Statement by James Gilligan, M.D.
to the Senate Judiciary Committee
For the Hearing on
The "Legacy of Harm: Eliminating the Abuse of Solitary Confinement"
April 16, 2024

I wish to thank Senator Durbin and the Senate Judiciary Committee for holding this hearing on the need to eliminate the abuse of solitary confinement. I encourage the Senate, the House of Representatives, and the President to enact the End Solitary Confinement Act, S3409/HR4972. This Act would take a crucial step toward evidence-based, empirically proven methods of preventing the lethal violence toward self and others, and the precipitation or exacerbation of severe psychopathology, that follows from solitary confinement.

This Act would do so by banning solitary confinement beyond four hours for de-escalation or emergencies, and promoting the very opposite of the social isolation and sensory deprivation that solitary confinement consists of – by giving those who have been sentenced to prison the opportunity to have access during most of their waking hours to meaningful, constructive and appropriately structured social interactions and relationships in a shared space with mental health professionals, educators, religious counselors, family members, personal friends, attorneys and others, including their fellows among those who have been incarcerated.

My Background and Experience

I say this based on my experience as a psychiatrist who has designed, directed and participated in therapeutic and research programs aimed at discovering the causes of violence and the methods of preventing it, in prisons, jails and communities throughout the United States and around the world, since 1967. In 1977 I became the director of the Institute of Law and Psychiatry at McLean Hospital, the main psychiatric teaching and research hospital of the Harvard Medical School. As a result of state and federal court decisions, that appointment led to my becoming the Medical Director of the Massachusetts prison mental hospital for the "criminally insane," and then the Clinical Director of the Prison Mental Health Service for the entire Massachusetts prison system, until 1992.

To illustrate some of what I learned about the effects of solitary confinement during that time, I will mention the following two examples. When I was still working only in the prison mental hospital, a man in one of the regular prisons, who was in prison for a non-violent crime, repeatedly disobeyed enough orders from correction officers that he was punished more and more severely until he was finally placed in solitary confinement, where after two years or more in solitary he had reached the end of his prison sentence and was released to the community. Within two days of his release, he had killed one M.I.T. student and attempted to kill another, who had picked him up as a hitch-hiker. When I discussed this case with one of the older and wiser correction officers in the prison mental hospital, he commented, "You can lock a dog in a closet for a month – but I don't want to be the one who is standing at the door when you let him out."

By way of contrast, when I became director of mental health programs for all of the state's prisons, I was asked by correction officers to help them understand and deal with a man in the maximum-security prison who was in solitary confinement, and who, whenever they let him out of his cell for his required one hour of out-of-cell time per day, he would attack them, essentially "going berserk." He did have a history of violent crime, but not of mental illness. When I interviewed him, I discovered that he was suffering from delusions of persecution (he thought the

correction officers were planning to kill him) and hallucinations (confirming the delusions). So I had him transferred to the prison mental hospital, where he was housed in one of the small houses patients lived in there, and was treated with respect by people who asked him what was troubling him, and what could they do for him. His delusions and hallucinations disappeared, he neither committed nor threatened any more violence, he was perfectly rational, and he engaged in constructive work activities in the hospital – even writing me a thank-you note for getting him out of solitary confinement (which was clearly what had provoked his psychotic symptoms).

I am not suggesting that solitary confinement alone produces the amount of violence that our prisons have been experiencing since we invented the modern prison system a little more than two centuries ago. What I am saying is that eliminating solitary confinement dramatically reduces the amount of violence, not only in the prisons, but also in the community, after those subjected to solitary are released from prison.

Let me mention another example which I know from my own personal experience. Beginning in 1997, my colleague Dr. Bandy Lee and I designed a violence-prevention experiment with violent offenders in jails of the City and County of San Francisco. Among other improvements (and with the cooperation and agreement of a very progressive Sheriff, Michael Hennessey, and his Program Director, Sunny Schwartz, both of whom were lawyers), we eliminated the use of solitary confinement.

When these plans were announced, many correction officers petitioned to be transferred to another jail, because they were convinced that this would lead to riots in which incarcerated persons and correction officers would be killed. In fact, the rate of in-house violence became so much lower that correction officers then began to request to be transferred back into that jail, because it had become the safest place in the whole correctional system, not just for those who have been incarcerated but also for correction officers.

The secret was that instead of relying on solitary confinement as the means of preventing violence, we provided intensive, structured educational and psychotherapeutic programming 12 hours a day, six days a week – with no need for solitary confinement at all. This program was more expensive than an ordinary jail, of course, because of the intensive programming, but we were able to show that it actually saved the taxpayers $4 for every $1 spent on it, because the rate of re-incarceration (recidivism) was so much lower; and few things are more expensive than keeping a person in jail. As the old saying goes, a year in jail would pay for a year in Yale – and that is literally true.

What was the result? The rate of violent assaults within the jail dropped from 44 per 100 incarcerated persons per year, prior to the introduction of the new program, to literally *zero* during the first full year the program was in operation, while it continued at a comparable rate of 50 per year among a "control group" of incarcerated persons in an ordinary jail. The control group was identical to the experimental group in terms of age, ethnicity, education and most other demographic characteristics, except for the fact that the experimental group was actually five to six times *more* likely to be in the jail because of a violent crime, or a crime "against a person," so that their total non-violence in the jail was even more remarkable. And the program participants' rate of arrests for new violent crimes after release from the jail was 83% lower than it was in the control group, despite the fact that they had much higher histories of previous violent crimes than the control group did.

This experiment in violence prevention (without any solitary confinement) was so successful that it won a major national prize from the Ash Institute at Harvard's Kennedy School of

Government, in a competition with some 800 other nominees from every state in the country, for "innovations in American governance."

What Does Other Research Show?

The Commission on Safety and Abuse in American Prisons, which I served as one of the Commissioners, concluded in 2006 that "the increasing use of high-security segregation is counter-productive, often causing violence inside facilities and contributing to recidivism after release." But in addition to my own personal experience, what I have just described is consistent with all of the research by others with which I am familiar. Since the 1950s, there has been a small library of research confirming that social isolation and sensory deprivation are capable of producing hallucinations, delusions and disordered thought processes, paranoia, depression, claustrophobia and other anxiety syndromes including post-traumatic stress, as well as suicidal and homicidal behavior, self-mutilation, etc.

But this is neither original nor surprising. After all, Aristotle observed more than two thousand years ago that human beings are social animals (*zoon politikon)*. Or to put it in more modern terms, we have been designed by evolution to live in groups, not in isolation. So if you deprive people of social relations what you get is inhuman behavior, and abnormalities in psychological and neurological functioning.

Both the United Nations and the European Court of Human Rights have declared that prolonged solitary confinement is an "inhuman, cruel and degrading" form of punishment, and may be considered to constitute a form of torture. For example, the United Nations Committee on Torture declared in 2014 that the United States was violating the Convention Against Torture by our excessive use of solitary confinement. Speaking of its excessive use, I have personally interviewed people who have suffered as many as *thirty years* of uninterrupted solitary confinement in American prisons, despite their absence of violent behavior! And if skeptics were to claim that solitary confinement is not torture because it causes only psychological pain, not physical, I would remind them that John McCain and Nelson Mandela have both stated that they found solitary confinement more painful and intolerable than the physical tortures to which they were subjected.

In conclusion, I can only recommend that the Senate, the House and the President sign the End Solitary Confinement Act into law as soon as possible. It will reduce the amount of both legal and illegal violence and suffering in our prisons. It will make our communities safer to live in. It will save our taxpayers money. And it will bring us into conformity with evolving international laws and norms against the use of torture as an acceptable form of punishment. It is long overdue.