THREE SUICIDES IN ONE WEEK As I sit in my cell at the Washington State Penitentiary, I hear a guard yell "cell in." It's only 3:11 p.m., 20 minutes before the usual lockdown time. I jump to the door and peek out. There are a lot of staff running in and out of the mod next door. Two guards enter my mod through the second tier door connecting the two. As they walk down the stairs I see a guard with less than a year on the job crying while the other hugs her saying "its OK." I know there has been a suicide. I am angered by the guards crying. I immediately think of the times judges and prison officials have said to me "you made a choice to go to prison" in response to my protests of retaliatory and inhuman treatment from prison staff. The crying guard leaves early. To emotional to finish her shift. We are locked down for an extra hour while they take the body away. The day room opens and we congregate. There is a brief discussion between prisoners of who it was and how it was done, given the cells are designed to prevent death by hanging. My curiosity on how he was successful is driven by my own desire to end my life since my previous attempt was unsuccessful. Things go back to normal and we finish the night in our usual manner. The next day I reflect on my emotions from the incident. I have several but sorrow is not one. Should I be sad? Has 20 years of prison hardened my heart? No. I privately cried when my pet bug died of old age. I have fear and panic that my house plants I care for each day may be taken away by the new unit supervisor. I begin writing this article for the Prison Journalism Project. I do not know if they will publish it. It does not matter if they don't. Writing articles and short stories has been therapeutic since my previous suicide attempt. I hear a guard yell "cell in." It is only 2:30 p.m., 2 hours before the usual lockdown time. I jump to my door and peek out. I ask the guard going by "what now?". He replied "Someone jumped off the top tier" in the building next door. I doubt it is my buddy that is housed over there. But the nagging fear compels me to call his girlfriend. I am cautious of what I say as I do not want to scare her. "When was the last time you talked to your boyfriend?" I ask in a conversational tone. "I just got off the phone with him" she replies. My fear subsidies. She relays a prisoner, who had cut himself a month ago, jumped off the third tier and was dead on impact. The body laid there for an hour or so until staff placed a mobile curtain obstructing the other prisoners view. The day room opens. Every one is talking about what they have heard about the incident. I tell the guys what my buddies girlfriend said. Someone asks if the guy landed directly on the floor or if he bounced off the table. I said "I don't know much other than he made one hell of an impression." Everyone laughs. I have thought many times of jumping off the third tier. The fear of being unsuccessful but paralysed has kept me from trying. We lockdown for the 4:00 p.m count. As I continue writing this I hear several people talking in the day room. I jump to the door and peek out. There are five mental health counselors walking down the tier. Unusual because mental health staff generally do not work on the weekends. One of the counselors approaches my door and asks how I'm doing? I reply "I'm in prison what do

you think?" She seems puzzled by the response. I ask why mental health counselors are here on a Sunday? She responds "just to see how your doing." I ask what happened yesterday. She says she does not know. I ask what happened today. She responds the same. I wonder why she is lying. We all know what happened. When I tell her I requested to speak to my mental health counselor over a month ago without response she asks who that is. I tell her it was Peña but he moved on to another position last week. She writes something down and moves on to the next cell door. I cannot help thinking of the irony. We are in a mental health section of the prison for mental health "treatment." It is now Thursday, four days later. I'm cleaning my cell at 7:30 a.m. when I hear "cell in". I ask the passing guard "another jumper?" He nods his head in the affirmative and indicates the same building as before. I call my buddies girlfriend. She relays it was not him but he watched the guy hit the floor. We are placed on indefinite lockdown. The local paper reports the three suicides double the number of suicides this year in Washington State prisons. It's only June. I reflect on my feelings over the three suicides. I am angry and jealous for their success and my failure. I am outraged the prison responded to my suicide attempt with several major rule violations, five months in segregation, what prisoners refer to as "the hole", and two years of higher custody level. I am happy the three gentlemen are no longer suffering in the monotony and hopelessness of prison. However, I am not sad.

INSIDE A PRISONS MENTAL HEALTH UNIT In her nine years working in a mental health unit of the Washington State Penitentiary S. Acosta has seen some horrific things. "When I meet people for the first time and they find out I'm a mental health therapist in a men's prison the reaction is almost always the same: their eyes widen and they say something along the lines of 'wow, you must see some crazy stuff!'" Acosta has worked with prisoners who have cut off their own body parts, stuffed items like pens or carrots down their urethra, swallowed razor blades, or balloons filled with meth, or "Paint pretty pictures on the walls with their feces." Acosta has also witnessed prisoners brought back from clutches of mental illness through a class in music or creative writing. "When I get off work, I have to sit in complete silence on my couch for an hour just to fully unwind myself from the day." said Acosta. Ms. Acosta admits the stress of the job sometimes has her mentally and emotionally drained at times she cries in her office during lunch feeling overwhelmed. May is Mental Health Awareness Month and nowhere is that awareness needed more than in American jails and prisons which have become de facto housing for sufferers of mental health that are mostly hidden from public view. On any given day the Washington State Department of Corrections

segregates roughly 530 prisoners out of its 12,491 average population for "treatment" of mental illness. The diagnosis range from self harm, suicide attempts, to schizophrenia and psychosis. This reporter has gained special access to the treatment units at the Washington State Penitentiary after an unsuccessful suicide attempt in 2018. Various prison staff have agreed to be interviewed for this story. Some have requested their first names not be used as these are generally not given to the prison population. Medication is the primary form of treatment at the Penitentiary. Prisoners go to "Pill Line" located in the hallway of each unit for their medication. The Pill Line nurses are locked in a small room with a wire mesh and plexiglass window that has a small section cut out to pass the medication through. The nurses or prison guards conduct "mouth check" to ensure the prisoner has swallowed his medication. It is very common for the prisoner to "cheek" medication hiding it in the space between their gums and cheek to trade later with other prisoners for coffee, other drugs, or to chop up and snort like cocaine. Some just throw the medication out believing they are better off without it. If a prison committee determines the prisoner suffers from a mental illness and is in danger to himself, others, or is gravely disabled they are placed on an involuntary medication plan. Prisoners on involuntary medication plans have their medication crushed and dissolved in water to avoid cheeking the medication. If the prisoner refuses he is taken to a segregation unit and forcibly medicated. Generally when a prisoner is forcibly medicated a group of guards dressed in riot gear, heavily padded vests, hard plastic knee and arm pads, helmets with face shields and gas masks one holding a hand held shield or shock shield that zaps the prisoner much like a taser, rushes into the cell after OC gas has been sprayed. The prisoner is thrown to the ground and pinned down by the weight of officers while a nurse injects the medication. The OC gas is an eye and lung irritant that trigger's the mucus membranes to overreact causing the eyes to water and the lungs to burn making the subject short of breath with sever coughing and choking on the mucus. The gas cannot be contained to one cell so all other prisoners in the area are effected. The other form of treatment appears to be confining the prisoners to their cell or day room located in the "mod" short for module. The cells are roughly the size of a guest bathroom with yellowing nicotine stained walls and angry red colored door. The day rooms are not much larger than a two car garage with the same nicotine stained walls and angry red doors and trim. Prisoners spend a majority of the day in their cells especially when recreation or programs are cancelled. You often hear them yelling and fighting with the imaginary people that crowd into their cells. Some beat on the walls or table agitating the rest of the mod. others spend their time cutting themselves with blades from their razors. Previously the prison issued a rule violation for "self mutilation" when caught cutting. The typical sanction was a two week stay in segregation. The prison no longer violates a prisoner for cutting themselves. Instead they are violated for the razor which is considered a weapon. The prisoner still spends two weeks in

segregation, not for punishment, only for investigation, then is sanctioned to loss of privileges and/or confinement to their cell. When the prisoner is not occupying their time in the cell they can use the day room on a rotating schedule between the three mods either in the morning, afternoon, or evening for two hours. Some people walk laps in the day room while others sit at a table and tell the same stories to anyone that will listen. Some watch TV, mostly sports. Some have heated discussions with the imaginary person sitting next to them. It can get very crowded in such a confined space with 36 prisoners to a mod. Usually there are ten people at most in the day room at any given time. That is enough to cause agitation between those who want to walk laps and those who want to sit in peace without someone bumping into them.

Showers are located in the day rooms but are closed during day room hours. The booth officer, who controls the cell doors, announces "shower list" over the speaker in the cell. The prisoner must anticipate when it will be called and hit the call button located next to the speaker. If you are not quick enough you will not get a shower that day. Unlike in general population where a prisoner is expected to shower and clean their cell regularly or be subjected to rule violations. These rules are not enforced in the treatment units. Many prisoners do not shower for weeks, months, or ever. Do not send their cloths and sheets off to laundry. And rarely, if ever, clean their cells. Many cells have rotting food, mold, clutter of various kinds, urine and feces on and around the toilets. The smell wafting from these cells can be overwhelming. Generally the only time the cleanliness rule is enforced is when a prisoner files a prison grievance, the appropriate mode to raise concerns, or an American With Disabilities Act complaint that points out various non compliance within the mod. And those rules are only enforced on the prisoner filing the complaint. While medication and cell time are the primary modes of mental health treatment at the penitentiary there are recreation and programs that allow some out-of-unit time. Prisoners can go to the big yard and walk the track or lift weights or the small yard, which is the size of a basketball court, and walk in the grass or mud depending on the weather. The gym which is connected to the big yard has basketball, ping pong, corn hole, volleyball, cards, or exercise bikes. There are butterfly programs for prisoners to raise Monarch butterfly's for release, cat program taking in kittens from the Blue Mountain Human Society that prisoners bottle feed and care for until they can be adopted [you can add a link to my article When My Cellie Was A Kitten] , music program that supplies instruments to play, and a writing group. These groups limit the number of participants and are often cancelled because of staff shortage. "Out of all the years I have done I feel I have more mental health issues here because of the lack of programs. Its like being a fish in a fish bowl. The few programs they have had I have been told I don't fit the criteria because I'm a de facto lifer." said Ben Burkey a prisoner

who has served 18 years of a 64 year sentence. The Penitentiary has been short staffed for over a decade. When the prison is short of staff recreation and programs in the BAR units are the first to be cancelled [you can add a link to my article Frustration Mounts as Washington Prison Face Staff Shortage] A 2019 independent study from CGL, a Californian-based justice systems consultation company found Washington's DOC had posted more than 745,000 of overtime across all of its facilities in 2018 which is "excessive for a system this size." In 2021 Washington Governor Jay Inslee signed an executive order mandating all state-sponseored workers must be vaccinated against COVID-19 by Oct. 18 or be terminated. By the 25th 49 employees at the penitentiary had been fired reports the Walla Wall Union Bulletin. Programing is very important in a prison setting. It is even more critical in the Treatment Units. Michael Gebre, a participant in the writing group, one of the longest running groups in the treatment units, expressed what the group has meant to him. "With such a restrictive environment it provided me with a creative avenue to express myself. Understand who I was and what I was becoming. It was the only source I had for autonomy. It's been one of the greatest experiences for me in finding my own voice and living towards the ideals I gave expression to." The writing group provides mental health prisoners an opportunity through writing prompts, journaling, and open discussions to express their emotions, frustrations, and provides a path towards healing. COVID-19 ended all programs and most of recreation between 2020-22. Prisoners were limited to the dayrooms. When the unit was quarantined they were locked in their cells with the exception for 20 minuets to shower, clean their cells, or use the phone, if time and staffing allowed. Correctional Officer Pence managed one of the BAR units during a 48 day quarantine. Pence helped calm the mod by syncing J-pay tablets prisoners use to emessage their friends and family, rent movies, listen to music and play videogames. She also used the dayroom phones to order the prisoners commissary so they could spend their time cleaning and showering. "When there are no counselors available, I try to listen to someone's problems and maybe give some mom advise. Sometimes that is enough to get them through the night. In my opinion when someone is going through a rough patch, they just want to feel validated and heard. Of course I also send the information to their primary therapist so they can be seen when possible." said Pence. Interestingly, Correctional Officers are not provided any specialised training to work in the Treatment Units. With the chronic staff shortages relief staff are pulled, generally on mandatory overtime, who do not regularly work in the Treatment Units. This can and has caused staff assaults and general disruption in the units and to individuals. Currently there are eight mental health counselors and one psych associate assigned to the BAR units. Mental health counselors are on shift Mondays through Fridays 8:30 am to 4:30 pm. Outside these times there is one counselor on call to be reached remotely in case of a crisis. Each counselor has

between 15 to 20 prisoners on their case load. Generally the counselor meets with the prisoner once a month for about an hour.

There is no clear written rule directing prisoners how to see their counselor in times of need or crisis. Sending a Kite, the prison form of written communication, or asking an officer to speak to a counselor may get them seen in a week or two. Sometimes the request is never conveyed to the counselor. Some prisoner learn if they act out cutting themselves, threatening suicide, or declareing a "mental health emergency" they can gain the attention of a counselor relatively sooner. Usually within an hour to two days. This takes the counselors attention away from others on their case loads. Acting out or mental health crises could be mitigated through a lower custody level setting. The Penitentiary's treatment units previously were considered closed custody. Prisoners earn custody points for good behavior and programing. The more points they have the lower the custody level. The lower the custody level the more privileges they receive like more out-of-cell time. Unfortunately prisoners assigned to the BAR Units, although having earned lower custody levels, were stuck in the closed custody setting because of their condition or status. Disability Rights of Washington, a non profit organization that protects the rights of people with disabilities, filed a lawsuit challenging the practice of housing prisoners with mental health needs, in the more restrictive custody level solely for treatment purposes. "People with mental health issues should access what they need and not be punished for being in prison." said Rachel Seevers AVID Program Attorney in a phone interview, speaking for Disability Rights. In 2019 the Department of Corrections reached a settlement agreement. As part of the settlement, the Department requested and was approved five million dollar appropriation from the State Legislature for hiring additional program staff and to retrofit the cell doors in Adams unit, one of the three treatment units. The retrofitted doors allow prisoners to enter and exit their cells using a key. This extended the hours out of their cells between 8:00 am and 8:30 pm with the exception of meal and count times transitioning the unit into a medium custody setting. Most of the five million went to retrofitting the cell doors which were accomplished late 2019. Unfortunately COVID-19 disrupted the hiring and expanding programs. January 2023 COVID-19 restrictions began lifting and the Department aggressively campaigned for new people to apply. The Treatment Units extended the times of the small yard, allowing all three units to commingle. Hired a recreation staff to oversee Annex A, a manufactured building located between two of the units were various recreation and programs like the music and writing group can attend. Staff shortages still plague the Penitentiary and recreation and programing in the treatment Units are again being cancelled. Adams unit, which was retrofitted for medium custody, started some in unit programs that are not affected by the shortages. There is a flower

program for prisoners to plant and grow flowers in their cells [you can add a link to my article The Art and Science-and-joy- of Growing Flowers in Prison] and a dog program for prisoners to shelter dogs from the Blue Mountain Human Society until they can be adopted. The majority of the dog program participants are from the Protective Custody mod. The Treatment units mix mental health with prisoners designated Protective Custody. Protective Custody prisoners generally have crimes against woman or children, labeled as snitches and/or are gang dropouts. Protective Custody status is viewed by the general prison population and correctional staff as being weak and the bottom of the pecking order. "People are unfortunately given a negative label by association to transfer out of the BAR units. A patient asked me to transfer him to [the Special Offender Unit] before releasing to general population to avoid being labeled PC" said Sergio Pena a Mental Health counselor who has worked at the Penitentiary for three years. The Special Offender Unit is one of two Residential Treatment Units located at the Monroe Corrections Complex. Those units, while segregated from the general population, do not mix protective custody with mental health so a prisoner transferring out of there would not have the protective custody label. Aside from the label there are positives and negatives mixing these two groups. The lawsuit field on behalf of the mental health prisoners allowed protective custody the lower custody level and the extra recreation and programs. Protective custody brought in some rehabilitative programs like GED and computer class. However, because the general population makes the food that are delivered and eaten in the units, it is often contaminated with foreign objects, spit in or mixed with urine and feces to punish the Protective Custody. Protective Custody are given the majority of the very limited available jobs and almost all of the higher paying ones. This limits mental health prisoners from purchasing their basic needs and edible food items off the prison commissary.

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