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Members, U.S. Senate Judiciary Committee
Re: Testimony Regarding *Legacy of Harm: Eliminating the Abuse of Solitary Confinement*
Tuesday, April 16, 2024, 10 AM

Dear Hon. Senators:

Thank you for holding this hearing on solitary confinement. Solitary confinement is a horrific and counterproductive practice, and it must be eliminated in all forms of federal custody, as well as in states and localities across the country. The End Solitary Confinement Act, S3409/HR4972, is a very important step toward the creation of a correctional system that accomplishes rehabilitation rather than harsh punishment for punishment's sake, and I strongly urge its passage.

I am a forensic psychiatrist with fifty years experience testifying as an expert witness in state and federal courts about the effects of prison conditions including solitary confinement, the quality of correctional mental health services, and the damaging effects of sexual abuse behind bars. Solitary confinement causes great human damage, and actually does not have any benefits. Research indicates it does not reduce violence behind bars, and in states where the population in solitary confinement has been reduced and alternative rehabilitation and mental health programs have been established, the result has actually been a statewide reduction in the rate of prison violence. After thirty years that have seen the construction of supermax solitary confinement units in 44 states and the federal system, the rate of violence in the prisons remains high and the gang problem continues unabated. Meanwhile the psychiatric damage wreaked by solitary confinement is immense and very long-lasting.

The harm of solitary confinement stems from social isolation and forced idleness. Human beings are social creatures who need human engagement and meaningful productive activities to sustain mental stability, healthy relationships and productive pro-social pursuits. Forced isolation leads to a decimation of life skills, including the capacity to resolve differences peacefully, and that explains why there is less violence in the prisons when the use of solitary confinement declines.

In solitary, relatively stable people evolve very debilitating psychiatric symptoms, including massive anxiety, problems with thinking that too often takes the form of paranoia, great difficulty with concentration and memory such that people report they no longer even try to read because they cannot remember what they read the page before, severe depression, mounting anger, and compulsive repetitive acts including pacing, counting and cleaning their cell multiple times per day. Non-suicidal self-harm, including cutting, cutting off body parts and swallowing or inserting foreign objects under the skin, is widespread in solitary confinement units. People with serious mental illness, and those who are predisposed to mental illness even if they have not yet suffered a "breakdown," evidence greatly exacerbated mental illness. As a psychiatrist with 50 years of clinical experience, the most disturbed patients I have ever examined are people I encountered in solitary confinement settings.

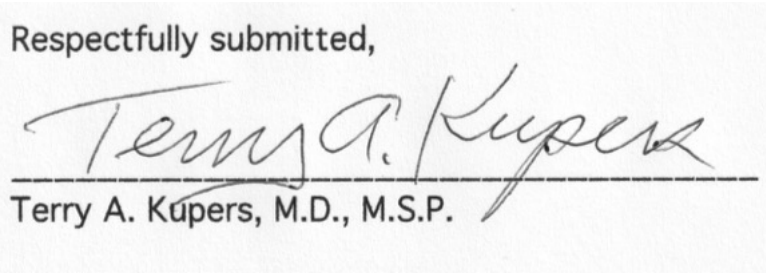
Suicide is epidemic in solitary confinement because of the despair the isolation induces. Nearly 50% of suicides in federal Bureau of Prisons facilities occur among the approximately 8% of people in solitary confinement at a given time. It is no surprise that individuals who have spent significant time in solitary are at a much-heightened risk of substance abuse and crime subsequent to their release from prison. They also have an increased mortality rate from all causes in the year following their release. Solitary confinement is disproportionately inflicted on Black, LatinX, Native American people and other people of color. Possibly the worst damage done by solitary confinement is the long-term harm, the large number of people who leave prison after years in solitary and fail to re-integrate into their families, fail to succeed in work, and eventually have to return to prison. Solitary confinement worsens recidivism rates.

Widespread solitary confinement was what I term "a historical wrong turn." In the 1980s violence occurred in the nation's prisons, including riots and deaths. Correctional authorities threw up their hands in dismay. Experts including me recommended downsizing the prison population because the crowding that was occurring by the 1980s is known to correlate with high rates of violence, psychiatric breakdown and suicide. And we advised re-invigorating rehabilitation programs that had been shut down or downsized out of fear of "coddling prisoners." Correctional authorities rejected our advice and said the real problem was the bad apples among people incarcerated, "the worst of the worst," and they would proceed to build entire cellblocks or prisons dedicated to solitary confinement. That is when the human damage really accelerated.

The United Nations Special Rapporteur on Torture declared solitary confinement to be torture if imposed for any length of time for purposes of punishment, if imposed on young people or people with mental health needs, or if imposed in any circumstances for more than 15 days. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) – adopted by the entire United Nations General Assembly, including the U.S. government – prohibit more than 15 days of solitary confinement, as do the standards of the National Commission on Correctional Health Care (N.C.C.H.C.) in the USA. Based on my experience and on studies conducted, any length of time in solitary confinement, including measured in days or even hours, can have severely harmful effects on people's physical and mental health.

The alternative to solitary is healthy and educational programming, improved mental health treatment, vocational training, support for ongoing visits with loved ones, and educational programs. These interventions are at the core of the mission of the Bureau of Prisons, and equally apply for people in immigration detention. Successful models have been adopted in various facilities around the country, where intensive, program-based interventions have shown much better health and safety outcomes. In line with best practices in mental health settings, youth settings, and model programs in adult correctional settings, the End Solitary Confinement Act will rightfully prohibit solitary confinement beyond four hours and instead allow alternative forms of separation that do not have the harmful effects of solitary confinement and utilize these proven types of programming and engagement. Enacting and implementing the End Solitary Confinement Act will reduce immense suffering and harm, save lives, and improve safety for everyone inside of facilities and in outside communities. We have evolved an expertise in peacefully removing people from solitary confinement and transferring them to the programs that will alleviate the behaviors that originally led to their consignment to solitary confinement. It is time to greatly diminish the utilization of solitary confinement in U.S. prisons, and the federal End Solitary Confinement Act is a critical step toward accomplishing that goal.

Thank you for considering my comments.



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