitive social interaction between staff and inmates do not exist. This social/organizational dynamic is dangerous because it can promote uncharacteristic acts of cruelty, behavioral excess, abuse, or indifference to suffering on the part of individuals and groups. See Craig Haney, Philip Zimbardo, The Past and Future of U.S. Prison Policy: Twenty-Five Years After the Stanford Prison Experiment, American Psychologist, Vol. 53, No. 7, 709-727 (July, 1998); Craig Haney, A Culture of Harm: Taming the Dynamics of Cruelty in Supermax Prisons, Criminal Justice and Behavior, Vol. 35, No. 8, 956-985 (August, 2008).


33 Ibid., note 4, p. 14.

34 A forcible cell extraction is a very violent maneuver in which an inmate is forcibly removed from his cell by a team of armed correctional staff. It can involve substantial pain and injury. “Meal loaf” or “nutriloaf,” as it is sometimes called, is a bad tasting food consisting of an amalgamation of various foodstuffs that is given to inmates as a form of punishment. Recently, the Seventh Circuit Federal Court of Appeals held that an inmate stated a valid claim for violation of the Eighth Amendment’s prohibition against cruel and unusual punishment where he was put a nutriloaf diet that allegedly caused vomiting, weight loss and anal fissures. See Prude v. Clarke, Docket No. 11-2811 (7th Cir. March 27, 2012), available at: http://www.abajournal.com/news/article/for_one_prisoner_nutriloaf_diet_may_violate_eighth_amendment_posner_opinion.

Per data provided by DOC, the number of staff assaults at Tamms for each of the last three years was: 2009 – 5; 2010 – 10; 2011 – 16. The number of forcible extractions for the last three years was: 2009 – 3; 2010 – 6; 2011 – 7. The number of meal-loaf orders for the last three years was: 2009 – 30; 2010 – 46; 2011 – 48.


36 Ibid., note 35.

For an extremely detailed account of Tamms’ housing pods and cells, see the Federal District Court’s recent decision in Westefer v. Snyder, 725 F.Supp.2d 735 (Ill. S.D. Ct. July 20, 2010), available at: http://www.ilsd.uscourts.gov/opinions/ilsd_live.3.0.cv.162.1470203.0.pdf#search=%22snyder%20earn%20tamms%22.

The amount of activities and privileges allotted to Tamms inmates is within the unfettered discretion of Tamms’ staff and administrators, and that discretion is exercised sparingly. Ostensibly, the amount of privileges depends upon an inmate’s disciplinary status/behavioral assignment level. Thus, inmates in administrative detention are classified, in descending order of restrictiveness, as level 1, 1A, 2, or 3 (with level one being the most restrictive, and level three the least). Inmates in disciplinary segregation likewise are divided between those with less than 90 days segregation and those with more than 90 days segregation, with those with less than 90 days subject to greater restrictions. However, with the exception of certain necessities like food, hygiene, and medical treatment, access to every amenity – including personal property, visits, and yard time – can be suspended for an extended period for disciplinary reasons.

For example, an inmate with less than 90 days disciplinary segregation is permitted: one shower per week and one hour of yard time per week, but no audio visual privileges, congregate religious services, or educational programming. His access to commissary is once a month and limited to spending $30 or less on non-food items such as hygiene products and writing supplies. For inmates with more than 90 days disciplinary segregation, the same restrictions apply, but yard time is extended to five times a week and audio/visual privileges or greater commissary access may be granted at staff’s discretion. By comparison, an inmate in administrative detention at behavioral level 1, the most restrictive level, is permitted: two showers per week, two hours of yard time per week, but no audio/visual privileges, congregate religious services or educational programming. His access to commissary is once a month and limited to spending $30 or less on non-food items. By comparison, an inmate in administrative detention at behavioral level 3, the least restrictive level, is permitted: five showers per week, seven hours of weekly yard time per week, the opportunity for some audio/visual privileges, congregate religious services and GED programming, and access to the commissary two times a month with a $50 limit on spending.


To illustrate, Tamms, a facility of less than 400 inmates (CMAX and MSU combined), employs a total of 75 workers in clerical/support staff positions. By comparison, in 2011 when JHA visited Pontiac Correctional Center, a maximum-security adult male facility with a population of 1,750, we found a total of only 18 clerical/administrative...
support staff employed. Indeed, due to Pontiac’s severe understaffing of clerical/administrative personnel, four correctional officers had to be directed away from their security duties to perform a total of 600 hours of clerical work per month.


49 Ibid., note 48.


52 The First Amendment and the Establishment Clause of the U.S. Constitution prohibit the government from favoring one religion over another without a secular purpose. See, e.g., *Linnemeir v. Bd. of Trustees of Purdue Univ.*, 260 F.3d 757, 759 (7th Cir. 2001); *Metz v. Leininger*, 57 F.3d 618, 621 (7th Cir. 1995) (“The First Amendment does not allow a state to make it easier for adherents of one faith to practice their religion than for adherents of another faith to practice their religion, unless there is a secular justification for the difference in treatment.”); *Berger v. Rensselaer Cent. Sch. Corp.*, 982 F.2d 1160, 1168-69 (7th Cir. 1993) (“Under the Establishment Clause, the government may not aid one religion, aid all religions or favor one religion over another.”).

53 The experiences of the eight inmates housed in STU are separately examined in this report under the section entitled “Mental Health Care.”

54 Serious mental illnesses like schizophrenia are “enduring conditions” in that that these illnesses can be managed, but not cured or willed away. Thus, a person with schizophrenia will continue to have schizophrenia in every situation. Although the “[c]ontext may affect his or her presentation and symptoms, certain enduring traits [of the mental illness] remain.” See Sanford L. Drob, Kevin B. Meehan, and Shari E. Waxman, *Clinical and Conceptual Problems in the Attribution of Malingering in Forensic Evaluations*, Journal of the American Academy of Psychiatry and Law, Vol. 37, No. 1, 98-106, p. 99, 103 (March, 2009) available at: [http://www.jaapl.org/content/37/1/98.full.pdf+html](http://www.jaapl.org/content/37/1/98.full.pdf+html).

55 Ibid., note 12.


58 See Ibid., notes 5 and 8.


63 Ibid., note 62.

64 Ibid., note 62.

65 Ibid., note 62.

66 Ibid., note 62.


68 Ibid., note 61, p. 40.

69 Ibid., note 61, p. 41-43.

70 Ibid., note 61.

71 A spit mask is a hood that is placed over an inmate’s entire head. A plastic elasticized material, similar to a shower cap, covers the inmate’s mouth and lower half of his face. A netting material, similar to a hair net, covers the upper half of the inmate’s head. It is used as a punishment and preventative measure on inmate’s who have engaged in spitting at staff previously.

72 See Ibid., note 54, and section of this report entitled “Observations and Interviews With C-Max Inmates,” supra.

73 Ibid., notes 5 and 12.

74 Ibid., notes 5 and 12.


76 Ibid., note 5.
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81 Ibid., note 6. For example, the Federal District Court recently found that the due process protections provided to Tamms inmates to challenge their placement at Tamms were constitutionally infirm in various respects. See Westefer v. Snyder, 725 F.Supp.2d 735 (S.D. Ill.) (July 20, 2010), available at: http://www.ilsd.uscourts.gov/opinions/ilsd_live.3.0.cv.162.1470203.0.pdf#search=%22snyder%20 earn%20 tamms%22.


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86  To illustrate, the Rhode Island Department of Corrections found that “[b]y not having to perform duplicate tests, search for records or manually move paper, a significant savings in time and increased productivity has resulted in immediate cost savings. [The Department of Corrections] expects its return on investment to offset the cost of the [electronic health records system] within two years.” See Joseph R. Marocco and Pauline M. Marcussen, Rhode Island Streamlines With Electronic Health Records, Corrections Today (February, 2010), available at: http://www.mrrcg.com/media/1637/rhode_island_streamlines_with_ehr.pdf.

See also University of Illinois at Chicago Health Informatics and Health Information Management, EMR Program in Texas prisons Saves Taxpayers $1 Billion, Improves Inmate Health, available at: http://healthinformatics.uic.edu/emr-program-in-texas-prisons-saves-taxpayers-1-billion-improves-inmate-health-800585047

87  Ibid., note 86.


89  Ibid., note 93. See also Henrie M. Treadwell, Allan J. Formicola, Improving the Oral Health of Prisoners to Improve Overall Health and Well-Being, American Journal of Public Health, Volume 95(10), 1677–1678 (October, 2005), available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449416/#r1

