

The United States of America's Compliance with the  
International Covenant on Civil and Political Rights

Submitted by the Southern Poverty Law Center



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**The Southern Poverty Law Center** was founded in 1971 with the purpose of ensuring that the goals of the US civil rights movement would be realized for everyone. SPLC seeks to achieve its purpose through litigation, policy advocacy, education and community organizing, and is a catalyst for racial justice in the Southern US and beyond. SPLC also operates an internationally known Intelligence Project that tracks and exposes the activities of hate groups and other domestic extremists.

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## **I. The Covenant in domestic law and the institutional and policy framework for its implementation (art. 2).**

In its Concluding Observations on the fourth periodic report,<sup>i</sup> the Committee recommended that the US:

- Engage with stakeholders at all levels to identify ways to give greater effect to the Covenant at federal, state and local levels, taking into account that the obligations under the Covenant are binding on the State party as a whole, and that all branches of government and other public or governmental authorities at every level are in a position to engage the responsibility of the State party;
- Ensure effective remedies are available for violations of the Covenant, including those that do not, at the same time, constitute violations of domestic law, and undertake a review of such areas with a view to proposing to implementing legislation to fill legislative gaps; and
- Strengthen and expand existing mechanisms mandated to monitor the implementation of human rights at federal, state, local and tribal levels, provide them with adequate human and financial resources or consider establishing an independent national human rights institution, in accordance with the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles).

The List of Issues Prior to Reporting (LOIPR)<sup>ii</sup> requests information regarding:

- measures to implement recommendations in the Committee's previous concluding observations;
- significant developments in the legal and institutional framework within which human rights are promoted and protected;
- the extent to and manner in which the Covenant has been incorporated into domestic law at the federal, state and local levels; and
- steps taken to increase awareness and understanding of the Covenant among the general public and State employees such as judges, lawyers and law enforcement officials.

None of the recommendations from 2014 have been implemented. The US has not taken steps to legislatively incorporate the Covenant into domestic law, nor effective measures to incorporate it in policies and practices. US courts do not address violations of the Covenant, nor do agencies charged with enforcement of domestic laws and regulations undertake to monitor, implement, or even consider, obligations under the Covenant in carrying out their work. As a result, any examples the US provides as demonstrating compliance with the Covenant are merely coincidental and are not reflective of an intentional effort to comply. The US asserts that it "carefully assessed US laws and regulations to ensure that it could implement" its obligations under the Covenant, and "those laws and regulations continue to provide the framework" for meeting those obligations,<sup>iii</sup> but domestic laws are not coextensive with the requirements of the Covenant.

There is no national human rights institution or other mechanism charged implementing or monitoring compliance with the Covenant. Such a mechanism would be a major step forward in implementing all the recommendations cited above. The State department meticulously monitors implementation of human rights obligations by other states,<sup>iv</sup> but not by the US itself. The US has

taken no steps toward establishing an NHRI or other mechanism with the responsibility to implement or monitor compliance with the Covenant, despite having indicated that it would consider doing so and despite the urging of this Committee, the Committee on the Elimination of Racial Discrimination,<sup>v</sup> its peer states in the Human Rights Council, civil society,<sup>vi</sup> and members of Congress.<sup>vii</sup> For more information, please refer to the contemporaneously submitted report of the US Civil Society Task Force on National Human Rights Institutions, in which SPLC joins.

The US has long routinely failed to adequately consult with civil society regarding implementation of or compliance with international human rights treaties. During 2023, the Biden administration provided a series of virtual meetings for the purpose of consulting with civil society in preparation for the Committee's review. Representatives of several relevant federal agencies participated in these consultation sessions. While welcome, these brief consultations were deficient in substance and effect. Civil society organizations were afforded the opportunity to express concerns and submit questions but received very little of substance in response. Such interactions must not only continue but be expanded following the review if they are to be meaningful. The US has also largely failed to engage civil society in dialogue regarding implementation of the recommendations made last year by the CERD, raising significant concerns about the extent to which representations regarding efforts to implement either treaty will have any practical effect.

#### Suggested Questions for the US:

- What measures have been taken to expressly incorporate US obligations under the Covenant into domestic policy or the operations of federal government agencies?
- What measures have been taken to identify or address gaps in legislation to implement US obligations under the Covenant?
- Which person or entity has responsibility for ensuring that the provisions of the Covenant are implemented?
- What steps have been taken, or are planned, to create an NHRI or other infrastructure for implementation or monitoring of US obligations under the Covenant?

#### Suggested Recommendations:

- Create a permanent and effective coordinating mechanism, such as a national human rights institution established in accordance with the Paris Principles, to ensure full implementation of the Covenant, monitor compliance of domestic laws and policies with provisions of the Covenant and carry out training and awareness-raising at federal, state and local levels.
- Undertake a one-year plan of action, *in close consultation with civil society organizations*, to implement the Committee's key recommendations, and continue substantive consultation and collaboration with civil society organizations on an ongoing basis thereafter for full implementation and monitoring of obligations under the Covenant.
- Require federal agencies to incorporate compliance with the Covenant in policies and procedures and provide information, training and technical assistance sufficient to enable federal, state and local governmental entities to understand and implement the Covenant.

## **II. Solitary confinement – Prohibition of torture and cruel, inhuman or degrading treatment or punishment, right to liberty and security of person, and treatment of persons deprived of liberty (arts. 7, 9, 10 and 14)**

In its 2014 Concluding Observations, the Committee expressed concern about “the lack of comprehensive legislation criminalizing all forms of torture, including mental torture, committed within the territory of the State party,” and “the inability of torture victims to claim compensation from the State party and its officials due to the application of broad doctrines of legal privilege and immunity (arts. 2 and 7).” It recommended that the US “enact legislation to explicitly prohibit torture, including mental torture, wherever committed, [and] ensure that the law provides for penalties commensurate with the gravity of such acts, whether committed by public officials or other persons acting on behalf of the State, or by private persons, [and] ensure the availability of compensation to victims of torture.”<sup>viii</sup>

The LOIPR requests “updated information on measures taken to criminalize torture and provide a comprehensive definition of torture at the federal level,” and “steps taken to impose strict limits nationwide, in prisons and detention facilities, on the use of solitary confinement, and to abolish the practice for anyone under the age of 18 or living with a serious mental health condition.”<sup>ix</sup>

### A. Failure to provide definition and criminalization of torture.

The US sidesteps its failure to provide a definition of, and to criminalize, torture in domestic law, pointing to a hodgepodge of existing statutes and caselaw that define cruel and unusual punishment and provide for prosecution of individuals who violate an incarcerated person’s civil rights.<sup>x</sup> The UN Special Rapporteur on torture has expressly rejected such arguments, noting that such laws typically fail to fully encompass torture under international law.<sup>xi</sup> The US also points to the adoption of a law that defines and criminalizes torture committed outside the US by a US national or other person who is present in the US, which is of no avail to those tortured within the US.

People held in solitary confinement in the US cannot reliably turn to courts to protect them from continual imposition of torture and CIDT. In the mid-90s, along with laws that drove record-breaking levels of incarceration and prison overcrowding, Congress passed the Prison Litigation Reform Act<sup>xii</sup> in an express effort to curb lawsuits over violations of the rights of incarcerated people. The PLRA places draconian limits on actions a federal court can take to redress constitutional violations, first requiring that the court allow the prison system to create its own remedies, then requiring that any remedies be the narrowest and least intrusive measures possible. It severely limits the length of time such orders can remain in place. As a result, even when courts are thoroughly convinced that conditions warrant sweeping action, they cannot take it.

Even long-term solitary confinement is typically not considered to be a constitutional violation, and some courts have in recent decisions *expressly rejected* the widely accepted principle that prolonged solitary confinement of more than fifteen days is itself inhumane. For example, in a Mississippi case, a district court wrote that there is no fifteen day “benchmark for determining whether any constitutional rights have been violated” nor to establish “contemporary standards of decency.”<sup>xiii</sup> The court rejected plaintiffs’ claims despite evidence that those held in prolonged solitary confinement (some for more than two years) often did not receive even five hours per

week out of cell, lights in their rat-infested cells did not work for extended periods of time, and non-functional toilets forced prisoners to relieve themselves in plastic bags tossed in through tray slots in their doors.<sup>xiv</sup> The district court’s ruling was upheld on appeal.

US states, and prison and detention center officials, enjoy broad impunity for torturing people in solitary confinement. The routine use of indefinite or long-term solitary confinement – often in wretched conditions – in US prisons, jails and detention centers, even when inflicted on children and people with serious mental health needs, has never been prosecuted as a crime. Without a definition of torture applicable within the US that includes the physical and mental suffering<sup>xv</sup> inflicted by long-term solitary confinement and the imposition of solitary confinement on children and people with serious mental health needs – it never will be, and these widespread practices will continue unabated.

#### B. The widespread and torturous use of solitary confinement.

The US asserts that “there are occasions when correctional officials have no choice but to segregate inmates from the general population, typically when it is the only way to ensure the safety of inmates, staff, and the public,” but “as a matter of policy, this practice should be used rarely, applied fairly, and subjected to reasonable constraints.”<sup>xvi</sup> The US also notes that “[a]s of December 31, 2020, out of the 123,530 inmates in BOP custody, approximately 6.6 percent were housed in special housing units.”

The scope of solitary confinement in the US is far, far greater than 8,100 people, and far more inhumane than the report’s bland language suggests. Individuals in federal prisons make up a relatively small proportion of those held in solitary confinement. A recent report by Solitary Watch and Unlock the Box Campaign documents that *at least 122,000 people* are held in solitary confinement in adult prisons and jails in the US on any given day.<sup>xvii</sup> This figure likely substantially understates the real scale of these human rights violations, given that authorities’ self-reported figures often fail to count situations not officially designated as solitary confinement where people are held in isolation for 22 or more hours per day. The figure also does not include immigration or juvenile detention facilities, which add about 9,000 more people. As detailed in a report to the UN CERD last year, solitary confinement is disproportionately imposed on Black and Latino people, who are placed in solitary more often and for longer periods of time.<sup>xviii</sup>

The use of solitary confinement is excessive and particularly brutal in SPLC’s five state region of Alabama, Florida, Georgia, Louisiana, and Mississippi. According to self-reported figures from 2019, more than 18,000 people were being held in solitary confinement in those states, in often deadly conditions. Dozens of people have died by suicide in Alabama’s overcrowded and understaffed solitary confinement units over the last five years.<sup>xix</sup> In Georgia, where staffing shortages are also extreme, and conditions in solitary confinement units are similar to those in Alabama, the suicide rate is also appallingly high – 97 completed suicides from 2020 to 2022.<sup>xx</sup>

Conditions in solitary confinement units across the Southeast are deplorable and inhumane. In Alabama, evidence presented to the federal court during 2016, 2019 and 2021 trials showed that numerous people diagnosed with serious mental health needs were routinely placed in solitary confinement, where many died by hanging. Some had been held in solitary continuously for weeks

or months, even years, or had been repeatedly cycled between solitary and suicide watch cells. Following a visit to solitary confinement units in several facilities early in the litigation, the court found the conditions “deplorable.” The court described loud, filthy, dilapidated cells with very little light “often filled with the smell of burning paper and urine . . . with what appears to be dried excrement smeared on the walls and floors.” Even the meager five hours per week out of cell required by policy was often not actually provided due to severe understaffing. The court concluded that the units engendered “an overpowering sense of abandonment and despair, with a prolonged stay crushing all hope.”<sup>xxi</sup>

Despite the appalling conditions and alarming number of deaths, Alabama persisted in placing people with serious mental health needs into solitary confinement, then ignoring both their mental health needs and physical safety. People with serious mental health needs, and those who have very recently experienced suicidal thoughts or actions, are routinely placed in solitary. They are deprived of mental health care and basic safety precautions such as regular security checks and are held in cells that provide easy access to methods to take their own lives. It comes as no surprise that people with unaddressed depression, hallucinations, and other mental health needs, left unattended for prolonged periods in a dark, cramped, dirty cell, will take advantage of the availability of unsafe vents, sprinkler heads, and bed posts to hang themselves. Dozens more made serious suicide attempts that did not end in death throughout this time period. This litigation is ongoing a decade after it began, and people continue to die in solitary.

Plaintiffs in a Florida case, again including those with serious mental health needs, testified to very similar conditions – cramped and dirty cells infested with insects and vermin, toilets that won’t flush and result in cells filled with the smell of urine and feces, lack of natural light, and extremely meager opportunities to leave their cells. People were forced to decline even infrequent opportunities to get out of their cells because in their absence, guards would conduct destructive “searches,” destroying belongings or throwing them into the toilet. They were pepper-sprayed for conduct such as talking to themselves or standing too close to the cell door, or for no reason at all. They were denied basic mental health or medical care – even in emergency situations – and denied food when guards served them so-called “air trays” as retaliation. Consistent with what SPLC has observed in other solitary units in our states, the Florida plaintiffs said safety check rounds by guards were not done as required, leaving people at risk of crises going unnoticed. Ten percent of Florida’s prison population is in solitary on any given day, but 58% of suicides take place there. One person who used a wheelchair testified about being confined in a non-accessible cell so small that he struggled to transfer to the bed and toilet. The lead plaintiff, a transgender woman, was held in solitary in men’s facilities for a decade. Publicly filed statements provided by these plaintiffs are included with this report as Annex A.

In his memoir, *My Time Will Come*, Ian Manuel details his experiences in Florida solitary confinement beginning when he was sentenced to serve life without parole at age 14. He would spend 18 years in a 7 x 10 foot cell with no window.<sup>xxii</sup> Much of that time, he was locked in his cell 24-hours a day. When allowed out of the cell for “recreation,” he was placed in a “dog cage.” Manuel was eventually released from prison in 2016.

Such conditions are not limited to adult prison facilities. SPLC challenged Florida’s practice of placing thousands of children in solitary confinement, some repeatedly and often for minor

infractions, in juvenile detention facilities.<sup>xxiii</sup> The lead plaintiff remained in solitary confinement even after a suicide attempt. In Louisiana, some children in juvenile facilities were held in solitary 23 hours a day and shackled during their brief out-of-cell time.<sup>xxiv</sup> In 2022, following a public report on abysmal conditions at one such facility, the Louisiana legislature passed a law limiting the use of solitary in youth facilities.<sup>xxv</sup> While laudable, the law's effectiveness remains to be seen. Moreover, some children in Louisiana are being confined in a former death row unit at a notoriously violent adult prison, where the restrictions do not apply. These children, mostly Black boys, are routinely held in isolation, with inadequate educational services and little or no mental health care.<sup>xxvi</sup>

Migrants held in US immigration facilities run by corporations are also subjected to solitary confinement, sometimes as a coercive measure to force them to work for little or no pay or as punishment for refusing to do so.<sup>xxvii</sup> Federal courts denied class certification for SPLC's lawsuit challenging these practices at the detention center in Stewart, Georgia, but visits by SPLC and its coalition partners to facilities throughout the Southeast in 2022 confirmed that retaliatory use of solitary confinement is continuing and widespread.<sup>xxviii</sup> Solitary confinement has also been imposed as retaliation against those who protest harsh conditions. For example, forty-three Cameroonians who undertook a hunger strike to protest the conditions at a New Orleans detention facility were placed in solitary confinement, several without access to water, to force them to end the strike.<sup>xxix</sup> A man who received a removal order requiring his deportation to the Dominican Republic was instead kept in detention centers for six months. When he was denied an interpreter for a disciplinary meeting, he protested by closing his eyes and declining to participate until an interpreter was made available. In retaliation, he was placed in solitary confinement, where he remained for more than a week before being deported after SPLC's attorneys became involved.<sup>xxx</sup>

In July 2023, SPLC and its partners in the Southeast Dignity Not Detention Coalition held a nationwide Day of Action to address continuing premature and avoidable deaths of detained migrants.<sup>xxxi</sup> Among those who died was Ernesto Rocha-Cuadra, a 42-year-old Nicaraguan man who was repeatedly placed in solitary for long periods of time.<sup>xxxii</sup>

#### Suggested Questions for the US:

- What measures is the White House taking to encourage passage of legislation to end the use of solitary confinement in violation of the Covenant at the federal, state and local levels?
- What measures is the White House taking to encourage passage of legislation to provide a definition of torture, applicable within the US, that includes the imposition of solitary confinement for excessive or indefinite periods of time or for any period of time in cases involving juveniles and persons with serious mental health needs?
- What measures is the White House taking to encourage passage of legislation criminalizing acts of torture committed within the US?
- How are existing laws and regulations, including those related to federal funding provided to state and local entities, being applied to address unlawful solitary confinement practices?
- What other measures are being taken to end the imposition of solitary confinement for excessive or indefinite periods of time or for any period of time in cases involving juveniles and persons with serious mental health needs?

### Suggested Recommendations:

- Pass the End Solitary Confinement Act,<sup>xxxiii</sup> which would ban solitary confinement with very limited exceptions, impose a 4-hour maximum for emergency situations and withhold some federal funds from state or local governments that fail to adopt similar measures.
- Create an independent and external oversight mechanism to ensure that all places of detention comply with the Mandela Rules in the context of solitary confinement.
- Adopt legislation providing a definition of torture that includes indefinite or long-term solitary confinement for more than 15 days and the imposition of solitary confinement on juveniles and persons with serious mental health needs within its scope and criminalize such conduct under domestic law when committed within the territory of the US.
- Repeal or amend the PLRA to remove barriers that prevent incarcerated persons subjected to torture from vindicating their rights in US courts.
- Immediately curtail solitary confinement in federal detention facilities by mandating that it be used only where absolutely necessary in emergency situations to prevent physical harm, only for the shortest possible time, and in no case for more than 15 consecutive days.
- Ensure that any use of solitary confinement includes adequate out-of-cell time with meaningful programming and activities.
- Immediately prohibit the use of solitary confinement for persons with serious mental health needs in federal facilities.
- Incentivize state and local jurisdictions to reduce the use of solitary confinement through negative consideration in funding programs, and by providing funding, training and other resources for the development and implementation of effective alternatives.
- Increase funding to the Department of Justice to conduct investigations of solitary confinement practices and conditions in state and local jurisdictions, and to bring civil lawsuits for injunctive relief and criminal charges for violations of constitutional rights.

### **III. Hate speech and hate crimes (arts. 2 and 4).**

The LOIPR requests “information on measures taken to address violent acts of discrimination against those belonging to racial and other minorities, and to ensure that the right to freedom of expression and association and the right to peaceful assembly are not exercised by certain groups, including white supremacists and homophobic groups, to promote hate speech and hate crimes.”<sup>xxxiv</sup>

SPLC annually publishes a Year In Hate & Extremism<sup>xxxv</sup> report providing analysis of the nature and magnitude of extremist threats in the US and forward-looking policy recommendations to confront violent extremism and protect democratic institutions. For 2021, which began with the deadly January 6 insurrection at the US Capitol, SPLC’s report documented a disturbing mainstreaming of hate and an empowered hard-right movement working feverishly to undermine democracy. Followers and supporters of this movement converged around a willingness to engage in political violence and deny legally established rights, including voter suppression targeting people of color and attacks on inclusive education and LGBTQ+ people. The acceptance of hard-right extremism in mainstream US life and culture only deepened over the ensuing year.



In 2022, SPLC documented 1,225 hate and antigovernment extremist groups across the US, including a decrease in the sheer number of hate groups (523, down from 733 in 2021), but an increase in antigovernment extremist groups (702, up from 488). The decline in the number of hate groups reflects not a lessening of the influence of racist, antisemitic, and anti-LGBTQ ideologies, but that they operate more openly in the mainstream, reducing the need to join an organized group. Republican politicians openly associate with members of the white nationalist movement<sup>xxxvi</sup> and freely employ their rhetoric, including language promoting violence.<sup>xxxvii</sup> A poll<sup>xxxviii</sup> of 1500 US residents conducted by SPLC and Tulchin Research found that nearly 7 in 10 of self-identified Republicans agreed at least to some extent that demographic changes in the US are deliberately driven by liberal and progressive politicians to gain political power by “replacing more conservative white voters.” Across the political spectrum, the poll also revealed substantial support for threatening or engaging in violence against perceived political opponents.

#### A. Hate in the Mainstream.

Hate has moved from being mainstreamed to being a fixture on Main Street.<sup>xxxix</sup> School boards, teachers, and students face a barrage of hate from newly empowered reactionary anti-student inclusion extremist groups with folksy names like Moms for Liberty.<sup>xl</sup> Extremists seek to take over public education, city councils, state legislatures, and the halls of Congress. Their rhetoric incites susceptible listeners to commit unspeakable acts of violence against strangers because of race, religion, or sexual orientation.

One major impact of increased mainstream acceptance of extreme views has been the uptick in public performances of hate and circulation of hate group messaging. What began with spectacles in protest of COVID-19 public health measures later expanded to attacks on inclusive education and efforts to impede public events. Late last month, several families who live in a predominately Black area of Montgomery, Alabama (where SPLC is headquartered) awoke to find racial slurs and swastikas spray painted on their homes and vehicles.<sup>xli</sup> The incidence of far-right leaflet distribution has also generally been on the rise over the last several years, although it did not increase during 2022.

For a relatively brief period following the January 6<sup>th</sup> insurrection, some mainstream social media platforms banned Donald Trump and others associated with the violence, but that trend has been reversed. At the same time, an increasing number of “alt-tech” sites continue to provide the far-right with opportunities to raise funds, organize, and spread disinformation and propaganda. Many of them rank among the most frequently visited sites in the US. Virulent forms of hate and extremism that were once the online province of underground, fringe websites are also increasingly accessed through mainstream social networks.<sup>xlii</sup> Online accounts with enormous followings, such as “Libs of TikTok,” spread hateful and inflammatory rhetoric designed to incite their followers to action.<sup>xliii</sup> During August of this year, Tulsa, Oklahoma public schools endured six days of bomb threats after Libs of TikTok post targeted an elementary school teacher who had used her own social media to defend teachers against false allegations of “woke” indoctrination of students.<sup>xliv</sup>

On 26 August 2023, a man armed with an AR-15 assault weapon targeted Black shoppers in a Jacksonville, Florida store, killing three.<sup>xlv</sup> The shooter, who was killed by police, left behind extensive writings espousing racist rhetoric. It was, at that point, the latest of more than 475 mass

shootings so far this year,<sup>xlvi</sup> often motivated by the racist, anti-Semitic, and anti-LGBTQ hate being spread on the internet, in our public spaces, and in the halls of Congress. The Jacksonville shooting followed months of escalating public displays of hateful rhetoric by extremist groups.<sup>xlvii</sup>

## B. Hate and Extremism in Law Enforcement, the Military, and Other Government Agencies.

In Congressional testimony in February 2020<sup>xlviii</sup> and March 2021,<sup>xlix</sup> SPLC's then-Chief of Staff warned of significant threats posed by adherents of white supremacist and other extremist ideologies in government, especially in law enforcement, the military, and US intelligence operations.<sup>1</sup> Yet more than a year after the Department of Defense issued updated policies intended to partially address the problem, an audit concluded that military recruiters are failing to screen new military recruits for extremist behavior.<sup>li</sup> A recently declassified Inspector General's report<sup>lii</sup> found "systemic" misuse of messaging apps by the intelligence community, including discussions that "contained transphobia, hate speech and misogynistic" language.

In a welcome move, in May 2022, President Biden issued an Executive Order requiring the Office of Personnel Management to develop best practices for federal law enforcement agencies to "help avoid the hiring and retention of law enforcement officers who promote unlawful violence, white supremacy, or other bias against persons based on race, ethnicity, national origin, religion, sex (including sexual orientation and gender identity), or disability."<sup>liii</sup>

Republican politicians continue to deny that a problem exists. Also in May 2022, the House of Representatives passed the Domestic Terrorism Prevention Act.<sup>liv</sup> If adopted, the bill would have required that anti-terrorism training and resources provided to federal, state, local, and tribal law enforcement agencies include assistance in identifying, investigating and deterring white supremacist and neo-Nazi infiltration. The measure, which attracted wide support in the civil rights community,<sup>lv</sup> would also have established an interagency task force to analyze and combat such infiltration in federal law enforcement and military agencies, and to produce an annual report providing an assessment of the threat posed by such infiltration. Republicans in the Senate blocked passage of the bill and have opposed providing any funding to federal agencies to address white supremacy and other extremism, contending it is unnecessary.

A law enforcement culture that tolerates, and at times actively supports, extremists in its midst does not engender trust in people or communities targeted by hate crimes or support effective enforcement of hate crime laws. State and local law enforcement agencies are well aware of extremists within their ranks, but few have undertaken meaningful measures to address it. In 2019, an investigative report identified law enforcement officers in agencies across the country who belonged to closed Facebook groups of a racist, Islamophobic, misogynistic, or antigovernment militia nature. More than fifty departments promised investigations,<sup>lvi</sup> but few concrete steps were taken. According to the Anti-Defamation League, one-third of police officers it identified as being associated with an extremist group were involved in white supremacist groups.<sup>lvii</sup> 40% of officers it identified were allowed to remain on active duty, and several who were dismissed for extremist links were hired by another department. Even in states where legislators are inclined to propose laws giving police departments more authority to remove extremists, police officer organizations push back hard.<sup>lviii</sup>

In January 2023, SPLC wrote<sup>lix</sup> to the mayor and chief of police in Chicago, Illinois, a city whose population is 29% Black and 28% Latino, to protest their failure to terminate the employment of an officer tied to the Proud Boys,<sup>lx</sup> one of the most active and violent hate groups in the US. The officer was an active participant in the Proud Boys' extremist activities and lied about his participation yet was given only a 120-day suspension. An investigative report<sup>lxi</sup> revealed that members of the Oath Keepers,<sup>lxii</sup> a far-right paramilitary organization, are active-duty police officers in many major metropolitan police departments. Some far-right organizations, including the Constitutional Sheriffs and Peace Officers Association<sup>lxiii</sup> and Protect America Now organizations,<sup>lxiv</sup> are pro-militia, antigovernment membership organizations created expressly for law enforcement officers and current or former military soldiers. Members of these groups sometimes take the law into their own hands,<sup>lxv</sup> either through improper policing or by refusing to enforce laws they deem unconstitutional. Some have formed "citizen posses" or threatened to deputize local gun owners.

### C. Inadequate Prevention Efforts.

In July 2023, in partnership with American University's Polarization and Extremism Research and Innovation Lab (PERIL) and Everytown for Gun Safety, SPLC released a report detailing the early results of a study of youth attitudes around gun violence. We asked more than 4,100 young Americans between the ages of 14 and 30 questions about their access to guns, how safe they feel, their experiences with gun violence, their political views, media they consume and how they think about male supremacy, racial resentment and the Second Amendment to the US Constitution.<sup>lxvi</sup> Among the findings was that the stronger a respondent's belief in being "safer with guns than without," the higher they scored on both male supremacy and racial resentment.<sup>lxvii</sup> Pointing up the need for early intervention to prevent adoption of extremist views that can fuel violence, the report's authors concluded that "[f]or many, guns and gun ownership have come to symbolize the preservation of a certain type of Americanness: one based on the primacy of the white, cisgender and heteronormative nuclear family to the detriment of Black, Indigenous, Asian and Asian American, Latinx/a/o, Pacific Islander people and LGBTQ people."<sup>lxviii</sup>

Most governmental resources and political attention devoted to combatting threats posed by white supremacy and other forms of far-right extremism are focused on law enforcement and securitization, such as hardening schools and churches, arming teachers, and increased police presence. For far too long, the urgent need to engage in concerted and sustained prevention efforts has gone largely unaddressed. In the US – as in many countries – this failure to focus on prevention has allowed reactionary right-wing movements to grow, and to gain mainstream acceptance.

Hate crimes and the harms they cause to victims and communities cannot be solved by law enforcement alone. We cannot legislate, regulate, tabulate, or prosecute racism, hatred, or extremism out of existence.<sup>lix</sup> More must be done to support victims, survivors, and communities. On 8 March, 2022, the SPLC Action Fund submitted to the Senate Judiciary Committee a comprehensive statement detailing the rise in US hate crimes and outlining critical steps the US must take, including more comprehensive and complete hate crime data collection and reporting, vigorous implementation of the COVID-19 Hate Crime Act, more funding and support for victim assistance and building community resistance, and expanding rather than curtailing anti-racism education and prevention initiatives.<sup>lxx</sup>

SPLC’s anti-bias education program, Learning for Justice,<sup>lxxi</sup> offers free educational resources to address racism and bigotry in all forms and to foster shared learning and reflection for educators, young people, caregivers and community members. In recent years, several states, particularly in the South, enacted laws restricting teaching about racism and other painful truths about US history. SPLC believes concealing the truth about US history makes youth more susceptible to misinformation and fails to equip them with critical thinking skills and education to navigate a new age where disinformation and manipulation are spread on the internet.

As right-wing extremism is increasingly mainstreamed and its adherents attain more numerous and higher public offices, the need to find innovative ways to enable the public – especially young people, parents, and educators – to recognize and be resistant to disinformation and radicalization are more urgent than ever. SPLC, in partnership with PERIL, is working to develop and disseminate tools to inoculate youth against radicalization and build community resilience through early prevention and non-carceral solutions.<sup>lxxii</sup>

In addition to guides for parents, caregivers and community members to help them to identify and respond effectively to early signs of online radicalization, SPLC is now partnering with PERIL in a two-year pilot program to develop Community Advisory, Resource and Education (CARE) Centers. The CARE Centers, which take a public health approach and are modeled on German mobile advisory centers, will provide on-site trainings, assessments, referrals, and other resources to those impacted and affected by hate, discrimination, and supremacist ideologies as well as those susceptible to radicalization. The first two centers will be located in the states of Georgia and Michigan. The two-pager attached to this report as Annex B provides details on the operation of the pilot CARE Centers.

The State of Washington is also taking a public health approach to the prevention of domestic extremism. Earlier this year, it began a process to establish a domestic violent extremism commission<sup>lxxiii</sup> to work on efforts to prevent and interrupt radicalization. It is an excellent first step, but far more needs to be done, and soon.

#### D. Hate Crime Reporting.

Under the Hate Crime Statistics Act of 1990 (HCSA),<sup>lxxiv</sup> the FBI is required to compile hate crime data from the approximately 18,000 US federal, state, local, and tribal law enforcement authorities and publish an annual report. The data is disaggregated by race/ethnicity, religion, sexual orientation, disability, gender, and gender identity, and by state, city, county, and college or university. For thirty years, despite incomplete and inconsistent reporting by the nation’s law enforcement agencies, the HCSA report has been the most important, most comprehensive national snapshot of hate violence in the US. Every year, race-based crimes have been most numerous, with crimes against Black people always the highest number of race-based crimes by far.

The 2021 HCSA Report<sup>lxxv</sup> documented 10,840 incidents, the highest number of hate crimes ever recorded – including the highest number of race-based crimes, anti-AAPI, anti-Hispanic, and anti-Trans crimes. Yet, thousands of agencies] did not report any hate crime data, and about 80% of

the rest affirmatively reported zero hate crimes – including dozens of cities over 100,000 in population.

2021 was the first year that the FBI required all agencies to report all crime, including hate crimes, through its National Incident Based Reporting System (NIBRS).<sup>lxxvi</sup> Although the FBI set out a five-year timeline and provided technical assistance and funding to make the transition, many jurisdictions were either unable or unwilling to report through the new system. SPLC supports the transition to NIBRS, which, when up and running, will result in more detailed and comprehensive data. Better data will drive efforts to prevent and deter bias-motivated criminal activity, help properly allocate resources to address the threat, and build trust in targeted communities that law enforcement authorities are ready and able to effectively address hate violence.

To improve training of officers on investigating and reporting hate crimes, the FBI updated its Hate Crime Data Collection Guidelines and Training Manual in March 2022.<sup>lxxvii</sup> SPLC and other national civil rights groups provided significant input for this excellent guide.

#### Suggested Questions for the US:

- What measures are being taken to ensure that federal law agencies uphold their commitments to avoid the hiring and retention of who promote unlawful violence, white supremacy, or other bias against persons based on race, ethnicity, national origin, religion, sex (including sexual orientation and gender identity), or disability?
- What measures, including the granting or withholding of federal funds, are being taken to require or incentivize state and local law enforcement agencies to also avoid the hiring and retention of who promote unlawful violence, white supremacy, or other bias against persons based on race, ethnicity, national origin, religion, sex (including sexual orientation and gender identity), or disability?
- How is the US government working with civil society to identify and implement best practices to prevent and address hate violence and the indoctrination of persons by extremist groups?
- What steps are being taken to ensure complete and accurate hate crimes reporting by state and local law enforcement agencies?
- What measures are being taken or considered to reduce the online dissemination of violent hate speech and incitement to violence?

#### Suggested Recommendations:

- Speak out against hate and extremism. It is impossible to overstate the importance of elected officials, business leaders, and community officials using their public platforms to condemn hate crimes and threats, vandalism, violence against houses of worship and other minority community institutions.
- Enforce hate crime laws, including the Matthew Shepard and James Byrd, Jr. Hate Crime Prevention Act.<sup>lxxviii</sup> The Justice Department should continue to work with stakeholders to identify best community-based practices to address hate violence and implement the COVID-19 Hate Crime Act,<sup>lxxix</sup> which authorizes incentive grants to spark improved local and state hate crime training, prevention, best practices, and data collection initiatives.

- Mandate hate crime reporting to the FBI. Until legislation requiring reporting can be enacted, federal funds to police agencies should be conditioned on credible HCSA reporting or meaningful community hate crime prevention, outreach, and awareness initiatives.
- Federal agencies, including the Department of Justice, the Department of Education, and the Department of Health and Human Services, should establish and fund programs to address root causes of hate and extremism, to inoculate and build community resiliency against hate, and to empower adults to help steer young people towards civic engagement and away from violent extremism.
- Address extremism in military and law enforcement agencies at every stage: recruitment, expanding and clarifying prohibitions against advocating for, or involvement in, supremacist or extremist activity for active-duty personnel, and more extensive efforts to help veterans transition into civilian life, including counseling, mental health and social welfare services.
- Incentivize tech companies to create and enforce policies and terms of service to ensure that social media networks, payment service providers, and other internet-based services do not provide platforms where hateful activities and extremism can grow. Consistent with the First Amendment and privacy considerations, implement rules and regulations to ensure that tech companies comply with civil rights laws prohibiting discrimination.

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<sup>i</sup> CCPR/C/USA/CO/4 (23 April 2014) at para. 4(b)-(d).

<sup>ii</sup> LOIPR at paras 2-3.

<sup>iii</sup> Combined tenth to twelfth reports submitted by the United States of America under article 9 of the Covenant, due in 2017, CERD/C/USA/10-12 (“State Party Report”), at para. 12.

<sup>iv</sup> [2021 Country Reports on Human Rights Practices, US Department of State](#), 12 April 2022.

<sup>v</sup> CERD/C/USA/CO/10-12, at para. 11.

<sup>vi</sup> [Civil Society letter to Susan Rice](#), 15 December 2022.

<sup>vii</sup> [Letter from Members of Congress to President Biden](#), 27 March 2023.

<sup>viii</sup> Concluding Observations at para. 12.

<sup>ix</sup> LOIPR at para. 16.

<sup>x</sup> State Party Report at paras. 59-61.

<sup>xi</sup> *Good practices in national criminalization, investigation, prosecution and sentencing for offences of torture: Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Alice Jill Edwards*, A/HRC/52/30, 13 March 2023, at para. 39.

<sup>xii</sup> 42 United States Code Sec. 1997(e) (1996).

<sup>xiii</sup> *Dockery v. Hall*, 443 F. Supp. 3d 726 (S.D. Miss. 2019).

<sup>xiv</sup> [Dockery v. Epps](#), Southern Poverty Law Center.

<sup>xv</sup> CCPR General Comment No. 20: Article 7 (Prohibition of Torture, or Other Cruel, Inhuman or Degrading Treatment or Punishment), 10 March 1992, at para. 5.

<sup>xvi</sup> State Party report at para. 63.

<sup>xvii</sup> [Calculating Torture: Analysis of Federal, State and Local Data Showing More than 122,000 People in Solitary Confinement in U.S. Prisons and Jails](#), Solitary Watch and the Unlock the Box Campaign (May 2023) at 8.

<sup>xviii</sup> [Report of the Southern Prisons Coalition](#), submitted for the 107<sup>th</sup> Session of the Committee on the Elimination of Racial Discrimination, 14 July 2022.

<sup>xix</sup> *Braggs v. Dunn*, 562 F. Supp. 3d 1178 (M.D. Ala. 2021).

<sup>xx</sup> [Georgia prisons see unprecedented number of suicides](#), Atlanta Journal-Constitution, 1 March 2023.

<sup>xxi</sup> *Braggs v. Dunn*, 257 F. Supp. 3d 1171 (M.D. Ala. 2018)

<sup>xxii</sup> [In Author Ian Manuel’s “My Time Will Come,” A Look At Life In Solitary Confinement](#), WBUR, 19 July 2021.

<sup>xxiii</sup> [Judge Rules Florida Lawsuit Can Have all Children In Solitary Confinement As Plaintiffs](#), Southern Poverty Law Center, 27 October 2021.

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# Annex A

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE)	)	
HARVARD, <i>et al.</i> ,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	Case No.: 4:19-cv-00212-MW-MAF
	)	
	)	
MARK S. INCH, <i>et al.</i> ,	)	
	)	
Defendants.	)	

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**DECLARATION OF JAC'QUANN (ADMIRE) HARVARD**

I, Jac'quann (Admire) Harvard, declare under penalty of perjury:

1. I am a 30-year-old Black transgender woman in a men's prison, Wakulla Correctional Institution Annex. I am the lead named plaintiff in this case. I was in solitary confinement for almost 10 years straight, from when I was 18 to 28 years old. I make this declaration based on my own personal knowledge.

2. I have worked closely with my attorneys to respond to all requests for information to the best of my ability, and I sat for a deposition in December 2020. I will continue to work with my attorneys, review materials they give me, and share my thoughts as the case moved forward. When I have had questions about the case,

I have asked and will continue to ask my attorneys for help so I can understand and participate.

3. I have been incarcerated in the Florida Department of Corrections (FDC) since 2009, when I was 18 years old, basically still a growing child. Less than four months in, FDC accused me of lying to staff to get a high-calorie diet and put me in Disciplinary Confinement. For the next ten years, FDC kept extending my time in isolation, and they did not let me out of isolation until 2019, when I was 28 years old. Since 2019, I have been in a mental health treatment program.

4. Whether they call it Disciplinary Confinement or Close Management, it's all the same - you are isolated from everyone and locked in a cell almost 24 hours a day. I was kept in isolation at a number of prisons throughout the years: Santa Rosa, Suwannee, Union, Suwannee, and Florida State Prison (FSP). There were no major differences in my experience of confinement between these prisons.

5. All the confinement cells are very small and you are not allowed to talk to the people in other cells. While I was in confinement, I would get so desperate to talk to another human being that sometimes I would talk to people in other cells through the vents or sign through the cell door even though I risked getting a DR. I could not see any nature outside of my cell window- just the rec yard and cages. It's like the only thing that existed around me was more prison. At FSP, the toilet was corroded and smelled bad. Also, the guards controlled flushing the toilets so I had to

put a sign up asking them to flush it. They didn't always do it, so my cell would often smell like feces and urine.

6. Sometimes in confinement I would refuse to come out of my cell to shower because if I did go, officers would ransack my cell, throwing around my mail and pictures, and taking things out of my locker when I left. Sometimes this happened more than three times a month, so I would only shower once a week to avoid leaving my cell and having my property thrown around. It was very distressing to have to choose between showering and having my personal things taken or destroyed.

7. Because I am transgender, I used to be allowed to shower on my own when I was in General Population. But while I was in confinement, showering was difficult and humiliating for me because the showers are in full view of cells, so other people could look directly at me from their cell windows. I feel female and am housed in a male facility, so privacy for me is very important. I have had men stare at me and watch me from their cells, and men have also masturbated while watching me shower.

8. Recreation time while in confinement is uncomfortable and just more time in a cage. The rec cages have pull-up bars but otherwise all I could do is walk in a circle with a fence all around me and even on top of me. It made me feel like an animal.

9. I was not allowed any personal visits during my time in confinement, since I was 18 years old. Besides the times I was able to use the phone while in the Transitional Care Unit, the only time I was allowed a phone call while in isolation was in 2010, when I talked to my aunt when my great-grandmother died. I need these phone calls to help me deal with the huge strain of not being able to get family visits.

10. FDC has diagnosed me with gender dysphoria, schizoaffective disorder, depression, anxiety, and high blood pressure. My time in confinement kept getting extended because FDC repeatedly gave me DRs when what I really needed was help for my mental illnesses. I was struggling so much with my mental health problems and I could not cope with them well in confinement.

11. I feel like all those years in confinement really took a toll on my mental health. I can't be positive which of these conditions I might have had if I never was in prison, but I believe being locked up in isolation as a teenager all the way until I was 28 made my mental health worse. During those years in confinement, I was placed in a suicide watch cell more than 50 times, and hospitalized for suicidality and psychiatric reasons approximately 20 times.

12. The worst part of being in isolation is the loneliness. I was in a cell for so many hours at a time without being able to talk to anyone or touch anyone, and these conditions made me feel desperate. Also, being transgender makes living in confinement extra difficult. I had no one to help me deal with the stress caused by

the officers who disrespected and made fun of me and threatened me because of who I am. And I had no one to support me during the four years between when I requested my hormones and correct undergarments and when I got them.

13. When I was in confinement at FSP, I only had an individual counseling session about once a month and I had to do these sessions while standing and restrained in a shower cell. It was dirty and moldy, and I had to speak to the counselor through bars. An officer would be standing nearby and it was very uncomfortable and stressful because the officer could hear what I was saying. Several times, they used what I had told the counselor against me by telling me that I am complaining and not letting me meet with the counselor later. I held back speaking about what I really wanted to because of this environment, things like gender dysphoria and family issues.

14. There were also numerous times I desperately needed mental health help but couldn't get it. Instead of referring me to mental health staff, officers ignored me, made fun of me, and retaliated against me using violence or by restricting my property or recreation. There are so many examples:

15. In December 2018, I was feeling very afraid and cut myself. The staff ignored my distress so I went on a hunger strike to get their attention. A day or two later, officers suddenly came in and cell extracted me. They broke my wrist, banged my head against the door, and punched me twice in the face using shackles as brass

knuckles, breaking my eye socket. I had lost so much blood from cutting myself that when I was finally taken to the hospital days later, I needed a blood transfusion. In March 2019, I cut myself again and tried to declare a psych emergency, but a Lieutenant gave me a DR for yelling on the door and said “You’re all right. I’m not impressed.” I didn’t get any help that day. Another time, in April 2019, I was feeling very distressed from being confined and cut myself again. A group of guards took me to the emergency medical room and choked me on the bed, hit me in the face with an aluminum lid that chipped my tooth, and punched me in the back, legs, hip, and stomach while saying things like “Don’t do it again” and “Did you learn your lesson?” Another time that I cut myself, Captain Blitch threatened that officers would break my other eye socket. All of these officers kept giving me DRs instead of helping me.

16. I have also experienced other punishment for having mental health symptoms and needing mental health help. For example, while I was at FSP, officers have given me an air tray after I declared a psychological emergency. An air tray is a food tray without any food. The officer told me it was for declaring the emergency when he gave me the tray. Another time, I was punished for cutting by being refused recreation for 30 days. I have also been retaliated against for cutting by being put on property restriction. Since being in FDC custody, I have been placed on property restriction about 15 times. Once, I was left in only in my boxers for 3 days straight.

These periods of time are especially traumatic and punitive because I am a woman in a men's prison and being stripped to my boxers makes me feel especially vulnerable and humiliated, and exacerbates my gender dysphoria. All of this also made my compulsion to cut even worse because I felt trapped in isolation. I have been disregarded, punished, and refused the help I desperately need so many times while in confinement.

17. I wrote grievances about some of these incidents but I know at least some of my grievances against officers were not being submitted because I did not get receipts for those. At Santa Rosa, FSP, and Suwannee, I was retaliated against for writing grievances. Officers have jumped me and told me, while they were beating me up, that it was for writing grievances. I have also had an officer throw my personal pictures in the toilet and tell me it was for the grievance I wrote.

18. Since I was 12 years old, I have understood myself as a girl and have been dressing and carrying myself as such. Despite my gender dysphoria, FDC did not provide me all the ADA accommodations I needed. I had been taking hormones in order to medically transition since age 15, but the prison refused to provide hormones when I requested them when I first got to prison. After reading FDC policies on its care of transgender people, I started requesting hormonal treatment, undergarments, and female grooming items in 2015. For a long time, FDC only provided services for transgender people at Zephyrhills, but I couldn't transfer there



because I was on CM and Zephyrhills is not a CM camp. So despite my several grievances about the problem, I had to wait 4 years before FDC finally offered me transgender services at FSP.

19. In 2018, confinement started affecting me especially hard. Sometimes, the guards would tell me that I was not going to recreation because I was transgender. Some officers at both Santa Rosa and FSP would refuse to take me to my psychiatrist appointments, commenting that there are no “fags” coming out today. During strip searches, officers would say things about my genitals and mock me. The combination of lack of gender dysphoria treatment, insults, and abuse made me feel afraid and deteriorated my mental health further.

20. I was transferred to the Security Treatment Unit for mental health care a couple months after this case was filed. Now I’m in the Diversion Treatment Unit, another mental health unit. Here, I am not restrained and am not subject to strip searches. I can watch TV and be out of my cell for many hours of the day, and can go to the chow hall with others for meals. I also receive 10 hours counseling per week, including individual counseling without an officer present. All these changes have made a world of a difference in my mental health.

21. It’s important to me to be the lead named plaintiff in this case because I want my voice to be heard about how distressing and humiliating solitary confinement is. Even though I’m out of confinement, I still care for the people who

are there because I understand the pain and suffering they are subjected to. I hope for changes in policies in confinement so that future incarcerated people don't have to go through what I went through.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on [DATE] 3/24/21.

Signed:   
Admire Harvard

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE)	)	
HARVARD, <i>et al.</i> ,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	Case No.: 4:19-cv-00212-MW-MAF
	)	
	)	
MARK S. INCH, <i>et al.</i> ,	)	
	)	
Defendants.	)	

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**DECLARATION OF AMY FERGUSON**

I, AMY FERGUSON, declare under penalty of perjury:

1. I am a 25-year-old Black woman at Lowell Annex. I am currently in Close Management Level 3. I make this declaration based on my own personal knowledge. I am a named plaintiff in this lawsuit.

2. I agreed to be a named plaintiff in this case because I want to speak up about what is happening here in Florida. I want people to understand what confinement does to us and I want to prevent other people from suffering everything I have suffered the past year and a half.

3. I have worked closely with my attorneys to respond to all requests for information to the best of my ability. I will continue to work with my attorneys,

review materials they give me, and share my thoughts as the case moves forward. When I have questions about the case, I will ask my attorneys for help so I can understand and participate.

4. I have a number of mental health and medical conditions. I have asthma and have had asthma attacks while in Florida Department of Corrections (FDC) custody. They are not supposed to pepper spray me because of my asthma, but I have been pepper sprayed several times in confinement. When this happens, my asthma flares up and I feel like I can't breathe for days. FDC has also diagnosed me with schizoaffective disorder, bipolar disorder with psychotic features, antisocial personality disorder, borderline personality disorder, and post-traumatic stress disorder (PTSD). FDC has prescribed me Prozac, Vistaril, and Zyprexa. I've also had to go to inpatient treatment a lot while in confinement because of my mental health.

5. In November 2019, I was transferred from the Illinois Department of Corrections to FDC as part of the Interstate Corrections Compact Agreement. At FDC, I was immediately placed in Administrative Confinement (AC). I was told it was because of my history in Illinois. When I was in AC, they said I threw urine on an officer out of a soap dish. I was having a lot of mental health problems when I first came to Florida. I was thousands of miles away from my family and completely isolated by myself. I do not remember this incident. They gave me a Disciplinary

Report (DR) for this and said because of the DR and my history in Illinois, I was immediately going to Close Management Level 1. A couple weeks later, I was transferred from Florida Women's Reception Center (FWRC) to Lowell Correctional Institution Annex (Lowell Annex) to serve my time in Close Management Level 1.

6. I have been in confinement in Florida for almost a year and a half now. During that time, I have been in Administrative Confinement, Disciplinary Confinement, Close Management Level 1, Close Management Level 2, and Close Management Level 3. I refer to all of this as "confinement" because that seems to be what everyone calls it in Florida.

7. Confinement in FDC feels like hell. I was in Administrative Detention, which is like Close Management, when I was in the Illinois Department of Corrections. Confinement is so much worse in Florida. In Illinois, I could open a window, look out, and get fresh air in my cell. In Florida, I can't look outside or open my window because they are painted over. I don't even know what the day looks like. It's hard to tell if the sun is up or down. In Illinois, I could talk to my neighbor, which I'm not allowed to do in Florida.

8. I spend my days alone in a cramped and dirty cell. The cells have water bugs, roaches, and spiders crawling all over them. Sometimes officers will turn off the control of the water in my cell. When this happens, I cannot flush the toilets or

access water in my sinks. Once a month, officers pass out sanitary napkins, but they never pass out enough. Every month when my cycle comes, I run out of sanitary napkins and have to try and get an officer's attention to ask for more. Some officers will just ignore me, and other officers will just pass me toilet paper to get by instead.

9. It's hard to get any good sleep in confinement. Most days around 9:30 p.m., the officers dim the lights, but they never turn them all the way off. There are crickets in the walls that go on all night. So all night I have to listen to the crickets in the walls, and the officers gossiping, talking loud, and banging the doors. Around 5:00 a.m. it is time for inspection. The lights turn on full blast and I must get up, make my bed, get dressed in my Class A uniform, and stand on the wall for inspections. If I do not do this, I might get a disciplinary report and they may take my property away. Sometimes there is an officer outside the window of my cell door who will not shut up. I believe they are doing it to try and annoy me or get a reaction out of me, but I have to stay calm or I am afraid I will get pepper sprayed or receive a disciplinary report.

10. At some point during most days, I hear someone get pepper sprayed. When that happens, I go to my cell door to see what is going on, but then I see the pepper spray, and I get away from the door because I am afraid they will spray me next if they see me on the door.

11. I only went up to the ninth grade in school so I'm trying to continue my education in prison to better myself for going home but it is hard in confinement. Class in confinement is very sporadic. There have been weeks where I did not receive any education. Occasionally, they take us to a room above the wing where our hands and feet are chained to a desk. This normally lasts for around an hour. I am grateful for this time to learn, but it is hard to focus sometimes with the painful and tight cuffs around my arms and legs.

12. Staff only offer recreation in a tiny chain-link cage that is too small for any real exercise. It also feels like it is sporadically offered to us. When I leave my cell, I have to get strip searched. I was sexually abused as a child, and all those bad and traumatic memories come back to me when these strangers are staring at my body and telling me to take off all my clothes and get naked. I feel humiliated, ashamed, and embarrassed. They don't even block the window to my cell to prevent people in the day room from seeing me naked through the cell door. After they strip search me, and I come out of my cell, the officers search my cell. They throw my stuff on the floor, step on my bed, and throw my hygiene products in the toilet. So when I come back from recreation, all my stuff is messed up. It is like a tornado went through there. I have to tell myself not to react because I believe that is what they want - for me to react so they can pepper spray me or give me a disciplinary report.



I clean up my stuff and again remind myself that this too shall pass. All of this makes me sometimes not want to come out of my cell at all.

13. During the first few weeks of arriving in Florida, they pepper sprayed me for being on the door. I was having mental health problems in confinement and talking to myself at the door. I hear voices a lot when I'm in confinement. The officer told me to stop talking to myself, but I was unable to control my actions. They claimed I was being disruptive and pepper sprayed me for this. Then they called the tactical team and performed a cell extraction on me. They took me to the showers. It was supposed to be a cool shower, but the water was hot, so I refused. They forced me to shower in hot water. After that, they returned me to my cell and placed me on property restriction for about two days. They took away all my property, including my mattress. I had to sleep on a metal bed frame with a sheet and a blanket. I did not even have a pillow. I felt extremely suicidal during those two days because I had nothing. It brought back really bad memories from childhood. I figured if I killed myself, all the pain would stop.

14. For many months, officers put me in a restraint chair to move me outside of my cell even though they never told me I was a problem during escort. They just started using the chair as soon as I first arrived at Lowell Annex. They put me in leg chains and handcuffs and then they strapped my arms and legs to the chair and wheeled it around. The officers have also used something called a "spit mask"

on me when I come out of my cell. This is a mesh net that goes over my entire head and closes around my neck. The restraint chair and spit mask make me feel less human, like a monster. Staff in confinement do not treat me like a person. It makes me feel like the world has just given up on me.

15. I hear voices telling me to hurt and kill myself. I have hurt and tried to kill myself several times while in confinement. When I try to hurt myself, the officers often just take me to a Self-Harm Observation cell (SHOS) for a few days without my clothes or any of my belongings and then return me right back to confinement. One time, in January 2020, I was already in a SHOS cell for suicidal thoughts. I was feeling upset and frustrated because I did not have anything. I was cutting myself with the strap on my turtle suit, which is the really stiff and uncomfortable thing they make me wear in the SHOS cell that only covers my front and leaves my bare butt sticking out. They told me to stop. The officers then responded with a cell extraction where several officers came into my SHOS cell and punched and kicked me. They were stomping on my head and hitting me with a shield. It made me feel mad so I started fighting back to protect myself. I was fighting for my life. I thought they were going to kill me during that cell extraction.

16. Another time, also in January 2020, at Lowell Annex in my Close Management Level 1 room, I was tying a sheet around my neck to kill myself and they came to my cell and pepper sprayed me. They then gave me a disciplinary report

for Disobeying a Direct Order. When they respond this way, by caring so little and punishing me for my suicide attempt, it makes me just want to kill myself even more. I wish FDC provided more incentives to us to help us get out of confinement. They take everything away so I feel like I just don't care anymore. If I had something to look forward to, or something to keep me going, I think it would help me.

17. All the things I experience in confinement make me feel hopeless and now I have night terrors. Sometimes I feel like the walls are closing in on me. Sometimes I see ants on the floor so I try and kill them but then I realize they aren't really there. I realize my eyes are deceiving me and I have to keep telling myself this is not real. I try to comfort myself and just try and remind myself that this too shall pass.

18. Confinement makes my thoughts about hurting myself worse. I have called psychological emergencies because of how bad I feel. To get help from mental health staff, we "call a psychological emergency" by telling an officer walking by during rounds or, if no one has come by in a while, by kicking and shouting on the door. Because of my mental health, FDC keeps sending me back and forth from Lowell Annex to inpatient mental health. I do not feel like I ever get the help I really need. When I go back to confinement after hurting myself, I just get the same things like medication and occasional counseling. When I have to go to inpatient treatment, they push back my Close Management review that determines whether I can go to

the general population. If I could handle my symptoms in confinement without inpatient treatment just so I could get my Close Management reviews done as quickly as possible, I would. But it is too hard – I need mental health treatment.

19. Before I was placed in confinement, I used to be a social butterfly. Now, I am so used to being in my own little cell all by myself that when I get around other people, I get nervous and scared thinking the world is out to get me. One of the few chances I have to talk to other people is group therapy, but when I go, I break out in sweats and feel nervous. I don't even know how to engage in normal human conversation anymore.

20. I feel so mentally messed up right now. I am scared I will be shell-shocked when I leave prison in a few years because of what confinement is like. I'm worried I won't know how to cope or make anything of my life and that I'll live the rest of my life seeing things that aren't there and not being able to make connections with other people.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on March 25, 2021.

Signed: /s/ Amy Ferguson, DC#F80666

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE)	)	
HARVARD, <i>et al.</i> ,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	Case No.: 4:19-cv-00212-MW-MAF
	)	
	)	
MARK S. INCH, <i>et al.</i> ,	)	
	)	
Defendants.	)	

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**DECLARATION OF JUAN ESPINOSA**

I, JUAN ESPINOSA, declare under penalty of perjury:

1. I am a 60-year-old Hispanic man incarcerated in the custody of the Florida Department of Corrections (FDC). I am currently assigned to General Population at Columbia Correctional Institution Annex. I make this declaration based on my own personal knowledge. I am a named plaintiff in this lawsuit.

2. I agreed to be a named plaintiff in this case because I wanted the opportunity to speak up about the abuse that occurs in isolation and to help stand up for those who may not be courageous enough to speak.

3. I have worked closely with my attorneys to respond to all requests for information to the best of my ability. I will continue to work with my attorneys,

review materials they give me, and share my thoughts as the case moves forward. When I have questions about the case, I will ask my attorneys for help so I can understand and participate.

4. I have been diagnosed by FDC with paranoid schizophrenia, major depressive disorder, and bipolar disorder. I also suffer from anxiety, depression, paranoia, hallucinations and mood swings. FDC has prescribed me Abilify and Paxil.

5. I am an American with Disabilities Act (“ADA”) inmate because I am unable to speak. I had tumors in my throat that made it hard for me to eat and swallow. FDC referred me to multiple specialists, including an oncologist. I had to have surgical reconstruction of my jaw and surgery to remove all my teeth. In December 2018, I permanently and completely lost my voice after a surgical procedure to remove one of the tumors.

6. When I was in isolation, it was very hard to receive accommodations for my disability. I had to submit a lot of grievances and Accommodation Request Forms asking for an American Sign Language handbook so that I could learn to communicate by signing. My requests were denied several times. FDC also refused me access to a Text Telephone (TTY) for a very long time. Without access to a TTY or similar device, I could not call my family. I miss my family a lot and it was really difficult never being able to speak with them over the phone or know

how they were doing. Our only way to communicate was by mail, but I never really knew if the prison was sending my mail out or letting my mail come in. Months would go by without hearing from my family. In general population, I have been able to regularly access the TTY device and speak with my family.

7. FDC first placed me in isolation in June of 2018. I spent about seventeen months in isolation, until November 2019. During that time, I was in Administrative Confinement, Disciplinary Confinement, Close Management I, Close Management II, and Close Management III. I also recently spent some time in Administrative Confinement in the first half of 2020. I call all of this “isolation” because I was isolated from other people and spent almost all of my time alone. I have been isolated at Martin Correctional Institution, Florida State Prison, Reception and Medical Center, and Santa Rosa Correctional Institution.

8. The cells in isolation at all the institutions were filthy and cramped. I saw rodents and bugs everywhere. I was not allowed to hang pictures and photographs on my cell walls. It made the walls feel blank and like they were caving in on me. It was always loud. I would hear doors banging, officers shouting, or the exhaust fan blaring. It made it hard to sleep.

9. No matter the type of isolation, I did not get many opportunities to leave my cell. We were supposed to get recreation at least once a week. A lot of times they would not give me my recreation because they said they did not have

the staff available to do it. If I did come out of my cell, I felt like I was always harassed by officers and they were looking for ways to do it. They would destroy my cell during the cell searches and mess up all my property. They would serve our food cold to us. I saw a lot of officers hit and beat on people. It made me feel scared to ever come out of my cell.

10. It was hard to get medical treatment in isolation. When I submitted sick call slips, it would take weeks to get a response, or I would have to submit multiple requests for the same thing. For example, I had to submit a lot of requests to finally receive Ensure as a dietary supplement because of my medical diet restrictions related to my throat surgery. A lot of times my sick call slips were completely ignored. Now, in general population, I normally get a response a few days later to my sick call slips. In isolation, officers would also fail to bring me to my medical appointments. I would not even learn that I had appointments until they were already missed. I saw officers offer cigarettes to other people to encourage them to refuse their medical call outs. I haven't had a problem getting to my medical appointments in general population.

11. In December of 2018, I lost my balance while trying to walk escorted by a correctional officer and fully restrained at my hands and feet. I fell and the strain of the leg irons during the fall broke three bones in my right foot. I had to wait three days in isolation before I finally saw a doctor for my broken foot. A



doctor ordered crutches for me but FDC staff refused to give them to me because I was in isolation. I had to hop around my cell to move about. When I had to leave my cell, staff would chain me to a wheelchair for transport. FDC staff did not provide me physical therapy in isolation to help rehabilitate my broken foot. I don't know how I could have done physical therapy anyway since I was always restrained in a black box and leg irons when I left the dorm.

12. It was also hard to get mental health treatment in isolation. Nurses passed my medication daily to me through the food flap in my cell door, but they did not communicate with me or ask how I was doing. Mental health staff only came around occasionally to do mental health checks; it felt like t once every couple of months. Sometimes, they would not even stop at my cell door to check in. I would have to waive my arms and knock on my door to get their attention. When they did come to my cell, these visits were always very brief, normally no more than a few minutes. Since I am unable to speak, I would have to use hand gestures to try and tell them how I was doing. I did not find these mental health checks very helpful since they were so short, through a cell door, they did not ask me much, and I could only communicate with hand gestures or by writing a note sometimes if they let me use paper they had. A few times, I was pulled from my cell to receive one-on-one individual counseling with mental health staff. But these

sessions were never long or frequent enough to be helpful in managing my mental health symptoms. They were also inconsistently and sporadically offered.

13. I was scared that I would not be able to get the attention of staff if an emergency happened inside my cell. I saw a lot of people on the wing declare psychological emergencies. Staff would take a very long time to come to their cell to respond. Sometimes they did not come at all. I never had an intercom or buzzer in case of emergencies, even though I am entirely unable to speak. I'd have to bang and kick on my door and hope staff could hear me.

14. I was put on property restriction once when I was in isolation. Officers took everything away from me. They took my property, my personal hygiene items, my paperwork, my mattress and my clothes. I was left only in my boxers for seventy-two hours. I had to sleep on my steel bunk without a mattress. It was the middle of winter so I was very cold. I felt mad because it felt like I was being tortured.

15. For over half my time in isolation, I was given even less privileges than my Close Management level because of my disabilities and medical needs. Florida State Prison was unable to take care of all my medical needs so I was sent to Reception and Medical Center (RMC). RMC is not a Close Management facility so when I was there, I had to spend my time in Administrative Confinement (AC). They only gave me AC privileges. For example, I did not get recreation as often as

I would on Close Management. I also did not get any dayroom, phone, library, or visit privileges. I received less canteen items on AC than I received when I was on Close Management.

16. My time in isolation was really hard. I was stuck in a cell for all hours of the day with nothing to think about but dying from cancer. I thought about suicide often and my thoughts consumed me. I felt like my depression and mood swings got worse and more severe because I was always behind the door. When I was released from isolation, I no longer felt like the same person. I still feel nervous and anxious being around people again.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on April 6, 2021

Signed: /s/ Juan Espinosa, DC# 419680

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE)       )  
HARVARD, *et al.*,         )  
                                  )  
                          Plaintiffs,     )  
                                  )  
v.                                 )  
                                  )  
                                  )  
MARK S. INCH, *et al.*,     )  
                                  )  
                                  )  
                          Defendants.     )

Case No.: 4:19-cv-00212-MW-MAF

**DECLARATION OF JEREMIAH HILL**

I, JEREMIAH HILL, declare under penalty of perjury:

1. I am an 18-year-old Black man incarcerated in the Florida Department of Corrections. I am currently assigned to Close Management II at Santa Rosa Correctional Institution. I am a named plaintiff in this lawsuit.

2. I was diagnosed with ADHD as a kid. FDC has given me IQ tests a few times, once when I first came to prison, again in September 2020, and then again in March 2021. They've told me I have borderline intellectual functioning. A psych doctor started me on Buspar in November 2020 after I told her about my PTSD, but they stopped it a couple months ago.

3. Ever since I came to prison at 14, I've been in and out of the box, which is what I call isolation. I had a hard time adjusting and I felt like I kept getting punished for being a kid. Between when I entered FDC in July 2016 and October 2018, I was in Administrative Confinement or Disciplinary Confinement almost every month in the Youth Offender (YO) dorms at Sumter CI and Suwannee CI. FDC put me on CM II at Suwannee in November 2018, when I was only 16. I went to Florida State Prison (FSP), an adult camp, right after my 17th birthday. There, I was punished for being a kid in a different way—YOs aren't allowed to mix with adults, which meant I rarely got to leave my cell for anything other than a shower and, when I did, I was almost always alone. Officers told me they wouldn't let me off CM, and I'd have to stay at FSP, until after I turned 18. They kept me there until January 2020, about a month after my 18th birthday. By April 2020, I was back in DC at Sumter, then I went to CM I at Hardee CI. I stayed there until September 2020, when I came to Santa Rosa CI. Since I've been in Santa Rosa, I've been in and out of the Transitional Care Unit because they keep testing my IQ.

4. Being in the box all day every day makes me feel filthy. The cells are dirty and covered with mold. There are a lot of big rats. Sometimes I put a shirt or pants at the bottom of the door so they don't come in at night. There are also roaches, spiders, and lizards that crawl around. Every week or so staff give me a small cup of watered-down chemicals to clean my cell. It's barely enough to clean

my sink. I use my shower slide to sweep my cell, and I can't clean my toilet because I don't get a toilet brush. I can't escape the stinky odor that comes out of the toilet, which is really close to my bed.

5. Sometimes I go days without talking to another person. When I first got to FSP, the officers showed me CM rules that said I wasn't allowed to talk to anyone or else I'd get a DR. The White Shirts also told me that the adults could get written up for talking to me because of my age, and they didn't used to talk to me at first. At first, I think I was the only teenager at FSP. Another YO came to the cell next to me a couple months after I got there. I usually talked to him at night because I didn't want the guards to catch me. I didn't want to get a DR because I really wanted to get off CM.

6. When I do talk to people in the box, it's mostly by yelling out the back window or through the vent. There's no privacy. I can hear other people's conversations at the vent, and I assume they can hear mine. I can't see the people I talk to either. I can't have real conversations because I'm usually talking to people I don't really know—they're just voices in the distance. I talk to them just to keep myself sane. I guess that's why it's called a vent—you have to vent to someone to control your mental state. I'm afraid that if I go a long time without talking to someone else, I'd be stuck with depressing thoughts in my head, which would make me mentally disturbed.

7. There's not much I can do in my cell other than read books, write mail, eat, and sleep. Every day feels the same. I lose track of the date sometimes. I sleep from breakfast to lunch, then I stay up the rest of the day and all night, but I don't know exactly what time they bring the food. I spend a lot of my waking hours lying down and thinking. I don't always have something to read because I can't always get books from the library. I like reading urban books, which I have to buy for myself, but I get bored reading them more than once. All the time I spend lying in bed makes me feel lazy. Sometimes I don't have energy to read or write, even when I want to.

8. Before I turned 18, I wasn't allowed to go to school when I was in confinement. I think a teacher at FSP tried to get me enrolled in special ed classes so I could leave my cell for education, but it didn't work because I wasn't a special ed student on the streets. So I would just get lame worksheets to do in my cell and talk to the teacher at my cell front for a few minutes every couple weeks or so. I didn't feel challenged, and the worksheets didn't take a lot of time. It was frustrating because I wanted to be working on my GED.

9. I don't get to leave my cell for rec a lot. I only went two or three times the whole time I was at FSP. Because I was a YO a White Shirt always had to escort me out of my cell and I couldn't go with the adults. Once or twice, I went out at the same time as the adults, but the officers took me out only after the adults were

already outside, and they'd put me in a rec cage on the opposite side. I was too far away to talk to anyone. At Santa Rosa, many times the rec officers don't come around when they're supposed to. Even when I do go, I don't really exercise. After all this time in isolation, my body has gotten programmed to be stuck in a box. I feel lazy and tired all the time. I used to shadow box inside my cell, but not so much anymore. Usually I feel too depressed to work out when I'm stuck behind the door.

10. Officers strip search me every time I leave my cell. It feels like sexual harassment when an officer forces me to strip down naked in front of him. It makes me angry, ashamed, and humiliated. Sometimes I skip mental health callouts or showers because an officer will search my cell and throw everything around. When I do leave my cell, officers put me in handcuffs, a black box, waist chains, and leg irons. It's hard to walk. I always feel like I'm about to trip, especially when I'm carrying property. Sometimes an officer holds me really tight from my arm as he escorts me. I feel like he's provoking me to do something to him.

11. I was put on property restriction twice, once when I was a YO at Suwannee in 2018, and once at Sumter in June 2020. My cellmate and I spent three days with just our boxers. I had to sleep on my steel bunk without a mattress or blanket. It hurt.

12. Going to the box messes with my head. A bunch of times when I was 14 and 15, I declared psych because I really felt like I needed to get out of the box.



Twice I went to SHOS. Staff accused me of manipulating the system, but I was desperate to get out of a horrible environment.

13. Coming to FSP at 17 was shell-shocking. It was really isolating to be at a prison meant for adults, and I was locked down almost 24/7 with no one to talk to. I went through some stuff that I'll never forget. I remember a couple days after I got to FSP I saw officers spray someone inside his cell multiple times. Once I woke up at 3 AM to the sound of a man yelling during a cell extraction. It was like nothing I had heard before. Things like that happened regularly. The memories haunt me. There was also a ghost moving around my dorm a couple nights at FSP. It was a really disturbing time. I was always on edge, constantly prepared for the worst—like when will it be my turn?

14. Being in the box has been really traumatizing. My mind is always racing. I don't think about killing myself, but a lot of times I wonder, "What if I die." I can't distract myself from thinking about my prison sentence. I get sad thinking about how I might never get married or have kids. I get angry a lot and feel a lot of agitation and frustration. I have a really hard time getting out of my own head. There were times that I felt I'd rather die than stay in the box. A lot of times my depressing thoughts consume me. I don't feel this way when I'm in the general population because there are more ways to occupy my time.

15. I agreed to be a named plaintiff in this case because I wanted to help get justice for myself and others after what I experienced in the box, starting shortly after I came to prison at 14. I had a really hard time and don't want others to suffer like I did.

16. I have worked closely with my attorneys to respond to all requests for information to the best of my ability, and I sat for a deposition in November 2020. I will continue to work with my attorneys, review materials they give me, and share my thoughts as the case moves forward. When I have had questions about the case, I have asked my attorneys for help, and will continue to ask so I can understand and participate.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on April 30, 2021

Signed: /s/ Jeremiah Hill, DC# J56775

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE) )  
HARVARD, *et al.*, )  
 )  
Plaintiffs, )  
 )  
v. )  
 )  
 )  
MARK S. INCH, *et al.*, )  
 )  
Defendants. )

Case No.: 4:19-cv-00212-MW-MAF

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**DECLARATION OF GARY SEYMOUR**

I, GARY SEYMOUR, declare under penalty of perjury:

1. I am a 40-year-old white man incarcerated in the custody of the Florida Department of Corrections ("FDC"). I am currently at FDC's Reception and Medical Center because I have some serious medical issues that require surgery.

2. I've been in solitary confinement, specifically Administrative Confinement (AC) and Disciplinary Confinement (DC), over ten times. I've been incarcerated since February 19, 2014 and if we added up all the time I've spent in confinement, it would make up over two years of my life. I've experienced solitary confinement at Northwest Florida Reception Center, Washington, Lake Butler, Century, and Gulf Correctional Institutions.

3. I am a paraplegic veteran. I served in the military from 1997 – 2002. While I was overseas in Baghdad, Iraq in 2001, an underground mine exploded, blowing my Humvee in half. My spinal cord was severed with injuries to my T12 and L1 vertebra. It paralyzed me from my chest down. This means I can't walk or move anything below my chest. After my injury, the doctors put me in physical therapy where I relearned how to take care of myself and get done day-to-day activities in my wheelchair. My wheelchair became my legs. To protect my spinal injuries while I'm in my chair, I need to use a roho cushion. It is an egg-crate style pillow that goes between my chair and me. Without it, the pressure on my back can cause sores and worsen my vertebra injuries that cause a lot of pain. FDC also gave me a double matt pass, which means I am supposed to get two mattresses to cushion my spine. I also have special boots that keep me from getting sores on my heels when I use my chair.

4. On top of paralyzing me, the explosion in Iraq also left me with traumatic brain injuries. I have a permanent brain bruise and epilepsy that causes grand mal seizures. When I'm regularly medicated, I'll have a seizure about every two or three months, but when I'm not on medication, they come almost daily. I can feel the seizure coming on too – I'll start to see auras around things and my hands will shake. I won't remember anything during the period I had the seizure.

5. I also have prostate cancer and need to use urostomy bags and diapers. Before I was incarcerated, when I was about 26-years-old, I was diagnosed with prostate cancer at a Veterans Affairs (“VA”) Hospital in Tampa. The cancer metastasized and I had major surgery to remove my entire bladder, my prostate, three-quarters of colon, and three-quarters of stomach. As a result of that surgery, I have to use an urostomy bag and diapers for my waste. I am a small guy, weighing about 91.5lbs. This means I wear a Size 6 diaper, which is a child’s size. When I’m forced to use larger diapers, it causes leaks, which not only is unsanitary and foul, but causes sores on my body.

6. I unfortunately also have a heart condition that has caused me two heart attacks before I came to prison. I have stents to keep my valves open and take various medications for it to regulate my heart beat. I also have a cardioverter defibrillator implant (“AICD”), similar to a pacemaker. It will shock me with electrical impulses to keep my heart rate in the right range when I’m at risk of cardiac arrest. This means I can’t get too worked up or agitated because my heart rate up will go up too high and the AICD will shock me, so I try to keep calm and not physically stress myself as much as possible.

7. I also have a hearing loss from the explosion, so I need hearing aids. Without them, I cannot really hear what is going on. It’s like everything is muted so people have to yell at me so I can hear them.

8. The conditions I am subjected to in confinement are truly appalling. Over half of the time, confinement guard have taken my wheelchair away from me completely even though I have a medical pass for it. The guards have told me that it's "policy and procedure" to take my chair away, but when I've requested a copy of that policy, the guards have never given me anything. It's infuriating because my chair is how I get around the world -- my chair is my legs. So when they take it away, I am left to crawl on the floor, using my arms to get around with my body dragging behind as I pull myself along. The cells are always filthy and dirty like they've never been cleaned. There is almost always a rat or roach infestation too. It is absolutely disgusting to have to crawl around on the floor of a confinement cell, but without my chair, I don't have a choice.

9. All the confinement cells I've been in are essentially the same too. FDC usually places me in an "ADA cell" but when the guards take away my chair, it makes no difference whether I'm in an ADA cell or not. In fact, the non-ADA cells are really not much different than the ADA cells except the ADA cells have two bars near the toilet. There is nothing on the walls, a blocked-out window to the outside, a toilet, and a sink. When I have my chair, whether it's an ADA or non-ADA cell, it can be difficult to maneuver around the cell because of how small it is. But without my chair, I can't even reach the sink or use the toilet. In the ADA cells there is a bar behind and next to the toilet, but I can't get myself onto the toilet

without my chair because I am on the floor, unable to reach and lift myself up. Instead, I have to rely on the limited diapers that the officers give me and they are almost always the wrong size, which causes leaks. Unlike general population where I could go to medical or canteen to get supplies, in confinement, I can't get enough wipes or supplies to clean up the leaks from the diapers. This means my cell becomes completely unsanitary. I've asked for cleaning supplies before from the guards, but they never give me any. I even had a guard respond that I should "use my spit" to clean up and laughed at me. It is degrading and disgusting to live like that.

10. Not only is taking my chair from me inhumane but it is downright dangerous. Without my chair, I fall about once or twice a day just trying to take care of myself. For example, the officers put the food tray through the flap in the door that is about midway up, but I can't reach it because I'm stuck on the floor without my chair. During my last stint in confinement, which was about a week, I was only able to eat twice because of this. The officers know what is going on -- I tell them I can't reach, but they view this as me "refusing" my food. I try to use the bunk to bring myself up to reach the food tray, but most of the time I'm not successful before they say I refused it and I end up falling. I've had some major black and blue bruises from falling in a confinement cells without my chair.

11. Showering in confinement is also really problematic for someone who uses a wheelchair like me. While the official schedule for showering is three times a week, this usually doesn't happen because the guards are too busy doing something else. I also definitely have declined showers when offered because of the issues that can be involved. For example, instead of giving me a wheelchair to get me to the showers, I've often had officers drag me from my cell to the showers, with one guard on each side of me holding me by my armpits. One time I fell in the shower and I was stuck on the shower floor because I couldn't get up. I had to call out for help and the officers, instead of helping me themselves, went and found an inmate orderly to get me up while I laid there on the floor. Because I'm paralyzed and can have issues like that, I've had officers tell me to clean myself in the sink instead. But in most cells, I can't really reach the sink to clean myself without my chair, so I've had to use toilet water to wash myself about a dozen times. Words cannot express how dehumanizing and disgusting it is to wash myself out of a toilet, all because I can't use my legs.

12. FDC also often takes my other accommodations I need to protect my spinal injury when I go from general population to confinement. In general population, I get my double matt pass so that I have two mattresses to keep pressure off my injury. But in confinement, not once have they honored the pass. In fact, all the mattresses in confinement are torn up, heavily used mattresses that are flattened



and in really bad shape. So, not only do I not get the double matts like I'm supposed to, but I'm barely getting any cushion to protect my injury. When they take my chair, they also take my boots that keep sores from my feet and refuse to allow me my roho cushion that I need to keep pressure off my spine. Not having any cushion for my spinal injuries causes really bad pain. I'm always in some kind of pain, but having that pressure on my injuries is excruciating.

13. In confinement, I also don't regularly get the supplies I need for my incontinence. When I'm in the general population about once a week I get extra small diapers, a bedside drainage bag, a pack of cleaning wipes, and about five ostomy bags. If there is an issue, like I get the wrong diaper size, I'll go to medical and make sure the order is right and then I'll go to the supply people to make sure the order is placed correctly. But in confinement, all I can do is tell the guards or nurses if they stop when they walk by. I can also write an inmate request or grievance if I'm lucky enough to have a pen or forms. But even then, the requests often go ignored. Without the right size diapers, I'll end up with leaks and sores. I have also had to clean my ostomy bag with toilet water because of not having enough wipes and supplies. Again, I can't often reach the sink, so when I have to do that, I just hope that I don't get an infection. For me, infections are incredibly dangerous because of my suppressed immune system. I told this guards this when asking for the right supplies, but I've always just gotten nasty responses. I even had

confinement guards nickname me “diaper boy” because I was trying to get what I need.

14. When I’m in confinement, it is also much harder to address any issues with my medications and the negative health consequences I experience when I don’t receive them as prescribed. I already feel stressed and agitated because of daily life in confinement; add that to missed medication doses and my AICD goes off more frequently and I get more seizures. One time, when I wasn’t getting my meds, my heart and chest hurt and I could feel the regular shocks of my AICD so I declared a medical emergency. The guards did not alert medical though -- they said “we’re not calling medical so you might as well quit asking.” For three days, I requested to see medical but nothing ever happened. It was incredibly frustrating and dangerous. If I had an issue with getting medication in general population or had something going on with my AICD like that, I would be able to discuss it with medical. But in confinement, I’m completely reliant on guards or inmate requests and grievances which often go unanswered.

15. Guards also regularly take my hearing aids away when they are processing me into confinement. This last happened in June of 2020 at Lake Butler CI. They put me into AC but didn’t give me my “keep property” (i.e., property that is approved to be in confinement). Keep property is supposed to include assistive devices, like my hearing aids, so I was stuck in confinement without them. Not

having my hearing aids while in confinement is hard because I can't really hear people through the big steel door on my cell. The guards have to scream and bang on the door to get my attention and it puts me at risk of getting a disciplinary report ("DR") because they act like I'm just ignoring them but I really just can't hear them without my hearing aids. Not being able to hear also adds to the solitude of confinement even more because I can't even hear other people's voices when they're walking by or talking on the wing. It's so isolating.

16. Because I'm an "ADA inmate," an ADA coordinator is supposed to meet with me at least every six months. In general population, we'll meet to discuss accommodations and issues. They'll ask me questions and will fill out a form. In confinement, the ADA coordinators have zero conversation with me about issues I'm having in confinement. If they see me, they just ask me to sign the form. But because they didn't ask me questions, the form doesn't reflect what is happening to me, like not getting medications, not having my chair, the right medical supplies, and so on. So, I usually refuse to sign the form, and no one fixes my problems.

17. I feel like the guards in confinement really don't care what happens to us medically or psychologically. I've notified them of seizures coming on and been ignored. If I have a seizure alone in my cell, I could seriously injure my head or something else, but no one would know because the guards don't come around often to check on us often enough. While the guards are supposed to do checks every 30

minutes, I've been on confinement wings where I haven't seen guards the entire shift, like eight to twelve hours.

18. There is nothing to do in confinement but sit with my own thoughts. In AC and DC, getting a book from the library can be really difficult. I was lucky if I got a book even once a month, if that. There are some programs, like GED classes or substance use available, but I'm not qualified for any of those – I have a degree and I don't have a drug offense. So, there are no training, programs, classes, or education for me to do in confinement.

19. In AC and DC, we don't get any dayroom privileges, even for people who have been there for months and months. I've served around six months in confinement three different times and did not get dayroom, tablets, or anything like that the entire time. I would get recreation ("rec") maybe every other week. When I did have my wheelchair with me, guards would wheel me out to the rec yard where individual cages are lined up. The wheelchair the guards would use to transport me was usually not mine. Instead, they would use the shared dorm wheelchair to transport me. It was very dirty, including sometimes with dried urine or vomit from someone who needed it to get to medical. It was disgusting. Once we got to the yard, the guards would put me in a cage where I couldn't even turn the wheelchair around. The dip bars were within reach but I couldn't really use them because of how small the cage was with my chair in it. We're also not allowed to talk to each other when

we're out there, even if someone I knew was in the next cage. If we did talk, we risked getting a DR and going back to our cells immediately.

20. When I'm in confinement there really is no socializing for me. When I was in general population in prisons near my elderly parents, they would visit me. But when I was placed into confinement, they weren't allowed to visit anymore. I would also have calls with them when I was in general population too, but in AC and DC, not once was I offered a call so I could check in with them. We end up writing each other a lot of letters, but unlike in general population, it can take sometimes two weeks for a letter to get out to them or in to me. It's a long time to not have contact with them. It can also be really difficult to even get a pen or forms in confinement because I have to rely on the guards to provide it. There is a clergy person that comes by maybe every other week, but he just walks by the cells, waiving, and doesn't stop. He has a security officers with him the whole time too, so I don't feel like I could really talk to him either if I was given the chance.

21. I'm a military man, but the punishments I've experienced in confinement go beyond what any person should endure. The worst is probably property restriction ("strip"). I've been put on strip a few times. Each time, they take away all of my property: mattresses, sheets, blankets, clothes, and so on. I've had them leave me just with boxers and also one time, with nothing at all -- I was just left naked in the cell. When I'm on strip, I'm forced to sleep on the steel bunk with

no mattress whatsoever despite my spinal injuries and double mattress. Having no clothes and blankets also means it freezing, especially at night. I've got really sick twice in confinement while on strip. Both times, with my history of cancer, I was scared my illnesses were life threatening. I've never experienced anything like strip in general population.

22. The guards will also place us on meal management as punishment. We call it "loaf" because what they do is mush up the entire meal and then put it in a brick form. I've been put on loaf a few times, ranging from a couple days to a week. I've never once been able to bring myself to eat it. When I refuse to eat it, they'll put down that I'm on a hunger strike, but I'm not – I would love to eat. I just need to eat food that is edible and the loaf is not something I would feed to a dog. I've also gotten "air trays" before, which is where the guards put an empty paper bag on the tray. The empty bag is caught on the cameras so it looks like I've been given a meal, when in reality, there is nothing in it. I've never experienced anything like loaf or air trays in general population.

23. In confinement, I've been sprayed by guards with pepper spray more times than I can count. It's incredibly painful. It's a lung irritant that makes a person feel like they're choking to death. The guards will sometimes give us little warning before spraying us too, like if we're on the door or looking through the window. I've never been sprayed like that with no warning in general population.

24. To me, it's clear that confinement isn't designed to help anyone or keep anyone safe. Most of the people I know in confinement aren't in there for stabbing or fighting or something really dangerous. Instead, they're in there for non-violent things, like talking back or disrespect or having a cell phone. It seems crazy to me to put people through confinement for stuff like that when there are other correction actions they could put in place. I think it's clear that confinement just ends up making everyone's behavior worse, but they just keep on cycling people in and out of it. To me, the guards and staff just don't care about what happens to us in confinement or how it will impact us in the long run.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on May 25, 2021.

Signed: /s/ Gary Seymour, DC#T77153





Correctional Institution, Florida State Prison, Santa Rosa Correctional Institution, and Apalachee Correctional Institution. In all these different places, there wasn't enough recreation, I hardly ever talked to anyone, there was little to no control over my lights and toilets, and the cells were too small, making all of my experiences in confinement feel pretty similar.

3. FDC identified an issue with my prostate about six to eight months ago and prescribed me with medication for this. Before I got help, I had to use the bathroom frequently. I have Chronic Obstructive Pulmonary Disease (COPD). I use two inhalers for my COPD, one that I use daily as medicine and the other is for "rescue" situations. I have also had blood clots and so I take Coumadin for this once a day and wear compression socks. I get body aches and joint pain that I'm worried is from lack of exercise and moving around while in confinement isolation.

4. I take Trileptal, Vistaril, and Effexor for depression and claustrophobia. There was a period when I was released back into General Population and my depression eased up. It helped when I wasn't so alone.

5. My confinement isolation cells have been nasty. In some of my confinement cells, there has been black mold on the walls and ceiling, and I'm worried about what it does to my COPD. The backs of the doors have been in terrible shape, sometimes flakey with all the rust that has built up over the years. I've been in cells where the flap in the door had rust and so when I've had to get injections

through the flap, I'm anxious that some of the rust will flake onto my body. Sometimes staff will give us cleaning supplies, but weeks can go by in between getting these supplies. When I don't have these supplies, I have to clean my cell and toilet bowl with the same bar of soap I use for my hands and body.

6. The cells have been infested with bugs and rats, some worse than others. The rats get inside the cells through the holes caused by the rot around the toilets. I've tried to keep these pests out by stuffing paper into the holes, but that hasn't stopped any of them from invading. In one of my cells, there was a trail of bugs crawling up the walls and nesting inside the lights. Red ants bite during the day but they're even worse at night -- I've woken up with 15-20 bites on my face and on parts of my body underneath my clothes.

7. Being in confinement makes me feel like a monkey in a cage, except I think monkeys in a zoo might be treated better than us. Sometimes, like now, I don't even have a window in my confinement cell. When I have had a window in my confinement cell, the windows have been clouded so that I can't see what's going on outside. Hardly any natural sunlight comes into the cell and most of the windows don't open, so the air is stuffy. The stuffy air is worse when my toilet is filled with feces and that smell takes over the whole cell, even during meals. In one of my cells, I did not have full control of my toilet, otherwise I could have flushed it when I

needed to and helped the stink. It's freezing in the winter and I feel so cold in only one layer of clothing and sometimes without any socks.

8. I only get about two hours of sleep at night because the lights are on for nearly twenty hours a day and there is constant noise throughout the quad. I try to sleep when I can during the day, but it's hard with the gun range outside and when people on either side of me are yelling and banging on the walls. If I don't try and block some of this out, it drives me even crazier than I already feel. I feel like I can't escape sometimes, like there's no getting away from feeling so trapped and crazed.

9. I haven't developed any meaningful relationships with anyone or had true conversations with people while in confinement isolation. The contact I have with FDC staff is minimal. When staff or run-arounds drop our food off and slide it through the flap about three times a day, they hardly say anything to me and we know barely anything else about each other's lives. If mental health comes around for weekly rounds, most of the counselors will only ask me if I'm alright just as they continue on to the next cell, without waiting for an answer. Most of the nurses who come by with medicine don't want to hear anything from you -- they just want to drop your medication off and then they're gone. It's helped to talk to the chaplain, but they only come by once a week at the most, and sometimes all he does is slip a pamphlet under the door without saying anything. I don't talk to my neighbors because I'm afraid of getting in more trouble that will keep me in confinement

longer. Many days can go by in my cell without meaningful conversation with anyone.

10. In General Population, I was in an open unit and was able to communicate with so many different people. It was therapeutic to have somewhat normal contact with other human beings, build acquaintances, learn about similar interests as other people, and talk about different family issues we might be having from being in prison. That helped me get through the day. Being in confinement isolation takes so much of that interaction away. I've only been to the dayroom twice, so I don't really have the chance to talk to people there. I miss staying in touch with my family and friends. Without access to a tablet or regular use of a phone, I'm only able to stay in touch with them through a few letters each month. My sister wrote a letter to me recently, informing me that my ninety-nine-year-old mother passed away. The letter went to the chaplain first, but he did not come to see me. I had to bring this up to my psychiatrist during a follow-up appointment and he increased my dose of Trileptal. Not being able to communicate with my mother her last months pushed my depression to the envelope.

11. I've had a cellmate in some of my confinement isolation cells and it's made those times worse. The amount of time we have to be together in such a small space isn't normal. Some people constantly needed to use the bathroom. When my prostate issue is not under control, I need to urinate frequently and have had to while

my cellmate has been just a few feet away. It feels like I'm living with someone inside of a bathroom and you can't get away with doing anything without being in each other's space. You also never know who FDC will put you with inside those tiny cells. I've been stuck with cellmates who want to masturbate thirty times a day. I've had another cellmate who wanted to fight out of boredom. One of the guards has watched us hurt each other and done nothing about it. It's times like this that make me feel even more like an animal in a cage.

12. The time inside of my confinement isolation cells feels wasted and unproductive. I don't always get to order books or magazines from the prison libraries. There have been times where FDC hasn't given me the little property I have until well after I've been transferred from one facility to the next. If it wasn't for the occasional time check or afternoon shadow on my wall, I would have no measure of time other than when staff come around for meals and medicine. There are blocks of time where all I do is stare at the wall and pray or lie in bed, deepening my depression.

13. I don't think I've ever been out to rec since being in confinement isolation. Sometimes it feels like too much of a hassle because some officers will tear up your cell when you leave. Sometimes it's too cold outside and without any extra clothes, my body on blood thinners is extra sensitive to the weather. I have requested extra clothing, but FDC did not respond. Trying to exercise in my cell is

tough. I don't like doing push-ups and sit-ups with the bugs and rats on the floor and I don't get as much cardio as I would like. It takes me about five steps to walk from one end of the cell to the other. When I try to go back and forth, I get dizzy and can't keep going for too long. Plus, when I have a cellmate in there, I have to think about what's going on with him. I know I don't always like it when my cellmate is huffing and puffing and sweating within a few feet from me. So I don't get the exercise I need to help me stay healthy.

14. Guards make us go through demeaning "strip searches" and cell searches that make me not want to come out of my cell. I used to come out for one-on-one counseling, but when I did, certain officers would tear my cell apart and some things would go missing. Some things have also gotten planted in my cell. They once put my cellmate's tattoo gun in my stuff, as if they were trying to cause trouble between us. Now I hardly ever come out for psych counseling because the anxiety and harassment from the strip search and cell search outweigh the few minutes I spend with the counselor. I don't go out for showers at every opportunity. Instead, I take bird baths with my sink. When I have a cellmate, we've put a sheet up against the wall for a little privacy, but some sinks are beside the door so anyone who walks by the door can see you through the window. Just like an animal in a cage, I feel totally exposed.

15. There are other things that make me feel like an animal too. Sometimes I have to fight off my cellmates in order to eat my food. Sometimes I have to shove my food down so quickly because I'm afraid I won't be able to eat it all before the guards or orderlies come back around and demand the tray back.

16. I had minor depression before going into confinement isolation, but nothing like what I experience now. I didn't experience claustrophobia in General Population but I do in confinement isolation. This claustrophobia causes me to feel a tightness in my chest as if there's an elephant sitting on top of it. I feel more claustrophobic at night when it's dark and I have a cellmate on the top bunk a few feet above me. I feel anxious because I don't know what my cellmate might be thinking, and this can also make it hard to sleep. I hyperventilate about twice a week and I'm highly anxious when it feels like the walls are closing in on me. I also never had thoughts of hurting myself before coming into confinement isolation. Confinement has taken me to places of darkness and despair.

17. Being in confinement isolation is stressful enough, but it's added stress to not know how long I could be kept away like this. I was moved from Disciplinary Confinement to Administrative Confinement around March 2021 and recently FDC informed me that I'm now Close Management 1. I've been afraid of any move I make and anything I say during my time in confinement isolation because I've seen

people get in trouble for seemingly small things, like having extra clothes, extra sheets, and talking.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on May 6, 2021.

Signed: /s/ Thomas Tingley, DC #616700



**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE) )  
HARVARD, *et al.*, )  
 )  
Plaintiffs, )  
 )  
v. )  
 )  
MARK S. INCH, *et al.*, )  
 )  
Defendants. )

Case No.: 4:19-cv-00212-MW-MAF

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**DECLARATION OF BRIANA (ALEX) BEASLEY**

I, Briana Beasley, declare under penalty of perjury:

1. I am a 27-year-old Black transgender woman incarcerated in a men's prison in the Florida Department of Corrections (FDC). I make this declaration based on my own personal knowledge.

2. I have been in confinement for over 6 years. During that time, I've been in Administrative Confinement, Disciplinary Confinement, and Close Management (CM) I, II, and III. We call all of these "confinement." FDC first put me in CM when I was 18 years old. Right now I'm on Close Management I and Administrative Confinement at Florida State Prison.

3. Before I came to FDC, I was diagnosed with several mental disabilities, including Schizophrenia, Bipolar Disorder, Attention Deficit Hyperactive Disorder (ADHD), and Depression. FDC categorizes me as a Psych 3 (S-3) inmate.

4. I also have seizures for which I receive medications.

5. In my experience, confinement is harmful and messes up your mind no matter what prison you are in or what level of confinement you are on.

6. Confinement cells are really dirty. Even if I clean my cell, the floors and tiles are constantly dirty because dirt and dust comes in through the vents. There is mold on the walls and toilet. I get a lot of rashes that I think are caused by the mold and dirt. I have only seen staff or the orderlies clean the cells or paint over the mold if someone is coming to inspect the prison; otherwise, FDC does not seem to care that it is dirty and unsanitary for us.

7. In some confinement cells I have been in, I have not been able to control the lights. I need to control the lights because they can trigger my seizures. I often have to lay down and cover my eyes with a shirt so I don't get a seizure, but I could get in trouble for covering my head. In 2014, I got a Disciplinary Report for putting a shirt over my eyes and was put on "strip," which is what we call property restriction.

8. The guards are supposed to come around and check on us every 30 minutes. Sometimes the guards just walk by and do not even look in the cell to make

sure I am okay. This makes me especially afraid because, if I'm alone in a cell, I'm worried I will have a seizure and get hurt and no one will know.

9. In some confinement cells, I could not flush the toilets on my own. Instead, I had to ask the guards to flush the toilet for me. Sometimes when I ask the guards to flush the toilet, they say "no" multiple times. They say it is part of the punishment of being in prison. Sometimes the cell smells like urine and feces for hours. It is degrading and dehumanizing. It is hard to eat. It makes me stressed and depressed. They treat me like a dog forced to live in its own waste.

10. Officers give me one roll of toilet paper every week, but sometimes they run out of toilet paper and I have to wait to buy one from canteen. When I don't have toilet paper, I use a sock and wipe myself with that. Or I get a sheet and rip it, fold it, wet it, and wipe with that. I flush the whole thing. If I get caught ripping a sheet, they might put me on strip. A few years ago, they put me on strip and gave me a Disciplinary Report (DR) for Destruction of State Property and 30 days more in DC just for ripping a sheet and using it as toilet paper when I didn't have any other option.

11. I have been put on strip at least six times for things like talking out of the back window or through the vent, in addition to when I ripped my sheet. Strip is a horrible and cruel punishment. Officers take everything out of your cell even though I think they are supposed to only take your state property. They take your

mattress, your blanket, your sheets, and all your clothes, except for your underwear, usually for 72 hours. It is really cold and it is impossible to sleep on the metal bed. When I am on strip, I feel like everyone is looking at me naked. It makes me feel very violated. I was raped in the past, and this makes me feel like I am getting raped again.

12. Strip is so unbearable that sometimes I cut myself really badly so that I can go to the hospital. I would rather hurt myself than be on strip, that's how bad it is.

13. In all types of confinement, I have to eat in my cell. The trays FDC uses to deliver meals to me in my cell are really dirty and often moldy. Sometimes the food is moldy too. I am supposed to receive Kosher meals and food that is wrapped or sealed and has been blessed. But often in confinement, FDC does not follow protocol and my meals are opened or I receive the same food as everyone else.

14. I get very little human interaction in confinement. Dayroom would help a lot because it gives me the chance to talk to other community members while we are all together, if staff would actually pull us out. But on some days, I was supposed to get dayroom, staff didn't pull me or anybody else out of our cells. They claimed they were short on staff or that none of us were ready to be taken to dayroom. When I was on F-Wing at FSP for about a month in December of 2020, I remember going to dayroom only one time.

15. I usually don't get recreation in confinement. Like with dayroom, officers will say they are short staffed, or I wasn't ready, even if I was. When they do take me to rec, it's in a cage that's about 12 feet by 6 feet. There's nothing to do but work out on the pull up and dip bar. I'd like to be able to talk to people at rec, but it's risky because they often put people in every other rec cage and if I try to call to the person who's two cages over, they might say I am yelling, and I could get in trouble for that.

16. Throughout the day there is nothing much to do in confinement. The lights turn on at around 4:00 in the morning and they start distributing breakfast around 4:30 or 5:30 am. It is impossible to continue sleeping, because it is so loud in the wing. There are constantly sounds of people yelling or banging on the cells, flaps clanking, and cells opening. I don't always have a book to read. I have never had a tablet in my 6 years in confinement.

17. Whenever I leave my dorm, I have to be strip searched and shackled. Officers shackle my feet, and they use a black box, on top of handcuffs, that is shackled to my waist. I have been sexually assaulted before so being observed and touched in this way by male officers makes me feel molested and violated. I also get very nervous when I am shackled because I am vulnerable to being jumped, which is especially scary as a transgender woman. Being shackled makes me feel like a

slave. Even when I have legal calls, I am fully shackled. It makes talking to my attorneys very uncomfortable and painful because the shackles cut into my wrists.

18. Officers use force regularly in confinement. I have seen them jump on people in confinement who turned in grievances. About two years ago, I wrote a grievance about the conditions of confinement and how solitary is messing with my mental health. No one helped me in response. Instead, soon after I turned in the grievance, officers would not let me go to rec and called me a snitch. They started yelling at me to pick up the stuff on my floor, which I did, but they still called in the cell extraction team. A group of 5 male officers in full body armor came into my cell and pinned me to the ground, kicked me in the ribs, punched me in the head, and dislocated my elbow. I had to go to an outside hospital, and my elbow still hurts to this day. The risk that officers will hurt me makes the conditions in confinement so much worse.

19. I have problems with my asthma in confinement. Officers have taken my inhalers, along with all of the other property in my cell, in response to my mental health episodes in confinement. Also, the staff use chemical gases more frequently in confinement, which triggers my asthma. Even when the gas is used on a different floor, or down the hall, the gas still reaches me through the air vents. When I complain to the guards about this, they tell me to simply hide under my blanket, which does not help alleviate my asthma, and can actually make it worse.

20. In addition to the lights, I believe that the stress of being in confinement triggers my seizures.

21. I believe confinement, over the years and across various FDC prisons, has triggered symptoms of my mental disabilities and made them worse. With ADHD it is difficult for me to sit still for long periods of time or go without exercise or talking to other people. It stresses me out to be so restricted in my everyday movements. It makes me want to pace. It makes me to talk to myself. It makes me bang my head on the wall. The voices I sometimes hear get stronger. My paranoia also increases.

22. Confinement makes me cut myself because it feels like the only way to cope. Cutting helps me calm down so I don't snap or lose it. If I snapped, I would bang on my door or yell and I would get a disciplinary report and have to spend even more time in confinement.

23. In addition to cutting myself and banging my head against the wall, I have also harmed myself in confinement by putting sharp objects up my rectum, swallowing batteries, overdosing on medication, and attempting to hang myself.

24. As long as I clean up the blood, the guards don't seem to care if I cut myself. Sometimes, they've told me that there is no point in putting me in a mental health unit if I am just going to cut again when I get out. But when my self-harm

inconveniences the guards, they punish me for it. Officers have gassed, beaten me, put me on strip, and given me DRs for harming myself.

25. I find it hard to get help for my mental health in confinement. For example, once I told a guard I needed help because I was seeing dead people chasing me. The guard refused to get me help. When I ran into a wall, hurting my head and shoulder, because I was trying to get away from the dead people, the guard just laughed at me and called me crazy. Other times I've tried to ask for mental health assistance and the officers ignored me until I did something more extreme like cut myself.

26. Even when I get mental health services in confinement, it has not always been helpful or consistent. For example, when I am pulled out of my cell for counseling sessions it's only for very short periods of time. One time the counseling service was harmful because after I shared very private information about myself with my counselor, I heard the guards joking about it. That made me feel that I cannot trust the counselors, which makes me feel even more isolated and unable to cope with my mental illness. I don't always receive my medications, which causes me to hallucinate badly, feel as if the walls are closing in around me, or feel the urge to self-harm.

27. During my time in confinement, I have cycled between confinement, Self-Harm Observation (SHOS) cells, the Crisis Stabilization Unit (CSU), and the



Transitional Care Unit (TCU). I've also been in a mental health treatment facility at Lake Correctional Institution multiple times, which I believe is the highest level of inpatient treatment I can get in FDC custody. I can't even count how many times I've been in inpatient. Every time FDC puts me in one of these inpatient units, they send me right back into confinement when I'm released. Any progress I think I've made with my mental health goes away and pretty soon I wind up back in inpatient care. Most recently, I spent less than 90 days in the CSU and TCU at Suwannee before they put me right back into confinement at FSP.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on May 14, 2021.

Signed: /s/ Briana (Alex) Beasley, DC# N26228

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

JAC'QUANN (ADMIRE)       )  
HARVARD, *et al.*,            )  
                                  )  
                  Plaintiffs,     )  
                                  )  
v.                                )  
                                  )  
                                  )  
MARK S. INCH, *et al.*,        )  
                                  )  
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                  Defendants.     )

Case No.: 4:19-cv-00212-MW-MAF

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**DECLARATION OF JAMAL SESSION**

I, JAMAL SESSION, declare under penalty of perjury:

1. I am an 18-year-old Black young man incarcerated in the Florida Department of Corrections. I am assigned to Close Management (CM) I at Suwannee Correctional Institution. I am also in H Dorm, a mental health unit, because I was feeling suicidal. I will probably only be in this unit a few weeks before I go back to the CM Dorm. I make this declaration based on my own personal knowledge.

2. I have been diagnosed with depression and ADHD (Attention Deficit Hyperactivity Disorder). In February 2020, I was transferred to a Transitional Care Unit (TCU) at Reception and Medical Center because I did not pass an IQ test. But

then in May 2020, FDC transferred me out of the TCU to CM at Florida State Prison (FSP) and then to Suwannee.

3. I have been in and out of confinement since I was 16 years old. “Confinement” is what we call Administrative Confinement, Disciplinary Confinement, and Close Management. First, I was placed in Administrative Confinement for about two months. Then staff moved me to Disciplinary Confinement and Close Management II. It doesn’t matter what type of confinement I’m in—they all make me feel the same—less than a human being, more like an animal. I feel controlled all the time. Staff harass and threaten me in confinement. Like they have given me an “air tray,” which means a tray without food. When that happens, I have no food until the next meal, which could be the next day. Other times they have spit on my food.

4. Living in a tiny confinement cell for so many hours makes me feel like I am going crazy. Sometimes, I feel like the walls are closing in on me. Because of my ADHD, I get hyper and feel like I need to move around, but there is not a lot of space to move. I try to stay in bed, but that only makes my depression worse.

5. Confinement cells are nasty. There are big rats and roaches crawling everywhere. I can hear and see them at night. It makes me feel paranoid, angry, and out of control when I see them and cannot get rid of them.

6. For a while at FSP, the window in my cell door was barricaded. I could barely see through it. If something happened to me in there, I do not know how the staff could have seen inside my cell to notice. I spoke to the guards about this issue many times, but they ignored me. They finally moved me to another cell after lawyers in this case came to FSP for an inspection on December 8th.

7. I have gone up to five months without having a real conversation with anyone in confinement. At FSP, I started to feel really lonely. I tried to get help by yelling and banging on my cell door. The guards did not help me and told me to "wait because I am not going anywhere."

8. In all types of confinement, my days feel like an endless cycle of the exact same routine. It's hard to keep track of time. Without a clock and watch, one of the only ways I know the time is when the guards come to my cell with meals. I wake up, read, do my schoolwork, eat, exercise, and sleep in my cell. I do this routine over and over again. There is only so much reading and exercising I can do before I start feeling like I am going crazy. When I can, I try to cope with the loneliness by reading letters from my family or looking at personal pictures. Sometimes, I cannot do that when staff takes them during cell searches.

9. The last grade I attended before being incarcerated was middle school. In confinement, the teachers bring me schoolwork only once a week. Most of the time, they talk to me through the cell door. The schoolwork is not helpful. They

repeatedly give me the same materials. The schoolwork is also not appropriate for my aptitude because I already know some of it. It's what I was doing in middle school and I should be getting high school work. But I have to wait to take the TABE (Test of Adult Education) test until I am in CM III. I am frustrated because I do not think I will be ready for the TABE test with the education I am getting.

10. There are so many things in confinement that make me feel like an animal. One thing is the strip searches. I have been stripped searched in confinement more times than I can count. Before I leave my cell, the officers come to my door and ask me to take all my clothes off. Then, I have to squat and cough. It is so humiliating. Another thing is the restraints. They always handcuff our wrists and shackle our feet. I remember one time I had to wear to wear a spit mask, *and* handcuffs, *and* shackles on my feet.

11. I hardly ever go to recreation. I do not go because whenever I leave the room, I am afraid the officers will go through my stuff and take my personal property, like my letters, legal mail, and pictures, like they have done before.

12. There is a big difference between who I was before confinement and now. I feel more depressed, lonely, and get angry faster. My thoughts race. Sometimes I am paranoid. I have hallucinated footsteps or shadows. I have gone to a suicide watch cell multiple times because I declared psychological emergencies. I

was not planning to cut or hang myself, I just wanted someone to come and talk to me.

13. It seems like I can never get out of confinement. They tell you if you obey the rules, you will get out of confinement. But even when I obey the rules it doesn't matter. It feels like the officers will use any excuse to keep me in confinement.

Under 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on April 14, 2021.

Signed: /s/Jamal Session, DC# G80286

# Annex B

# Community Advisory, Resource and Education (CARE) Centers

## What are CARE Centers?

The Polarization & Extremism Research & Innovation Lab (PERIL), in strategic partnership with the Southern Poverty Law Center, has launched a two-year pilot initiative to establish Community Advisory, Resource and Education (CARE) Centers.

CARE Centers will provide resources to prevent and counter political and hate-fueled violence in Michigan and Georgia, our pilot regions. Modeled after the 22-year-old German mobile advisory centers, CARE centers will provide on-site trainings, assessments, referrals, and other resources to those impacted and affected by hate, discrimination, and supremacist ideologies as well as those susceptible to radicalization.



POLARIZATION & EXTREMISM  
RESEARCH & INNOVATION LAB  
SCHOOL of PUBLIC AFFAIRS



## What will CARE Centers do?

CARE Centers will build local networks of practitioners and community experts to address community needs and help serve affected and concerned community members. Using a public health approach, these centers will work to prevent radicalization and extremist activity through community-based interventions.

### CARE Centers will...

1. Equip communities with the tools to recognize warning signs of supremacist radicalization and effectively intervene.
2. Create transparent and accessible workshops, trainings, guidelines and other resources for educators, policymakers, mental health practitioners, and community members.
3. Develop policy suggestions and networks to share insights from applied interventions and better serve community needs.
4. Design interventions that help communities prevent supremacist violence using ethically-vetted and rigorous research methods including statistical pre and post-testing, ethnographic observation, interviews, and focus groups.



## Who is CARE for?

CARE Centers are for local community members and practitioners who support those impacted by hate, discrimination, and supremacist ideologies as well as those susceptible to radicalization within the region. CARE Centers aim to be inclusive of the entire community, and provide community members with avenues for action and support. We will collaborate with family members, caregivers, employers, organizers, educators, policymakers, mental health service providers, social service agencies and support organizations, community organizing and advocacy groups, and local and state-level government departments and agencies.

## What can CARE do for you and your community?

- Provide resources and tools to support those impacted and affected by hate, discrimination, and supremacist ideologies.
- Provide ways to off-ramp youth susceptible to supremacist radicalization.
- Provide information on how to respond to hate, discrimination, and supremacist ideologies in your community, and on topics such as recognizing warning signs of extremist radicalization.
- Help individuals who wish to address such challenges before harm occurs to better prevent extremism.

## How CARE Will Strive for Accessible, Inclusive Interventions?

- CARE Centers will focus on improving responses to support victim-survivors of hate, not just providing guidance for dealing with perpetrators.
- Our services and resources are free and will be rooted in community expertise and needs.
- We will engage community members to develop tools and services that meet local needs, and to ensure communities are not inadvertently harmed when working to prevent extremism.
- CARE Centers will not advocate for solutions that involve incarceration, monitoring, surveillance, censorship, or any other security-based approach.
- PERIL recognizes the harm done to marginalized communities who have been targeted by counterterrorism efforts in the United States. Our community-centered and victim-survivor focused approach is informed by this reality, and we aim to safeguard and enrich the well-being of all community members.

### About PERIL

PERIL is an applied research lab at American University's School of Public Affairs preventing radicalization to violent extremism by strengthening community resilience. We design, test, and scale up evidence-based tools and strategies using a public health approach.

If you'd like to learn more about PERIL, our values, and the work that we've done, visit our website here: [perilresearch.com](http://perilresearch.com)