



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK
Jumaane D. Williams

**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEE ON CRIMINAL JUSTICE
SEPTEMBER 28, 2022**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank Chair Rivera and the members of the Committee on Criminal Justice for holding this incredibly important hearing.

I want to begin by calling solitary confinement what it is: torture. It is cruel. It is inhumane. It can ruin people's lives, and too many do not survive it. Many try to mask the practice of isolation with euphemistic names like punitive segregation, but there is no difference—it is solitary confinement. Prolonged isolation that looks like, feels like and acts like solitary confinement—is solitary confinement. Physical isolation coupled with the lack of meaningful social interaction causes or exacerbates trauma, as well as other mental health issues. Solitary confinement does not only impact the individual; entire communities mourn the losses of their parents, siblings, children, and friends. We have already lost sixteen people in the jail on Rikers Island so far this year, and I am committed to doing everything in my power to end this crisis.

People who experience isolation in jails and prisons suffer socially, mentally, emotionally, and financially, both while incarcerated and after release. No one leaves solitary confinement whole. They struggle with the lasting effects of trauma and are disproportionately more likely to die by suicide or homicide. They are also at increased risk for homelessness and substance use: a 2019 North Carolina study found that survivors of solitary confinement were 127 times more likely to die from an opioid overdose within two weeks of their release.¹

That is why I have introduced Intro 0549-2022, which would ban the use of solitary confinement in city jails as implemented by Department of Correction (DOC), as well as provide individuals in DOC custody due process protections following an incident and prior to being placed in restrictive housing or continued use of restraints. I want to express my gratitude to Speaker Adrienne Adams and my colleagues in the City Council for sponsoring this bill. I urge Mayor Eric Adams to reevaluate his position on solitary confinement. Ending this practice in our jails is not "silly," as he has expressed; it is life-saving, it is urgently needed, and it is long overdue.

I acknowledge that there are situations in which separation from the general population is necessary to protect the safety of those incarcerated and staff. I have worked closely with advocates to design a bill that addresses safety concerns while ending the harmful practice of solitary confinement and allows for necessary separation. We need to take care to separate and not resort to prolonged isolation, a distinction that my bill outlines.

Under this legislation, the DOC shall not place an incarcerated individual in a cell, other than at night for sleep, for more than eight hours in any 24-hour period, or during the day for more than two hours in any 24-hour period, unless such confinement is necessary to de-escalate immediate conflict that has caused injury or poses an immediate danger to a person's safety. In this situation, a person may not be isolated for longer than is necessary to de-escalate the conflict, not longer than four hours immediately following the conflict.

In addition, my bill provides due-process safeguards for incarcerated individuals. To place a person in the confinement permitted by this law, there must be a hearing process, and the incarcerated person and their legal team must be notified. A multidisciplinary team must meaningfully review restrictive housing placements within fifteen days.

The Correction Officers' Benevolent Association would have you believe that this bill will endanger both incarcerated

¹ <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2752350>

individuals and correction officers. Union officials are misinterpreting the legislation because they either do not understand it or they do not want to understand it. They have also claimed that my office never reached out to them to discuss the language in this bill, which is untrue. My staff has been engaged with union representatives for months regarding solitary confinement and other issues related to the humanitarian crisis on Rikers Island. The ideas in this bill had been discussed at length with some points of agreement. Attempts to gather grassroots advocates and other law enforcement stakeholders in one room to better understand the trauma of solitary confinement and explore a better solution together were met with disinterest. However, I believe union representatives would agree that placing someone in solitary confinement as a form of correction is ineffective and irreparably damaging to the individual detained.

To be clear, this bill ends the harmful practices of solitary confinement, but does not ban separation when it is necessary to protect incarcerated individuals and staff. If an incident of violence occurs, staff will still be able to immediately separate a person while they begin the process of assigning them to restrictive housing, if necessary. While there will be new procedures in place to ensure that we are not isolating individuals, a person who poses a specific and imminent safety risk will not be immediately returned to the general population to await their hearing. Once again, DOC can separate these individuals prior to their due process hearing, but they can no longer hold people in prolonged isolation. **This bill outlines a simple procedure: separate, deescalate, and investigate.**

This bill will not be an instant solution for the increased violence, self-harm, and suicides taking place on Rikers Island. We still need to decarcerate now. We still need district attorneys to drop charges in cases where there is no evidence. We need judges to stop remanding individuals when it is not needed. We need more proactive alternatives for youth. And it would be inhumane if we did not provide people with suitable healthcare in settings that maintain an individual's dignity. This bill will succeed in triggering the transformation of the DOC into an institution that will provide adequate, humane public health resources to individuals detained while awaiting trial. It will humanize all of the actors involved and interrupt an endless chain of violence by forcing our city to rightfully invest resources in therapeutic solutions for incarcerated people. This bill will make NYC safer for everyone. That is why it currently has a veto-proof majority, including the support of Speaker Adams. The bill does not introduce new or experimental ideas, but further amplifies the current NYC Board of Corrections minimum standards and decades of academic research; it is long overdue and ready to pass today.

I understand that corrections officers and administrators have concerns about the implementation of this bill, particularly around staffing. I agree that staffing is a problem and DOC must work harder to bring officers back to work. Our jails would have more staff on a daily basis if DOC would address the excessive use of sick leave. **I would also like to note that while DOC has been vocal about being dangerously understaffed, it was still able to bring busloads of officers to this hearing. NYC actually has the highest ratio of staff to incarcerated people of any city in the country.² In fact, Rikers has a higher staffing ratio than it has in decades past, even factoring in sick days and vacation days.³** Ending solitary is actually beneficial for officers' physical and mental well-being: according to the Vera Institute of Justice, corrections staff often report experiencing significantly lower stress levels and increased feelings of safety after leaving solitary to work in less restrictive units, or when working in solitary units that have implemented substantial reforms.⁴

Like many things we once thought kept us safe, solitary confinement increases problems and violence both inside our jails and outside in the community. It is our obligation to keep New Yorkers safe on both sides of the bars, and we must continue to move away from outdated practices that just create more harm. Solitary confinement as implemented by the DOC is at odds with the ultimate goal of reform and rehabilitation, and falls under the definition of torture by the United Nations.

As lawyer and activist Bryan Stevenson once wrote, "The true measure of our character is how we treat the poor, the disfavored, the accused, the incarcerated, and the condemned. We are all implicated when we allow other people to be mistreated." I look forward to working with all of you in creating a more safe, and just city.

Thank you.

² <https://www.nysfocus.com/2021/07/11/nyc-jails-hire-400-new-correctional-officers/>

³ <https://slate.com/news-and-politics/2021/09/rikers-island-is-in-crisis-its-not-caused-by-understaffing.html>

⁴ <https://www.vera.org/downloads/publications/the-impacts-of-solitary-confinement.pdf>

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September 28th, 2022

Chairperson Carlina Rivera
Committee on Criminal Justice
City Hall,
New York, NY 10007

Dear Chairperson,

As the Council Member for the 49th district and the Chair of the Committee of Public Safety, I have always worked to ensure that the public safety of all New Yorkers was at the forefront of my decision-making. For that reason, I am testifying against Intro. 0549-2022.

I want to begin by stating clearly that I am opposed to the use of solitary confinement within NYC Jails and am committed to putting an end to inhumane conditions. However, I am also committed to ensuring the safety of the men and women within the Department of Correction. As the first women majority Council, it is our responsibility to advance the rights of women and address their issues. I was moved by the gut-wrenching testimony by the majority Black and Brown Correction Officers who detailed their experiences with sexual assault and violence within city jails.

This agency has experienced a 71% increase in stabbings and slashings within the last year and over a thousand assaults on officers since January 2022. These statistics are all the more shocking when considering that almost half of all officers within the Department of Correction are women and approximately 85% of Department of Correction Officers are Black or Hispanic.

It is our responsibility to protect these officers. This legislation would do the opposite. Ensuring a safe work environment is not an option, but it is our mandate. While this legislation is a step in the right direction, it is premature and fails to provide a solution to maintain the safety of our correctional officers and non-violent inmates.

Therefore, because of the threat this legislation poses to non-violent inmates and officers alike, coupled with the lack of a reasonable alternative to the existing practice, I will be voting against this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Kamillah M. Hanks".

Kamillah M. Hanks
Council Member, 49th District



**COBA PRESIDENT BENNY BOSCIO JR's TESTIMONY
REGARDING INTRO 0549-2022: A LOCAL LAW TO AMEND
THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK
IN RELATION TO BANNING PUNITIVE SEGREGATION IN
THE CITY'S JAILS**

**Hon. Carlina Rivera
Chairwoman**

**THE NEW YORK CITY COUNCIL COMMITTEE ON
CRIMINAL JUSTICE**

NEW YORK CITY COUNCIL

September 28, 2022

Good morning, Chairwoman Rivera and members of the Criminal Justice Committee. My name is Benny Boscio. I am the president of the Correction Officers' Benevolent Association. New York City Correction Officers are essential, first responders, who provide care, custody and control of the nearly 6,000 inmates in our custody.

As you are well aware, the gross mismanagement and epic failures of the previous administration have created one of the worst crises our jails have ever faced. At the core of this crisis lies an epidemic of jail violence, fueled by the previous administration's failure to restore safety and security in our jails. If there are any meaningful lessons learned from the failures of the past, it's that prioritizing a political ideology over safety and security and governing by activism, instead of pragmatism, has failed everyone in our jails.

And yet here we are before you today as this Council, led by 36 of its members, are pushing forward with a piece of legislation that is driven solely by a political ideology rather than by data and hard facts.

I am here today to talk about the hard facts that this Committee, the Council Speaker, Adrienne Adams, and the Public Advocate, Jumaane Williams, simply choose to ignore.

A report issued by the City Comptroller last year analyzed jail violence indicators going back to 2011. The report provides a glimpse into the steady rise in violence every year. The rate of inmate fights nearly quadrupled since 2011, with an 18% increase in Fiscal Year 2021. Assaults on Staff more than quintupled since 2011, with an increase of 24% last year. In addition, there were 247 stabbings and slashings in Fiscal Year 2021, up from 123 the previous year. And only until recently, has the Department of Correction started tracking sexual assaults on Correction Officers, approximately 35 of which occurred since January 2021.

Fast forward to this year and since January, there has been over 1,100 Correction Officers assaulted by violent inmates. Slashings and stabbings were also up 99% in Fiscal Year 2022 over Fiscal Year 2021, according to the most recent Mayor's Management Report.

I have brought with me today victims and pictures of these brutal assaults. Not one of you has ever taken the time to speak to one of our officers, who have been physically or sexually assaulted, or slashed with a weapon. Not one of you has had to rush to the emergency room and witness the pain and anguish on a family's face after seeing what a violent predator did to their relative.

And yet you have the nerve to push through a Bill that will only lead to more carnage in our jails, just so you can score political points with the progressive activists that continue to hold you and many of your fellow Council Members hostage.

Despite your unwillingness to hear our pleas for help or to understand the catastrophe you are causing; you continue to justify your support of banning punitive segregation by falsely labeling it as “solitary confinement” and “torture.” For the record, we do not have a Hollywood depiction of solitary confinement in our jails, where inmates waste away in a windowless cell and are fed a loaf of bread and cup of water.

Punitive segregation is simply a jail within a jail that exists solely for violent offenders, who attack our officers and non-violent inmates. The cells in punitive segregation units are the very same type of cells that house other inmates. Inmates in punitive segregation are given more programming than other inmates, they still get access to the law library, medical clinic, recreation time, and family visits via video. Please tell me how any of those services can be considered torture?

The fact is that non-violent inmates, who never attack anyone else and simply serve their time, never end up in punitive segregation, which is

why of the approximately 6,000 inmates in our custody, only approximately 200 currently belong in punitive segregation. That's roughly 3% of the total inmate population.

When violent individuals rape, murder, stab, cut and assault innocent people on the streets of New York, each of you supports having that perpetrator immediately arrested and removed from our neighborhoods.

Yet when they commit the very same violent crimes in jail, you believe that they should get an 8-hour time out and then return to the scene of their crimes? That's not just hypocrisy, that's plain reckless. I ask each and every one of you that are sponsors of this Bill, what do we do with the individuals in our custody who continue to cut, stab, sexually assault and brutally assault our officers and non-violent inmates?

This proposed legislation will only further handcuff our members, while simultaneously emboldening the very same individuals who have committed violent crimes to commit further acts of violence in jail. We don't have to guess what will happen if the city completely eliminates punitive segregation. Former Mayor de Blasio eliminated punitive segregation for inmates ages 21 and under in 2016 and jail violence increased every year thereafter, as the data I discussed earlier confirms.

There is nothing progressive about the carnage that this legislation will cause and the fact that you continue to turn your backs as jail violence continues to soar is further evidence of your complicity in this crisis.

Don't the brave men and women who work in our jails, as well as the non-violent inmates in our custody deserve to be safe? We can't live in a society where there are no consequences or deterrents for crimes committed on our streets or in our jails.

Let me be crystal clear- your support for this Bill will not come without the blood of innocent lives on your hands. And our union will hold you and any other Council Member who votes in favor of this reckless legislation, accountable for the bloodshed this will cause.

I look forward to answering any questions you may have.

Good afternoon, I am Patrick Ferraiuolo, President of the Correction Captains' Association.

Let me take this opportunity to thank you to voice my opinion concerning Restrictive Housing in the NYC Department of Correction and why it should not be eliminated. Please allow me to tell you a little story

In 1995, I was assigned to the Otis Bantum Correctional Center (OBCC) as the Medical Services Captain on the 7x3 tour. During that time, the James A. Thomas Center (JATC), also known as the New York City House of Detention for Men (HDM), was the Rikers Island facility that housed what was then punitive segregation inmates in a unit called Central Punitive Segregation – CPSU for short. Staff at OBCC was being told that all of the inmates that were in CPSU would be moved to OBCC and housed in the Tower building, a newly built extension attached to OBCC.

While staff was anticipating receiving these inmates, many of them were anxious and concerned. During that time, I was also assigned to do the training at the 0700 hours roll call. Every day, for several weeks, I would address the concerned Correction Officers in reference to the inmates we were anticipating receiving. In an effort to keep staff secure and calm, I would tell them that there was no reason to have any concerns as long as we gave the inmates what they were entitled to – such as Programs, Social Services, Recreation, just to name a few.

I would also say to Staff that if we treat the inmates with respect and give them what they were entitled to I did not anticipate encountering any serious issues. Boy was I wrong.

The first day we received the inmates, to put it mildly, all hell broke loose. I remember coming to work that day to be met by several Correction Officers at the front gate. A couple of the female officers were actually in tears pleading for my assistance, telling me that the inmates we received in the middle of the night were attacking staff.

What had occurred was approximately 20 inmates were taken out to the recreation yard that morning and for their hourly outdoor recreation. This was supervised by ADW Russell Martin. When ADW Martin, along with staff, brought the inmates back into the building, and unhandcuffed them within the common area of the housing unit, staff was viciously attacked. Inmates began to hit staff with chairs and some actually used makeshift knives to inflict puncture wounds on Captains and Correction Officers. As I ran down to the area, I witnessed several staff members being carried out by their peers, assaulted, bleeding and seriously injured. Quite frankly, this was a rude awakening. At that moment, I felt that I had given staff a false sense of security. I couldn't, in my wildest dreams, imagine that the inmates that I thought would not give us any problems, if we gave them what they were entitled to, could be so vicious.

For me personally, it was a new day in Correction. I realized at that moment that the new generation of inmates was not what I was used to working with. They had no respect or regard for human life – neither theirs nor ours. If I were to categorize the type of inmate who was housed in CPSU, they were the most vicious and disrespectful individuals in our jail system.

I served as the Security Captain in that unit for over one year after that day. Every single inmate that was housed there belonged there – away from the general population. Although there was violence that occurred amongst the inmates housed in CPSU, the rest of the facility was relatively a safe haven for the GP inmates that were there just to either serve their time or to adjudicate their cases in court.

Up to date the DOC is riddled with gangs and violent individuals. That is why it is imperative that the City Council members allow our agency to control over Restrictive Housing, so we have a mechanism in place that allows the Department of Correction to separate violent inmates from staff and other inmates. Once again, I thank you for hearing me. I hope and pray that my testimony does not fall on deaf ears.

Patrick Ferraiuolo
President
Correction Captains' Association

September 28, 2022

Testimony Presented to the Committee on Criminal Justice regarding
Intro. 549 - Banning solitary confinement in city jails

My name is Robert Cohen. I am a physician. I was formerly the Director of Health and Mental Health Services on Rikers Island, and I served for 17 years on the National Commission on Correctional Health Care. I was appointed by the City Council to serve as your representative on the NYC Board of Correction in 2009. I am speaking today as the City Council appointed member of the Board of Correction, not as a spokesperson for the Board.

Since my appointment 13 years ago I have worked, with the constant support of the City Council, to eliminate the use of solitary confinement in New York City's Jails. Eight years ago the Board of Correction began to dismantle this tortuous system, eliminating solitary confinement for adolescents under 18 years of age, and for persons with serious mental illness.

The RMAS Program (Risk Management and Accountability System) passed by the Board of Correction in 2021 is a comprehensive Rule designed to end Solitary Confinement in NYC's jails. The Rule covers all restrictive housing areas within the jails, including de-escalation units and punitive segregation units. Commissioner Louis Molina pledged to implement RMAS repeatedly during his first six months as Commissioner.

The most important components of RMAS are:

- Attorney Representation at the infraction hearing and throughout the process
- Minimum 10 hours out of cell, socializing with at least one other person
- A strong presumption of progression out of restrictive housing with return to the general population;
- Individualized behavioral support plans;
- Steady, experienced case managers;
- Daily programming, including required therapeutic programming outside of the dayroom area; and
- Daily rounding by health and mental health staff

The Board's RMAS Plan is a significant advance in the effort to end solitary confinement in New York City's jails, but it had some significant deficiencies as well.

In particular, the Board Rule allowed DOC to utilize extremely restrictive housing in NIC, housing which Commissioner Molina has described as unsuitable for human habitation, and has committed to closing down. These cells only allow sight and sound interaction with one or two other people, on either side of a latticed steel gate, and persons locked in this unit are not provided any time out of cell. He is right. That Unit in NIC should be

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closed down. The Board Rule allowed people to be held in RMAS indefinitely, based on vague intelligence information known only to the Department

Beginning last November, Mayor diBlasio and subsequently Mayor Adams have continuously renewed Emergency Executive Orders overriding the Board of Correction's Rule regarding solitary confinement and restrictive housing. They have been joined by the Nunez Monitor, who issued an order blocking DOC from instituting RMAS last June.

It is therefore extremely important that the City Council use its legislative authority to amend the Administrative code to minimize the severe harm caused by solitary confinement, restrictive housing and "emergency lock-ins." The critical issues which Intro 549 addresses are:

1. Requiring justification and reporting for each placement in restrictive housing;
2. Requiring justification and reporting for each emergency lock-in. During the first six months of 2022 the average number of emergency lock-ins at RNDC occurred at almost twice the rate of the same period in 2021. And in 2022, the number of emergency lock-in incidents in RNDC in July was almost three times the number in January, increasing from 20 to 57;
3. Requiring regular medical and mental health evaluation for all persons in any form of restrictive housing and during emergency lock-in, and allowing for removal if required because of the persons continued confinement is medically or psychologically contraindicated.
4. Establishing the right to be represented by legal counsel or legal advocate for all persons placed in routine restraints, restrictive housing, or prolonged emergency lock-in. (I must point out that the Department of Correction will not be able to provide hearings in emergency situations prior to placing persons in restrictive housing as required by this bill, but the need for adequate and timely representation is essential, and unavailable.
5. Limiting the time that people may be placed in restrictive housing, restraints, and emergency lock-ins.

In each of the sections of the bill there are areas for negotiation between the Council and the Department. For example, the requirement for every 15 minute medical

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Intro. 549 - Banning solitary confinement in city jails

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evaluation for persons in restrictive housing seems excessive, but regular medical and mental health observation is crucial.

I applaud the City Council commitment to ending solitary confinement, limiting the use of restrictive housing and emergency lock-ins. These practices are dangerous, harmful, and substantially increase the risk of self-harm and suicide. Elijah Muhammad died on July 10, 2022 while in his cell during an emergency lockdown. The B officer, the officer assigned to make rounds within the housing area, was not on his post during the 90 minutes before Mr. Muhammad was found dead. Of note, the officer was on mandatory overtime, a “double,” at the time of Mr. Muhammad’s death. The Board was informed that the B-post officer noticed that Mr. Muhammad seemed incoherent and sluggish, but no medical evaluation occurred.

I strongly support Intro 549. The Mayor has suspended, by continuing Emergency Executive Order, the Board of Correction Rule ending solitary confinement and limiting restrictive housing. This City Council action will prevent harm and save lives.

**Testimony before the
New York City Council
Committee on Criminal Justice
Chair Carlina Rivera**

**By
Dr. James Austin, Ph.D.
Consultant
NYC Department of Correction
September 28, 2022**

Introduction

My name is Dr. James Austin, and I am pleased to testify before you today. I have been retained by the Department to consult on the creation of a housing model in response to the level of violence at Rikers Island as required by the *Nunez* Action Plan. In doing so, I have been reviewing current DOC policies and practices as well as analyzing the patterns of assaults and stabbings. During this time, I have also been consulting with both the Monitor and Deputy Monitor (Steve Martin and Anna Friedberg) to gain their perspective. Based on this work, a plan is being readied for implementation that will create a more effective restrictive housing model. The single goal is to quickly reduce the unacceptable level of violence that is occurring on a regular basis at Rikers. But this plan will only be successful with the assistance of the Federal Judge overseeing the consent decree, the Criminal Courts, the Board of Correction (Board), and the City Council. It cannot be successfully implemented by the Department alone.

Background

I am a criminologist who began my work with the Illinois Department of Corrections, where I worked in the Joliet and Stateville maximum security prisons. Since then, I earned my Ph.D. in sociology from the University of California and have directed several research and policy development organizations.

I have designed and evaluated restrictive housing programs in many correctional systems for both plaintiffs and defendants, including the Federal Bureau of Prisons, the states of Ohio, Illinois, Mississippi, Colorado, California, New Mexico, Kentucky, and the local California jails of Sacramento, Santa Clara, and Alameda counties. The goal of this work has been to eliminate solitary confinement, increase out of cell time, increase access to rehabilitative programs, reduce the number of people assigned to restrictive housing, and reduce the level of violence in these systems.

My history with the Department began last year where I designed and installed the jail classification system that is currently being used to balance housing within units across the Department. Most recently, at the direction of the Federal Monitor and Judge overseeing *Nunez*, the Department asked me to develop a restricted housing plan and strategy to address the extreme level of violence at Rikers.

Rikers Population and Violence

The Department's population is currently about 5,800. In 2015, the population was over 10,000. This significant reduction in the jail population has been largely driven by a dramatic decline in jail admissions (Table 1).

Table 1. NYC DOC Bookings, Length of Stay and Average Daily Population

2015 vs. 2022

Attribute	2015	2022
Monthly Bookings	5,181	1,605
Average Daily Population	9,916	5,565
Length of Stay	58 days	108 days

I point this out because the reduction in the jail population has several important management implications.

1. The current population largely consists of people who are charged with violent crimes.
2. A large percentage of them will be convicted and sentenced to state prison after spending months or years of incarceration in pretrial status.
3. The jail population requires higher levels of custody consistent with their more severe disciplinary and criminal history.

The most significant challenge is the excessive rate of violence that permeates each jail.

As shown in the figure below, the current rate of assaults in the Department grossly exceeds other correctional systems.

Figure 1. Comparisons of Inmate on Inmate, and, Inmate on Staff
Annual Assault Rates Per 100 Prison Population
NYC DOC vs. NYS DOC and Los Angeles County Jail

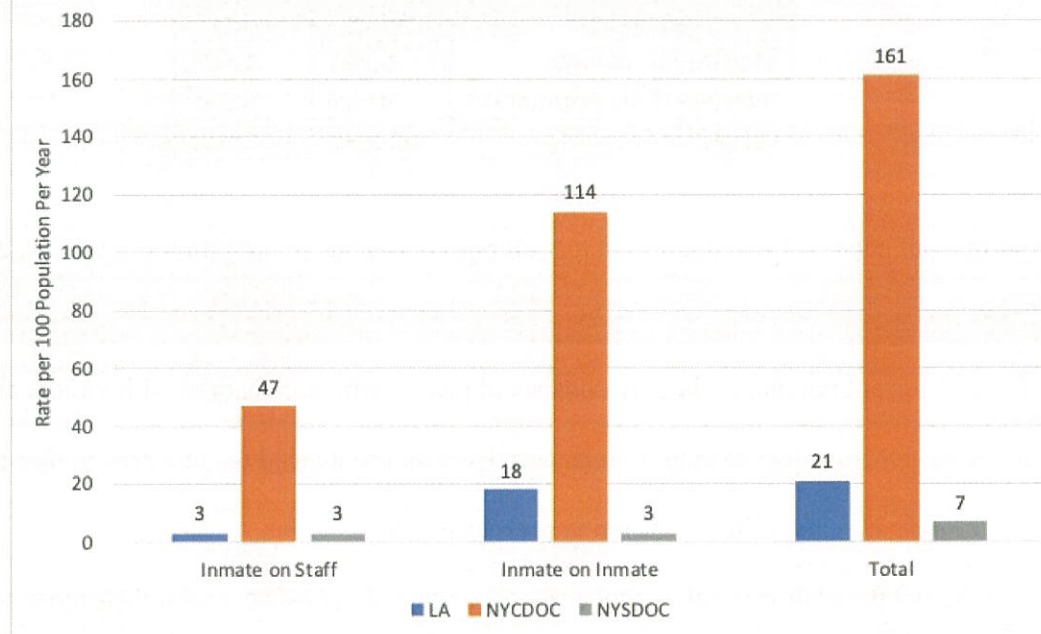


Table 2 shows the current level of violence that is occurring at Rikers in 2022. At this rate there will be over 6,000 serious assaults including nearly 500 slashings and stabbings. I can safely say that there is no other jail or prison system in the United States that is even close to experiencing this level of violence on daily basis. This is a crisis that must be dealt with immediately.

**Table 2. Assaults, Fights, Stabbings and Slashings
2022**

Indicator	Monthly	Annual
UOF Inmate on Inmate Assaults	440	5,280
UOF Inmate on Staff Assaults	77	924
Total	517	6,204
Inmate Fights	455	5,460
Stabbings	12	144
Slashing	28	336
Average 2022 Jail Population		

Who is involved in these violent acts? Fortunately, it is a minority of the jail population with the majority of the population not involved in any misconduct let alone violent conduct. Table 3 shows there were 767 people who were incarcerated as of August 24, 2022 and who were involved in at least one slashing, stabbing, or use of force assault in the six months prior to August 24, 2022.

The majority of these individuals committing violent acts are males who are 30 years or younger, associated with a gang, classified as maximum custody, and have been incarcerated to date for about a year. However, only about 130 individuals are in the Enhanced Supervision Housing (ESH). The rest of them are in general population and not in any type of restricted housing. They are out of their cells 14 hours per day, seven days a week and allowed to congregate with one another. Essentially, the individuals who are causing the violence are properly identified and classified but remain in general population. Clearly the challenge is to expand and modify, not reduce, the capacity of the current restricted housing program.

**Table 3. Current Residents Involved in Slashing, Stabbing, or Use of Force
(Past 6 Months)**

As of August 24, 2022

	Number	%
Total	767	100%
Male	747	97%
Age		
Under 22 years old	163	21%
22 - 30 years old	377	49%
Max Custody	658	86%
Gang Member	562	73%
Length of Stay to Date	423 Days (<i>average</i>)	

Proposed Restrictive Housing Model

The restrictive housing model that I am working on with the Department is being designed to meet these following standards:

1. Forbids the use of Solitary Confinement;¹
2. Complies with the New York State HALT Solitary Confinement Act;
3. Complies with the *Nunez* Consent Decree; and,
4. Applies best practices that have worked in other correctional systems that will reduce violence in correctional facilities.

Specifically, the plan is to create a new Restrictive Housing Model that incorporates the following key components:

1. Placement limited to people who have recently been involved in violent behavior toward other incarcerated people and/or correctional staff;
2. A structured referral and review process that will be fully transparent and consistent with due process guidelines;
3. The Restrictive Housing Model will consist of two program levels located in a single facility that will allow the individual to progress through the program in a timely manner based on compliance with an individualized case plan that allows for structured and safe periods of daily out of cell time;
4. The individualized case plan will list the positive behavior and violence reduction program(s) the individual must complete before being released the general population; and

¹ Solitary confinement as defined by the National Commission on Correctional Health Care is the housing of an adult or juvenile with minimal to rare meaningful contact with other individuals. Those in solitary confinement often experience sensory deprivation and are offered few or no educational, vocational, or rehabilitative programs. <https://www.ncchc.org/solitary-confinement-isolation-2016/>

5. Staff assigned to these units will receive specialized training in the management of this population.

Detailed data will be collected and reported on as to who is admitted to the restrictive housing unit, the types of services provided to them, length of stay in the program, and their subsequent disciplinary behavior after release from the program. The most important statistic will be the monthly rate of violence that is occurring within each facility, as this will be an indication of the program's effectiveness.

Risk Management and Accountability System (RMAS)

In my work with the Department, I reviewed the Risk Management Accountability System (RMAS) – a restrictive housing model that was designed by the Board of Correction. I concluded that RMAS, as designed, should not be implemented. There were good aspects about the proposed RMAS but there are also some serious design flaws. Among its issues, RMAS did not require individuals to participate in programming as a condition of progression and allowed one to be re-released to general population within 30 days. This meant that, effectively, RMAS was not a behavior change model; it was a model of brief segregation from the general population as a consequence of an act of violence. As indicated above, the people that would be admitted to RMAS have recently committed very violent and often life-threatening assaults and stabbings. Expecting them to change their violent behavior within 30 days with no requirement to participate in any form of a rehabilitative programming or exhibit positive conduct is unrealistic. But RMAS would have allowed an individual to quickly move through the system, having never once engaged in programming, and be placed back in general population within 30 days.

Proposed Legislation

Introduction 549 proposes a model for restrictive housing that is even less restrictive than RMAS – that is in fact not restrictive at all. The stated goal of Intro. 549 is to eliminate “solitary confinement” – a goal that the Department and I agree with. But eliminating “solitary confinement” should not also mean eliminating the core societal principle of holding people accountable for their dangerous behavior -- especially those who have repeatedly assaulted and stabbed others. Further, a core duty of the Department is to protect the vast majority of the jail’s population who are not management problems and are not violent to others. This is done by identifying and managing those who are violent in separate and secure housing units.

Under Intro. 549, people who have attempted to assault or murder other residents must be allowed to be out of their cells for at least 14 hours a day with large numbers of other people who have also tried to murder or harm others. I know of no other restrictive housing program in the United States, including those agreed to by prisoner rights groups, that would allow for people who just assaulted, stabbed, or slashed another person to be out of their cells for 14 hours a day, 7 days a week. The 14 hours per day is what well-behaved detainees in general population receive. And this is the current problem. If people who commit violent crimes against others are not placed in a restrictive housing program, violence is the predictable result.

Under Intro 549 there would be no significant consequences for violent behavior and incarcerated individuals would have no motive to participate in rehabilitative services to mitigate the probability of future violence. If this is allowed to happen, there will be more and not less violence occurring at Rikers.

I cannot emphasize enough that passing this bill is likely increase violence on Rikers Island. It would create a serious safety concern for the Department and simply is not sound correctional

practice. Correctional systems that have significantly lower rates of violence and have banned solitary confinement would never adopt such a policy.

Thank you for your time today. I am available for any questions you may have.



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

ANTONIO REYNOSO

Brooklyn Borough President

City Council Committee on Criminal Justice

Hearing on Intro 0549-2022 in relation to banning solitary confinement in city jails

Thank you to Chair Rivera for the opportunity to speak today in support of ending solitary confinement in our city's jails. I want to thank you, Public Advocate Jumaane Williams, and Speaker Adams for bringing this issue forward.

You're going to hear it over and over today, but it can't be said enough: solitary confinement is torture, and it is long past time for us to ban it. Keeping people isolated exacerbates existing mental health issues and triggers new ones, including anxiety, depression, and psychosis. It has led people to self-harm, and tragically, to suicide. Five people have taken their own lives in city jails just this year. For those who do get out, studies have shown that having spent time in solitary increases the likelihood of death by suicide, homicide, and overdose, as well as recidivism.

My office hears often from New Yorkers who have loved ones in Rikers or other city jails, and they're scared. They've seen the news reports – detainees locked in shower stalls for hours, people with health conditions held in de-escalation units for much longer than allowed, forced to go without necessary medical care or prescriptions. Just this summer the Department of Corrections' oversight board found people being locked in solitary for 23 hours a day, in violation of State law. Often these are the same populations most at risk from confinement and isolation. It's part of a larger humanitarian crisis in our city's jails, and we need to fix it, now.

It's important to say that we can't just end solitary confinement by giving it a different name. Despite recent changes to State law and proposed City-level reforms, these abuses keep happening. "Decontamination showers," "de-escalation units," "structurally restrictive housing," whatever they call it, it all has to go.

We need to pass Intro 549 because it sets reasonable standards for out-of-cell time, legislates access to education and programming, limits the use of emergency lock-ins, and requires staff to be trained in de-escalation and conflict resolution. Also importantly, it requires detailed incident reporting that will create an accountability structure that is currently missing from the system. And finally, by allowing for separation without isolation in order to de-escalate violent or potentially violent situations, it will actually make our jails safer.

I also want to take this opportunity to state on the record that I am deeply concerned that we are not on track to close Rikers by 2027. We can and must pass this bill in order to address

immediate issues, but ultimately Rikers needs to be closed, and 2027 is a deadline that the administration should be taking more seriously. There is ample opportunity for the administration to be advancing common-sense solutions to reducing incarceration – like funding an expansion of the successful Brooklyn Felony Case Processing Pilot, establishing Population Review teams, utilizing the 6A program for people serving city sentences, and fully implementing the Points of Agreement on Closing Rikers, including 380 more units of Justice Involved Supportive Housing.

Thank you again for your time and for the Council's strong advocacy on this effort. I also want to thank all the advocates, especially the folks who have experienced the horrors of solitary firsthand, for coming out today to share their experiences. I look forward to seeing this bill pass quickly, and you can count on me for any help you might need from Brooklyn.

**Testimony of Policy Director Alyson Silkowski to the New York City Council Committee on
Criminal Justice
September 28, 2022**

Thank you to Chair Rivera and the members of the Committee on Criminal Justice for convening this hearing and providing the opportunity to testify on behalf of New York City Comptroller Brad Lander. My name is Alyson Silkowski, Policy Director and Senior Advisor on Family Economic Security in the Comptroller's office.

As we convene today, with the shared aim of eliminating all forms of solitary confinement in New York City's jail system, it is worth taking stock of how we got here. Over many years, the efforts of criminal justice reform advocates and stakeholders as well as survivors of solitary confinement and loved ones of those in custody compelled us to end this practice and to imagine alternative, humane forms of housing. Last June, the Board of Correction approved rules establishing the Risk Management Accountability System (RMAS), which set minimum hours of out-of-cell time for those separated from the general population, among other requirements, and adopted a stepwise approach to facilitate progression to less restrictive settings. The implementation date, November 1, 2021, has long come and gone. In the intervening months, the State HALT Solitary Confinement Act, which limits segregated confinement to 15 days, also went into effect.

And yet, despite past good-faith efforts both to legislate and to regulate an end to solitary confinement, RMAS has not been put into practice, and the Comptroller's office continues to hear reports of people in custody being held indefinitely in environments that the letter of the law and any casual observer would consider segregated confinement. On an unannounced visit to Rikers Island on August 29, during which the Comptroller toured four facilities, Comptroller Lander observed seven individuals in "protective custody" who, as he reported last month to the Board of Correction, were being held in dark, double-vestibule cells not much larger than their beds, for as much as 22 or 23 hours a day. They had no access to meaningful engagement with other people or to congregate programming, which evidence shows improves health and safety, and there was no deadline or end in sight. Confined well beyond 15 consecutive days, for weeks on end.

We cannot allow this to continue. We know that prolonged isolation does significant physiological and psychological harm – and we also know that alternatives are possible. Alternative housing

models such as RSVP in San Francisco, and CAPS here in New York City, show the benefits of a programming-rich, non-punitive approach.

The Comptroller commends the Council for advancing legislation that accepts nothing short of the elimination of all forms of solitary confinement. In particular, we are glad to see that several provisions of Int. 549 exceed the minimum requirements established in Chapter 6 of the Board of Correction's rules. Importantly, Int. 549 requires that all people in custody have 14 hours of out of cell time, consistent with the existing minimum standard, and defines out-of-cell time as time spent in a space conducive to meaningful social interactions. This would explicitly prohibit the use of cells like those the Comptroller observed last month. Additionally, the Comptroller supports restricting de-escalation and emergency lock-ins to a maximum of four hours, with regular rounding and mental health checks required. The bill also codifies vital protections with respect to due process, including the requirement that individuals cannot be placed in restrictive housing without a hearing, at which they are entitled to have legal representation, and that refusals to attend hearings be videotaped. The Comptroller, who remains deeply committed to increasing public transparency of DOC operations, also welcomes the new reporting requirements in the bill.

It is critical that any legislation purporting to end solitary confinement in New York City include these minimum requirements. Our office remains committed to thoughtful, ongoing oversight to ensure the final legislation, once enacted, is actualized.

Before closing, I would also like to take this opportunity to echo the comments the Comptroller made to the Board of Correction during their most recent meeting on September 13 regarding the urgent need to reduce the jail population. Because our collective work to end solitary confinement should and must happen alongside and within the context of a broader plan to decarcerate.

This year to date, the number of slashings and stabbings is up 34%, the number of people dying continues to climb, and on an average day in August, the most recent data available, there were more than 1,000 people in custody in City jails with serious mental illness. And yet against this backdrop, characterized by violence and significant unmet needs, the number of people in DOC custody is rising. As of yesterday, there were 5,839 people in DOC custody, up 8% from January, and over 2,000 people more than two years ago, when criminal legal system actors worked together to safely reduce the population in recognition of the unique health and safety risks posed by

COVID-19. The Comptroller's recently released DOC Dashboard, which will be tracking these and other metrics, shows length of stay in custody is similarly increasing; during the month of August, people discharged from City jails had spent an average of 114 days in custody, compared to 105 days in July.

Unlike those first weeks after the onset of the pandemic, the City does not appear to be utilizing all available tools to decarcerate. In fact, arrests through the first half of this year are up 26% compared to 2021. The City-sentenced population, which had been reduced to around 100 during the pandemic and had largely stayed there, has now climbed to over 400 – an increase of more than 200% since the start of this year. In the immediate term, and in light of the conditions in the jails, we urge the City, alongside the courts and district attorneys' offices, to work together to safely divert as many people as possible from Rikers. The Comptroller stands ready to partner with the City, and with the Council, to that end.

Thank you again for the opportunity to submit testimony.



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President

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Secretary Treasurer

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**Testimony before the New York City Council
Committee on Criminal Justice
Int. No. 549**

**Kyle Bragg, President, 32BJ SEIU
September 28, 2022**

Thank you for the opportunity to testify today on Int. No. 549, a bill to end the use of solitary confinement in New York City jails. We applaud the City Council and especially the Committee on Criminal Justice for their work to target abusive incarceration practices and move New York City towards a safer, more humane, and more effective criminal justice system.

My name is Kyle Bragg I am the President of SEIU Local 32BJ. 32BJ is the largest building service union in the country, with 85,000 members living in the New York City metro area.

As is painfully apparent in discussion around this bill, conditions in New York City's jails are unacceptable and have worsened in recent years, despite increases in per capita spending. A March 2022 report by the federal monitor stated that "The first few months of 2022 have revealed the jails remain unstable and unsafe for both inmates and staff."ⁱ Violent conditions undoubtedly have a devastating effect on the jail population, and especially the most vulnerable inmates – young people, and those with mental illnesses. Young people in incarceration are at extreme risk of violence, with catastrophic consequences for their personal safety, mental health, and educational and vocational opportunities, as well as for their families and communities.

Jail conditions have also had extremely harmful effects on a workforce that is disproportionately female and Black. As of October 2016, Black women comprised the largest demographic among both rank-and-file officers (63% of whom are Black and 89% of whom are non-white) and their supervisors (73% of whom are Black and 90% of whom are non-white).ⁱⁱ Assaults on staff are stubbornly high: while the monthly number of assaults generally trended down in the first eight months of FY 2022 (July 2021-February 2022), the year-to-date total for that time period was still 10% higher than the same period in the prior year.ⁱⁱⁱ Our current jail system fails to meet its rehabilitative goals and jeopardizes the safety and well-being of all involved.



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We clearly need significant reforms, and we must take into consideration the safety of *all stakeholders* in shaping the path forward. The City must commit significant resources and supports for mental health, inmate and worker safety, and rehabilitative measures in concert with changes to solitary confinement policies. And, the City must partner with the workers who are most intimately familiar with the system to identify and implement its reform agenda.

We must ensure that the City's jails are safe for everyone – for the well-being of people in incarceration, the safety of corrections workers, and for our communities. The current bill does not address the systemic problems that exist in our jails, however. 32BJ cannot support Int. 549 until the safety of corrections officers is fully contemplated and addressed.

Thank you again for your work on this critical issue.

ⁱ *Special Report of the Nunez Independent Monitor* (March 16, 2022), available at <https://storage.courtlistener.com/recap/gov.uscourts.nysd.383754/gov.uscourts.nysd.383754.438.0.pdf>.

ⁱⁱ Carolyn Fisher, *Black Women at Work in Corrections in the Era of Mass Incarceration* (The Graduate Center, City University of New York, Sept. 2019).

ⁱⁱⁱ *Agency Watch List: Department of Correction*, pg. 13 (New York City Comptroller Brad Lander, March 2022) available at <https://comptroller.nyc.gov/wp-content/uploads/documents/>

American Institute of Architects New York Int. 549-2022 Solitary Confinement Ban Testimony

Thank you to the City Council for holding this hearing today. My name is Andrea Lamberti and I represent the American Institute of Architects New York, also known as AIA New York, as 2022 board president. AIA New York represents New York City's architects employed in government agencies, professional service firms, and academia.

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Some of our members are employed in the design of criminal justice facilities, including jails, in New York City and other areas. Many of our members have spoken out against the design of spaces for incarceration. Others, when called to design such spaces, have advocated for revising traditional designs to consider the mental health of occupants.

For years, AIA has taken strong positions, both locally and nationally, against the design and construction of spaces for solitary confinement. AIA New York strongly supports Intro 549's prohibition of solitary confinement in city jails.

Solitary confinement is not an effective strategy for the reduction of violence in detention facilities. Spaces for solitary confinement are designed to be punitive to detainees. Those we have seen in New York City are usually windowless boxes or cages, crafted to be oppressive environments that are intended to harm occupants' psychological wellbeing.

This is particularly troubling considering that a majority of the detainees in New York City suffer from mental illness. It is both cruel and poor policy to further strain the mental health of those who are already mentally ill. In fact, forcing mentally ill detainees into solitary confinement further aggravates their wellbeing, making them even more likely to resort to violence and putting guards and their fellow detainees in greater danger.

Nevertheless, we recognize that detainees should have an option to spend time alone. For both safety and comfort, it is important that detainees have their own individual living quarters. The city's justice facility design standards in Local Law 194-2019 mandate "individual occupancy housing units" for detainees. If new jails legally require individual living quarters, there is no need for solitary confinement as a safety measure at all.

The consensus of architects is that the design and construction of spaces for solitary confinement is a bad policy. We need laws in New York City that reflects the best architectural practices, and we endorse the possibility that our city can serve as the bellwether for the country on this issue. Therefore, we ask the City Council to pass Intro 549 to make our city safer and more humane. Thank you.

**The Bronx
Defenders**

**Redefining
public
defense**

New York City Council

Committee on Criminal Justice

Oversight- Banning Solitary Confinement in City Jails

September 28, 2022

Written Testimony of The Bronx Defenders

By Daiana Griffith, Tadd Vassell, Tahanee Dunn, and Julia Solomons

I. Introduction

Good afternoon, Chair Rivera and Committee Members. My name is Daiana Griffith and I am testifying on behalf of the Prisoner's Rights Project at The Bronx Defenders. While we are grateful for the opportunity to come before you today, this is not the first time we have testified before you on this same topic. We testified before the Council nearly two years ago, along with survivors of solitary, impacted family members, and other advocates who have been speaking out about the harms of this practice in New York City for years. Survivors of solitary confinement have been telling their stories and re-living the trauma they experienced at countless public hearings, and this group of impacted people only grows as the practice continues and takes lives along with it.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader humanitarian crisis: the abuse and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

Today, we urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately, in order to finally:

- End solitary confinement, in all its forms and instead utilize alternative forms of separation proven to better enhance safety, health, and well-being; and
- Guarantee the right to legal representation during disciplinary hearings, which is critical in order to ensure transparency and accountability.

The way the Department of Correction (“DOC”) psychologically tortures people in custody and willfully violates due process rights is not only inhumane, but counterproductive. DOC’s practices do not keep anyone safe. Rates of violence are increasing. Given the urgency of the situation, we must ensure that there is a true, definitive end to solitary confinement by passing Intro 549.

II. End solitary confinement in all its forms and utilize alternative forms of separation proven to better enhance safety, health, and well-being

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people. Solitary damages and destroys people’s minds and bodies; has directly caused the deaths of far too many people; and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary has taken the lives of Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary -- invoking Kalief and Layleen’s names -- it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

DOC continues so many different forms of solitary using an ever-growing list of different names: decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to improve safety. The evidence is clear: what works to address violence is the exact opposite of solitary. Pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

1. “It’s like a human zoo. All I can see every day is people in cages and it’s not normal.”

The experience of Bronx Defenders’ former client, M, is an undisputable example of the harms of isolation, and the ripple effects of those harms. He was incarcerated at Rikers from age 18-21, and spent about 90% of that time in restrictive housing. It all started with M being placed inappropriately in punitive segregation even though he was categorically ineligible due to his age. He spent nearly two months in what was then referred to as “the box,” despite his legal team’s repeated attempts to correct the error by sharing his birth certificate and advocating on his

behalf. He was then finally moved to Enhanced Supervision Housing (ESH), which was for young adults at the time, and then to the units at NIC. DOC does not label these units as restrictive, calling them General Population (GP), but they are simply solitary by another name. He would spend the better part of a year in this cage.

M described the cage as being no larger than a full-size bathroom, and as a tall young man a bit over 6 feet, he could extend his arms and touch both sides of the cage. At that time, he shared with his social worker, “Me being in a cage 24/7 is starting to take a toll. I wake up there and I sleep there. I want to move around, but I don’t know how to operate.” He explained that he was starting to feel scared of other people, that normal interactions were starting to feel difficult and he constantly felt on edge.

M’s case finally resolved near the end of 2021 and he was released, hoping to get a fresh start. But by early this year, he was back in custody. When his team met with him, they described him as struggling to engage, a muted and disorganized version of himself. He refused contact with his sister, someone he had previously spoken to every day while in custody.

M is only 21 years old and has experienced self-injurious inclinations, disorganized thoughts, and hypervigilance- all symptoms of Post-Traumatic Stress Disorder. He continues to struggle immensely to be around people even though for so long all he wanted was to be relieved of the torture of isolation. He has received absolutely no therapeutic support, and his experience in restrictive housing at Rikers has all but destroyed him. City Council must pass Intro 549, so that no more young people ever have to experience what M continues to experience.

III. Guarantee the right to legal representation during disciplinary hearings, which is critical in order to ensure transparency and accountability

For decades, the DOC has violated its own directives, the Board of Correction minimum standards, and our client’s basic human rights. They have demonstrated over and over again that they are subject to error, and the errors that they make have lasting and devastating consequences. In M’s story, he should never have been in punitive segregation to begin with, and that could have been prevented if he had representation with him at the initial disciplinary hearing.

Over the past year in particular, DOC has been under pressure to prepare for and implement the Risk Management Accountability System (RMAS) that the Board of Correction voted on and passed during their rulemaking process. However, at the eleventh hour when RMAS was supposed to take effect, it did not happen, and may not happen for the foreseeable future. Instead, DOC decided to continue operating ESH, and promised the Board and the public that they would make it just like RMAS was supposed to be. DOC has claimed that people in custody are getting the required out of cell time in ESH, but given the history of this issue and the way people have lingered in ESH for months, this does not change anything. All this means is that DOC is putting all of their focus on these units until they are no longer the focus of the public’s attention, and we shudder to think about what will happen then. For this reason, **it is critical that counsel be present in any hearing that places someone in restrictive housing, and DOC will not make that possible that unless mandated by law.** Additionally, Rikers has been crumbling from all

sides, with people dying in custody at an astonishing rate. We need an inside look at what is truly happening to people in custody, and access to counsel offers that.

The only long-term solution to the harm DOC has caused so many is to pass Intro 549. No matter what system DOC has in place, and even if it violates the law, having counsel present in disciplinary hearings sheds light on what goes on in the jails in a way that nothing else can. It creates a desperately needed system of checks and balances.

1. Granting a right to have their public or private defense attorney or advocate present at each disciplinary fact-finding - the initial infraction hearing and the periodic reviews - means the world to our clients. Washington D.C. has allowed counsel in disciplinary proceedings in its city jails for almost 30 years. Massachusetts, Washington, Kentucky, Alaska, California, Minnesota, and fairly soon Los Angeles have all recognized that incarcerated people deserve advocates in any situation where their liberties are going to be further restricted.

In Washington D.C., whenever someone receives a ticket for a qualifying disciplinary infraction, their Department of Correction gives the person in custody a form in which they can request that the Public Defender Service (PDS) represent them at the hearing. Then, the Department emails PDS a notification of the hearing at least 24 hours before it occurs. PDS does a conflict check and then tries their very best to make it to the hearing. Much of what is litigated involves procedural violations such as that the officer who investigated the case and obtained statements from other officers was also involved in the incident; chain of custody issues for possession of contraband; and not providing notice to the person in custody. All proposed restrictions on the liberty of people in custody must undergo a thorough proceeding with counsel for the accused. People in custody awaiting trial who have not yet been convicted should be guaranteed effective due process before increasing restrictions on their liberty.

Having access to counsel during disciplinary hearings will also preserve our clients' most basic yet most critical rights. One Bronx Defenders' client lost access to videoconferencing privileges after a Video-Teleconference Coordinator decided to impose this discretionary measure before the client was even served with an infraction ticket. This clearly violates our client's due process rights by imposing a reprimand before our client had his case heard by an adjudication captain or got a disposition on his infraction. The client now is unable to communicate with his attorneys via videoconference, further denying him the right to have ongoing communication with his legal team. All of this is in direct violation of the Board of Correction Minimum Standards and DOC Directives, while also possibly giving rise to a constitutional rights violation. A robust check on DOC's power to restrict, isolate, fine, and reprimand people in custody in the form of right to counsel in disciplinary proceedings would send a clear message that abuses of this power will not be tolerated. Any disciplinary system created in response to the seemingly intractable violence on Rikers Island must include the person in custody's legal team.

IV. Conclusion

Since BxD created our Prisoners' Rights Project three years ago, our advocates have flooded the Project with referrals, many of which reflect the glaring brokenness of the disciplinary system in our city jails. Our clients have historically been placed in isolation when they are categorically ineligible for it and often do not even know exactly why that is happening to them. We have delayed far too long already in allowing this type of harm to be inflicted on people in custody. We must guarantee access to counsel in the disciplinary process, and categorically and completely ban inhumane isolation practices. We must move towards a more rehabilitative system that truly creates change, for the safety of everyone inside jail facilities.

Despite the well-known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the City Department of Correction (DOC) continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails [continue to lock people in solitary confinement](#) 23+ hours a day, for extended periods of time. Being locked alone in a two foot extension of the cell is not "out of cell" time. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#) passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.



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Civil Rights and Law Reform

BROOKLYN DEFENDER SERVICES

Presented before

The New York City Council Committee on Criminal Justice

Oversight Hearing on Banning Solitary Confinement in New York City Jails

September 28, 2022

My name is Lucas Marquez and I am the Associate Director of Civil Rights and Law Reform at Brooklyn Defender Services (BDS). BDS is a public defense office whose mission is to provide outstanding representation and advocacy free of cost to people facing loss of freedom, family separation and other serious legal harms by the government. For over 25 years, BDS has worked, in and out of court, to protect and uphold the rights of individuals and to change laws and systems that perpetuate injustice and inequality. Thousands of the people we represent are detained or incarcerated in the New York City jail system each year while fighting their cases in court or serving a sentence of a year or less upon conviction of a misdemeanor. We would like to thank the Committee on Criminal Justice and Chair Rivera for inviting us to testify about ending solitary confinement in the City's jails.

Each year, thousands of New Yorkers are subject to isolation and segregation inside Department of Correction (DOC) jails. The people we represent—along with their families, friends, and advocates—are all impacted by the serious trauma caused by DOC's restrictive housing practices. We commend the Council for taking steps to eliminate solitary confinement and urge you join with countless defenders, doctors, scholars, corrections experts, and human rights advocates by adopting rules that reject torture and move New York City towards abolishing all forms of restrictive housing inside its jails.

Solitary Confinement in the City's Jails Is Widespread

The level of crisis at Rikers Island cannot be overstated. The Department Correction has demonstrated a complete failure to protect the health and safety of people incarcerated in its

custody.¹ This year thus far, sixteen people in DOC custody have died. Last year, sixteen people lost their lives, bringing the total to an unprecedented 32 deaths in under two years. The Council must take immediate action to call for decarceration and push stakeholders—including the mayor, district attorneys, and judges—to work together to release people and stop sending people into DOC custody. This is also important for people with mental health issues: by their nature, jails are environments that lack access to proper mental health treatment and are ill-equipped to address the behavior that is often concomitant with mental illness. Instead, officials and staff often respond with force and punitive measures, including solitary confinement, which in turn exacerbate underlying mental health concerns, trigger decompensation, and perpetuate the troubling cycle.² These obstacles also mean there is a higher likelihood of serious injury or even death in jails for people with mental health concerns.

While the entire jail system is in crisis, people held in solitary confinement are subject to a jail within a jail. Over the years, we have written extensively to the City Council and the Board of Correction documenting the detrimental impact isolation has on people, and how a lack of accountability by the Department only exacerbates the harm people face every day while in custody. As we are seeing the continued deterioration of conditions in DOC facilities, the inability of DOC to ensure the safety of people in its custody, and record-breaking loss of life—particularly by suicide—there is a dire urgency now for concrete change.

Around the world, there is a growing consensus that solitary confinement—or isolated confinement by any name—amounts to torture.³ And that it is not only cruel, but also counterproductive. The physical and mental health impacts of solitary confinement are significant and well documented.⁴ The connection between isolation and violence is also well-established.⁵

Despite these realities, DOC maintains a complex and sprawling network of solitary confinement units. These units, and those who condone them, are responsible for the suffering of countless people and the death of too many New Yorkers—perhaps most notoriously Kalief Browder and Layleen Polanco—and most recently, Brandon Rodriguez and Elijah Muhammad. Despite

¹ Jonah Bromwich and Jen Ransom, 10 Deaths, Exhausted Guards, Rampant Violence: Why Rikers Is in Crisis, *New York Times*, Nov. 8, 2021, <https://www.nytimes.com/2021/09/15/nyregion/rikers-island-jail.html>.

² The Center for Prisoner Health and Human Rights, *Incarceration and Mental Health*, <https://www.prisonerhealth.org/educational-resources/factsheets-2/incarceration-and-mental-health/>; Treatment Advocacy Center and National Sheriff's Assoc., *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey* (Apr. 8, 2014), <https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>.

³ See, e.g., The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), <https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F70%2F175&Language=E&DeviceType=Desktop&LangRequested=False>; Sarah Childress, *Craig Haney: Solitary Confinement is a "Tried-and-True" Torture Device*, *Frontline* (Apr. 22, 2014), <https://www.pbs.org/wgbh/frontline/article/craig-haney-solitary-confinement-is-a-tried-and-true-torture-device>.

⁴ Justin Strong, et al., *The body in isolation: The physical health impacts of incarceration in solitary confinement*, *PLOS ONE*, October 2020, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238510>.

⁵ See, e.g., *id.*; Fatos Kaba, et al, *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, *American Journal of Public Health*, March 2014, <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2013.301742>.

widespread outrage and repeated calls for reform and oversight, the end to “solitary confinement” in New York City remains a moving target.

Within the last five years alone, the Department has created a complex web of isolation units that have the potential to trap people indefinitely. Our City’s jails are now home to units described as Enhanced Supervision Housing, Involuntary Protective Custody, De-Escalation, Secure Unit, Restrictive Housing Unit, and others. Each of these units severely limit a person’s movement, drastically restrict time spent outside their cell and access to comprehensive programming, and completely separate them from any meaningful human contact. These units produce devastating physical and mental health outcomes, including death, for those subjected to them and only serve to compound the mental health crisis in the City’s jail system. Each time one of these units is shuttered or limited by Council or Board intervention, another version replaces it. That is why this bill—which contains functional definitions of solitary confinement—is so important.

Moreover, we have seen general population units being placed in extended “lockdowns” and treated like a restricted housing unit, where out of cell time, access to programming, medical care, and legal visits are severely restricted. At the most recent Board of Corrections meeting on September 13, the Department admitted that frequent lockdowns were part of a preemptive “violence reduction plan”, *i.e.*, a preemptive initiative rather than a response to something actionable.⁶ Such preemptive actions and their frequency of use must be weighed against the significant harm to the people in custody. We have seen that lockdowns are not temporary. Certain lockdowns this summer have been extended for multiple days in a row, some around a week or more. During this time, there was no access to showers, commissary, phones, or medical treatment. It is particularly troubling that use of lockdowns has increased over the course of the year and there is not always a correlation between incidents of violence and the timing, frequency, and length of lockdowns.⁷ This is yet another way in which the Board’s minimum standards are disregarded by DOC and the humanity of the people in custody is ignored.

Brandon Rodriguez and Elijah Muhammad, who recently died after being held in solitary confinement, were held in areas that DOC does not recognize as restrictive housing, but under this bill, would rightfully qualify as solitary confinement. In the days before Mr. Muhammad’s death, he spent more than 32 hours in isolation in a de-escalation unit, in violation of DOC rules.⁸ While in that isolation unit, he did not have a bed or access to necessary medication. Mr. Rodriguez died after being locked in a cage in a shower area for hours while suffering from a broken orbital bone.⁹ We urge City Council to pass this bill so that DOC cannot continue to evade restrictions on solitary

⁶ Board of Correction meeting recordings and minutes are available online at <https://www1.nyc.gov/site/boc/meetings/2022-meetings.page>.

⁷ NY Daily News, *Rikers officials expand use of lockdowns as security tactic in NYC jail for young detainees — advocates claim overuse*, Sept. 5, 2022, <https://www.nydailynews.com/new-york/nyc-crime/ny-lockdown-spike-jail-younger-detainees-rikers-20220906-7b2odipd3zcuxgpnjbwvtermka-story.html>.

⁸ Jan Ransom, *In a Rikers Jail Cell, a Man Lay Dead for Hours Before He Was Discovered*, The New York Times, July 12, 2022, <https://www.nytimes.com/2022/07/12/nyregion/rikers-jail-man-dead.html>.

⁹ Matt Katz, *Man who died by suicide at Rikers had history of mental illness, lawsuit claims*, WNYC News, August 11, 2022, <https://www.wnyc.org/story/man-who-died-suicide-rikers-had-history-mental-illness-lawsuit-claims/>.

confinement by locking people in areas they claim are not restrictive housing, such as de-escalation units or cages in shower areas.

Reducing Isolation Improves Health and Safety

The harms of solitary confinement are well-established, and the record in New York is replete with evidence of its human toll.¹⁰ No one should be subjected to the dangerous conditions of restrictive housing. Yet the Department demonizes people in its custody to bully the Council, the Board, and the public into allowing the Department to ignore existing rules, laws, and basic standards of human decency. In the face of such pressure, the Board has granted—even if limiting—every one of DOC’s variance requests related to restrictive housing and implicitly condoned the Department’s decision to continue inhumanely isolating people despite the evidence that solitary confinement *exacerbates* the conditions in the jails.¹¹ Genuine out of cell time, regular programming and education, mental health services, regular access to needed medical care, and substance use programs will produce better outcomes for people in DOC custody and reduce violence. As will regular access to counsel and family visits.

The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment described the danger of solitary confinement in a 2015 letter of support for New York’s Humane Alternatives to Long Term (HALT) Solitary Confinement legislation: “Research on the effects of isolation indicate that the practice can lead to the development of certain psychotic disorders, including a syndrome also known as ‘prison psychosis,’ the symptoms of which include anxiety, depression, anger, cognitive disorders, distortions of perception, paranoia, and psychosis and self-inflicted injuries. Furthermore, due to the lack of witnesses and the solitude in which such practices are carried out, solitary confinement may give rise to other acts of torture or ill-treatment.”

Any use of restrictive housing poses serious, and lasting, dangers to people’s health and, in turn, their communities. Physiological conditions brought on by solitary confinement include gastrointestinal and urinary issues, deterioration of eyesight, lethargy, chronic exhaustion, headaches, and heart palpitations among others.¹² Psychological decompensation and trauma

¹⁰ See, e.g., Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Interim Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, U.N. Doc A/66/268, ¶¶ 79 (Aug. 5, 2011); National Commission on Correctional Health Care (2016), Position Statement: Solitary Confinement (Isolation), <http://www.ncchc.org/solitary-confinement>; Jeffrey L. Metzner, MD, and Jamie Fellner, Esq., Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics, *Journal of the American Academy of Psychiatry and the Law*, <http://jaapl.org/content/jaapl/38/1/104.full.pdf> (noting that the Human Rights Committee, the Committee against Torture, and the Special Rapporteur on Torture, have concluded that solitary confinement can also amount to cruel, inhuman, or degrading treatment under the International Covenant on Civil and Political Rights).

¹¹ See, e.g., Vera Institute, *The Impacts of Solitary Confinement*, April 2021, <https://www.vera.org/downloads/publications/the-impacts-of-solitary-confinement.pdf>; Keri Blakinger, *What Happens When More Than 300,000 Prisoners Are Locked Down?*, *The Marshall Project* (Apr. 15, 2020), <https://www.themarshallproject.org/2020/04/15/what-happens-when-more-than-300-000-prisoners-are-locked-down>.

¹² Sharon Shalev, *A Sourcebook on Solitary Confinement*, 15 (London: Manheim Centre for Criminology, London School of Economics), http://solitaryconfinement.org/uploads/sourcebook_web.pdf.

caused by solitary confinement includes severe depression, anxiety, insomnia, confusion, emotional deterioration, and fear of impending emotional breakdown.¹³ Studies have found that prolonged solitary confinement induces hallucinations and delusions, and bouts of irrational anger and diminished impulse control, leading to violent outbursts and invoking the very behavior it purports to manage.¹⁴

Furthermore, not only does solitary confinement have a per se negative impact on people's health, but also it has served as an obstacle for people in custody to receive needed medical services. This too is another reason that this bill is important. For example, from June to July of this year, the number of scheduled clinic appointments remained roughly the same, but the number of missed appointments in July doubled due to lockdowns and increased from about 200 to 1,000 due to alarms.

Proponents of solitary claim—without support—that this form of inhumane treatment deters violent behavior and improves safety. This position laid out by the Department today—the idea that when things are going wrong in jails people should just be placed in more restrictive settings—is just a knee-jerk reaction to the problem, rather than an attempt to address the root of the issue. Time and again, studies find that the claim that isolation deters misbehavior and violence is one of the most common misconceptions about solitary confinement: “Subjecting incarcerated people to the severe conditions of segregated housing and treating them as the ‘worst of the worst’ can lead them to become more, not less, violent.”¹⁵ Indeed, the evidence clearly demonstrates that isolation, a practice purported by correctional staff to decrease violence, serves no legitimate purpose.

New York City is not immune to this phenomenon. Court records, investigations, and media reports demonstrate that our jails follow the same pattern of solitary confinement exacerbating violence. This is particularly true where a substantial portion of people who enter DOC custody are suffering from mental health and substance use issues. Although the City has begun to curb the use of isolation, we have a long way to go.

Solitary Confinement Does Not Make the Jails More Safe

Importantly, DOC staffing issues are a problem of its own making. Solitary confinement is not the answer, and the abuse of people in DOC custody cannot be acceptable collateral damage. It is well-documented that the Department has an extraordinarily large number of staff and budget to operate

¹³ Vera Institute, *The Impacts of Solitary Confinement*, April 2021, <https://www.vera.org/downloads/publications/the-impacts-of-solitary-confinement.pdf>.

¹⁴ See Craig Haney, *Mental health issues in long-term solitary and “Supermax” confinement*, *Crime & Delinquency*, 49(1):124-56, 133-36 (Jan. 2003); James Gilligan and Bandy Lee, Report to the New York City Board of Corrections, Sept. 5, 2013, <http://solitarywatch.com/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf>.

¹⁵ Vera Institute, *Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives*, <https://www.vera.org/newsroom/solitary-confinement-new-report-highlights-misconceptions-and-alternatives#:~:text=A%20new%20report%20from%20the%20Vera%20Institute%20of,inmate%20safety%20witho,ut%20the%20detrimental%20effects%20of%20isolation>.

the jails, even with absenteeism.¹⁶ However, the Department struggles to effectively manage, deploy, and supervise staff and staff fail to adhere to basic security practices.¹⁷

The Board of Correction recently released its report on 2021 suicides and drug-related deaths, showing chronic dysfunction, inhumanity, and indifference within DOC was at the root of deaths in City jails. The report detailed how correction officers' failure to conduct rounds of housing units, provide emergency first aid and bring people in custody to medical appointments played a role in at least six deaths by suicide and four drug-related deaths in 2021.¹⁸ Tragically, DOC's chronic dysfunction and indifference to the lives of the people in its custody is still evident. On August 25, 2022, video captured three uniformed DOC staff members watching as Michael Nieves slit his throat, doing nothing for at least ten minutes, as Mr. Nieves bled out on the floor.¹⁹

Moreover, this continued mismanagement is evident in the Department's inability to provide consistent access to medical care. Even after being ordered to do so by the court, the Supreme Court of the State of New York, County of Bronx, found DOC continues to fail to provide access to these necessary services such that, on May 17, 2022, the court held DOC in contempt and on August 10, 2022, found that DOC failed to show it was no longer in contempt.²⁰

Sixteen people died in NYC jails in 2021, and now 2022 has reached that number with still three months left in the year. At this point, this is no longer a problem attributable to the previous administration and DOC must take accountability for conditions at Rikers.

BDS Supports Int 549-2022

For these reasons, BDS supports Int 549-2022. We respectfully offer the following recommendations to strengthen the legislation to meet the objective of ending solitary confinement:

¹⁶ *Nunez v. DOC*, 11-cv-05845 (LTS) (SDNY March 16, 2022), ECF No. 438, Special Report of the *Nunez* Independent Monitor, at 11, <https://www1.nyc.gov/assets/doc/downloads/pdf/Special-Report-03-16-22-As-Filed.pdf>. "The Department's staffing issues are perplexing and are driven by deeply ingrained patterns of mismanagement and dysfunction. In relation to the size of the incarcerated population it manages, the Department has more staff resources than any other correctional system with which the Monitoring Team has had experience. . . . A national comparison of the per capita costs of incarceration completed by the Vera Institute last year, when the Department's spending per incarcerated individuals was \$438,000 (\$118,000 less than the current cost), found not only that the Department spends more per incarcerated individual than any city in the nation, but that it was at least three times higher than the next highest city and over 350% higher than the cost per incarcerated individual in Los Angeles, California and Cook County, Illinois."; New York City Comptroller Brad Lander, Agency Watch List, Department of Correction (DOC) (FY 2023) (March 2022), https://comptroller.nyc.gov/wp-content/uploads/documents/Agency_Watch_List_DOC_FY2023.pdf (showing the Department spends half a million dollars a year per person in custody).

¹⁷ See generally *id.*

¹⁸ Board of Correction, *Report and Recommendations on 2021 Suicides and Drug-Related Deaths in New York City Department of Correction Custody*, <https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/2021-suicides-and-drug-related-deaths-report-and-chs-response.pdf>.

¹⁹ Jan Ransom, *Man Held at Rikers Dies from Razor Wound After Guards Fail to Intervene*, New York Times, Aug. 30, 2022, <https://www.nytimes.com/2022/08/30/nyregion/rikers-island-death.html>.

²⁰ *Agnew et. al. v. DOC*, Index No. 813431/2021E, Decision and Order (Sup Ct, Bronx County) (May 17, 2022); *Agnew et. al. v. DOC*, Index No. 813431/2021E, Decision and Order (Sup Ct, Bronx County) (Aug. 10, 2022).



Strengthen language to ensure DOC compliance with the spirit of the legislation

The current bill includes language to ensure people are not placed in solitary for “more than four hours total in any 24-hour period, nor more than 12 hours in any seven-day period.” Such language creating further limits on daily and weekly maximum periods of isolation should be expanded to apply to the use of both lock downs and restraints to constrain repeated use outside the spirit of the legislation. Additionally, we recommend that the bill explicitly state that any reauthorization of the use of restraints beyond the initial seven-day period would be permitted only after another adversarial hearing.

Ensure oversight

We appreciate that this bill would require DOC to finally provide people access to counsel in hearings that involve placements in restrictive housing or restraints. To increase oversight, we also recommend that this bill require any refusals of out of cell time or services be recorded on body worn cameras and made available to defender organizations without a judicial subpoena. We frequently hear from clients that DOC has falsely claimed that they refused out of cell time or services. Currently, DOC requires that defenders obtain a judicial subpoena before they provide videos of any refusals, which in practice frequently means that defenders are not able to review these videos. To require DOC to provide out of cell time and access to services without requiring them to record any refusals and ensuring that defenders have access to the videos risks making the requirement ineffectual.

Conclusion

BDS is grateful to the Committee on Criminal Justice for hosting this important hearing and continuing to call attention to the horrifying realities of solitary confinement in New York City jails. Thank you for your time and consideration of our comments. We look forward to continuing to discuss these and other issues that impact people we represent.

If you have any additional questions, please feel free to contact me at slmarquez@bds.org.

Public Testimony on New York City Introduction 549*September 28, 2022*

Good afternoon, Chair Rivera, Public Advocate Williams, and members of the Committee on Criminal Justice,

My name is Wayne Byun and I am a Campaign Manager at Campaign Zero, a national policy organization dedicated to ending police violence and mass incarceration. Along with my colleagues, I have been steering our research and campaign on ending solitary confinement.

From our research, we know the following two things about solitary confinement:

- First, solitary confinement is a form of torture and a gross violation of basic human dignity. There is ample evidence that strongly associates solitary confinement with long-term psychological harms and physical degradation. Solitary confinement truly manifests the worst of our society's punitive and carceral culture.
- Second, solitary confinement does not make jails safer. The practice of solitary confinement became more prevalent in the past 20 years in response to rising levels of violence and conflict within correctional facilities. However, there is little evidence that the use of solitary confinement actually helps to stem institutional violence or disorder, nor has it been shown to deter subsequent rule violations or lower post-release recidivism.

Grounded in these truths, we offer the following comments in support of the bill Introduction 549.

New York City today

In New York, despite Mayor Eric Adams' and Commissioner Louis Molina's repeated claims and lies to the contrary, the use of solitary confinement persists on Rikers Island today—see the recently reported use of shower stalls as makeshift human cages for de-escalation purposes.

In this context, and on the heels of the limited or unfinished implementation of the NYS HALT Act and the Risk Management Accountability System promulgated by the Board of Correction, we believe that the present bill is a much needed and potent step towards eliminating solitary confinement in New York City—for good.

We can end police violence in America.

www.campaignzero.org

A comprehensive bill

We commend the bill for advancing important slivers of humanity and fairness in what is otherwise a broken jail system, and for its thorough consideration of the full process of the potential use of restrictive housing, from placement to recurring review.

We in particular applaud the overall clarity of the ban on solitary confinement. The present bill achieves this not only by banning confinement in a cell for more than 8 hours, but also proactively by ensuring that all incarcerated individuals have access to at least 14 hours of out-of-cell time. Not only this, the bill requires that the out of cell time for those in restrictive housing must be *social* in nature, taking place in congregate settings. Especially in context of so many other jurisdictions where out of cell time for restrictive housing amounts to no more than an hour of recreation in a slightly bigger cage, we welcome the clarity and thoughtfulness behind the bill's design.

We also applaud the bill's provision of due process and legal representation in placement hearings. Across the country, appropriate legal representation is a rarity in restrictive housing placement hearings, meaning individuals can be separated and isolated often for an indefinite length of time without recourse or possibility of appeal. By allowing for legal counsel or advocate in restrictive housing placement hearings, New York City can be a champion and model for due process rights and protections—even and especially for those who are incarcerated.

Restrictive housing and rehabilitation

If there is an area of feedback, it has to do with the programming provided during placement in restrictive housing. As we understand the intent of the bill, restrictive housing need not be a form of punishment, but can be an opportunity for rehabilitation for those most in need. We further applaud the bill's provision for a multidisciplinary review process to review the placement status, release individuals back to the general population as quickly as possible, and to provide tailored programming and treatment plans as needed.

Yet the bill has very little to say about the types of programming that can and should be offered. This, coupled with the lack of accompanying resources for multidisciplinary staff capacity and additional programming, makes it likely that individuals placed in restrictive housing do not actually receive the support that they need and that the review process is really a formal matter only.

In response, we recommend that the bill includes a requirement of a detailed, evidence-based programming plan be developed with input from the community and discussed at a public hearing before the law goes into effect. Such a plan should include regular public reporting requirements and be passed with a commitment from the Council to ensure such programming is actually funded and delivered to those placed in restrictive housing.

In closing

Campaign Zero believes that no human beings should be held in cages. Solitary confinement is a cage within a cage, an even smaller jail within an already devastating carceral system. While we have no illusions that the current bill will alter the utter dysfunction and neglect of the Department of Correction and Rikers Island, the bill represents a critical step to reducing the harm that the current system poses. In memory of all those who have died under the Department's watch, and in particular Elijah Muhammad, Brandon Rodriguez, Layleen Polanco and many others who suffered firsthand the cruelties of solitary confinement, the Council must and should pass Introduction 549.

Thank you for the opportunity to testify. If you have any questions about my testimony or Campaign Zero's research, please contact me at wayne@campaignzero.org.



**Testimony of Julia L. Davis, Esq.
Director of Youth Justice & Child Welfare**

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

The Children's Defense Fund-New York (CDF) is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement in the City's jails, for people of all ages, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

CDF is a 501(c)(3) non-profit child advocacy organization founded in 1973 that has worked relentlessly for more than 40 years to ensure a level playing field for all children. We champion policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education and a moral and spiritual foundation. Supported by foundation and corporate grants and individual donations, CDF advocates nationwide on behalf of children to ensure children are always a priority.

Established in 1992, the Children's Defense Fund-New York (CDF-NY) office has a unique approach to improving conditions for children, combining research, public education, policy development, community organizing, and advocacy. A recognized authority in the endeavor to protect children and strengthen families, CDF-NY serves as a resource and partner for children, families, and organizations throughout New York City and State. We leverage our national influence to eliminate the harmful and disproportionate impact that poverty has on children in New York and to eliminate racial and gender inequities in the areas of youth justice, education justice, health justice, economic mobility, and child welfare.

We and other youth advocates successfully fought to end the use of solitary confinement in the City's jails for adolescents and young adults up through age 21, based on the [well-known physical, behavioral, emotional and mental health consequences of sustained isolation](#).

But we know that solitary confinement is torture at any age.

Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking their names, it continues in New York City jails in various forms.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

The Proposed Legislation

Under Intro. No. 549, if someone engages in violence:

- they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours; and
- after that immediate period, people can be separated from the general facility population.

Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those described in the programs above, that are better suited for actually reducing and preventing violence by addressing the underlying issues and roots of violent behavior.

While the former Mayor de Blasio promised to end solitary confinement in New York City, and the current DOC Commissioner vowed to implement real alternatives involving full days out-of-cell, the Board of Correction found in June 2022 that jails [continue to lock people in solitary confinement 23+](#) hours a day. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

To fully end solitary, all people in NYC jails must have access to at least 14 hours of time out of cell per day, with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space.

There is widespread support for the City Council to finally end solitary in New York City. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.



Testimony before the New York City Council Committee on Criminal Justice Banning Solitary Confinement in City Jails, Int. No. 549, September 28, 2022

My name is Daniele Gerard and I am a senior staff attorney at Children's Rights, a national advocate for youth in state systems. We are also a member of the New York City Jails Action Coalition and the Young Adult Task Force. Our experience with adolescents and young adults in foster care and juvenile justice systems often brings us in contact with young adult and youth corrections policy, as our clients are disproportionately represented in young adult and juvenile correction facilities. We advocate for young adults incarcerated on Rikers Island.

We would like to thank Public Advocate Williams, Chair Rivera, Speaker Adams, and all the co-sponsors for introducing Int. No. 549, Banning Solitary Confinement in City Jails. Children's Rights supports this bill. Solitary confinement is torture. It should be abolished outright, no matter the euphemism, whether ESH, Secure Unit, Separation Status, Risk Management and Accountability System, or lengthy placement in restrictive housing.

Today's testimony against Int. No. 549 epitomized the very definition of insanity—doing the same thing over and over and expecting different results. The Department of Correction, the Correction Officers' Benevolent Association, and James Austin's clamoring against the bill and for punitive segregation perpetuates a system that has specifically proven not to reduce violence or danger to anyone on the Island, incarcerated persons and DOC staff alike. We heard testimony that violence on the Island is caused by a small percentage of incarcerated persons, yet there was no testimony about any steps the Department is taking to implement constructive responses—only dehumanizing epithets about incarcerated people. We heard testimony that the Department complies with HALT, and shortly afterwards, that HALT does not apply in certain circumstances.¹

None of this makes any sense. No testimony opposing Int. No. 549 for safety reasons suggested the expansion or adoption of successful violence reduction interventions like New York City's CAPS program, New York State's Merle Cooper Program, or San Francisco's RSVP program. None of this testimony proposed anything other than continuing the same deluded, doomed, and detrimental practice of solitary confinement.

We call on the City Council to pass Int. No. 549 without delay. It includes many crucial humanitarian provisions and common-sense practices to reduce violence. First, while incarcerated, every young adult must have 14 hours out-of-cell time each and every day, as the

¹ Yet more than 70 state legislators have said that the Department's current plan violates the HALT Act, and have urged City Council action. <https://www.politico.com/states/new-york/albany/story/2021/08/02/state-lawmakers-say-citys-solitary-confinement-overhaul-falls-short-1389390>

bill provides. Excessive isolation flies in the face of current research and policy concerning older youth and isolation's effect on their brain development and long-term cognitive and social abilities.

Second, out-of-cell time and programming must take place literally outside a cell, and there must be meaningful programming in group settings to enable incarcerated persons to engage with other human beings, as the bill provides. Considering these needs, it defies math and logic that not all uniformed correction posts are filled each and every day. Sick-outs and other absences mean there aren't enough officers to enable the provision of programming, education, and mental and medical health services to young adults and others on the Island in the sufficiency, quantity, and duration acknowledged to reduce violence.

Third, contrary to the Department's and COBA's testimony, the bill provides for temporary isolation and separation when necessary. Fourth, our elected officials have a responsibility to spend taxpayer money wisely, which this bill encourages, instead of spending *half a million dollars per year* to incarcerate someone on Rikers² to prop up a violent and death-riddled penal colony, the majority of whose residents suffer with mental illness and nearly all of whom are people of color who have not even been tried.³

We urge the City Council to pass Int. No. 549. Incarcerated persons and New York City taxpayers deserve no less.

Thank you for the opportunity to testify today.

Sincerely,



Daniele Gerard
Senior Staff Attorney
dgerard@childrensrights.org

² New York City Comptroller's Office (Budget Bureau), *NYC Department of Correction FYS 2011-21 Operating Expenditures, Jail Population, Cost Per Incarcerated Person, Staffing Ratios, Performance Measure Outcomes, and Overtime*, December 2021, https://comptroller.nyc.gov/wp-content/uploads/documents/DOC_Presentation_FY_2021.pdf ; *see also* <https://www.bloomberg.com/news/articles/2021-03-10/nyc-spent-half-a-million-dollars-per-inmate-in-2020-report-says>

³ <https://greaterjusticenyc.vera.org/nycjail/>



Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

Lauren Galloway, Advocacy Coordinator for the Coalition for Homeless Youth, is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most.

To be clear, under Intro No 549 if someone engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people can still be separated from the general facility population. Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

Despite the well known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the City Department of Correction (DOC) continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails [continue to lock people in solitary confinement](#) 23+ hours a day, for extended periods of time. Being locked alone in a two foot extension of the cell is not “out of cell” time. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

The DOC continues so many different forms of solitary by different names and often comes up with new names, whether decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary.

It is past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The

right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#) passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.

Hi My Name is Joseph Damiano and I am here today representing Downstate NY Adapt. I am a person with a disability and also advocate for people with disabilities.

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities.

The City Council must pass Int.No.549 immediately to end solitary confinement. It should instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

All people in NYC Jails must have access to 14 hours of time out of a cell each day which at least seven of those hours doing programming and activities.

Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

Thank you for your attention to this critical matter.



Sunday, September 25, 2022

Equality New York Urges NYC to End the Use of Solitary Confinement

New York City Council
Commission on Criminal Justice
CC: Hon. Carlina Rivera, Chair

Dear Committee of Criminal Justice,

I would like to start off by thanking the Committee on Criminal Justice for holding this hearing. I am honored to be here with so many of my colleagues who I have had the pleasure of working with over the years to truly end the use of solitary confinement, an inhuman form of torture. I do not want to take too long as I know my fellow colleagues have outlined a lot of the common concerns we as a community have in regards to the impact on those who identify as LGBTQI, Black, and/or People of Color.

I am here today representing Equality New York, a statewide advocacy organization with over 5,500 members and 100+ organizational partners, many here today. Our mission is to improve the lives of all LGBTQI New Yorkers and their families. That is why I am here today, to share the negative impact the use of solitary confinement has on our community.

Multiple studies have shown that solitary confinement has historically been used disproportionately against Lesbian, Bisexual, Transgender, Queer, & Intersex (LGBTQI) individuals. We have shared a few of these studies and findings for you to review. Within the LGBTQI community, Transgender/Gender Non-Conforming, Non-Binary, & Intersex people are targeted the most. Jails and prisons often try to claim they use solitary confinement to “protect” LGBTQI/TGNCNBI individuals even after multiple studies have shown the lasting



negative effects on both the mental and physical health of being detained in this specific way. Rather than prioritizing safety for all those in the care of the system they continue to use this inhumane practice.

As we all know, incarceration doesn't only affect the individual inside the system but the entire family unit. Those being put in solitary confinement are coming out of the system with increased mental health issues. Therefore, the impact of solitary confinement creates a ripple effect in families for generations to come.

Lastly, I know for sure, I will be one of many to make sure we speak the name of Layleen Polanco. A woman who was murdered in 2019 due to the use of solitary confinement.

I ask of you all today, to immediately end the use of this inhuman and a form of torture.



**TESTIMONY OF
THE FORTUNE SOCIETY**

**THE COMMITTEE ON CRIMINAL JUSTICE
NEW YORK CITY COUNCIL**

City Hall,
New York, NY

Wednesday, September 28, 2022

SUBJECT: Banning solitary confinement in city jails

PURPOSE: To support passage of Int. 0549-2022

Presented by

Andre Ward

Associate Vice President,
David Rothenberg Center for Public Policy

The Fortune Society
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<http://www.fortunesociety.com>

Good afternoon, Council Committee Chair Rivera and Members of the Committee:

My name is Andre Ward. I am the Associate Vice President of The David Rothenberg Center for Public Policy at the Fortune Society. The Fortune Society is a 55-year-old organization that supports successful reentry from incarceration and promotes alternatives to incarceration, thus strengthening the fabric of our communities. We do this by believing in the power of people to change; building lives through service programs shaped by the experiences of our participants; and changing minds through education and advocacy to promote the creation of a fair, humane, and truly rehabilitative justice system.

The New York City Department of Correction may no longer call how it isolates people “solitary confinement” on paper, but that is precisely what is done in practice. I say this as someone who, decades ago, spent over three years on Rikers Island, and 13 years in state prisons. I tell you that locking a human being in a cage that is supposed to be used as a decontamination shower and that is too small to sit down in, for hours on end, is a form of solitary confinement.¹ Confining a human being in what is called a “de-escalation unit” for over 30 hours is a form of solitary confinement.² At Rikers Island, these uses of solitary confinement by other euphemistic names killed 25-year old Brandon Rodriguez last year, and 31-year old Elijah Muhammad this July.³

Solitary confinement is simply torture by another name. It is well-documented that it causes immediate and lasting physical and psychological damage to the people subjected to those brutal conditions.⁴ In the context of the continuing humanitarian crisis in our city jails, as with Mr. Rodriguez and Mr. Muhammad, solitary confinement is deadly. Banning solitary confinement as proposed by this important bill, Intro. 549, is critical to save lives.

It is particularly important to pass this bill given two aspects of the current disturbing state of affairs in our city jails: First, over half of the people held by DOC have a mental health diagnosis.⁵ As of July of this year, a monthly average of 18% of people in our city jails have a

¹ Glorioso, C. and Copenhagen, C. (2022, July 15). “Locking Prisoners in Narrow Shower Stalls Called ‘Inhumane’ at Rikers Island,” *NBC News*. Retrieved Sept. 15, 2022 from <https://www.nbcnewyork.com/investigations/i-team-locking-prisoners-in-narrow-shower-stalls-called-inhumane-at-rikers-island/3777087/>.

² Dorn, S. (2022, July 12). “Elijah Muhammad was kept in isolated unit on Rikers for over 30 hours days before his death, board member claims,” *City and State NY*. Retrieved Sept. 15, 2022 from <https://www.cityandstateny.com/policy/2022/07/elijah-muhammad-was-kept-isolated-unit-rikers-over-30-hours-days-his-death-board-member-says/374172/>.

³ Ransom, J. (2022, July 12), “In a Rikers Jail cell, a Man Lay Dead for Hours Before He Was Discovered,” *The New York Times*. Retrieved Sept. 15, 2022 from <https://www.nytimes.com/2022/07/12/nyregion/rikers-jail-man-dead.html>.

⁴ See, e.g., Grassian, S. (2006), *Psychiatric Effects of Solitary Confinement*, 22 WASH. U. J. L. & POL’Y 325 (2006), Retrieved Sept. 15, 2022 from https://openscholarship.wustl.edu/law_journal_law_policy/vol22/iss1/24; Jahangir, T., (2020, January 20) “Solitary confinement is bad for the heart, too,” *Massive Science*. Retrieved Sept. 15, 2022 from <https://massivesci.com/notes/cardiovascular-health-comparison-solitary-confinement-prison-health/>.

⁵ New York City Comptroller’s Office (2021, December 6). *NYC Department of Correction FYs 2011-21 Operating Expenditures, Jail Population, Cost Per Incarcerated Person, Staffing Ratios, Performance Measure Outcomes, and Overtime*. Retrieved March 25, 2022, from https://comptroller.nyc.gov/wp-content/uploads/documents/DOC_Presentation_FY_2021.pdf. See also House Committee on Oversight and Reform

serious mental illness.⁶ People with mental health conditions are especially vulnerable to the harms caused by extended isolation from others.⁷ Brandon Rodriguez had a known history of mental illness and yet was locked in isolation in a shower cage for hours, while suffering from an orbital fracture, and there took his own life.⁸ An important component of the bill under consideration today is that it would require mental health staff to check frequently on people held for de-escalation purposes, or who are confined to their cells during emergency lock-ins. This is critical because the trauma caused by isolation is also compounded for those who are not provided timely access to mental health care, a failure for which DOC was held in contempt in May of this year.⁹ Our jails have become mental health facilities that do not provide adequate care and instead inflict trauma. In such a setting, we must ensure that the inhumane practice of solitary confinement, by any name, is outlawed.

Second, as has been well-documented before this Committee, in Board of Corrections hearings, federal court proceedings, and reports about the deaths of 14 people who had been held at Rikers Island, the culture of neglect and dysfunction in our city jail has reached what should be an unthinkable level.¹⁰ This is reflected in the continuing crisis of uniformed staff not reporting to work or being at their assigned posts, as happened in the case of Kevin Bryan, who just last week hung himself on a unit that lacked full staffing.¹¹ This is most starkly reflected in the shocking behavior of staff who watched Michael Nieves bleed out, for ten minutes, after he cut his own throat, while he was housed on a unit for people with serious mental illness.¹² In this utter chaos,

(8 April 2022), <https://oversight.house.gov/news/press-releases/oversight-committee-urges-nyc-mayor-to-address-mental-health-crisis-at-rikers>.

⁶ NYC Comptroller Dashboard Update (2022, Sept. 13). Retrieved Sept. 15, 2022 from <https://comptroller.nyc.gov/newsroom/dashboard-update-nyc-comptroller-releases-new-monthly-data-on-department-of-correction-operations/>.

⁷ Glowa-Kollish, S., et al. (2016, Feb. 2), “From Punishment to Treatment: The ‘Clinical Alternative to Punitive Segregation’ (CAPS) Program in New York City Jails,” *International Journal of Environmental Research and Public Health*. Retrieved Sept. 15, 2022 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953781/>.

⁸ Katz, M. (2022, Aug. 10). “Man who died by suicide at Rikers had history of mental illness, lawsuit claims,” *Gothamist*. Retrieved Sept. 15, 2022 from <https://gothamist.com/news/man-who-died-by-suicide-at-rikers-had-history-of-mental-illness-lawsuit-claims>.

⁹ Ransom, Jan (2022, May 18) “Judge Faults Medical Care for Detainees in Latest Sign of Rikers Crisis.” *The New York Times*. Retrieved Sept. 15, 2022 from <https://www.nytimes.com/2022/05/17/nyregion/nyc-correction-department-rikers.html>

¹⁰ See, e.g., the Nunez Monitoring team (2022, March 16). *Special Report of the Nunez Independent Monitor*. Retrieved March 22, 2022, from <https://legalaidnyc.org/wp-content/uploads/2022/03/Special-Report-03-16-22-As-Filed.pdf>; Bryant, E. (2022, Sept. 15) “14 People Have Died in New York City Jails in 2022.” Retrieved Sept. 15, 2022 from <https://www.vera.org/news/nyc-jail-deaths-2022>; Fonrouge, G., (2022, June 21) “NYC reveals eighth DOC custody death so far this year – the second in two days,” *The New York Post*. Retrieved Sept. 15, 2022 from <https://nypost.com/2022/06/21/nyc-reveals-eighth-doc-custody-death-so-far-this-year/>.

¹¹ Hernandez, E. and Gross, C. (2022, Sept. 14). “14th Rikers-related death in 2022 under investigation: DOC,” *NY1 News*. Retrieved Sept. 15, 2022 from <https://www.ny1.com/nyc/all-boroughs/public-safety/2022/09/14/rikers-related-death-in-2022-under-investigation--doc->.

¹² Ransom, J. (2022, Aug. 30). “Man Held at Rikers Dies From Razor Wound After Guards Fail to Intervene,” *The New York Times*. Retrieved Sept. 15, 2022 from <https://www.nytimes.com/2022/08/30/nyregion/rikers-island-death.html>.

and in the face of this shocking behavior, any steps that can be taken to prevent further deaths must be taken immediately – and that includes banning solitary confinement.

I also urge this Committee to follow the facts, not fear, and not baseless claims that solitary is necessary for maintaining order in a disordered system. Studies have shown that there are humane ways to prevent people in custody from engaging in violence.¹³ In addition, as described above, simply ensuring that uniformed staff are at their assigned posts, performing their assigned duties, is an obvious and critical first step to maintaining order. Opponents of this bill may claim that DOC needs more staff, and more financial resources – but that is simply not the case. As of last month, 12% of DOC staff were out for medical reasons – that is double the percentage who were out for nearly the entire year before the pandemic.¹⁴ And 8% of staff have been designated as unable to work directly with people in custody.¹⁵ 831 DOC staff were not coming to work in August, while 559 were unable to be assigned where they are most needed, working with people in DOC custody - that is almost 1400 total staff.¹⁶ With no disrespect to officers who are actually unable to work due to illness or injury, the abuse of overly generous sick leave has been well-documented.¹⁷ That must lead us to question any claims that additional staffing resources are needed. As the federal court monitor in the ongoing *Nunez* litigation noted, the DOC has “one of the richest staffing ratios in the country.”¹⁸ This is not a question of resources, but a question of the will to treat people humanely.

For all of these reasons, the Fortune Society strongly supports the passage of Introduction 549. We thank the supermajority of Councilmembers and the Speaker for supporting this bill. And we thank you, Chair Rivera, and this Committee for holding this hearing. The lives of our fellow New Yorkers depend on it.

¹³Wright, J. (2020, Jan. 20), “These programs work better than solitary confinement,” *Times Union* <https://www.timesunion.com/opinion/article/Commentary-These-programs-work-better-than-14990190.php>; Gilligan, J. and Lee, B. (2055, April 8). “The Resolve to Stop the Violence Project: transforming an in-house culture of violence through a jail-based programme,” *Journal of Public Health*. Retrieved Sept. 15, 2022 from <https://academic.oup.com/jpubhealth/article/27/2/149/1595844>.

¹⁴ NYC Comptroller Dashboard. Retrieved Sept. 23, 2022 from <https://comptroller.nyc.gov/services/for-the-public/departments-of-correction-doc/dashboard/>.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ See, e.g., Rayham, G. (2022, May 23). “As Rikers Island crisis worsened, hundreds of NYC correction officers evaded enforcement of sick leave rules.” *The Daily News*. Retrieved Sept. 23, 2022 from <https://www.nydailynews.com/new-york/nyc-crime/ny-rikers-correction-officer-sick-leave-abuse-investigation-20220523-gfpgkqcfngbcroi5xddd53gqkm-story.html> (finding at least 200 officers had violated sick leave policy so far in 2022).

¹⁸ The Nunez Monitoring team (2022, March 16). *Twelfth Report of the Nunez Independent Monitor*. Retrieved Sept. 23, 2022, from https://www1.nyc.gov/assets/doc/downloads/pdf/12th-Monitors-Report-12-06-21_As-Filed.pdf.



Testimony by the #HALTsolitary Campaign

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

INTRODUCTION

The #HALTsolitary Campaign is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being. Solitary confinement in New York City jails continues to torture and kill people. The use of solitary is also part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 16 people this year and 32 people since early 2021. New York City must finally and fully end solitary confinement by enacting Intro. No. 549, and all local and state officials – including judges, District Attorneys, the Mayor, City Council, state legislature, and Governor – must do everything in their power to release people, stop sending people to these deadly jails, and ensure all New Yorkers have their basic human rights protected.

The #HALTsolitary Campaign is a New York statewide campaign led by people who have survived solitary confinement, family members who have or who have lost loved ones to solitary, and other leaders in the human rights, advocacy, health, and faith communities. Comprised of more than 400 organizational supporters, the #HALTsolitary Campaign aims to end the torture of solitary for all people and promote more humane and effective alternatives. The #HALTsolitary Campaign also aims to build on these changes – and their pursuit – to dismantle the racial injustices and punishment paradigm that underpin the entire incarceration system. In partnership with the Jails Action Coalition (JAC), the #HALTsolitary Campaign and JAC have led efforts to end solitary confinement in New York City.

We can not wait any longer. The city jails are literally torturing people. People are suffering, locked in various cages without meaningful human engagement or group programming. People are continuing to die in solitary. For years, officials have been promising to end solitary confinement. How many people have been tortured since then? How many people have lost their lives and would still be here if the City Council had acted sooner? The use of solitary confinement contributes to harm and death in the jails, to violence in the jails, and to harm, death, and violence in outside communities, and the city should be ending it as part of its strategy to reduce violence – in jails and outside communities – and ensure all New Yorkers remain healthy and well.

Now is the moment. This City Council must end solitary confinement once and for all. New York City can no longer allow this torturous and deadly practice to go on. We urge the Council to immediately pass Intro. No. 549, and urge the Mayor to sign it into law.

This testimony will highlight several key provisions of Intro. No. 549, and discuss why each provision is essential and urgent.

1. Ending Solitary Confinement, Other than for Emergency De-Escalation. § 9-163(b).

This section of the legislation would prohibit solitary confinement, other than for purposes of individual emergency de-escalation or emergency group lock-in.

Solitary confinement is [torture](#) and causes devastating [harm](#). Solitary also [worsens](#) safety for incarcerated people, staff, and outside communities by causing people to deteriorate and making it more likely they would engage in harmful conduct.

In the City jails, solitary – as the entire jail system – is disproportionately inflicted on Black people, Latinx people, and other people of color, as well as transgender and gender non-conforming people, people with mental health needs, and young people.

Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities.

Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Brandon Rodriguez, Elijah Muhammad, Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

Solitary causes people to engage in [self-mutilation and suicide](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It leads people to deteriorate mentally and physically. [Research shows](#) that even only one or two days in solitary leads to significantly heightened risk

of death by accident, suicide, violence, overdose, and other causes. On the day of her death in solitary confinement on Rikers Island, Layleen Polanco had been locked in her cell for [two or three hours](#) before she died.

Despite promises to end solitary invoking Kalief's and Layleen's names, it continues in New York City jails in various forms by various names.

Last August, [Brandon Rodriguez](#) died after he was locked in solitary confinement in a shower cage, like the shower cage in the image below. Less than a year later, NYC jails [locked Elijah Muhammad in solitary confinement](#) in the same shower cages – to the point that he attempted to hang himself and was found with a ligature around his neck. Elijah was then again locked in solitary confinement, leading to his death in July 2022. According to the [New York Times](#), “in the days before he died, he had spent more than 32 hours in isolation” without “a bed or access to medical care”. Hours before Elijah died, officers “saw that he appeared to be disoriented and barely able to walk” and “needed medical attention.” Yet, they left him to die in his cell and then left his body for hours after he died.



2. Following Existing General Minimum Standards to Restrict Lock-Ins to 10 Hours a Day, while Allowing an Additional Maximum of Four Hours Immediately Following an Incident. § 9-163(b).

The bill follows the existing general minimum standards in New York City jails that only allow people to be locked-in for eight hours at night for sleep and two additional hours for count and other administrative reasons. The bill also allows an exception to those maximum periods of lock-in for purposes of immediate de-escalation. Because of the devastating and potentially deadly harm that even short periods of time in solitary can cause, the bill follows best practices to limit such emergency-de-escalation to a maximum of four hours immediately following an incident. Also, in order to prevent abuse of, or circumvention of, that limit and to ensure that a person is not repeatedly placed in isolation, the bill also places a maximum limit of four hours in a 24-hour period and 12 hours over a seven day period.

While the Board of Correction's minimum standards currently place a cap on de-escalation confinement of six hours, the Board has [reported](#) that the Department has repeatedly violated that limit in a widespread manner, keeping people locked in for many more hours and even days, including Elijah Muhammad noted above leading up to his death. As discussed throughout this testimony, even very short periods in isolation can cause devastating and even deadly harm. As noted elsewhere in the testimony, on the day she died Layleen Polanco was locked in her cell for the last time for only two to three hours before she died.

This provision of the legislation is needed to place a hard cap of four hours on confinement for emergency de-escalation, in line with the best practices in other institutional settings. The following provide examples from adult institutional mental health settings and youth correctional settings related to the use of isolation measured in minutes or hours.

In adult mental health settings, over the last few decades there has been growing and now accelerated movement completely away from what was once a very widespread practice of solitary confinement or what is often called "seclusion" because of the recognized harm of isolation. For example, in Pennsylvania, in the 1990s, the state's mental health hospitals [dramatically restricted the use of seclusion to very few incidents with an average length of just over 1 hour](#), and in the 2000s they reduced it even further to the point of fully eliminating it, with reporting that there has been [no use of seclusion in PA hospitals since 2013](#). The reductions in the use of seclusion (as well as reductions in the use of restraints) were correlated with *fewer* assaults by patients.

In youth facilities, there has also been growing momentum in recent years to limit the use of "room confinement" or "seclusion" to minutes or hours at a time. As an example, the federal [First Step Act](#) fully banned the use of solitary/room confinement in youth facilities (defined as the "involuntary placement ... alone in a cell, room, or other area for any reason") other than for

up to a maximum of 30 *minutes* in instances where there was a risk of self-harm and up to a maximum of three hours in instances where there was a risk of harm to others. This law follows best practices among leading experts and other jurisdictions. For example, the [American Bar Association has urged an absolute maximum of four hours](#) of such confinement for young people. Similarly, the leading expert on youth facility monitoring and assessments, the Juvenile Detention Alternatives Initiative (supported by the Annie E. Casey Foundation and in more than 250 sites in 39 states), has also said for a number of years that there should be an [absolute maximum of 4 hours](#) (p. 192) on such confinement because of the harm solitary/isolation can cause. Various jurisdictions have limited solitary in youth settings to time measured in hours or less. For [example](#), Colorado has reduced room confinement to the point of having an average duration of roughly one hour (with dramatic reduction in the number of times a person is placed in room confinement) and Massachusetts has an average duration of less than 40 minutes, with positive impacts on safety and well-being.

3. Ensuring Restrictions on Group Lock-ins Are Consistent with Individual Lock-Ins. § 9-163(f)

This section of the bill places limits on group lock-ins consistent with individual lock-ins for purposes of de-escalation outlined above. Specifically, the bill requires that any department, facility, partial facility, and housing area lock-ins be in as narrow an area with as limited a number of people as possible, only occur after exhausting less restrictive measures, be ended as quickly as possible, and not exceed four hours.

The bill would limit group lock-ins in this way because whether someone is isolated as part of an individual lock-in or a housing area lock-in, the isolation can have the same negative impacts. Also, the bill uses the same four hour limitation as with individual lock-ins in order to prevent the department or individual staff from attempting to circumvent the restrictions on individual lock-ins by locking down a housing area.

Recent reports indicate that — at least at the Robert N. Davoren Center (RNDC) that holds a number of young people — there has been an [increase](#) in emergency lock-ins under the current administration compared to last year. Specifically, it has been reported that lockdowns increased 64% compared to last year, with an average of more than one lockdown per day at RNDC and such lockdowns extending upwards of a day or more. The Department of Correction has long utilized lockdowns [far too frequently](#): a report of the Board of Correction documented in 2019 that there were thousands of lockdowns per year, averaging over five lockdowns *per day*, with an average length of time of 11 hours and sometimes encompassing multiple days.

4. Requiring Repeated Staff Engagement during Confinement for Health and De-Escalation, Including Medical and Mental Health Staff. § 9-163(b), (f)(2)

These provisions of the bill require staff engagement with people locked in during confinement for purposes of individual de-escalation or group lock-ins. During individual lock-ins for emergency de-escalation under § 9-163(b), department staff have to engage with the individual at least once an hour to attempt de-escalation. In addition during both individual lock-ins under § 9-163(b) and group lock-ins under § 9-163(f), medical staff have to engage in meaningful rounding every 15 minutes and mental health staff in particular have to meet with the individual at least once an hour to evaluate and treat any mental health needs. Also, medical and mental health staff can remove a person from such confinement if it is medically contraindicated.

These provisions for staff engagement are important in light of the decompensation and devastating and sometimes deadly harm that can take place in even a short period of time in isolation, and also to help de-escalate a situation. Under existing Board of Correction [rules](#), staff are already required to conduct visual and aural observations of people in de-escalation confinement every 15 minutes. In light of repeated failures of corrections staff without medical training to properly conduct that rounding and intervene in situations of medical distress, the bill provides that medical staff should be carrying out such rounding.

As one devastating example, staff failed to do the required rounding on the day [Layleen Polanco](#) died after being locked in for only two to three hours, and even when they did look into her cell, they failed to adequately check on her, did not engage her at all, at one point laughed while looking in, and failed to intervene in any way.

As another devastating example, just last month in August of 2022, [Michael Nieves](#) died after two correction officers and a captain watched and did nothing for *10 minutes* after Michael cut his throat and bled to death, when they could have saved his life.

As another devastating example of staff failing to intervene when a person was in medical distress, multiple officers and eventually emergency FDNY medical personnel [watched and did nothing](#) while Nicholas Feliciano, locked alone in an intake pen, was hanging motionless from a ligature around his neck for nearly eight minutes. Nicholas thankfully survived but was left with severe brain damage. The following excerpt from the Board of Correction's report on Nicholas Feliciano provides more details of this horror:

"...Mr. Feliciano resumed work on the ligature. Standing again on the toilet partition, he began tying a second shirt/sweatshirt to the bars on the left side of the pen and connected the two clothing items. He looped the ligature around his neck while standing on the partition and then dropped his body from the partition. Hanging from his neck, the tips of his toes appeared to

barely touch the ground. Immediately after dropping from the ligature, Mr. Feliciano appeared to change his mind and could be seen struggling to lift himself to safety using the partition as support. The tips of his toes made slight contact with the ground as he attempted unsuccessfully to lift himself back onto the partition. For one minute and 51 seconds, surveillance footage shows him hanging with his arms and legs flailing before losing consciousness at 11:43:04 p.m. During this one-minute-and-51-second period, Officer 2 was standing several feet away in the Officer's station directly facing Pen 11. At the same time, two people in custody across the corridor in Pen 7 appeared to watch what was happening.

At approximately 11:43 p.m., Officer 3 approached Mr. Feliciano's pen. He opened the pen door and looked inside for 14 seconds at Mr. Feliciano, who was hanging motionless with his toes grazing the ground. Officer 3 then closed the door without entering the pen and walked away. At 11:44 p.m., Officer 1 passed directly in front of Pen 11 without looking at Mr. Feliciano. At the same time, two people in custody who appeared to be disposing of garbage bags in the Main Intake took notice of Mr. Feliciano hanging and moved around to the front of the pen to get a closer look.

Meanwhile, Urgi-Care had reportedly determined to send Mr. Feliciano's friend Mr. Martinez to the hospital for further evaluation. The sally port exit where ambulances arrive is behind the Officer's station in the Main Intake, and so at 11:44 p.m. two FDNY EMTs wheeled Mr. Martinez through the Main Intake on a gurney, escorted by three Officers (Officers 4, 5 and 6). From their path through the Main Intake to the sally port exit, Mr. Martinez, the three escort officers, and the two EMTs had a direct line of vision to Pen 11 and looked over at Mr. Feliciano while he was hanging motionless. Mr. Martinez and the two EMTs spent more than three minutes at the exit behind the Officer's station waiting for the sally port to open, during which time the two EMTs stared intently across the Main Intake at Mr. Feliciano's pen, appearing concerned but not moving from Mr. Martinez's gurney. Mr. Martinez later told Board staff that during this time, Officers asked him to tell Mr. Feliciano to stop "fronting" (i.e., faking a suicide attempt); Mr. Martinez reported that he yelled out to Mr. Feliciano, and then when Mr. Feliciano failed to respond, Mr. Martinez began crying and yelling at Officers to help. The Genetec video reviewed by Board staff (which does not contain audio) confirms that Mr. Martinez appeared distraught and shouted several times towards Pen 11. During this three-minute delay waiting for the sally port to open, Officers 1, 2, 3, and 7 each made an appearance at the Officer's station. At 11:47 p.m., the FDNY EMTs wheeled Mr. Martinez out of the Main Intake sally port and transferred him to Bellevue Hospital by ambulance.

At 11:46 p.m., Officer 7 walked past Pen 11. One minute later, Officers 1 and 7 walked together around the perimeter of Mr. Feliciano's pen looking at him, motionless with a ligature around his neck. They both then proceeded to a back room off the Main Intake Floor. At 11:47, Officer 2 gestured to Officer 3 to indicate he was leaving the area. One minute later, Officer 2 returned

with the Intake Captain and unlocked the door of Pen 11. The Officers stood outside the open door for seven seconds before entering, at which time Officer 7 followed them inside. The Captain placed handcuffs on one of Mr. Feliciano's wrists, and then the Captain and Officer 2 untwisted Mr. Feliciano's body to release his neck from the ligature.

At that point, 11:49 p.m., Mr. Feliciano fell to the ground in a slump on his knees after hanging for seven minutes and 51 seconds..."

5. Ensuring All People, Including People in Restrictive Housing, have Access to 14 Hours Out-of-Cell Per Day, with Group Programming and Activities. §§ 9-163(d)(5-6), (e)

These provisions would require that all people in New York City jails, including people in restrictive housing, have access to at least 14 hours of daily out-of-cell time (the existing minimum standard for people generally in the jails), with access to education and other programming and the ability to move around freely in a housing area during out of cell time. They would also require that people in restrictive housing have access to comparable interaction and comparable programming as people in general population, including access to at least seven hours of daily group programs and activities in the same shared space, as well as programming addressing their unique needs.

These provisions collectively allow for separation without isolation. The department is able to continue to separate people from the general population if they pose a risk of harm to others. The question is the nature of that separation. Rather than isolation and torture known to harm people and worsen safety, the bill requires that people who are separated have access to engagement and programming aimed at addressing the reasons why they are being separated. There is no evidence that shows that restricting people's out of cell time or access to group programming does anything positive for safety; as noted above evidence shows the opposite is true that isolating people makes them more likely, not less, to engage in harmful conduct, whereas there are proven program-based interventions that have dramatically reduced violence. Of note, with respect to the provision requiring access to at least seven hours of daily congregate programming and activities, the HALT Solitary Confinement Law – binding on New York City jails – [requires](#) that people in alternative units have access to at least seven hours of daily congregate programs and activities.

The following provide examples in adult correctional settings of programs that utilize separation, without isolation, involving full days of out-of-cell congregate engagement and programming. These examples include people who have engaged in serious and repeated acts of violence, and show much better outcomes than solitary for well-being and safety.

The Resolve to Stop the Violence Project (RSVP) in San Francisco jails involves full days of out of cell congregate programming and engagement. It has shown dramatic reductions in violence [in jails](#) and [outside communities](#) after people returned home, all while achieving financial savings. The RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeatedly carried out “heinous” acts, and again led to a precipitous drop in violence among participants to the point of having *zero incidents over a one year period*.

Similarly, the [Merle Cooper program](#) in New York State was meant for people at high risk of recidivism, and involved people being fully separated from the rest of the prison population. Yet, it was operated as the opposite of solitary — with full days out of cell, programming, peer led programming, and even the ability to earn the right to not be locked in at night. The program had positive outcomes on violence, and was praised by staff, administrators, and participants.

The [CAPS \(Clinical Alternatives to Punitive Segregation\) program](#) in the New York City jails is an alternative to solitary for people with significant mental health needs that is based on therapeutic approaches rather than punitive ones or isolation, and involves full 14-hour days out of cell with programming and engagement. It has also shown positive outcomes for reducing violence and self-injury. Similarly, the PACE (Program to Accelerate Clinical Effectiveness) program, while not a disciplinary unit, is an intervention involving full 14-hour days out of cell with group programming and engagement that has more successfully treated people with serious mental health concerns and reduced violence. The [DOC website](#) states that incarcerated individuals “in CAPS and PACE are involved in fewer Use of Force incidents and show lower rates of self-harm than similar [incarcerated individuals] in other housing” and that there “has been a 72% decrease in assaults on staff in CAPS; and a 63% decrease in assaults on staff in PACE.”

As noted above, in direct contrast to these positive outcomes on well-being and safety, solitary leads people to deteriorate further and become more likely to engage in difficult behavior, while also causing devastating harm to people.

Also as discussed above, under Intro. No. 549, if someone engages in violence, they can still immediately be placed in solitary on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people also can still be separated from the general facility population. Again, what Intro. No. 549 would change is the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

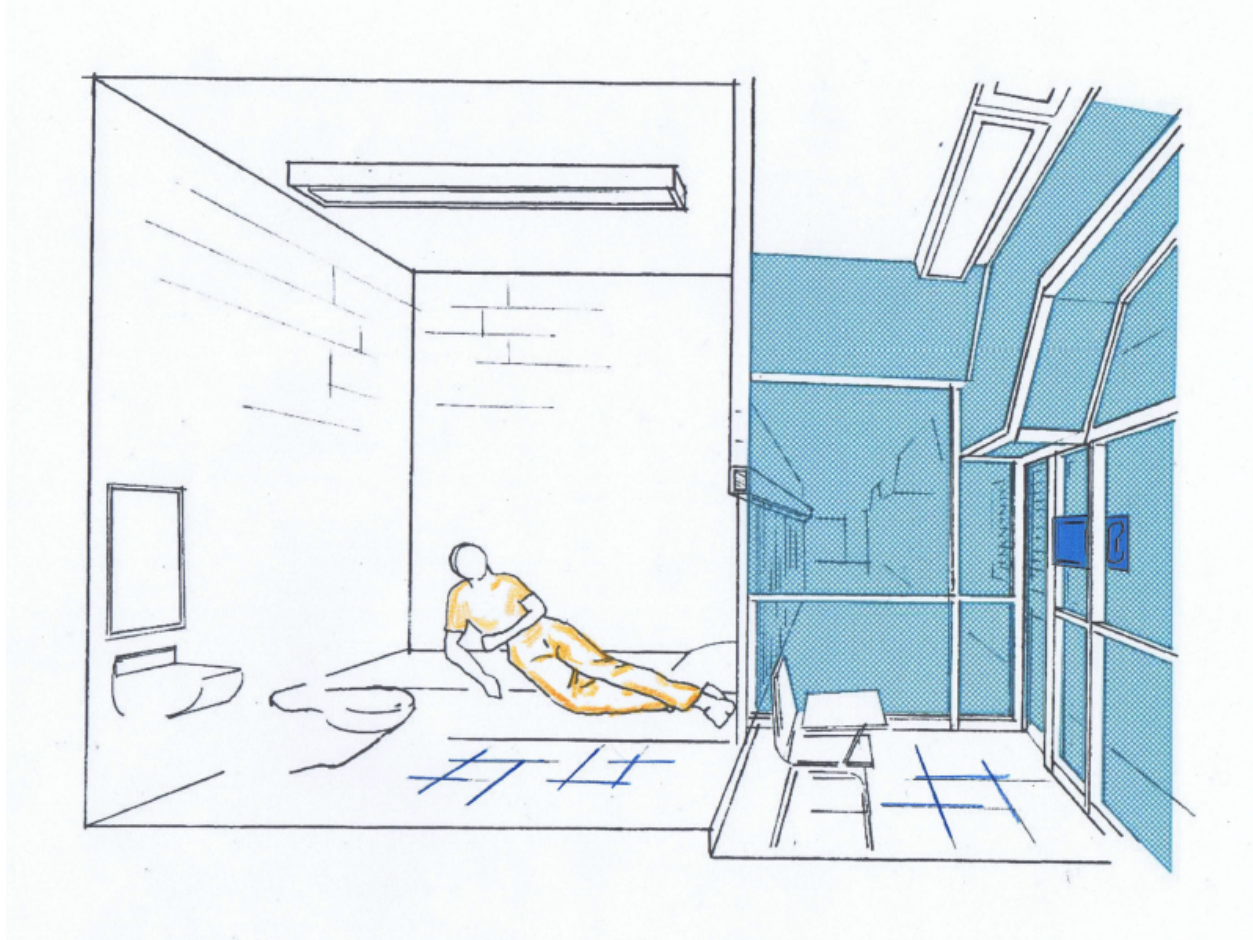
6. Defining Cell, Out-of-Cell, Emergency Lock-In, and Restrictive Housing. § 9-163(a)

This provision of the bill lays out clear and specific definitions of “cell”, “out of cell”, “emergency lock-in”, and “restrictive housing.” Cell is essentially defined as being locked in for any purpose in a space that is *not* conducive for group interaction. Out of cell is essentially defined as being away from a cell in a shared space conducive to group interaction. Emergency lock-in is defined as being a department-wide, facility-wide, partial facility-wide, or housing area lock-in. Restrictive housing is defined as being in a housing area separated from the general population or being in any housing area that places restrictions on conditions of confinement.

Having these clear and specific definitions are imperative for ensuring that this bill has the actual impact it intends, and prevents this and future departments from creating new forms of solitary confinement or restrictive housing in different units or by different names. This department has a long history of creating new forms of solitary confinement and restrictive housing that continue to inflict the same harmful and deadly isolation. For example, there has been punitive segregation, enhanced supervision housing, structurally restrictive housing, de-escalation units, decontamination showers, separation status, involuntary protective custody, risk management accountability system, and units labeled as general population that are solitary by another name. Often when one form of solitary is restricted, another form pops up, with a similar approach of using isolation that causes devastating harm and worsens safety.

The current Department of Correction has continued this practice of using various names and units to inflict solitary. As one example, in addition to the use of solitary in de-escalation units and shower cages discussed earlier in this testimony and probably other forms of solitary that have not come to light, the department has continued to lock people in solitary in units that it falsely states are general population, or at times states are structurally restrictive housing or involuntary protective custody, but still lock people alone in a cell 23 hours a day.

For example, at a [meeting](#) of the Board of Correction in July 2022 (starting at minute 36:49), in addition to the shower cages and de-escalation units where Elijah Muhammad was locked in solitary, Board Member Felipe Franco [described](#) how people, including young adults, in North Infirmiry Command units 3B and 3C, as well as West Facility, are being locked in their cell area 23 hours a day without human contact, without leaving their cell area, and without group programming, and are being held in these units indefinitely without any due process and without any knowledge of when or how to get out of the units. Board member Franco called these “awful spaces” and described how he met young people who are decompensating and will be worse off than when they went into these units.



At the City Council’s September 28 hearing, after being repeatedly questioned by Council Members and the Public Advocate, DOC Commissioner Molina admitted that at least 27 people are being locked in these units in these conditions. The Commissioner falsely claimed that people in these units are in general population because they are given so-called “lock-out time”, which consists of being locked alone in a [tiny extended part of a cell](#), as seen in the DOC’s own rendering above and images below. Moving from one part of a cell to another part of a cell, while still being locked alone is not “out of cell time”; it is not being in a “private day room”; it is solitary confinement. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms because the fundamental harm of solitary confinement is the social isolation and lack of meaningful human engagement with other people in the same shared space. As renowned expert and forensic psychiatrist with decades of experience studying solitary across the country, Dr. Terry Kupers, has stated about these units: “Regardless of what name officials give it, this is solitary confinement. Because the social isolation is replicated, people locked alone in these cells, without meaningful human touch, interaction or programming, will continue to suffer all of the harmful and well-known consequences of solitary.”



These practices are torturous for all people. The Board's rules have prohibited such confinement of young adults since at least 2015. The Board's rules passed in 2021 prohibit such confinement for all people. The state HALT Solitary Confinement Law, which went into effect March 31, 2022, also [prohibits](#) such confinement for all people.

Because of these continued word games and mistruths by the current commissioner and department and by years and decades of commissioners and departments, it is essential that this bill makes clear that being out of cell has to actually mean being away from a cell in a group setting with other people and without physical barriers in a shared space conducive to meaningful group programming and social interaction.

7. Limiting the Use of Restraints. § 9-163(e)(2-3)

These provisions would limit the use of restraints during out of cell activities in restrictive housing. Specifically, the provisions would prohibit automatic or routine use of restraints for everyone and instead require an individualized determination that restraints are needed in a particular instance to prevent an immediate risk of injury. They would also require the least restrictive form of restraints, prevent the use of restraints for young people under age 22, and prevent continuous use of restraints after the initial occasion requiring restraints without a due process hearing.

This department has a long history of chaining people to desks during what is supposed to have been rehabilitative and therapeutic programming. Council members have testified at Board of Correction meetings to having observed young people chained to a desk with a coloring book as

their so-called out-of-cell therapeutic programming. Being chained to a desk is obviously not conducive to having meaningful rehabilitative and therapeutic group programming. The Board of Correction's rules have already recognized this and prohibited the use of non-individualized restraints during out of cell time and the Commissioner testified at the September 28 Council hearing that they are no longer using restraints during programming in ESH units. While the bill would still allow the use of restraints when necessary in a particular instance to prevent immediate injury, it again would at least prevent restraints outside of a specific imminent occasion, and require the least restrictive form of restraints to be used for as short a time as possible.

8. Enhancing Due Process Prior to Placement in Restrictive Housing. § 9-163(d)(1)

This provision enhances due process protections before a person is placed in restrictive housing. Specifically, the bill would require that prior to placement in restrictive housing a person have a due process hearing and be found guilty of a violent grade I offense. At such hearings, a person would have a right to be represented by their legal counsel or legal advocate, with notice, evidence, and adequate time to prepare, and be able to present evidence and cross-examine witnesses. If someone refused to participate in their own hearing, such refusal would have to be video recorded.

There is a long history of staff abusing solitary confinement and restrictive housing and placing people in abusive confinement settings as retaliation, as cover-ups for staff abuse, for minor petty reasons, or for no reason at all. There is also a long history of staff falsifying records or making false allegations in order to send someone to solitary or restrictive housing. In an effort to limit this abuse, the bill ensures that people have a hearing before they are placed in restrictive housing. (Of note, the bill does not require a hearing before someone is placed in confinement for emergency de-escalation for up to four hours), and that people have at least some minimum due process protections at such hearings.

Of note, if a violent incident occurs, the DOC is still able to immediately lock someone in isolation, for up to four hours, to de-escalate the situation (with requirements that staff engage with the person to de-escalate). After those four hours, under the bill, a person also can still be moved to a different area of the jail and away from anyone with whom they were in conflict. The bill also does not prevent other security measures to be put in place to ensure there is no further conflict. If someone has actually engaged in violence, then the DOC can hold a hearing and place the person in restrictive housing if they are found guilty at the hearing. Also of note, there is a long history of the DOC waiting days, weeks, and even months after incidents before actually placing people in solitary or restrictive housing so having time elapse from the time an incident occurs until the time of placement in restrictive housing (in order to allow for the hearing to take place) would not be something new for the department.

Moreover, disciplinary hearings in the city jails have long been nearly sham hearings where almost every person charged with a disciplinary violation is found guilty at the hearing. The hearings are overseen by other department of correction staff, with low evidentiary standards. This bill aims to provide at least some additional protections at those hearings. Regarding legal representation, other jurisdictions, such as [Washington, D.C.](#) and [Massachusetts](#), have long provided for representation for people facing restrictive housing, and New York State law binding on New York City jails requires people be allowed to have representation at disciplinary hearings that can result in solitary or alternatives.

9. Placing Time Limits on the Use of Restrictive Housing. § 9-163(d)(2-4)

These provisions place multiple time limits on the use of restrictive housing. The bill would require a review of a person's placement after 15 days in restrictive housing and if someone is not discharged during that review, require the department to indicate what an individual has to do to get out of restrictive housing and provide the individual with access to what is specified. The bill would also require that a person be discharged from restrictive housing within 30 days of their initial placement and would limit the use of restrictive housing to 60 days in any 12-month period.

Recognizing the long history of the department imposing abusive conditions in restrictive housing and warehousing people for months or longer in such housing without adequate mechanisms to get out, and in light of the fact that the vast majority of people are incarcerated in the City jails pre-trial with what should be relatively shorter lengths of stay, the bill places these various restrictions on the lengths of time people spend in restrictive housing. Although under the bill people in restrictive housing should have access to meaningful out of cell programming and engagement, given past history, the bill aims to protect people from being warehoused for extended periods of time in what may be more abusive conditions. Also, the time limits on restrictive housing in the bill are reflective of the fact that people are supposed to have a right to a speedy trial and should not be held for significant periods of time in jail itself. Moreover, these time limits are consistent with the time limits on restrictive housing in the Board of Correction's [minimum standards](#), while making the time limits firm without the loopholes in the rules. Of note, nothing in the bill prevents the DOC from creating general population units that follow proven models and provide effective interventions to support people's health, well-being and safety.

10. Promoting Positive Incentives and Limiting the Use of Discipline in Restrictive Housing. § 9-163(d)(7)

This provision would require that the department use positive incentives to encourage good behavior in restrictive housing and only use disciplinary sanctions as a last resort, after other interventions have failed, in response to dangerous conduct.

The department has a long history of using a failed and counterproductive punitive approach that responds to people's needs and behaviors with punishment that inflicts more harm and often leads to more harmful conduct rather than improved behavior, often leading to a downward cycle of challenging conduct followed by punishment followed by more challenging conduct. As noted above in the section on due process, staff often impose disciplinary sanctions for minor reasons or no reason at all (in addition to for reasons of cover-up and retaliation). By contrast, incentive-based models have proven more effective at leading to better safety outcomes.

As Dr. James Gilligan, who was the director of Massachusetts prison mental health services, and has studied violence for decades, has written: "far from preventing violence, punishment is the most powerful stimulus to violent behavior that we have yet discovered. Punishment does not prevent violence, it causes it, in addition to being a form of it." Recalling his experience observing what happened in an incarceration setting, Dr. Gilligan wrote: "The more violent a person was, the more severely he would be punished, and the more severely he was punished, the more violent he would become. This endless, mutually self-defeating vicious circle kept both people incarcerated and prison officers in a chronic state of war with each other — which was the opposite of what they both said they wanted."

The entirety of Intro. No. 549 aims to shift away from a harmful and counterproductive punitive approach to an approach more rooted in evidence-based practices that have been proven to both better improve people's health and well-being and better improve safety. This provision is in line with that approach by specifically aiming to move the department away from issuing large numbers of disciplinary sanctions toward a more incentive-based approach.

Experience in New York State prisons following the enactment of the HALT Solitary Confinement Law provides additional information as to why this particular provision requiring a focus on incentive-based approaches rather than disciplinary sanctions is needed. Even though HALT prevents prisons and jails from locking people in solitary beyond 15 consecutive days, also places time limits on the use of alternative units, and has a similar provision about the need to only use discipline as a last resort, staff have been imposing large numbers of disciplinary tickets and imposing months and years of disciplinary confinement time, even though people will no longer be allowed under the law to spend that time in solitary or alternative units. In other

words, staff are often continuing to use the same counterproductive punitive approach rather than following the letter and intent of the HALT Law.

11. Enhancing Transparency through Reporting Requirements. § 9-163(c), (d)(8), (f)(3-4)

These provisions require the department to publicly report on its use of confinement for purposes of de-escalation, restrictive housing, and emergency group lock-ins. Specifically, the bill would require that the department both report each individual instance of de-escalation confinement, restrictive housing, and emergency lock-ins, as well as an annual report on cumulative data on the use of such practices, with such data disaggregated by race, age, gender identity, mental health treatment level and length of time in these types of confinement.

What happens behind jail walls is far too often done in secret without the ability for transparency or public oversight, which exacerbates the likelihood of abuse. In order to bring some transparency, with the aim of helping to spur compliance with the bill's provisions, and in light of the department's long track record of continuing to inflict various forms of solitary by various names, these provisions would help the Council, the Board of Correction, and the public have information and data about each instance that one of these forms of separation occur as well as periodic systemic data on their use to help ensure the law is effectively implemented.

12. Providing Additional Specific Protections for Young People. § 9-163(e)(2), (g)

As noted above, this bill would prohibit the use of restraints for young people under age 22. In addition, the bill would specifically require that all people under age 22 "receive access to trauma-informed, age-appropriate programming and services on a consistent, regular basis."

In other provisions, the bill of course would prohibit all forms of solitary confinement for all people, including young people, and require that all people, including young people, have access to 14 hours of daily out of cell time including group programming and activities with other people all in the same shared space. Because of a long history of the department inflicting harmful practices on young people, whose brains and social development are still developing into their mid- to late-20s, these additional provisions are meant to add an additional layer of protection for young people in the department's custody with the aim of helping to ensure they receive appropriate programs and services.

CONCLUSION

Solitary confinement is torture. It is deadly. In New York City jails, it is almost entirely inflicted on Black and Latinx people and other people of color. It worsens safety for everyone.

It is long past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#) passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

We urge the Criminal Justice Committee to hold a vote on Intro. No. 549 immediately, then immediately thereafter the full Council to hold a vote and pass the bill, and Mayor Eric Adams sign it into law. With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

My name is Rabbi Barat Ellman and I am a member of Jews for Racial and Economic Justice; T'ruah: The Rabbinic Voice for Human Rights; as well as an anti-racist activist.

I am giving my testimony immediately after celebrating Rosh Hashanah and in the midst of the Jewish Days of Awe, a period of reflection and repentance, leading, it is hoped, to change and repair.

Intro 549 is an opportunity for change and repair. It seeks to end the system of punitive solitary confinement in New York City jails once and for all. The United Nations has declared solitary confinement to be a form of torture. Jewish tradition agrees: *Lo tov hayot ha-Adam l'vado* "It is not good for the Adam to be alone." So the Torah teaches in the book of Genesis. As God declares, solitary confinement is not compatible with our human condition. It is harmful. It is immoral.

Solitary confinement is also, as my experience teaching in New York State correctional facilities has shown, debilitating and counterproductive. There are many obstacles to getting an education behind bars. Solitary confinement is the most disruptive, preventing students from completing coursework and forcing some to drop out of the program altogether. Add to this the lasting scars on the psyche - fear of closed spaces, chronic depression, social anxiety, and even psychosis, and it is clear that solitary confinement sets incarcerated people back, making it harder for them to emerge from behind bars as responsible citizens. I have spoken with people who have been in solitary confinement. Let me share some of their reflections:

- "The SHU is a living death."
- "I was confined to the box in Riker's Island and it was chaotic. I didn't have anyone to talk to but my neighbors in the cells next to me through the vent over my sink and toilet."
- "It's a nightmare. It's not a correctional facility, it is the complete opposite."

- “When you get into confinement, they continue to degrade you and mess with your mentality. Turning off lights for no reason. Denying showers. You can’t even eat because you can’t trust what they did with the food. Nine times out of ten, you’re in the box – solitary confinement – because an officer just doesn’t like you.”
- “The thought that my time of confinement can be extended at the whim of an officer’s discretion alarmed me. I’ve seen people do years in the box and come out different.”
- “Solitary confinement is, in essence, sensory deprivation.”
- “I’ve spent over five times in the “Box” for periods of 6 months or more.”
- “Food is scarce in the “Box.” We are reduced to the bare minimum portions.”
- “No one sleeps. It’s constant banging on gates or screaming all night long. You’re fed through a slot (hole) in the door.”
- “God forbid if you have children coming to see you because you are locked in a cage and shackled the entire visit.”
- “Solitary confinement eliminates social interaction and causes anti-social behaviors. It causes more aggression, more harm, than good.”
- “You adapt to the animalistic treatment, in turn losing a grip on sanity.”
- “Confinement causes mental breakdown. Psychotic behavior. Insomnia.”

The people who shared these words with me are extraordinary and are poised to make substantial, meaningful contributions to society. We mess them up at our peril. But not just them. All people in our city jails deserve to be treated humanely and they do *not* deserve to endure conditions that traumatize, that will damage them further, rendering them dysfunctional, antisocial and more likely to fail upon release.

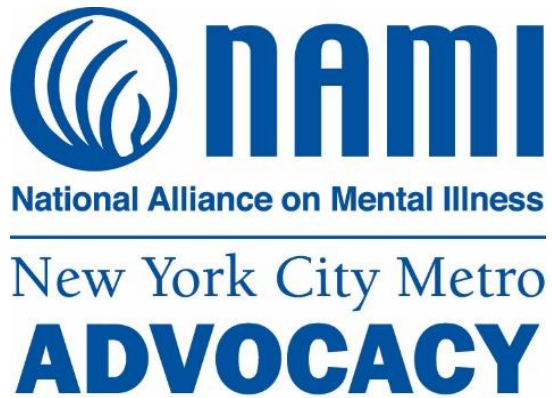
Solitary confinement does not make jails safer – not for incarcerated people and not for correctional officers. The experience of solitary confinement exacerbates mental illness and triggers trauma, both of which can lead to violence on the part of the isolated individual.

DOC’s staff have admitted that they rely on solitary because among the incarcerated population are people arrested for a violent crime. Yet with so many of the people in the city’s jails detained pre-trial, such an assessment is in opposition to the presumption of innocence that central to our judicial system. Assessments of the jailed population on the basis of the charges

brought against them aggravates the demonstrated racial bias in the city's policing. The individuals in our city jails are our neighbors, our fathers, our mothers, our sisters, our brothers, our children. They do not deserve to be treated as units in calculations of how many and what sort of individual "statistically will" act violently.

The dangerous conditions at Rikers are notorious. And they reflect the systemic racism that undergirds our city's carceral system. It has been noted by the Public Advocate among others that the people enduring the dangerous conditions of Rikers, whether incarcerated individuals or the people charged with guarding them, are largely Black and Brown. They come from the same neighborhoods and from similar backgrounds. The failure to address the danger of Rikers in a meaningful way shows how disposable our carceral system deems both groups to be.

For all of these reasons, I strongly urge the City Council to pass Intro 549 and end solitary confinement completely.



New York City Council

Committee on Criminal Justice

Wednesday, September 28, 2022 at 11:00AM

Testimony By: Kimberly Blair, MPH

Director of Public Policy & Advocacy

National Alliance on Mental Illness of NYC (NAMI-NYC)

RE: Ban Solitary Confinement to Save the Lives of People with Mental Health Conditions!

Good afternoon Chair Rivera and members of the Committee on Criminal Justice. Thank you for holding this hearing today to hear from community stakeholders on why it is imperative for our city to finally end solitary confinement within its jail settings.

My name is Kimberly Blair, and I am here testifying today as the Director of Public Policy and Advocacy for the National Alliance on Mental Illness of NYC, as well as a peer and family member. For 40 years, NAMI-NYC has served as a leading service organization for the mental health community throughout the city, providing groundbreaking advocacy, education, and support services for individuals affected by mental illness, their families, and the greater public, all completely free of charge. Our renowned peer- and evidence-based services are unique in that they are led both for and by members of the mental health community, and are reflective of the diversity of New York City.

I am here to emphasize the dire need for this Committee to vote **FAVORABLY upon Int. 0549-2022**, as is, in order to prioritize the health and safety of people who are incarcerated, especially those living with underlying mental health conditions.

NAMI-NYC and the National Alliance on Mental Illness (NAMI) both staunchly oppose the use of solitary confinement and equivalent forms of administrative segregation, especially for people living with mental health conditions.¹ Ample evidence shows that solitary confinement and isolation as punishment have particularly devastating impacts on causing new or worsening pre-existing symptoms of mental illness.² Immediate psychological consequences include increased anxiety, depression, and hallucinations.³ Such is evident in correctional facilities across the United States where people in solitary confinement account for approximately half of the individuals who die by suicide each year,⁴ and such is evident in our city as heard by advocates today.

However, the risk of premature death does not end when someone leaves a correctional facility. To the contrary, new data released during the pandemic shows that **solitary confinement increases risk of premature death even after release.**⁵ Specifically, people with one placement

¹ *Solitary Confinement*. (n.d.). NAMI. Retrieved September 28, 2022, from <https://www.nami.org/Advocacy/Policy-Priorities/Stopping-Harmful-Practices/Solitary-Confinement>

² *The Impacts of Solitary Confinement: Evidence Brief*. (2021, April). Vera Institute. Retrieved September 28, 2022, from <https://www.vera.org/downloads/publications/the-impacts-of-solitary-confinement.pdf>

³ Fenster, A. (2020, October 13). *New data: Solitary confinement increases risk of premature death after release*. Prison Policy Initiative. Retrieved September 28, 2022, from https://www.prisonpolicy.org/blog/2020/10/13/solitary_mortality_risk/

⁴ Herring, T. (2020, December 8). *The research is clear: Solitary confinement causes long-lasting harm*. Prison Policy Initiative. Retrieved September 28, 2022, from https://www.prisonpolicy.org/blog/2020/12/08/solitary_symposium/

⁵ See, n.3.

in solitary confinement are 17% more likely to die from any cause of death, in general, but also within the first year of their release when compared to individuals in correctional facilities who do not experience solitary confinement. These same individuals are 55% more likely to die by suicide, especially within the first year of their release. **Furthermore, individuals with multiple placements in solitary confinement are 129% more likely to die by suicide after release.**⁶

We place special emphasis on the data here so that this Committee understands that **continuing the practice of solitary confinement in New York City jails is equivalent at this point to imposing the death penalty on individuals.**

Moreover, NAMI-NYC has extra concern due to the disparity of people already living with mental health conditions who are subjected to the inhumane practice of solitary confinement. A 2018 national report documented that about 8.6% of all individuals held in segregated settings have a serious mental illness diagnosis.^{7,8} Researchers also have routinely documented the extensive use of solitary confinement by correctional facilities for people diagnosed with severe psychiatric symptoms. Essentially, correctional facilities lock away people with severe mental illness in order to not have to address their underlying health issues. **This is especially concerning when fifty-three percent (53%) of the people held at Rikers had a mental health diagnosis in FY 2021, up from forty-six percent (46%) the year before.**⁹ This figure does not include the **over eighty percent (80%) of women and gender-expansive individuals at the Rose M. Singer (“Rosie’s”) Center receiving treatment for mental illness, with 27 percent (27%) having been diagnosed with a serious mental illness.**¹⁰

Meanwhile, instances of self-harm have drastically increased since the onset of the pandemic, exacerbating the significant risks already faced by people at Rikers and other city jails should they be placed in solitary confinement.¹¹ This should not be news to this Committee, however. This Council is well-aware of the **sixteen lives we have already lost this year,** including that of **Elmore Robert Pondexter** who died less than a week ago after jumping from Rikers jail barge, and of **Elijah Muhammad** who was a victim of solitary confinement twice, including once in a shower cage, and whose family our organization is now supporting through their grief and trauma. It is our position that the city’s jail system currently has a mental health

⁶ *Id.*

⁷ *See*, n.1.

⁸ *Reforming Restrictive Housing*. (2018, October). ASCA. Retrieved September 28, 2022, from <https://www.documentcloud.org/documents/4999225-ASCA-Liman-2018-Restrictive-Housing-Revised-Sept.html>

⁹ McCann, S. (2022, August 25). *Locking up People with Mental Health Conditions Doesn't Make Anyone Safer*. Vera Institute. Retrieved September 28, 2022, from

<https://www.vera.org/news/locking-up-people-with-mental-health-conditions-doesnt-make-anyone-safer>

¹⁰ *Path to Closing Rikers by 2027*. (2022, July 14). Center for Court Innovation. Retrieved September 28, 2022, from <https://www.courtinnovation.org/about/announcements/closing-rikers-reducing-rosies>

¹¹ Joseph, G., & Blau, R. (2021, September 7). *Self-Harm Is Exploding In New York City Jails, Internal Numbers Show*. Gothamist. Retrieved September 28, 2022, from <https://gothamist.com/news/self-harm-exploding-new-york-city-jails-internal-numbers-show-rikers>

crisis on its hands and eliminating solitary is just one small way we can ensure we are taking steps in the right direction to address an even greater issue.

In conclusion, **the City must do better to promote rehabilitative environments that ensure people receive effective programming and support while incarcerated**, and to not condone environments that induce or aggravate mental health symptoms in jail populations. Solitary confinement in no way promotes rehabilitation. Our national umbrella organization NAMI has found that eliminating the use of solitary confinement, on the other hand, can result in fewer psychiatric symptoms, lower rates of violence, improved re-entry and transitions back into the community and increased cost savings to correctional systems.¹²

For these and the aforementioned reasons, NAMI-NYC hopes that this Committee seriously considers passing Int. 0549-2022 to end the harmful practice of solitary confinement and save the lives of people in city jails.

Thank you for your time.

Kimberly Blair, MPH
Director of Public Policy & Advocacy

¹² See, n.1.



Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

The National Shattering Silence Coalition is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black, Latinx people, and people suffering from serious mental illnesses. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). [Solitary is particularly harmful for people with preexisting mental illness](#). The isolation, forced idleness, and lack of intensive therapeutic mental health services can exacerbate mental illness and cause people's mental health to significantly deteriorate.

It makes jails and outside communities [*less*](#) safe.

Solitary has stolen the lives of Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated "heinous" acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most.

To be clear, under Intro No 549 if someone engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people can still be separated from the general facility population. Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

Despite the well known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the City Department of Correction (DOC) continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails [continue to lock people in solitary confinement](#) 23+ hours a day, for extended periods of time. Being locked alone in a two foot extension of the cell is not "out of cell" time. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

The DOC continues so many different forms of solitary by different names and often comes up with new names, whether decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary.

It is past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#) passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC’s operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all.

Thank you for your attention to this critical matter.

Sincerely,

A handwritten signature in black ink that reads "Jeanne Gore". The signature is fluid and cursive, with the first name "Jeanne" and last name "Gore" clearly distinguishable.

Jeanne Gore

Coordinator & Co-Chair Steering Committee, National Shattering Silence Coalition (NSSC)



Written Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

Meghna Philip

Special Litigation Attorney, Neighborhood Defender Service of Harlem

The Neighborhood Defender Service of Harlem writes in support of [Intro No. 549](#), to immediately end solitary confinement in NYC jails. The practice is inhumane and, ultimately, only serves to increase the likelihood of violence that extends beyond the jails. We urge the New York City Council to pass and the Mayor to sign [Intro No. 549](#) into effect.

Solitary confinement results in severe and often irreparable damage. Prolonged isolation is harmful not only to an individual's own mental and physical health but to the prison population to which they return and the outside community to which they are eventually released. Black and Latinx people, who are already overrepresented in NYC jails, are further disproportionately impacted by solitary confinement. Furthermore, the practice is disproportionately used against incarcerated individuals with mental illness and/or disability.

Often, solitary confinement is employed under a variety of "restrictive housing" practices, such as de-escalation units, special housing units, and administrative segregation. Solitary confinement in all its forms has proven to be lethal in NYC jails. It has taken the lives of countless individuals, including: Kalief Browder, Layleen Polanco, Bradley Ballard, Jason Echeverria, Carina Montes, and Brandon Rodriguez.

Despite the City Department of Correction's (DOC) awareness and acknowledgment of the practice's potentially lethal consequences, the DOC continues to utilize solitary confinement as an appropriate penal measure isolating individuals for 23+ hours a day - a practice that violates the HALT Solitary Confinement Law, binding on New York City. Moreover, the DOC has a

legacy of committing individuals to prolonged isolation in retaliation, to suppress abuse, and for minor infractions. The former Mayor of NYC promised to end the use of solitary confinement and DOC publicly committed itself to implementing alternative measures involving out-of-cell time. This bill codifies the promise made to the City of New York by ensuring DOC ends the use of this unconscionable practice.

Under [Intro No. 549](#), the nature of separation is changed by removing individuals in an escalated emotional state to environments that promote emotional regulation and serve to reduce potential violence. [Intro No. 549](#) permits separation under narrowed codified circumstances with the provision of additional safeguards, such as a set time period an individual can be held, periodic check-ups by medical staff every 15 minutes, and prohibiting the use of restraints on separated individuals under 22 years old.

Moreover, the bill provides due process protections for any individual placed in separation by requiring the provision of a court-hearing process and notice to both the separated individual and their legal counsel. These protections are long overdue. The Board of Corrections passed Risk Management Accountability System (RMAS) rules in 2021 that should have already guaranteed incarcerated people this due process—and yet for over a year the City and DOC have failed to carry out this mandate. The City Council must hold DOC accountable to its failed promises.

Solitary confinement is torture - it is inhumane and ineffective. Passing [Intro No. 549](#) is confronting solitary confinement's amplification of the mental health crisis in NYC jails. Various civil rights organizations, federal and state political representatives, and the supermajority of the former City Council have demonstrated their long-standing support for the eradication of this practice in NYC jails. The New York City Council can and must abolish all forms of solitary confinement, once and for all.



Testimony of

Christopher Boyle
Director of Data Research and Policy

Natalie Fiorenzo
Corrections Specialist

Rachel Sznajderman
Corrections Specialist

New York County Defender Services

Before the

Committee on Criminal Justice

Int. 549-2022 – Banning solitary confinement in city jails

September 28, 2022

My name is Christopher Boyle and I am the Director of Data Research and Policy at New York County Defender Services (NYCDS), an indigent defense office that every year represents tens of thousands of New Yorkers in Manhattan’s criminal. Thank you to Public Advocate Williams, and all of the Council Members who have sponsored the bill for proposing significant reform to the practice of solitary confinement in our city jails. I have been representing clients accused of crimes in this city for twenty-five years and that perspective allows me to fully appreciate just how critical and long overdue this reform is.

Sometimes a moral imperative becomes crystal clear. New York City must end the state-sanctioned psychological torture that is solitary confinement. Imposing extreme isolation on a prisoner is inhumane and serves no rehabilitative purpose. The practice causes severe psychological trauma that can cause permanent damage to a person. It is never justified. But New York’s current approach is especially unjustifiable. We impose isolated confinement far too broadly and routinely. It can be imposed in response to non-violent conduct and it is imposed for far too long a period of time. In the state system, prisoners can be victimized by it for months, years, or even decades, with little recourse to due process or other acknowledgement of their basic human worth. Any reform that reduces the scope of this baleful practice is urgently welcome.

New York County Defender Services

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I. WHAT IS INT. 549-2022?

This local law would set new restrictions on the use of solitary confinement and restrictive housing in New York City jails. The proposed rule would replace the harmful practice of involuntarily locking people inside cages at DOC's discretion. DOC staff has full discretion to impose a lock-in, due to an incident, because they don't have enough staff to man the post, or simply because they feel like it. The proposed rule would prohibit this practice, which is simply another form of solitary confinement, with the requirement of deescalation units.

a. DEFINING SOLITARY CONFINEMENT

Intro. No. 549 would ban the use of solitary confinement unless such confinement is necessary to de-escalate immediate conflict. Even in those instances, an incarcerated individual may be placed in such confinement for no longer than four hours immediately following such conflict.

The bill also requires that whenever solitary confinement is used, the department shall prepare an incident report that includes a detailed description of why isolation was necessary to de-escalate immediate conflict and also the length of time the incarcerated individual was placed in solitary confinement. Also, incarcerated individuals placed in solitary confinement shall have access to at least ten hours outside their cells.

The proposed rule would replace the harmful practice of involuntary locking people inside cages at DOC's discretion. DOC staff has full discretion to impose a lock-in: due to an incident, because they don't have enough staff to man the post, or simply because they feel like it. Some of the most egregious treatment of our clients takes place during these lock-ins. Medical and mental health emergencies go ignored. Food is not provided for hours, or sometimes days on end. Family members fear the worst, as without access to phones, contact with their incarcerated loved ones is suddenly interrupted without explanation. The proposed rule would prohibit this practice, which simply another form of solitary confinement.

b. ADEQUATE DUE PROCESS

The bill also dictates that restrictive housing cannot be used unless a hearing on such placement is held pursuant to the rules of the board of correction. The placement of an incarcerated individual in restrictive housing shall be reviewed every fifteen days to determine whether the incarcerated person continues to present a significant threat to the safety and security of the facility if housed outside restrictive housing.

The most vital aspect of this legislation is the requirement of access to counsel during all disciplinary hearings in the jails. This requirement is long overdue, as the rule was supposed to go into effect in Decemer of 2021, and then again in January of 2022, and then again in July of 2022, but never came to fruition. Department of Correction practice in its current form results in many of our clients being unaware of the rational behind their placement in a restrictive housing setting or "Pre-Hearing Detention (PHD)." Even after their disciplinary takes place, they remain unclear of the charges brought against them, and of what they have been found guilty. It is as if the Department has decided that our clients are guilty before they have had the chance to defend themselves. Additionally, the lack of adequate due process can have harmful impacts on detainees' criminal cases, as jail disciplinary records are often used against our clients in the criminal

sentencing process, and often result in lengthier prison sentences. Our hope is that Intro. 549 will once and for all permit access to counsel during disciplinary hearings, and create a disciplinary process on Rikers Island that complies with the constitutional rights of people accused of crimes.

II. THE PROPOSED RMAS RULE IS NOT AN ADEQUATE SOLUTION

While we support the passage of Intro. 549, we have concerns that the due process aspects of the bill will not be properly implemented, as was the case during the failed rollouts of the Board of Corrections' Risk Management Accountability System (RMAS).

Troublingly, during the build up of the repeated purported rollouts of RMAS that never materialized, defenders were left in the dark about how DOC intended to implement infraction hearings to ensure that incarcerated people had meaningful access to legal representation during the process. We were not even provided DOC directives about disciplinary hearings, we were told that we would need to FOIL the data. We requested access to the DOC penalty grid, in which DOC infractions, their elements, and their potential consequences, are laid out. DOC has also refused to share this documentation with us, responding that this also is not public information. Again, these are straightforward documents that could easily be shared, and that we as defenders need in order to prepare for RMAS hearings. Preparing to conduct RMAS hearings without this documentation is like asking us to prepare to go to trial without access to the New York Penal Law. Indeed, we had many questions and concerns about the RMAS procedure that were never answered before RMAS rollout was inevitably and repeatedly cancelled.

We not only need a law that expressly states the right to counsel during disciplinary hearings, but also oversees the implementation of this process so that we can ensure this right is actually guaranteed.

III. WHY WE MUST END SOLITARY

Right now, too many New Yorkers are suffering in solitary confinement in jails across New York City. Incredibly, 5.5 percent of people in jail or prison in our state are in isolated confinement, a rate even higher than the national average of 4.4 percent. In New York City, the numbers are even more staggering. According to the New York Times, 13 percent of the more than 7000 people incarcerated in city jails in the first half of 2020 were held in solitary confinement.¹ And the clear majority of them are people of color. For example, Black people comprise about sixteen percent of all New Yorkers, but they make up fifty percent of incarcerated people and sixty percent of people held in long-term solitary confinement units. These racial disparities are constitutionally problematic, to say the least, and only serve to further delegitimize an already shameful practice.

It is shameful because solitary confinement causes extreme psychological harm and trauma. Twenty-two percent of people in jails suffering with symptoms of serious psychological distress had spent time in solitary in the preceding twelve months.² Depriving incarcerated people of adequate human contact and sensory stimulation results in adverse consequences that continue post-

¹ Jan Ransom, "As NYC Jails Become More Violent, Solitary Confinement Persists," *NY Times*, Oct. 12, 2020.

² Beck, A.J. (2015). Use of Restrictive Housing in U.S. Prisons and Jails, 2011-12. *Bureau of Justice Statistics*.

isolation and make adjusting to the general jail population, and ultimately to mainstream society, even more challenging than it already is.³ Studies also show that solitary confinement creates powerfully deleterious effects with regards to mood symptoms, PTSD-related outcomes, psychotic experiences, hostility, self-injurious behavior, and mortality.⁴ For example, people put in solitary confinement are more likely to harm themselves or to die by suicide than other incarcerated people. According to one study, people assigned to solitary confinement were 3.2 times more likely to commit an act of self-harm during their incarceration compared to those never assigned to solitary.⁵ Incarcerated people who have been in solitary confinement also experience oversensitivity to stimuli, disturbed sleep, slowing of mental processing, chronic headaches, and increased heartbeat, all of which makes them more irritable and likely to overreact.⁶

Nor can it be persuasively argued that issues of safety somehow justify such cruel effects. Because evidence strongly suggests that solitary confinement is not an effective deterrent to antisocial behavior and may actually make those subjected to it more likely to later disobey the law or behave violently towards themselves and others.⁷ So solitary confinement paradoxically makes everyone involved less safe.

Conversely, states that have taken steps to limit isolated confinement have found that doing so makes jails safer. In 2007, Mississippi instituted more objective criteria for admission to solitary and release from solitary, a mandated 90-day review of incarcerated people in solitary, and a written plan outlining how each person in solitary could secure release.⁸ These reforms resulted in a decline in the number of prisoners in solitary confinement and a nearly 70 percent concurrent decline in the number of serious and violent incidents.⁹ Colorado, following the appointment of Rick Raemisch as the Colorado prisons director in 2013, ended the practice of long-term solitary confinement that exceeded fifteen consecutive days and replaced solitary confinement units with de-escalation rooms for people with mental illness.¹⁰ Raemisch instituted these new policies after spending a day in solitary confinement and the reforms increased safety.

<https://www.bjs.gov/content/pub/pdf/urhuspj1112.pdf>.

³ Corcoran, M.M. (2015). Effects of Solitary Confinement on the Well Being of Prison Inmates. *OPUS*, 37-39. <https://steinhardt.nyu.edu/appsyh/opus/issues/2015/spring/corcoran>.

⁴ Luigi M, Dellazizzo L, Giguère C-É, Goulet M-H and Dumais A (2020) Shedding Light on “the Hole”: A Systematic Review and Meta-Analysis on Adverse Psychological Effects and Mortality Following Solitary Confinement in Correctional Settings. *Front. Psychiatry* 11:840. doi: 10.3389/fpsy.2020.00840

⁵ Kaba, F., Lewis, A., Glowa-Kollisch, S., Hadler, J., Lee, D., Alper, H., Venters, H. (2014). Solitary Confinement and Risk of Self-Harm Among Jail Inmates. *PubMed*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953781/>

⁶ Corcoran, M.M. (2015). Effects of Solitary Confinement on the Well Being of Prison Inmates. *OPUS*, 37-39. <https://steinhardt.nyu.edu/appsyh/opus/issues/2015/spring/corcoran>

⁷ Cole, K.M. III. (1972). Constitutional Status of Solitary Confinement. *Cornell Law Review*, 57(3), 476-489. <https://scholarship.law.cornell.edu/cgi/viewcontent.cgi?article=3990&context=clr>

⁸ Kupers, T.A., et al. (2009). Beyond Supermax Administrative Segregation: Mississippi’s Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs. *Criminal Justice and Behavior*. https://www.aclu.org/sites/default/files/field_document/asset_upload_file359_41136.pdf

⁹ Simms, A.A. (2016). Solitary Confinement in America: Time for Change and a Proposed Model of Reform. *Penn Law: Legal Scholarship Repository*.

<https://scholarship.law.upenn.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1198&context=jlasc>

¹⁰ Simms, A.A. (2016). Solitary Confinement in America: Time for Change and a Proposed Model of Reform. *Penn Law: Legal Scholarship Repository*.

Solitary confinement also makes our communities less safe. We all share a powerful societal interest in penal rehabilitation. We want people returning home from incarceration to thrive and succeed in their communities. We very much do not want them trying to reintegrate after having been traumatized and irreparably damaged by intentional torture. Each year, hundreds of New Yorkers are released directly from extreme isolation into our community. Very few receive any educational, rehabilitative programming, or transitional services to help them prepare for their return to society. The result is an artificially higher, if understandable, degree of recidivism for people with former criminal legal system involvement.

Individuals who have been subjected to solitary confinement face special challenges that society is poorly equipped to address. According to Craig Haney in *The Science of Solitary: Expanding the Harmfulness Narrative*, they encounter many serious obstacles to successful reintegration. There are few programs available that acknowledge their solitary-confinement-related traumas and assist them in overcoming the psychological aftereffects. Solitary confinement survivors are more likely to manifest symptoms of PTSD. Like the misguided punishment they were exposed to, the challenges they face are extreme. The results are unsurprising. Formerly incarcerated persons who spent time in solitary confinement are significantly more likely than other former prisoners to die during their first year of community reentry, especially from suicide, homicide, and opioid abuse.¹¹

As public defenders, we advocate strongly and tirelessly for recognition of the basic human dignity of our clients. Solitary confinement makes a mockery of that concept. It is inhumane and should be a relic of the past. It creates, perpetuates, and exacerbates mental illness while reinforcing the toxic racial disparities in our criminal justice system. It reduces respect for our court and penal systems and acts as a stain on our collective morality. It has no place in a civilized society.

IV. CONCLUSION

Opponents of this rule claim that solitary confinement is a tool used solely in the most serious cases, after a particular dangerous individual has committed some act of violence. The reality is that solitary is used across the board, in general population, in mental observation, or protective custody, through the use of involuntary lock-ins. This past July, a young adult client housed in a mental observation unit in the Rose M. Singer Center was locked in her cell for 24 hours a day. She was not permitted to shower, go to rec, or have access to any programming. After multiple weeks in these conditions, she attempted suicide. Thankfully, she survived the attempt, but these were the same conditions that only a week prior had killed Michael Lopez. Opponents claim solitary confinement creates a safe environment in jails, but 32 deaths since 2021 is not indicative of a safe environment.

NYCDS strongly supports passage of the instant legislation.

If you have any questions about my testimony, please contact me at cboyle@nycds.org.

<https://scholarship.law.upenn.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1198&context=jlasc>

¹¹ Craig Haney, *The Science of Solitary: Expanding the Harmfulness Narrative*, 115 NW. U. L. REV. 211 (2020).

Testimony of Jared M. Trujillo, Esq. On Behalf of the New York Civil Liberties Union Before the New York City Council Committees on Criminal Justice Regarding Intro. 549-2022

September 30, 2022



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Donna Lieberman
Executive Director

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President

The New York Civil Liberties Union (NYCLU) thanks the New York City Council Criminal Justice Committee for holding this important hearing on Intro. 549-2022. The NYCLU is the New York affiliate of the American Civil Liberties Union. It is a not-for-profit, non-partisan organization with eight offices throughout the state and more than 180,000 members and supporters. The NYCLU's mission is to promote and protect the fundamental rights, principles, and values embodied in the Bill of Rights of the U.S. Constitution and the New York Constitution.

Intro. 549 would ban solitary confinement in all its forms in New York City jails, except for emergency de-escalation for a maximum of four hours immediately following an alleged incident. In its place, the bill would require the Department of Correction (DOC) to utilize alternative forms of separation that are proven to better enhance safety, health, and well-being.

The NYCLU is deeply committed to ensuring all humans in custody are treated fairly and humanely. The current conditions at Rikers Island are not only inhumane, they are deadly. As of September, 16 people have died on Rikers this year, which is a significant increase from previous years, and it is already the same as the total number who died at the jail all of last year.¹ Too many of these deaths have come from isolated confinement. This past July, Elijah Muhammad was locked in shower cages, where he barely had space to sit.² He had a ligature around his neck. He was then moved to another form of solitary confinement, where he lacked access to medical care and a bed. He subsequently died. In August 2021, Brandon Rodriguez died after he was locked in a similar shower cage.³ These are just two examples.

¹ Jan Ransom & Jonah Bromwich, "*Tracking The Deaths In New York's Jail System in 2022*," New York Times. Sept. 27, 2022. Available at: <https://www.nytimes.com/article/rikers-deaths-jail.html>

² Jan Ransom, "*In Rikers Cell, a Man Lay Dead For Hours Before he Was Discovered*," New York Times. July 12, 2022. Available at: <https://www.nytimes.com/2022/07/12/nyregion/rikers-jail-man-dead.html>

³ Courtney Gross, "*An Inside Look At The Lives Lost On Rikers*," Spectrum New York 1, July 14, 2022. Available at: <https://www.ny1.com/nyc/all-boroughs/public-safety/2022/07/14/an-inside-look-at-the-lives-lost-on-rikers-island>



Besides death, even short periods of solitary confinement can cause debilitating and long-lasting mental health issues, physical health problems, and suicidal ideation.⁴

Despite the well-known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the DOC continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails continue to lock people in solitary confinement 23+ hours a day, for extended periods of time, as reported by Board of Correction member Dr. Robert Cohen during the hearing. As admitted by DOC Commissioner Molina during the hearing, incarcerated people are often placed alone in two-foot extensions of their regular cells. While the Commissioner calls these “day rooms,” that is merely a euphemism for solitary confinement, where caged individuals have no communication or limited communication with others. Mental health experts have said this form of solitary will cause the same harm as other forms.⁵ These practices also violate the Humane Alternatives to Long-Term Solitary Confinement Law (HALT), state law binding on New York City, by failing to provide at least 7 hours of out-of-cell time per day.

To be clear, the devastating impact of solitary confinement on the human psyche has been documented since the 1800’s.⁶ In 1890, the U.S. Supreme Court noted:

[A] considerable number of the prisoners [in solitary confinement] 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.⁷

The Court also noted that solitary was a “terror” and a “peculiar mark of infamy.” Jurisdictions greatly reduced the use of solitary until the 1970’s and 1980’s, when tough-on-crime policies caused prison populations to swell.⁸ As Black and brown communities were being decimated by the War on Drugs and other policies that caused mass incarceration, the dehumanization of solitary confinement crept back into jails and prisons.

⁴ Tiana Herring, “*The Research Is Clear: Solitary Confinement Causes Long-Lasting Harm*,” Prison Policy Initiative, December 8, 2020. Available at:

https://www.prisonpolicy.org/blog/2020/12/08/solitary_symposium/

⁵ Terry Allen Kuppers, “*Solitary Confinement By Any Other Name Is Still Solitary, And Needs to End*,” City Limits, August 6, 2021. Available At:

<https://citylimits.org/2021/08/06/opinion-solitary-confinement-by-any-other-name-is-still-solitary-and-needs-to-end>

⁶ Andrew L. Hanna, *Solitary Confinement in America*, 21 U. PA. J. CONST. L. ONLINE (2019).

Available at: https://scholarship.law.upenn.edu/jcl_online/vol21/iss1/2

⁷ *In re Medley*, 134 U.S. 160 (1890)

⁸ *Supra* note 6



The UN Mandela Rules have condemned long-term solitary confinement as torture.⁹ The New York legislature also took action to reduce the harmful impact of solitary confinement by passing the HALT Solitary Confinement Act. Following the deaths of Kalief Browder, Layleen Polanco, and far too many others, New York City has made modest reforms to the use of solitary. However, the continued use of tiny shower cells and decontamination units to store humans in isolation for hours is a humanitarian crisis. The use of “day rooms,” which merely extend isolation cells by two feet fail to address the harmful impact of solitary confinement. They merely extend those harms by two feet. New York City needs to pass Intro. 549 to fully end solitary confinement, and to utilize evidence-tested programs that actually reduce violence.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary, namely pro-social program-based interventions like the Clinical Alternatives to Punitive Segregation (CAPS) program in New York City jails,¹⁰ and the Resolve to Stop Violence (RSVP) program in San Francisco jails.¹¹

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one-year period. Best practices in youth and mental health facilities limit isolation to minutes or hours at most.¹² Similarly, CAPS is designed to offer a full range of therapeutic activities and interventions for these patients, including individual group therapy, art therapy, medication counseling, and community meetings.

Importantly, under Intro. 549, if someone allegedly engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After

⁹ Andrew Gilmour, “Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty,” UN Chronicle, <https://www.un.org/en/un-chronicle/nelson-mandela-rules-protecting-rights-persons-deprived-liberty#:~:text=Mandela%20found%20solitary%20confinement%20to,to%20better%20conditions%20for%20inmates>.

¹⁰ Glowa-Kollisch S, Kaba F, Waters A, Leung YJ, Ford E, Venters H. *From Punishment to Treatment: The “Clinical Alternative to Punitive Segregation” (CAPS) Program in New York City Jails*. Int J Environ Res Public Health. 2016 Feb 2;13(2):182. doi: 10.3390/ijerph13020182. PMID: 26848667; PMCID: PMC4772202.

¹¹ James Gilligan, Bandy Lee, “The Resolve to Stop the Violence Project: Transforming an In-House Culture of Violence Through a Jail-Based Programme, *Journal of Public Health*, Volume 27, Issue 2, June 2005, Pages 149–155, <https://doi.org/10.1093/pubmed/fdi018>

¹² Jeffrey L. Metzner & Jaime Fellner, “Solitary Confinement and Mental Illness In US Prisons: A Challenge for Medical Ethics,” *Journal of the American Academy of Psychiatry and the Law*, March 2010.



that immediate period, people can still be separated from the general facility population. However, Intro. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

During oral testimony, Commissioner Molina even praised the positive impact of the CAPS program, which offers intensive medication management, group therapy, art therapy, and other rehabilitative programming. CAPS participation and completion has been shown to substantially reduce instances of violence. This is why it was particularly disappointing to hear the Department of Correction note that only five individuals are currently engaged in CAPS. With rates of violence eight times higher than at other similarly situated jails in the country,¹³ and a potential federal takeover of Rikers, why has DOC weaponized forms of solitary confinement rather than programs that work like CAPS?

Finally, we must note that the Commissioner's oral testimony blatantly mischaracterized the realities of solitary confinement at Rikers. Repeatedly, the Commissioner stated that there is no solitary confinement at Rikers. When Chair Rivera asked if shower cells and decontamination units were used to warehouse incarcerated people for hours, and even longer than a day, the Commissioner said "no." When asked about Brandon Rodriguez who died in a shower cell, he changed his answer to "it is under investigation." This is particularly concerning because several members of the City Council and the Public Advocate, who have toured Rikers, have seen the shower cells. Many of these individuals were seated immediately in front of the Commissioner as he testified, while multiple family members of individuals that indisputably died or suffered grave injuries after being placed in shower cells sat close behind Commissioner Molina. In other instances, the Commissioner noted that DOC could not be out of compliance with HALT because they do not employ solitary confinement, however, he then admitted that individuals are frequently placed in isolated cells with two-foot extensions. Regardless of the terminology used by the Commissioner to describe them, the reality is that these cells are solitary confinement, with all the inherent risks of psychological damage and other harms.

Alone, these statements are concerning. However, they must be taken into context of the Commissioner's recent statements and actions. One day before the hearing, the New York Times reported that Commissioner ordered that an incarcerated person, Mr. Pondexter, be moved from Rikers immediately before his death to ensure he was "off the department's count," which is already as high as it was for all of 2021.¹⁴ When asked by Chair Rivera, the Commissioner claimed that his

¹³ Jan Ransom & Jonah Bromwich, "*Rikers Still Unsafe and Unstable Under New Jail Chief, Watchdog Says*," March 16, 2022. Available at:

<https://www.nytimes.com/2022/03/16/nyregion/rikers-jail-violence-report.html>

¹⁴ Jan ransom, "*Jail Boss Urged Man's Release In Apparent Bid to Lower Rikers Death Toll*," New York Times, Sept. 27, 2022. Available at:

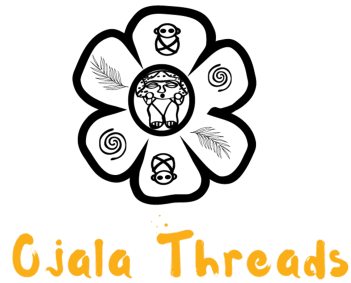
<https://www.nytimes.com/2022/09/27/nyregion/riker-death-count.html>



policy was to seek compassionate release for those who are ill when possible, but when asked how many times he sought compassionate release prior to this instance, he did not know, beyond “not enough.” Notably, the Commissioner could not provide any details of how he used compassionate release before this occurrence. Further, shortly after Commissioner Molina started in his new role, he fired Deputy Commissioner for Intelligence and Investigation Serena Townsend, without required clearance from the Federal Monitor. Allegedly, he had asked Ms. Townsend to “get rid of” thousands of disciplinary cases, and she was terminated after she refused.¹⁵ The apparent lack of transparency from top DOC officials is concerning for as it relates to everything that takes place on Rikers, but particularly concerning for solitary confinement, where people have even less access to the outside world and even more limited process to address human rights violations before they become dangerous or fatal.

Ultimately, DOC has shown it will exploit any vagueness in the law to continue using deadly forms of solitary confinement. Allowing them to do so is a policy choice. This City Council can end the use of solitary confinement and promote evidence-based programming that will make jails safer. It is imperative that this body passes Intro. 549 without delay.

¹⁵ Graham Rayman, “Mayor Adams’ New Jail Commissioner Pressured Top Investigator to ‘Get Rid Of’ 2,000 Disciplinary Cases, Then Fired Her When She Didn’t,” New York Daily News, Jan. 13, 2022. Available at: <https://www.nydailynews.com/new-york/nyc-crime/ny-sarena-townsend-louis-molina-doc-case-backlog-investigations-rikers-20220113-rulyprxl5hhdn7cclb2ztcueu-story.html>



Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

Ojala Threads Inc. is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader

humanitarian crisis, abuse, and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most.

To be clear, under Intro No 549 if someone engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people can still be separated from the general facility population. Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

Despite the well known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the City Department of Correction (DOC) continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails [continue to lock people in solitary confinement](#) 23+ hours a day, for extended periods of time. Being locked alone in a two foot extension of the cell is not “out of cell” time. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

The DOC continues so many different forms of solitary by different names and often comes up with new names, whether decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary.

It is past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking

people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#) passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.



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Anthony Dixon Testimony
Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

Dear members of New York City Council Committee on Criminal Justice, I am honor to provide testimony to you. Today I stand as part of the growing movement for prison reform calling on this committee to rise to its ethical obligation to end solitary confinement practices in our NYC jails.

Let me first, I was incarcerated for 32 years and was confined to solitary confinement for approximately 3 years. My testimony before you today summaries three interwoven affairs that I have come to realize about solitary confinement:

It's Immoral. Firstly, few would disagree, solitary confinement is immoral and speaks badly of an evolving civilized society. Mounting studies have shown that solitary confinement leaves people more alienated, more hostile, and potentially more violent. On the criminogenic need scale, it blocks one from participating in therapeutic programs at a time its needed most. Psychologically, the BOX is deadly. It destroys mind, body, and soul. In the 1992, my best friend committed suicide as a result of being placed in the BOX for only three weeks. On community readiness, it diminishes one's chances at a healthy release and suitable employment. As the Director of the Community Engagement at the Parole Preparation Project, I regularly work with men and women who have been permanently harm and damaged by being placed in solitary confinement. I can attest that this practice makes people worst then their first state and has nothing, absolutely nothing to do with public

safety. In fact, about half of the homeless people I have spoke to on New York city street say they were repeated placed in the solitary when they were first arrested.

As a solitary confinement survivor, I myself retain unforgettable life memories of men in solitary confinement bagging on walls and screaming violently at nights as they grappled with the reality of being dehumanized and treated like animals. One person who was confined to solitary for 30 years described his existence this way: “Just lank. Everything is the same every day. This is hell. Always has been.” Not that I need to tell you, the issue we are describing today is about realities that are counterproductive to correctional missions and values.

An Economic Affair

Secondly, from the prospective of prison guards and prison unions, a locked down facility creates a prefect cash-flow with minimum labor. I submit, when solitary confinement is finally no-longer an issue, we can get about the business of reallocate funds to address systemic issues that contribute to violence, self-harm, and jails. I speak from lived experience. I created a program called *Breaking Free from Criminal Thinking*. This program has been operating in two state facilities, Greenhaven, and Fishkill, and replicated in several others. In the past 10 years this program has a zero-recidivism rate. Not ONE person who participated and completed this program has return to prison.

Members of these chambers, by reallocating and investing funds in proven transformative intervention services in our jails, NYC can save tax payers billions in dollar with a bottom line that repairs and save lives.

A Racial Affair. Thirdly, in the era that must resoundingly and repeatedly shout from the roof top *Black Lives Matter*, solitary confinement cannot be alienated from the discussions. Members of these chambers, there is a scourge of racial bias in the use of solitary confinement when it comes to people of color in NYC jails. It is well documented that racial bias against people of color and in favor of white people in New York state has a strong effect

on who is arrested, prosecuted, convicted, and issued longer sentences. A recent investigation found that non-white incarcerated people are punished,

- Twice as often as whites,
- Placed in solitary confinement twice as often,
- Held there for longer periods of time, and
- Subjected to the use of force by prison guards.¹

In the city that is home to the Statue of Liberty, our jails have become filled with the poorest, most marginalized, and most powerless American citizens in the country. Rather than become principled in redeeming human lives, in investing underrepresented communities, in restoring broken families, and in modeling leadership to the rest of the nation, we are here to today because some New York officials want to roll back into dark hole of hopelessness, a hole that that we have already failed us and left its wait broken lives and suicide victims.

I have often asked myself, were this subhuman treatment and outcomes to occur with non-Black and Brown people, if Kalief Browder was white and had another name, would we be having this discussion? If your answer is no, then you know this practice is a morally wrong.

###

¹ An investigation “found that at some prisons the rate at which black and Hispanic prisoners were punished was twice that of white prisoners. Non-white prisoners also ended up in solitary confinement more often, and were held there for longer periods of time. There was also evidence of racial disparity among prisoners subjected to use of force by guards “ (*Reveals Racial Bias Rampant in Upstate New York Prisons*, 2018 New York Times | <https://www.prisonlegalnews.org/news/2018/jan/8/new-york-times-reveals-racial-bias-rampant-upstate-new-york-prisons/>. Also, *The Scourge of Racial Bias in New York State’s Prisons* (2016, New York Times).

My name is Richenda Kramer and I am with the Raging Grannies. I spent ten years answering letters from prisoners across the country with American Friends Service Committee's Prison Project. The HALT act requires that people in prison have 14 hours actually out of cell, and have real and effective programming in a group setting, and have access to representation and oversight. This is what Int. No. 549 requires. The DOC is claiming that the HALT act does not apply as they have "real alternatives" to end solitary, but building a cage which extends two feet in the corridor in front of the cell door, with only a small backless stool to sit on, and changing the name of solitary are heartless tricks to maintain the status quo. If you think this is justified, I would ask you to visit one of the places where the DOC has already put this into practice.

We are always hearing of the need to contain people in prison, but if they are treated like caged animals, that is how they will behave. Solitary confinement leads to mental illness and suffering. How many of you can imagine spending even a few hours in a place the size of a bathroom, with **no** phone, **no** social contact whatsoever, **nothing** to do, and often **no** window? And can you imagine that for weeks, months, years?

When released, Kalief Browder committed suicide after spending three years in solitary because he would not plea bargain when the NYPD falsely accused him of stealing his own backpack, a case that was dismissed in minutes when he finally got to court.

There is no oversight of solitary confinement, and COs can put people there without any need for justification. It is easy to get in, and hard to get out. Please sponsor and vote for Int. No. 549.

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Sent: Wednesday, September 28, 2022 4:58 AM
To: Testimony
Subject: FW: Testimony in Support of Int. No 549

From: busermary@gmail.com <busermary@gmail.com>
Sent: Tuesday, September 27, 2022 9:29 PM
To: Office of Correspondence Services <OfficeofCorrespondenceServices@council.nyc.ny.us>
Subject: [EXTERNAL] Testimony in Support of Int. No 549

Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

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Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed Kalief Browder seven and a half years ago and Layleen Polanco three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

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The DOC continues so many different forms of solitary by different names and often comes up with new names, whether decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary.

It is past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof supermajority of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has urged passage of Intro. No. 549. Hundreds of leading civil rights, racial justice, and human rights organizations urged New York City to fully end solitary confinement. A supermajority of the previous City Council supported ending solitary confinement. Every member of the NYC federal House delegation has urged NYC to fully end solitary. 74 state legislators said DOC’s operations violate the HALT Solitary Law and urged Council action.

As a former assistant chief of mental health in the Rikers Island Punitive Segregation Unit (Solitary), I have witnessed firsthand the suffering inside these cells, and urge you to fully end this torturous practice once and for all. Thank you for your attention to this critical matter.

Sincerely,

Mary Buser

**Director
Social Workers & Allies against Solitary Confinement**

Solitary Confinement

There are many dimensions to the notion of solitary confinement, with its origins in Quaker prison reformer at the Eastern State Penitentiary who intended to replace corporal punishment with a means for a person to perform penance for their acts through direct contact with their God. The experience of the convicted person was one of sensory deprivation, confined to a cell with only a high window, no contact with any other person, and no opportunity for recreation with only a Bible for comfort. The result was madness and eventual abandonment of this model.

Today's jails and prisons use a form of solitary confinement as a punishment for infractions of institutional rules, the most serious of which would be violence against staff or other persons in custody. As Rick Raemisch, a reform-minded former Commissioner of the Colorado Department of Corrections said in a keynote address to the International Corrections and Prisons Association, "Isolation is our solution for a problem which has no solution." He recognized its harmful effects, and bemoaned the fact that Colorado was utilizing prolonged isolation for disruptive people, who when reaching the end of their sentences, were released directly from isolation to freedom, a formula for failure.

Under his leadership, Colorado ended the practice of *lengthy* solitary confinement, limiting its use to 15 days, consistent with the United Nations' Nelson Mandela rules. His championing of reform was fueled partly by the assassination of his predecessor by a recently released person who had spent seven years in isolation. The clear indication from his research was that people whose behavior had resulted in solitary confinement were most often suffering from mental illness, which was only made worse by isolation.

A rational approach to persistent disruptive behavior, violent or not, in carceral settings would include separation from others as a short term, immediate response, but complemented with intensive therapeutic interventions specific to the person's needs, and a progressive return to general population through a series of Therapeutic Community settings, both within the institution and continuing in supportive settings after release. Each person is different, and their risk and needs should serve as the guide to their therapeutic plan. *Prolonged* solitary confinement should be forbidden, in alignment with the Mandela rules, and isolation should always be accompanied by intensive programming to address the person's needs and directed toward healing, recognizing that social contact is an essential element of the therapy.

Frank J. Greene FAIA OAA

Vice President, Justice Lead

STV Incorporated



September 23th, 2022

Greetings Councilmembers,

My name is Rabbi Margo Hughes-Robinson, and I am grateful for the opportunity to testify to this committee. I am the New York organizer at T'ruah: the Rabbinic Call for Human Rights, which organizes Jewish clergy to act on the Jewish imperative to respect and protect the human rights of all people. I organize hundreds of Jewish clergy all over the city— as well as over 2300 Jewish clergy nationwide— and our most urgent priorities include ending the use of solitary confinement. The practice of solitary confinement is not only a violation of the human rights of New Yorkers in DOC custody, it is torture.

Early on in the book of Genesis we read that “it is not good for a human being to be alone.”¹ Solitary confinement destroys souls and bodies, leading to not only anxiety, depression, and psychosis in many individuals, but also self-mutilation and heart disease. It leads to both jail conditions and outside communities who are less safe. For the past decade, T'ruah has been engaged in the historic campaign to end long-term solitary confinement in New York State, achieved through the passage and enactment of the HALT Act. Our long-term partnerships with NY-CAIC, Jails Action Coalition, and other groups led by the New Yorkers most directly affected by these issues also demand that we follow the biblical injunction of Leviticus 19:16: “Do not stand idly by the blood of your neighbor,” and demand an end to all solitary confinement in this city.

Solitary confinement is predominantly inflicted upon our Black and Latinx neighbors, and has stolen too many from their families, including Kalief Browder and Layleen Polanco. In the Mishna, a foundational text in the Jewish tradition, we learn that whoever destroys a single life, it is as if they have destroyed an entire world.² Through its use of solitary, New York has destroyed countless worlds and has promised again and again in their names to end this practice, yet it continues. I implore you to consider the weight of each of these losses, and the inhumanity that surrounded their deaths. The city's practice of isolated confinement currently includes the use of shower cages, so small that a person cannot comfortably sit down. Brandon Rodriguez died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked Elijah Muhammad in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another form of solitary

¹ Genesis 2:18

² Mishna Sanhedrin 4:9

confinement, leading to his death this past July. The use of solitary is part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 14 people this year and 30 people since early 2021. Thirty worlds destroyed.

Innumerable Jewish sources insist that when an opportunity to do the right thing arises, we must not delay.³ The time to pass Intro. 549 and end all forms of solitary confinement in New York City jails is now. This legislation is cosponsored by a robust supermajority in City Council, including by Speaker Adrienne Adams. Every member of New York City's federal delegation to the House of Representatives has called for an end to solitary. And I stand here today as one of hundreds of faith and community leaders urging you to fully end solitary confinement in this great city. I am so grateful to be in conversation with you about the ways we can seek justice in this city, and move towards a place of decarceration that supports the safety, dignity and wellbeing of every New Yorker.

Rabbi Margo Hughes-Robinson

NY Rabbinic Organizer, T'ruah: the Rabbinic Call for Human Rights

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³ e.g., Mekhilta Shemot 12; Pirkei Avot 2:5; Pirkei Avot 4:2



Mental Health Project

New York City Council
Committee on Criminal Justice

Hearing on Int 549-2022

A Local Law to amend the administrative code of the city of New York, in relation to banning solitary confinement in city jails

Wednesday, September 28, 2022
Council Chambers, City Hall
New York, NY

Testimony of
Jennifer J. Parish
Director of Criminal Justice Advocacy
Urban Justice Center Mental Health Project
(646) 602-5644
jparish@urbanjustice.org

The Urban Justice Center Mental Health Project unequivocally supports ending the torture of solitary confinement in New York City jails. We urge the City Council to pass Introduction 549-2022 (Intro 549).

Solitary confinement is detrimental to the health and well-being of those subjected to it, and it has no place in this city's jails. The Council must require humane treatment of all incarcerated persons.

The Urban Justice Center Mental Health Project has advocated for people with mental health concerns involved in the criminal legal system for more than 20 years. We are deeply familiar with the difficulties people with mental health concerns have within correctional facilities and in accessing essential mental health services, housing, and benefits upon release. We represent the *Brad H. Class*, all incarcerated individuals who receive mental health treatment while in city jails. Currently the *Brad H. Class* comprises about half of the city jail population. We are extremely concerned that the jail environment, especially placement in solitary confinement, harms these individuals not only while they are incarcerated but after their release. Moreover, solitary confinement poses a health risk for everyone subjected to it – whether they have pre-existing mental health challenges or not.

For more than six years, we have documented the experiences of people subjected to solitary confinement in New York City jails. Through the work of dozens of law students, we have

compiled statements from incarcerated individuals and presented them at Board of Correction meetings. We include as an exhibit to this testimony statements composed in 2021 and 2022. The firsthand accounts of people who have endured solitary confinement are ample evidence of the inhumanity of this practice. They describe not only pain inflicted in solitary but also the scars that last long after the isolation ended.

Research also establishes the severe psychological harm and other health effects that solitary causes both while a person is incarcerated and upon release. For instance, people exposed to solitary confinement are almost seven times more likely to attempt to hurt or kill themselves than other incarcerated people.¹ They also have higher rates of hypertension than other incarcerated people with a 2019 study revealing that one-third of the people in supermax units were more likely to experience heart attacks and strokes.² They are more likely to die in the first year after release from incarceration, especially from suicide or homicide; more likely to die of an opioid overdose in the first two weeks after release; and more likely to be reincarcerated.³

Given the well-established harm solitary confinement causes, the Council should prohibit its use entirely.

Intro 549 bans the use of solitary confinement

Intro 549 accomplishes that by requiring that all incarcerated individuals have access to at least 14 hours out of cell each day. This provision extends the limits on involuntary lock-in in the Board of Correction's minimum standards to everyone in custody.⁴

The bill also defines "out-of-cell" so that the Department of Correction can no longer pretend that the time an individual spends alone in an enclosed area outside of their cell that does not allow for physical contact with other people is "out-of-cell" time. The Department asserts that no one in the city jails is currently in solitary confinement even though there are some individuals who are held at North Infirmity Command (NIC) and West Facility in cells that have an adjacent area outside the cell (which the Commissioner refers to as a "private dayroom") where they can be held alone while they are not in their cell. Intro 549 makes clear that an incarcerated individual is not out of cell when they are confined in such a space.

¹ Kaba F, Lewis A, Glowa-Kollisch S, et al. Solitary confinement and risk of self-harm among jail inmates. *Am J Public Health*. 2014;104(3):442–447. doi:10.2105/AJPH.2013.301742

² Williams, B.A., Li, A., Ahalt, C. *et al.* The Cardiovascular Health Burdens of Solitary Confinement. *J GEN INTERN MED* 34, 1977–1980 (2019). <https://doi.org/10.1007/s11606-019-05103-6>

³ Brinkley-Rubinstein L, Sivaraman J, Rosen DL, et al. Association of Restrictive Housing During Incarceration With Mortality After Release. *JAMA Netw Open*. 2019;2(10):e1912516. doi:10.1001/jamanetworkopen.2019.12516

⁴ Minimum Standard § 1-05(b).

Intro 549 allows for separation without isolation

- **Short-term De-escalation**

Eliminating the use of solitary confinement does not mean that a person who injures another person or poses a “specific, serious, and imminent danger” to others’ safety cannot be separated. In such a situation, the person can be placed in a cell and separated from others to de-escalate the immediate conflict. Cell confinement should occur in the context of de-escalating a person and should be used for as short a time as necessary and include safeguards for medical and mental health staff to monitor and assess individuals while in cell confinement.

The legislation provides for short-term de-escalation and sets forth requirements for what de-escalation must include. These safeguards on cell confinement for the purpose of de-escalation include:

- Regular staff contact with the person so that the person can be released from confinement as quickly as possible;
- Involvement of health staff to support de-escalation;
- Frequent contact with medical and mental health staff to treat any immediate health needs and assess the individual;
- Authority for medical and mental health staff to determine whether the individual should be removed from cell confinement if remaining in cell confinement is medically contraindicated; and
- Time limits on cell confinement so that it cannot be used as a harmful form of solitary confinement.

The involvement of Correctional Health Staff (CHS) in observing and assessing individuals while they are in cell confinement protects against a person’s medical needs being neglected while in cell confinement. Even during a brief period of cell confinement individuals in mental health crisis may decompensate and engage in self-harming behavior or attempt suicide. Giving CHS the authority to determine that the treatment needs of a person who is in cell confinement require that they be removed from such confinement ensures that individuals in distress can be removed to an appropriate therapeutic environment. The time limits regarding subsequent placement in cell confinement prevent improper repeated use of cell confinement to punish incarcerated individuals rather than de-escalate immediate conflict.

The Department can also move the person to a different housing unit or different facility entirely. For many altercations, this type of de-escalation and separation can resolve the situation. But when the circumstances require that the person be separated for a longer period, the bill sets forth specific parameters on such housing.

- **Restrictive Housing**

The provisions regarding restrictive housing are essential given the Department’s track record of creating various forms of punitive units in response to efforts to limit solitary confinement. The Department is adept at manipulating language and creating restrictive housing units that circumvent restrictions imposed upon their practices. For example, after the Board of Correction

adopted rules prohibiting the use of solitary for young people under 22 years old, the Department developed other forms of restrictive, degrading, dehumanizing units. Young adults were placed in Enhanced Supervision Housing (ESH) and shackled in restraint desks for the seven hours a day they were allowed out of their cell. Similarly, the Department labeled units in West Facility “general population” even though individuals spent their out-of-cell time alone in a slightly larger dayroom – just as isolated as solitary confinement – without any due process protections and beyond the time limits for placement in punitive segregation.

Because of these and other efforts to circumvent meaningful change, the Council’s legislation must clearly define what is prohibited and what is required. This bill does just that.

For restrictive housing to be rehabilitative, it must be operated in a manner that respects the humanity of the people housed there. The bill prohibits the Department from confining people alone in cages and calling it “out-of-cell” time. The bill specifies that “out-of-cell” time must be provided in a space that allows for congregate activities and facilitates programming.

The bill requires that incarcerated persons who need to be separated from the general jail population be afforded services and programming in a setting that allows them to interact with other people. Individuals in restrictive housing must be allowed out-of-cell time in a space that provides for free movement and routine interaction with other people. They must also receive at least seven hours of daily programming.

Specifically, the bill requires the following:

- comparable congregate programming and amenities to those housed outside restrictive housing, including access to at least seven hours per day of out-of-cell congregate programming or activities with groups of people in a group setting;
- programming in a shared space without physical barriers that is conducive to meaningful and regular social interaction;
- programming that addresses the unique needs of those in restrictive housing;
- training in de-escalation techniques, conflict resolution, the use of force policy, and related topics for staff who routinely interact with incarcerated individuals in restrictive housing; and
- positive incentives to encourage good behavior in restrictive housing units with disciplinary sanctions used only as a last resort.

A person who is at risk of harming others should be housed in an environment that mitigates that risk through intensive engagement with skilled staff and programming that addresses the underlying cause of problematic behavior. Punishment is ineffective in preventing or deterring violence.⁵ Alternatives to solitary confinement should be the opposite of isolation and punishment – an environment where there can be actual human engagement and programs to address the reasons that people needed to be separated and to prevent future violence and harm.

⁵ Gilligan J and Lee B. Report to the Board of Correction, September 5, 2013, at 5, available at <https://solitarywatch.org/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf>.

Congregate human interaction, including quality, evidence-based programming, is essential. People in restrictive housing should have access to trauma-informed therapeutic programming that promotes personal development and addresses the underlying causes of problematic behavior. Engagement with people in the unit should not be limited to group discussions and classes but also include individual counseling, efforts to connect with family and community members, and peer-led initiatives. The programming should be tailored to the person's individual needs.

For restrictive housing units to promote a culture of non-violence, all staff who work on the unit should be trained on the purpose of the unit and committed to its successful operation. Civilian staff should be included in the operation and management of restrictive housing. In addition, considering the widespread need for mental health treatment in the jails and the pervasive history of trauma among the jail population, CHS should provide therapeutic groups in restrictive housing units.

Intro 549 protects against excessive, punitive, and unlawful use of restrictive housing

- **Limits on Time in Restrictive Housing**

In restrictive housing, high quality, engaging programming should be offered to promote participation. Unfortunately to date, DOC has not consistently provided adequate programming. In addition, correction staff oftentimes operate units – especially disciplinary units – in a punitive, abusive manner. Therefore, it is important that the bill have limits on the amount of time that a person can be held in restrictive housing.

The bill contains a 30-day limit on the time an individual can be held in restrictive housing and a cumulative total of 60 days in any 12-month period. It also requires that a multi-disciplinary team that includes program and health staff review the person's placement to determine whether they can be safely discharged from the unit. Individuals who are not approved for discharge must be provided with the reasons for that determination and access to the programs, treatment, and services that the team determines is needed. The bill also requires that an incarcerated individual be discharged from restrictive housing if the individual has not engaged in behavior that presents a "specific, significant, and imminent threat to the safety and security of other persons during the previous 15 days."

- **Limits on the Use of Restraints**

The use of restraint desks and other forms of restraint during lockdown periods in restrictive housing should not be permitted. Restraint desks are demeaning and dehumanizing and have no place in restrictive housing aimed at ensuring people in custody are treated with dignity and respect.

To the extent that the Department is permitted to use restraint desks or other forms of restraint during lockdown periods, such use should be allowed only in response to an immediate threat of imminent and serious harm. Extending the use of restraints beyond a single lockdown period should require strict due process requirements. In addition, correctional health staff should

provide medical and mental health rounds during each tour in which an individual is in restraints during the lockdown period.

The bill limits the use of restraints in restrictive housing by requiring the following:

- An individualized determination that restraints are necessary to prevent an immediate risk of self-injury or injury to other persons;
- Use of the least restrictive form of restraints and for no longer than necessary to abate imminent harm;
- No use of restraints beyond the initial occasion until a hearing is held to determine if the continued use of restraints is necessary for the safety of others;
- Procedural protections regarding the use of restraints, including the right to representation by legal counsel or legal advocate, the right to present evidence and cross-examine witnesses, written notice of the reason for proposed continued placement in restraints and any supporting evidence no later than 48 hours prior to the hearing, adequate time to prepare for such hearings, and videotaping of an alleged refusal to attend;
- Daily review of any continued use of restraints and discontinuance once there is no longer an immediate risk of injury; and
- A limitation of continued use of restraints to a seven-day period.

In addition, the bill prohibits using restraints on incarcerated individuals under the age of 22.

- **Due Process Protections**

Before an individual is placed in restrictive housing, they must have a meaningful opportunity to be heard and to confront the evidence against them. Incarcerated individuals should not be placed in restrictive housing for minor offenses, as retaliation, or to cover up acts of staff brutality. To prevent such abuses, the Department must be required to establish at an administrative hearing that an incarcerated individual committed a violent grade I offense before placing the person in restrictive housing. At such a hearing, the incarcerated individual must be allowed to mount a defense with the assistance of counsel.

The bill requires the following:

- A hearing before an incarcerated individual is placed in restrictive housing;
- A finding that the person committed a violent grade I offense;
- The right to representation by legal counsel or legal advocate at such hearing;
- The right to present evidence and cross-examine witnesses;
- Written notice of the reason for placement in restrictive housing and the supporting evidence no later than 48 hours prior to the restrictive housing placement hearing;
- Adequate time to prepare for such hearings;
- Videotaping of any refusal by an incarcerated individual to attend the hearing; and
- Dismissal of offense for failure to provide the notice or evidence or to enter into the record videotaped evidence of an alleged refusal to attend by the incarcerated individual.

Allowing persons in custody to have their own counsel or legal advocate represent them in restrictive housing placement hearings is critical to ensuring a fair process. The public defender

offices have made clear their willingness to represent their clients in these hearings if the Department allows them access. Timely written notice of the reason for proposed placement in restrictive housing, including specific information regarding the allegations, must be provided to both the incarcerated person and their attorney of record. The failure to provide such notice constitutes a due process violation warranting dismissal. Counsel should be provided adequate time to prepare for such hearings, including requests for adjournments.

Housing units that allow for separation without isolation have successfully reduced violence

The Department can develop restrictive housing that makes the jails safer for everyone.

- **Resolve to Stop the Violence Program**

For example, the Resolve to Stop the Violence Program (RSVP) in the San Francisco county jails is a possible model.⁶ The goal of RSVP is

to attempt to address areas where ordinary corrections have failed: (1) to use the jail to create an alternative environment that curbs rather than engenders violence; (2) to help prepare [individuals] for shaping productive lives for themselves in their communities while refraining from violence; and (3) to provide avenues for them to contribute to healing the harm they have caused while providing necessary emotional and practical support to their victims and to the general community.⁷

RSVP includes an intensive, 12-hours-a-day, 6-days-a-week program that teaches “male-role reconstitution, accountability, empathy, alcohol and drug recovery, creative expression, and awareness of one’s contribution to the community.”⁸ Some of the structural elements that brought about a shift in the culture of the RSVP dorm were “(1) direct supervision; (2) consistent supervision; (3) a racial and ethnic composition of instructors that reflect the population; and (4) positive role modelling with sworn staff and service providers so as to maintain a coherent message.”⁹

Within the RSVP program dorm, the program succeeded in not only reducing violence on the RSVP unit compared to a regular unit, but upon return to the community, violent recidivism also reduced.¹⁰ Research into the program showed that this type of therapeutic community achieved the goal of reducing violence on the unit compared to a unit with a similar composition of incarcerated people. There were 24 violent incidents serious enough to constitute felonies in the 62-bed dorm during the year before RSVP began. In the first month RSVP was in place, there

⁶ Gilligan, J. & Lee, B. (2005). The Resolve to Stop the Violence Project: Transforming an In-house Culture of Violence Through a Jail-based Programme. *Journal of Public Health*, 27(2), 149. <https://doi.org/10.1093/pubmed/fdi018>

⁷ *Id.* at 150.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.* at 153.

was one such incident, and in the following year, there were none. During the same year, there were 28 violent incidents in the control dorm that still followed traditional jail practices.¹¹

- **Clinical Alternatives to Punitive Segregation**

The City has already created an alternative to solitary that allows for 14 hours of out-of-cell time for individuals diagnosed with serious mental illness who received an infraction that would result in placement in solitary confinement. After years of putting people with mental health challenges in slightly modified versions of solitary confinement, in 2013 the City created a Clinical Alternatives to Punitive Segregation (CAPS) unit. Individuals in CAPS have the same amount of out-of-cell time as the rest of the jail population. What was added is more engagement.

Correctional Health Staff ran a full schedule of group activities throughout the day. Mental health treatment aides interacted with people on the unit and de-escalated situations before correction officers needed to intervene. The model required the assignment of a steady staff of correction officers and clinical staff, who were trained together on unit operations.

In a study of CAPS, the unit was found to be much safer than previous solitary alternatives that restricted out-of-cell time – with less self-harm and fewer injuries.¹² In fact, CAPS was so successful that Correctional Health Services and the Department replicated it for people with serious mental health treatment needs who had not received infractions. The Program to Accelerate Clinical Effectiveness (PACE), as the new units were called, improved the quality of mental health treatment provided in the jails. According to the Department, Use of Force incidents decreased by 43% in CAPS and by 69% in PACE, and there was a 72% decrease in assaults on staff in CAPS and a 63% decrease in assaults on staff in PACE.¹³

Unfortunately, the Department does not appear to be prioritizing mental health treatment in its efforts to address the crises in the jails as evidenced by its failure to implement the planned expansion of PACE, the relocation of some PACE units from housing areas designed to provide a therapeutic environment, and the diminishment of the crisis intervention team (CIT) program. However, these practices that have been successfully implemented in the past can be revived, expanded, and adapted.

Conclusion

We call on the Council to pass Intro 549 which not only ends solitary confinement but also requires that any restrictive housing units promote rehabilitation and violence prevention by treating people humanely. For far too long, the Department of Correction has used isolation, shackling, deprivation, and demeaning treatment as its response to disruption and violence. This

¹¹ *Id.* at 149.

¹² Glowa-Kollisch, S., Kaba, F., Waters, A., Leung, Y. J., Ford, E., & Venters, H. (2016). From Punishment to Treatment: The “Clinical Alternative to Punitive Segregation” (CAPS) Program in New York City Jails. *International journal of environmental research and public health*, 13(2), 182. <https://doi.org/10.3390/ijerph13020182>

¹³ DOC CAPS and PACE Backgrounder, <https://www1.nyc.gov/site/doc/media/caps.page>.

approach has proven not only cruel but ineffective. The Council must require the Department to respect incarcerated individuals' human rights and operate the jails in a manner that promotes safety for everyone.

Solitary confinement is just one part of this dysfunctional abusive system that the Department runs. But it is a place where this Council can have a meaningful impact. By passing Intro 549 and requiring the Department to stop using solitary confinement in all its forms and by whatever name, the Council can compel the Department to turn away from its barbaric tactics that rely on use of force and isolation to control incarcerated people and instead move to a more effective, humane approach to establishing safety for everyone – both people confined in the jails and those who work there.

We urge you to pass Intro 549 right away.

Exhibit

Statements of Individuals Incarcerated in NYC Jails

Written in 2021 and 2022

Board of Correction Meeting

February 9, 2021

Statement of Incarcerated Person

Regarding Restrictive Housing and Physical Assault at MDC and OBCC

Presented by Naz Akyol and Bridget McCarthy

I am 28 years old and I grew up in the Bronx. I love to write poetry, make music, and cook. I am currently being held at Manhattan Detention Complex (MDC); I was transferred here from Otis Bantum Correctional Center (OBCC) on Rikers Island in early July. I have been incarcerated since May 2019 and for most of my incarceration, I have been in various forms of restricted housing, including Enhanced Supervision Housing (ESH) and the box.

In my housing unit, we get strip searched when we go to and from all areas of service and programs, and if we refuse, we are forced. Directives are not being followed because strip searches are not done at random; they are done routinely, in a targeted way, and to deter us from going places. Sometimes, I am not allowed to leave my cell for two or three days at a time, even to take a shower. When I file grievances, they are not addressed. The same thing happens with 311 calls; when I call to make a complaint about the facilities, the complaint is never investigated, and officers forge log entries that say I refused to cooperate with the investigations.

I do not have any adequate notice or documentation detailing my restraint status and why I have been placed in restricted housing. In other facilities that I have been in, there were programs and social service groups that I could participate in, times I could go outside in a more open setting, and levels of the housing unit that were less restricted that I could move onto with time. For example, at ESH, there were different levels and with good behavior, I could be moved from the highly restrictive Level 1 to the less restrictive Level 2 where I had more entitlements; ultimately,

I could even return to general population. This gave me hope and incentive. At MDC, I have no idea about the time frame for my confinement in restricted housing; there are no programs or housing designations, so there is nothing to look forward to.

I am refused access to information about the rules and procedures that govern my confinement, without which I am not able to adequately represent myself at due process hearings. Sometimes, I am not even allowed to go to the hearings to defend myself. I am refused access to departmental directives and housing area rules that would detail my entitlement to minimum standards and basic rights; this creates a deeply embedded, unwritten policy of rights violation. I am often told about rules that do not exist and forced to comply with them without proper documentation authenticating the existence of these rules. I feel completely isolated and hopeless. I do not get to interact with anyone except for the one person I share my cage with. Being in restricted housing makes me feel very angry and sad. I hear things, and I often get very depressed and frustrated.

Being in the box during my current and previous incarcerations has affected me. When I went home before my current incarceration at MDC, I had a very hard time adjusting. I did not want to be outside; I only wanted to be by myself. When I got placed in Level 1, the most restricted level of ESH housing, in December 2019, I felt suicidal and I cut my wrists. Even then, I was not sent to the mental health unit; no one took me seriously. I have been diagnosed with bipolar disorder, borderline personality disorder, and depression. I do not get to meet with a mental health official very often, and when I do, the meetings are very brief. By the time I get comfortable enough to talk, the meeting is already over. I am on medication, but I sometimes still have suicidal thoughts. I feel like I have nobody to talk to and no one to get help from. While in restricted housing, corrections officers treat us detainees with less care and more hostility, and they provoke

us with fearful, disrespectful behavior. When I express these thoughts, I automatically get disregarded. I feel like I am missing out on so much and I have no one on my side anymore.

Recently, I have been subject to over 20 instances of use of excessive force by Emergency Services Unit personnel. I have suffered serious injuries during these instances, including a broken nose, a dislocated shoulder, a dislocated knee, and a laceration on my forehead that left a scar. I had to be taken to the hospital for my injuries, and I have been told that I may need surgery for my knee. My housing unit has been targeted by ESU officers over the past weeks, and the number of physical assaults has skyrocketed. These assaults happen for the smallest, most trivial things. There is clearly discrimination going on because my housing unit has been under 24-hour surveillance by ESU and they specifically pick on everyone housed in my unit with increasing frequency. I want people outside the jail to know that this is happening and that everyone involved knows about this targeted violence.

**Board of Correction Meeting
February 9, 2021**

**Statement of Incarcerated Person
Presented by Jessica Coffrin-St. Julien**

I am 28 years old, and I was born and raised in Manhattan. I know New York City like the back of my hand. I've been homeless my entire life; I was a regular street kid growing up. Ten years ago, I was diagnosed with schizophrenia.

I was arrested in August of last year, so it's been six months incarcerated for me. This is my first time incarcerated, and I'm still learning about how things work here. Right now, I'm in Enhanced Supervision Housing. The building I'm in was actually the former box, and it's set up in almost the exact same way the box is. It seems like it's impossible to get out of here; I've been here almost four months.

They treat people really bad in ESH. I've been sprayed in the face with mace. The mace is incredibly powerful—it gets inside your sinuses and respiratory system. And it affects you psychologically because, once you get to the point of blindness, you start to panic. In general, when mace is in the air, you know it. Sometimes you'll still feel it days after it's been sprayed, or, if someone is sprayed upstairs, you can feel a trace of it downstairs.

The staff also write false reports; they plant things on you that aren't permitted inside the jail, like metal objects. That happened to me right off the bat: they told me I had a metal object on me I know I didn't have. We can't even get liquids or toothbrushes in the mail here. For me, I'm trying to figure out how to get my time reduced; I'm not trying to add onto it. I wouldn't do anything to risk adding time to my sentence, but, in ESH, anything the staff says goes. Sometimes, ESU, a special search team, is sent to our cells to look for contraband. They look like GIs: they wear full military gear, steel-toed boots. When that happens, it is intense and overwhelming.

In ESH level one, the staff really violate your privacy. Every time you need to leave the floor, they want you to squat, cough, check your mouth and ears. They're really nasty about it. It is very uncomfortable to be searched in that way, and they just want to get it done. I try to just get through it as quickly as possible, but it feels like a violation.

It's also hard to get your basic needs met in ESH. Just the other day, it was impossible for me to get a drink of water. The sink in my cell does not turn on. It's common to be in a cell that has either no hot water or no cold water, but usually you at least have some water. But I do not have any water at all. That's tough because you need water to live. But I couldn't get water because the COs weren't making their rounds like they are supposed to. It's worse lately because they're super short

on staff. The other day, we locked out late, but they still want to lock in at the regular time. That's time ticking away from us.

I have been able to get some medical care for a foot injury in ESH, but I haven't really gotten any type of mental health treatment. I've talked to a couple people really briefly, but it's difficult to create rapport. Especially right now, I'm just starting to realize that I'm going to be incarcerated for some time. Every day I wake up, and it hits me: I'm in jail. That's hard to deal with, and hard to talk about. I hope they can start bringing back programs for us. Right now, there's nothing to look forward to: no programs, no nothing, every day is the same. There's no way to keep track of time.

I got to the box on maybe my tenth day of being incarcerated. They gave me twenty days of time in the box. By now, I've been to the box three times. With every ticket you get, you have to do some time, plus they charge you a \$25 surcharge. That's hard on my family; my mother and sister are working less hours lately, so they don't really have anything to spare sometimes.

When I'm in the box, every day just drags on. The cells are very small; it's very hard to exercise or move around. We're not allowed to have commissary, so we spend the day starving, waiting four or five hours to get food. The feeding is done by staff, and we have to be on the gates of our cells, shouting out, asking to be fed. It makes me feel like I'm competing with my neighbors to get food. The last time I was in the box, I just shut down. I didn't want to talk to anyone, I didn't want anyone to touch me, I just wanted to sleep and stay in bed all day. I was in a really bad place.

Sanitation-wise, the box is really unhygienic because we're in there 24/7, so things get messy but there is no way to keep it clean. A lot of times they won't give us a broom or nothing. There is no access to books, and I can hear people talking all day. Seeing and hearing other people breaking down can be very hard. There's no one to chat with, no human interaction, and that can be very stressful.

In the box, if a staff member is working who doesn't like me, I know that day is going to be bad. The COs can be very disrespectful. Like if I ask them to open the slot to my cell, sometimes they will close it more than halfway. There were two times where I was left cuffed in a very uncomfortable position in my cell for hours.

Staff will take showers away from you if they don't like you. Plus, if you have some type of medical issue, the COs don't always do their rounds when they are supposed to, so you can be up all night waiting for them to come. I have heard someone who is asthmatic scream that they can't breathe, and it took a long time for anyone to attend to him. Hearing that made me start to panic. I feel like the staff get a kick out of treating people bad. When I'm in the box, I feel like my life is on the line to a certain degree.

**Board of Correction Meeting
February 9, 2021**

**Statement of Incarcerated Person
Presented by Claire Bartholomew and Susannah Waldman**

I am 46 years old. I grew up in Harlem. I've been incarcerated for 23 months on the current charge. I started at the Tombs (Manhattan Detention Complex), and have been moved around a lot. I'm now at the NIC (North Infirmery Command). I'm a CMC (Centrally Monitored Case) because I have an escape on my record from 1999, which I already served my time for. This means I must be escorted everywhere I go. Food gets delivered to me; I don't go to the mess hall. I'm handcuffed and shackled whenever I go to recreation or anywhere else. There are cameras in the cell depending on how high the classification is.

Right now, at NIC, I'm in a gallery of 10 cells. There are seven of us here. One cell is a shower. Another cell has a slop sink and mirror where you can shave. The whole tier area is only about 50 feet x 10 feet. There are three tables on the gallery, four seats to each table. Each cell is 8 feet x 8 feet, and everyone has an individual cell, but you're basically inside a cage. There is absolutely no social distancing. I try to stay at the edge of my cell to avoid people. I eat in my cell now.

There is no date for me to get out of NIC. Once you're here, you're here. I'm CMC because of an attempted escape that happened when I was around 26 years old. I was denied a hearing to challenge being placed in CMC for the escape. I never even left Rikers Island grounds. We were young kids, the backdoor of the dorm was open, and we went out and played basketball. That's why I'm CMC.

Here, at NIC, we are in cages during the one hour we are allowed outside for recreation. We don't have access to basketball courts. Now we go to single man cages. We didn't have a hearing for that – and you're supposed to having a hearing before you are required to spend rec in a single man cage.

What gets me more than anything is the strip searches. I can't do it. I write it up every time and they get mad, but I don't care. Instead of fighting, I file grievances.

They conduct visual cavity searches. They do it when they feel like it – once a week, two times a week, three times a week. As harassment and punishment. If something happened in another block, they'll come to us. None of us has been outside this building since February – there's no reason for them to even strip searching us when they have a body scanner, hand wands, and x-ray machines. There are 7 cameras in the area they are in. There is no reason for them to strip search us when they already watch us all day every day.

If it's a fire upstairs, they'll storm upstairs, and then they'll come and search us. They're stripping us as a punishment, to embarrass us. "If you behave, you won't get strip searched no more." They come to your cell, 3 of them standing right outside your cell, 3 men fully dressed, wearing illegal motorcycle gloves with the knuckles that can hurt you – leather gloves with carbon fiber over the knuckles. The Board of Correction should check the Genetec video for the gloves they wear. They search us with the same gloves that they use with the detainees on asymptomatic tiers. They storm in our cell and strip us naked. I ask them – are you gay? You're about to see me naked. They get hostile

and wanna spray me with mace. I say, “this is illegal. I don’t consent.” That’s when they wreck my cell, threaten me, put me through all kinds of chaos. I don’t ever fight them back.

The worst of the worst was when I was in the box at GRVC. Once you get in the box, they ignore you. You’re locked in your cell all day. They don’t care about you. It’s no man’s land. I was supposed to be on a liquid diet the whole time, but they didn’t feed me; during the 30 days that I was there, I only had 7 pieces of bread. People light their whole cells on fire just to get attention and get out of the cell. I had 3 showers the whole time I was in there. I wrote down the dates. The only reason I got a shower was because I told the Warden to check the video tapes, and she saw it was true that I hadn’t showered, so she let me out. The second time I was able to shower was through the chaplain; I told them I’m talking to clergy, and she went and raised hell and got me a shower. Then a social worker got me out for the third time. I stopped her asking her to complain that I didn’t get a shower in 2 weeks.

When you first come in there, they strip you again. They have all the equipment there so it’s unnecessary. They take all your property, you’re in there without a Walkman or anything. You get one phone call a day. If you wanted to call your mother and your lawyer, you couldn’t. You have to call one or the other. In order to get the phone brought to you, you have to scream and scream for days.

I was sent to GRVC for allegedly assaulting an officer. The crazy part is, I had what is called a blackout. It is on camera; the Genetec never lies. I came out my cell, had a blackout, fell down the stairs, and had a seizure. They came for a medical emergency. I was thrashing. I don’t know what was going on; I don’t remember this. They said when they were trying to put me on the stretcher, I was lashing out and punched a captain. In the behavior report, it says it looks like I’m in and out of consciousness, don’t know what is going on, and incoherent. And still, they sent me to solitary.

After the seizure, I went to Bellevue for an IV. The seizure was stress related. I’ve only had it twice in my life. At that point, I was at MDC – the jail in Manhattan known as the Tombs. It is stressful there – you have a cell that doesn’t open, you’re just in a room, and it’s locked by a steel door. It’s miserable, gloomy. It’s a seriously stressful environment. That’s why they call it the Tombs. Each cell will remind you of a tomb you’ll be buried in.

After the seizure, there was a hearing to determine whether they could put me in the box – but they never even let me go to the hearing. I was railroaded. I included all of that in the grievances I filed. I said I wanted to go to the hearing. They said I refused the hearing, but there is no record to show I refused anything. The officer kept calling there, telling them I wanted to go – and then they put down that I refused. That’s their tactic to make sure you get slayed on these misbehavior reports. You have to wait for someone to pick up and escort you. Someone writes in the logbook that you refused.

In the box, they don’t even pick up my mail - not my social mail or my legal mail. My lawyer has been trying to contact me for months and hasn’t been able to. My visits have been denied; it took four hours for them to come get me when my fiancé was here for a visit. And once they finally let me see her, a fight broke out in the visiting room, so I was trying to protect her from that garbage. The officers got mad at me for that, so they didn’t feed me that night, and they held my fiancé for three hours and wouldn’t let her leave.

In the box, they don't give you nothing – no writing utensils, no writing paper, no supplies, no cosmetics, no cleaning supplies, nothing. You go in a cell that someone just came out of. You won't be able to sweep, clean, or mop it. There's still feces on the wall from the last person who was there, toothpaste all over the walls. My whole first day there I used my t-shirt and toothpaste to scrub the toilet and the sink, because of the fluoride in the toothpaste. The Genetec cameras will show that my cell was flooded for the first three days I was there in January 2020.

In the box, you have to yell to get their attention. They say, “shut the f up,” saying they won't come because you're yelling. They never come, even when people are banging – no matter if they have a seizure, a heart attack. You're in there, you're stressed, and it's cold. You can't open and close your window. They leave you in there burning up in the summertime. They don't care. If there are fires in the box, they don't give you saline for your nose or check if you suffered smoke asphyxiation.

I also am supposed to have a cane, but while I was in the box, they wouldn't let me have it.

The smell alone in the box should give you authority to shut it down. They treat people like animals in the box - that's why that trans woman died in the box, because they don't check on you at all in there. All the suicides happen in the box because no one checks on people. They don't know or care what type of mental problems people in the box go through. The people who work here have to change; the attitude that people have has to change.

Jail is so demoralizing. You just came from a nice home, and now you're sleeping on a slab of metal that's killing your back. If it's not too hot, it's too cold. They feed you garbage, they treat you like crap. They come through every hour on the hour and shine a big lantern in your face so you can't sleep at night. During the day they don't check on you, but at nighttime they come with the big flashlights, flash on the cell as they walk by. Some people in jail will throw feces on the officers when they come in, but I never have. I try to be respectful, and I get no respect back.

The people who work in the jails should change how they deal with people here. Look at the attitudes. It's crazy. If you don't want to do the job, don't do it.

Introduction to testimony

Our names are Arielle Lipan and Josh Goldstein, and we are sharing this testimony on behalf of an individual incarcerated at OBCC.

Testimony

I am 28 years old, and I grew up in the Bronx and Queens. I never could afford the latest Jordans and other kids bullied me for it. I loved to learn, but hated school. I didn't finish high school, but I worked hard to earn my GED years later.

I was initially arrested approximately a year and a half ago, and since then, I have been kept in isolation for a significant amount of the time I've been incarcerated. Whether it be in the box or in Enhanced Supervision Housing (ESH), the effect remains the same. I have suffered both physically and mentally because of this dehumanizing treatment. I have never been granted a hearing before being sent to the box, despite requesting hearings each time.

I was initially sent to the box for 30 days approximately 9 months ago. The box is a small, bare cell—a shoebox. I was allowed to call one person a day for 15 minutes. That's all the interaction I was allowed. My only son was about to turn one, and I was barely able to talk to my fiancée.

I didn't even have access to the law library. Try to imagine hours on end without a book, without a phone, without anyone you love. Just you and your mind in a shoebox, all day long. They're taking us from our family and our homes for an alleged crime and they're giving us nothing—not even enough food.

Once I was finally released from the box, I was sent to ESH. I have been told over and over again that ESH is not punitive, but that's not what it feels like. In ESH, I am not given the opportunity to shower regularly. I may get to leave my cell for 7 hours before being forced inside, but whenever the officers declare an incident—which they do almost every other day—we're forced inside no matter how much time has elapsed.

My son celebrated his first birthday, and I've never held him. I've never even seen him in person. All visitations are virtual, and there aren't enough booths for visitations. I sometimes get a virtual visit once a week. Other times I don't get a visitation at all.

I don't get access to the same resources, like books and iPads, as other inmates in the general population. And no matter where I am, I'm forced to sleep on a thin mat, which feels like sleeping on pure skin.

I was sent to the box a second time a couple of months ago after being assaulted by a guard. After initially not responding to an officer's order, the officer temporarily blinded me with a chemical agent. I had to defend myself during the attack while the officer punched me repeatedly.

After the beating, the officers brought me to the showers and left me handcuffed and burning from their spray on the floor of a dry shower for about two hours. The mid-winter cold cut through my ripped tank top. I requested medical treatment that day for a broken finger. I did not get treatment until almost two weeks later. I was accused of assaulting an officer, despite my reaction being an act of self-defense while being brutally attacked.

I was thrown in the box for 30 days after this incident. I am forced to live with the trauma from that day by myself. It has had a lasting impact on my health and wellbeing. I requested a hearing, but again have yet to receive one.

The emotional and physical suffering of that day drained me. At one point, I became suicidal. Thankfully, I do not feel that way anymore. My love for my son and my faith helped keep me here. Not everyone here is so lucky.

I had requested a meeting with a psychiatrist immediately after the mid-November incident. Just like with my broken finger, I did not get treatment. I finally saw the psychiatrist almost two months later—and only for ten minutes. I asked if I could speak with a counselor regularly. She said that wasn't possible and prescribed me some medication to help me sleep.

On top of this brutality, I am also dealing with the anxieties of a pandemic. In ESH there are 4-6 officers, more than in the general population. They're not in the facility the whole time. They leave. They come back. And I don't know if one time they'll accidentally bring COVID-19 back with them. Seeing how my other requests have been handled, if I request a doctor when I'm experiencing symptoms, will I get to see one?

I am a human in the custody of the state. What does it say about the state that someone who has been diagnosed with depression is blocked from seeing a psychiatrist for two months? What does it say when actors of the state break my bones, and I am not treated for two weeks? And what does it say about the system when every legal request I have made has been met with silence?

I am asking you to hear my story and understand the conditions we are living in. Isolation in any form is cruel, and I am lucky to have survived it. I am lucky to have found a way to channel my pain and determination into action like this testimony so I can ask you, the Board of Corrections, to put an end to solitary confinement. The board has authorized this dehumanizing treatment for too long. Justice is all we seek. Justice is our birthright.

I hope that you hear my words and my pain. We have an opportunity to change these practices and bring a more restorative approach forward. Thank you.

My name is Corina Minden-Birkenmaier and I and Lana Dziekonski will be reading a statement on behalf of a person incarcerated at Rikers.

I'm 28 years old. I was born and raised in the Bronx, where I lived in a New York City Housing Authority project with my mom. She was a single mom and she did the best she could, but it was difficult. My grandmother helped out financially, but when I was in 8th or 9th grade she moved to North Carolina, so she couldn't be there as much. I always went to public school in the Bronx, and it was mostly a good experience. But when I started high school at a big school with thousands of students, I started experiencing a lot of violence in my day to day life at school. Despite this, I graduated high school and was accepted to Mohawk Valley Community College. But I never got to go. In 2010, when I was 18 years old, I was arrested and sent to the Robert N. Davoren Complex on Rikers Island.

Since 2010 I have been moved around a lot. When I was 19 I got moved to the George R. Vierno Center. I've been moved within GRVC and bounced back and forth countless times between GRVC and the Otis Bantum Correctional Center, where I would be placed in solitary confinement. I have been sent to the box a number of times. It's usually for about 60 days but once I was there for 6 and a half months.

When you get put in the box, you're supposed to get a hearing. But sometimes officers haven't come to get me for my hearing, telling the adjudicator that I refused to come -- so I got sent to the box without being able to share my side of the story. You're supposed to be able to appeal the decisions, but I know it's pointless. I've tried appealing before and I just haven't gotten a response.

In general population, you can go to the commissary and buy extra food. It's expensive, but over time you can get a lot of snacks in your room. When they put you in the box they throw all your food away. Then while you're there you can't buy any more. You only get the meals they bring you, and it's just not enough food. So when you're in the box, you're hungry. They're also supposed to provide us with rec time, but it's a joke. The person signing you up for rec time will come by at about 5am when everybody's sleeping. They won't wake you up or do anything to make sure you know they're there, and if you miss them you don't get any rec time. Then, even when you do manage to sign up, rec time is just moving from your cage inside to another cage outside. The cage outside is about 8 feet x 16 feet and in a confined yard where you still don't feel like you can get any fresh air. We're also supposed to have access to the law library, but they do the same thing with that as with rec time. Someone will come by early in the morning before you're awake and if you miss them you can't get anything from the law library. Even when you notice them come by, there isn't much provided in the law library.

In the box, we do not have access to the regular library, so if you didn't already have books or magazines, you couldn't get any. You only get two 15-minute phone calls or one 21-minute call per day. You can see all the time alone with nothing to do starting to affect people. You start to notice erratic behavior and depression, even from people who seemed normal when they got there.

It can be really hard to watch. Counselors come around about twice a week, but I don't feel like they helped or like they would have helped if I'd had a problem.

When I'm in the box the worst thing is the noise. I hear people screaming for help for hours, trying and failing to get an officer's attention. We have to depend on officers to bring us everything when we're in there, but a lot of the time they ignore us, so people yell as loud as they can to try to get the officers to come. The other people will start banging on their cells to try to help get the officers' attention, but since they ignore us, it can go on for hours. Sometimes I could see or hear people having a medical emergency, and the officers still wouldn't come. They don't give us the help we need if we're having a medical issue. In the box, I saw somebody calling for medical help and getting totally ignored on a weekly basis. If we have an issue, officers don't believe us. They think we're just trying to get out of our cell. When I got sick, I didn't get the care I needed. In March of 2020, I contracted COVID. They sent me to a hospital facility for nine days and then sent me back to regular housing. They didn't give me any medical treatment except for ibuprofen and they didn't test me again to make sure I was negative before I went back. The other people in my housing unit wanted to get tested and the officers refused to take them to a clinic.

I have been assaulted several times while incarcerated, both by officers and by other inmates. Once, I was jumped by other inmates, then when a CO broke it up he punched me in my face. They just took me back to my cell after that. I didn't get any medical attention. In the box, if you're refusing to do something, they'll come in and "extract" you, which usually means they're going to beat you. I have been extracted once in OBCC 3-Southwest. The officers came to do a 3 point search. Usually when they do this, you have to take off your clothes but you can keep your boxers on. This time they wanted me to get completely naked so they could search me. I don't think this is regulation and I didn't want to do it. Five or six officers came into my room, fought me to the ground, punched and kicked me in the face, put me in handcuffs so tight that they hurt, and continued to strike me while I was defenseless.

There needs to be more oversight here. Officers need to be held more accountable. We need some way to file appeals and grievances that won't just be ignored. I've submitted grievances for all kinds of things and never got anywhere. We also need more programs and a better library. They should want us to be able to learn about our own case, to take classes, to build the skills we would need to get a job or an education. We don't get the things we need to become better people. Instead they shut us in a box alone and ignore us for hours. The box doesn't work. I've seen people go in the box and be threatened with it, even when there was no limit on how long you could spend in there, and it doesn't change anyone's behavior. We need more programs, not harsher punishments.

Board of Corrections Testimony

Presented April 13, 2021

Written by Naomi Schmidt & Clare Heine

Good morning. I am an NYU Law student, and I will read the testimony of a man who has been in solitary confinement and restrictive housing for the past six months:

I grew up in New York City, and I have been in and out of incarceration for the last 20 years. I have been incarcerated in almost every NYC DOC facility. I have been in DOC custody for almost two and a half years.

I was placed in solitary for an infraction in October 2020. In solitary, there's only one hour of recreation per day, but officers threaten that they're going to search your cell if you take the hour, so many people don't even take it. People in solitary are always shackled, even when showering. The shackles make me feel like I'm an animal. The isolation and the dehumanization have messed with my head. If I were a suicidal person, I would have killed myself a long time ago.

After thirty days in solitary, officers placed me in enhanced supervision housing (ESH) instead of general population housing, where I should have gone. In ESH, people are locked in their cells for seventeen hours a day. Even in the seven hours a day that I can be out of my cell, I'm shackled. We're all just inside of cages like dogs. After completing ninety days in ESH, people are supposed to go to general population housing. However, despite completing the ninety days under enhanced supervision, I never got to go to general population housing. Instead, I was transferred to GRVC, and I was put in solitary confinement again, even though I hadn't done anything wrong. The officers fabricated an infraction as an excuse to put me back in solitary. The officers here regularly give me tickets for things I haven't done, just to rack up my

points and worsen my punishments. I believe they are doing this to target me, because they remember me from the last time I was housed at GRVC.

Even outside of solitary, life at Rikers leaves me physically and mentally unsafe. I suffer from asthma, which is a COVID-19 risk factor. Despite this, when I had an asthma flare-up at OBCC during the pandemic, it took me four days to be brought to medical. Whenever I have a medical issue, it takes a very long time to receive any health services. This has gotten even worse since my transfer to GRVC. While here, an officer attacked me, and I ended up with bruising and cuts on my arms. They don't want medical to see my injuries, so they are not letting me receive any treatment for them, or for any other medical issues. The mental health services are also extremely inadequate. I only have the opportunity to speak to counselors once a month. These monthly meetings occur in the housing area, which means that other people are always within earshot. Because of the lack of privacy, I don't feel comfortable speaking openly with the counselors, which prevents me from getting the mental health services that are supposed to be provided. On top of this, the counselors aren't really trying to provide meaningful sessions; they only ever ask whether my medication is working. I don't trust the mental health counselors anymore. They don't actually care about me.

The COVID-19 pandemic has worsened life on Rikers in many ways. First, improper pandemic procedures leave me feeling unsafe, especially given my asthma. The surfaces in the jail are not regularly sanitized the way they're supposed to be. I haven't had a court date, virtual or in-person, in fifteen months, supposedly because of the pandemic. The DOC is also preventing me from seeing the discovery related to my indictment. I had my discovery several months ago, but the law library claims that they lost it when I was transferred to OBCC. This is making it more difficult for me to fight my case. I also have not been allowed to use the law

library as a result of the coronavirus. There have been issues with my mail, and I haven't been able to have visits due to COVID. Again and again, correctional officers are using the pandemic as a way to refuse to give us the services that we deserve.

It's easy to feel hopeless. Between the cruelty of restrictive housing, the denial of services, and inadequate COVID-19 safety, I don't know what to do. I'm tired of complaining, but it's all so inhumane.

I am 32 years old and was born and raised in Manhattan. I am currently being held at Rikers Island, where I have been incarcerated since August 2019. During my 19 month incarceration I have been transferred to multiple facilities and lived within various housing units at Vernon C. Bain Center, Manhattan Detention Complex and Otis Bantum Correctional Center where I am currently located. I am currently in the general population housing where conditions can only be described as disgusting. Although per COVID restrictions the housing unit is only supposed to have 30 people, there are currently 50 people in the unit and no social distancing. They run yard here once per day, but it is often difficult to make it outside because our yard time is scheduled for 6:30am.

Since August 2019 I have been in segregation -- or the box -- twice for periods of two to three weeks each time. I only received a hearing for one of those stays. I have been diagnosed with depression and bipolar disorder, and I typically have meetings with mental health once per week. While these meetings are usually helpful, it is really difficult to meet with mental health when you are in the box. Those meetings are weird because they come to meet you in front of your cell and an officer is standing right next to them, so you don't feel comfortable saying or disclosing certain things.

When in the box I did not always get time out of my cell each day, although some days I would make it to the yard. If there is going to be segregation, they should offer more daily groups and opportunities to interact with other people.

The physical space of the box is also difficult. You are in a cell with your thoughts all day with no one to express your feelings to. This causes you to overthink things and can be really hurtful. Although we are supposed to get the phone one time per day, this does not always happen. Sometimes other people break the phone before you get a chance to use it, or the correctional officers just do not bring the phone to you. If a correctional officer has a personal issue with you, they may refuse to give you phone time that day. When I am in the general population, I get more time on the phone to speak with my family, which helps when I am feeling depressed. I get to be around more people who may crack jokes and help lighten your day and the situation. When you are in the box you just feel like you are losing yourself, losing your conversation skills. Every day you wake up and feel less like a human being.

I'm not any different from anybody else. My family's not "street," none of my siblings are "street," and none of my family members have a history of being locked up. I have now been incarcerated for 4 years. Most of that time has been in restrictive housing. I spent 18 months in Albany County. I was in the segregated holding area from January 2018 until I was transferred to Rikers 18 months later. This meant I spent 23 hours a day in solitary. I had 30 minutes to shower and no outside recreational time. Now, I'm in the Northern Infirmity Command (NIC) at Rikers.

The housing I was first put in at NIC was literally a cage. We were in three man cells, and three cells were in one cage, so nine people in each. It is a tiny space, and we got one hour outside of our cell and came out for showers, but had no time beyond that outside of the cell. We sometimes had programs for about an hour, but not all jails do this. Any time another inmate was out of their cell, I wasn't allowed out of my cell and had to ask an officer for everything, and they would have to cuff me, bring me to either the shower, food, or whatever I needed, uncuff me there, and then bring me back the same way. At some point there were new rules that said we had to get 4 hours outside of our cages, but instead they would bring us some of the rec materials and we'd have "enhanced rec" in our cells for most of that time, and still get only the 1 hour outside of the cage. I'm no longer in such a confined setting. Here, there's no general population, but I'm in a dorm setting and it isn't as restrictive.

Over the last three years, I have experienced a decline in my mental health. I get extremely agitated, which is exacerbated by everything in this setting. I get bad anxiety. You feel like you're trapped, you can't go anywhere, you can't move. At first when I started living here the confinement wasn't bothering me. I wasn't having these problems. But the longer I spent confined, the more it bothered me. I tried to find little things to do to get out. I've said I had chest pains just to get out of the room and wait in the nurse's office area. There's nothing to engage you to get your mind away from the tiny space and trapped feeling, like more regular programs or time talking to people from outside who come in to run some of the programs. Recently, I spoke to a mental health professional a couple of times, but the conditions are so severe and they said there was nothing they could do about it. The problems that come from the environment won't go away unless there's a change in the environment. Security overrides everything, and it does not matter if it makes our mental health much worse.

When I moved from the restricted housing into the dorm setting at Rikers, people I knew before told me I seemed like a different person. But there are people with much worse mental health challenges than mine in the restricted housing. The staff has no training to deal with them, which means they treat anyone acting violently the same even when the causes might be very different, like someone having a mental health issue or just being angry and destructive. If someone's having a severe mental health crisis, they're not going to listen to the officers the same way, and the officers need to know how to deal with that. There are some good officers, but there are also some who don't want to work, or who will come in in a bad mood, and it shows.

Beyond the mental effects, I have also experienced the physical side effects of long-term incarceration. I have persistent back pain that I didn't have before from the extended hours I've spent confined in a small space, and I developed blood pressure problems in Albany and had to be started on blood pressure medication. These health effects are a problem for many people here, and those incarcerated, especially those in restricted situations, generally. People who live in confined settings tend to have higher blood pressure and hypertension rates than people who are able to move around.

The restrictive housing breeds problems. At some point in their lives, most all of these people were functioning normally, but here, there is violence every day. Also, you are housed by the category of your case, which means that, even if you yourself aren't a violent person but you have a high profile case, 9 times out of 10 you are in very restrictive housing. That also means you are housed with very violent people. People set fires and do other dangerous things to get attention because human interaction is so limited.

Right now, the city is closing jails. They will put higher risk inmates anywhere in restrictive housing, and sometimes they put people with violent tendencies along with people who aren't and don't want to be violent. I have been involved in several conflicts with other inmates in the cage, and in situations where I had to defend myself physically. If the guards know about it, they try their best to separate people. But often, the guards do not know violence has happened -- they often do not check. One inmate got slashed in his cell and nobody ever checked on him or found out. There's less violence between inmates and officers at NIC than in other places I have been, maybe because of the cameras. The cameras are helpful for both officers and inmates because the officers don't assault inmates as often and inmates don't assault officers as often either. Officers still abuse inmates, but they can only do it if you've been resisting and then they can use excessive force.

I think the system needs a better way to keep violent inmates away from nonviolent inmates based on their behavior and willingness to change and rehabilitate. There should be more people in general population as opposed to solitary or segregated housing, because those environments make people's mental health, anxiety, and behavior dramatically worse. More programs, time outside, interaction, and hands-on things to do like exercise or the activities that rec staff do with us would all help us engage and deal with the issues that get worse in solitary or restricted housing. Also better staff training on mental health issues would be very helpful. I understand that these might be tough changes to make happen but they're what I think would be the most beneficial to the mental health and rehabilitation of inmates.

Board of Correction Meeting

June 8, 2021

Statement of Incarcerated Person

Presented by Annie Goodman

Growing up, my nickname was “Cool” because I could hang with any group of kids. My mom was a teacher for students with disabilities, and that taught me a different side of caring. My community was vibrant, and there was a lot of love. It was a place where neighbors helped you out and had your back.

Now, at age 52, I’m looking back on my life and thinking, “How did I get here?”

It’s been almost two years since I was arrested. For most of that time, I have been in some form of restricted housing. In 2019, I was placed in my own unit as part of a court-ordered lock down – not as a disciplinary measure. Inside the cell, there was a TV, stool, desk, sink. Then, four months ago, I was moved to GRVC. They put us into the old punitive segregation unit for disciplinaries. It’s like being in the dungeon of a medieval castle. Everything is broken. At one point, feces from one cell leaked down into the cell below. It is freezing because the heat is not turned on. The cell is basically a box, with nothing in it. The only “window” I have in my cell is a small slot. Thirty feet away there’s a TV on the wall. I have to stand to watch TV through the slot, which is difficult because I have a back injury.

Other than the TV, there is no stimulation. I feel like being in solitary is making me lose my ability to articulate myself.

None of the minimum standards are followed. We don’t get adequate social services or medical care. People have to hurt themselves or act out to get basic medical treatment. If you ask for a sick call, they just send someone to your cell who asks you what is wrong through the slot. They give you medication based on a verbal conversation, not an actual medical examination. And it violates confidentiality and privacy. You’re speaking to the doctor through the sliding door of your cell, and everyone around you can hear.

I am supposed to be taken to a facility for physical therapy once every two weeks for my back problems, but they stopped doing that. And forget about basic hygiene. No barber, no nail clippers. We’re supposed to have access to those things, but we don’t. My toenails are so long that wearing shoes is painful.

I am supposed to get one hour of recreational time each day, but I don’t always. And even when I do, it’s often not much of a “break” from confinement. Leaving my cold cell to stand outside in the snow is hardly an upgrade.

And, solitary limits your ability to fight back. They won’t let me access the law library. How can I marshal cases to build my defense? At this point, I’m just thinking I’ll do the time to get out of here, which is wrong. I have family out there, kids, a wife who is mentally unstable,

grandkids, and they need my assistance. But I'm just having to stick it out because we don't have services. We are essentially ignored here. They just put you in the box and leave you there.

They just moved 60 people from the punitive section of another facility to the Bing at GRVC. These people are violent and high on drugs. The guards aren't able to control them. It feels like we're under siege. There's an emergency alert almost every single day. Most of the people in my unit are still young. These are young people; these are people's entire lives you're playing with.

I'm 52-years-old, and you know, at this point, I just feel defeated. By the time a hearing happens, if it ever happens, almost two years will have passed. I see the governor and other politicians on TV saying that they're going to end solitary confinement, but it's not true. Solitary is thriving.

I'm 38 years old, and I've been incarcerated on Rikers Island since December 2020. I was recently moved from Anna M. Kross Center to George R. Vierno Center (GRVC) after being violently beaten by other inmates. Before my transfer to GRVC, I was briefly hospitalized, but I was discharged prematurely over my strenuous objections.

Officers regularly use excessive force. Recently, while I was still at AMKC, an officer sprayed mace in my eyes while I was quietly waiting in line to receive my methadone medication. I wasn't given any medical attention. I was ultimately taken to the showers, but the water in the showers was not turned on, so I couldn't even get some slight relief by rinsing out my eyes. The staff finally turned it on after prolonged begging. The water was not enough to stop the burning in my eyes, but the officers refused to provide milk or any other treatment when I asked.

I take medication for various mental health disorders. When I have tried to access social services or counselors for any sort of support, it has been extremely hard to get in touch with them. They are incredibly overextended and overworked. On the rare occasions when I am able to meet with mental health staff, the encounters have been unhelpful and felt rote and scripted. I also have physical conditions that need treatment. I have gout in my knees that needs to be drained, but I am still on the waiting list to have this addressed. I also have symptoms of diabetes, but the facility will not let me get tested. The food I am able to eat and afford with my commissary is too sugary, and I fear this is worsening my condition.

Some of my worst experiences have been in restrictive housing. At the end of December 2020, I was placed in restricted housing and was not told why. I was granted no hearing or explanation before or after I was placed in restricted housing. For 9 days, I was forced to stay in a small cell with no functioning sink or toilet. The sink let out a tiny dribble of water--I had to wait roughly an hour to fill a cup. During this time, the COs did not give me any food or medication. They refused to provide me with my basic needs and claimed I was refusing food and medicine, which was not true. They told the medication providers that there was no one in the building that takes methadone, while writing down that I refused medication--neither of those statements is true. I take methadone and did not refuse it; I was never offered it. I was also given no detox maintenance after being deprived of methadone. I had to beg people passing by for help, and sometimes another inmate was kind enough to give me some water or a piece of bread. In addition to lying and denying me my basic needs, the COs would goad and antagonize me when they walked by my cell. I was let out on Day 5 to take a shower; as soon as I was done, I was forced to return to the cell and its unlivable conditions for another 4 days.

The awful conditions had a profound impact on my physical and mental health. I could feel myself losing my grip on sanity. I had no food, water, space, or human interaction. Without a functioning toilet, I was literally forced to throw my own waste out of my cell to stop the toilet from overflowing. Despite my best efforts to use the time for reflection, it was an incredibly traumatic experience. Social service officials came in every other day to ask if I was ok, but did not do anything when I told them how much I was suffering.

Restricted housing needs to end. No one should ever be subjected to such inhumane conditions. Occupied cells should never lack basic necessities like running water or a functioning toilet. When incarcerated individuals bring the unlivable conditions to the CO's attention, the COs must respond and respond quickly. I should not have been left in those conditions for an hour, let alone nine days. It only adds to the injustice that I was given absolutely no reason for why I was placed in those traumatic conditions. I should have been able to challenge the conditions.

The COs cannot continue to antagonize, abuse, and neglect us with impunity. Moreover, victims of the CO's abuse and neglect must be afforded recourse. The social services and counseling systems on Rikers must also change. The other residents of Rikers Island and I need high-quality, readily available resources in order for us to maintain our physical and mental well-being. With the way things are for inmates on Rikers currently, it is nearly impossible not to struggle. No one deserves to endure the abusive conditions that thousands of us are living through.

10/27/2021

I was born, grew up, and attended high school in Brooklyn. My favorite subjects were Global History and Math. I completed ninth and tenth grade and I earned my G.E.D. two years later. I also attended New York City College of Technology for a few semesters. After that, I traveled around, often coming back to New York City.

A few years ago, I was arrested and sent to Rikers Island. I have been on Rikers Island awaiting trial for almost five years now. During my first year in Rikers, I did over 70 days in solitary confinement.

Later that year, I got into an altercation with the staff. I was rearrested, taken to be arraigned, and then sent directly to solitary on the same day. On the way there, I was beaten by a special team called the Emergency Services Unit (the ESU). My face was swollen from this altercation, but they mostly hit me in the body. They know not to leave too many visible marks when they hit you.

A few days later, I was told to pack up my things. I was unable to do so because I did not have any of my personal belongings. I never saw any of my belongings again, including my legal documents from the building I was housed in before being taken to the box. I asked the corrections officers where I was being taken, but they wouldn't tell me.

I was placed in the back of a van and then drove for hours. I fell asleep and woke up in a county upstate. I remember being confused why I was taken hundreds of miles away from New York City, but they had sent me to a jail upstate without telling me where I was going.

Upon arriving, I was beaten again by corrections officers in retaliation. The only reason I know that this was retaliation is because I heard them saying things like "so you like to put your hands on guards?". I suffered a concussion and a hole in my eardrum. My eye was swollen completely shut. I remember being in and out of consciousness and I was afraid I was going to die there without my family even knowing where I was. I spent almost six months in solitary confinement upstate. It was different than solitary in Rikers. We were only allowed 3 showers, two thirty-minute calls, and two visits per week.

On the day I was returned to Rikers, I was taken to the Enhanced Restraint Housing Unit (the RHU) and stayed there for two years. I had to ask for everything from corrections officers in the RHU. I had to ask for water to drink, hot water to cook, a spoon to eat, and to be taken to the shower. They eventually give you the things you need, but they make sure to take their time. Everywhere I went I was in cuffs and had my ankles shackled, even in the shower.

In total, I did over 250 days in solitary. There's nothing to do in there but read books or the bible, exercise, and sleep. Solitary gives you time to figure yourself out, but you can lose yourself in there. My daily schedule got me through it. I wrote letters and started writing a book. I played "box chess" by making 64 squares on the floor, making two sets of pieces, and calling out moves to guys in other cells.

After being in the box for so long, you get used to being alone and you don't want to be around a lot of people. It makes you nervous. Sometimes I find myself getting annoyed by little things people say. Since being back in the general population, it has been hard to readjust to being around people. But it also feels good to do everything myself. Even the little things like giving someone a handshake. I also get to play basketball with others and walk around. Still, I mostly keep to myself even after being back in the general population for eight months.

I've been through so much during my time here. For someone who doesn't know what solitary confinement does to a human being, it mentally and physically messes with you. No one can sit in a room for 23 hours a day for days on end. It's just not healthy for any human being. I hope solitary confinement stops and that jails will give us more programs to stay busy while we do our time.

Things have recently gotten so much worse here. They're running out of food in the commissary. There are no utensils to eat with and no cleaning supplies. We will go two or three weeks with no CO and you can't get medical attention if you need it. You could be dying, and you still can't get anyone to help. We only get rec every four days now and there is no one to help us in the law library. I still do not have a trial date and was only recently able to make a bail motion for the first time since being sent to prison.

Board of Correction Meeting

February 8, 2022

Statement of Incarcerated Person

Presented by Cleo Nevakivi-Callanan, Sania Chandrani, & Ashley Williams

I am in my mid-20s and I have been incarcerated on Rikers Island awaiting trial for nearly four years. I spent nine months last year and several weeks this year in restrictive housing. I've also been in solitary confinement too many times to count, including several periods of more than 30 days each at OBCC and GRVC. I was only 16 when I was first abused by COs and put in solitary confinement on Rikers Island.

The conditions in enhanced supervised housing (ESH) and solitary are dirty and inhumane. I am currently being held in ESH in GRVC. My room is hardly wider than my arm-span. I can't even do pushups because there is no space. Meals are usually late and cold. I'm supposed to get a shower every day, but the COs alternate showers between two tiers here, so we receive showers every other day.

In solitary, we are allowed one hour outside of our cell per day. However, there is no schedule and the COs decide arbitrarily who gets to go out. In ESH, we get seven hours out of our cells per day. They alternate tiers to avoid gangs mixing, but if a CO dislikes someone, they will group people who have conflict to incite violence.

In ESH, they've started a new practice of invasive strip-searches and room searches before you can go into the yard or day room. When they search your room, they take away your food. Most people don't want to get their things searched and thrown around, so they stay inside and don't get to go to the common areas. In OBCC, they did intense and frequent strip searches, which is why I asked to get transferred to another facility and ended up here.

Handling my mental health is really hard here, especially when I'm in solitary. I feel less in control of my emotions, less social, angrier, and I struggle to sleep. Calls are limited to 15 and 6 minutes per day in the box, so there's not enough time to talk to my lawyer or family. My girlfriend left me when I was in solitary because she was frustrated that we couldn't talk.

When I was in the mental health wing, I had some access to counseling, but people smeared feces on the walls there. In solitary, I didn't have any counseling. I've probably seen a mental health provider here about 5 to 10 times total. They have been giving me benadryl, melatonin, and some kind of yellow psychiatric medication. I've also been introduced to very addictive drugs here, and I've been experiencing withdrawal. They make it hard to sleep and make me sweat and go to the bathroom all the time.

The medical care here is inadequate. I've received no follow ups or treatment for over a year since a doctor here diagnosed me with high blood pressure and another medical issue. Previously, I had a cut on my face and the doctor looked at it through scratched glass and provided an incorrect diagnosis. Two weeks later, I had to feign another illness to get a proper exam, and only then did I find out that it was a bacterial infection.

My life is controlled by the COs, and they can do whatever they want. They don't face consequences for abusing inmates unless someone's dead or can't move. They punish us arbitrarily. Even if something happens outside your cell without your involvement, they may punish you and leave you in your cell for over 24 hours.

COs are supposed to have body cameras, but they don't always use them. The COs allow people to fight, as long as you're off-camera, and they won't interfere unless it's too serious. When I was a teenager, at RNDC, one CO punched me in the face. Another CO slapped herself in the face and claimed that I had slapped her, then detained me and put me in solitary for 120 days.

A few years ago, I was on a call with my lawyer when all my belongings were moved without notice from one cell to another. When I told them I was upset, the COs put me in a stretcher and then pushed it the wrong way, banging my head and feet into the wall. Then, they left me alone in a cell with no toilet, no bed, and no blanket all night and left me shackled for a full week. I felt like I was losing my mind there. With the horrible smell and no sleep, I didn't feel like myself.

When I was in AMKC last year, the COs were ignoring my requests to speak with my attorney. They would start the calls so late that I could only talk to my lawyer for 5 minutes. One CO acted like she was going to stab me with her pen, so I tried to walk away, and she started punching me. They consequently sent me to solitary for 30 days without a hearing. I was sent to ESH after that and have been there and in solitary ever since, except for spending a few weeks in the infirmary after I was slashed in my face and neck.

I have not received a single hearing in over two years, despite spending more than nine months in restrictive housing and several 30-day periods in solitary confinement. The COs falsely claimed that I refused a hearing. Once you've been confined, they often won't give you a hearing unless you're strip-searched first.

I don't feel safe here. GRVC isn't taking precautions to keep people from getting COVID. COs are often unmasked. They don't provide us with any cleaning supplies. We only get masks when we are in places where masks are mandatory, such as the clinic and court, or around superiors so the COs don't look bad. People here aren't taking COVID vaccines because they don't provide us with any information about their risks or side effects.

The housing area next door to us is supposed to be for quarantine. I'm not sure if the CDC unit is short on space, but for some reason people are still out in our common spaces. There's no distancing and many people are unmasked. Two people just tested positive after being sick for a while, yet have been staying in the housing area, cooking in the same area as everyone else. I have not been feeling like myself and was tested for COVID, but haven't gotten my results for over two weeks.

They are not following the requirement that sanitation workers clean the cells between occupants. Especially during COVID, no one wants to do it and they're not assigning those jobs now. Garbage is piling up in the housing unit due to staff shortages.

While in punitive segregation, I have seen none of the changes Rikers claims to have added with the new Risk Management Accountability System. I had heard that 15 days in punitive segregation was the maximum, but the captain said that Eric Adams doesn't care, and he wants to make the box how it used to be so people can be forced to stay in there much longer. There's been no change in people's attitudes with the shorter times in the box. Because there is now a 30-day maximum, the COs are giving out 30-day solitary punishments regardless of the seriousness of the person's behavior.

A lot needs to change in New York City jails. There should be access to legal advice concerning CO-on-inmate violence. The restrictions on things like food and showers in solitary confinement should also end. There should be better food options, as well as visitation rights, and more freedom for those who have not been found guilty.

I am 35 years old, and I was born in Brooklyn. Growing up was hard - there was a lot of fighting and physicality. My aunt raised me, and I didn't know my parents. I didn't know how my mother looked. I didn't know how my father looked. That's probably part of the person I am; I still have that deep embedded anger in me. I had to learn from those times to become the person I am now.

I have been locked up probably around 10 times. I've been in every facility; right now I'm in GRVC, and before that VCBC, RNDC, AMKC, OBCC. The jails are just fluctuating. I've been trying to stabilize myself, but you can never get too comfortable anywhere. I've been here - in GRVC - the longest, and all other times when I've been in similar jails, whether RNDC or VCBC.

I've been put into isolation so many times, it's crazy. Things happen. There is no peace in here. I've been physically hurt by other inmates. When I came into jail, I was injured, and I have always felt like I have to protect myself. I have asked officers to step in during fights, because I don't want to get put in "the box." Before, you had to act up to get put in "the box," but now - at the snap of a finger - they can put you there for no good reason.

You can be down there with no ticket. I've been down there for two weeks, and when I tell them I don't have a ticket, they will ask me my name and a bunch of information they're already supposed to know. Then they will say, "Oh, the paperwork just came down, you have 21 days."

I don't know how many times I've been to "the box," but the last time I was sent there it was for 21 days. There was no hearing. It is different from other facilities I've been in. Down here, where I am now, they do what they want to do to you. They don't have to give you a ticket or take you to a hearing. If they say what you did is wrong, they put you in "the box."

Being in solitary confinement is not a feeling that can be easily broken down. It's like being left in a hole. Can you imagine having nothing to do all day but stare at the four walls of your cell? That's what it's like. There is just a really small bed - sometimes you get a mattress, sometimes not. They don't care about you. No one comes to you. You have to do the most to get someone to come to you. You're not getting your medication, your mail, your calls; they won't take you to medical unless you have a really bad stab or internal bruises. Even then, it takes a really long time to get seen by doctors.

When I was transferred to solitary, the police packed my stuff and took my belongings. I didn't have my books or legal paperwork. There's no way to stop it. You can't get to your belongings. The COs didn't listen to me. They used force. The officers split us up and they would tell the people they leave in the unit to pack up our stuff, and then they would steal our items from us. You could be Jesus and you would go through it. If Jesus had to come to jail, he would go through it too.

I lost access to my medication while I was in restricted housing. They took it when they packed up my items. How can I show that I'm without my medication? They have to see if you actually take it, they have to see what's going on. They have to bring the doctor in and the doctor told me that they

wouldn't give me a refill in time. I had to explain to the doctor what I had been through with my medication being left behind, but they didn't understand that. I had to wait for three days for my medication. Because I was continuously not receiving my medication, I couldn't even sleep in there. I have to take sleeping medication because it is so hard to go to sleep.

Being in restricted housing has absolutely affected my mental health. I've been diagnosed with schizophrenia, PTSD, bipolar disorder, and depression, but I wasn't taking medication until after solitary confinement. There is supposed to be a doctor who comes to "the box" and the treatment you are getting in general population is supposed to continue while you are in "the box." I went three days without getting my medication. They basically seem to refrain from bringing treatment to people in solitary confinement. I only got seen by a doctor one time because he was walking down the gallery.

Things are going better with my medication now that I'm out of solitary. I couldn't move around in solitary. But I wish at that time someone would have had sympathy for me. The medication is really important to me. Now I have to go back to mental health treatment, because I don't want to feel those same feelings. I would never want to feel like that for three days in the real world. Since that experience, I have a higher dosage of medication.

I was not allowed any visits in restricted housing. Even though you are allowed phone calls, you have to put the numbers you want to call on the list given to the officers. If you have an issue with an officer, suddenly you won't be able to call who you want. There are so many different people trying to get on the phone in "the box" at the same time.

I was supposed to get a shower every other day, but I didn't get a shower even when I asked the captain. They said, "it is up to the CO," but the CO should listen to the captain. There doesn't seem to be any leadership or accountability.

What's going on in here is really unprecedented. Both here and other facilities I've been in: it's inhumane.

I am 58 years old and incarcerated in the North Infirmery Command on Rikers Island. I have been here for almost a year this time, but I have spent many years of my life in and out of Rikers and state prison.

I was born and raised in New York City. I grew up in the Lower East Side, Harlem, and the Bronx. As a kid, I spent a lot of my time at the Boy's Club and at work to help out my mom. I've been a "Mama's boy" my whole life. I was also very involved with my church as a choir boy. After high school, I joined the military.

Around this time, I began my lifelong struggle with depression. My brother was killed by gang members, I had lost contact with my father, and I was struggling with the emotional aftereffects of abuse I experienced in the church as a child. These events weighed on my mind, and continue to do so.

When I was arrested for the first time and sentenced to over a decade in state prison, I was treated horribly. I was segregated into protective custody for a lot of that time. I couldn't be in general population because I had been an informant. They said they were keeping me safe, but I felt like they wanted me to suffer. I spent years in a unit with only one hour in the yard per day. They also often put me in "the box" for long stretches of time – one time, for fourteen months straight. The lights were on 24/7. The room wasn't ventilated. I wasn't allowed any personal property or visitors. I had nothing to do but listen to my own thoughts. I felt like I was a prisoner of war. I don't know why they would treat someone so poorly who was an informant for the government. My depression worsened, and I developed PTSD as I dealt with the hardships I've faced.

After 8 years, I got out on parole and got into a Christian mental health program. This helped, but I still struggled, particularly after my mother passed away. I developed an alcohol addiction, which made it very hard to keep jobs. I had to turn to small scams to get by. I'd get arrested and serve a few years of time. I always got jobs in the prison library and even finished college and got certified as a paralegal while incarcerated. I would get released and try to find lawful avenues to make money. However, with the overbearing pressure of my mental illness and addiction, it is a tremendous challenge to stay out of trouble. All I wanted was to get clean to break the cycle, but I've realized there's no rehabilitation in prison. It just institutionalizes you. I know if I can get clean, I can stop all of this and stay out of prison for good. I've never wanted to hurt anyone – I've had to use my addiction to cope with my depression, and everything I've done that's landed me in prison has been to try to survive.

For almost a year, I have been back at Rikers in the North Infirmery Command. The conditions here have been very hard. Last time I was here, I was in therapy in the mental health office. This was helpful, as I was able to talk about the abuse I experienced as a kid and the ongoing challenges it caused.

However, this has all changed. Now, requests for mental health treatment that are supposed to have a 48-hour response time can take multiple weeks to get any response. When I do get a response, the mental health professional comes to my dorm gate with a CO to talk. I live in a dorm with 30 people who all come up to the gate to listen, so there's no privacy at all in front of

everyone else in the dorm and the CO at the gate. I can't possibly talk about any real issues like this in front of everyone. Without access to privacy for my mental health treatment, there's no way to get better. They only take your mental health concerns seriously if you are suicidal. It should not have to come to that. This change happened because of the COVID pandemic, but there are no signs of the mental health office opening again. I have made many requests to continue private mental health treatment, and they continue to deny it. Everyone deserves the right to the mental health care they need.

If I was charged with a drug offense, maybe they would've put me in an inpatient rehab program so I could get the help that I so badly want. Instead, since the crime I was convicted of is not drug related, I am just thrown in prison again. Yet, my mental health and drug addiction are the cause of this cycle. I can't get clean in prison, and therefore when I am released, I fall back on the same patterns. The only way I can get out of this cycle is to get the mental health and addiction treatment I need.

Sometimes, it is hard to find a reason to keep fighting. I try to cling to the hope that I can escape this cycle. With my paralegal training and all of the law reading I have been doing in the library, I know there is a real place for me out in the world. I just can't get there without the mental health treatment that I need and know I deserve. Rikers has taken so much away from me over the years, and the least they can do is give me proper treatment so I can fight back against my demons and escape this horrible system.

The following is a testimony from a person currently incarcerated on Rikers Island. It includes discussions of self-harm.

I was in solitary in GVRG for three months this winter. I did 30 days in solitary and a little over two months in enhanced special housing (ESH). But ESH, to be honest with you, is the same thing as the box. It's mentally draining. It's physical torture.

I wasn't allowed outside my cell. Sometimes we get showers, some days we don't. The only time I was let out of my cell was for the shower or for recreation, and they barely called rec. I remember there was a time where I went two months without having any rec just because the officers would say they were short on staff, or they would take a list for rec at 6 o'clock in the morning when nobody's up.

A lot of times the officers don't want to do their job. They'll just do a round so that the camera can see them. But rec is mandatory, and everyone is supposed to be entitled to one hour of rec a day. Even in AMKC, I'm out of ESH and I'm out of the box, but they don't even call rec every day here. The last time I had rec was a week ago.

Staffing is the main excuse. They say, "we're short on staff." Especially when I was in the box, they always said they were short on staff.

I was in a cell where the windows didn't open, and it was constantly hot. I was there in the winter, so it was cold, and they had the heater running. But my window didn't open, and the heat was blasting so hot that I couldn't wear clothes in my cell. At night, I sweated myself to sleep. It would be so hot that I couldn't sleep. I would complain, but no one would say they could do anything. They tried to see if they could put me in a cell where the window opened, but the box was always full.

My time in the box started after I was blamed for something someone else did. I and one other person went to the box for it even though other people were involved. Our tickets were written by the same officer, but they said different things. Mine said that I alone did it and his ticket said that he alone did it.

I told the hearing officer about the tickets, but they found me guilty. I appealed that over five months ago, but I haven't heard anything from anybody. No one answered my appeal.

They put me in ESH after I did 30 days in the box. I was supposed to have an ESH hearing to explain why they put me there, but I never had a hearing. ESH is no different from the box because you don't get out of your cell at all. I was in ESH for over 60 days. In total, I did almost 100 days confined to a cell. The captain said the reason I didn't have a hearing was because my house was asymptomatic for COVID-19. But they never did any adjournment; they just never gave me a hearing.

Two months after the incident, I was just given a disposition that I was guilty, but I'd never been to a hearing. I appealed but haven't heard anything back from that. How do you find me guilty if you never gave me a hearing? I grieved both dispositions, but never heard anything back.

On Rikers Island, they're saying the most time you can be put in the box is 30 days. But what they're actually doing is putting people in ESH, making you do more time confined. So you're going to do the max of 30 days, but they're going to put you in ESH, and you could be in ESH for months.

My mental health was affected by not being able to leave my cell, being cramped in small quarters for weeks at a time. I have a bad history where I try to not indulge in hurting myself, but I did before. I've cut my wrists before and I've had episodes where I really tried to hurt myself badly. I try to always talk to people. I take my medication.

I have been diagnosed with anxiety, PTSD, and depression. AMKC is much better than the box or ESH because I actually see mental health professionals here. When I was in solitary and ESH, I didn't see anybody. Nobody came to see me. I always thought that mental health would come check on me and all the other people here, but they didn't come to see me at all. In AMKC, I go to see them every three weeks.

Some days they call medication late. They don't have a set time where they can get to all the houses. Just last week, they didn't call my house's medication at all. At least once a week something like this happens, where I don't get my medication.

We all know about so many people who killed themselves on Rikers last year. A lot of those deaths were people going through something mentally where they felt like they weren't getting the help. I think if they were getting the help that they needed, a lot of these deaths would not have happened.

Rikers is a horror. People aren't getting the bare, basic necessities that they need. In the box, there's people going days without showering. It's hard for people to use the phone. Guys aren't getting the rec they're entitled to. People don't even want to come here to visit a person. That puts a person in a messed up space when your loved one doesn't even want to come see you because they will be treated like an inmate just because they want to come visit you. I know they are talking about shutting it down. I hope it really happens.

I just pray that I can make it home safely because I know that this can be very traumatic on anybody. It is sad that people lost their lives by coming here, but it just goes to show that Rikers Island should be shut down.

Testimony - The City Council Must Pass Intro No 549 to End Solitary Confinement Immediately

Uptown Progressive Action is a grassroots, multi-ethnic organization of people in Washington Heights, Inwood and Marble Hill. We are deeply committed to advancing a progressive agenda by taking back our democracy from the billionaire class and making fundamental changes at the local, state and federal levels of our government. **UPA is a chapter of NYPAN** – the New York Progressive Action Network – comprising over 30 chapters statewide.

Because we are committed to social justice for all New Yorkers, we strongly support the work of NYCAIC, New York Campaign for Alternatives to Isolated Confinement.

We call on the City Council to pass Intro. No. 549. This bill calls for an immediate end to all forms of solitary confinement, and to instead use, when necessary, other forms of separation that don't cause trauma and dehumanization. This bill calls for at least 14 hours of real time out of a cell every day with at least 7 hours of activities with other people. These activities would include participation in programs which help people to be together in positive ways.

We strongly favor these changes because, through our experience working closely with NYCAIC members, we have learned that solitary confinement brings unbearable trauma to those enduring it and to their loved ones. This trauma brings about multiple mental and physical illnesses which cause irreversible damage, making us all less healthy and safe as a society. Furthermore, the majority of people who endure solitary confinement are Black and Latinx. Our most vulnerable communities are being harmed even more.

Too many people have already died during or after enduring solitary confinement. Some died while inside due to negligence. Others were so traumatized that they later committed suicide. Solitary confinement contributes to the sickening brutality of our city jails. As NY tax payers, we watch with horror, knowing that we are responsible for the deaths in our city jails now occurring on a regular basis.

We do not need to continue this way. There are examples of programs that work, such as the CAPS Program in NYC, the Merle Cooper Program in NYS, and the RSVP program in San Francisco. There is data on the success of these programs. Safety is increased for both the staff and the people in prison. Violence is decreased. These programs can help people turn their lives around. So we ask only that we start acting with humanity and with practicality and pass Intro No 549.

Thank you!

Alice Sturm Sutter, member of Uptown Progressive Action
___ Seaman Avenue
NYC, NY 10034
alicesut@gmail.com

Testimony - The City Council Must Pass Intro No 549 to End Solitary Confinement Immediately

I am a retired family nurse practitioner. During the COVID 19 crisis, I volunteered in the NYC Medical Reserve Corps. I am a member of Uptown Progressive Action, the Granny Peace Brigade and NYCAIC, New York Campaign for Alternatives to Isolated Confinement.

I am calling on the City Council to pass Intro. No. 549. This bill calls for an immediate end to all forms of solitary confinement, and to instead use, when necessary, other forms of separation that don't cause trauma and dehumanization. This bill calls for at least 14 hours of real time out of a cell every day with at least 7 hours of activities with other people. These activities would include participation in programs which help people to be together in positive ways.

I strongly favor these changes because, through my experience in nursing and my experience with NYCAIC, I have learned, firsthand, that solitary confinement brings unbearable trauma to those enduring it and to their loved ones. This trauma brings about multiple mental and physical illnesses which cause irreversible damage, making us all less healthy and safe as a society. Furthermore, the majority of people who endure solitary confinement are Black and Latinx. Our most vulnerable communities are being harmed even more.

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We do not need to continue this way. There are examples of programs that work, such as the CAPS Program in NYC, the Merle Cooper Program in NYS, and the RSVP program in San Francisco. There is data on the success of these programs. Safety is increased for both the staff and the people in prison. Violence is decreased. These programs can help people turn their lives around. So I ask only that we start acting with humanity and with practicality and pass Intro No 549.

Thank you!

Alice Sturm Sutter
Seaman Avenue
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Hearing on New York City Intro. 549 to End Solitary Confinement in New York City Jails

Written Testimony of Jullian Harris-Calvin

Director, Greater Justice New York

Vera Institute of Justice

September 28, 2022

My name is Jullian Harris-Calvin, and I am the director for the Vera Institute of Justice's Greater Justice New York Program, which works to build a leaner, fairer justice system in which public safety in New York is synonymous with equity and community health, and incarceration is a last resort.

Thank you for the opportunity to submit testimony in support of Intro. 549.

Solitary confinement does not produce safety: not for people in detention, not for corrections officers, and not for the general public. For the sake of safety and the humane treatment of all people, the practice must end. Exposing incarcerated people to the trauma of solitary perpetuates violence and self-harm, making both our facilities and our communities less safe.

Solitary confinement can lead to serious and lasting psychological damage, and it is especially harmful for people with preexisting mental illness.¹ According to the Mayor's Management Report, in Fiscal Year 2022, 50 percent of people in New York City jails had a mental health diagnosis; putting these people in solitary exacerbates their existing conditions.² Furthermore, a 2014 study of New York City jails found that people exposed to solitary confinement were more than three times more likely to self-harm.³ Another study found that after release, people who spent time in solitary were 78 percent more likely to die from suicide within the first year of release compared to the general incarcerated population.⁴ The evidence makes clear that this practice perpetuates harms far beyond its intent and makes our facilities more dangerous.

Importantly, ending solitary confinement will also help keep corrections officers safe, as evidence from other cities makes clear. Sheriff Tom Dart from Cook County, Illinois, observed that after banning solitary confinement in Cook County Jail, assaults on staff dropped considerably.⁵ In San Francisco, one facility that eliminated solitary confinement, opting instead for a therapeutic program called the Resolve to Stop the Violence Project, saw violent incidents completely disappear.⁶

In addition, the experience of working in solitary confinement units takes a significant toll on corrections officers. One 2015 study found that working in solitary confinement units "is a stressful and demoralizing experience that can breed distrust, frustration, anger, psychological damage, and sometimes violence on the part of both [incarcerated people] and officers."⁷ In an interview with National Public Radio, an Oregon corrections officer admitted that even when off the clock, he "finds himself worried as much about the [solitary confinement] unit's effect on [incarcerated people] as he is about its effect on officers."⁸ If a central intention of solitary confinement is to keep corrections officers safe, it is by no means serving that function.

How we treat people while they are in detention has an impact on safety beyond Rikers, too. The overwhelming majority of people in jail will return to their communities at some stage. Exposing people to incarceration in the first place erodes public safety; research shows that even one night in jail substantially increases the likelihood of rearrest.⁹ Traumatizing them with solitary confinement can trigger mental health crises that further decrease safety for everyone in the community.

Sixteen people have died in New York City jails so far in 2022.¹⁰ New York City must put a stop to the culture of violence and dehumanization that takes place in its jails. While New York City is on a path to

close Rikers Island and replace it with a smaller, more humane borough-based jail system by 2027, changing the physical structures of the jails is not enough. The evidence against solitary speaks for itself, and the moral imperative is clear. Ending the use of solitary confinement is by no means the only step city leaders must take to deliver on their promise of a more humane system, but it is an important step in the right direction.

Thank you for the opportunity to provide testimony. Please do not hesitate to contact me if the Vera Institute of Justice may provide further support.

¹ Kayla James and Elena Vanko, *The Impacts of Solitary Confinement*, (New York: Vera Institute of Justice, April 2021), <https://perma.cc/S9VX-HVEE>. See endnotes 3 and 4 for an extensive list of studies on the negative effects of solitary confinement on mental health.

² The City of New York, "Mayor's Management Report," 85, <https://perma.cc/KH9M-XW43>.

³ Kaba Fatos, MA, et. al, "Solitary Confinement and Risk of Self-Harm Among Jail Inmates," *American Journal of Public Health* 104, no. 3 (March 2014), 442-447, <https://perma.cc/QJ6M-VDLM>.

⁴ Lauren Brinkley-Rubinstein et. al, "Association of Restrictive Housing During Incarceration with Mortality After Release," *Journal of the American Medical Association Network Open* 2, no. 10 (October 2019), <https://perma.cc/NFT2-SPBZ>.

⁵ Tom Dart, "My Jail Stopped Using Solitary Confinement. Here's Why," *Washington Post*, April 2019, <https://perma.cc/T2AX-4799>.

⁶ James Gilligan and Bandy Lee, "The Resolve to Stop the Violence Project: Transforming an In-House Culture of Violence Through a Jail-Based Programme," *Journal of Public Health* 27 no. 2 (June 2005), 149-155, <https://perma.cc/G8NU-BQW6>.

⁷ David H. Cloud et. al, "Public Health and Solitary Confinement in the United States," *American Journal of Public Health* 105, no. 1 (January 2015), 18-26, <https://perma.cc/8FV3-A93Q>.

⁸ Laura Sullivan, "Working the Isolation Unit: A Prison Officer's Tale," *National Public Radio*, July 2006, <https://perma.cc/L353-7URE>.

⁹ Arnold Ventures, *The Hidden Costs of Pretrial Detention Revisited*, "The Harmful Ripples of Pretrial Detention," (Houston, TX: Arnold Ventures, March 2022), <https://perma.cc/4UQV-4S4Q>.

¹⁰ Jonah E. Bromwich and Jan Ransom, "Tracking the Deaths in New York City's Jail System in 2022," *New York Times*, September 2022, <https://perma.cc/WQ8Z-3H8J>.

Douglas Powell

City Council Testimony - Committee on Criminal Justice - End Solitary Confinement

9.28.22

My name is Douglas Powell and I am a leader at VOCAL-NY. I was in Rikers over 20 years ago for 2 ½ years. The first time I got put in solitary was for 20 days after officers beat me up for fighting. The next time was for 30 days. I got 10 days off for being what they called “good.”

Whatever you want to call it: solitary, the SHU, the box, the bean, the hole. It's torture. And you can't even imagine what it's like until you've experienced it. And I have 34 years of experience. I could talk about it for days. Rikers is just the beginning. It continues upstate. I've been in solitary in Upstate Correctional, Franklin, Bare Hill, Sing Sing, Clinton, Green Haven, and Otisville.

Everything about this system is torture. You can't look at it any other way.

You're sitting in your cell sweating. And depending on the mood of the CO you might not shower for days. You might get thrown in the box just for disagreeing with them. Whatever they're dealing with in their personal life, they'll take it out on you. In Sing Sing, a CO punched me in the face and threw me in the box for 126 days. COs beat me until I was pissing blood. They would spit tobacco into my food. Sometimes you can see the yard from the box and that's part of the torture. Hearing the cell doors slam in the middle of the night is torture. Seeing other people beat up is torture

Sometimes, if they don't have room to put everyone in the box, they'll put you in key lock where you're in your cell and it's locked 23-24 hours a day. In some facilities, like Clinton, they have long term key lock so you can be in there for 2-3 years. Imagine being locked up alone for years just for a dirty urine for smoking weed

All the stuff that they do to us is torture. From not letting us take showers to shackling me for visits. It's not just about solitary, it's about jail and prison as a whole. Everything from packages, commissary (sitting there for 2-3 hours), not getting accommodation for being handicap. The torture doesn't just start when you get to solitary. From the time you walk in to the time you leave. And even then the torture continues if you go into a shelter like I did.

We're treated the same way in the shelter. It's all suffering, it's all pain, it's all torture.

They didn't even call me by my name. That's torture. My name is Douglas Powell, I have lived through solitary confinement and I am telling you that it is torture and must be ended.



Leah Faria

Senior Community Organizer, Women's Community Justice Association WCJA

Testimony on [Intro 549](#)

Committee on Criminal Justice

September 28th, 2022

My name is Leah Faria and I am the Senior Community Organizer at Women's Community Justice Association. WCJA advocates for the women and gender-expansive people at the Rose M. Singer Center on Rikers Island.

We give them a voice because we are them. I was detained at Rosie's for over three years. I saw how terrible the effects of solitary confinement can be, especially on women. When I was there in the 1990s, I was Suicide Prevention Aide and saw how people decomposed in solitary. Being isolated for such a long period of time is traumatic and inhumane. **The City Council should pass Intro 549 to protect women and all New Yorkers from solitary in all its forms.**

Most women and gender-expansive people are coming into Rosie's with extreme amounts of trauma. They are carrying experiences of abuse and neglect and being in jail makes that trauma so much worse. WCJA's report *Path to Under 100* report, which we wrote with the Lippman Commission, found that:

- Up to 93 percent of those diverted from Rosie's have experienced domestic violence;
- 82 percent have a mental health diagnosis; and
- 70 percent are caregivers, mostly mothers of children under the age of 18.

Solitary confinement leaves mothers, daughters, and sisters so much worse off than when they arrived at Rosie's. Most will return to our communities, and they will have more trauma and pain, which makes no one safer.

Decarceration with front end, diversion and reentry supports is what is needed to keep families together and improve public safety. However, last October there were 233 women and gender-expansive people at Rosie's, and today there are 350. This is moving in the wrong direction. Those at Rosie's should be given treatment, not jail, resources in their communities, not jail.

The *Path to Under 100* report has four key recommendations to get below the city's target of 100 women and gender-expansive people under the plan to close Rikers.

1. **Investing in gender-responsive community resources and diversion programs** that meet the specific needs of women and gender-expansive people. SHERO is an example of a transitional housing program that has diverted over 300 from Rosie's in the past five years, with only two rearrests at the fraction of the cost of keeping someone in jail.



2. **Conduct a holistic needs assessment early on** that identify domestic violence, housing, mental health, caregiver status and other factors that should be used in decisions throughout the case and to connect those at Rosie's with resources.
3. **Establish a Population Review Team** that brings together stakeholders to review every individual case at Rosie's and facilitate non-jail alternatives.
4. **Provide accessible, current information on the demographics and resources available for those Rosie's** including a citywide Women's Resource Navigator.

WCJA urges you to vote yes on Intro 546 to stop solitary and step up decarceration for the women and gender-expansive people at the Rose M. Singer Center. Thank you.



Reverend Sharon White-Harrigan

Executive Director, Women's Community Justice Association WCJA

Testimony on [Intro 549](#)

Committee on Criminal Justice

September 28th, 2022

I am Reverend Sharon White-Harrigan and I am the Executive Director of the Women's Community Justice Association (WCJA). We advocate for the women and gender-expansive people at the Rose M. Singer Center on Rikers Island. In addition to being the Director of WCJA, I am a licensed social worker and ordained minister.

I was also detained at Rosie's in the 1990's, so I speak from personal and professional experience when I say that solitary confinement is especially harmful to women. The City Council must pass Intro No 549 to end the harm that this isolation causes to our mothers, daughters and sisters.

Our hearts go out to all the families who have lost loved ones at Rikers. Three years ago, Layleen Polanco died at Rosie's after being placed in solitary confinement—or “the bing” as we used to call it. Layleen never should have been at Rosie's in the first place. She was there because she couldn't afford bail of \$501. She should have been released to the community and given resources.

Instead, Layleen was placed in a solitary cell, even though a doctor warned against it because she had a history of epilepsy. Her death never should have happened. She should be alive and celebrating her 30th birthday next month. Her sister Melania has been a tireless advocate in making sure that Layleen is never forgotten.

Women and gender-expansive people arrive at Rosie's with unique traumas that are made worse by solitary. The Women's Community Justice Association released a report with the Lippman Commission called *Path to Under 100* in June which found that 82 percent of those at Rosie's have a mental health diagnosis, compared to 49 percent of men. Twenty-seven percent of women have been diagnosed with a Serious Mental Illness. The report also found that 93 percent diverted from Rosie's are survivors of intimate partner violence.

The women and gender-expansive people are coming to Rosie's having already been through so much neglect, abuse, and trauma. Solitary disrupts treatment and services, and strains connections to their children and families. Keeping them in isolation compounds harm and leaves people worse off than when they arrived.

Right now, there are 350 women and gender-expansive people at Rosie's. The city's plan to close Rikers aims for 100, and the *Path to Under 100* report outlines how we can get below that goal. At the height of COVID the Rosie's population got down to 149. New York City must do it again to keep our families and communities connected and safe.

AD Dunn
Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

AD Dunn is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

I am a trans person and was a teacher at Rikers when Layleen Polanco died. Even as an arts teacher who never met Ms. Polanco I was aware of her health condition and that she often suffered seizures. The day after she died there was a kind of haunting silence among the people at the facility. Guard grumbled about not being able to use solitary confinement. Incarcerated people sat in my class late into the evening staring at the wall in horror and shock. The next day I asked my supervisor what would be done and why no one was talking about the woman who died in solitary at Rosie's. She said: They don't have solitary at Rosie's.

This bill is extremely important because this will continue to happen if we do not take a stand against this torture. Do not let solitary confinement exist at all or by any other name. It is not a necessary tool. It is torture.

It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people, and in my experience trans women. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most.

To be clear, under Intro No 549 if someone engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people can still be separated from the general facility population. Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

Despite the well known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the City Department of Correction (DOC) continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails [continue to lock people in solitary confinement](#) 23+ hours a day, for extended periods of time. Being locked alone in a two foot extension of the cell is not “out of cell” time. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

The DOC continues so many different forms of solitary by different names and often comes up with new names, whether decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary.

It is past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access

to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#) passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.

Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

Christina Mann is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most.

To be clear, under Intro No 549 if someone engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people can still be separated from the general facility population. Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

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With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.

Testimony to the City Council Committee on Criminal Justice

Wednesday September 28, 2022

Submitted by Sarita Daftary, Freedom Agenda, sdaftary@urbanjustice.org

Thank you, Chair Rivera and Council members, for holding this hearing on Intro 549. I am the Co-Director of Freedom Agenda, and our members, who have lived through solitary confinement and seen its effects on their loved ones, believe that passing this legislation is urgent.

Today, I'm sharing a testimony on behalf of one of our members whose son is currently at Rikers. She asked to be identified only as Ms. Gomez, to avoid further endangering her son.

"Solitary confinement is a violation of human rights. It is torture.

My son is a 22-year-old. He's been held at Rikers since he was 18 years old. The last time he was in solitary confinement was a month ago. He spent almost 3 months there, where he caught a stomach infection for being placed in a cell with a broken toilet. Due to the harmful punishment he received there, he's experienced visual and auditory hallucinations, insomnia, paranoia, back pain, neck pain, weight loss and many more uncontrollable feelings like fear and anxiety.

He feels like the whole atmosphere is closing in, it's such a horrendous feeling.

The fact of being isolated from people is just so traumatic, degrading and humiliating. To only get an hour of recreation in a cage is just so insane.

There's a lack of mental health care in the facilities, and a lack of educational programs. The law library is closed most of the time.

Besides being restricted from the rest of the population residing inside the people in solitary are also restricted from hygiene supplies like toilet paper, and sometimes food. He was also restricted from televisits and in person visits and phone calls for 4 months.

The effects of solitary confinement on mental health can be lethal. The irreparable damage caused by solitary confinement is unjustifiable.

Most of the time he's been in solitary is just for fighting for his rights.

While DOC says they do not have solitary confinement right now, only punitive segregation, it is in practice the same punishment.

There is enough proof that solitary confinement doesn't help anyone.

Solitary confinement can cause permanent psychological damage and may lead to self-harm, psychosis, and suicide and I don't want my son to be the next."

PSYCHOLOGICAL EFFECTS OF SOLITARY CONFINEMENT by Donna Gould, PhD

The first penitentiaries in the United States were constructed in the 1820's, in New York and Pennsylvania. They aimed to rehabilitate criminals through the use of extreme isolation- by keeping them from speaking to or having any contact with each other.

These prisons served as models for the construction of hundreds of prisons in the United States and Europe. Numerous people kept isolated there suffered mental disorders.

By 1860, these models of severe isolation had been abandoned because of their effect on the mental health of the people in prison and because they were not effective in reforming them.

Further confirmation of the damaging effect of isolation was provided by studies done in the 1950's and 60's during which volunteer subjects, isolated and deprived of sensory stimulation, developed hallucinations, panic, and psychotic behavior- even after short durations of isolation.

Today there are more than 80,000 people in solitary confinement in prisons across the United States- confined for months or even years, with some spending more than 25 years in solitary. Prisoners can be placed in isolation for anything from fighting with another prisoner to talking back to a guard or having a pack of cigarettes.

Research on the effects of solitary confinement has produced a large body of data documenting its serious psychological harm- including anxiety, depression, hallucinations, paranoia, suicidal thoughts, and psychosis. These effects are magnified for two particularly vulnerable populations: juveniles and people with mental health issues, who are estimated to make up one-third of all prisoners in isolation.

Research on the effects Solitary Confinement after release from custody found that people who had spent any time in solitary were 78 percent more likely to die of suicide within the first year after their release than people who were not placed in Solitary Confinement.

The U.S. uses solitary confinement more than some countries, with the practice disproportionately affecting Black and Latinex people and those with mental health conditions. Solitary confinement faces strong criticism from organizations worldwide because of the harm that it causes.

The history of Solitary Confinement and current studies of its effects make clear that it is potentially extremely damaging to many imprisoned people. It is unconscionable that people in prisons and jails continue to be subjected to it. It must be done away with.

Since the 1990s, the U.N. Committee Against Torture has repeatedly condemned the use of solitary confinement in the U.S. The current U.N. Special Rapporteur said that “any imposition of solitary confinement beyond 15 days constitutes torture or cruel, inhuman or degrading treatment or punishment,” and he called on the international community to impose an absolute prohibition on solitary confinement exceeding 15 consecutive days.

I have based my remarks on material in several articles.

Here are suggestions for articles that elaborate on the material in my testimony:

Kayla James and Elena Vanko, “The Impact of Solitary Confinement, Vera Institute, Evidence brief, April 2021

Craig Haney, “The Psychological Effects of Solitary Confinement: A Systematic Critique,” *Crime and Justice* 47, no. 1 (2018), 365-416

Peter Scharff Smith, “The Effects of Solitary Confinement on Prison Inmates: a Brief History and Review of the Literature,” *Crime and Justice*, 34, no. 1 (2006), 441-528.

Stuart Grassian, “Psychiatric Effects of Solitary Confinement,” *Washington University Journal of Law & Policy* 22, no.1 (2006) 325- 385.

Testimony of Dr. Frances Geteles, PhD., Clinical Psychologist

Presented before the New York City Council
Committee on Criminal Justice

Regarding Banning Solitary Confinement in New York City Jails
In Support of Int. No 549

September 28, 2022

My name is Frances Geteles and I am a Clinical Psychologist, licensed in New York State. Since 1993, I have been a member of the Asylum Network of Physicians for Human Rights (PHR) providing psychological assessments for asylum seekers who were survivors of persecution and torture. That work led me to also become a member of the Campaign for Alternatives to Isolated Confinement (CAIC). As a member of CAIC, I have been working with colleagues to reform the way solitary confinement is used in the prisons and jails throughout New York State. These two areas of work are closely related since, as you might know, The UN, in its Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), has declared prolonged solitary confinement to be a form of torture.

I wish to begin by thanking Public Advocate, Jumané Williams, and co-sponsors of the proposed legislation for their understanding of the urgency of the matter and their efforts to end this torturous practice. I also wish to thank the Criminal Justice Committee for working towards the legislation's passage.

The urgency of the matter is best understood when we review what history, experience and research have shown to be the effects of long-term isolation on individuals' emotions, behavior and cognition (thinking). These effects are traumatic and often lead to severe and irreversible psychological harm. Reported symptoms have included: 1) **Anxiety**: Persistent feelings of stress, irritability or anxiousness, fear of impending death, fear of suffocation, panic attacks; 2) **Depression**: Emotional flatness and the loss of ability to have any "feelings", mood swings, social withdrawal, apathy,

lethargy, hopelessness; appetite and sleep disturbances; feelings of powerlessness; acts of self-harm; and, suicidal ideation and behavior; 3) **Anger**: Heightened anger, irritability, aggression and rage, loss of impulse control, outbursts of physical and verbal violence against others and self; 4) **Cognitive disturbances**: Short attention span, poor concentration and memory, confusion, inability to think clearly, disorientation, bouts of amnesia; 5) **Perceptual distortions**: Hypersensitivity to noises and smells, distortions of sensation (e.g. walls closing in), disorientation in time and space, feelings of “unreality”, hallucinations affecting all five senses (e.g. hallucinations of objects or people appearing in the cell, or hearing voices when no one is speaking), and psychotic episodes; and 6) **Damage to the Brain**: Fewer brain cells and connections between cells, altered size and/or shape in the hippocampus, the amygdala and the cerebral cortex, sections of the brain that deal with memory, spatial orientation, cognition, learning ability, decision-making, stress, mood, regulation of one’s emotions and impulse control, disruption of brain chemistry and its ability to maintain equilibrium. The severe damage just described can occur in individuals who did not have serious mental health issues before placement in solitary as well as in those who are already mentally ill.

One critical point in the information above, which I wish to emphasize is that one effect of isolation is an increase in the anger that individuals feel. This is important because it is often claimed that solitary confinement is needed as a way of increasing safety in the jails. And yet, how can increasing people’s anger and irritability be thought to make everyone safe. The data contradicts that claim.

Also, I am asking you to please keep in mind that **the critical source of the damages** mentioned above, are the result of **isolation**, which creates extreme boredom and loneliness by depriving people of social interaction and adequate sensory stimulation.

Thus, when we speak about ending solitary confinement, we are really talking about ending all forms of extreme isolation, whatever name it is given (solitary confinement, punitive segregation, restrictive housing, the “box,” etc.) or even if it has

no name but is part of an established structure. It is only by “fully” ending all these practices that we will stop the suffering, save lives, and increase safety for people who are incarcerated, for staff, and for the communities to which incarcerated people will ultimately return.

We understand that individuals who are truly dangerous to others may need to be separated from the general population. What Intro. No. 549 would change is the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments with pro-social program-based interventions that are better suited for actually reducing and preventing violence. There is evidence of the effectiveness of such programs.

The CAPS Program (Clinical Alternative to Punitive Segregation), here in New York City offered a full range of therapeutic activities and interventions for individuals with serious mental illness, including individual and group therapy, art therapy, medication, counseling and community meetings. As a result, their rates of self-harm and injury were significantly lowered.

RSVP (the Resolve to Stop the Violence Project) used therapy and restorative practices with incarcerated people, including those who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts. There was a precipitous drop in violence among participants to the point of having zero violent incidents over a one year period.

The Merle Cooper program in Clinton (Annex) Prison in New York State provided group sessions, peer-led counseling, and more — not less — freedom of movement within the facility. Staff worked to foster maturity, empathy and self-respect, rather than feelings of deprivation and degradation. This program, **received widespread praise from officers and incarcerated people alike.**

What we learn from these efforts is that key to helping people who exhibit serious behavioral problems is the need for nurturing and mentoring. These can come from one's peers as well as from properly trained staff. Hence the need for out of cell time with real and effective programming in a group setting that will enable people to engage with other incarcerated people in a meaningful way.

Based on this information, it is clear that ending solitary confinement and replacing it with supportive, therapeutic programming is critically important. You must not agree to be accomplices to the existing system of torture.

From: Fran <frangs@rcn.com>
Sent: Friday, September 30, 2022 5:49 PM
To: Testimony
Subject: [EXTERNAL] To the Committee on Criminal Justice: Another reason to pass Int 549 and end the use of solitary confinement
Attachments: Solitary Watch article - Torture Before Trial.docx

Dear Committee Chair Carlina Rivera and all Members of the Criminal Justice Committee,

My name is Dr. Frances Geteles. I am a Clinical Psychologist and I am a member of the HALT Solitary Campaign and the Jails Action Coalition. I am also a subscriber to an online newsletter called Solitary Watch.

On September 28, 2022, I testified at your hearing on Int 549, the bill to end solitary confinement in the city jails. A written copy of my testimony was provided to you.

But a day later I received an email from Solitary Watch discussing the torture of solitary confinement and another reason why it is so damaging to our criminal "justice" system. The issues raised in the article were not raised by anyone at your hearing, but they are most certainly things that should be a part of your deliberations when considering passage of Int 549. It is for that reason that I have copied the article and am submitting it here either as additional new testimony or, if need be, as an addendum to my testimony.

Thank you for seriously addressing the need to end solitary confinement.

Frances Geteles



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[View this email in your browser](#)

{ *from The Word* }

“The idea of coercion calls up images of physical torture used to extract information or force confessions—but...people subjected to the torture of pretrial solitary confinement in jail are also under enormous pressure to consider the guilty pleas that are a hallmark of the U.S. system.”

SOLITARY WATCH

{ *The Word for September 2022* }

This is the fifth in a new series of monthly dispatches from Solitary Watch.

Torture Before Trial

In 2010, the human rights lawyer Juan Méndez was appointed UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. To many people in the United States, despite the domestic history of torture, the word carries associations with faraway places and despotic regimes. But Méndez, who was himself tortured in his native Argentina in the 1970s, saw a pervasive practice in the U.S. that demanded immediate attention and devoted his

[first UN report](#) to it: the use of solitary confinement against people in prisons and jails.

Méndez's report described the widespread use of solitary, its consequences for the health and sanity of people subjected to it, and key recommendations for ending the worst of the practice. Many of his conclusions have since helped shape the understanding of solitary as a form of torture, as well as the movement to end it. These include bans on the use of solitary beyond 15 days and an absolute ban on its use for people who are especially vulnerable to its effects.

What drew less attention and has registered less fully is Méndez's call for an absolute prohibition on solitary in pretrial detention, which highlighted its coercive potential. The idea of coercion calls up images of physical torture used to extract information or force confessions—but it, too, has parallels in the everyday use of solitary confinement on American soil.

Pretrial detention is in fact the most common form of incarceration in the United States. Authorities send people to jail [more than ten million times](#) a year, the overwhelming majority of them people who have been arrested but not convicted of a crime. On any given day, [over 600,000 people](#) are in local or federal jails, in many cases simply because they cannot afford bail.

The most recent government [sampling](#) found that nearly 18 percent of people in jail

had been subjected to solitary. Among people who had been in jail for six to twelve months, over 30 percent had received this treatment. What Méndez clearly recognized was that people subjected to the torture of pretrial solitary in jail are also under enormous pressure to consider the guilty pleas that are a hallmark of the U.S. system.

The concern about coercion has been raised by others, including the professors Laura Rovner and Jeanne Theoharis, who [wrote](#) about the individuals rounded up post-9/11 and subjected to dubious terrorism prosecutions and ruthless conditions:

"What is especially troubling about the use of pretrial isolation is its potential as a coercive tool. Although public debate has circled around the efficacy of using torture for gathering intelligence, inhumane treatment—particularly the use of prolonged solitary confinement—can be an effective means to secure convictions. These methods can psychologically break down the accused, making it difficult for them to participate effectively in their own defense....In turn, authorities can use behavior problems caused by prolonged isolation to justify imposing further draconian conditions. And the conditions make it more likely that people will take a plea rather than risk a lifetime in such isolation."

The case they were focused on was that of Syed Fahad Hashmi, charged with conspiracy to provide material support or resources (in his case, [socks and rain](#)

[ponchos](#)) to foreign terrorists. Though he denied all charges, Hashmi, a U.S. citizen, was jailed at the [notorious](#) Metropolitan Correctional Center in Lower Manhattan and [subjected](#) to solitary confinement that isolated him within the jail, as well as to “Special Administrative Measures” that restricted his contact with the outside world. He also faced the threat of 70 years in prison. After three years in these conditions, Hashmi pleaded guilty and received a 15-year sentence in the country’s harshest federal prison, ADX Florence.

It was also in New York, but at the city’s Rikers Island complex, that [Kalief Browder](#) was jailed for three years starting when he was 16. His detention drew national attention to the multi-headed horrors of the prosecution of youth as adults, rampant pretrial detention and pressure from prosecutors to plead guilty, and extensive use of solitary confinement. Browder was in solitary for a total of two years of his incarceration. He insisted on his innocence the entire time, and refused to consider a plea deal. Eventually the charges against him were dismissed. Two years after his release he [died by suicide](#).

Despite pledges by city officials to end the use of solitary following the deaths of Browder, [Layleen Polanco](#), and many others, it has remained in place. Now, however, amid a [deadly crisis](#) at Rikers, New York City Council members [support](#) a bill that would ban the practice entirely. Similar legislation is being [considered](#) by the D.C. Council in Washington, where the local jail has made [rampant use](#) of solitary confinement (including, but by no means limited to, the isolation of

detainees accused of violent offenses during the January 6 insurrection).

If either bill becomes law, it will be a long stride forward in the struggle to end solitary confinement, and to protect from torture the millions of people unable to buy their way out of jail.

—Vaidya Gullapalli, Staff Writer and Editor

Frances Getels

Lexy Avila
Testimony on [Intro 549](#)
Committee on Criminal Justice
September 28th, 2022

My name is Lexy Avila and I was detained at the Rose M. Singer Center from 2018 to 2019. Now I advocate with the Women's Community Justice Association for the women and gender-expansive people at Rosie's.

I've seen the cruelty of solitary confinement and strongly support Intro 549 to ban this inhumane practice. I was a suicide prevention aid and worked in the solitary unit for months, which is what we call the "bing." I always wanted to help people and be there for the women in need, and seeing them in this dehumanizing environment was very difficult. The women spent all but two hours a day in their cells. It was degrading on every level. They were chained up like animals, with shackles on their waists and feet during the short periods of time when they could leave their cells.

This has a long-term effect; I know that just witnessing that has left me with emotional scars. It is extremely difficult to be a suicide prevention aid and try to save people's lives when they are treated without dignity and feel like the officers don't care about their well-being.

Layleen Polanco was at Rosie's with me, and she was a special person. I'll never forget that one day we were in the elevator together and she stood behind me and grabbed my hand. We had a moment. After that we were close. I told the officers that she should not be in solitary; that she had medical problems and it would be dangerous. No one listened to me. She should have been in the medical wing. Her birthday is coming up in October and she would have been 30 years old. She should still be here.

You might hear that solitary confinement is necessary for safety. That is not true. It really serves no purpose but to further traumatize people and leave them worse off than when they got to Rosie's. There should be a therapeutic environment that connects people with the help they need.

Getting more women and gender-expansive people off Rosie's and connecting them with community-based support is what the city really should be focusing on. I did so many stints at Rosie's because I had bipolar disorder that was undiagnosed. When I finally got treatment and housing I was able to build a stable life.

There are 350 women and gender-expansive people at Rosie's right now, and that is not okay. We need to safely return them to our communities with the resources that I was fortunate enough to finally get to change my life. There needs to be a Women's Center for Justice and Healing in Lincoln that is run by nonprofits and provides a therapeutic setting that reduces instead of worsens harm.

Marco Barrios draft testimony to City Council re solitary confinement

(based on Dec 2019 testimony to BOC)

As a formerly incarcerated individual, throughout my 24 years and 6 months, I am fortunate to say that I never endured the horror and trauma of solitary confinement. The ability of staying away from this inhumane practice from the Department of Correction had to do with a combination of luck, avoiding self-destructive activities, and utilizing my time for growth and healing, with the help of God. What I want to share with you is simply my lived experiences in correctional facilities, witnessing individuals going into solitary confinement and its effects.

During my incarceration, many of the individuals I witnessed going to the box had either mental health issues, drug addiction or both. Some did have behavioral problems. However, what I find hard to believe is the inconceivable notion that the use of solitary confinement kept people safe, deters individuals from committing misbehaviors, or in any way addresses the issues that cause their behavior.

Often what I witnessed when there were physical altercations was the individuals that went to the box and come out were much more bitter and mentally unstable, at times even more violent. This certainly did not make me feel safer, and I wondered if the correctional staff felt the same. The fact that certain individuals kept going to the box convinced me that this was the wrong way of going about correcting behavior, making the facility safer, and certainly treating the individuals as human beings. As you are aware there are numerous articles and reports about solitary confinement. All of them – or the ones I read – shared the damaging effects of spending time in solitary confinement, and just as important, there are alternatives to such practices, including the alternatives outlined in Intro 549.

I also want to share with you a situation I went through years ago. There was a guy next to my cell, and he was self-mutilating. Thankfully there was a sergeant that decided to treat him as a human being by not calling in a special unit, even though he was threatening the officers. But eventually the sergeant was giving up, because the more he waited, the more the individual self-mutilated. Eventually I said, can I go in and speak to him. The individual didn't speak English, so I was able to go in and speak to him in Spanish. Eventually I was able to convince him to relinquish his weapon and give it to the officer, and the officer also told me to tell him, he's not gonna go to the box, we're gonna take him to the hospital, treat him, and eventually he'll get mental health treatment. But that was the only time I saw that happen, but it shows that there are alternatives. We can use de-escalation and treatment, and we can stop sending people to solitary confinement.

I know it's difficult to make changes in a system that has been in place for such a long time, but it's time to get rid of this type of punishment that is cruel, inhumane, and counterproductive. Make no mistake, even if a person spends a short time in solitary confinement, it only keeps in place an ineffective punishment.

This is an important historical moment as New York City is ⁱⁿ the process of closing Rikers Island and replacing outdated jails in the boroughs. Throughout 2019, I participated in the programming subcommittee of the Mayor's Justice Implementation Task Force. I do see promising possibilities for culture change in the jail system. I urge the Council to pass Intro 549 without delay.

Martha Davis, Ph.D.

Central Park West
New York, New York 10024

madavis95@aol.com

September 28, 2022

Re: Support of Int. No 549 to End Solitary Confinement in
New York City Jails September 28

I, Martha Davis, am submitting this testimony to urge the City Council to pass, and the Mayor to Sign, Intro No. 549 immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

I am a psychologist who has studied prisoner abuse —especially solitary confinement— and the pressures and terrible clinical binds that such torture puts on prison health professionals. I have completed two documentaries on this: Doctors of the Dark Side www.doctorsofthedarkside.com and Expert Witness: Health Professionals on the Frontline Against Torture www.expertwitnessagainsttorture.com. Health professionals at Rikers are among the many groups of health professionals and students who have viewed one of these films for a discussion of the dual loyalty conflicts and moral injury risks that prison health professionals confront in prisons relying on solitary confinement.

Whatever the names for it, New York City must end all forms of solitary, and people in NYC jails should have at least 14 hours of time out of the cell each day that includes effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people.

Thank you for your attention to this critical and urgent matter.

Sincerely,

Martha Davis, Ph.D.

Testimony

Presented before the New York City Council
Committee on Criminal Justice

In Support of Int. No 549 to
End Solitary Confinement in New York City Jails

September 28, 2022

Will Mann is submitting this testimony to urge the City Council to pass, and the Mayor to sign, [Intro No. 549](#) immediately to end solitary confinement, in all its forms, by all its names, other than emergency de-escalation for a maximum of four hours immediately following an incident, and to instead utilize alternative forms of separation proven to better enhance safety, health, and well-being.

Solitary confinement is torture. It is deadly. It worsens safety for everyone. Solitary is predominantly inflicted on Black and Latinx people. Solitary damages and destroys people's minds and bodies, has directly caused the deaths of far too many people, and increases violence and harm in jails and outside communities. Solitary confinement causes people to engage in [self-mutilation](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). It makes jails and outside communities [less](#) safe.

Solitary has stolen Kalief Browder, Layleen Polanco, and countless others. Solitary confinement killed [Kalief Browder](#) seven and a half years ago and [Layleen Polanco](#) three and a half years ago. Despite promises to end solitary invoking Kalief and Layleen's names, it continues in New York City jails in various forms. Bradley Ballard, Jason Echeverria, and Carina Montes are just some of the other people who died because of solitary in New York City.

[Brandon Rodriguez](#) died in Aug. 2021 after he was locked in solitary in a shower cage. The city jails locked [Elijah Muhammad](#) in solitary in those same shower cages to the point he was found with a ligature around his neck, and then subsequently placed Elijah in another [form of solitary confinement](#), leading to his death in July 2022. The use of solitary is part of a broader humanitarian crisis, abuse, and brutality of the city jails that has killed 15 people this year and 31 people since early 2021.

While solitary causes devastating harm and makes jails and outside communities less safe, alternatives involving full days of out-of-cell programming and engagement are proven to better improve safety. The evidence is clear: what actually works to address violence is the exact opposite of solitary: pro-social program-based interventions like the [CAPS program](#) in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeated “heinous” acts, and led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most.

To be clear, under Intro No 549 if someone engages in violence, they can immediately be placed in separation on an emergency basis for purposes of de-escalation in order to address the immediate situation, for up to four hours. After that immediate period, people can still be separated from the general facility population. Intro. No. 549 would change the nature of that separation. Rather than isolation that is known to increase the likelihood of violence, people who are separated would be placed in environments, like those above, that are better suited for actually reducing and preventing violence.

Despite the well known and deadly harms of solitary confinement and the benefits of alternative forms of separation, the City Department of Correction (DOC) continues to inflict solitary confinement by many different names. While the last Mayor promised to end solitary, and the current DOC Commissioner vowed to implement real alternatives involving full days actually out-of-cell, the jails [continue to lock people in solitary confinement](#) 23+ hours a day, for extended periods of time. Being locked alone in a two foot extension of the cell is not “out of cell” time. [Mental health experts](#) have said this form of solitary will cause the same harm as other forms. These practices also [violate](#) the HALT Solitary Confinement Law, state law binding on New York City.

The DOC continues so many different forms of solitary by different names and often comes up with new names, whether decontamination showers, de-escalation units, structurally restrictive housing, even calling some units “general population” when they are solitary.

It is past time for New York City to end all forms of solitary by all names once and for all. To fully end solitary, all people in NYC jails must have access to at least 14 hours of *actual* time out of cell per day (*which is the existing basic minimum standard generally in the jails*), with access to at least seven hours of daily group programming and activities. Out-of-cell time and programming must actually take place outside of a cell. There must be real and effective programming in a group setting conducive for people to meaningfully engage with other incarcerated people in the same shared space. Also, since DOC has a long history of locking people in solitary and alternatives as retaliation, to cover-up abuse, for false allegations, and for minor reasons or no reasons at all, there also need to be increased procedural protections. The right to representation during disciplinary hearings is critical in order to ensure greater transparency and accountability.

There is widespread support for the City Council to finally end solitary in New York City. A veto-proof [supermajority](#) of the City Council currently cosponsors Intro. No. 549. Speaker Adrienne Adams has been a leader in the push to end solitary and is a cosponsor and has [urged](#)

passage of Intro. No. 549. [Hundreds](#) of leading civil rights, racial justice, and human rights organizations [urged](#) New York City to fully end solitary confinement. A [supermajority](#) of the previous City Council supported ending solitary confinement. Every member of the [NYC federal House delegation](#) has urged NYC to fully end solitary. [74 state legislators](#) said DOC's operations violate the HALT Solitary Law and [urged](#) Council action.

With continued urgency as people are being tortured and killed, and with all of this widespread public and lawmaker support, now is the moment for the City Council to fully end the torturous and deadly practice of solitary confinement once and for all. Thank you for your attention to this critical matter.

Jasper Conacher
Professor Elizabeth OuYang
Constitution and People of Color
October 11 2022

Dear Councilperson Marte,

While I acknowledge you have already pledged your support to Int. No. 459, I strongly encourage you to continue to maintain said support and advocate for the victims of solitary confinement who were unjustly subjected to isolation. As Councilperson Narcisse stated during questioning during the Committee Report at the hearing on September 28th, “we cannot ignore the fact that people are dying while we’re supposed to be responsible for them.” The negative mental health implications that result from the inhumane utilization of solitary confinement are so severe that it can and has lead to suicides. Individuals who have pre-existing mental or physical health conditions may have said conditions worsen, on top of developing new struggles with mental health¹. If survivors of solitary confinement are not driven to end their own lives, they will experience irreparable damage to their mental health, including anxiety, depression, and post-traumatic stress disorder, which may affect them for the rest of their lives. After a survivor of solitary confinement is discharged, if they end up struggling with severe mental health issues, they may be so negatively affected by the trauma of restrictive housing that they will likely not be able to provide for themselves or their families. This will prevent them from becoming contributing members of society which I maintain is the primary reason for prison in the first place.

One example of the severity of cruelty of solitary confinement is that many victims of solitary confinement are allowed only one shower a week. The refusal to provide those in solitary confinement with the ability to uphold basic hygiene is a further violation of incarcerated people’s basic human rights. Additionally, there are gendered forms of violence that uniquely affect women’s health, such as the denial of necessary menstrual products for incarcerated women who are in solitary confinement. Tamara Carter who testified at the hearing is not the only one that correctional officers mistreated and ignored, using solitary confinement as an excuse to strip her of her humanity by denying her access to personal sanitation. The degradation and dehumanization that takes place as a result of solitary confinement is reason enough to ban solitary confinement, but the public health concerns that have arisen consequently are an additional reason to cease the use of solitary confinement as a punishment mechanism.

¹ Lobel, Jules, and Huda Akil. “Law & Neuroscience: The Case of Solitary Confinement.” *Daedalus*, vol. 147, no. 4, 2018, pp. 61–75. *JSTOR*, <https://www.jstor.org/stable/48562986>. Accessed 14 Oct. 2022.

A common misconception is that it is “only the most heinous, pathologically violent prisoners” that are placed in solitary confinement (Lobel et. al, 65). However, this is inaccurate because incarcerated individuals can be placed there as punishment for violating prison rules that do not relate to violence or for incidents that were of self-defense. As Gina Poindexter discussed during her testimony at the hearing on September 28th, her brother was detained in solitary confinement prior to being charged. The use of solitary confinement pre-trial is in violation of the right to a fair trial and presumption of innocence which was established through cases like *Taylor v. Kentucky*². I strongly disagreed with the Correctional Officers’ Benevolent Association representatives that testified in favor of punitive desegregation on the basis that it serves as a tool to implement safety measures for both incarcerated individuals, correctional officers, and other prison staff. This is untrue because it jeopardizes the safety and wellbeing of the incarcerated population that is being confined separately, which means that it is selective in who is entitled to the right to safety. While violence is not acceptable within prisons, there must be other ways to prevent violence without implementing a form of punishment that is violent in its own right.

One of the reasons I am writing in support of the ban of Int. No. 459 is that I believe that torture and punishment are not the ways to inspire internal change in those that have committed crimes. Not only is it inhumane to cage humans and treat them as if they are subhuman, but also, the oppressive tactics that prisons employ today are not effective. The current criminal justice system, which is historically rooted in chattel slavery, has not been utilized to achieve true justice. Beyond the racial and class discriminative policing and sentencing that disproportionately targets low-income people of color, once someone is charged, prisons by and large do not properly take into account what has led to someone’s arrest. By not analyzing what may have driven an incarcerated individual to commit their crime (ie. poverty or marginalization), the criminal justice system is not able to adequately address said circumstances or personal issues and accordingly, help heal or change someone.

In terms of the specific bill, I propose the addition of assessing one’s mental and physical health *prior* to being placed in restrictive housing. This will serve as a screener to assess whether an individual is particularly susceptible to self harm or suicide and will determine whether restrictive housing will cause any pre-existing health conditions to be agitated or negatively affected. After a proper medical and mental health assessment has taken place, the correctional officers should be required to act in accordance with the health professionals’ suggestions. If an individual has been deemed at risk, they should not be allowed to be placed in restrictive housing. Another addendum I suggest is that those in restrictive housing should still have the ability to speak on the phone or visit with family members and loved ones. This is important because of the potential negative impact of restrictive housing on their mental health, even with the updated parameters of Int. No. 4599. With regards to reducing recidivism after an

² https://www.law.cornell.edu/wex/presumption_of_innocence

incarcerated individual is released, The Vera Institute of Justice has found that if they were supported by family during their sentence their re-entry process was a smoother transition³. Preventing incarcerated people from communicating with and having visits from their family could potentially impact how they are able to reenter society and whether or not they are able to find employment and avoid recidivism. Therefore, it is imperative that if an individual is put into restrictive housing, they still have access to their support network.

I take issue with section g) of Int. No. 459 which states that “incarcerated individuals under the age of 22 shall receive access to trauma-informed, age-appropriate programming and services on a consistent, regular basis.” I am unsure why this is solely being guaranteed for incarcerated people who are younger than 22, rather than to the entire incarcerated population. I adamantly believe that programming and services should be extended to everyone, rather than prioritized by age. Mental health services must be readily available for all incarcerated individuals and the providers should have a developed understanding of certain factors that can lead an individual to engage in criminal behavior. I also think there should be restorative justice opportunities in place. Restorative justice is a process that centers victims and survivors’ experiences and focuses on repairing the harm caused and appropriately holding the offenders accountable⁴. If prisons were able to implement restorative justice programs, this would allow for the incarcerated individual to gain clarity on the impact of their actions and would better aid their rehabilitation. Further, this would have greater influence on victims and their families which ultimately is what achieving justice is all about.

Finally, I believe there should be educational and professional programs in place that are available to *all* incarcerated individuals. Specifically, the educational programs offered should have as diverse topics and levels as possible to appeal to the entire prison population. The professional programs could both be in terms of networking oneself and learning to break free from the stigma of being an “ex-con.” Additionally, there could be more practical components such as cover letter and resume writing and interviewing tips. Often these types of programs are only being offered to those who are on good behavior or those who have less severe sentences, when academic and professional development could benefit those who are struggling with their conduct the most. I was an intern at The Last Mile which is a non-profit focused on providing coding programs in prisons and I learned an incredible amount about how in-prison education and re-entry programs can prevent recidivism and truly change lives. Once we break down how we view incarcerated individuals and start treating them like humans with the capacity to change and better themselves, we will be able to see the greater societal impact. The first step starts with banning solitary confinement and other cruel and unnecessary forms of punishment. I once again

³ <https://www.prisonpolicy.org/scans/vera/the-family-and-recidivism.pdf>

⁴ <https://law.wisc.edu/fjr/rjp/justice.html>

urge you to continue your support for Int. No. 459 and to fight for a better criminal justice system, not only for those incarcerated and their families, but society as a whole.

Sincerely,
Jasper Conacher
Constituent of District 1

Solitary confinement is a violation of the human rights. Is a torture.

My son is a 22 year old. He's been held at Rikers (since he was 18 years old).

The last time he was in solitary confinement was a month ago. He spent there almost 3 months. Where he caught stomach infection for being placed in a cell with broken toilet. Due to the harmful punishment he received there, he's experience Visual and auditory hallucinations, Insomnia, paranoia, back pain, neck pain, weight loss and many more incontrollable feelings like fear, anxiety.

He feels like the whole atmosphere is close, It's such an horrendous feeling. The fact of being isolated from people is just so, traumatic, degrading and humiliating. Only get and hour of recreation in a cage is just so insane. There's a lack of mental health care in the facilities, lack of educational programs. The law library is most of the time close.

Beside of being restricted from the rest of the population residing inside there also restricted from higiene supply (toilet paper), and sometimes food. He was also restricted from televisit and in person visits and phone calls for 4 months.

The effects of solitary confinement on mental health can be lethal. The irreparable damages caused by solitary confinement are unjustifiable.

Most of the time he's being in solitary is just for being fighting for his right.

While DOC says they do not have solitary confinement right now, only punitive segregation, it is in practice the same punishment.

There is enough proof that Solitary confinement doesn't help anyone. Solitary confinement can cause permanent psychological damage and may lead to self harm, psychosis, and suicide and don't want my son will be the next.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Alyson Wilkowski

Address: 1 Centre St New York, NY 10007

I represent: Comptroller Lander

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/2022

(PLEASE PRINT)

Name: Darren Mack

Address: 40 Rector St.

I represent: Freedom Agenda

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/2022

(PLEASE PRINT)

Name: Sarita Daftary

Address: 40 Rector Street

I represent: Freedom Agenda

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Anthony Dixon

Address: sterling st

I represent: The Parole Preparation Project

Address: 135 W 20th street n.y. n.y.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Carmen Pineda

Address: E 161st St

I represent: Bronx Defenders/self

Address: 1744 Clay Ave #6A
10457

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Khadija

Address: East 31st Street

I represent: my self

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Louis Molina, Commissioner

Address: _____

I represent: Department of Correction

Address: 7520 Astoria Blvd. East Elmhurst

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Dan Shechtman

Address: _____

I represent: Department of Correction

Address: 7520 Astoria Blvd. East Elmhurst

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Dr. James Austin

Address: _____

I represent: Consultant, Department of Correction

Address: 7520 Astoria Blvd. East Elmhurst

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0549-22 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: PATRICK FERRAIUOLO

Address: GLENN ROAD SI NY 10314

I represent: CORRECTION CAPTAINS' ASSOCIATION

Address: 241 37th ST Suite 303 BKLYN 11232

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: BENNY BOSCID

Address: 75-01 21st AVENUE EAST ELMHURST, NY 11390

I represent: CORBA

Address: SAME

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 543 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/29/22

(PLEASE PRINT)

Name: Christopher Boyle

Address: 100 William ST.

I represent: New York County Defender Services

Address: 100 William ST.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9-28-22

Name: Joseph Russo (PLEASE PRINT)

Address: _____

I represent: Assistant Deputy Warden

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/2022

Name: Jeanette Merrill (PLEASE PRINT)

Address: NYC Health + Hospitals/

I represent: Correctional Health Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

Name: CARLOS CASTELLANOS (CHIEF OPERATIONS) (PLEASE PRINT)

Address: _____

I represent: CORRECTIONAL HEALTH SERVICES (CHS)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Robert Cohen

Address: 130 134th Ave

I represent: NYC BOC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Came'e Lee

Address: 109th Avenue

I represent: Jamaica, NY 11433

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Richenda Kramer

Address: Richmond Terrace 4R, 10301

I represent: Eaging Grannies

Address: acabave

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Douglas Powell

Address: Suit

I represent: _____

Address: Ucag 1 IV. 17

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Vidi Guzman

Address: _____

I represent: #ExThe13th NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Intro 549 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: BARAT ELLMAN

Address: 4th St. Brooklyn NY

I represent: Jews for Racial + Economic Justice (JFREJ) Train: The Rabbinic Voice for Human Rights

Address: N/A

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 09/28/2022

(PLEASE PRINT)

Name: Natalie Fiorenza

Address: _____

I represent: New York County Defender Service

Address: 100 William Street, NY, 10038

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9-28-22

(PLEASE PRINT)

Name: Alice Sutter

Address: Seagram Ave

I represent: Uptown Progressive Action

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: FRANCES GETELES

Address: Central Park West

I represent: CAIC (HALT SOLITARY)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 459 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DONNA SOULD

Address: JANE ST

I represent: RISE AND RESIST NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/27/22

(PLEASE PRINT)

Name: Lucas Marquez

Address: Crossing St. Brooklyn

I represent: Brooklyn Defender Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Tamara Carter

Address: Oregon Road Cortlandt Manor

I represent: Brandon Rodriguez

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Marco Barrios

Address: 44th St. apt 2 Woodside NY 11577

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Zulfi Meyer High School - Jamaica

Address: 5th Ave Brooklyn NY 11216

I represent: 2nd AM / HAITI

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9-28-2022

(PLEASE PRINT)

Name: Andre WARD

Address: northern Blvd.

I represent: The Fortune Society

Address: 29-78 northern Blvd, Long Island city

11101 NY.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 9.28.22

(PLEASE PRINT)

Name: Ke'sha Williams

Address: Ray Street Forest Ny 11520

I represent: Correction Officers Benevolent Association

Address: 77-10 Queens, Ny

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Ashaki Antoine

Address: 7710 21st Ave Queen 11370

I represent: COBA

Address: 7710 21st Ave Queen 11370

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 09/28/22

(PLEASE PRINT)

Name: K Antoine

Address: VCBC

I represent: NYC DOC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: L. HAYD

Address: 1010 Hazen St. E. Elmhurst NY

I represent: NYC DOC 100

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: S. Types

Address: 1010 Hazen Street, East Elmhurst

I represent: ROBA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Laurel Mestee CO 18491

Address: College

I represent: Coba

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Five Muslimmala

Address: Courtland Ave

I represent: Incarcerated Nation Network

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: William Wagstaff

Address: _____

I represent: Family of Brandon Rodriguez

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: DONNA HYLTON

Address: ST MARKS AVE

I represent: A Little Piece of Light

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Audrey Johnson

Address: Putnam Ave

I represent: A Little Piece of Light

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: David Delancy

Address: Moulton Ave, Bronx

I represent: Exodus Transitional Com

Address: 2267 3rd Ave, ~~Brooklyn~~

New York

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Fleming Smith

Address: Bulwer St #3R Brooklyn NY 11206

I represent: Urban Justice Center (Mental Health Project)

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Candice A.K.A. solitary survivor

Address: New York, N.Y.

I represent: Jails Action Coalition, R.A.P.D., Vocal M

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Prisoner Parish

Address: 40 Rector St. 9th Fl, NY, NY 10006

I represent: Urban Justice Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: ROBERT O'CONNOR

Address: 100 W. 10th St. NYC

I represent: GX1000 THREATS TO COMMUNITY

Address: 220 W. 11th St. NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 09/28/22

(PLEASE PRINT)

Name: Diana Griffith

Address: Amsterdam Ave, New York, NY

I represent: Bronx Defenders

Address: 260 E 161st St, Bronx, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: Sept 28 2022

(PLEASE PRINT)

Name: Eileen M. Maher

Address: St Johns Pl Bklyn NY 11233

I represent: Vocals NY

Address: Vanderbilt Ave Bklyn NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MS- Gina Ponderster

Address: Colispi Ave #, New Rochelle, NY 10801

I represent: MR. Elmore Ponderster

Address: Colispi Ave, New Rochelle, NY 10801

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MERCED KES GILLIAM

Address: W 118 St.

I represent: BLACK LIVES MATTER

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☐ in favor ☐ in opposition

Date: 09/28/2022

(PLEASE PRINT)

Name: Jared Trujillo, Esq.

Address: W 104 St NY NY 10019

I represent: New York Civil Liberties Union

Address: 125 W 46th St NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Akeem Brouder

Address: MACE Ave

I represent: The Kalief Brouder Foundation

Address: Bronx

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Darlene mcdoy

Address: 51 pp Avenue Medford Nj

I represent: Halt Solvay

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Anthony V. ...

Address: stealing st Brooklyn

I represent: PARC preparation Project

Address: 135 430th st ny ny

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 549 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/28/22

(PLEASE PRINT)

Name: Chaplain Dr. Victoria A. Phillips

Address: Wall st Brooklyn, NY 10005

I represent: Sails Action Coalition Visionary V. Sastre Yum

Address: 99 Wall St ste 813, NY, NY 10005