## Correctional Asylums of the 21st Century

# Eugene Alexander Dey

Caged like a rabid dog, the inhumane conditions must have taken him over the edge. Out of pure desperation, unable to face another day in this man made hell, the prisoner exploded past the unknowing officer and jumped off the tier – handcuffed. This was no cry for help. Extreme isolation and harsh conditions weighing heavily on my tired psyche, I thought of torture. This was not brutality. A correctional officer had miraculously hooked an prisoner's arm as he jumped off the second tier. Straining mightily from the weight of the game-winning catch pinning him to the railing, another officer arrived just in time to pull them back to safety. An expression of indifference painted over the jumper's face like a mask of death – insanity.

How the mentally ill are treated throughout society is wrought with systemic failure – look no further than the homeless mentally ill on any city street. In prison, this failure creates systematic human suffering. A quarter-century of prison building has been largely fuelled by the diversion of populations previously housed in now-closed mental hospitals into the 'correctional system' (Fathi, 2007, p. 3). It is currently estimated that 10 to 20 percent of the prison population in the United States suffers from mental illness (ibid, p. 6). In the California Department of Corrections and Rehabilitation (CDCR), a federal suit dealing with unconstitutional mental health services covers 30,000 prisoners (Coleman v. Schwarzenegger, 2007).

The dual dynamic of mental illness and chronic addiction plaguing the incarcerated make this a difficult demographic on which to practice medicine. Despite the existence of various in- and out-patient mental health services within the CDCR, "crisis beds" in security medical facilities are desperately needed.

A prisoner suffering from psychological ailments is in extreme danger at a mainline facility. An "episode" mistaken for threatening behaviour can result in serious injury. Prison staff trained to respond to group and individual malfeasance, in addition to searching for weapons and contraband, are not suited to distinguish between insanity and criminality. Obvious signs of psychological afflictions are often misdiagnosed as malfeasance, not by clinicians, but by guards.

Prisoners who belong in therapeutic communities are instead sent to administrative segregation units (ASUs) – ultra-max units designed for the "worst of the worst". Mind-bending isolation is the result, where an ASU prisoner is allowed out of their cell for a few hours a week. In defiance, if

not pure rage, many – including myself – refuse to allow being caged like an animal to break our spirits. But some are not as stubborn – appearing fine at first, one can easily lose it. From 2003-2006, 67 ASU suicides occurred throughout the CDCR (Thompson, 2007). This damning evidence, coupled with 60 avoidable medical deaths a year, fuels innumerable class action suits (Plata v. Schwarzenegger, 2008).

Under the current ideology of treatment denied, prisoners will recidivate en masse. Programs with a proven track record are desperately needed. When educational and vocational opportunities are offered in conjunction with treatment for substance abuse, anger management and mental illness, prisoners can develop the tools to change their behaviour. The current practice of warehousing the crazed with the criminal has proven to be the recipe for disaster.

Policy changes take too long. New rules implemented in early 2007 allowing for ASU prisoners to possess a television or radio, in addition to an expanded list of "allowable" personal property, are intended to elevate a morbid environment. Some institutions move quickly, while others are indifferent. Numerous prisoner appeals filed by ASU prisoners at the California Correctional Center in Susanville to expedite the property changes have been met with typical bureaucratic ineptitude. Though prison officials can point to a decrease in suicides in 2007, this is a direct result of more frequent monitoring, not conditions that deter a dark spiral deep into a tortured mind.

Exactly why the jumper tried to kill himself is hard to say. Officially no outward signs of suicidal behaviour existed, yet something beckoned him to jump. At best, in a well-provisioned mainline cell, it is often difficult to battle a legion of personal demons. Forcing a human being to live like an animal in a stripped-down concrete cell in a pair of boxer shorts, especially while one is in a fragile state of mind, has no place in modern society.

#### REFERENCES

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### Cases Cited

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Eugene Alexander Dey is a prisoner at California Correctional Center serving a life sentence for a non-violent drug offence. A freelance writer, successful jailhouse lawyer and dedicated activist, Dey has won three writing awards from PEN America Center. He also has numerous pieces in the Journal of Prisoners on Prisons and regularly contributes to other publications. In a college career spanning twenty years and hundreds of semester units, Dey has an application for a Bachelors degree in sociology pending at Sacramento State University. With four Associates degrees, including two from Lassen Community College and Coastline, Dey has been asked to take a lead role in writing a proposal for Feather River Community College to codify post-secondary college education across the California Department of Corrections and Rehabilitation. To see more of his work, please go to www.myspace.com/eugenedey. You can write Eugene at the following address:

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