



**NEW YORK
CITY BAR**

Contact: Maria Cilenti - Director of Legislative Affairs - mcilenti@nycbar.org - (212) 382-6655

**REPORT ON LEGISLATION BY THE
CORRECTIONS AND COMMUNITY REENTRY COMMITTEE
AND INTERNATIONAL HUMAN RIGHTS COMMITTEE**

**A.8588-A
S.6466-A**

**M. of A. Aubry
Sen. Perkins**

An ACT to amend the correction law, in relation to restricting the use of segregated confinement and creating alternative therapeutic and rehabilitative confinement options.

THIS BILL IS APPROVED

INTRODUCTION

The New York City Bar Association (the “Association”) founded in 1870, is a private, non-profit organization of more than 24,000 attorneys, judges, and law professors, and is one of the oldest bar associations in the United States. This report is submitted by the Association’s Corrections and Community Reentry Committee and the International Human Rights Committee (the “Committees”) in support of A.8588-A/S.6466-A, known as the Humane Alternatives to Long Term (HALT) Solitary Confinement Act (the “Bill”). That legislation would amend the correction law to restrict substantially the use of isolated confinement in our state prisons and local jails and would mandate the creation of alternative therapeutic and rehabilitative confinement options to address the behavior by incarcerated persons who participate in disruptive or dangerous behavior while incarcerated.

The Bill mandates changes in isolated confinement by: (1) requiring the creation of alternative residential rehabilitation units in which persons who are in need of separation from the prison population due to dangerous or disruptive behavior can be placed where they will receive six hours of out-of-cell programming in addition to one hour of recreation each day; (2) limiting the length of time anyone can be placed in isolated confinement to 15 consecutive days; (3) restricting the criteria state and local departments of corrections can employ in determining whether a person can be sent to isolated confinement or an alternative therapeutic confinement setting; (4) exempting particularly vulnerable populations from being placed in isolated confinement; and (5) enhancing staff training, procedural protections, transparency, and accountability.

The Committees urge the passage of the Bill. Our recommendation is based upon a review of reports by experts¹ and multiple legal² and community-based organizations which conclude that the use of isolation in state prisons and local jails has had a devastating impact on people placed in isolation without substantially improving safety within these institutions or promoting public safety. These reports consistently recommend that the amount of isolation be limited and that alternative, more therapeutic approaches be utilized to address difficult behavior within these correctional settings. The Bill acknowledges that prison management may require separation of certain inmates from the general population for periods of time, but establishes a more humane and constructive alternative.

People placed in Special Housing Units (“SHUs”) in state prisons or local jails are generally kept in their cells for 22 to 24 hours per day for periods that can last months, years and even decades. These individuals spend their time with little interaction with others, unless they are locked in a double cell, in which case they are with one other person 24 hours a day throughout their disciplinary sentence. They receive no programs, have very limited access to written materials and experience little distraction from the overpowering boredom and isolation of their tiny cells of 56 square feet.

New York State currently confines about 54,700 people in 58 prisons throughout the state. The NYS Department of Corrections and Community Supervision (DOCCS) places many of its residents in isolated confinement; approximately 3,800 individuals at any time are in long-term disciplinary housing in our state prisons in Special Housing Units (“SHUs”) and a thousand or more are in more short-term isolation called keeplock that could still last for several weeks or months. DOCCS sentences 13,000 persons to isolated confinement in SHUs each year and 25,000 are subjected to shorter terms of isolation in keeplock. Surveys of incarcerated persons conducted by the Correctional Association of New York found that 21% of survey respondents reported that they had been in the SHU in their current prison.³ The state is clearly isolating large numbers of people repeatedly throughout their terms of incarceration. Moreover, the state has been placing large numbers of particularly vulnerable people into isolation, including people

¹ Homer Venters, et. al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, American Journal of Public Health, Mar. 2014, Vol. 104, No. 3 (“*Solitary Confinement and Self Harm*”), available at: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2013.301742>; James Gilligan and Bandy Lee, Report to the New York City Board of Correction (2013), available at: <http://solitarywatch.com/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf> (concluding that New York City was not meeting Mental Health Minimum Standards in the placement of individuals with mental health needs in disciplinary confinement) (hereinafter “Gilligan & Lee Report”).

² New York State Bar Assoc., Committee on Civil Rights, Report to the House of Delegates Solitary Confinement in New York State (2013), available at: <https://www.nysba.org/DownloadAsset.aspx?id=26699> (hereinafter “NYS Bar Solitary Confinement Report”); New York Civil Liberties Union, “*Boxed In – The True Cost of Extreme Isolation in New York’s Prisons*” (2012), available at: <http://www.nyclu.org/publications/report-boxed-true-cost-of-extreme-isolation-new-yorks-prisons-2012> (hereinafter “*Boxed In*”).

³ Testimony by the Correctional Association of New York, Before the Senate Judiciary Committee’s Subcommittee on the Constitution, Civil Rights, and Human Rights, Reassessing Solitary Confinement, p. 3, June 19, 2012 available at: <http://www.correctionalassociation.org/wp-content/uploads/2012/10/testimony-solitary-confinement-june-2012.pdf> (hereinafter “CA 2012 Testimony”).

with mental health needs (roughly 18% of the SHU population as of June 2013⁴), and young people (nearly 10% of the people in the SHU in 2012 were under the age of 21 and nearly 30% were under the age of 25⁵).

Even more disturbing is the length of time people spend in isolation. DOCCS's average SHU sentence for one individual disposition is approximately five months,⁶ but this statistic significantly understates the length of time people spend in isolation because (1) a substantial number of individuals receive sentences of one year or more, and (2) many people who are in the SHU receive disciplinary actions while in isolation, extending their SHU sentence, often for many months and sometimes years. For example, from 2007 through 2011 almost 2,800 individuals were given a single SHU sentence of one year or more, including 243 who had a SHU sentence of two to three years and 97 sentenced to three or more years in SHU. Although DOCCS does not publish system-wide data on people in isolation who get additional SHU time, in the two DOCCS prisons that exclusively house people in long-term isolation, 1,174 additional SHU sentences were issued to approximately 1,900 residents during 2011, including 418 sentences which *added* at least six months to more than three years to their existing SHU sentences.⁷ Similarly at smaller SHU units across the state, people receive additional SHU time that accumulates into years. For example, the Correctional Association recently surveyed people in the SHU at Clinton Correctional Facility, which confined 42 individuals, and found that 43% of SHU survey respondents reported a total SHU sentence of at least one year and nearly 23% reported a total SHU sentence of two years or more, with some survey respondents reporting sentences of four or five years and even up to 13 years. Solitary Watch has reported communication with individuals in New York SHUs who have served as many as 10 years, 14 years, and 26 years in isolated confinement.⁸

In local jails around the state, thousands of people are held in isolated confinement. In New York City alone, nearly 1,000 people are held in isolated confinement, and the number both of isolation cells and of people subjected to isolation has grown substantially in the last decade.⁹ The New York City jail system, which is the second largest in the country, admits around 80,000 people per year and incarcerates around 12,000 people on any given day.¹⁰ In this system, the percentage of people in isolated confinement increased from 2.7% to 7.5% between 2004 and 2013.¹¹ In July 2013, 140 of the people in solitary confinement in New York City jails were

⁴ *Active Mental Health Inmate-Patients Housed in Segregated Confinement*, Second Quarter 2013, New York State Office of Mental Health, Aug. 8, 2013.

⁵ *Boxed In* at 22.

⁶ *Boxed In* at 21.

⁷ DOCCS Dispositions with SHU Sentences – 1/1/2007 – 12/31/2011: Length of SHU Sentence by Incident Year, obtained through FOIL and on file with the NYCLU.

⁸ See *Voices from Solitary*, Solitary Watch, available at: <http://solitarywatch.com/2013/03/11/voices-from-solitary-a-sentence-worse-than-death/>; <http://solitarywatch.com/2013/06/03/voices-from-solitary-the-loneliest-place-in-the-world/>; <http://solitarywatch.com/2013/05/01/voices-from-solitary-you-are-solitary-confinement/>.

⁹ See Gilligan and Lee Report at 3.

¹⁰ *Solitary Confinement and Self-Harm* at 442.

¹¹ Gilligan and Lee Report at 3.

adolescents, 73% of whom were diagnosed as suffering from either serious or moderate mental illness.¹² Also, 41% of the total population of people in the main solitary confinement unit in New York City jails were diagnosed as having a mental illness, and 84% of the women in solitary confinement had diagnosed mental health needs.¹³

Public safety is enhanced when effective programs are instituted in prison to assist people to regulate their behavior and develop mechanisms to respond appropriately to challenging situations. It must be emphasized that more than 95% of incarcerated people return home, including those who have been housed in isolated confinement. The recent NYCLU report on isolation noted that about 2,000 SHU residents annually are released directly from isolation to the community with no preparation for their return and no tools to assist them in learning how to engage with others after years of isolation.¹⁴ It is unfair to expect these individuals to navigate this dramatic change without help and unreasonable to expect that most will be successful in reintegrating into society.

The New York City Bar Association has in the past examined the use of isolated confinement and called for serious limitations on its use more generally across the country.¹⁵ Looking specifically at the use of isolation in New York, the Bar now concludes that the New York State Legislature should pass the HALT Solitary Confinement Act because each of the five core elements of the Bill would substantially restrict the use of isolated confinement and provide for more humane and effective alternatives.

MORE HUMANE AND EFFECTIVE ALTERNATIVES TO ISOLATION

The HALT Solitary Confinement Act would create more humane and effective alternatives to the use of isolation.¹⁶ Specifically, the Bill would require that any person who needs to be separated from the general prison population for more than 15 days be placed in a separate secure rehabilitative and therapeutic unit called a Residential Rehabilitation Unit (RRU).¹⁷ After entering an RRU, a person would work with an assessment committee to develop a rehabilitation plan aimed at addressing the issues underlying the conduct that resulted in his or her being placed in the RRU.¹⁸ In turn, the person would have access to six hours per day of out-

¹² *Id.*

¹³ *Id.*

¹⁴ *Boxed In* at 2.

¹⁵ New York City Bar, Committee on International Human Rights, *Supermax Confinement in U.S. Prisons*, p. 22, 2011, available at: <http://www2.nycbar.org/pdf/report/uploads/20072165-TheBrutalityofSupermaxConfinement.pdf> (hereinafter, “City Bar Supermax Report”).

¹⁶ *See, e.g., Testimony by the Campaign for Alternatives to Isolated Confinement*, Before the Senate Judiciary Committee’s Subcommittee on the Constitution, Civil Rights, and Human Rights Reassessing Solitary Confinement II, Feb. 25, 2014, available at: <http://solitarywatch.com/wp-content/uploads/2014/02/Testimony-of-the-NY-Campaign-for-Alternatives-to-Isolated-Confinement-2014.pdf> (hereinafter “CAIC Testimony 2014”).

¹⁷ Humane Alternatives to Long Term (HALT) Solitary Confinement Act, A08588 / S06466, §2(36).

¹⁸ *Id.*, §137(6)(i)(iv).

of-cell time, including for rehabilitative and therapeutic programming, as well as one hour out of cell for recreation with other residents of the RRU.¹⁹

We support this alternative model because currently, the conditions of isolated confinement in New York State prisons and jails are inhumane, counterproductive, costly, and unsafe. Subjecting people to 22 to 24 hours a day locked in a cell, without meaningful human interaction, programming, therapy, or even the ability to make phone calls or have contact visits²⁰ has been proven to have devastating psychological, physical, and behavioral effects.²¹ Numerous studies have documented the specific psychological and neurological damage caused by isolated confinement, due to the lack of normal human interaction, sensory deprivation, and extreme idleness.²² In addition to often causing extreme and permanent psychological damage, isolation can cause people's behavior to deteriorate, as evidenced by the frequent accumulation of disciplinary tickets by individuals who are held in isolation.²³

Isolation has also been shown to create or exacerbate mental health problems. For example, a recent assessment of the use of isolation by the New York City Department of Correction by renowned psychiatry experts found that placing people with pre-existing mental illness in isolation violates minimum standards of mental health care.²⁴ Isolation also has been proven to increase the risk of suicide and self-harm. Recently, authors affiliated with the New York City Department of Health and Mental Hygiene published a study in the American Journal of Public Health documenting that people held in isolation were nearly seven times more likely to commit self-harm and more than six times more likely to commit potentially fatal self-harm than similarly situated people in the general prison population.²⁵

If a person poses such a threat to others that she or he has to be separated from the general prison population to ensure the safety of others, that separation does not have to be inhumane and counterproductive isolation. Instead, the separation should be an opportunity for an intensive rehabilitative and therapeutic intervention that could help address the underlying

¹⁹ *Id.*, §137(6)(i)(ii).

²⁰ *See, e.g., Boxed In* at 9.

²¹ *See, e.g.,* Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, *Journal of Law & Policy*, Vol. 22:325 (2006), available at: <http://law.wustl.edu/journal/22/p325grassian.pdf> (“*Psychiatric Effects of Solitary*”); Craig Haney, *Mental Health Issues in Long-Term Solitary and ‘Supermax’ Confinement*, 49 *Crime & Delinq.* 124 (Jan. 2003), available at: <http://www.supermaxed.com/NewSupermaxMaterials/Haney-MentalHealthIssues.pdf>; Stuart Grassian and Terry Kupers, *The Colorado Study vs. the Reality of Supermax Confinement*, *Correctional Mental Health Report*, Vol. 13, No. 1 (May/June 2011); Sruthi Ravindran, *Twilight in the Box: The suicide statistics, squalor & recidivism haven’t ended solitary confinement. Maybe the brain studies will*, *Aeon Magazine*, Feb. 27, 2014, available at: <http://aeon.co/magazine/living-together/what-solitary-confinement-does-to-the-brain/>; Joseph Stromberg, *The Science of Solitary Confinement*, *Smithsonian Magazine*, Feb. 19, 2014, available at: <http://www.smithsonianmag.com/science-nature/science-solitary-confinement-180949793/#.Uwoq5RsSWaQ.email>.

²² *See, e.g., Psychiatric Effects of Solitary*; Haney; Ravindran.

²³ *See* CA 2012 Testimony at 3-4.

²⁴ *See* Gilligan and Lee Report at 3-5.

²⁵ *Solitary Confinement and Self-Harm* at 444-45.

causes of the conduct that required the separation. HALT is based on a proven conception that rehabilitative and therapeutic interventions, rather than punishment and isolation, are actually more effective at addressing difficult behavior and reducing and preventing violence.²⁶ Many legal entities – in addition to medical and mental health professionals, religious organizations, and international bodies – have recognized the need for alternative models,²⁷ and some states that have reduced the use of isolation have seen improvements in safety.²⁸

The Department of Corrections and Community Supervision (DOCCS) already utilizes programs and units that are a step toward the types of models outlined in the HALT bill, including the Residential Mental Health Treatment Units (RMHTUs) mandated by the SHU Exclusion Law for people with diagnosed serious mental illness,²⁹ and programs such as the Merle Cooper program designed to provide a more rehabilitative and therapeutic environment for people with some of the highest needs or risks of problematic behavior.³⁰ The RRUs under the HALT bill would provide conditions and programs that are not only more humane for the person separated, but also more effective at actually addressing the person’s behavior problem, helping him or her to thrive, and increasing the safety and security of others in prison and in our communities upon release.

LIMITATIONS ON THE LENGTH OF STAY IN ISOLATION

The HALT Solitary Confinement Act would limit the amount of time a person can spend in isolation to a maximum of 15 consecutive days and no more than 20 days in any 60-day period.³¹ The second 20-day limit in a 60-day period is aimed at preventing a person from being

²⁶ See, e.g., Gilligan and Lee Report at 4, n. 6 (demonstrating that using words and “non-violence,” rather than “counter-violence,” was effective at resolving a potentially hostile situation); at 9 (“more than a century of research on the psychology of punishment has made it clear that punishment, far from preventing violence, is the most powerful tool we have yet created for stimulating violence”); *Solitary Confinement and Self Harm* at 447 (calling on the NYC DOC to ensure that people with serious mental illness “be placed in clinical settings where they will receive a high level of individual and group therapy aimed at promoting treatment adherence and prosocial behaviors” instead of in solitary); *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*, The Annie E. Casey Foundation, p. . 13-14, 2010, available at: http://www.aecf.org/~media/Pubs/Initiatives/Juvenile%20Detention%20Alternatives%20Initiative/MOModel/MO-Fullreport_webfinal.pdf (documenting the successful use of a fundamentally alternative model, for working with youth who have engaged in violent or other problematic behavior).

²⁷ See, e.g., NYS Bar Solitary Confinement Report at 20; City Bar Supermax Report.

²⁸ See, e.g., Terry Kupers et. al., *Beyond Supermax Administrative Segregation: Mississippi’s Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs*, July 21, 2009, available at: https://www.aclu.org/sites/default/files/images/asset_upload_file359_41136.pdf; Lance Tapley, *Reform Comes to the Supermax: New commissioner cuts population by more than half; prisoner-rights advocates help in the reform*, May 25, 2011, available at: <http://portland.thephoenix.com/news/121171-reform-comes-to-the-supermax/>.

²⁹ See, e.g., CA 2012 Testimony at 6-9 (documenting positive aspects of the RMHTUs as well as ongoing concerns and limitations with these units).

³⁰ See *Merle Cooper program prepares inmates for success: Therapeutic community approach works, providing inmates with needed life skills*, DOCS Today, May 2003, available at: <http://www.prisonstake.com/forums/archive/index.php/t-300345.html>.

³¹ §137(h), §2(35).

cycled in and out of isolation – removed from isolation after 15 days and then shortly thereafter returned to isolation for another 15 days, and so forth.³² At these limits, a person must be returned to the general prison population or be sent to an alternative RRU described above.³³

As noted in the introduction, people sent to isolated confinement spend many months and sometimes even years in isolation. This length of time in isolation can have devastating physical, psychological, social, and behavioral effects on a person subjected to these conditions. The United Nation’s Special Rapporteur on Torture studied the impact of isolation in the United States and throughout the world and concluded that “any imposition of solitary confinement beyond 15 days constitutes torture or cruel, inhuman or degrading treatment or punishment” and recommended that confinement beyond 15 days “should be subject to an absolute prohibition.”³⁴ The New York State Bar Association noted the UN Rapporteur’s report favorably while describing the adverse effects of long-term isolation and urging New York State to “profoundly restrict the use of long-term solitary confinement.”³⁵

Having a 15-day limit on the use of isolated confinement is more in line with laws and regulations in other countries. For example, solitary confinement is prohibited by statute from exceeding two weeks *in an entire year* in the Netherlands and four weeks in an entire year in Germany.³⁶ In practice, the Vera Institute of Justice found that these countries utilized solitary even less, with, for example, one German prison using solitary two to three times in a given year, and another German prison utilizing solitary only two times in five years, and only for *a few hours* on each occasion.³⁷

RESTRICTIONS ON THE CRITERIA OF CONDUCT RESULTING IN ISOLATION

The HALT Solitary Confinement Act would restrict the criteria for conduct that can result in isolated confinement or placement in the Residential Rehabilitation Units. HALT divides segregated confinement into three categories: emergency confinement, short-term segregated confinement, and extended segregated confinement. People could be placed in emergency confinement for up to 24 hours if such placement is necessary to diffuse immediately a substantial and imminent threat.³⁸ People could be placed in short-term segregated confinement for up to three days for a department rule violation if the penalty is proportionate to the

³² See CAIC Testimony 2014.

³³ §137(h).

³⁴ United Nations General Assembly, *Interim Report of the Special Rapporteur of the Human rights Council on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, p. 21, 23, Aug. 2011, available at: <http://solitaryconfinement.org/uploads/SpecRapTortureAug2011.pdf> (“UN Rapporteur Report”).

³⁵ *NYS Bar Solitary Confinement Report* at 1-2.

³⁶ Ram Subramanian and Alison Shames, *Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States*, p. 13, Oct. 2013, available at: <http://www.vera.org/sites/default/files/resources/downloads/european-american-prison-report-v3.pdf>.

³⁷ *Id.*

³⁸ §137(6)(j)(i), §2(33).

violation.³⁹ Finally, people could be placed in extended segregated confinement for up to 15 days or be placed in an RRU for more serious acts of physical injury, forced sexual acts, extortion, coercion, inciting serious disturbance, procuring deadly weapons or dangerous contraband, or escape.⁴⁰ This list of predicate acts and the maximum length of time in extended segregated confinement or placement in the RRUs were derived from the criteria proposed by Dr. James Austin, an expert witness during litigation in Mississippi that resulted in a settlement agreement and a dramatic reduction in the number of people in solitary confinement.⁴¹ In addition to implementing these criteria, the HALT Solitary Confinement Act would prohibit persons being placed in isolated confinement for purposes of protective custody, and require that any location used for protective custody at least comply with the standards of the RRUs.⁴²

New York's disciplinary population is so high because DOCCS takes a large number of disciplinary actions against people for violations that are often minor and do not involve violence or any significant threat to the safety of the prison population or staff. Each year DOCCS holds disciplinary hearings for approximately 135,000 to 150,000 violations of the prisons rules. Approximately 95% of people charged with relatively more serious "Tier III" prison violations are found guilty, and isolated confinement in a Special Housing Unit ("SHU") is often imposed. The majority of SHU sentences are 90 days or more; the vast majority of SHU sentences are 60 days or more; and in practice most SHU residents spend many months in isolation.⁴³

Excessive use of isolation in our prisons is reflected in the large number of people sent to the SHU. New York uses isolation at rates even higher than other states with comparable sized prison populations that have been scrutinized for their solitary confinement practices. Looking only at the number of people in the SHU and not including people in keeplock, more than 7% of the total prison population in New York State prisons is in isolated confinement. In Pennsylvania, for example, – a state where the U.S. government has recently found the use of solitary confinement of people with mental health needs to violate the U.S. Constitution's Eighth Amendment's prohibition on cruel and unusual punishment – the Pennsylvania Department of Corrections incarcerates approximately 50,000 people and holds around 2,800 people, or 5.6% of the prison population, in solitary confinement.⁴⁴ Similarly California, which has a prison system much larger than New York's, incarcerates over 125,000 people and holds under 6,000 or 4.78%,

³⁹ §137(6)(j)(ii), §2(34).

⁴⁰ §137(6)(j)(iii), §2(35).

⁴¹ See Dr. James Austin, *Assessment and Recommendations: Mississippi Department of Corrections, Mississippi State Penitentiary, Unit 32*, p. 4-5, Aug. 15, 2007, available at: https://www.aclu.org/files/pdfs/prison/austin_report_2007august.pdf; Kupers, *Beyond Supermax*.

⁴² §137(6)(j)(iv).

⁴³ CA 2012 Testimony at 3.

⁴⁴ See United States Department of Justice, Civil Rights Division, *Investigation of the Pennsylvania Department of Corrections' Use of Solitary Confinement on Prisoners with Serious Mental Illness and/or Intellectual Disabilities*, Feb. 24, 2014, available at: http://www.prisonpolicy.org/scans/DOJ_Findings_Letter_Issued_by_DOJ_2_24_2014.pdf.

in solitary confinement.⁴⁵ California is currently under intense scrutiny to reduce its use of solitary confinement.⁴⁶

The New York City Bar Association's Committee on International Human Rights report, *Solitary Confinement in U.S. Prisons*, examined conditions in the country's supermax facilities and concluded that "[c]onditions of extreme isolation and restriction should be imposed only when an extremely serious threat to prison safety has been established, and even in such circumstances supermax confinement should be for the shortest time possible and [incarcerated persons] should be afforded due process, and an opportunity to contest the confinement and appeal."⁴⁷ It is clear that in New York prisons and jails, people are placed in long-term isolation for conduct that does not involve serious threats to prison safety.

Many people are sent to isolation for violations that are neither violent nor involve serious threats to the safety of the prison population or staff. The NYCLU *Boxed In* report analyzed DOCCS disciplinary data from 2007 to 2011 and found that of the 68,000 disciplinary hearings resulting in a SHU sentence, only one in every six violations was due to violent misbehavior, specifically assaults or weapon possession.⁴⁸ People were often sent to the SHU for such non-violent offenses as failing to follow a staff member's orders (35,000 SHU sentences representing 15% of all SHU sentences), loss or destruction of state property (6,000 sentences), or failure to follow facility movement regulations (4,000 sentences).⁴⁹ Equally disturbing is placing people in long-term isolation for several months to a year for using drugs or alcohol in the prisons. From 2007 to 2011, DOCCS held more than 21,000 hearings for drug-related infractions, with more than 95% of these hearing resulting in conviction. DOCCS guidelines provide SHU sentences up to three months in isolation for a first drug violation, three to six months for a second drug violation, and six months to a year for a third infraction.⁵⁰ Unfortunately, persons found guilty of using these substances who are sent to isolation are not provided any treatment while segregated, but are left in isolation without the tools to address their addiction.

The HALT Act will ensure that only people who engage in significant misbehavior that requires some sustained therapeutic or rehabilitative intervention will be isolated up to 15 days or

⁴⁵ See Sal Rodriguez, *How Many People are in Solitary Confinement in California's Prisons?*, Solitary Watch, Dec. 4, 2013, available at: <http://solitarywatch.com/2013/12/04/many-california-prisoners-solitary-confinement/>.

⁴⁶ See Joint Informational Hearing on California Department of Corrections and Rehabilitation's Proposed New Policies on Inmate Segregation, CA Senate and Assembly Public Safety Committees, Feb. 11, 2014, Transcript available at: <https://docs.google.com/file/d/0B1h2IGAZ4VXvRDQyam5FMFNxRHhUOHZjaGY3U2RURtlpdDRB/edit>.

⁴⁷ City Bar Supermax Report at 22. This report focused on specialized segregation facilities that isolated people for disciplinary or administrative reasons in conditions that are similar to SHU isolation. The term "extreme isolation" addresses long-term isolation in conditions comparable to isolation in New York prisons.

⁴⁸ *Boxed In* at 20-21.

⁴⁹ *Id.* at 19.

⁵⁰ *Id.* at 21.

separated from the rest of the prison population for more than 15 days, and that these individuals will receive appropriate programs or therapy to address these issues.

BANNING THE PLACEMENT OF VULNERABLE GROUPS IN ISOLATION

Certain people should never be placed in isolation either because isolation itself can have more devastating effects on them, or because they are more vulnerable to abuse while in isolation. Research has demonstrated that a young person continues to develop mentally and socially through their mid-20s. Therefore a person who is 16 to at least 21 years old should never be placed in isolation because of the particularly negative effects on that person's psychological and social development. Similarly, a person who has mental health needs or physical disabilities that are only going to be exacerbated by isolation should never be subjected to such confinement. Additionally, members of the LGBTI community placed in isolation have often faced additional abuse by staff, even when such isolated confinement is purportedly for their own protection. Overall, young people, elderly people, people with disabilities, people with mental health needs, pregnant women and recent mothers, and members of the LGBTI community should never be placed in isolated confinement.

Accordingly, the HALT Solitary Confinement Act bans any length of isolated confinement of people in such vulnerable groups, including any person: (a) 21 years or younger; (b) 55 or over; (c) with a physical, mental, or medical disability; (d) who is pregnant or a recent mother; or (e) who is or is perceived to be LGBTI.⁵¹ If these individuals have to be separated from the general population for any length of time, they need to be placed in the more rehabilitative and therapeutic RRUs.

Many experts have concluded that the impact of solitary confinement is particularly serious for young people and people suffering from mental illness. The 2012 report of Human Rights Watch and the ACLU, *Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States*, details the differences between youth and adults in terms of their brain development, their ability to control their behavior, and the greater vulnerability of young people to adverse consequences from isolation.⁵² Scientific research now recognizes that young people process thoughts, feelings and information in a different way because their frontal lobes are still developing. Specifically, they have less ability to inhibit impulses, weigh the consequences of their actions, prioritize actions and strategize. Consequently their decision-making processes are adversely impacted by impulsivity, immaturity and an under-developed ability to fully appreciate the consequences of their actions.⁵³

Moreover, young people respond differently to isolation, making its impact even more detrimental to their physical, emotional and mental development. Research shows that they

⁵¹ §137(g), §2(32).

⁵² Human Rights Watch/American Civil Liberties Union, *Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States*, 2012 (“*Growing Up Locked Down*”), available at: <https://www.aclu.org/files/assets/us1012webwcover.pdf>. See also *NYS Bar Solitary Confinement Report* at 8-9.

⁵³ *Growing Up Locked Down* at 15-16.

subjectively perceive the duration of isolation as lasting longer than an adult would experience, making young people's detention even more onerous to them. Young people are also undergoing dramatic physical and psychological changes at that age, and any extended isolation can cause serious emotional problems, increase stress, lead to anxiety, rage and insomnia, and result in episodes of self-harm and suicide.⁵⁴ In addition to calling for a prohibition on isolation beyond 15 days for any person, the UN Rapporteur also condemned any form of isolation for any length of time for young people.⁵⁵

As noted above, experts have also documented the significant psychological harm caused to anyone placed in isolation. These include social withdrawal; anxiety; panic attacks; irrational anger and rage; loss of impulse control; paranoia; hypersensitivity to external stimuli; severe depression; difficulties with thinking, concentration and memory; confusion; and hallucinations.⁵⁶ Moreover, long-term isolation of people already suffering from mental illness increases the risk that they will suffer adverse psychological harm and can enhance the severity of such symptoms. For example, psychiatrist Stuart Grassian studied the impact of isolation on incarcerated persons and concluded "the presence of a preexisting personality disorder or impairment of psychosocial functioning was associated with increased risk of incapacitating fearfulness, paranoia, agitation, and irrational aggression toward staff."⁵⁷ Psychologist Craig Haney, who studied people confined at California's Pelican Bay isolation unit, concluded that those with preexisting mental illnesses put in solitary confinement "are at greater risk of having this suffering deepen into something more permanent and disabling."⁵⁸

Although New York State has already enacted the SHU Exclusion Law,⁵⁹ which generally prohibits placement of seriously mentally ill persons in isolated confinement beyond 30 days, more should be done to reduce the harm caused by isolation for the vulnerable population of people with mental health needs. First, the SHU Exclusion Law does not apply to people in jails throughout the state. New York City alone confines almost 1,000 people in isolation, of whom 41% suffer from mental illness. A report by two mental health experts solicited by the New York City Board of Corrections recently exposed the adverse consequences to people with mental illness in the solitary confinement units of City jails.⁶⁰ Second, despite the SHU Exclusion Law, many people with mental illness are still being sent to isolation in the state prisons. As of June 2013, about 700 people receiving mental health services were still being confined in isolation without receiving any substantial mental health care. As the UN Rapporteur and nearly every expert has concluded, mental health patients are at great risk of experiencing severe harm from isolation and therefore should be excluded from this sanction. The UN

⁵⁴ *Id.* at 20-32. See also *NYS Bar Solitary Confinement Report* at 8-9.

⁵⁵ *UN Rapporteur Report* at 23.

⁵⁶ *Psychiatric Effects of Solitary* at 335-36.

⁵⁷ *Id.* at 348.

⁵⁸ Haney at 142.

⁵⁹ SHU Exclusion Law of 2008, codified as amendments to N.Y. Mental Hyg. L. § 45 and N.Y.Corr.L. §§ 2, 137(6), 401, 401-a.

⁶⁰ Gilligan and Lee Report at 3-7.

Rapporteur called for a prohibition on any length of isolation for people with mental disabilities, and concluded that:

Research has shown that with respect to mental disabilities, solitary confinement often results in severe exacerbation of a previously existing mental condition. Prisoners with mental health issues deteriorate dramatically in isolation. The adverse effects of solitary confinement are especially significant for persons with serious mental health problems which are usually characterized by psychotic symptoms and/or significant functional impairments. Some engage in extreme acts of self-mutilation and even suicide.⁶¹

The HALT Solitary Confinement Act will eliminate the unnecessary suffering of vulnerable people in isolation and instead provide a more appropriate and supportive environment. Such people should not be subjected to further deterioration of their mental and physical health, but rather correctional authorities should respond to any problematic behavior these individuals exhibit with interventions that will be effective and humane.

STAFF TRAINING, PROCEDURES, TRANSPARENCY, AND ACCOUNTABILITY

Finally, the HALT Solitary Confinement Act would help to enhance staff skills, procedural protections, transparency, and accountability with regard to the use of isolation and separation. HALT would require that staff working on isolation units or RRUs receive an initial 40 hours of training plus 24 additional hours annually. It would also require hearing officers to receive an initial 40 hours of training plus eight additional training hours annually.⁶² The training for staff on the units would be developed in consultation with trauma, psychiatric, restorative justice, and other relevant experts, and focus on the purpose and goals of the therapeutic environment and dispute resolution methods. Currently, staff's lack of additional skills and tools to work with people with serious needs or problematic conduct results in the overuse of discipline as the primary response to such people's infractions, as indicated by the nearly 150,000 disciplinary tickets issued each year.⁶³ The training required by HALT would provide staff with greater skills for working with these individuals, rather than using disciplinary tickets as the primary response. Staff would learn to de-escalate conflicts and address misconduct in a non-punitive manner. The training for hearing officers would focus on the effects of isolation, due process rights, and restorative justice remedies, in order to ensure that all hearing officers understand the implications of sending someone to solitary confinement, as well as potential alternatives.⁶⁴

For procedural protections, the HALT bill would require, for instance, that people facing the possible imposition of isolated confinement be allowed to have legal representation by pro

⁶¹ *UN Rapporteur Report* at 19 (citations omitted).

⁶² Proposed §137(m).

⁶³ CA 2012 Testimony.

⁶⁴ Proposed §137(m)

bono lawyers, law students, or approved paralegals or peer advocates.⁶⁵ Although people are facing the prospect of the most severe punishment of isolation, they are not currently allowed to have any representation and are only, in limited circumstances, able to receive some assistance from prison employees.⁶⁶ Also, although currently there are hearings with some due process protections, as noted above approximately 95% of the people charged with the relatively more serious prison rule violations resulting in isolated confinement are found guilty at those hearings,⁶⁷ a statistic that raises questions about the fairness and effectiveness of the process provided. In addition, the vastly disproportionate imposition of isolated confinement for African Americans⁶⁸ also raises serious concerns about bias in the disciplinary process. Allowing people to have some form of representation could help to make the process fairer before the imposition of such a harsh penalty.

HALT would also establish a presumption against the imposition of new sanctions of isolated confinement while someone is in isolation or in an RRU and require that a person in isolation have various opportunities to be released from an RRU.⁶⁹ Under the Bill a person could be released from an RRU due to the expiration of a disciplinary sentence, progress toward completing program and treatment goals, diminution of risk of harm to others, or expiration of a one-year deadline unless an outside independent agency approves continued placement, based on exceptional circumstances.⁷⁰ Such provisions are necessary because, as noted above, currently people frequently accumulate additional disciplinary tickets and in turn additional SHU time while they are in isolated confinement which results in separation from the general population for months, years, and even decades at a time.⁷¹

With respect to transparency and accountability, HALT would require mandatory periodic public reporting on the number and characteristics of people in isolation or RRUs, and the lengths of time separated. The bill would also require oversight by independent, outside agencies on the use of isolation and separation, including the Justice Center, which currently monitors the SHU Exclusion Law, and the State Commission of Correction, which currently monitors some conditions in local jails. These provisions are necessary to ensure that the public knows how isolation and separation are being used, and to hold state and local corrections departments accountable for effectively carrying out the provisions of the law. There is currently very little public reporting on the use of solitary confinement, and obtaining information through the Freedom of Information Law (FOIL) can be a long, difficult process because of the inability

⁶⁵ Proposed §137(k)(i).

⁶⁶ N.Y. Comp. Codes R. & Regs. tit. 7, § 251-4.1(a) (1997).

⁶⁷ CA 2012 Testimony at 3; *Boxed In* at 19 (documenting hearings determined solely on the disciplinary ticket and the correction officer's testimony).

⁶⁸ See *Boxed In* at 24. While African Americans represented less than 15% of the total state population, they represented nearly 50% of the people in prisons and 59% of the people in extreme isolation.

⁶⁹ Proposed §137(l)(i-vi).

⁷⁰ *Id.*

⁷¹ See CA 2012 Testimony at 3-4; *Boxed In* at 1, 22, 31.

or unwillingness of the departments of corrections to provide information.⁷² Moreover, because of the limitations of the grievance process, the courts' great deference to corrections officials, and the lack of outside monitoring,⁷³ there is little accountability for the use of isolation. Overall, HALT would better equip staff and provide greater fairness, transparency, and accountability in the use of isolation and separation.

CONCLUSION

Isolated confinement in state and local correctional facilities is adversely impacting thousands of people each year and results in well-documented harm to those who are forced to live under conditions that are unnecessarily harsh and often rise to a level of torture. In New York, far too many persons are placed in isolation for far too long, and they are unnecessarily deprived of basic human needs of social interactions, intellectual engagement, vital treatments and even human contact. The state must turn away from a solely punitive response to misconduct within our correctional institutions to one that entails some measure of treatment, programs, and engagement that have a much greater likelihood of curtailing such conduct and of leading to better outcomes for the affected persons, the correctional institutions, and society. Isolation has repeatedly been shown to be ineffective, and the HALT Solitary Confinement Act is an appropriate response to curtail unnecessary suffering, while providing state and local facilities the tools they need to protect all those inside our jails and prisons and ensure greater public safety for all our citizens.

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⁷² See *Boxed In* at 22.

⁷³ See, e.g., *Boxed In* at 48.