

THE SOLITARY CONFINEMENT OF YOUTH WITH MENTAL HEALTH DISABILITIES IN NEW JERSEY'S ADULT PRISON SYSTEM



NEW JERSEY PARENTS' CAUCUS BRIEF
MAY 2018

NEW JERSEY YOUTH JUSTICE INITIATIVE:
A FAMILY & YOUTH-DRIVEN JUSTICE PROGRAM



The New Jersey Parents' Caucus Inc. (NJPC) is a coalition of parents, caregivers, and youth whose mission is to ensure that every family who has children with special emotional and behavioral needs is given an opportunity to play a strong and active role in the conceptualization, development and delivery of effective and timely services in the mental health, juvenile justice, child welfare and special education systems.

Cover image by Richard Ross.

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1 | ABOUT US

The **New Jersey Youth Justice Initiative** (NJYJI) is a family- and youth-driven justice program of the New Jersey Parents' Caucus (NJPC). NJYJI seeks to improve outcomes for justice-involved youth in New Jersey by ending the practice of waiving youth to the adult criminal justice system, ending solitary confinement of youth in the adult system, ensuring family and youth involvement on all levels of decision making in justice reform, and ultimately, decreasing recidivism rates. NJYJI works toward these improved outcomes for youth and their families through the following activities:

- Providing education to parents, family members and youth on their rights, responsibilities, and the advocacy skills needed to navigate child-serving systems;
- Providing free legal advice and representation to youth and parents by a qualified attorney;
- Supporting attorneys representing transferred youth at trial;
- Providing leadership opportunities to system-involved youth through the New Jersey Youth Caucus;
- Providing peer support programs for parents, family members, and youth;
- Increasing awareness through public testimonies and legislative advocacy;
- Training juvenile justice professionals and providers;
- Tracking and corresponding with youth who have current or prior involvement with the juvenile and adult system and their parents, caregivers, and family members;
- Providing evaluation and data analysis.

We believe family involvement is critical for youth who are involved with the juvenile justice system. Youth and parents need information, training, services and support to help them become knowledgeable about the juvenile justice system and to effectively advocate for themselves and their children. At the same time, juvenile justice systems need to ensure that their policies and procedures support family and youth involvement. They must train their staff to understand the family perspective, the benefits of family and youth involvement, and specific strategies for collaboration and engagement with parents and youth.

NJYJI represents a new frontier in the family-led movement to support families raising justice-involved youth. We are the only organization providing this type of support to parents, family members, incarcerated youth, and criminal defense practitioners. By addressing youth and family needs, with support from the time of sentencing through reentry to the community, we enhance the quality of juvenile representation, provide supportive services for families and improve outcomes for New Jersey's justice-involved youth.

2 | ACKNOWLEDGEMENTS

This research project would not have been possible without the resilience and support of our youth caucus members, whose inhumane treatment in solitary confinement at the hands of the New Jersey Department of Corrections forms the impetus behind this effort. We are thankful for their cooperation, their audacity to share their stories, and their dedication to improving the system to protect other youth from the pain they have endured.

We are indebted to the parents, caregivers, and family members of our youth caucus members, who are committed to making changes in their homes and communities for the betterment of their children, and working together to reform New Jersey's justice systems.

We are grateful to the National Juvenile Justice Network (NJJN) and the Campaign for Youth Justice for their continued guidance, expertise, and support.

We are further appreciative of the Rutgers Justice Clinic and the Juvenile Law Center for their support, guidance, and opportunities.

We are indebted to Trinitas Regional Medical Center for their commitment to supporting system-involved youth and their families.

Finally, we are grateful to the New Jersey Parents' Caucus volunteers, researchers, staff, board, and members, who devoted their time and knowledge to the implementation of this project.

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"There is a loneliness that can be rocked. Arms crossed, knees drawn up, holding, holding on, this motion, unlike a ship's, smooths and contains the rocker. It's an inside kind—wrapped tight like skin. Then there is the loneliness that roams. No rocking can hold it down. It is alive. On its own. A dry and spreading thing that makes the sound of one's own feet going seem to come from a far-off place."

—Toni Morrison, *Beloved*

3 | EXECUTIVE SUMMARY

Being housed in solitary confinement has become conducive to the deterioration of my mental health. The things I have witnessed would shock and disgust many people. I have witnessed things like guards depriving inmates of their meals, mentally ill inmates throwing feces and other bodily fluids on each other, and officers spraying mace on inmates and letting them soak in the chemicals. All of these events and many more have in some way traumatized me and has led to me having many panic attacks and mental health issues. Indeed, there is a need for some kind of segregation for those who break the rules of the prison; however, when solitary confinement becomes so harsh and focuses solely on punishing individuals, any possibility of correction and rehabilitation to an inmate's behavior becomes impossible; consequently, the conditions become counterproductive. —DM, 20, NJSP.

It is shocking and unacceptable that youth like DM, a New Jersey Youth Caucus Member, have spent over 1,000 days in solitary confinement while in an adult prison in New Jersey. As DM described, solitary confinement is harmful and traumatic. It is defined by isolation in a cell for up to 24 hours a day, as well as deprivation of social interaction, property, and often educational materials.

In 2015, the U.S. Department of Justice under the Obama Administration began looking into the use of solitary confinement and the harmful psychological effects on inmates in prisons across the country.¹ In an op-ed for the *Washington Post*, former President Obama wrote:

Research suggests that solitary confinement has the potential to lead to devastating, lasting psychological consequences. It has been linked to depression, alienation, withdrawal, a reduced ability to interact with others and the potential for violent behavior. Some studies indicate that it can worsen existing mental illnesses and even trigger new ones... Those who do make it out often have trouble holding down jobs, reuniting with family, and becoming productive members of society. Imagine having served your time and then being unable to hand change over to a customer or look your wife in the eye or hug your children.²

As a result of the Department of Justice's review of solitary confinement, President Obama announced a ban on its use for youth in the federal prison system.³

In August 2015, the New Jersey Legislature passed and Governor Christie signed the Comprehensive Juvenile Justice Reform Bill S. 2003/A. 4299. This legislation eliminated the use of solitary confinement as a disciplinary measure in juvenile facilities and detention centers, as well as limited the time that solitary confinement could be imposed for reasons other than punishment, such as safety concerns. Unfortunately, these limitations on solitary confinement do not apply to youth in the adult prison system. As a result, the needs, stories, and trauma associated with youth placed in solitary confinement in adult prisons remain untold, unaddressed, and, ultimately, forgotten.

In 2016, Governor Christie vetoed S. 51, legislation that would have dramatically reformed solitary confinement in New Jersey dictating that isolated confinement should only be used when necessary, and should not be used against vulnerable populations or under conditions or for time periods that foster psychological trauma, psychiatric disorders, or

serious, long-term damage to an isolated person's brain. Christie's statement accompanying his veto of S. 51, which would have allowed solitary confinement only as a last resort, repeated his administration's claim that solitary confinement does not exist in our state, despite overwhelming evidence that it is used routinely, including as a form of discipline. In January 2018, Assemblywoman Nancy Pinkin and 19 other co-sponsors reintroduced the solitary reform bill, A. 314.

As part of the New Jersey Youth Justice Initiative (NJYJI), we at the New Jersey Parents' Caucus have gathered comprehensive state data from the New Jersey Department of Corrections (NJ DOC) on 556 children tried, sentenced, and incarcerated in the adult prison system. The data largely covers the period of 2007-2016, though some information gathered dates back to 2003. In addition to the data retrieved from the NJ DOC, we have received qualitative data from a subset of the same population (163 youth) by means of a survey assessment provided to incarcerated youth and their parents, caregivers, and family members. Ninety-five youth answered questions about their experience in solitary confinement.

Dr. Colby Valentine, Ph.D. analyzed NJYJI data, which includes self-reported questionnaires from ninety-two youth waived to the adult prison system, to understand the relationship between mental health and solitary confinement for youth in New Jersey prisons. Her analysis confirms that solitary confinement negatively affects the mental health of youth in New Jersey's adult prisons, adding to prior research that states that prolonged isolation may cause or exacerbate mental health problems in adult inmate populations.⁴

It is the position of the New Jersey Parents' Caucus, Inc. (NJPC) and its membership that the State must ban the imposition and use of solitary confinement or restricted housing units – another term for solitary confinement – which were found in either administrative segregation or the Management Control Unit, a form of solitary confinement used at administrators' discretion on youth in adult jails and prisons. Solitary confinement imposes further violence, harm, and psychological damage on youth before they return to their communities. If these youth return home without adequate mental health and rehabilitative care, it negates their ability to become productive members of our society.

Their stories and their needs must be addressed through legislation to end this cruel, but unfortunately, common, practice on youth in the adult criminal justice system.

4 | DEFINING SOLITARY CONFINEMENT & ITS IMPACT

The American Civil Liberties Union (ACLU) defines solitary confinement as:

[T]he practice of placing a person alone in a cell for 22 to 24 hours a day with little human contact or interaction; reduced or no natural light; restriction or denial of reading material, schooling, television, radios or other property; severe constraints on visitation; and the inability to participate in group activities, including eating with others.⁵

Over the last century, researchers and psychologists have reported on the impact of solitary confinement on mental illness even in prisoners without pre-existing mental conditions. While research indicates that nearly a third of individuals held in solitary units have one or more preexisting conditions,⁶ the absence of human interaction has reportedly caused “anxiety, panic, insomnia, paranoia, aggression, and depression.”⁷ There is also evidence of association between post-traumatic stress disorder (PTSD) symptoms and experience in solitary confinement.⁸

The U.S. Supreme Court has acknowledged the impact of solitary confinement on individuals. In 1890, the U.S. Supreme Court stated in its *In re Medley* decision:

A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.⁹

While damaging to adults, these harmful psychological effects are especially debilitating for youth – who are still in crucial stages of development – socially, psychologically, and neurologically.¹⁰ The traumatic stress associated with solitary confinement can have long-lasting effects on the development and function of an adolescent’s brain.¹¹

In 2011, the United Nations Special Rapporteur expert on torture recommended in his first interim report that countries ban indefinite or prolonged use of solitary confinement on juveniles and individuals with mental health needs.¹² In 2016, former President Barack Obama also called on the Federal Bureau of Prisons to ban the solitary confinement of juveniles, indicating both national and international consensus on the negative impact of the practice.¹³ Despite both national and international calls to ban the practice, particularly on youth, many states, including New Jersey, continue to hold youth and young adults in these dangerous conditions when they are in adult facilities.

A. Solitary confinement in New Jersey

New Jersey was an early adopter of solitary confinement practices. In 1975, the Department of Corrections established management control units in the Trenton State Prison.¹⁴ The correctional leadership created these units in response to political and cultural unrest related to the Civil Rights Movement and the Vietnam War.¹⁵ “[Practices such as] sensory deprivation, long-term isolation, seizure of property, and denial of outside human contact [were used by] New Jersey law enforcement, [who] worked with state administrators to dismantle groups deemed ‘radical’ by incapacitating their leaders.”¹⁶ Since the 1970’s, decades of “tough on crime” rhetoric have continued to fuel a punitive prison model ideologically based on the “control and disposability of human persons.”¹⁷

In addition to being subject to solitary confinement in adult prisons, youth waived to the adult system are more vulnerable to abuse, bullying, and victimization.¹⁸ Studies suggest that youth under the age of 18 are “five times more likely to be sexually assaulted, twice as likely to be beaten by staff, and fifty percent more likely to be attacked with a weapon than minors in juvenile facilities.”¹⁹ Some data suggests that because of the increased exposure of youth to violence in adult prisons, they are more likely to exhibit violent behavior upon release.²⁰

Studies further show that juveniles incarcerated in adult prisons receive less age-appropriate rehabilitative, medical, mental health, and educational services than they would in juvenile facilities.²¹ NJYJI has received a number of first-hand accounts of the impact of solitary confinement of youth and young adults locked in New Jersey’s adult prisons.

“While in solitary confinement, I was not able to go to classes or see anybody from the child study team or even participate in my IEP (Individualized Education Plan). I am expected to do my school work without the help of anyone. It’s hard trying to teach myself things without the help of trained teachers.” —DM 20, NJ Youth Caucus Member, NJSP.

“I am terrified for my life, CO’s [Correctional Officers] are setting inmates up, I’ve seen CO’s beat inmates almost to death, and I also witnessed a fellow inmate hang himself this year while I was in lock-up.” —QH, 19, NJ Youth Caucus Member, WYCF.

“When a juvenile is shipped to the Hudson County Correctional Center (HCCC), that juvenile is automatically placed in IPC (Involuntary Protective Custody), which is 23 hours locked in the cell, one hour out of the cell. In that one hour, that juvenile[s] has to cook, shower, and use the phone! Not only that, the juvenile[s] are isolated from the rest of the unit. There are no programs offered to juveniles [in HCCC], no schooling programs, or law library access. How are we supposed to be helping the youth, yet place them in such harsh conditions? The Hudson County Correctional Center is not equipped to house juveniles; so, why take them out of a youth setting, and put them in a[n] environment that doesn’t have the resources that are needed to help these juveniles? As a juvenile, I was transferred to the Hudson County Jail at the age of 17, and I was placed on IPC locked down 32 and 1 hours without any out-side yard for at least 2 years.” —JV, 17, NJ Youth Caucus Member, HCCC.

"Imagine a teen being put in a room for years with just a toilet and coming out for an hour for outside rec and a shower once every three days, if that, depending on the situation. Having no contact with the outside world makes you become more of an aggressive human being." —JO, 17, NJ Youth Caucus Member, NJSP.

In addition to the negative psychological impact of solitary confinement, the practice is also expensive to maintain. Supermax prisons²² relying more heavily on the use of solitary confinement than traditional maximum-security prisons typically cost two or three times more to build and maintain, yet there is little evidence suggesting that this isolative practice truly improves prison safety.²³ In 2013, the Government Accountability Office estimated that keeping individuals in solitary confinement units was approximately \$119.71 a day compared to \$69.41 for individuals in the general population.²⁴

Legislators and advocates have recently challenged the prolific use of solitary confinement in juvenile and adult facilities. The New Jersey Legislature passed and former Governor Christie signed the Comprehensive Juvenile Justice Reform bill S. 2003/A. 4299 in 2015. The bill raised the minimum age for being prosecuted as an adult from 14 to 15, eliminated the use of solitary confinement as a disciplinary measure in juvenile facilities and detention centers, as well as limited the time that solitary confinement could be imposed for reasons other than punishment, such as safety concerns.²⁵ Unfortunately, these reforms did not reach the youth and young adults held in adult prisons. Correctional officers may still hold youth in adult facilities in solitary confinement for disciplinary reasons. S. 51, a bill to stop solitary confinement abuse for the most vulnerable inmates, particularly those with mental illnesses, passed in the legislature, but Governor Christie vetoed the bill in 2016.²⁶

B. Key Findings in the Study of Youth Held in Solitary Confinement in New Jersey Prisons

The New Jersey Parents' Caucus (NJPC) has been collecting data on juveniles in adult jails and prisons since approximately 2007. The data consists of self-reported intakes from juveniles, as well as data from the New Jersey Department of Corrections (NJ DOC). NJPC sends a number of documents to youth incarcerated as adults including an intake form; a release form; and information on NJPC, the New Jersey Youth Justice Initiative (NJYJI), and the New Jersey Youth Caucus (NJYC). NJPC receives approximately 30% of the intake forms back from youth.

After receiving the intake and release forms from youth, NJPC enters the data into its Youth Justice Initiative Data Warehouse. The release form allows NJPC to request additional documentation from other child-serving agencies, such as the Division of Child Protection & Permanency (DCP&P), Department of Children & Families, Child Study Team, which allows NJPC to obtain additional information, including copies of the youth's Individualized Education Programs (IEP). Next, an NJPC advocate contacts the parents and/or other family members based on the contact information provided. The family member reviews the information to verify its accuracy and to complete any missing data.

The intake form includes questions related to the youth's mental health needs, exposure to trauma, and experience with solitary confinement.

In a previous study by Dr. Valentine, data was collected from 2007 to 2015 and contained both self-report data and data retrieved from the NJ DOC. The total sample included 92 juveniles who were waived into the adult system and reported whether they had spent time in solitary confinement or room restriction (yes or no). A majority of respondents (78.3%) reported at least some time in solitary confinement. Most juveniles were waived to the adult system for a violent offense (40.2%); however, 37% were waived for a nonviolent offense and 22.8% committed both violent and nonviolent offenses (i.e., mixed offense). The age at current offense for waived juveniles ranged from 14 to 17 with an average age of 16.36 years old. Most of the waived juveniles are male (96.7%) and nonwhite (89%). Specifically, the data includes 72.5% African-Americans, 16.5% Latinos, and 11% Caucasians. Furthermore, 32.9% of waived juveniles reported physical abuse and 1.2% reported sexual abuse during incarceration. Descriptive statistics are provided in Table 1.

Table 1: Descriptive Statistics

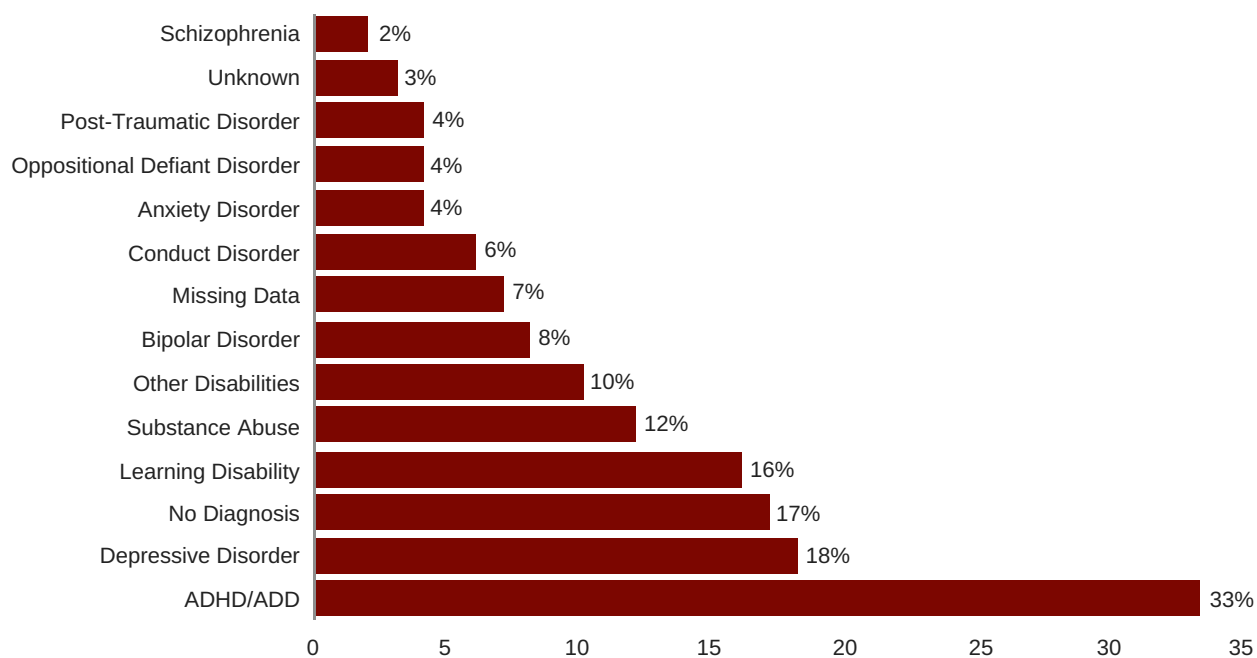
Variables	N	Mean	Standard Deviation	Minimum	Maximum
Solitary Confinement	92	0.78	0.41	0	1
Mental Illness	90	1.41	1.48	0	7
Medication	66	0.47	0.50	0	1
Physical Abuse	85	0.33	0.47	0	1
Sexual Abuse	84	0.01	0.11	0	1
Waived Offense: Violent	92	0.40	0.49	0	1
Waived Offense: Nonviolent	92	0.36	0.48	0	1
Waived Offense: Mixed	92	0.23	0.42	0	1
Age	90	16.36	0.77	14	17
Male	92	0.97	0.18	0	1
White	91	0.11	0.31	0	1

Additionally, 58.0% of the sample reported spending at least some time in solitary confinement. Of those who reported time in solitary confinement, 24.2% reported spending one to 30 days, 10.5% reported spending 31-60 days, 8.4% reported 61-90 days, and the majority, 37.9%, reported spending more than three months in solitary confinement or room restriction. Multivariate analysis findings showed that time spent in solitary confinement had a statistically significant association with the number of mental illness diagnoses, while controlling for all other variables. Waived juveniles who spent time in solitary confinement are 69% more likely to have a greater number of mental illness diagnoses. Also, both medication use and reported sexual abuse while incarcerated had a statistically significant association with the number of mental illness diagnoses. Waived juveniles previously or currently on medication are 118% more likely to have a greater number of mental illness diagnoses. Furthermore, reported sexual abuse during incarceration increased the number of mental health diagnoses by 169%.

Returning to the current study, of the 163 respondents, 95 indicated they spent time in solitary confinement. Figure 1 displays the range of mental illness diagnoses reported with the highest percentage reporting Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (33%) and the lowest percentage reporting Schizophrenia (2%). Furthermore, 18% reported a depressive disorder, 17% reported no diagnosis, and 16% reported a learning diagnosis.

Figure 1: Self-Reported Mental Health Illness Diagnoses

Most Prevalent Diagnoses of Kids Waived: ADHD/ADD

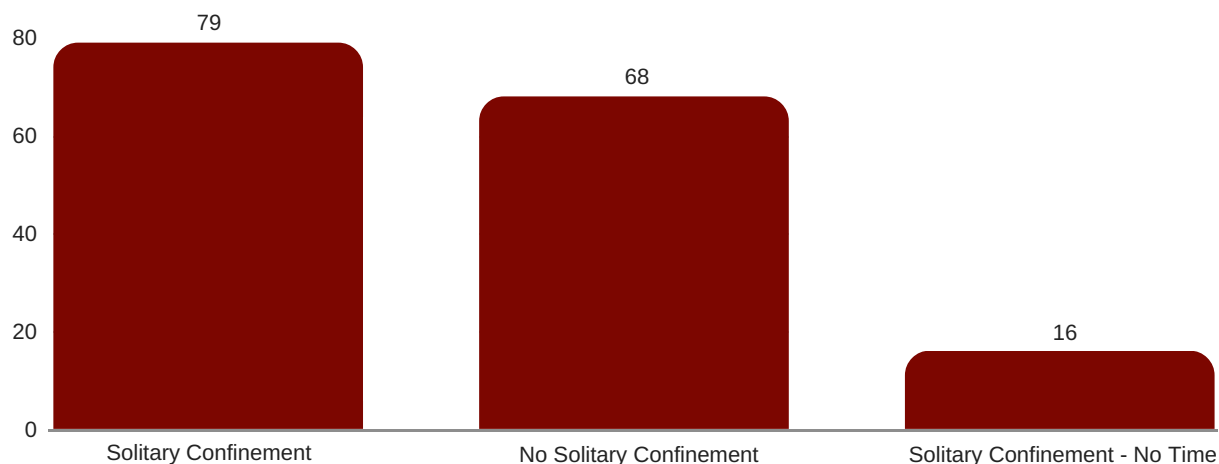


NOTES: ADHD/ADD - Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder

Figure 2, below, illustrates that out of 163 youth, 79 youth (48%) reported the amount of time they were held in solitary confinement, 68 youth (42%) reported no time in solitary confinement, and 16 youth were unable to keep track of time during solitary confinement.

Figure 2: Reported Time in Solitary Confinement

Inhumane Treatment of Youth in Adult Facilities



NOTES: N = 163 (Number of Assessments Received); Source: Youth and Parents

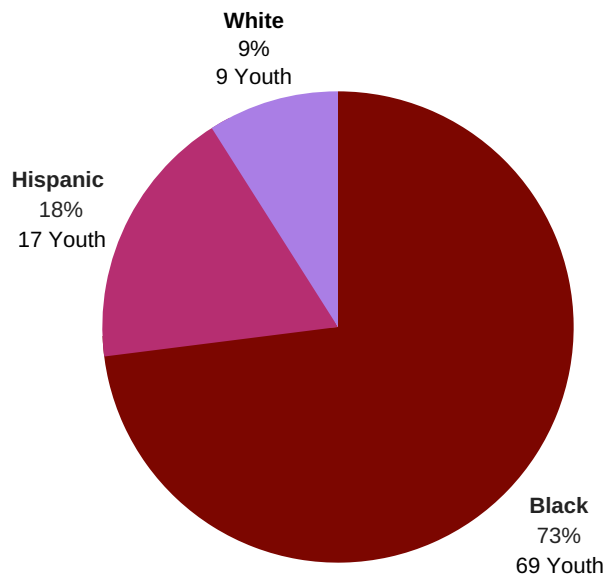
5 | YOUTH IN SOLITARY CONFINEMENT: GROSS RACIAL & ETHNIC DISPROPORTIONALITY

According to the Association of State Correctional Administrators (ASCA) report released on November 30, 2016, 62% of inmates in solitary confinement are Black, which is higher than the national solitary confinement ratio of 45%.²⁷ Unfortunately, Black youth are disproportionately represented in every justice system contact in New Jersey. While Black youth are 13.5%²⁸ of the youth population in New Jersey, they are 73%²⁹ of the youth committed to juvenile prisons. Similarly, of the youth waived to adult prison in New Jersey who responded to NJPC's survey, a staggering 69 youth in solitary confinement are Black.

Figure 3 displays the number of inmates placed in solitary confinement by race/ethnicity and shows that the majority of youth in solitary confinement are Black (73%). In addition, 18% of inmates in solitary confinement are Hispanic and 9% are White.

Figure 3: Inmates Placed in Solitary Confinement by Race/Ethnicity

Number of Inmates in Solitary Confinement by Ethnicity

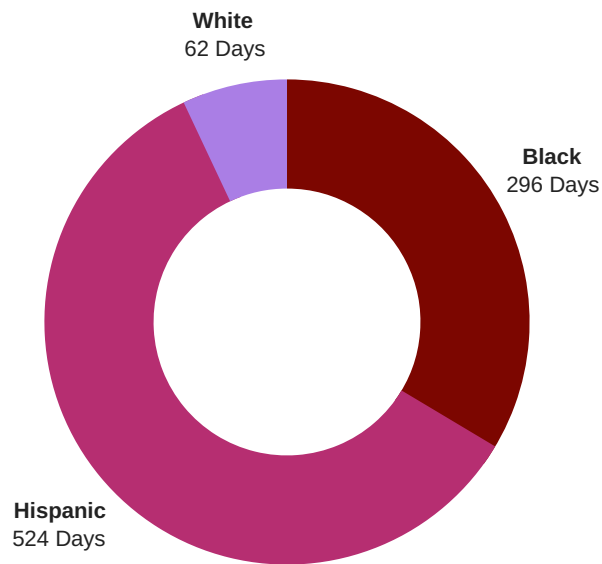


NOTES: N = 95 Based on Number of Responses Received for Solitary Confinement

Along with a large number of Black youth in solitary confinement, the average number of days that Hispanic and Black youth spend in solitary confinement is disproportionately high. Figure 4 illustrates the average days spent in solitary confinement by youth of race/ethnicity. For example, Hispanic youth spent 524 days in solitary on average, Black youth spent 296 days in solitary on average, and White youth spent 62 days in solitary on average.

Figure 4: Average Days Spent in Solitary Confinement by Race/Ethnicity

Average Days Spent in Solitary Confinement by Youth of Color



NOTES: N = 95 Based on Number of Responses Received for Solitary Confinement

6 | RECOMMENDATIONS

It is the position of the New Jersey Parents' Caucus (NJPC) and its membership that the state must ban the imposition of solitary confinement on youth and young adults who are housed in adult facilities.

The data collected by NJPC evaluated the duration of time spent in solitary confinement, physical and sexual abuse, and the medication taken by juveniles prior to their imprisonment. The analysis of the data suggests a positive correlation between days spent in solitary confinement and the number of mental health diagnoses present; the analysis controlled for other variables, such as previous medications and abuse while incarcerated. This supports prior research that solitary confinement may cause or exacerbate mental health problems.

This positive correlation between mental health diagnoses and solitary confinement corroborates research showing that solitary confinement is psychologically damaging for youth. When placed in solitary confinement, youth have limited social contact with other human beings and are given limited and inadequate access to medical care, mental health treatment, and rehabilitative and educational programming. Individuals who spent time in solitary confinement are more likely to display violent behaviors.³⁰ Thus, spending time in solitary confinement makes it harder for them to work towards becoming productive members of society upon release.

NJPC urges the New Jersey Legislature to make it mandatory that youth remain in the juvenile justice system while they are awaiting trial, rather than in adult jails, so that they cannot be held in solitary confinement for disciplinary reasons. In addition, NJPC calls on the legislature to pass and the Governor to sign a ban on the use of solitary confinement against youth and young adults in adult facilities.

7 | ENDNOTES

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8 | DEDICATION

Dedication to All of the Children Included in the Data Brief

Erick M. • Tyjier S. • Jatima B. • Dallas C. • Devante M. • Brandon W. • Jerome F. • James O. • Ricky Z. • Jayson V. • Shawn R. • Ibn A. • Steven C. • Peter-John L. • David P. • Nasir S. • Marquise H. • Skyler G. • James Z. • Brandon P. • Edward S. • Juan S. • Gary G. • Michael L. • Tommie L. W. • Khalif A. • Albert S. • Eugene W. • Travis L. • Johnny C. • James C. • Jamil K. • Alexander A. • Terrence B. • Quadree B. • Faruq B. • Walter W. • Lashwan F. • Kenneth H. • Steven S. • Tatrone W. • Calvin B. • Shyheim M. • Kevin V. • Kyleah S. • Najee S. • Leon G. • Johnathan A. • Corey B. • Isaiah B. • Lation J. • Nafis K. • Justin N. • Nazir W. • Troy B. • Faakhir C. • Somny Leandro M. • Jessica M. • Terrell M. • Jamail R. • Jesse C. • Weldin G. • Bryan M. • Julian P. • Danique S. • Jaworski S. • Juan A. • Jameel D. • Aaron E. • Darren J. • Tyrief M. • Ramon R. • Shaheed R. • Derrick W. • Lewis W. • Naquese J. • Alicia C. • Chance H. • Nur Raheem P. • Juanya W. • Brenda W. • Julian D. • James R. • Terrance H. • Lionel B. • Rodney B. • Lamont B. • Dashon S. • Edwin D. • Jaron H. • Tyrone L. • Jamal N. • Cindy B. • Khabir H. • Amir L. • Gregory L. • Christoph N. • Charles O. • Torrey P. • Peterson T. • Alvero V. • Darren T. • Douglas W. • Shawn O. • Anthony L. • Anthony S. • Breon A. • Jarrett B. • Joshua C. • Tyquan D. • Leon F. • Kashawn F. • John H. • Tyquan L. • Azez L. • Karon M. • Marquise P. • Wilfredo P. • Devante S. • Kashawn S. • Devonte W. • Augustine C. • Kyrghan L. • Quashon M. • Elizadro P. • Dermaine S. • Bryan Anthony S. • Tyshon S. • Kyle W. • Marese W. • Joe Z. • Divine A. • Jevon C. • David A. T. • Ryan M. C. • Keanan B. • Ganey H. • Jose L. • Marcus Z. • Bryan J. • Jamal D. • Camargo L. • Alamri N. • Jordan R. • Norwood R. • Anthony A. • Victor B. • Charles B. • Christoph C. • Shaquil D. • Kisheen G. • Reggie L. • Jibri O. • Tamere P. • Kareem P. • Daniel P. • Steven R. • Christoph S. • Al-fuquan W. • David A. • Ottawan A. • Wade B. • Jesse B. • Jonathan B. • Najee B. • Donnie C. • Miguel C. • Khalif D. • Jamar F. • Kevin F. • Jason H. • Terryn K. • Papayaw M. • Vanessea M. • Timothy M. • James M. • Dashaun P. • Dariel P. • I-now R. • Johnny R. • Erick R. • Joseph S. • Jose V. • Radri W. • Demitri N. • John B. • Alyde C. • Cortney D. • Taquise H. • Laquan H. • Shaquain H. • Amir J. • Demetrius M. • Evelyn M. • Santiago R. • Walif S. • Matthew T. • Quawi T. • Terence Z. • Rashaad N. • Supreme R. • Jevon R. • Abdus W. • Adbus-Salam Q. • Robert J. • Rahman S. • Amir J. • Michael M. • Ali M. • Orlando R. • Rashiar L. • Bryant D. • Darius G. • Kenneth H. • Antwan J. • Marsone P. • Jabar W. • Jacob B. • Benjamin R. • Misael E. • Christopher C. • Edward H. • Franz R. • Shannon T. • Raymond C. • Zoran H. • Mark H. • Ahmad S. • Samir B. • Ismale P. • Ezequiel R. • Nyreek S. • Earl S. • Jerome D. • Jordan P. • Angel C. • Joel C. • Sharif G. • Brett J. • Jabril M. • Damiere R. • Mikhail S. • Deandre T. • Abedallah E. • Nahtavian J. • Davon H. • Nestor M. • Dagoberto P. • Quamere R. • Saul A. • Jefry A. • Shatara C. • Shawn H. • Antonio J. • Leila L. • Darien P. • Mulijah S. • Quran M. • Abdul A. • Arionn A. • Samaad A. • Tyquel B. • Damon B. • Quarar B. • Khalil C. • Darnell C. • Marquise C. • Laquan C. • Genei C. • Hasan C. • Michael D. • Paul E. • Donte F. • Josiphiah F. • Latrayous F. • Raekwon F. • Jahborn G. • Dayvon G. • Alan G. • David G. • Marquis H. • Isa H. • Luis H. • Quamir H. • Naasque H. • Asiatic H. • Ali H. • Tim J. • Damir J. • Omar L. • Jose L. • Quayshawn M. • Alfonza M. • John M. • Tahjee M. • Ahmed M. • Oscar M. • Ronald M. • Giovanni N. • Samuel O. • Gregory O. • Kaseem P. • Shawn R. • Yusef R. • Justin R. • Tyree R. • Jacyr R. • Joselin S. • Oscar S. • Jeffrey S. • Jirman S. • Christoph S. • Hakim S. • Jay S. • Akeem T. • James T. • Omar T. • Tysean W. • Tyshawn W. • Kareem W. • Al-quadir W. • Jerome W. • Tyquan Z. • Cephas B. • James B. • Joseph B. • Samuel Alfredo B. • Ter'yn B. •

Dejuan C. • Jesse D. • Sequan E. • Rashad E. • Eric F. • Matthew F. • Anthony F. • Heriberto G. • Tyari G. • Jensil H. • Kwame I. • Cody J. • Tyshaun J. • Jesse J. • X'zaviour J. J. • Kevin L. • Fabian L. • Victor M. • Mascoty M. • Maximo M. • Vanessa M. • Tymar M. • Blake N. • Kwesi O. • Kenneth O. • Jose O. • Ariel P. • David P. • Kendall P. • Patrick R. • Stefan S. • Jonathan S. • Ricky S. • Daurice S T. • Sean T. • Isaac M. • Hassan D. • Juwan M. • Nicholas S S. • Jordan V. • Tyrique L. • Shaquan M. • Isaiah V. • Samuel M. • Shakeem R. • Shamal W. • Tyon E. • Elijah L. • William T J. • Tehziah S. • Jamal P. • John R. • McQuan W. • Aponte A. • Snowden B. • Smith C. • Howard C. • Carl C. • Carballo C. • Vargas D. • Mims D. • Vohor G. • Trayvon H. • Constanti H. • Vasquez I. • Darby J. • Knox K. • Lewis N. • Kyle N. • Miller N. • Whitmore P. • Santiago R. • McNeil S. • Michael S. • Olivero W. • Diquan W. • Enger B. • David B. • Augustus B. • Briashon B. • Jose C. • Rakim D. • Tyana D. • Markise D. • Ramlez D. • Zackary D. • Antoine D. • Hakean F. • Rudy G. • Damien G. • Vance G. • Michael G. • Robert G. • Marquez H. • Lahmier H. • Shabazz H. • Charles J. • Eric K. • Steven M. • James M. • Onesaque M. • Jorge P. • Timothy P. • Tahlija P. • Anthony P. • Jawon P. • Steven R. • Thomas S. • Tashawn S. • Corey S. • Raheem T. • Charles U. • Tyree V. • Jonathan V. • Sheldon W. • Basir B. • Jimmy B. • Marcus B. • Eric B. • Kyle B. • Diego C. • Fernando C. • Elvis C. • William C. • Fajer D. • Johnathan E. • Peter E. • Jonathan F. • Joseph G. • Justin H. • Virgil H. • Darrick H. • Thomas H. • Gerard J. • Willie J. • Rasheen J. • Gregory K. • Willie K. • Jamarius L. • Jonabel M. • Leobardo M. • Tasheed M. • Brandon M. • Elijah M. • Travis M. • Malcolm M. • Wilfredo N. • Ramone N. • Alfonso N. • Christopher N. • Robin P. • Aron P. • Dashaun R. • Harry R. • Duvall R. • Otis R. • Bashir S. • Rahmir S. • Tyreik S. • Kevin S. • Jheremy T. • Amaad T. • Quadir W. • Darrell W. • Ronald W. • Garry W. • Daniel W. • Knalick J. • Gabriel A. • Wilkin A. • Anthony B. • William B. • Maurice B. • Richard C. • Jerome D. • Sean F. • David H. • Ronsario H. • Timothy H. • Cole J. • Kevin L. • Jerry L. • Hector L. • Leroy M. • D'Amaini M. • Effren M. • Martin R. • Jarome S. • Delfin S. • Devel S. • Byron W. • Jason B. • Marquis B. • Joshua K. • Omar P. • Wade S. • Joseph S. • Edwin U. • Cameron B. • Abubaka B. • Andre H. • David B. • Tashawn T K. • Derell P. • Raul A. • Carlos B. • Martin D. • Koron S. • Johnson D. • Joseph C. S. • Al-shaqar W. • Dallas H. • Devonte J. • Jamil H. • Kavon W. • Dana U. • Dawan I. • Taron F. • Brandon S. • Tyquill A. • Irvin G. • Mark H. • Devonte J. • Liam R. • Robert H. • Michael H. • Marvin M. • Shabani S. • Alberto L. • Deandre W. • Steven B. • Munajj A S. • Khalil W. • Kuaron . • Cristoph L. • Benjamin Y.



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