Testimony to the Senate Judiciary Committee
For the 'Legacy of Harm: Eliminating the Abuse of Solitary Confinement' Hearing
By Bandy X. Lee, M.D., M.Div.

My name is Bandy Lee, and I thank Honorable Chair Dick Durbin and the Senate Judiciary Committee for holding this important hearing on the need to eliminate the abuse of solitary confinement. Solitary confinement is one of the worst forms of torture for human beings, who psychologically and socially need human interaction for survival. At the same time, despite its purported safety justification, it is far from an effective prevention strategy for violent behavior and is instead a government practice that directly causes violence and worsens safety for everyone. I therefore urge the Senate, the House of Representatives, and the President to enact the End Solitary Confinement Act, S3409/HR4972, which would be a crucial step toward scientifically-proven methods of violence prevention.

My Background

To briefly give my background, I am a forensic psychiatrist and expert on violence who taught at Yale School of Medicine and Yale Law School for seventeen years, before transferring to Harvard Medical School, where I am a faculty member of the Harvard Program in Psychiatry and the Law. I am president of the World Mental Health Coalition, cofounder of the Violence Prevention Institute, and project group leader for the World Health Organization (WHO) Violence Prevention Alliance. I served as director of research for Harvard's Center for the Study of Violence, as well as co-founded and directed Yale's Violence and Health Working Group at the MacMillan Center for International Studies. I have consulted with governments on prison reform and community violence prevention, such as New York, Connecticut, Massachusetts, Alabama, California, Ireland, and France. I am a past fellow of the National Institute of Mental Health and recipient of the National Research Service Award. I also coauthored an expert report that helped initiate reforms at Rikers Island, a correctional facility in New York City known for extreme levels of violence. I authored a widely-used, authoritative textbook, *Violence* (Lee, 2019), 17 edited scholarly books and journal special issues, over 100 scientific articles and chapters, and over 300 opinion articles in outlets such as the *Guardian*, the *New York Times*, the *Boston Globe*, the *Independent*, and *Politico*. In addition to the WHO, I have served as an expert consultant for the United Nations, UNESCO, and the World Economic Forum.

The Torture of Solitary Confinement

There is now abundant evidence that solitary confinement causes unimaginable suffering and is extremely detrimental to mental and neurological health, as well as to overall safety. This was already evident over 180 years ago, when Charles Dickens, upon visiting the Eastern State Penitentiary, called it: "slow and daily tampering with the mysteries of the brain … immeasurably worse than any torture of the body." Both Nelson Mandela and John McCain

have said that being placed in solitary confinement was more unbearable to them than any of the physical tortures to which their jailors subjected them.

Mounting research shows that even short periods of time in isolation, measured in hours, can have severe effects on certain people. This is consistent with my experience as a psychiatrist who has specialized in treating violent offenders for twenty-five years. Everything about the human makeup, including the overblown frontal brain that is the social center, point to the centrality of social interaction for human neurological and psychological health. Additionally, the shaping of brain structure well into a person's twenties and thirties, not to mention continually changing connections after that, make social input critical to health, maintenance, and survival.

The toxic combination of physical and social isolation, sensory deprivation, and forced idleness, causes increases in anxiety, depression, impulse control problems, and psychotic symptoms. It can also induce a "psychiatric syndrome" in previously healthy individuals, consisting of hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, anger, paranoia, and numerous other physical and psychological problems. These circumstances are also a predictor of self-harm and suicide. Tragically, we know that this form of torture leads to people cutting themselves, setting fires in their cells, engaging in more aggressive and difficult behavior, and even dying by suicide and other health impacts.

Depriving people of social interaction and sensory stimulation, therefore, has been shown experimentally and clinically to increase suicidal and homicidal behavior. Like other studies that have shown that people in solitary confinement are between five to six times more likely to die by suicide and seven to twelve times more likely to engage in acts of self-harm and suicide attempts, the recent report by the Department of Justice Office of the Inspector General documented that 46 percent of all suicides in Bureau of Prisons custody took place in solitary confinement, at a rate six times higher than the rest of the prison population. The United Nations (UN) and the European Court of Human Rights have both declared prolonged solitary confinement a form of torture, and a UN special rapporteur on torture has highlighted the severe psychological and physical harm that result from prolonged solitary confinement, especially for people with mental illness.

Solitary Confinement Directly Causes Violence

Solitary confinement, in addition to being inhumane and deadly, is counterproductive as a way to manage out-of-control behavior. Rather than reducing violence or recidivism, it is a form of violence in itself that causes individuals to become much more likely to engage in behavioral violence as a result of worsened mental symptoms, anger, rage, impulse control issues, loss of identity, confusion, or delirium-like states that result directly from social isolation and sensory deprivation. The more severely people are punished, the more violent they are likely to become.

This vicious cycle keeps incarcerated people and jail staff in a chronic state of war with one another, and increases violence in incarcerated people after they are released into the community.

Alternative Approaches that Reduce Violence and Improve Health

On the other hand, innovative and highly effective approaches exist, and do a much better job at improving safety. For example, my colleague, Dr. James Gilligan, and I evaluated and helped design a program in the San Francisco jails—the Resolve to Stop the Violence Project (RSVP)—which solved the problem of violence through intensive social engagement! Indeed, it placed persons charged with assaults, sexual assaults, and other violent acts in an open dormitory, where they spent six days a week, twelve hours a day with their peers in intensive educational, psychotherapeutic, and other violence-prevention programming, and solitary confinement was not used at all. As a result, in-house violence dropped to zero after the first month, and the rate of violent re-offenses after returning to the community was 83 percent lower in the first year compared to an otherwise identical control group. Perhaps even more astonishingly, these results were achieved by many men with lifetime histories of violent crime.

Contrary to predictions of riots and mayhem, once the program was underway, it became the most popular jail for the correctional staff, as it was the safest. It went for an entire year without a single felony-level incident, whereas in the exact same jail, such incidents occurred at the rate of one per week before the program. Despite the greater upfront costs of intensive programming, the project saved taxpayers and the community 4 dollars for every 1 dollar spent on it, from the reductions in recidivism and the lowering of injuries among correctional officers. Indeed, this program went on to win the "Oscar" of government programs, has been replicated in multiple countries around the globe, and has now become one of the premier alternative programs to solitary confinement in the United States.

Ending Solitary Confinement is Urgently Needed

Given the known harmful and counterproductive impacts, and given that they are disproportionately inflicted on Black people and other minorities, the continued use of solitary confinement is unconscionable. Right now, there is a crucial opportunity for the federal government to move away, finally from these failed, counterproductive approaches and instead to replace them with well-studied, successful models. The End Solitary Confinement Act presents this opportunity. Following best practices in youth and mental health settings and in the type of model interventions described above, the Act would prohibit solitary confinement after a period of four hours, and instead allow for the types of de-escalation and engagement used in the RSVP program. People under the Act could be separated from the general facility population for extended periods of time, through access to fourteen hours of daily out-of-cell time with group programming and activities. If the Bureau of Prisons and immigration detention facilities were to implement an RSVP-like evidence-based approach under the End Solitary Confinement Act, they could reduce violence, improve people's health, and save lives, rather than inflicting

devastating, irreparable harm that stimulates more violence and decreases the safety of facilities and the public.

I therefore ask that the Senate, the House, and the President enact this critical, End Solitary Confinement Act to end this practice of torture and instead to utilize scientifically-proven violence prevention methods, following the years and decades of cumulative research and knowledge about well-established, beneficial alternatives. While this Act would only be the beginning of addressing the interconnected crises plaguing Bureau of Prisons facilities and immigration detention facilities, it presents a long overdue step in the right direction. Above all, it follows a transformative model for public safety that promotes health, protects basic human rights, *and* stems violence.